Rotherham LMNS 3 Year Delivery Plan Assurance Visit

23/01/24



Setting the scene



South Yorkshire and Bassetlaw Geographical Footprint

Maternity services are a key part of the healthcare system in South Yorkshire. Supporting women and birthing people from pre-conception to pregnancy, through birth and in to early parenthood. Over the past year 15,588 babies were born in South Yorkshire and Bassetlaw.

During 2023 (calendar year) -

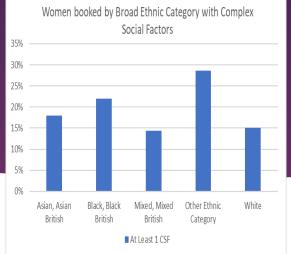
3021 women booked for maternity care under Rotherham Maternity Services

2529 women birthed under Rotherham Maternity Services

4.8% of households in Rotherham are deprived in at least 3 out of 4 dimensions (education, employment, health, housing) (Ons.gov.uk/census/maps)

Setting the Scene...

Complex Social Factors 24% (~2500)



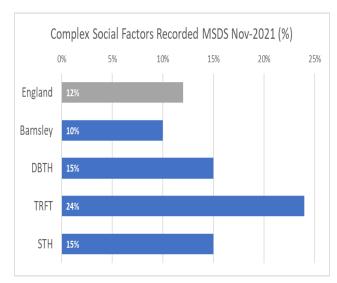
24% of women were recorded as having Complex Social Factors in the November 2021 MSDS submission (NHS Digital).

Complex social factors include:

- substance abuse
- refugee status homelessness or housing insecurity teenage mothers

women suffering domestic abuse. (note: Data Quality issues with MSDS mean these figures may significantly under or over represent the true numbers)





Complex Social Factors and Ethnicity

Analysing the MSDS data for Sheffield and Barnsley for 2010/21, provided by NHS Sheffield CCG:

- Women of Other Ethnic Category were most likely to have a CSF recorded (29%) .In SYB, this group includes a many Eastern European and Roma women.
- Black/Black British women were second most likely to have a CSF (22%) .This group is likely to
 include refugee or asylum seeker women in addition to women with other complex social factors.

Maternity Service

Maternity Service includes:

- Community Midwifery care with a focus on ante and postnatal continuity
- Greenoaks / Early Pregnancy Assessment Unit
- Labour Ward
- Wharncliffe Ward (antenatal and postnatal) with conceptual transitional care pathways.
- Antenatal Day Unit & Triage
- Specialist Midwives

Workforce

- 115.87 WTE staff in post Band 3-7
- 27.88 WTE medical staff funded establishment

- 14 birthing rooms, all with en-suite facilities
- Newly refurbished bereavement suite
- A birthing pool
- An antenatal and postnatal ward
- An enhanced Maternity Care room on the labour ward
- Homebirth Service
- Newly refurbished Neonatal Unit Level 2
- 24 hour consultants are available
- 24 hour epidural service
- Midwives who specialise in a range of areas from teenage pregnancy to diabetes to maternal mental health

Neonatal Unit Services

- Newly refurbished 2024 January (14 cots, level 2 unit)
- ▶ BFI Achieved level 1 in 2023
- ▶ Bliss support for families
- Service users First MNVP group to take place in February 2024
- Annual event in November, World Prematurity Day
- BAPM Standards for QIS met for nursing staff
- ▶ Medical staff Action plan in place to meet BAPM standard in March 24
- Governance nurse now in role and working in partnership with Maternity

Theme 1: Listening with compassion and taking action

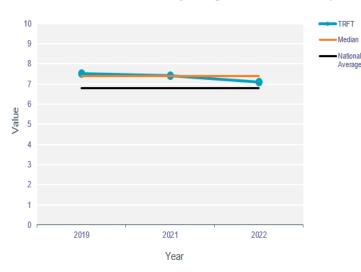
- Local resolution meetings Listening to Learn
- Birth in Mind service
- Voice of the woman in all we do i.e Patient safety investigations, complaints and concerns.
- MNVP attendance at Governance meetings, Safety Champion meetings, perinatal, Labour ward forum and Quadrumvirate meetings.
- Reviewing national reports e.g. The Invisible Report (2022) and CQC Maternity Survey responses coproducing most recent PICKER action plan
- Triangulating themes from legal, complaints, staff feedback, Datix, MNVP and addressing with co-production and service user involvement. i.e. interpreting service issue.
- Using intelligence from maternity data to inform us of top 5 languages of the women we serve. Now able to provide FFT in these languages to gather feedback
- Engagement with our local Apna Haq group and Slovak communities, Rotherham Ethnic Maternity Alliance (REMA) and Clifton Learning Partnership

Listening with compassion and taking action (cont.)

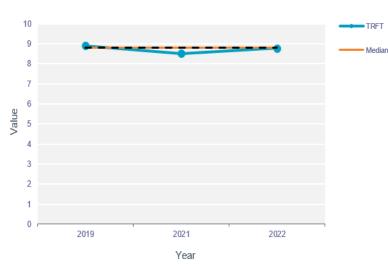
- Listening to Learn are used to share women's experiences and the learning from this with the wider team
- Birth in Mind Quarterly report demonstrates high number of women who were unhappy with IOL – IOL Workshops coproduced and about to pilot in February 24
- Top language is Slovak and the Community Midwifery teams have set up clinics that provide an interpreter to meet the needs of this community and gather feedback for the service
- MNVP undertaking a piece of work to review the process of gaining informed consent for caesarean sections following patient voice from a patient safety investigation

Picker Survey Results for Rotherham: 2019 to 2022

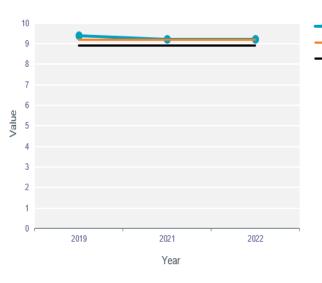
Awareness of medical history during the antenatal check up



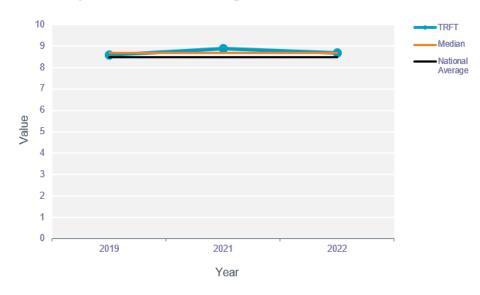
Involvement in antenatal care decisions



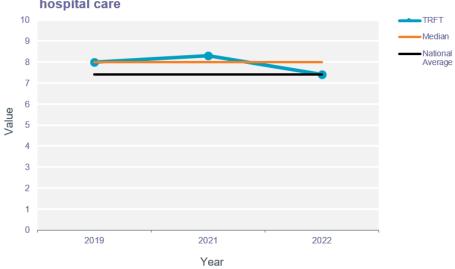
Being listened to during antenatal check-ups



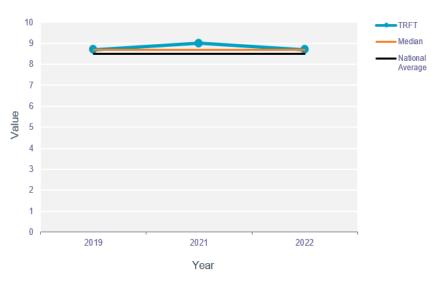
Response to concerns during labour and birth



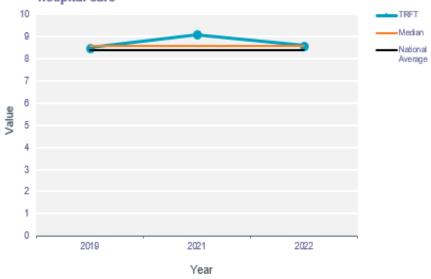
Adequecy of information or explanations during postnatal hospital care



Involvement in decisions during labour and birth



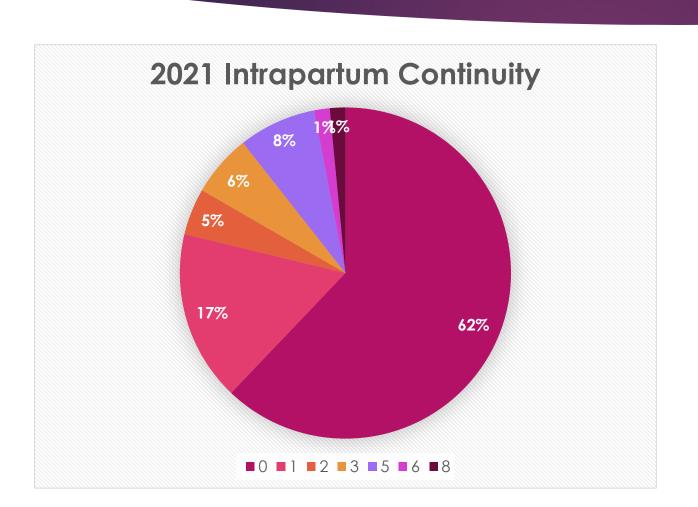
Adequecy of information or explanations during postnatal hospital care



Theme 2: Grow, Retain and support the workforce

- BirthRate Plus review August 2023
- Recruitment covering gaps
- Retention and CPS work
- Flexible working
- Triage / staffing, listening to staff feedback
- PMAs
- Training and development labour ward co-ordinator course
- Medical staff support with entrustability, trainee and Consultants supported with flexible, working, retire and return supported, sabbatical opportunities supported. Two middle grades are supported through the CESR programme.
- Medical rota's now reflects compensatory rest
- ▶ Birth Rights Training using CNST monies
- Workforce transformation

Continuity



- Current Community Model (antenatal and postnatal care).
- CoC team; Antenatal care by the woman's lead midwife was on average 52%. Maternity transformation model has demonstrated that around 77% of women are now seen by their lead midwife.
- Currently scoping our demographic outcome data, engaging with all teams to develop an enhanced CoC model.

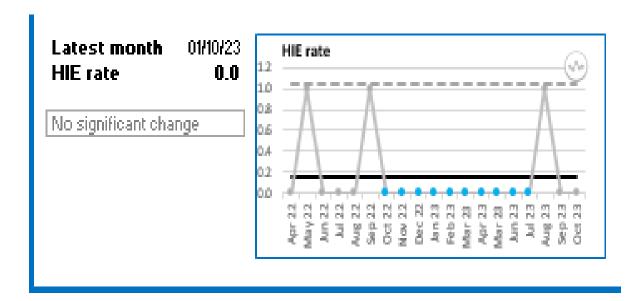
Theme 3: Developing and sustaining a culture of safety

- Leadership have attended Perinatal Quadrumvirate Culture and Leadership Development Programme
- Matron undertaken Elizabeth Garrett Anderson Programme in Healthcare Leadership focus on Compassionate Leadership remedying Incivility
- Dashboard data, reported to Board, confirms LWCO Supernumerary Status and 1:1 Care in Labour provision
- Safety Champion walk rounds, staff concerns heard by Board member
- Compliant with Standard 8 CNST Training Together
- PSIRF "poised" embracing concepts and values, awaiting Trust roll-out
- Score survey undertaken awaiting results
- Staff survey action plans coproduced with our Teams
- ▶ GMC national training survey Overall satisfaction 75% (out of hours support 91%, Clinical supervision 90%)
- Student Midwifery placement surveys PARE reviews show overall high levels of satisfaction for all placement areas.

Theme 4: Standards and structures that underpin safer, more personalised and more equitable care

- Working with MNVP to update PCP to make more user friendly and meet the needs of our women
- Deprivation scores now used in multiple Governance reporting streams to inform and focus future service delivery and development
- Saving Babies Lives v3 compliant to 71% with an Action Plan to reach 100% for March 2024
- CNST Compliant for all 10 Standards
- External Peers for PMRT, Patient Safety Investigations and Off-Pathway Births
- MDTs to support women's choices for homebirth
- Equity and Equality Action Plan work underway
- Digital Strategy in place to support development of the service and data collection
- ▶ BFI re-accreditation progressing
- Robust floor to Board processes

Safer Care - HIE



In 2023 we have had one case of HIE grade 3 which has been referred to MNSI. The two previous cases in 2022 were subsequent to premature births.

Safe Care

▶ Perinatal Mortality December data rolling 12 months

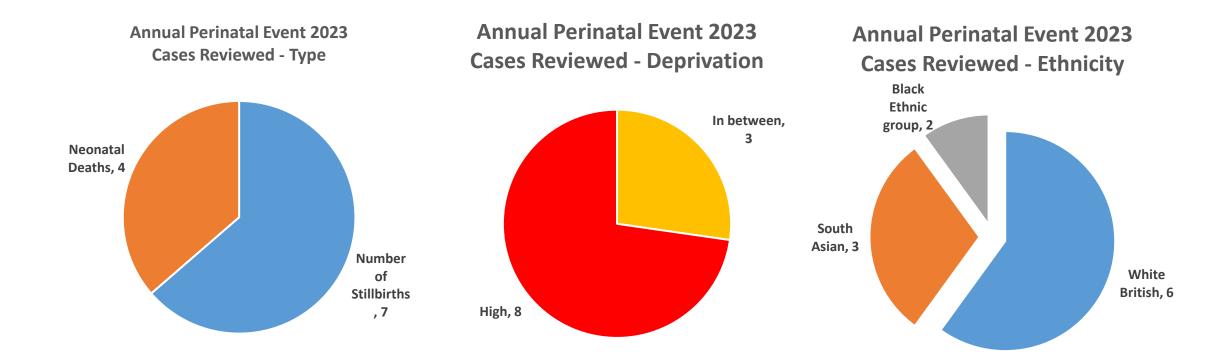
Type of death	Number	Rate per 1000 births
Stillbirth	7 (incl MTOP)	2.72
Neonatal death	3	1.17

National rates (MBRRACE 2021)	
3.54	
1.65	

Adjusted Perinatal Mortality (to exclude any abnormalities)

Type of death	Number	Rate per 1000 births
Stillbirth	6	2.33
Neonatal Death	2	0.78

2023 Annual Perinatal Event (2022 data)



Thank you for listening

ANY QUESTIONS?