

Committee Name and Date of Committee Meeting

Health Select Commission – 07 March 2024

Report Title

Maternity Services Update

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

N/A

Report Author(s)

Sarah Petty, Head of Midwifery
01709 424370
sarah.petty7@nhs.net

Ward(s) Affected

Borough-Wide

Report Summary

This report provides an update on Maternity Services provided at the Rotherham Hospital Foundation Trust (TRFT). The focus of the paper will cover, Antenatal care provision and an update on national drivers and Continuity of carer provision at TRFT. The National Maternity inpatient survey results for TRFT and comparisons with other providers. Within the paper data will be shared from the maternity dashboard on bookings comparing within the South Yorkshire Local Maternity System (LMNS) as well readmission data and the flu uptake figures for Maternity services. Appendix 1 Shares a presentation that demonstrates our current position and this was shared recently at a local Maternity assurance visit conducted by the LMNS.

Recommendations

- It is recommended that the Health Select Committee are assured by the 2023/24 Maternity Services update.

List of Appendices Included

Appendix 1 Trft Maternity services assurance visit presentation

Background Papers

- [NHS England 2023, Three Year Delivery plan for Maternity and Neonatal Services](#)
- [Midwifery Continuity of Carer, September 2022](#)
- [final report of the Ockenden review – March 2022](#)

Consideration by any other Council Committee, Scrutiny or Advisory Panel

N/A

Council Approval Required

N/A

Exempt from the Press and Public

No

Maternity Services Update: The Rotherham Foundation Hospital Trust

1. CONTINUITY OF CARER

1.1 National Context

- 1.1.1 The model of Continuity of Carer (COC) was introduced following Better Births, national maternity review in 2016. The vision was for services to be safe and personalised putting the needs of the woman, her baby and family at the heart of care with the ambition for women to have continuity of the person looking after them during their maternity journey before, during and after the birth.
- 1.1.2 The Model was target driven for the Local Maternity Systems to have achieved COC for 20% of women to be booked onto a COC pathway by March 2019 with the target rising to 35 % by March 2020. There was a parallel target for COC to be provided for 75% of BAME women by 2024 with a similar target for women from deprived groups.

1.2 The Rotherham Foundation Trust (TRFT) position

- 1.2.1 TRFT achieved these targets and were working towards achieving the target for BAME and deprived communities with 3 COC teams. The challenge of the Covid global pandemic led to a pause of the targets to ensure that maternity services were safe. TRFT, maintained the COC model throughout the pandemic however, staff groups were becoming increasingly fatigued and burnt out working in the COC model and the feedback from service users included fragmented care experience from being cared for under a team of midwives.
- 1.2.2 The second Ockenden review (March, 2022) recommended that COC models should be suspended until safe staffing was shown to be present. Although TRFT met the Birth rate plus(the nationally recommended establishment setting tool) , staffing was increasingly a challenge with a younger workforce impacting on higher levels of maternity leave and staff absence rates been higher than normal following the global pandemic. Nationally, there was a chronic gap between the numbers of midwives leaving and joining the register which Donna Ockenden attributed to national underfunding and poor strategic workforce planning.
- 1.2.3 In September 2022 Ruth May the Chief Nursing officer for England advised all Local Maternity Systems and Trusts of the following:
There is no longer a national target for MCoC. Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.
- 1.2.4 Trusts had been asked to review midwifery staffing previously in March 2022 following the Donna Ockenden second report at Shrewsbury and Telford. At the time TRFT assessed there position as:

Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.

- 1.2.5 Maintaining safe staffing on every shift was becoming an increasing challenge with a workforce that reported burn out in staff surveys. A decision was therefore made for a workforce transformation event engaging with teams and service users. A move from the COC model of care was agreed and implemented in December 2022.
- 1.2.6 The new model has seen the community service reconfigured into 4 teams with 8 midwives. The teams are linked to postcodes therefore area linked and provide antenatal and postnatal continuity for the women on their case load. They have a buddy midwife who supports them when they are on leave. The teams offer enhanced support for women where English is not their first language such as Slovak clinics where a dedicated interpreter is present. In areas of deprivation the teams work with the Family Hubs to support families with enhanced support from the vulnerability midwives, early help and 0-19 teams. Labour care is provided by the acute midwifery service. This includes supporting community midwives for homebirths. Women are supported with personalised care plans to support their decision making and informed choice which have been discussed with their community midwife throughout their pregnancy.
- 1.2.7 Midwives have reported feeling happier and more settled at work following the service transformation. A recent snap shot audit has highlighted that women are receiving higher levels of continuity from their community midwife under the new model of care for community midwifery services 77% received continuity from their lead community midwife when compared with 52 % under the COC model.
- 1.2.8 The Maternity service is currently scoping demographic outcome data, engaging with all teams to develop a sustainable enhanced CoC model. This will be co-produced with our service user group.
- 1.2.9 The Three year delivery plan for maternity and neonatal service March 2023 recommends that trusts consider the roll out of Continuity of Carer in line with the safe staffing principles set out by NHS England in September 2022.

2. ANTENATAL CLASSES

Antenatal classes are offered to all women. These include parent education on labour and birth as well as infant feeding workshops. The classes are held twice a month at the Place Hub. Partners are included and feedback for the sessions have been overwhelmingly positive. The graphic below represents a snapshot of feedback received from the class evaluations.



- 2.1 Next steps include a plan to work with the Slovak community to look at what Antenatal information communities would like and to look at further engagement local communities through REMA and Clifton Partnership.
- 2.2 The Community Midwifery service is currently looking at training midwives to facilitate the Solihull approach to antenatal classes. This is a theoretical model used for understanding the impact of powerful emotional experiences on adults, the baby and the relationship between the two. It supports healthy brain development in the baby. The plan is to combine the facilitation of the classes with the 0-19 service at TRFT.
- 2.3 The Rotherham Family Hubs offer a diverse range of parenting and education classes for parents including programmes for Dads. Community midwives share and promote these sessions with women and pregnant people. There is an online course, “Me you and baby too” which offers parents useful advices and tips for the transition to parenthood. [Parent guide for England \(oneplusone.org.uk\)](https://oneplusone.org.uk).

3. ANTENATAL KEY PERFORMANCE INDICATORS:

- 3.1 The statistical process control charts (SPC) below are from the Maternity dashboard representing the monthly performance with key performance indicators which are nationally set for bookings < 10 weeks and smoking at the time of booking and birth. TRFT, conducted an audit in 2023 to investigate further the delays in booking women below 10 weeks and this was found to be women presenting later to Maternity services. There is currently work being undertaken to look at how advertising in local pharmacies and in the wider community can support women to book earlier. The current average across South Yorkshire Local Maternity System is 76%. In 2023 TRFT booked 3021 women for antenatal and postnatal care, 2529 women birthed at TRFT.

3.2 Personalised care plans (Table 4) are the Three Year Delivery plan for Maternity and Neonatal services (NHSE, 2023) target for all women to be offered personalised care and support plans.

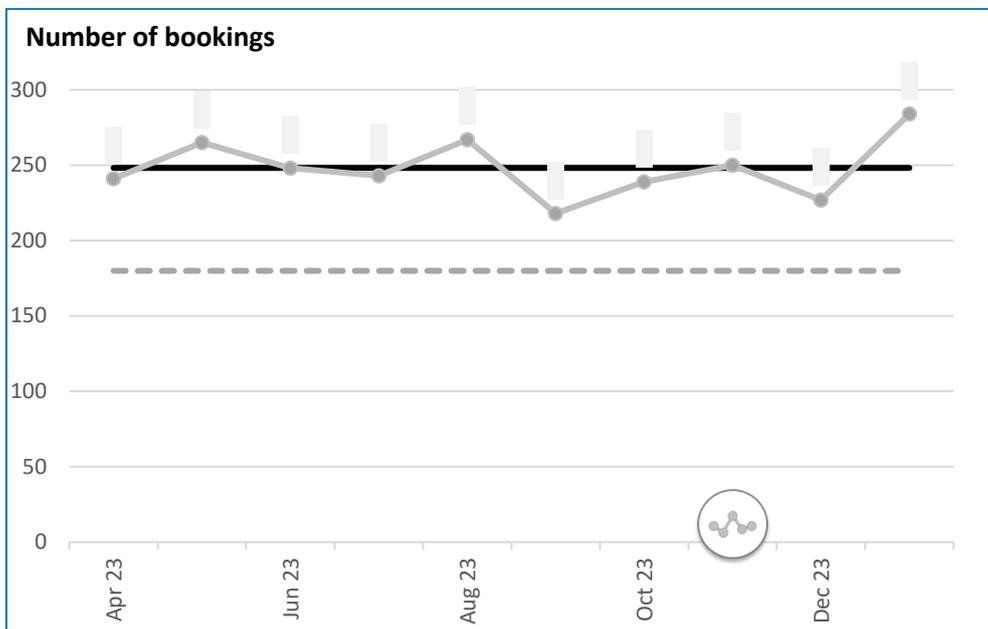


Table 1

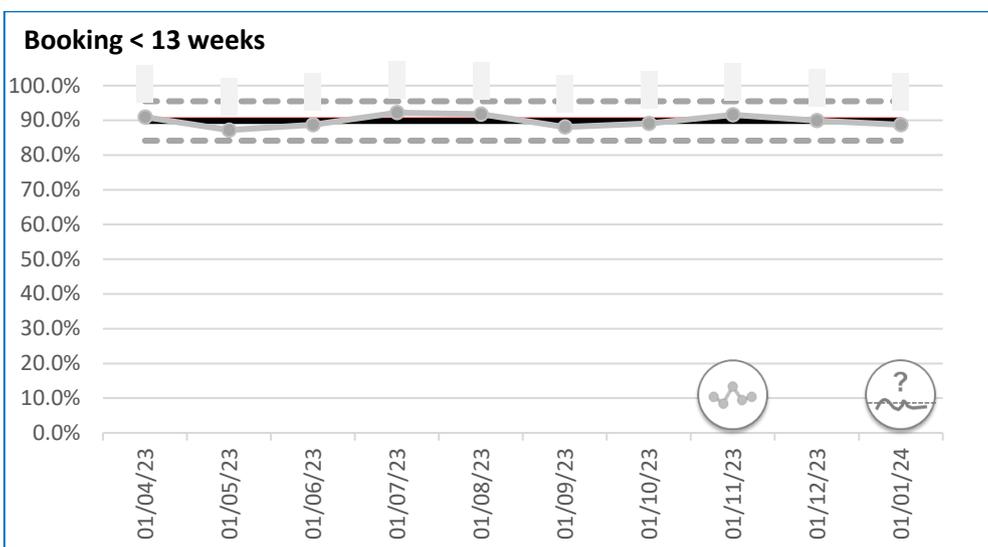


Table 2

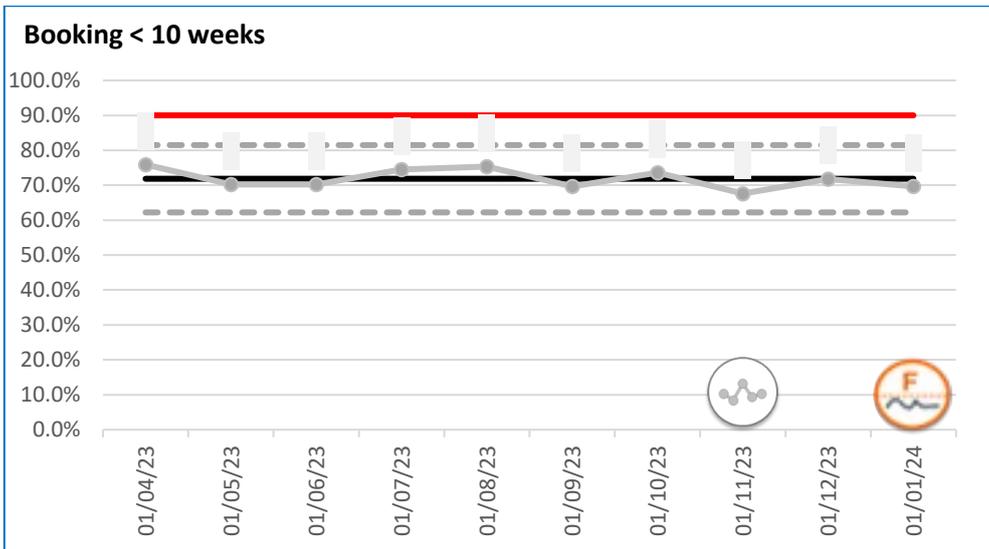


Table 3

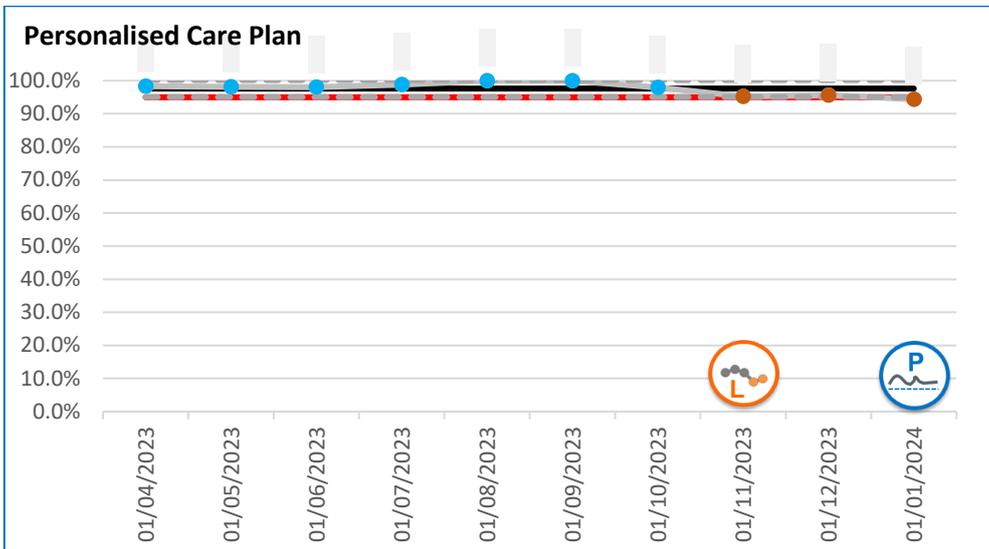


Table 4

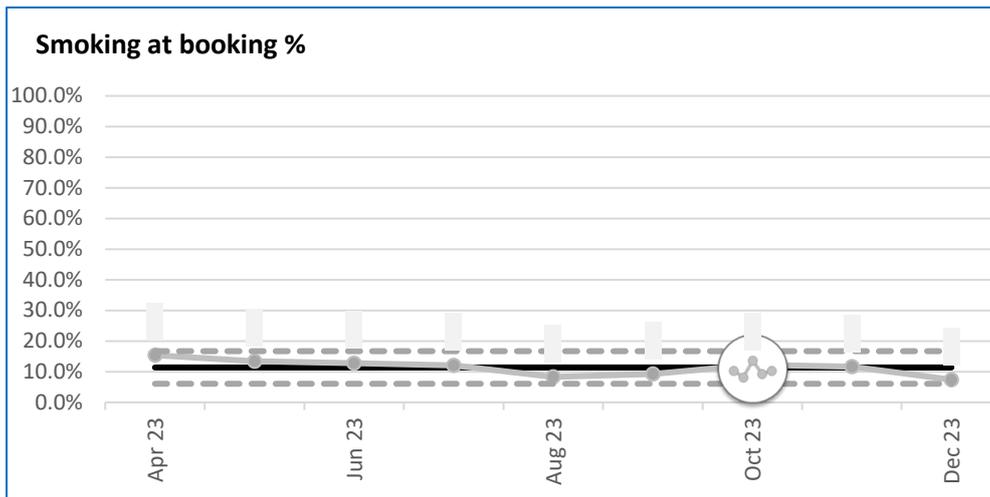


Table 5

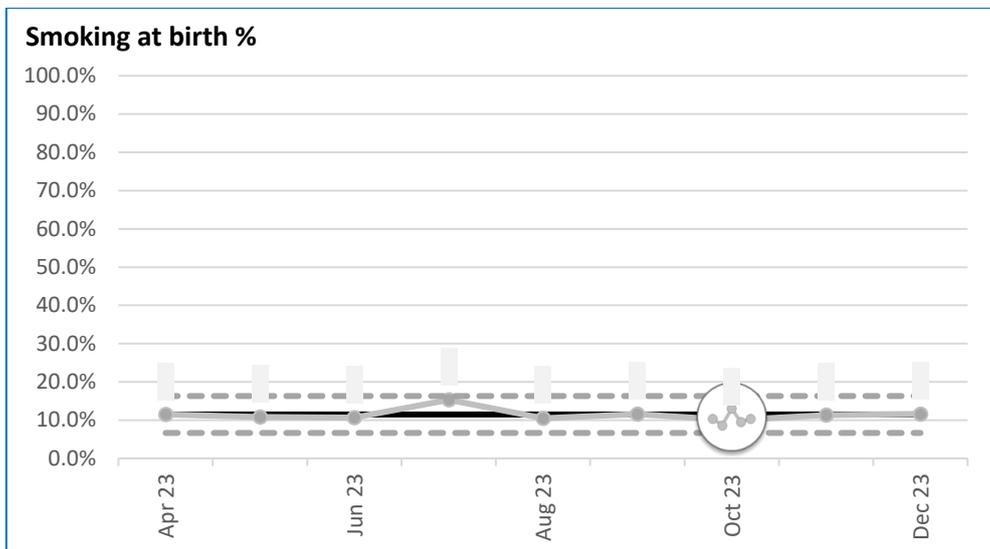


Table 6

3.3 The Rotherham maternity smoking in pregnancy service has continued to support the reduction of smoking at the time of delivery rates (SATOD) rates, From 2017 to 2018 there had been an increase in rates from 17.1% to 19.9%, staffing provision increased in 2018 and figures again reduced the following year to 17.9% and have continued to decrease since this time to the current rate of 11.2 %. The government target is to reduce SATOD rates to 6%. TRFT is compliant with the all elements of the Saving Babies lives care bundle for smoking to reduce avoidable stillbirths and neonatal deaths.

4. SEASONAL FLU VACCINATION

4.1 All women are offered seasonal flu, Pertussis and Covid vaccines when they attend Greenoaks Antenatal Clinic. Women may choose to access their vaccinations through their GP or local pharmacy. Data for vaccinations in pregnancy is reported through IMMSFORM to Public Health England (PHE). There are currently 3 systems where flu data is published and PHE are aware that none of the digital platforms are currently recording vaccine uptake accurately and work is being undertaken with digital teams to improve this. Table 7 below highlights the current vaccine uptake. TRFT have been recognised by PHE as an exemplar, with other units looking to replicate the model that has been implemented. In 2023/24 TRFT have delivered more flu vaccines to pregnant women than GP'S and Pharmacies.

Vaccine	2023
Seasonal Flu	34.3%
Pertussis	73.5%
Covid	Data not available

Table 7

5. READMISSIONS

5.1 Readmission of women and Babies are monitored through Maternity incident reporting, investigating any themes, trend and learning. A small number of women are readmitted following birth. Table 8 and 9 illustrate the data and top 3 themes for women. Table 10 and 11 highlight the demographic data for readmissions of women.

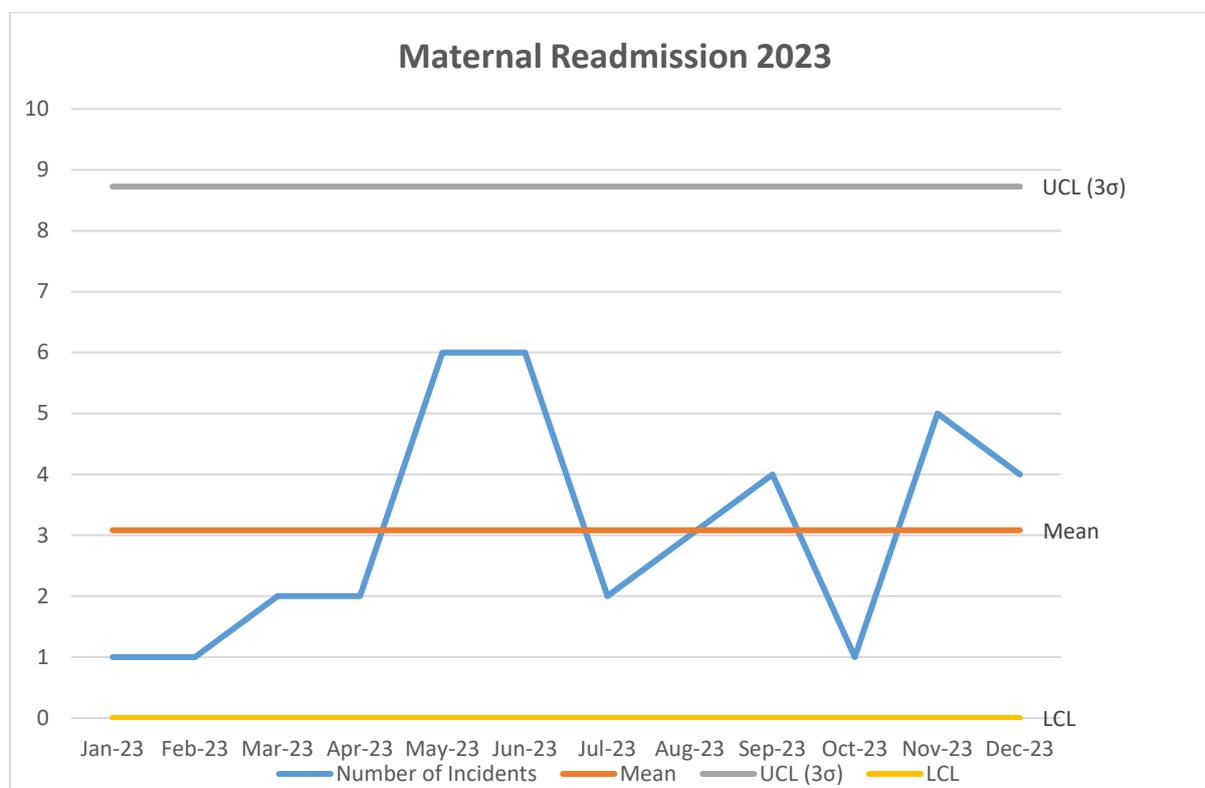


Table 8

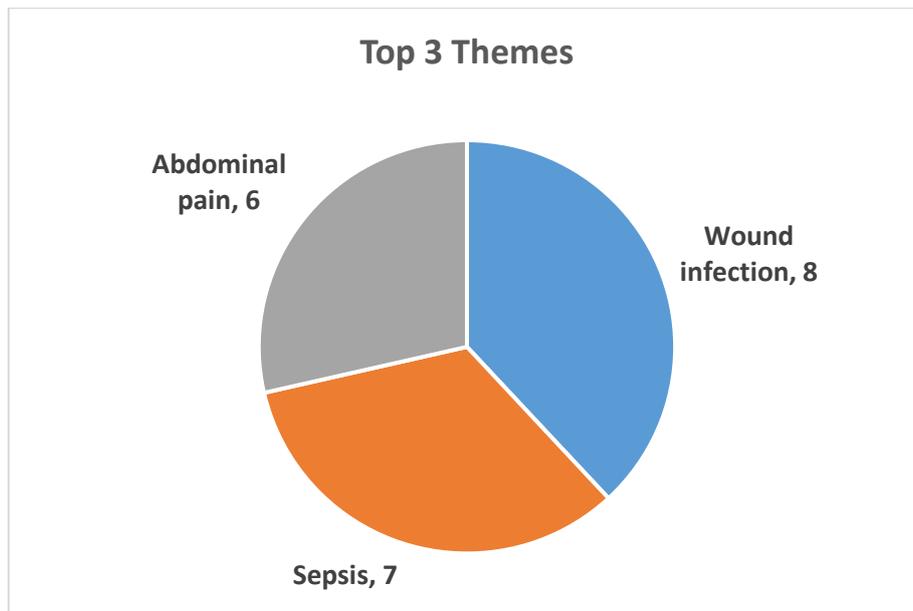


Table 9

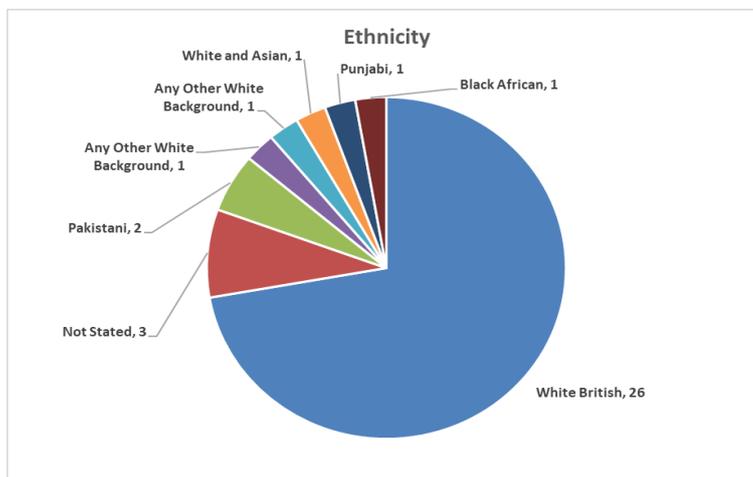


Table 10

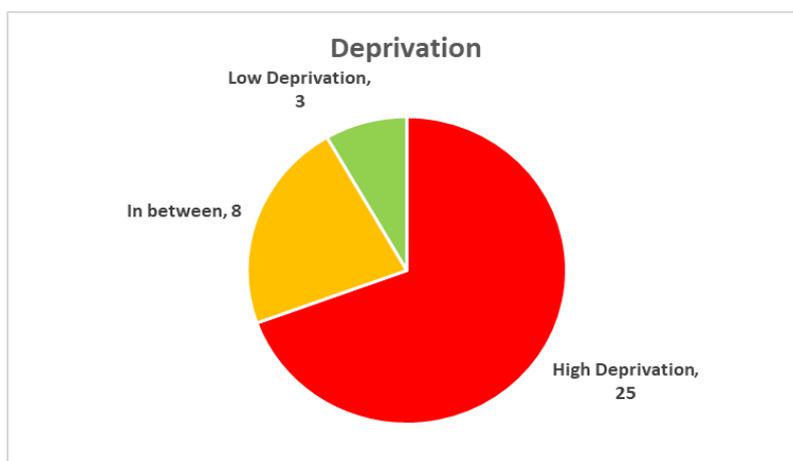


Table 11

5.2 More babies are readmitted due to the care pathways and guidelines for monitoring jaundice and weight loss in the newborn. TRFT, offer readmission to maternity services for a rapid access review by the paediatrician and infant feeding lead if needed. Tables 10 and 11 share the data on baby readmissions, including themes for referral and readmission.

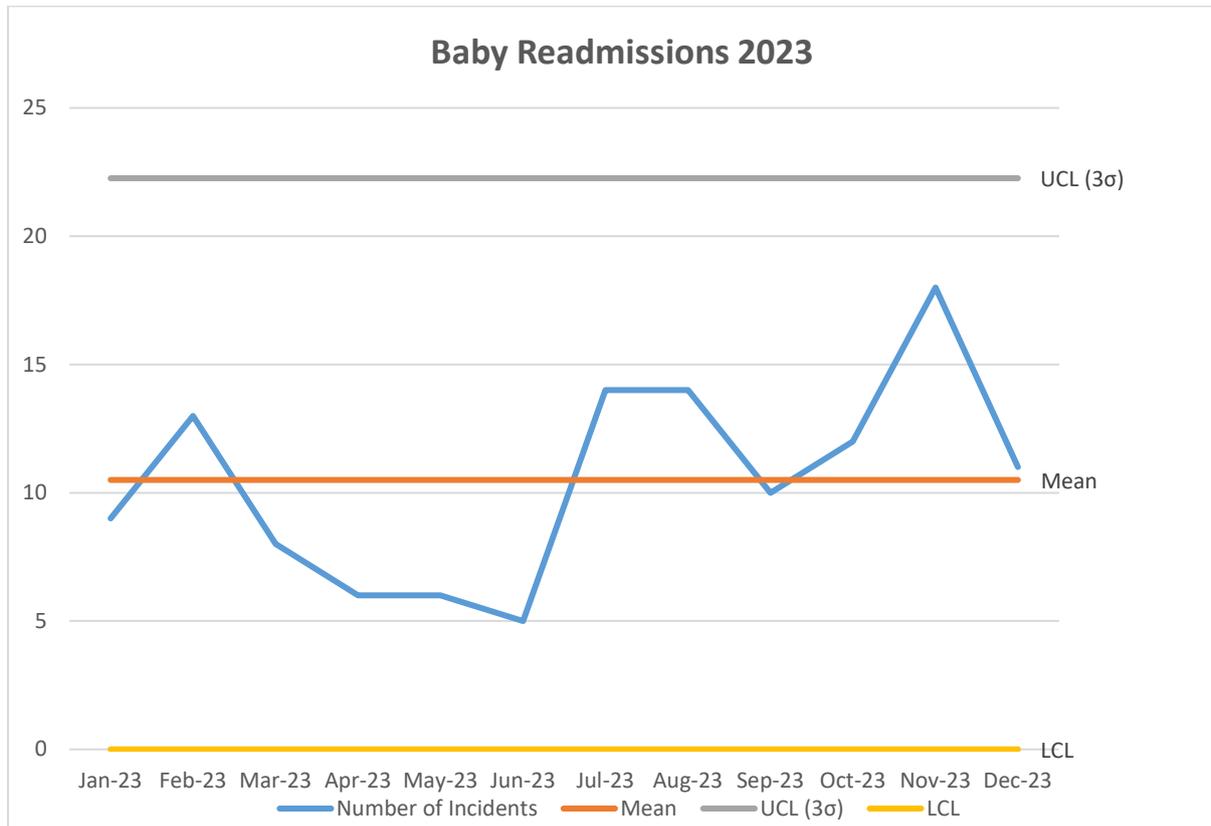


Table 12

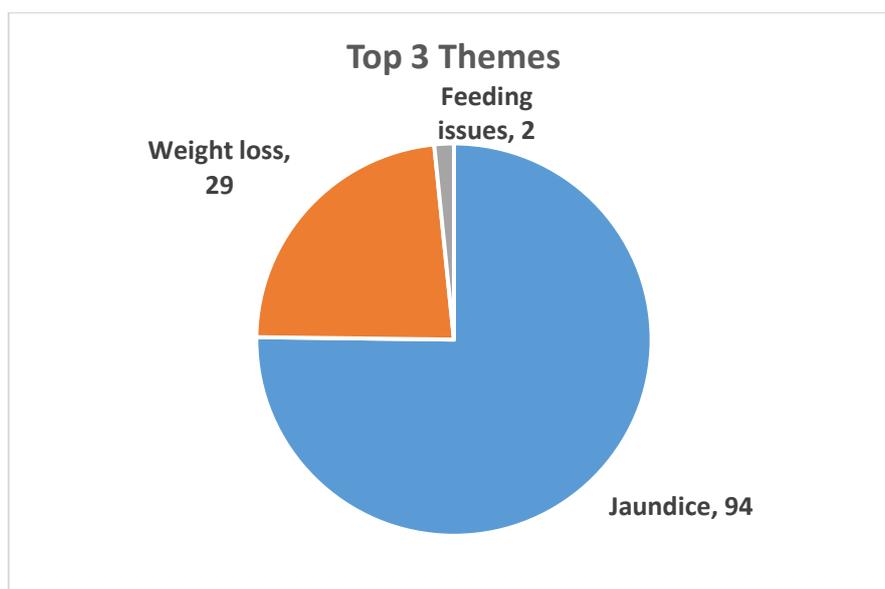


Table 13

6. CQC MATERNITY SURVEY RESULTS 2023

- 6.1** The national CQC Maternity survey results were published on 9th February 2024 and overall TRFT have maintained a good position nationally in the survey achieving improvement in 8 questions surveyed and maintaining the same in 46 responses. No responses were rated worse than. The response rate was 50% and represented the diversity of the local community with 85% of responses from white British and 14% from other ethnic groups highlighted in the table below.
- 6.2** The graphs below demonstrate TRFT position in all the questions surveyed with the black line representing TRFT. An action plan has already been developed to support areas of improvement and betterment. An example of this has been on the Antenatal and Postnatal ward inviting and promoting partners to stay overnight.

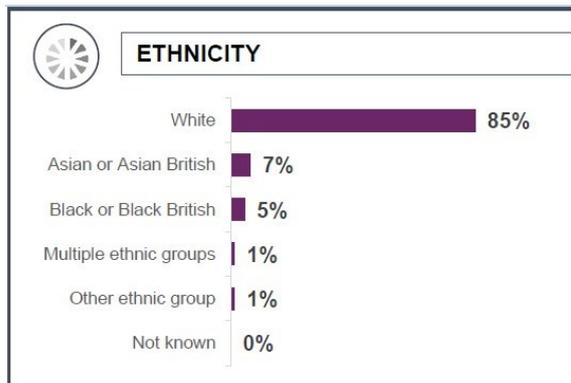
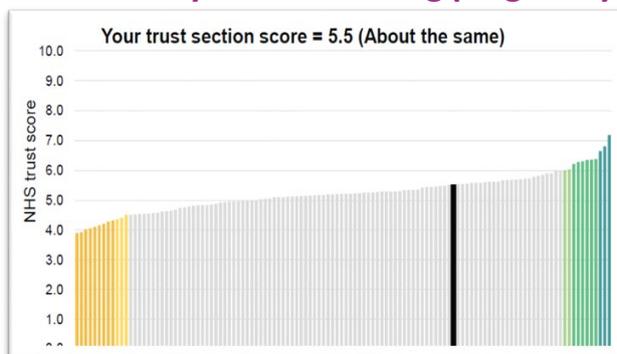


Table 14

The start of your care during pregnancy



Antenatal check-ups

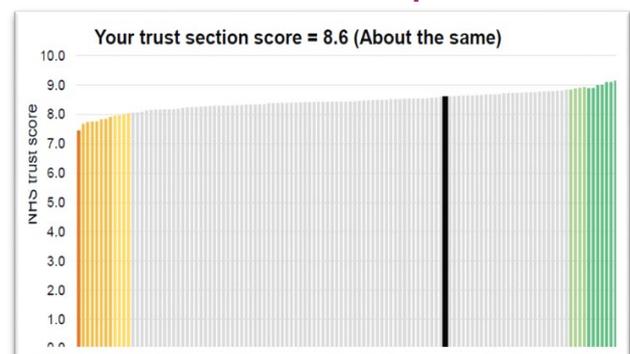


Table 15

During your pregnancy

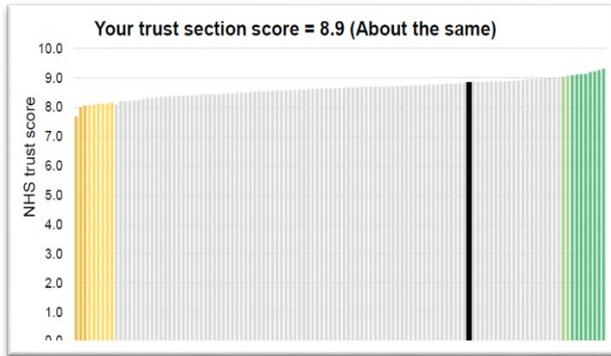
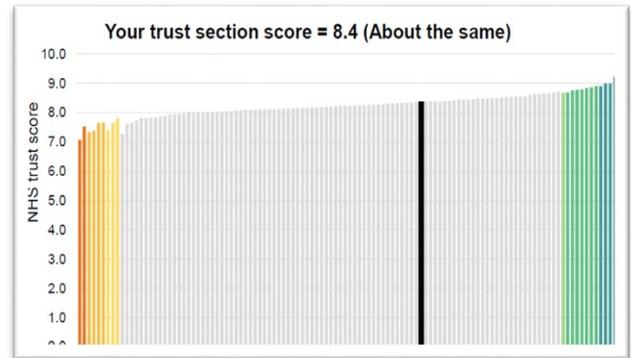


Table 16

Your labour and birth



Staff caring for you

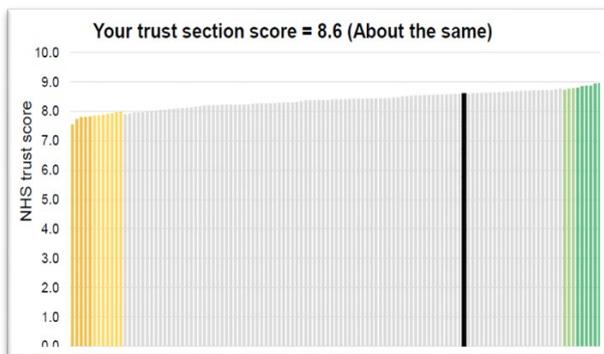
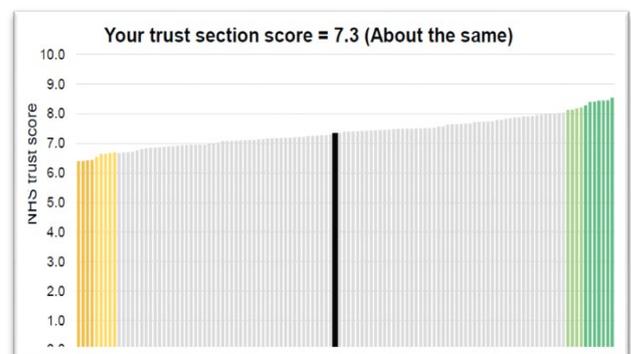


Table 17

Care in the ward after birth



Feeding your baby



Table 18

Care at home after birth

