# Briefing to the Norfolk Health Overview and Scrutiny Committee (NHOSC) by the Norfolk and Waveney Local Maternity System (LMS)

## 1. Background

1.1 The Norfolk Health Overview and Scrutiny Committee has asked for a report focussing on the NHS maternity services centred around the three acute hospitals in Norfolk and Waveney and commissioned by the five Clinical Commissioning Groups (CCGs).

1.2 This report has been produced jointly by NHS Great Yarmouth and Waveney CCG as the lead commissioner for children's, young people's and maternity services and the three acute trusts who work together as the Local Maternity System (LMS).

1.3 In March 2015, Simon Stevens, Chief Executive of NHS England announced a major review of maternity services as part of the NHS Five Year Forward View. The review, chaired by Baroness Julia Cumberledge, recommended seven key priorities that will drive improvement and ensure women and babies receive excellent care wherever they live.

1.4 These key priorities are documented in the National Maternity Review - Better Births - Improving Outcomes of Maternity Services in England. A Five Year Forward View for Maternity Care. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

1.5 The purpose of the LMS is to bring together commissioners, providers and people who use the services to develop and implement a locally owned plan and to implement the recommendations of the review by the end of 2020. Alongside this, the maternity transformation plan needs to include work that will be undertaken to improve the safety of maternity care, so that by 2020 significant progress will have been made to meeting the national ambition of halving the rates of stillbirth, neonatal death, maternal death and brain injuries by 2030.

1.6 We recognise that every woman, every pregnancy, every family is unique. The vision outlined in Better Births is for maternity services:

> 'to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional - boundaries.'

1.7 The current challenges we face in Norfolk and Waveney are:

- The large, mostly rural geographical area the LMS covers and travel times between locations poor road networks

- The Norfolk and Norwich University Hospital is frequently working at full capacity and historically has struggled to accept in-utero transfers from across the region
- Queen Elizabeth Hospital and James Paget Hospital have experienced problems recruiting suitable doctors

1.8 Our plans set out how we intend to redesign maternity services with our service users so that women, babies and their families receive the type of care they want as well as how we will support staff to deliver such care. The LMS board meet monthly and monitor the implementation of the delivery plan as well as respond to requirements of the national transformation team.

## 2. Engagement

2.1 Each of the three acute hospitals in Norfolk and Waveney has a Maternity Voices Partnership (MVP). These are volunteer-led groups that act as a bridge between the local maternity system and the women who use services and their families. They are well supported by their respective Heads of Midwifery (HoMs), and although they are managed and operate in different ways, the MVPs offer a network of contacts, including via social media. The Norfolk and Waveney LMS recognised early on the critical importance of engaging with staff, and with women and their families, in the local planning and delivery of the aspirations set out in 'Better Births'.

2.2 So far we have:

- Developed an engagement plan which began the process of highlighting key opportunities to involve staff and service users in any changes over the next five years. This is a live document that continues to be reviewed and refreshed.
- Agreed funding for an MVP link representative has been identified to liaise with the three Norfolk and Waveney MVPs and represent their views as a member of the LMS Board, and provide assurance that all opportunities for wider engagement and consultation are explored.
- Worked with Healthwatch Norfolk who have visited baby and toddler groups to find out what parents and carers think of our maternity services
- Run an online survey to understand how service users view local maternity services now and their aspirations for the future
- Conducted an online survey was developed for staff to gather views about current and future working patterns

2.3 Work is currently underway to look for opportunities to embed specific focused pieces of engagement into the individual workstreams.

## 3. Update on maternity services transformation - benefits of working in an integrated Local Maternity System (LMS)

3.1 Integrating maternity care as a single system across the Norfolk and Waveney STP footprint is part of the recommendations set out in Better Births.

3.2 The local vision is underpinned by seven themes, which form the basis for the recommendations set out in the body of the report. These are summarised below.

1. **Personalised care**

Improving choice and personalisation of maternity services so that:

All pregnant women will have a personalised care plan. This plan is being developed so that it is based on an LMS wide standard plan that can be localised to each Trust and then personalised to each woman and her partner.

All women can make choices about their maternity care, during pregnancy, birth and postnatally. We will be focussing services in the community, using the Community Hub model where appropriate. This means bringing services together based on the needs of the local community, infrastructure available and pathways commissioned.

2. **Continuity of carer**

Each Trust has developed models for implementing Continuity of Carer. A team of 6-8 midwives known to the woman, supported by a named consultant, will look after women antenatally, during labour and postnatally. It is recognised nationally that this will involve a significant change in how our workforce currently operates. Therefore, we are piloting the models towards the end of 2018 with a view to achieving 20% of women being booked onto this model by March 2019.

3. **Safer care**

Professionals from across Norfolk and Waveney are working together to improve safety by having single, locally agreed guidelines, policies and practises. We are developing strong clinical leadership across the LMS for a joint safety culture supported by local learning systems. As an LMS we are developing a shared system for investigating and learning from incidents, and sharing this learning. Currently each Trust has their own system. Trust are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.

4. **Better postnatal and perinatal mental health care**

We are looking at how postnatal care varies across the LMS and how we can best utilise the support available from midwives, health visitors and midwifery support workers for women and their partners. We will look to standardise our approach whilst maintaining flexibility within services offered.

Work around perinatal mental health has progressed extremely well with the new mother and baby unit due to open early 2019 in Norwich. This has resulted in some excellent

cross professional collaboration and cross LMS working. We are developing joint multi-professional training, shared guidelines and practises as well as developing an entirely new model of supporting women with pre-existing or new perinatal mental health needs. We have analysed what works well locally now and will be looking to extend this across the LMS.

5. **Multi-professional working**

We are improving working relationships between all maternity professionals and with other groups and investing in multi-professional education and training.

There is a commitment across the NHS, independent and voluntary sectors to work together in an open and inclusive way. This provides a real opportunity to shape services differently.

6. **Working across boundaries**

There are now additional opportunities for professionals to work across the LMS as the move to standardise training and guidelines progresses. This means we can now employ highly specialist consultant midwives to oversee safe and effective delivery of our safety plans across the whole maternity system and not just at one particular Trust. Norfolk and Waveney LMS borders with Suffolk and North East Essex, Cambridgeshire and Peterborough and Lincolnshire. Broader opportunities are being developed to work collaboratively with neighbouring LMSs to offer women living on our borders more choice on care options.

7. **A fairer payment system**

There is an opportunity yet to be explored for the units to work together under a single payment system. More details on this area of work will follow as it develops.

## 4. LMS progress against the STP delivery plan

4.1 The delivery plan is broken down into eight workstreams, each led by one of the heads of midwifery with representation from all three hospitals at the workstream meetings. The progress in monitored by the LMS board. The Heads of Midwifery and the project manager meet on a fortnightly basis to review progress and resolve and discuss any issues arising within the workstreams.

4.2 Progress is being made in all the workstreams. Some of the workstreams will naturally move quicker than others, especially those that require significant system change within the services.

4.3 The workstreams are aligned with the key strategic objectives of the Maternity Services, Public health, STP priorities and CCG directions.

4.4 Specific progress so far against our delivery plan is set out in Appendix 1, which gives a clear roadmap of our progress towards maternity services transformation.

## 5. Overview of services provided in Norfolk and Waveney

5.1 This section briefly summarises the work of each maternity service, with the following sections setting out data trends.

### 5.2 James Paget University Hospital

The James Paget University Hospital NHS Foundation Trust maternity service provides care for approximately 2,200 women living across the boundaries between Norfolk and Suffolk extending south towards Southwold and to the bordering Broads villages north of Great Yarmouth. The LMS includes all aspects of the geographical area within Waveney.

In 2017/2018, 2143 babies were delivered to 2118 women. The maternity service delivers antenatal, intrapartum and postnatal care for both consultant led and midwife led cases.

Every woman has a named community midwife which is geographically allocated via the named midwife to each GP surgery system. All women have the option to deliver at home, in the Dolphin Suite (co-located midwifery led birthing unit and in the central delivery suite which is the consultant led unit.

### 5.3 Norfolk and Norwich University Hospital

The Norfolk and Norwich University Hospitals NHS Foundation Trust maternity services provide care for approximately 6,000 births per year. It is one of three tertiary (highly specialist care) units within the East of England and so takes referrals from other units within region for high risk pregnancies. It has a Level 3 neonatal intensive care unit for complex care, taking babies needing respiratory support (ventilation) weighing less than 1000g and less than 28 weeks gestation. Babies who require surgery may also be referred here.

There are eight community based midwifery teams providing services closer to home, incorporating a homebirth service. Hospital services are provided within consultant led antenatal clinics, a fetal medicine unit and midwifery led antenatal assessment unit. In-patient facilities include 29 postnatal beds, in addition to five transitional care beds and 13 antenatal beds. The delivery suite has 15 birthing rooms including a birthing pool, two obstetric theatres, anaesthetic and recovery rooms, providing a full range of facilities for high dependency care, in addition to the new maternity assessment area for those clients requiring day attendance and review. The co-located Midwifery Led Birthing Unit comprising of four birthing rooms with water birth facilities is also available. Midwives have a commitment to provide one-to-one care to all women in established labour and staffing levels have recently been improved to support this. The Trust is proud to have achieved and maintained level 3 BFI accreditation (The Unicef UK Baby Friendly Initiative supports breastfeeding and parent infant relationships).

### 5.4 **Queen Elizabeth Hospital**

The Queen Elizabeth provides services for women in West Norfolk, Cambridgeshire and South Lincolnshire. The hospital delivers approximately 2,400 babies a year with a large cohort of women having antenatal and postnatal care by the midwives but not delivering their baby at the unit. The service provides inpatient services at the QEH site as well as outpatient services at QEH, North Cambridgeshire Hospital at Wisbech and community midwifery services across the community area offering acre from GP surgeries, community hospitals and children centres. The QEH offers all choices for delivery, homebirth, an alongside midwifery led unit (Waterlily) and the obstetric run delivery suite.

## 6. Trends in maternity services

6.1 Clinical outcomes are reported monthly via each unit's maternity dashboard and then reported on an LMS wide dashboard.

### 6.2 Stillbirths

All units are working towards full implementation of the Saving Babies Lives Care Bundle. The Saving Babies' Lives Care Bundle is a national programme introduced in 2016 to tackle stillbirth and early neonatal death and is a significant driver to deliver the ambition to halve the number of stillbirths. The national ambition is to reduce stillbirth by 50% by 2025 from 4.7 per thousand to 2.3 per thousand.

It brings four elements of care together:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance in the form of scans for fetal growth restriction
3. Raising awareness and supporting mothers and fathers to monitor and be aware of reduced fetal movements
4. Ensuring all staff are fully trained and assessed as competent in fetal monitoring during labour

All cases of perinatal mortality including intrauterine fetal deaths/stillbirths (post 24 weeks gestation) are reported to MBRRACE (Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries across the UK) and are all included in the annual perinatal mortality report where data is analysed on a Trust level, locality level and national level. The rate is calculated as the rate per 1000 births which is sensitive to the actual rate rather than a number alone. MBRRACE is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths. It produces an annual report and demonstrates that variations in rates between Trusts remain, although the variation in stillbirth rate between Trusts delivering similar levels of care is much less marked than previously. The recently introduced perinatal mortality review tool has enabled Trusts to conduct much more rigorous and robust investigations

The table below shows the rate per thousand per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes being the main tertiary referral unit in region. 2016 data from MBRRACE across the UK shows a rate of 3.93 / 1,000

| | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **2017/18** |
|---|---|---|---|---|---|
| James Paget | 3.27 | 3.27 | 3.43 | 6.09 | 3.27 |
| NNUH | 3.04 | 2.69 | 4.03 | 3.61 | 4.87 |
| QEH | 1.75 | 5.2 | 4.27 | 3.95 | 1.33 |

### 6.3 Neonatal deaths

A neonatal death is a death of the infant that occurs before the first 28 days of life.

The table below shows the rates per thousand babies born per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes being the main tertiary referral unit in region. 2016 data from MBRRACE across the UK shows a rate of 1.72 / 1,000

| | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|
| James Paget | 0 | 0.47 | 0 | 1.40 | 0.47 |
| Norfolk and Norwich | 2.19 | 2.52 | 2.18 | 0.69 | 0.72 |
| QEH | 2.63 | 1.74 | 2.57 | 1.76 | 0.89 |

### 6.4 Stillbirths and neonatal deaths from MBRRACE report for Norfolk and Waveney by Trust

2016 data from MBRRACE across the UK shows a rate of 5.64 / 1,000

| **Provider** | **Number of Births** | **Stillbirth Rate** | **Neonatal Death Rate** | **Stillbirths & Neonatal Deaths** |
|---|---|---|---|---|
| **James Paget** | | | | |
| 2015 | 2,016 | 3.60 | 1.05 | 4.68 |
| 2016 | 2,160 | 3.82 | 1.06 | 4.87 |
| **Norfolk and Norwich** | | | | |
| 2015 | 5,769 | 4.58 | 2.06 | 6.57 |
| 2016 | 5.877 | 4.22 | 1.99 | 6.18 |
| **Queen Elizabeth** | | | | |
| 2015 | 2,311 | 3.52 | 1.41 | 4.93 |
| 2016 | 2,339 | 3.75 | 1.08 | 4.82 |

**Stillbirths and neonatal deaths from MBRRACE for Norfolk and Waveney LMS**

| | Number of Births | Stillbirth Rate | Neonatal Death Rate | Stillbirths & Neonatal Deaths |
|---|---|---|---|---|
| 2015 | 10,257 | 3.90 | 1.27 | 5.17 |
| 2016 | 10,253 | 3.90 | 1.27 | 5.17 |

## 6.5 Maternal deaths

A maternal death is defined as a death of a woman either during pregnancy or within 1 year of the end of the pregnancy and they are sub-analysed as direct or indirect deaths. Every maternal death meeting these criteria is reported to MBRRACE and analysis of the case is collated in to the triennial report in to maternal deaths.

In a 5-year period, from April 2013 to March 2018 there were 10 maternal deaths across the three acute Trusts in Norfolk and Waveney. Due to the very small numbers we do not show the breakdown between each unit as it would potentially be possible to identify individual families.

10 in 51,000 births a rate of 0.2/1,000 deliveries.

Data (2013-2015) from MBRRACE UK – Saving lives, Improving Mothers Care 2017 shows a rate of 8.8 per 100,000 across the UK for **two** years (0.09 per 1,000)

**Hypoxic Ischemic Encephalopathy (HIE)**

HIE is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood. HIE has 3 grades (I, II and III) with HIE grades II and above now reported to NHS Resolution within 14 days of birth if the diagnosis is possible at that time. This data is not useful as an annual figure since the diagnosis of HIE is often made retrospectively sometimes years after the birth. The table below shows the numbers declared per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes as the main tertiary referral unit in region.

| | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|
| James Paget | Unknown | 1 | 2 | 1 | 1 |
| NNUH | 13 | 14 | 14 | 17 | 11 |
| QEH | 2 | 4 | 4 | 2 | 4 |

### 6.6 Caesarean sections

The national average caesarean section rate has risen to 28% in 2017. This increase has occurred due to the increase in induction of labour due to the implementation of the growth assessment programme which has had a nationwide impact resulting in many more women being induced for reduced fetal movements or reduced growth of the foetus. It is recognised that an induction of labour makes a caesarean section more likely to occur therefore the correlation is present due to the higher risk. NICE guidance also states that women can request a caesarean section if they wish. All three units have in place a procedure for a pure maternal request caesarean section (i.e. with no clinical indication) in line with NICE guidance. This is where women are provided with a second opinion and referral to a psychiatrist where required. It is rare that this is required as usually with supportive and compassionate care and support this requirement can be negated.

| | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **2017/18** |
|---|---|---|---|---|---|
| James Paget | 23.4% | 23.7% | 25.10% | 25.6% | 29.02% |
| Norfolk and Norwich | 22.81% | 23.92% | 25.46% | 27.32% | 31.77% |
| QEH | 25.83% | 25.60% | 27.08% | 25.9% | 27.10% |

### 6.7 Induction of labour

The introduction of the growth assessment programme to monitor the growth of babies during pregnancy has resulted in all maternity units across the country seeing an increase in their induction of labour rates as a part of the Saving Babies Lives Care Bundle. The national average induction of labour rate in 2016/17 was 29.4%.

| | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **2017/18** |
|---|---|---|---|---|---|
| James Paget | 14.9% | 22.7% | 29% | 33.6% | 27.78% |
| NNUH | Not known | 27% | 27% | 31.7% | 33.7% |
| QEH | 33.77% | 37.54% | 36.7% | 19.8% | 28.98% |

## 6.8 Capacity of services

**Number of times maternity unit has closed due to capacity and number of women diverted to another provider (given in brackets)**

Closure of the maternity unit is a major decision and involves executive level decision making. Actions have been taken to have robust escalation plans in place in each of the maternity units including guidance around closure and diverting women to another maternity unit.

The NNUH has been working hard to reduce closures of the maternity unit as is demonstrated below. A new dedicated maternity assessment unit (separate from delivery suite, with separate staffing) has been opened this year for women needing urgent review and this has helped to increase the capacity on delivery suite. There are still occasions however when it is necessary for the health of the mother and baby to transfer cases out to other tertiary referral units when our intensive care facilities for either mother of baby are at capacity. Work is ongoing with the regional neonatal clinical network to review capacity of intensive care cots for the severely preterm infant.

| | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|
| James Paget | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 2 (0) |
| Norfolk and Norwich | Not known | 15 (24) | 19 (17) | 9 (19) | 4 (15) |
| QEH | Not known | Not known | Not known | 5 | 2 (4) |

**Number of times neonatal unit closed to capacity and number of women or babies diverted to another provider (given in brackets)**

The neonatal unit at JPUH does not collect data on closure episodes due specifically to capacity as often capacity will flex according to the specific requirements of each baby admitted and their dependency level.

Data is collected slightly differently across the LMS so currently QEH are showing as hours closed and NNUH are showing as number of occasions closed. Anecdotally, when units are closed, they sometimes re-open before anyone has to be moved and sometimes patients do get refused access or have to be moved out – not every closure = move a patient.

A region wide neonatal and maternal capacity review is planned and is in its very early stages.

| | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|
| James Paget | Not known | Not known | Not known | Not known | Not known |
| NNUH | 20 | 22 | 46 | 15 | 42 |
| QEH | Not known | Not known | Not known | 1424 hours closed to the network and 1,094 hours closed to internal maternity unit | 1255 hours closed to the network and 633 hours closed to internal maternity unit |

## 7. Staffing

7.1 Vacancy position for each provider as at end May 2018:
Note: WTE (whole time equivalent)

| | Midwives | Midwifery Support Workers/Maternity Healthcare Assistant | Consultant O&G |
|---|---|---|---|
| James Paget | 8.79 WTE Permanent<br><br>(5 WTE and 4 part time contacts offered week of 7/6/2018 and will commence on completion of training in Sept/Oct 2018) | 2.2 WTE | 2 WTE<br>(2 posts offered to candidates on 22/6/2018) |
| Norfolk and Norwich | 2 | 1.42 | 0 |
| QEH | 8.23 offered to 4 another round of interviews due | 7 vacancies<br>3 positions offered and out for advert for the others | 1.34 vacancies<br>Currently out to advert for 1 and interviewing in July for 1 |

Staffing vacancies are a challenge within Norfolk and Waveney due to our rural location. Staff will often move from one provider to another for promotion, leaving gaps locally that sometimes can't be filled until the cohort of Student Midwives currently training are qualified. This is the case currently which means vacancies will exist until Sept / Oct this

year. By working together as a single maternity system there are opportunities to address workforce vacancies in the future following on from our work on standardising training and guidelines.

## 8. Feedback on experiences using the services

8.1 All units have different methods and ways of collecting feedback using complaints, compliments, feedback via Maternity voices partnerships (MVP's), social media and the annual maternity survey.

8.2 These are all different for the units however a method of collecting feedback that all units participate in is the Friends and Family Test (FFT). This test asks how likely the woman is to recommend the services to friends and family. Women are asked the question 4 times during her care; 1. Antenatal Care at 36 weeks pregnant; 2. Care in Labour after delivery; 3. Postnatal Care provided within the hospital and 4. Postnatal care in the community. The trusts are benchmarked against response rates, national target is 15%, and also the likely to recommend rate.

8.3 Here are the results for the units for the last three months:

### 8.3.1 James Paget

| | **Response Rate** | | | **Likely to Recommend** | | |
|---|---|---|---|---|---|---|
| | Feb 18 | Mar 18 | Apr 18 | Feb 18 | Mar 18 | Apr 18 |
| Antenatal | 5.56% | 7.78% | 6.67% | 90% | 100% | 92% |
| Labour | 5.03% | 9.77% | 3.18% | 100% | 100% | 100% |
| Postnatal (hospital) | 11.76% | 10% | 8.82% | 100% | 100% | 93% |
| Postnatal (Community) | 3.24% | 5.41% | 0.54% | 100% | 100% | 100% |

Despite multiple attempts to improve the friends and family (FFT) completion rates at JPUH, the completion rate has not improved. Women have fed back consistently that they do not wish to provide a FFT response so many times during pregnancy care. We have therefore engaged use of social media for feedback form women and their families the rates of which are provided to Trust Board monthly.

As an LMS we have set up a working group to look at the best approach to capturing feedback from women, fathers and families. QEH are the most successful in this area and so we are looking at how we can replicate their methods to improve feedback in the other units.

### 8.3.2 Norfolk and Norwich University Hospital

The response rate for FFT at the NNUH is shown in numbers and has remained low. NNUH has repeatedly looked at ways to improve, from having forms available in all clinical areas and outpatient clinics to personally handing women the forms to complete and return. We have engaged in other ways to ensure we gain feedback using social media and participating in the national maternity safety thermometer which is a measurement tool for improvement. It allows the team to take a temperature check on a set day per month

on 100% of post-natal mother and babies. It reports on level of harm but also supports improvement in patient care and patient improvement.

| | Response Rate | | | Likely to Recommend | | |
|---|---|---|---|---|---|---|
| | Feb 18 | Mar 18 | Apr 18 | Feb 18 | Mar 18 | Apr 18 |
| Antenatal | 7 | 6 | 15 | 71.43% | 83.33% | 100% |
| Labour | 37 | 17 | 13 | 100% | 100% | 100% |
| Postnatal (hospital) | 46 | 25 | 24 | 100% | 100% | 100% |
| Postnatal (Community) | 1 | 4 | 8 | 100% | 100% | 100% |

### 8.3.3 Queen Elizabeth

| | Response Rate | | | Likely to Recommend | | |
|---|---|---|---|---|---|---|
| | Feb 18 | Mar 18 | Apr 18 | Feb 18 | Mar 18 | Apr 18 |
| Antenatal | 42.54% | 37.50% | 37.26% | 98.70% | 98.72% | 96.20% |
| Labour | 13.77% | 11.66% | 20.32% | 86.96% | 94.74% | 92.11% |
| Postnatal (hospital) | 39.58% | 37.50% | 28.57% | 100% | 100% | 95.45% |
| Postnatal (Community) | Not collected | Not collected | Not collected | 100% | 100% | 98.11% |

## 8.4 Plans to developing new training routes to allow maternity support workers to become registered midwives faster

All units employ maternity support workers (MSWs) within their services both at band 2 and band 3 levels. Support workers have a robust training programme to ensure that they have the skills required to support the midwifery workforce. All units also offer opportunities through the apprenticeship scheme. However, there are no new training routes currently in the pipeline for MSWs.

The University of East Anglia have in the past accepted and continue to accept MSWs on to the three year BSc Midwifery Programme, often after they have completed an access to health care course or similar at one of our local providers. There is no fast track route for them as the NMC standards for Midwifery education does not currently allow for any advanced standing to be recognised except for nursing which leads to the 84 week shortened programme.

Once the new NMC midwifery standards for education are in place from the NMC the trailblazer group for midwifery apprenticeships may reactivate and this will enable a set of apprenticeship standards to be produced with the support of employers. This would create a route for MSWs to enter with employer support. Once this is available the School of Health Sciences at UEA can consider in partnership with local employers how to meet demand.

New information just in (29.6.18) suggests that the trailblazer group for midwifery apprenticeships has been revived and is planning to have standards for a midwifery apprenticeship ready for December 2018. There is little information available just yet but

we are following developments as it would be a route for MSWs with Trusts supporting them to follow.

## 9. Summary

9.1 This report contextualises the current programme of work for the Norfolk and Waveney LMS, taken into account all the Better Births requirements. It shows that we are clearly focused on the key improvements in care identified and expected by the Secretary of State for Health and Social Care.

9.2 The LMS has created an ethos of close working relationships between the three Norfolk based Trusts which is the solid foundation on which improvements and new initiatives in maternity care can be spread and adopted promptly to the benefit of the women, fathers, babies and families we care for.

Debbie Bassett

**LMS Project Manager** – Norfolk and Waveney Sustainability and Transformation Partnership

On behalf of the Norfolk and Waveney LMS

28 June 2018

APPENDIX 1

## NORFOLK AND WAVENEY LMS PROGRESS SUMMARY REPORT

**Workstream 1 - Develop Local Maternity System Plan to respond / deliver Better Births**

- Complete

**Workstream 2 - Safety in the maternity service**

- All units are implementing all four aspects of the 'Saving Babies Lives Care Bundle'

1.Reducing smoking in pregnancy

2.Risk assessment and surveillance for foetal growth restriction

3.Raising awareness of reduced foetal movement

4.Effective foetal monitoring during labour

However, work is ongoing in these elements towards continuous improvement leading to better outcomes. There is varying compliance particularly around surveillance for foetal growth restriction due to challenges within the system around scanning capacity. NHS England monitor compliance of all providers annually.

- All units signed up to Maternity and Neonatal collaborative NNUH Wave 1; JPH Wave 2 – started April 2018, QEH Wave 3 – starts 2019
- Review taking place on LMS wide training opportunities in Perinatal Mental Health
- Safety & governance leads from across the LMS are meeting to discuss shared learning to improve safety and apply lessons learned across Norfolk
- Working with neonatal and paediatric colleagues to co-produce pathways of care and protocols for access to specialist neonatal/paediatric services

**Workstream 3 - Reduce number of women smoking at time of delivery**

- Carbon monoxide monitors are now in use across the LMS to support safety and stop smoking initiatives
- Carbon Monoxide measurement readings are taken at booking & delivery with plans to check levels at each contact with health professionals
- All frontline maternity staff have planned training in a new bespoke training package offered by smoke free Norfolk.
- We are working with colleagues in Public Health and MVPs to review literature and other sources of information in a bid to agree a standard set of approved resources for the LMS.

**Workstream 4 - Personalised care**

- Preparing to create an LMS wide standard plan that can be localized and personalised to each woman and her partner
- Looking at digital options to create this as part of a patient portal
- Updated our Comms & Engagement plan to include using social media to engage with women, partners and their families
- Employing an LMS MVP lead to support cross LMS participation in work streams

**Workstream 5 - Continuity of Carer**

- By March 2019 20% of women booked in the LMS will be on a continuity model of care
- Working with Estates and Primary Care on Community Hubs
- Mortality rates for the three units are compared and analysed 6 monthly at LMS Board Meetings
- All units are adopting the Perinatal Mortality Review Tool
- A region wide review of neonatal and cot capacity has commenced following discussions at local levels.
- We are reviewing admissions into Neonatal care of our term babies and sharing learning from each
- Survey of workforce and women and partners to explore needs of our local population

**Workstream 6 - Better postnatal and perinatal mental health care**

- Developing perinatal mental health services across our region
- Gap analysis on current provision
- Creating a strategic plan to develop and align perinatal mental health services to be effective and equitable across the LMS
- Reviewing and redesigning cross LMS multi professional training
- New Mother and Baby Unit being built at Hellesdon

**Workstream 7 - Working together**

- Babies Lives' Study Days with smoking cessation training also planned for this year.
- Practise Development Midwives from each of the 3 Trusts are now working together on providing joint training events. Training is being standardised and offered in each of the 3 locations jointly. Shared learning is the theme to support safe, efficient care at all levels.
- Funding gained for our first joint Consultant Midwife post in Normality working across all three providers in the LMS.

**Workstream 8 - Digital**

- Completed a Maternity digital maturity assessment for each of the three Trusts
- Preparing to roll out an electronic patient portal that can be accessed by clinicians and women and their partners to share in their care and access some elements of the maternity record.
- Developing a team to look at sharing workflows and processes across the digital providers so all clinicians have access to maternity digital records