

## **Maternity services**

### **Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager**

An examination of local progress towards national ambitions for improvement of maternity services by 2020.

#### **1. Background**

- 1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Maternity services' to its forward work programme in January 2018. The committee had previously received a briefing about the local maternity system's work towards national ambitions, such as halving the national rates of stillbirth, neonatal deaths, maternal deaths and brain injuries by 2020 and wished to examine the subject in more detail.
- 1.2 The national priorities were fully set out in 'The National Maternity Review – Better Births – Improving Outcomes of Maternity Services in England. A Five Year Forward View for Maternity Care', published in February 2016:-  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>
- 1.3 The January 2018 NHOSC Briefing on Maternity Services included a summary of information taken from the draft 'Sustainability Transformation Plan (STP) Delivery Plan for Local Maternity System for Norfolk and Waveney' (draft version 7). The challenges facing the Local Maternity System were summarised as:-
  - The large, mostly rural geographical area the Local Maternity System (LMS) covers and travel times between locations; poor road networks
  - The NNUH is frequently working at full capacity and historically has struggled to accept in-utero transfers from across the region
  - Queen Elizabeth Hospital (QEH) and James Paget Hospital (JPUH) have experienced problems recruiting suitable doctors
  - Newly implemented homebirth service at QEH

The Local Maternity System also recognised numerous workforce challenges ahead for the recruitment of nurses and midwives as well as doctors. The draft Delivery Plan included a workforce strategy to be built around new roles and ways of working, leadership and culture change, staff up-skilling and workforce supply frameworks.

The draft Plan did not identify savings that could be made in maternity services but noted that potential savings could be recognised from:-

- a. Reduction in the number of women and their babies being transferred out of area due to lack of capacity at the tertiary (Norfolk and Norwich hospital)
- b. Improved utilization of neonatal units across the three sites (NNUH, QEH & JPUH)
- c. Improved outcomes for women and babies leading to reduction in litigation costs
- d. Reduction in the number of women requiring specialist care due to better lifestyle choices, i.e. reduction in number of women smoking, improved weight management.

There was investment of £96k from NHS England to develop the Local Maternity System (LMS) to respond to 'Better Births', along with £15k allocated by the LMS partners.

The LMS is currently revising 'Sustainability Transformation Plan (STP) Delivery Plan for Local Maternity System for Norfolk and Waveney', which will be published on the STP section of Healthwatch Norfolk's website in due course.

1.4 Details of the latest Care Quality Commission ratings for maternity services in Norfolk are as follows:-

**N&N** – report published in August 2017 – rating for 'effectiveness' in the maternity service was 'Requires Improvement'

<http://www.cqc.org.uk/location/RM102>

(Maternity was not included in the CQC's latest inspection from 10 October 2017 to 28 March 2018)

**QEH** – report published in July 2015 – rating for maternity & gynaecology was 'Requires Improvement'

<http://www.cqc.org.uk/provider/RCX/services>

**JPUH** - report published December 2016 – rating for maternity & gynaecology was 'Good'

<http://www.cqc.org.uk/location/RGP75>

1.5 The last report to NHOSC on 'Midwifery and Maternity Services' was in October 2009 when the focus was on how the local system was implementing the Strategic Health Authority's vision for maternity services. Amongst their key pledges, published in 'Towards the best, together' in 2009 and to be achieved by 2019, were:-

- All women to have a named midwife throughout their pregnancy, who they will be able to contact at any stage

- Increased choice for mothers by providing antenatal care in a range of friendly, accessible community venues
- Choice of place of birth – home birth, midwife-led unit, or obstetric unit.
- Guaranteed one-to-one care in established labour
- Guaranteed choice of postnatal care to women, especially those most in need.

## **2.0 Purpose of today's meeting**

- 2.1 NHOSC's focus for today is on the NHS maternity services centred around the three acute hospitals and commissioned by NHS Clinical Commissioning Groups.

Norfolk County Council Public Health commissions related services, such as health promotion and health visiting for expectant mothers and in the early weeks, months and years of a child's life. This is delivered by Specialist Community Public Health Nurses as part of the integrated 0-19 Healthy Child Programme. Smoking reduction during pregnancy, improved weight management and reducing rates of teenage pregnancy are also areas of Public Health activity.

These areas, as with all aspects of Public Health, are within Communities Committee's remit and outside the scope of today's meeting.

- 2.2 The Local Maternity System (NHS) providers, the NNUH, QEH and JPUH, have been asked to provide the following information:-

- Details of what is provided by each of the 3 maternity services in hospital and out in the community (including details of recent reviews, recent developments and those still under development)
- An update on progress with the local maternity transformation outlined in the draft STP delivery plan for maternity services.
- Data on trends in the 3 maternity services over the past 5 financial years (e.g. still births, neonatal deaths, maternal deaths, brain injuries).
- Data on capacity of the services over the past 5 financial years (i.e. on how many occasions have the maternity and neonatal unit services been at capacity and how many patients had to be diverted as a result).
- Data on staffing as at the start of the 2018-19 financial year (i.e. numbers and types of vacancies in the local services).

- Data on local rates of Caesarean sections over the past 5 financial years, with narrative about the changes that are impacting on the rates of Caesareans.
- Feedback on experiences of using the services.

The providers have also been asked to give their perspective on developing new training routes to allow maternity support workers to become registered midwives faster. The Department of Health and Social Care and Royal College of Midwives announced jointly in March 2018 that 3,000 additional midwives would be trained over 4 years.

The Local Maternity System (LMS) commissioners and providers have supplied the report at **Appendix A** and representatives will attend the meeting to answer Members' questions about delivery of services.

Maternity services in Norfolk and Waveney are commissioned by the 5 Clinical Commissioning Groups (CCGs), with Great Yarmouth and Waveney CCG as the local NHS lead commissioner for children's, young people's and maternity services.

### 3.0 Suggested approach

3.1 After the Local Maternity System representatives have presented their report, Members may wish to focus on the following areas:-

- (a) The option for home births was reinstated in the West Norfolk area in February 2017, having been suspended in 2013 due to staffing challenges. Has it been possible to fully staff this service and make a home birth a viable option for all women who have chosen it in the past year?
- (b) NHOSC first received a report on maternity services in February 2005 following concerns over a shortage of midwives in Norfolk. In 2018 recruitment difficulties are being experienced across almost all professions in the NHS. Nevertheless, the national 'Better Births' ambition is for continuity of care with a midwife, who is part of a small team of 4 to 6 midwives, based in the community who knows the woman and family and can provide continuity throughout the pregnancy, birth and postnatally. Is this realistic?
- (c) In 2007 the East of England Strategic Health Authority recommended a ratio of 1:30 deliveries as an average caseload for midwives in the region<sup>1</sup>. What is the average ratio currently?
- (d) The Norfolk and Waveney STP LMS Delivery Plan (draft version 7), made available to Members with the January 2018 NHOSC

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<sup>1</sup> Looking to the Future, Out of Hospital Care report, East of England Strategic Health Authority, 2007.

Briefing, included an ambition to increase the number of women having care provided in low risk settings up to 25% by March 2021, which seems at odds with the increasing trend in rates of Caesarean sections. How does the LMS plan to achieve this ambition?

- (e) When does the LMS expect that the Norfolk and Waveney STP LMS Delivery Plan (final version) will be published?
- (f) The Lincolnshire STP proposes centralisation of their maternity services, which could increase numbers at the QEH. How has the Norfolk & Waveney LMS taken this into account in its plans?
- (g) The LMS report at appendix 1 to Appendix A, states that a Maternity digital maturity assessment at each of the three trusts has been completed. What did it show in terms of gaps in the information the LMS needs to drive the 'Better Births' agenda and the capability for data sharing across the LMS?
- (h) The Norfolk and Norwich hospital is one of three tertiary (highly specialist care) units within the East of England. It is therefore particularly important that it never closes but in 2016-18 the maternity unit closed to admissions 13 times and the neonatal unit closed 57 times. How long will it be until the NNUH is resourced to a level that adequately meets routine and specialised demand?
- (i) What was the main reason for closing the maternity units to admissions; was it that demand was higher than could reasonably have been predicted or that staffing levels were lower than expected?

#### **4.0 Action**

##### **4.1 NHOSC may wish to:-**

- (a) Make comments or recommendations to the Local Maternity System commissioners or providers, based on discussions at today's meeting.
- (b) Decide whether there are aspects of maternity services on which it wishes to receive more information either via the NHOSC Briefing or at a future meeting.



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