

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 11 July 2022

Maternity Services Update

Recommendation(s)

- a. To receive the update around the Temporary Closure of Free-Standing Midwife-led birthing Services.
- b. To receive an update following the latest Ockenden report
- c. To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

Report of Heather Johnstone Chief Nursing & Therapies Officer Staffordshire and Stoke on Trent Integrated Care Board.

Report

1 Background

- 1.1 The previous update to this committee in September 2021 provided detail on the background of this programme, therefore this is outlined in summary here.
- 1.2 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019 with patients, public and members of the workforce and utilised to develop and refine the clinical model of care Transformation Programmes were then placed on hold in response to the COVID-19 pandemic.
- 1.3 In March 2020, in response to COVID-19, both University Hospital North Midlands NHS Trust (UHNM) and University Hospitals Derby and Burton NHS Trust (UHDB) made the decision to temporarily close the Freestanding Midwife-led Birthing Units (FMBUs) at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield in order to consolidate their workforce and service provision on the acute sites. Home birth services were also temporarily suspended at this time.

- 1.4 These temporary closures impacted a small cohort of low-risk women for birthing services only. All antenatal and postnatal services delivered at the respective trusts have continued and have remained at their original location.
- 1.5 Homebirths were re-introduced in May 2020 (UHDB) and June 2020 (UHNM). Homebirth services were again suspended in summer 2021 due to ongoing COVID and workforce pressures. The Trust Quality Impact Assessments (QIAs) indicated no significant impact on quality, safety, patient experience and protected characteristic groups from the service changes.
- 1.6 People who accessed maternity services, and their support partners, along with maternity staff and other support groups were invited to share their experiences and views about their experiences during COVID-19 via an online survey and at an online event during July-August 2021. Feedback from this involvement has been shared with the committee in March 2022.

2 Proposed model of care

- 2.1 The proposal of care for FMBU is to reinstate intrapartum services at County Hospital (UHNM) and Samuel Johnson Hospital (UHDB) through an 'on demand' model. Low risk women will be offered the choice of delivery at home, the midwife-led birth centres at Royal Stoke University Hospital or Queens Hospital Burton or the FMBUs. Women at high risk will continue to be offered care within the Consultant-led units. This model of care could be supported through a Midwifery Continuity of Carer (MCoC) model.
- 2.2 Implementation of the proposed model would align to the Midwifery Continuity of Carer national strategy.
- 2.3 The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) provide guidance for provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic (RCOG, RCM 2020) dependent upon percentages of midwifery staffing shortages and skill mix and the provision of an ambulance service running as normal.

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-provision-of-midwife-led.pdf>

3 Challenges

3.1 Staffing

- 3.1.1 UHDB and UHNM are continuing to report significant staffing pressures as a result of COVID and non-COVID related absences. Staff who were redeployed from the FMBUs during the first phase of the pandemic continue to be essential within the consultant

units, enhancing the senior midwifery presence and supporting Ockenden safety recommendations.

- 3.1.2 Despite utilising additional bank shifts, agency midwives, on-call community services and pausing secondments, maternity services do not currently have the workforce to implement the proposed model.

3.2 Maintaining homebirth services

UHNM

- 3.2.1 Home birth service was re-launched at UHNM 21 February 2022, following a temporary closure in July 2021.
- 3.2.2 The Trust are liaising with WMAS regarding ambulance response times and all women planning a home birth notified of any actual or potential delayed response times for ambulance services.
- 3.2.3 All women requesting/planning a home birth were notified by their community midwife that this service resumed from 21.02.22.
- 3.2.4 All women requesting/planning a home birth were notified of the circumstances in which the home birth can and may be suspended in the future (e.g. escalation, workforce pressures, inability to maintain one to one care in labour)
- 3.2.5 Since its re-launch, UHNM have supported 2 home births.

UHDB

- 3.2.6 Home birth services have been temporarily suspended since August 2021.
- 3.2.7 UHDB are anticipating that by the end of July 2022, home birth service will be reinstated.

3.3 Plan for on-demand midwife led units

UHNM

- 3.3.1 Intrapartum services at County Hospital remain suspended.
- 3.3.2 Service change in 2022 is dependent on Birthrate Plus® (workforce planning methodology tool) for UHNM that commenced December 2021. It is anticipated that the Birthrate Plus® evaluation report will be available by the end of June 2022.
- 3.3.3 The proposed timeline for reinstatement of services at FMBU via an 'on demand' model cannot be confirmed until Birthrate plus assessment is completed and staffing aligned to support the model.
- 3.3.4 A business case for safe midwifery staffing is progressing and will be informed by the Birthrate Plus® evaluation report.

UHDB

- 3.3.5 Two workforce models have been identified that would staff the on-demand model.
- 3.3.6 These are a community-based model involving the community midwives to be on call for the unit or an acute based model that would release a Midwife to the unit when required with community support.
- 3.3.7 Additional staff scheduled to start work in September 2022, following a robust recruitment campaign.
- 3.3.8 This establishment will allow 5.1 Whole Time Equivalents (WTEs) to be released to support one of the workforce models outlined in 3.3.5.
- 3.3.9 Committed to reopening Samuel Johnson Birth Centre as an on-demand unit in December 2022.

4. Actions/ Mitigations

- 4.1 The Local Maternity and Neonatal System (LMNS) has advised the regional NHS England/Improvement team of the current situation locally regarding the temporary closure of the FMBUs and continue to update them at regional maternity meetings.
- 4.2 Staffordshire and Stoke-on-Trent LMNS Board has been working with both trusts to agree a timeline to reinstate the intra-partum (birthing) service at both FMBUs.
- 4.3 An updated joint Quality Impact Assessment (QIA) was presented to UHNM Quality Safety Oversight Group (QSOG) in October 2021 and the UHNM Quality Governance Committee (QGC) November 2021. The QIA has been updated on 16.05.22
- 4.4 Quality Impact Assessments (QIA) have been submitted to UHDB Trust board and reviewed regularly. Nine concerns have been submitted to the Trust and responded to via their Patient Advice and Liaison Service (PALS). The QIA has been updated on 11.05.22.
- 4.5 The Free Standing Birth Unit at County Hospital has been fully maintained since its temporary closure. Community teams have been utilising the area. All safety checks and environmental audits have been completed as per schedule. Maintenance has been conducted when required.
- 4.6 At Samuel Johnson Hospital, preparatory work has taken place for reopening, including reviewing the functionality of the building following the temporary closure.

5. Ockenden

The interim report in December 2020 recommended 7 actions against which both UHNM and UHDB are almost fully compliant. The full Ockenden report <https://www.gov.uk/government/publications/final-report-of-the-ockenden-review> contains an additional 15 action, with a focus on safe staffing. Each provider is required to benchmark against these actions and report to their Boards.

6. What are the service changes that have happened?

6.1 The service changes are outlined within the background information above.

7. Material service change

7.1 At this stage there are no material service changes. The two-freestanding midwife-led birthing units (FMBUs) remain temporarily closed at present. The Committee will be kept informed once final proposals are confirmed.

8. Summary

8.1 The CCGs, to become the NHS Integrated Care Board, will continue to monitor the quality impact of the temporary closures via the CCGs' Quality Impact Forum. The Maternity and Neonatal Quality and Safety Oversight Forum is operational and is monitoring quality impact and will escalate to the ICB Board.

8.2 The Integrated Care Board will continue to provide regular updates to the Staffordshire Health and Care Overview and Scrutiny Committee regarding these ongoing temporary closures and future plans/timelines.

9. Link to Strategic Plan

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.

- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

10. Link to Other Overview and Scrutiny Activity

Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in September 2021 and the Report of Findings from involvement work was presented in March 2022.

11. Community Impact

To be determined at a future date once final proposals are confirmed.

12. List of Background Documents/Appendices:

N/A

13. Contact Details

Alison Budd, Lead Midwife, Maternity and Neonatal Transformation Programme, Staffordshire and Stoke-on-Trent ICB

Jenny Fullard, Communications and Engagement Service Partner, NHS Midlands and Lancashire Commissioning Support Unit

Telephone No: 07394559626 and/or 0333 150 1602

Address/e-mail: Alison.Budd@StaffsStokeCCGs.nhs.uk and/or jenny.fullard@nhs.net

Please note that from Friday 1st July the CCGs become the NHS Integrated Care Board and all staff emails will change to the format below:

Firstname.surname@staffsstoke.icb.nhs.uk