

Overview of Leicester Maternity services for Leicester City Health and Wellbeing Scrutiny

Leicester Maternity services provides Obstetric care on two acute sites LRI and LGH, both have alongside midwifery lead units for women who have no risk factors. There is also a standalone birthing unit at St Mary's in Melton Mowbray and a large community midwifery service incorporating the Home Birth team.

A number of external reviews of the maternity service have identified the need for co-location owing to fragility in staffing structures. Until recently there has not been the financial support to reconfigure the services, therefore a number of interim steps have been identified to mitigate the risks of sustaining the services on two sites until colocation can take place.

- Separate the elective obstetric pathway at LGH to provide another Consultant on site and take pressure off the emergency pathway and decongest the delivery suite.
- In order to develop a robust elective pathway, capital is required to improve the current LGH maternity theatre and to upgrade the adjacent procedure room to create a second facility (theatre) suitable for the elective pathway.
- Increase the out of hours support for emergency theatre activity at the LGH.
- Increase senior consultant obstetrician presence and decision making for the Maternity Assessment Units and Ward cover on both the LRI and LGH sites.
- Develop a Day Care antenatal assessment service on both sites working alongside MAU and Fetal and Maternal Medicine; largely midwifery provided but supported by increased Consultant commitment to MAU and the Wards.
- Enhance the triage service in Antenatal Assessment (MAU and Day Care) and Ultrasound

Performance

In 2017 Maternity services at UHL were rated 'good' overall and we are currently awaiting the final CQC report from the latest inspection carried out in September 2019.

In 2019 at the National Maternity and Midwifery Festival, the maternity team from UHL were awarded the team award for outstanding contribution to maternity and midwifery services.

Within the East midlands UHL maternity services have the lowest smoking at delivery rate and the best breast feeding initiation rates. The LGH, St Marys and community midwifery were awarded level 3 Baby friendly status in July 2019 and the infant feeding team are now working towards the assessment for LRI, who are currently level 2.

National Requirements

In October 2016 the DOH published Safer Maternity care-Next steps followed by Safer Maternity care-Progress and Next steps in November 2017. This report describes the actions of the UHL Maternity Service in response to the National focus on Maternity care particularly in relation to safer care.

The recommendations of the National Maternity review (Better Births) describes the vision to be delivered through locally led transformation, supported at regional and National level, which incorporates all the commitments of the Each Baby Counts programme and the National ambition and these are all brought together locally in the Maternity Transformation plan which is monitored and reviewed at the local Maternity and Neonatal System (LMNS) and regionally in the clinical networks.

Each Baby Counts was launched in 2014 with the aim to achieve a 50% reduction by 2020 in incidents during term labour that lead to stillbirth, early neonatal death or severe brain injury.

The objectives of this were

- To establish on-going UK-wide surveillance of intrapartum stillbirth, early neonatal death or severe brain injury at term
- To undertake on-going analysis of local governance and risk management reviews of these babies' care
- To develop a rolling action plan based on these findings that is suitable for local implementation
- To monitor the impact of the action plan by measuring the effects and side-effects of any interventions.

Leicester Maternity services have reported to Each Baby Counts and completed the national perinatal review tool since the launch, to ensure consistency of reporting nationally

The National Maternity review-Better Births published in March 2016 produced many recommendations, personalised care and continuity of care are a priority focus. There are now 44 local Maternity and Neonatal systems nationally who have developed plans for implementation of all the recommendations but mainly setting out how they will deliver safer and more personalised care by the end of 2020/2021.

Locally the Maternity Transformation plan has included

- All women having a personalised care plan
- Most women having continuity of carer
- More women giving birth in midwifery settings
- Reducing the rates of stillbirth and brain injury
- Multidisciplinary teams thoroughly investigating incidents and sharing knowledge and learning with all the service and the Local Maternity and Neonatal system (LMNS)
- Improve situational awareness among all health professionals, encouraging raising concerns
- Multidisciplinary teams develop the knowledge and skills in quality improvement

The **Saving Babies Lives** care bundle-Version 1 was implemented as required by March 2019, the launch of Version 2 then took place which has 5 elements to implement as oppose to 4. The elements of the care bundle have all been found to contribute to reducing stillbirth, neonatal death and brain injury. UHL maternity services have had a 30% decrease in perinatal mortality since 2010 with a significant fall in stillbirth rates particularly in the last two years.

Maternity and Neonatal safety collaborative Launched in February 2017 by NHS Improvement, this is a national initiative to provide support for all Maternity services to implement quality improvement; this is to roll out over three years. Leicester Maternity service were placed in wave 3 and commenced the quality improvement journey in March 2019 and now hope to present their project nationally in March 2020. The project was to improve safety and the maternity team looked to improve neonatal outcomes and reducing term admissions to Neonatal units by fetal surveillance and escalation.

Specific Information Requested

Home Birth Service

Alongside the national initiatives Leicester Maternity service launched a new style provision in September 2018, for home births. The rate of home births in LLR had remained around 1.2% for many years and the service was covered by community midwives providing an on call system. During the Trust review of the on call system and lone working, the team decided to case hold all home birth women and provide a dedicated team to cover the service 24/7. The team has worked hard to promote home birth and has delivered 500 babies at home since it began, therefore increasing the rate of home birth so far to 2%. It is evaluated extremely well by the Women.

Maternal Mortality

In November 2019 the MBRRACE-UK Maternal Mortality report-Saving Lives, Improving Mothers Care, was published looking at data for women who died during the period 2015-2017. Nationally there were 209 women died during or up to 6 weeks after pregnancy from causes associated with their pregnancy. Maternal mortality is only given as a national rate due to the total numbers being so small, the rate in the report is 9.2 women per 100,000, nationally. Underlying maternal health, age, ethnicity and deprivation are all known risk factors and all considered by the UHL clinical teams as they talk with mums to be.

Patient Feedback

There are several methods of collecting patient feedback; the national monthly reporting method is Maternity Friends and Family test. There is a national requirement to collect at Least 30% of the women who use our service, the scores for this are reported publically, in 2019, 90%-97% of women would recommend or highly recommend our services.

The CQC collect data annually which is reported as a National Maternity survey and collated and published by the Picker institute, they survey all women who delivered in the month of February each year on a wide range of questions. The 2019 survey is due to be released nationally January 2020. Leicester maternity service had improved in 6 questions and were worse than 2018 in one question.

Locally Women's services also gain patient feedback through 'message to matron'. In January 2018 Healthwatch Leicestershire commissioned a patient and staff experience report 'In Mum's Words' gathering experiences from local women and health care professionals. This was discussed at the LMNS (Local maternity and neonatal system).

Bounty Contract

UHL Maternity services continue to have a contract with an organisation called Bounty who provide packs to women with a variety of free samples and information for mums and babies. The contract is reviewed annually, there is no obligation to do this, however 98.2% of women when asked reported that they like to receive these packs. Bounty also provide a photography service on the wards, this service goes to tender when it is due for renewal. The contracts and meetings with Bounty are held with a senior procurement lead and clinical leads to ensure the information and samples abide with local policy.

Access to Maternity Services

There is no policy in place that women must prove eligibility for maternity care, if they have a positive pregnancy test they can access maternity services by attending their GP's surgery where a midwife is allocated. Over a number of years UHL midwives have tried to encourage women and the surgeries to book the women an appointment with a midwife but traditionally they have an appointment with a GP first and then book in with a midwife. This can cause delay as the national recommendation is to book for maternity care before 10 weeks. Having changed in the past 2 years from 12 weeks. This data is monitored on the local maternity dashboard, currently around 75% of women book before 10 weeks and 92% before 12 weeks.

Finally, as Councillor colleagues will know we are about to consult with the public on plans to invest circa £108m in a new state of the art maternity hospital at the Royal and stand-alone midwifery unit at the General. As well as providing purpose built modern facilities for women, their babies and their families, the co-location of maternity services will also solve some of the long standing staffing issues that have been exacerbated by trying to run a modern maternity service from 3 sites without enough midwives, obstetricians and neonatologists.

Elaine Broughton, Head of Midwifery, University Hospitals of Leicester NHS Trust.