

Appendix C

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| Report title: The Princess Alexandra Hospital NHS Trust update on maternity services | |
| Report to: Health Overview Policy and Scrutiny Committee | |
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| Date: 8 May 2024 | For: Discussion |
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| County Divisions affected: Not applicable | |

1 Introduction

The Princess Alexandra Hospital NHS Trust provides a full range of general acute, outpatient and diagnostic services at The Princess Alexandra Hospital in Harlow, the Herts and Essex Hospital in Bishop's Stortford, and St Margaret's Hospital in Epping.

- 1.1** We employ more than 4,000 staff and serve a local population of around 350,000 people living in west Essex and east Hertfordshire, centered on the M11 corridor and the towns of Harlow, Bishop's Stortford and Epping. Our extended catchment area incorporates a population of up to 500,000 and includes the areas of Hoddesdon, Cheshunt, and Broxbourne in Hertfordshire.



- 1.2** PAHT is part of NHS Hertfordshire and West Essex Integrated Care Board (ICB). We offer a range of consultant and midwifery-led services at all our sites and facilitate the births of approximately 3,600 babies a year at the Princess Alexandra Hospital and home birth service.

- 1.3** We are committed to improving quality and outcomes for the women, pregnant people and babies who access our services. To help us to better understand where we need to make improvements, we actively engage with our Maternity and Neonatal Voices Partnership to drive forward change collaboratively and ensure service user perspective is sought for all service development.

1.4 PAHT's maternity service is also part of the 'Maternity Safety Support Programme' (MSSP) led by NHSE England, to help guide the continuous improvement of our services and development of our leadership team. The service entered the programme in 2020 after a CQC inspection rendered our service as Requires Improvement. This improvement journey has brought us to where we have now submitted a proposal to exit the MSSP which has been endorsed by the Trust, Herts and Essex Integrated Care Board and Local Maternity and Neonatal System. It is now going through the same process with the regional and national teams. The continued improvements (sustainability plan) will be monitored via the Divisional Board, Quality and Safety Committee with an exception report to Trust Board and the LMNS. The service has not been inspected by the CQC since 2021.

1.5 The Maternity service continues to evolve with leaders and staff committed to a journey of continuous improvement and enhancing patient experience. Our achievements over the past 12 months include the following:

- Our Maternity Service scored highly in the 2023 NHS Maternity Survey, with service users reporting they were treated with dignity and respect.
- We have achieved Baby Friendly Initiative Gold Accreditation. We offer a tongue tie service within the Trust to support successful initiation of breastfeeding and utilise donor breastmilk to support sick and premature infants within our NICU.
- Our Bereavement service offers 7-day care to families affected by loss. Bereavement team Midwife Kate Boxall is the winner of the 'Midwife of the Year' award at the national Mariposa Awards
- Chief Midwifery Officer Silver Awards were presented during a visit to PAHT by the Chief Midwifery Officer for England, Kate Brintworth. Anna Croot, Fetal Monitoring Lead Midwife and Natasha McCormack, Healthy Lifestyles Midwife, were the recipients for the outstanding contributions they have made to the service.
- A number of Quality Improvement projects have been implemented to improve care. These include the use of Remifentanyl for pain relief in labour, the Periprem passport for neonatal care and the introduction of computerised antenatal Cardiotocography for monitoring fetal wellbeing during pregnancy.
- The implementation of the nationally recognised BSOTS triaging system into the Maternity Triage department. In addition, the gestation of women seen by the triage team has now extended to include women and birthing people between 16 weeks of pregnancy to 28 days postnatal.
- A strong professional midwifery advocate team supporting the Birth Reflections service and offering pastoral support to midwives.
- The introduction of additional support for families living in areas of deprivation, including pregnancy circles, a case loading team in the area of greatest deprivation and antenatal education and leaflets in a variety of languages. Listening events have been held in local faith groups to increase understanding of the views of the local population and increase service user engagement and support.
- A strong relationship with the Maternity and Neonatal Voices Partnership with a number of partnership working initiatives underway and service user input into trust meetings and senior leadership recruitment.
- An established Perinatal Pelvic health service with physiotherapist and midwifery support for women and birthing people

2 Background

2.1 At the Princess Alexandra Hospital NHS Trust (PAHT), the Child Health and Women's Services division provide both routine and emergency obstetric care. The service is part of an acute teaching hospital. There is a consultant-led high risk labour ward with nine delivery rooms. There are two maternity theatres with a three bedded recovery room. Elective caesarean sections are carried out in one of the labour ward theatres.

2.2 Antenatal inpatient services include a fifteen bedded ward with one bereavement suite. The postnatal inpatient ward has twenty-two beds.

2.3 There is a co-located birthing unit for low-risk women to access midwifery-led care. The birthing unit has three delivery rooms all with the provision for water births and there are eight post-natal beds. Infant feeding specialists and a maternity helpline are both located on the birthing unit.

2.4 There is a Maternal and Fetal Assessment unit which is opened between 08.30 -20.30 7 days a week, and a Maternity Triage open 24 hours a day, 7 days a week.

2.5 The Early Pregnancy Unit (EPU) is a Monday to Friday (9am – 4pm) service for all women up to 22 weeks pregnant; women are advised to attend Emergency Department (ED) outside of these hours. There is a lead consultant for the unit, two specialist nurses, an obstetrics and gynaecologist doctor and receptionist.

2.6 Referral to EPU may come via GP, ED and midwives.

2.7 Community midwifery comprises of 9 teams (1 x continuity of carer team, 7 traditional teams and a bookings team) working within the Princess Alexandra Hospital catchment. We cover a large area and have teams based in Harlow, Dunmow, Epping, Saffron Walden, Waltham Abbey, Loughton, and the surrounding areas. A full homebirth service is provided, and we have one community team providing continuity of midwifery care.

2.8 Over a third of all women and people booked to birth at PAHT live outside of our catchment area in East Hertfordshire. This means that we work very closely with our neighbouring Trusts and provide cross-border working across our entire community patch. Our ambition is that all women and people that wish to birth with us have their entire pregnancy journey care provided by us. The collaborative working with our neighbours ensures a safe service for all the birthing people and their families.

3 Update for PAHT Maternity Services

3.1 Three-year delivery plan

Our 'sustainability plan' for Maternity and Neonatal services runs from 2023 to 2026, which uses NHS England actions for a national plan. It sets out how we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. Progress against the plan is tracked through our Divisional and Trust meetings, this allows us to review areas of strength and weaknesses, and to look at any barriers or risk with delivery elements of the plan.

3.2 Sixty (60) Steps to Safety Tool

This is a regional tool that was developed by the East of England Maternity Team. The tool is intended to provide support to maternity services so we can feel confident we are improving safety outcomes and the experiences for patients. It runs alongside the safety concerns identified in several high-profile national midwifery reviews, and the three-year delivery plan for Maternity and Neonatal services. This tool forms part of the 'sustainability plan' that is continuously monitored at both Divisional and Trust Board level.

3.3 Maternity and Neonatal Voices Partnership (MNVP)

An MNVP listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care. They share with commissioners and providers the views and ideas of service users to review, contribute and make improvements to the development of local maternity care. The MNVP at PAHT work closely together with the senior management team to ensure maternity and neonatal services provide personalised, safe quality care. Across the last year the MNVP have supported a number of service improvement initiatives, attended Trust Governance meetings and participated in the recruitment of senior leadership posts within the organisation.

3.4 Maternity and Neonatal Safety Champions

Maternity and Neonatal Safety Champions have been introduced to work on a national, local and Trust level to promote a culture in which better care can be delivered to women, babies and their families which is safe, and evidence based. They have a central role in adopting best practice within the service. At PAHT the role is now well embedded in governance processes and the team meet monthly. Regular walkabouts are undertaken by the Safety Champions to meet with staff and patients to discuss their experiences. A report is presented to update wider stakeholders at the Trust Quality and Safety Committee

3.5 Patient Safety Incident Investigation (PSII) Process

All incidents are initially reviewed weekdays by an MDT of senior clinicians. Any that require further information/investigation are escalated to the twice weekly Trust Incident Management Group (IMG) chaired by the Director of Clinical Quality Governance. This is where management of the incident is decided i.e., PSII declared. This is currently in a transition period with the implementation of the Patient Safety Incident Response Framework (PSIRF).

Further management and investigation are undertaken by the division. It is then approved and noted at Divisional Governance, Divisional Board, Patient Safety Group, then Quality and Safety Committee. Final oversight once complete is via Patient Safety Incident Assurance Panel, Trust Board, then the Local Maternity and Neonatal System.

Currently, the division is undertaking a review of the governance pathways and reporting structures, where identified we will further strengthen the existing system to ensure aligns with local and national governance objectives.

Further assurance is achieved though triangulation of outcomes from investigations; this includes those from complaints and legal cases. The quality improvement agenda continues and is monitored via the Women's Health Improvement Board and all the workstreams are tracked via the PM3 project management tool (online system).

3.6 Perinatal Quadrumvirate Work (maternity leadership):

The MatNeo Collaborative culture survey results (SCORE Survey) were received by a senior team which included maternity leadership, and key PAHT staff which included the Chief Nurse in March 2024. This is the next part of the process of the nationwide Perinatal Safety Culture Programme which is to disseminate the survey results to staff via webinars. The Quadrumvirate which includes members from obstetrics, midwifery, neonates, and operations share an office and have weekly meetings. Part of their plan for this year is to lead on a 3- year strategy for maternity and neonatal services and co-produce a culture strategy which will bring elements of ongoing work in response to feedback from freedom to speak up sessions, staff survey, and other avenues. The quad is also conducting a governance overhaul with the Head of Maternity Governance and Assurance.

3.7 Equality Diversity and Inclusion

Equity means that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. Our EDI workstream is led by the Consultant Midwife, developing initiatives to promote equality, diversity and inclusivity across both staff and service user groups. Work is ongoing with the MNVP to hold listening events to understand the needs of the diverse local population and feedback from women and birthing people is used to identify areas for improvement. Data is captured that is pertinent to service users with protected characteristics e.g., black or reporting a disability, looking at outcomes and basing improvement programmes on the findings. Maternity services incorporate feedback from service users via complaints, PALS, national surveys, debrief clinics, and 15-steps walkabouts undertaken by the MNVP into quality improvement initiatives and service development.

3.8 Medical workforce

Nationally it is acknowledged that there is a shortage of obstetric workforce.

There are 14 substantive consultants providing Obstetric Services at PAHT. The current consultant rota is 1:13 hot week for Labour Ward and 1:13 for on calls, as two consultants share one on call slot. A comprehensive provision of Obstetric Services is provided including fetal medicine, perinatal mental health, maternal medicine, and preterm birth specialist clinics. There are 90 hours of resident consultant presence covering the maternity service through the week, senior support for the acute areas of labour ward, maternity triage and maternity day assessment unit.

On the Middle grade rota there are currently 12 doctors covering a 1:7, two tier middle grade rota. This ensures that there are two middle grade (tier 2) doctors on site overnight.

Challenges include recruitment into vacancies, sickness, and retention.

3.9 Workforce - Midwifery and Support workers

It has taken some time to reach the funded establishment agreed in 2022 post a staffing review by Birth Rate plus, the nationally agreed tool, and signed off by the PAHT Board. As of end of March 2024, there are 6.84wte (4.2% of funded establishment) midwifery vacancies overall and our focus is on recruiting and reducing vacancies for our Bands 2-4 support workers. The recruitment and retention plan for the latter group include a collaborative effort with nursing counterparts, a programme to support transition from Band 2 to 3, facilitating volunteers within maternity (as some then wish to work there), rolling adverts, and midwifery apprenticeships proposed for September 2024.

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