

# SBC Adult Social Care and Health Select Committee

## NTHFT Maternity Services

Tuesday 22<sup>nd</sup> November 2022

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Chief Nurse/Director of Patient Safety and Quality



# MATERNITY SERVICES

- **2500** births/year
- Community and hospital based service delivery model
- Full range of birth choices for women with provision of antenatal, intrapartum and postnatal (including transitional care) services
- Local Maternity Population
  - High smoking rates (at delivery) = 13.5%
  - Obesity rate = 31%
  - Ethnic minority population = 7.4%

Antenatal care

Intrapartum care

Postnatal care

Community

Obstetric Unit (North Tees site)

Freestanding Midwifery Unit (Rowan Suite, Hartlepool site)

Home birth

# HOSPITAL SERVICES

## BOTH SITES

- Ultrasound
- Obstetric antenatal clinics
  - Obstetric-medical
  - Multiple pregnancy
  - Preterm prevention
- Maternity day unit

## HARTLEPOOL SITE

Midwifery Continuity of Carer births

Freestanding Midwifery Unit Rowan Suite

## NORTH TEES SITE

Obstetric unit & co-located midwifery led rooms

- 14 rooms including 2 family room and 1 birthing pool room
- 2 maternity operating theatres
- 98 hours minimum consultant obstetrician presence
- 24/7 obstetric anaesthetist

Level 1 Special care baby unit for babies  $\geq 30^{+0}$  weeks

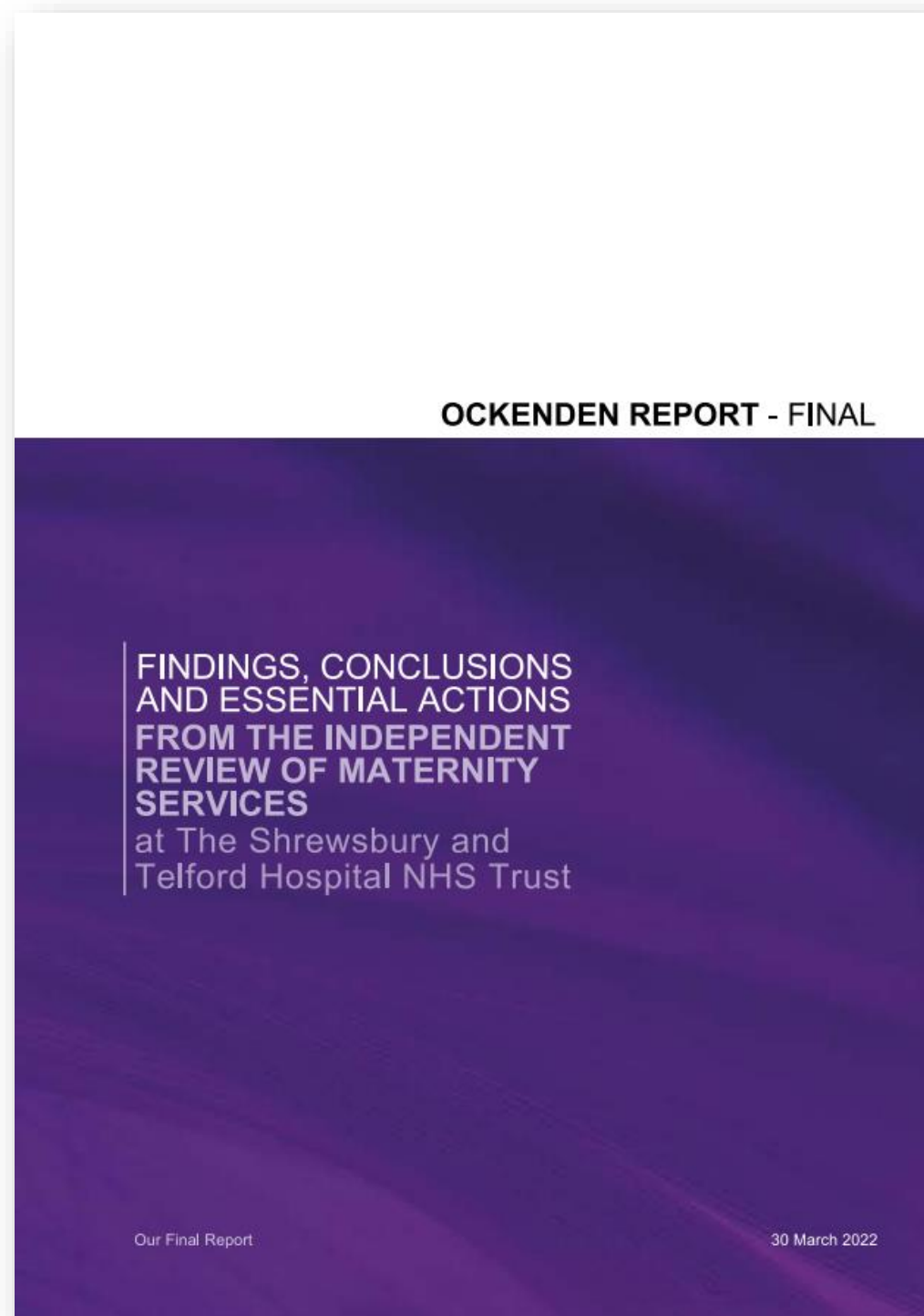
Transitional care

Inpatient antenatal & postnatal ward



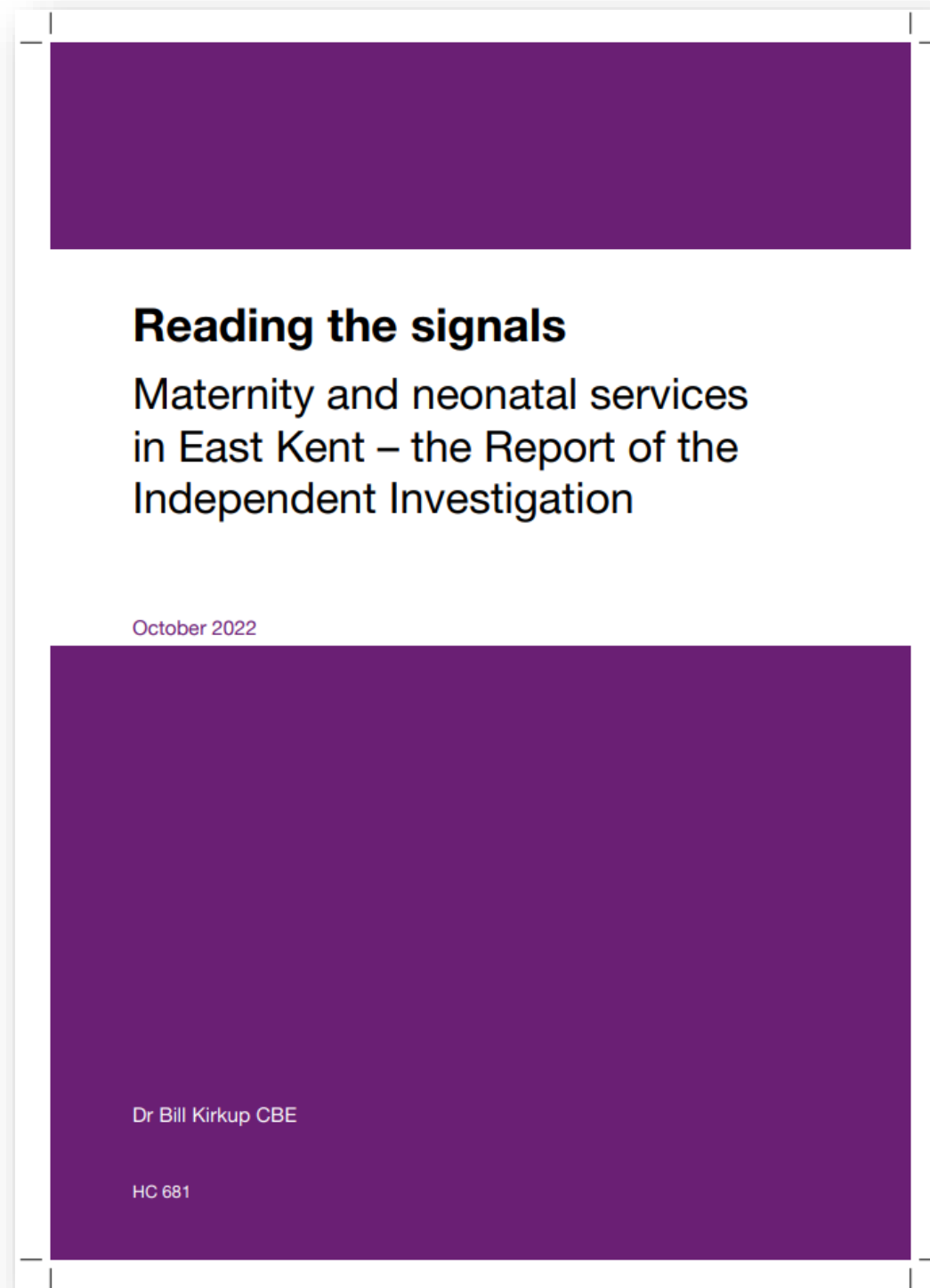


# OCKENDEN REPORTS



- Interim report released December 2020
- 7 immediate and essential actions with an associated 12 clinical priorities. Currently compliant with 6/7 actions (11/12 clinical priorities) with plan for compliance with the 7<sup>th</sup> action
- Final report released March 2022
- 15 recommendations with 92 associated actions on which progress is being made

# EAST KENT REPORT



- Monitoring safe performance – finding signals amongst the noise
- Standards of clinical behaviour – technical care is not enough
- Flawed team working – pulling in different directions
- Organisational behaviour – looking good while doing badly

# CQC RATING AND 5 MUST DOS

Rating reduced from good to requires improvement across 4 domains:

- Safe – Requires improvement
- Effective – Requires improvement
- Caring – Good
- Responsive – Requires improvement
- Well Led – Requires improvement

The service must:

1. Ensure effective governance structures are in place to continually improve the quality and standards of care
2. Ensure appropriate midwifery leadership is in place
3. Ensure women who need additional care have access to appropriately trained specialist midwives
4. Ensure systems are put in place to ensure staffing is actively assessed, reviewed and measures put in place to improve retention
5. Ensure that all care of women and their babies is undertaken in line with national guidance and best practice

# MATERNITY IMPROVEMENT WORK

- Continue to work on actions as recommended by Ockenden report
- Progress against the CQC '5 Must dos'
- Reviewed and strengthened the leadership and clinical structure with additional posts
- Strong focus on leadership and culture work
- NHSE support - National Maternity improvement advisor for 12 months