

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	University Hospitals Dorset (UHD) Maternity paper
Meeting date	15 July 2024
Status	Public Report
Executive summary	To provide the committee with an update on the provision of maternity services at UHD.
Recommendations	It is RECOMMENDED that: The committee note the paper.
Reason for recommendations	Committee update only.

Portfolio Holder(s):	Cllr David Brown, Cabinet Member for Health & Wellbeing
Corporate Director:	Jillian Kay, Director of Wellbeing
Directors:	Betty Butlin, Director of Adult Social Care Phil Hornsby, Director of Commissioning
Contributors:	Lorraine Tonge Director of Midwifery UHD Sarah Herbert Chief Nursing Officer UHD
Wards	All Wards (Maternity services)
Classification	For Update and Information.

1. Background

1.1 The paper is to provide public assurance of the maternity services at University Hospitals Dorset UHD and the current service provision. The paper will also highlight the planned move of maternity services to the new BEACH (Births, Emergency, And Critical care, children's Health) Building on our Royal Bournemouth Hospital site in Spring 2025 and outline planning and the preparation stages for this move.

2. Current Maternity Services at University Hospitals Dorset



2.1 The maternity service at UHD is located at St Mary's Hospital Poole and is an obstetric unit with a midwifery led birthing centre alongside. Care is shared between midwifery and medical staff and is undertaken in community settings across east Dorset and within the maternity hospital.

2.2 St Mary's Maternity Hospital is the centre for all high-risk care in east Dorset and is fully equipped to meet the needs of parents and babies with complications, as well as women with normal pregnancies and births.

2.3 From April 2023-March 2024 there was 3,629 babies born. 14% were born in the midwifery-led birthing centre and 85% in the delivery suite and 1% at home. There were approximately 40% of babies born by Lower Segment Caesarian Section and

50% by normal delivery, with 10% having an assisted delivery. 1:1 care was provided in labour by the midwife 100% of the time ensuring safe care was provided.

2.4 Postnatal care is provided, either on the postnatal ward, or at home by the community midwives and maternity support workers. Length of stay will depend on the needs of the mother and baby and will vary for each person. For example, women with babies in the Neonatal Intensive Care Unit (NICU) or on the Transitional Care Unit may stay longer, as will women who have undergone an assisted delivery or caesarean section.

3 CQC maternity inspection

3.1 Our regulators the Care Quality Commission (CQC) inspected the maternity services in November 2022. The overall rating went down from the previous inspection from good to inadequate.

UHD maternity services were rated as inadequate for safe and well led because:

- The service did not always have enough midwifery or medical staff to keep women and babies safe.
- Systems and processes for assessing and responding to risk in maternity were not always effective, especially in maternity triage.
- The maintenance of the environment especially in relation to the emergency call bell systems were not sufficient to maintain patient safety.
- Managers did not always investigate incidents thoroughly or in a timely way.
- The delivery of high-quality care was not assured by the governance and risk management processes. (CQC maternity report March 2023).

3.2 The Trust has responded to this result by completing a detailed action plan which has been monitored through the Integrated care Board ICB. The trust looks forward to welcoming the return of the CQC to be able to demonstrate the progress we have made since the inspection.

Actions fully completed are:

- Midwifery vacancies now at 0% and new medical staff have started with remaining medical staff interviews booked in July.
- A full review of maternity triage has been completed, and the service was remodelled to provide 24-hour triage with waiting times monitored continuously. The service is now seen as one of the best within the country with other units following our model of care.
- A new call bell system has been installed and there is a system in place to monitor maintenance requirements ensuring repairs are done in a timely way.

- Managers have been developed and had training on investigations, risk and the governance processes.

3.3 The maternity team continues to strive to make improvements and we await a reinspection from the regulators.

3.4 Other improvements also continue following the national maternity programme for transformation and safety which also is monitored through the ICB Local maternity neonatal system (LMNS).

3.5 Some key achievements have been;

- Providing continuity of care for women in lower social economic areas and ethnic minorities (as national poorer outcomes and health inequalities for these women.)
- Improving pelvic health provision and physiotherapy services for antenatal and postnatal women.
- Improving mental health provision
- Increasing our provision of maternity voices partnership (service user voice) and working in collaboration on our service improvements.
- Digital inclusion to enable women who have digital poverty to have access to the internet during their pregnancy and for six months postnatally, as many of the sources of information from healthcare is on digital applications.

4. Our next steps in 2025



4.1 In Spring 2025 the maternity service located at St Mary's Hospital is planned to relocate to the new Beach building for all maternity services on the Royal Bournemouth Hospital site. This means parents who are pregnant over the summer may have their baby in the new building.

4.2 The maternity unit will be across three floors, including antenatal clinic, ultrasound, fetal medicine centre, antenatal ward, midwifery low risk birthing unit, obstetric labour ward, postnatal ward and transitional care unit. The neonatal unit is also adjacent to the ward, and we will work together in providing care for parents and babies.

4.3 The team are in the preparation stages for the move and working with the maternity and neonatal voices partnership hearing from service users and being involved in the move plans.

4.4 The move plans include:

- A communications strategy to inform services users of the changes. The ICB MNVP's are assisting with this work and all channels of communication will be used.
- Preparation of the workforce to ensure staff are confident in their new place of work with practiced simulation session and understanding of the new environment.
- A workforce plan has been agreed to ensure safe staffing on both sites as one site is moved, and the other unit is closed.
- The move plan is in development taking safety and risk assessing at each stage of the move. We are completing a full review, and a process is in place to ensure safety throughout the move period to all women.

4.5 The team is looking forward to this move and having an improved environment to deliver care for a better experience for all families in east Dorset.

4.6 Should the committee have any further enquires the team from UHD would be happy to attend as required. We would also be delighted to welcome members to our new BEACH building so we can show you the new facilities and so you can meet the team.