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NHS Sheffield Clinical Commissioning Group

Local Maternity System Update Report

Governing Body meeting

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11 January 2018

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Purpose of Paper

To provide an update to Governing Body

Key Issues

- Development of a Local Maternity System (LMS)
- Draft submission of the South Yorkshire and Bassetlaw Maternity Transformation Plan
- Engagement of providers, commissioners and wider stakeholders

Is your report for Approval / Consideration / Noting

Noting / Action

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Consider and note the update
- Ensure appropriate engagement from staff within our organisation in the task and finish groups.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

Principal Objective:

- To improve patient experience and access to care.
- To ensure there is a sustainable, affordable healthcare system in place.
- Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.

Are there any Resource Implications (including Financial, Staffing etc)?

Staff time to engage in the LMS.

Have you carried out an Equality Impact Assessment and is it attached?
NA at this stage
Have you involved patients, carers and the public in the preparation of the report?
No

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1. Introduction / Background

In 2004 an investigation took place into 3 individual trusts (Ashford and St Peter's Hospitals, New Cross Hospital in Wolverhampton and Northwick Park Hospital) following an abnormally high number of maternal deaths reported. The findings from the investigation were published in 2005 and identified a number of shortcomings, including inadequate levels of staffing, poor team working and poor communication by staff with women.

Following the investigation, Sir Ian Kennedy Chairman of the Healthcare Commission publicly expresses serious concerns over the quality and safety of maternity services nationally and he instructed the Healthcare Commission to carried out a review on a number of other trusts, which were published in "towards better births" in 2008.

Then in March 2015 was the Morecambe Bay investigation by Bill Kirkup into University Hospitals Morecambe Bay NHSFT in particular Furness General Hospital.

These were the main drivers that initiated the National Maternity Review.

2. National Maternity Review (Better Births)

The National Maternity Review was led by Baroness Julia Cumberlege and took place in 2015. The results were presented in the "Better Births" which was released in March 2016 and is the guidance that Sustainability Transformation Plans (STP) are to use to transform maternity services.

The review highlighted 7 key themes and recommendations, some of which cross reference with the findings from the previous investigations undertaken in 2004 and 2008.

2.1 Personalised care - Ensuring we offer care that is centred on the women, their baby and their family. Ensuring all women are able to make choices about their pregnancy, birth and postnatal maternity care via a personalised care plan.

2.2 Continuity of care - Ensure women receive safe care, based on a relationship of mutual trust and providing women with the continuity of the person caring for them during pregnancy, birth and post-natal.

2.3 Safer care - Professionals working together across boundaries to ensure rapid referral processes are in place to allow the patient to access the right care in the right place at the right time. Areas are to share learning following stillbirths, neonatal deaths, maternal deaths, brain injuries and outcomes from serious incident investigations.

2.4 Better postnatal and perinatal mental health - Areas need to address the historical underfunding and under provision of mental health services, which can have a significant impact on the health and wellbeing of the woman, baby and family.

2.5 Multi-professional working - Undertake strategies to break down existing barriers between midwives, obstetricians and other professionals, to deliver safer and more personalised care for women and their babies.

2.6 Working across boundaries - To work within an STP footprint and with other STP areas that follow the patient pathways, to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care when needed.

2.7 Payment system - Work to develop a new system that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice.

3 Local Maternity Systems

To guarantee this vision is achieved, Better Births identifies the need for STP (now Accountable Care System) areas to form a Local Maternity System (LMS). This system was to be created by March 2017 and was to be made up of a wide range of stakeholders from within an STP footprint, while being supported by national bodies.

LMS's are to come together to develop a transformation plan to change maternity services, that is to be implemented by 2020/21. The final draft of this plan is to be submitted to the national team by the 31st October 2017, with the first draft submitted on the 23rd June 2017.

3.1 South Yorkshire and Bassetlaw LMS Board

A South Yorkshire and Bassetlaw (SYB) LMS Board has been developed to lead the work of the SYB LMS. The board meets monthly and the membership is made up of representatives from Trusts and CCGs within SYB, as well as other stakeholders that have a link into maternity services.

The Board is still seeking GP representation, preferably someone with an interest in maternity. The board is also exploring clinical leadership to support the leadership of clinical changes that may be planned to meet the requirements of Better Births.

To date the LMS board meeting has already undertaken the following work to support the development of our local plans across the footprint:

3.1.1 Gap Analysis

Annex A which was the list of recommendations of areas for improvement from the Better Births was audited in November 2016 in SYB. This audit is currently being refreshed by trusts and CCG's and work has already commenced locally working to meet the recommendations.

A case for change and current state document has been drafted to determine the current position of provision in SYB, including population, demographics, performance, outcomes and maternity services available across the footprint. This has been discussed within the LMS to support a shared understanding of the profile and of provision against the recommendations

3.1.2 Task and Finish Groups

The majority of the Better Births recommendations have been split between four Task and Finish groups, these groups are meeting regularly to develop a plan to meet the recommendations assigned to each group.

3.1.2.1 Clinical Governance Task and Finish Group (chaired by a Head of Midwifery)

Different organisations have different governance structures, processes and cultures and where they are not aligned, it can be challenging to work across organisational boundaries. Local Maternity Systems will need to align these by April 2018 to provide seamless care for women and their babies, and to break down traditional boundaries.

The group will also look to develop governance structures for community hubs and look at the sharing of staff, in some Local Maternity Systems it may make sense to deploy clinicians across more than one organisation.

3.1.2.2 Quality Measures Task and Finish Group (chaired by CCG Deputy Chief nurse)

This group has been created to:

- Improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the 'halve it' ambition of halving rates of still birth, neonatal death, maternal death and brain injuries during birth by 50% by 2030
- Continuously measure the quality of services and use the data to identify and implement improvements to maternity services
- Improve quality outcomes and access to care through a Community Hub model
- Ensure that serious incidents in maternity services result in good quality rapid investigations and that those investigations result in effective targeted action, with relevant wider learning shared through the Local Maternity System and with others
- Ensure women receive continuity of the person caring for them during pregnancy, birth and postnatally and that there are clear and credible plans for implementing it

3.1.2.3 Local Maternity Offer Task and Finish Group(Chaired by a Children's Commissioner)

This group was developed to create a clear articulation to service users of the choices available across the integrated maternity pathways. The aims of the group are to:

- Review the current choice offer across the footprint and consider whether this meets the recommendation in Better Births and the needs of women, their families and babies
- Ensure that any current barriers restricting choice within the Local Maternity System are removed
- Ensure personalised care plans are in place across the LMS footprint, and for these to be developed around the women's choice
- Consider the sustainability of care models based upon challenges around workforce and wider hospital interdependencies

3.1.2.4 Maternity Voices Partnership Task and Finish Group (Chaired by the chair of a Maternity User Group)

Better Births states that Maternity Transformation plans are to be co-produced with service users. This group consists of colleagues and chairs of Maternity Service Liaison Committees (MSLC's) across SYB. The group's main aim is to establish channels for engaging local women and their families, to ensure the views of service users across the footprint are captured in plans and the vision for the future is underpinned by users of maternity care.

3.1.3 South Yorkshire and Bassetlaw Local Maternity Stakeholders Event

A stakeholder event took place on the 7th July 2017 to support the development of the vision and plan for maternity services in SYB. The event was chaired by the Clinical Lead for Maternity in the Yorkshire and Humber Clinical Network.

The event was attended by CCG commissioners and quality leads, providers from throughout SYB, NHSE, Clinical Networks, service users and wider interested members of the public.

The event explored the work to date, the next steps, the vision and some of the issues that need considering as an LMS to make the changes needed in the context of Better Births.

3.1.4 Communication

An initial communication statement was sent out on the 13th April in the SYB STP Working Together Newsletter.

A twitter account has been created with the hashtag #SYBmatvoice to begin to get the views and comments from service users.

Further work is needed to develop a communication and engagement plan for the LMS.

4 Action for Governing Body / Recommendations

The Governing Body is asked to:

- Consider and note the update
- Ensure appropriate engagement from staff within our organisation in the task and finish groups.

Paper prepared by Kate Laurance, Head of Commissioning – Children, Young People & Maternity, Sheffield Clinical Commissioning Group

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Presented by Mandy Philbin, Acting Chief Nurse

December 2017