



Bradford Teaching Hospitals
NHS Foundation Trust



OUR JOURNEY TO OUTSTANDING

VISION FOR MATERNITY SERVICES

2020-2022



FOR US TO TRULY
REVOLUTIONISE OUR
SERVICES THIS CANNOT
BE THE JOURNEY OF A
FEW; IT MUST BE THE
JOURNEY OF MANY.



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FOREWORD



This vision for the maternity service at Bradford Teaching Hospitals NHS Foundation Trust outlines the journey we need to make to become a truly outstanding service.

Bradford is a special place with a unique, vibrant and diverse population, and we work tirelessly to deliver services that are tailored to the needs of the population. Some areas of the city are among the most deprived in the country and suffer from health inequalities; diabetes and obesity rates are among the highest in the country and there are a high proportion of smokers among the women choosing to give birth here. We know that we currently deliver a higher proportion of low birth weight babies and we have a higher rate of stillbirth than we would like.

COVID has had an impact on our services and the way we deliver them, as well as on the people using the services. Changes we have had to make mean that women have had to attend appointments without the support of their loved ones, we have

had to change the layout of the unit to allow clinics to continue whilst maintaining social distancing, and our community midwives have had to modify the way they deliver care to people outside the hospital. Not all of the changes we have had to make have been negative, and we want to keep those things that have worked well and improve the way we deliver our service.

Outstanding services do not just happen; they happen because the people using the service or giving the care are jointly sighted on a vision that is so special it becomes simply the right thing to do. It will not be an easy journey, there will be twists and turns along the way and moments of brilliance. For us to truly revolutionise our services this cannot be the journey of a few; it must be the journey of many.

the smallest things
take

up

the

most

room

in

your

Heart



EXEC SUMMARY



Women's & Newborn Unit

This document describes how we will develop our maternity services consistent with this vision to meet the needs of the people of Bradford and West Yorkshire. It is set in the context of the NHS Long Term Plan, the West Yorkshire and Harrogate Local Maternity System, the National Maternity Transformation Programme and the Trust's Clinical Services Strategy. It also addresses issues identified by the Care Quality Commission in its most recent inspection of the Trust.

We want to make a commitment to our women and babies that, to meet their needs now and in the future, we will review the way we do things to ensure they are central to everything we do and how we do them. This vision explains how we will deliver our commitment to women and their babies through the way we plan, organise and deliver our services.

We are extremely proud of our dedicated, hard working and innovative team.

We also make a commitment to our current and future workforce that it is and will be somewhere where creativity, imagination and innovation flourish, where people are actively encouraged to participate in research and continual improvement. In line with the ambitions set out in our People Strategy, we want to ensure that people feel empowered, valued and well-led, and that they take ownership, responsibility and accountability.

Most of all we want to develop an environment that attracts and retains the best people, who represent the communities we serve.

Our vision is shared around five priorities, each comprising specific actions:

Priority 1: **Investing in our workforce**

Priority 2: **A building fit for the future**

Priority 3: **Moving to digital**

Priority 4: **The women's journey and clinical excellence**

Priority 5: **Streamlining our systems**

HOW WE GOT TO IT

To develop this vision, we have consulted with members of all staff groups working with and in the maternity service; internal and external stakeholders, the Maternity Voices Partnership and women who are currently using or have used the service. We carried out a survey of staff to understand what they expect of an outstanding service, and have used the findings of an audit carried out to consider the impact of changes made to the service because of COVID. Finally, we held a series of workshops with our staff and stakeholders to define what we mean by outstanding maternity services.



1. INTRODUCTION & BACKGROUND

Bradford and its surrounding district has a set of circumstances leading to significant growth in demand for health and care services which is over and above the projections seen elsewhere. This makes it imperative that we get the right care models in place for future service provision. The main features in relation to the health status of our local population are:



540,000

With an estimated 540,000 population, Bradford is the fifth largest local authority area in England.

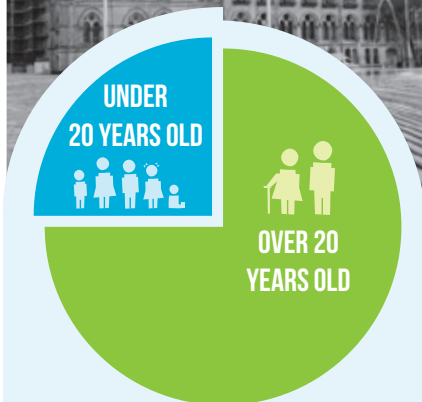
It has a young population with almost 30% of the population aged under 20.



LOCAL BRADFORD CONTEXT – POPULATION DEMOGRAPHICS AND RELATED CHALLENGES



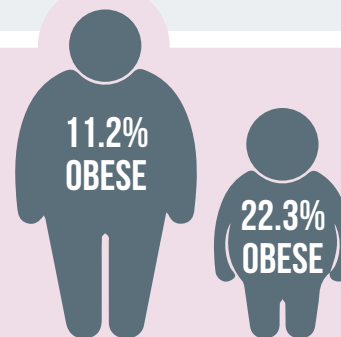
High levels of deprivation - **14 wards in Bradford are in the top 10% most deprived in the country**, and ranks as the 11th most deprived local authority area. Bradford ranks at 1 for health inequalities and has the lowest life expectancy in the country. Factors affecting both include poor housing, levels of education, diet, exercise, and employment.



Quarter of the population aged under 20; third highest percentage of children under 16 in the country.

Smoking is in line with the national average at around 20%.

Smoking in pregnancy is higher than average, with around 15% of new mothers continuing to smoke through their pregnancy.



Obesity – 11.2% of adult population is registered as obese; year 6 children, 22.3% are classed as overweight or obese.

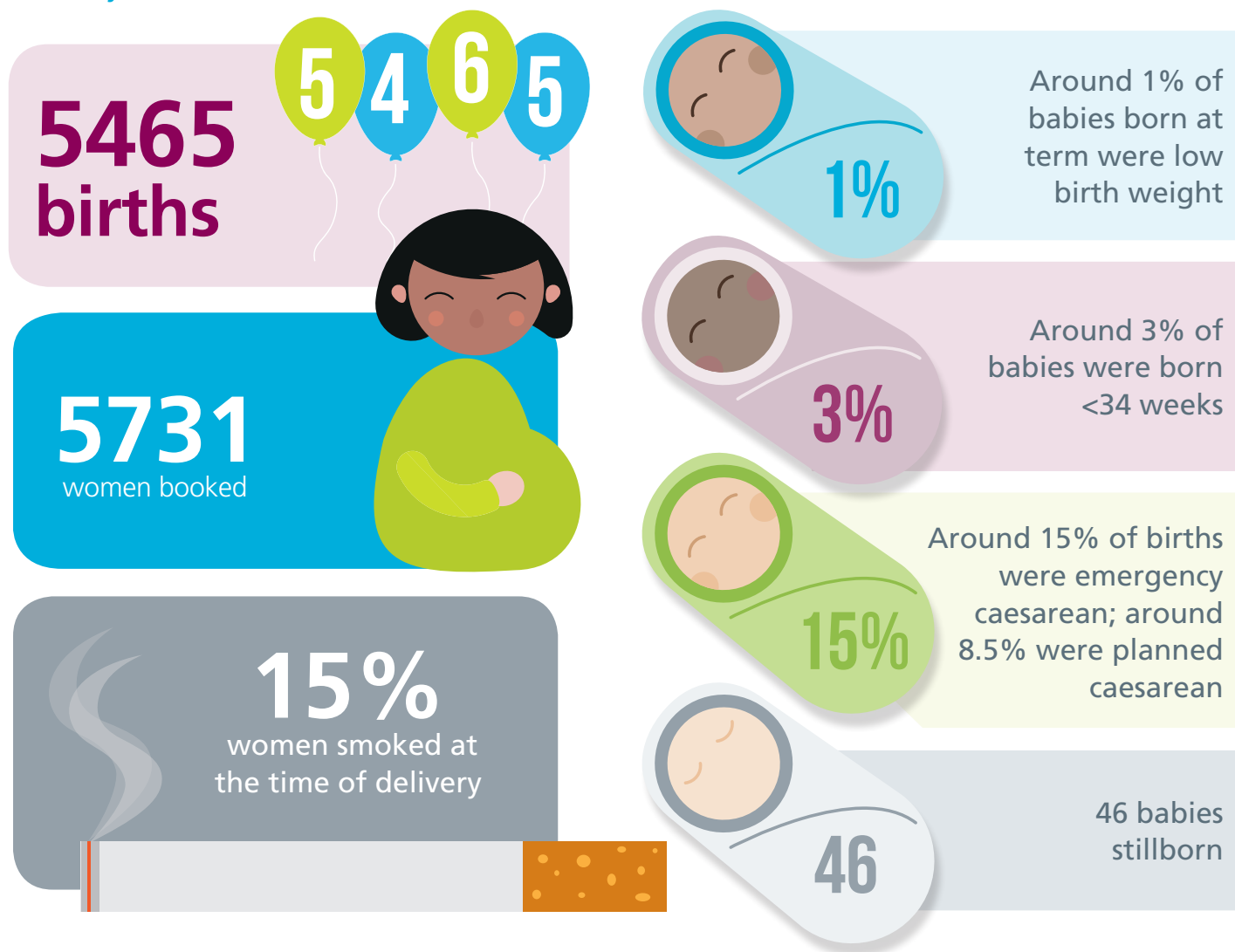
Around 30% BAME origin, particularly south Asian – higher chances of Type 2 diabetes, cardiovascular disease and kidney disease, all of which may result in an increased proportion of higher risk pregnancies with potential impact on outcomes and requirement for complex care planning.



MATERNITY – WHAT WE KNOW

We have a high proportion of high risk pregnancies in our caseload – this is partly because of our role as a level 3 neonatal intensive care unit, and partly because of the nature of the population we serve.

Activity for 2019:



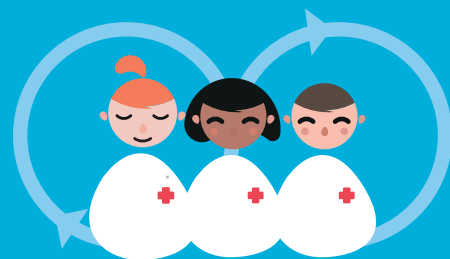
Things we do well and are proud of:

The **butterfly pathway** has been launched to support women to continue with pregnancy with poor prognosis or lethal abnormalities. This was known as the 'butterfly pathway' and had been developed in conjunction with a specialist hospice and neonatal colleagues. Families on the pathway were offered support, choices and a care plan from a multidisciplinary team. This allowed families to make informed choice. The service was recently shortlisted for a national award in the "outstanding team care" category, and the CQC recognised this as outstanding practice in their April 2020 report.

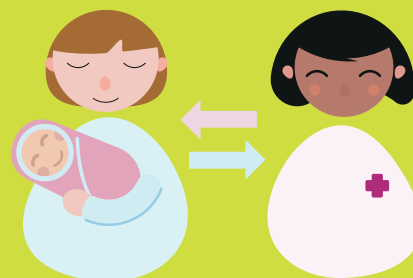


Since the **Homebirth Team** was created in 2019, the home birth rate in Bradford has tripled from 0.5% of all births to 1.5%. This team has supported women wanting to give birth at home, and has done so with the intention of providing continuity of care from the outset, so that the midwives coming into the home are familiar to members of the family. The current caseload of the team reflects 2.5% of women wanting a home birth every month.

Continuity of carer: we have successfully implemented continuity of carer in some parts of Bradford, and we are looking to roll out the approach further across the area. The approach has meant that the women involved in this model have been able to attend their antenatal appointments in their own home wherever possible. We have had to change the way we operate due to COVID, but we are in the process of re-starting this service. 45% of women booked with the service in March 2020 were booked with the continuity of care team, exceeding the target of 35% by March 2021. We aim to focus on the BAME community to reach 75% of all women being cared for on continuity of care pathways by 2024.



1:1 care in labour. During 2020 we have put measures in place to improve our rates of 1:1 care in labour since May more than 90% of births have had 1:1 care throughout labour.



WHAT PEOPLE SAY ABOUT THE SERVICE:

People working in the maternity service were asked what they are most proud of about the service. The overwhelming response was that they work well as a team in sometimes challenging conditions, with everyone trying to do their best. Concerns they highlighted include infrastructure to support the service, including IT and estates; access to development opportunities; staffing concerns; ability to meet the cultural needs of the population; postnatal care and perinatal mental health, and opportunities for service improvement and development.

Key things that they would like to be different in the future are:

- A lower stillbirth rate
- Improved identification of low birth weight babies
- A higher percentage of 1:1 care in labour,
- Continuity of care through pregnancy; and 'birth and beyond' after pregnancy
- To work within an environment in which they feel valued and supported, and which encourages development.

The Care Quality Commission carried out an inspection of Bradford Teaching Hospitals NHS Foundation Trust in 2019. The report rated maternity services as Requires Improvement overall, with



Caring being rated as Good. They identified areas for improvement such as issues with the operating theatres, high stillbirth rates, midwifery staffing levels and oversight and assurance of the quality of care. They also identified areas of outstanding practice such as the Butterfly pathway and palliative care.

NATIONAL CONTEXT – WHAT ARE THE MUST DOS?

There is a range of guidance, standards and priorities set by from different bodies which have been developed to improve outcomes for mothers and their babies. These include Better Births/National Maternity Transformation Programme; the NHS Long term plan; Each baby counts; Saving Babies Lives (ver 2) Maternity Incentive Scheme; MBRRACE; Healthcare Safety Investigation Branch, ATAIN and MatNeoSIP.

Bradford / ICS Context:

- **Better Births** – The Bradford District Health and Care Partnership and the Airedale, Wharfedale and Craven Health and Care Partnership have launched a joint programme of work looking at how services can be developed in an integrated way across the Bradford District and Craven area. One of the programmes of work is Better Births which intends to look at how maternity services are developed and delivered, with an overall objective of reducing disparities in experiences by addressing health inequalities, with a strong focus on the wider social determinants of health. Key priorities for the programme are optimisation of pre-conception health; safer maternity care; health inequalities; choice and personalisation; workforce; data and perinatal mental health.
- **West Yorkshire and Harrogate Local Maternity System** – The Local Maternity System sits alongside the regional West Yorkshire and Harrogate Integrated Care System. It includes all of the providers and commissioners of maternity care in the region and is backed by NHS England to assist with the implementation of requirements of the National Maternity Transformation Programme to improve maternity outcomes through a defined programme of work which includes implementation of continuity of carer and a focus on improving safety in maternity care.



2. THE FUTURE WE ASPIRE TO

PRIORITY: INVESTING IN OUR WORKFORCE

To deliver many of the changes needed, we need to invest in our workforce. They are our biggest asset. We will need to be able to deliver new models of care with the continued implementation of Continuity of Carer, and we will need to ensure that members of staff have protected time for learning and development and, where appropriate, management time. Above all, we need to make sure we have the right number of people with the right skills in the right roles, with support and encouragement for continuing personal and professional development. To achieve this we will review the numbers of staff we have and their skill-sets to ensure we are able to deliver safe care, starting with carrying out a Birth Rate Plus review. We will also consider potential models of flexible working to support our staff members who also have caring responsibilities.



We want people to feel safe, well and valued in the workplace. We will work to develop a culture that supports the physical and mental health and wellbeing of our staff, and to engage people in support and learning mechanisms such as Schwartz Rounds and the Professional Midwifery Advocate role. We also need to ensure we are working effectively with people across the Trust and beyond, building relationships with those people internally and externally and organisations we know we need to work with to enable us to grow and thrive as a service.

To deliver an outstanding service we need to ensure that:

- we have a positive culture
- staff wellbeing is championed
- we have the right number of people with the right skill-set in the right roles, and that we will support people to develop their skills
- we will look at new working patterns to support staff.

WE WANT EVERYONE TO FEEL VALUED AS PART OF THE MATERNITY TEAM. PART OF THIS IS TO REVIEW ROLES AND RESPONSIBILITIES TO ENSURE EVERYONE IS BEING UTILISED EFFECTIVELY TO SUPPORT THE DELIVERY OF AN OUTSTANDING MATERNITY SERVICE.





PRIORITY: A BUILDING FIT FOR THE FUTURE

We know that the facilities we have and the way that they are currently utilised is not ideal. Some areas are not fit for purpose, and there is no logical flow around the unit. Feedback from women is that they sometimes feel their privacy and dignity are compromised in the way that they are moved around the unit, and there is concern that the current arrangements for the maternity assessment unit and the associated waiting area do not allow for people to receive difficult news in a compassionate way whilst maintaining their privacy.

We will work with the Maternity Voices Partnership to review the unit against the First 15 Steps criteria, which consider the first impressions of the unit. We will also work with them to track the flow around the unit with the

intention that we reconsider the layout to make sure we utilise the space we have available to us to best effect.

We will also review options to ensure people are able to move between the unit and the main hospital building quickly and safely, without having to rely on ambulance transfers in case of emergency.

Our current obstetric operating theatres are not fit for purpose. We are investing in a new block of theatres which will provide state of the art facilities, and will allow for additional space to be utilised for rooms for 1:1 conversations, clinic space, meeting rooms and offices. We will also consider de-medicalising the birthing rooms to make them more comfortable for women. On the labour ward we will review the size of the birthing rooms to ensure they are all large enough to accommodate all the equipment needed for an assisted birth. Looking to the future, any changes made to the unit will be made in a truly sustainable way, reflecting the Trust's Green Plan.

To deliver an outstanding service we need facilities that:

- are big enough to run the clinical activities we would like
- provide an appropriate building for women and their partners, which allow women to maintain their privacy and dignity
- allow us to make best use of the space available to us.

PRIORITY: MOVING TO DIGITAL

Our hardware and software do not currently always support us to work effectively and efficiently. Our care records are split between different electronic and paper systems which do not speak to each other. This can lead to problems with the care of people where different bits of information are recorded in different places and in different ways. Women don't have access to their care records, and do not always have access to their birth plans. To address this, we will replace our existing systems with one end to end electronic system, configured to ensure data and information is recorded in a consistent way. Women will also be able to use the system to access their care records and birth plan remotely. We will also consider the way women are able to access information to support them through their pregnancy and preparation for birth so it is available to them in a format they can use.

Through COVID, we have had to change the way we work. The majority of our appointments are now done remotely, usually over the phone. For those appointments where partners are not allowed to attend, people have missed the support of loved ones, particularly where the news has been unwelcome. To address this we would like to introduce more routine video calls, which have been used elsewhere in the Trust to good effect. It will mean that instead of phone calls, people will be able to have a virtual face to face appointment, and that there will be facility for people to be able to share their face to face appointments with their loved one. This will require



investment in appropriate equipment and software, with consideration being given to spaces where this type of call can be carried out to maintain privacy.

Maternity does not currently have consistent information available to track activity and be aware of the current status of all areas of the unit, for women in the care of the unit located in other parts of the Trust, and to be able to identify deteriorating patients. To address this, we will work with the Command Centre to develop tiles to be able to see the information at a glance within the unit as well as in the Command Centre.

To deliver an outstanding service we will:

- review the way we use digital and paper records
- develop joined up systems to allow streamlined information flows between our different digital systems, and that allow women to have access to their electronic care records
- invest in equipment to support new ways of working.

PRIORITY: THE WOMEN'S JOURNEY AND CLINICAL EXCELLENCE

Women and their babies should be at the heart of everything we do. We know that this does not always happen so we will review our care pathways, working with recent mothers and our Maternity Voices Partnership to redesign the way we deliver care that takes account of national guidance and recognised best practice, including the implementation of the Saving Babies Lives care package to reduce the rate of stillbirth. Through this process we will deliver consistent, evidence based care which focuses on the women and her baby.

Through COVID we have had to introduce stringent rules on visiting to reduce the risk of transmission to other people using the service and the people working in it. This has led to some disappointment and upset through people not being accompanied to scans, ante-natal appointments and through labour, but has also had some positive feedback from women on the post-natal ward about the reduced number of visitors on the ward. We have reviewed this and enabled partners to be present during labour in the birth centre or labour ward. We will further review our visitor policy in line with the feedback we have received, and will work with the

Maternity Voices Partnership to co-produce a policy which focuses on the interests of women where possible.

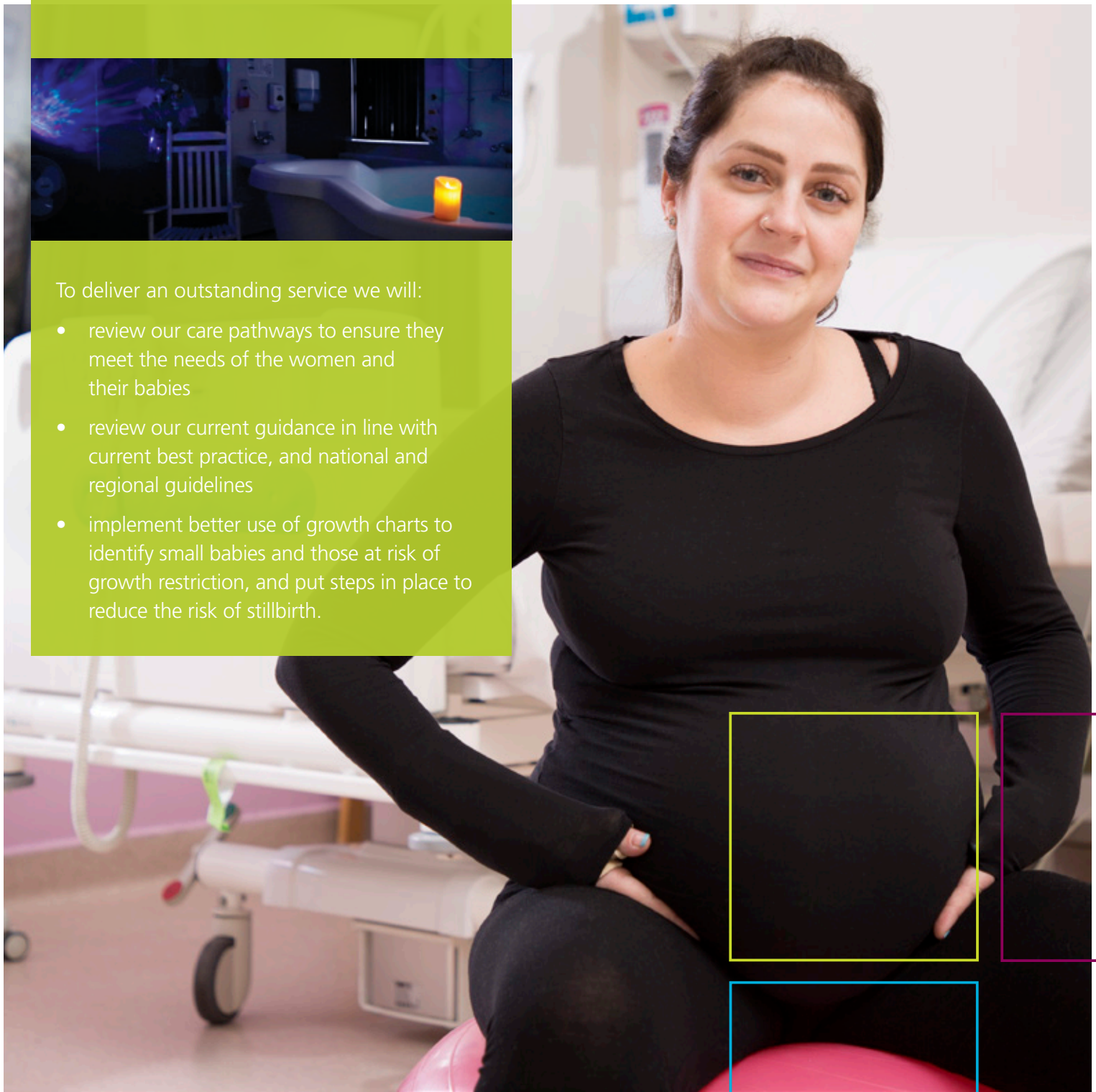
We will review the information we give to women. There is a range of leaflets and other information given to women at various stages of their pregnancy that have not been reviewed recently. We will work with the Maternity Voices Partnership to develop information in a way that is accessible and meaningful. We will also review the support available to people whose first language is not English to ensure that people get the right information at the right time in the right way. As well as making provisions for language, we need to ensure that our services are culturally sensitive for the population of Bradford.





To deliver an outstanding service we will:

- review our care pathways to ensure they meet the needs of the women and their babies
- review our current guidance in line with current best practice, and national and regional guidelines
- implement better use of growth charts to identify small babies and those at risk of growth restriction, and put steps in place to reduce the risk of stillbirth.



PRIORITY: STREAMLINING OUR SYSTEMS

Our data, information, risk and governance systems are not as robust as they could be. We aspire to be a service where governance and risk becomes everyone's business, with women at the heart of everything we do. We will ensure the women's voice features in all of our work in future through working more closely with the Maternity Voices Partnership and incorporating representatives from there into our different forums so they can contribute in a more formal way to our work. We will also take account of the voice of partners and carers.

We want to develop a proactive approach with our audits, data and information, taking action on what they are telling us sooner to prevent problems later. We also want to ensure that we learn from things that have gone wrong, and that we are learning from what happened to change our practices. All members of staff will receive training on quality improvement methodology so that there is a consistent approach which everyone understands and can use. Whilst there is inevitably a focus on where things have gone wrong, we want to be able to use our data and information to identify and celebrate success. To support both objectives we need a robust and reliable source of data and information, so we will develop a platform of consistent and comprehensive information that is available to all members of staff.

To deliver an outstanding service we will:

- develop a culture where governance and risk is everyone's business
- ensure there is consistency in the way data is recorded and extracted to improve the accuracy of record keeping
- move from using data and information solely for assurance purposes to embedding a culture of continual improvement, transformation, and learning from events.





3. MAKING IT HAPPEN

We have put together a dedicated programme team taking expertise from across the organisation to support the maternity service to develop and deliver a programme for completion by the end of 2022. The team reports to a Programme Board which in turn reports into the Trust Board. Chief Nurse, Karen Dawber is the Executive Sponsor for the programme.




4.

GLOSSARY

- Better Births / National Maternity Transformation Programme – Published in 2016, Better Births presents a vision for maternity services across England. Services should become more personalised, centred on the woman, her baby and her family, based on their needs giving them a genuine choice informed by unbiased information.
- NHS Long term plan. The plan aims to ensure that everyone gets the best start in life and, supporting the delivery of Better Births and the work of the National Maternity Transformation Programme, it aims to reduce the number of stillbirths, mother and child deaths and serious brain injuries; implement continuity of carer to ensure most women can have the same midwife through their pregnancy; and to increase support for women and men who experience mental illness during or after pregnancy.
- Each Baby Counts – The Royal College of Obstetricians and Gynaecologists runs a national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour. Each Baby Counts project seeks to reduce this suffering and loss of life by 50% by 2020.
- Saving Babies Lives (ver 2) NHS England has identified five key elements which need to be addressed to reduce perinatal mortality: reducing smoking in pregnancy; risk assessment, prevention and surveillance of pregnancies at risk of foetal growth restriction; raising awareness of reduced foetal movement; effective foetal monitoring during labour, and reducing pre-term birth.
- Maternity Incentive Scheme NHS Resolution is the insurer of NHS trusts, and has developed a set of standards for maternity care and a related incentive scheme. Where trusts can demonstrate they meet these standards, NHS Resolution will apply a discount to the trust's insurance premium.
- MBRRACE makes use the outcomes of audits and confidential inquiries to develop guidance and information to support the delivery of safe, equitable, high-quality, patient-centred maternal, new-born and infant health services.

- Healthcare Safety Investigation Branch (HSIB) was created to improve patient safety through effective and independent investigations that do not apportion blame or liability. Through this work they make recommendations to improve healthcare systems and processes in order to reduce risk and improve safety.
- MatNeoSIP is a programme to support improvement in the quality and safety of maternity and neonatal units across England. Led by NHS England, it aims to improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England; and to contribute to the national ambition set out in Better Births of reducing rates of maternal and neonatal deaths, stillbirths and brain injuries that occur during or soon after birth by 50% in 2025.
- ATAIN is a programme focused on reducing avoidable admission of full-term babies into neonatal units.





OUR JOURNEY TO OUTSTANDING

VISION FOR MATERNITY SERVICES

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WE ARE
BRADFORD

