Frimley Health NHS
NHS Foundation Trust

Maternity Service

Wexham Park Hospital Site

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Merged with Frimley Health October 2014, since then there has been much work to join the 2 units as one:

- Cross site peer review work – midwifery matrons undertake the peer review on a monthly basis, greater level of staff engagement noted. Cleanliness of clinical areas and levels of care greatly improved. Women have reported an improved patient experience within the unit.
- Cross site clinical governance meets quarterly.
- New hand held notes in place across both sites
- A total of 35 guidelines have been ratified and adopted across both sites. This process will take approximately 3yrs to complete all 92 guidelines.
- Currently working on Better Births, Saving lives bundle and spotlight on maternity services

CQC inspection in October 2015.
Overall The Trust results were GOOD.
Woman and Children services – GOOD
Some outstanding practice identified
Leadership and culture shift
Female Genital Mutilation - comprehensive approach
Preceptorship for newly qualified midwives
Management of complex mums in labour – great care plans

Birth rate – this has increased since 2014 from 4100 to 4400. The maternity activity on the Wexham Park Hospital site in quarter 1 has increased by 8.12% compared with the same quarter last year. If the first quarter activity is replicated over the year an expected out turn of maternities would be 4564, which would be an overall increase in activity of 3.35%. This positive increase in activity is thought to be due to the changing reputation and a positive CQC outcome.

Lower Segment Caesarean Section (LSCS) rates – The LSCS rate continues to decline with a year of 27.6% compared to a 30% rate in April 2015. There is continued monitoring of the rate and this continues to fall. There is much work being done to reduce the Caesarean Section rates further.

The birth after caesarean section guideline has recently been reviewed in line with the revised Royal College of Obstetricians and Gynaecologists guidelines. This includes a new pathway where some women will stay under the care of the consultant midwife throughout their pregnancy with the support of an obstetrician if needed for a post-dates care plan or if any medical or obstetric concerns arise during pregnancy.

Women who are undecided if they want a vaginal birth after caesarean (VBAC) are referred to the birth choices class which is held monthly and run by the consultant midwife. Evidence based information is given at the class to help women decide on the mode of birth for their current pregnancy. Women are referred from their community midwife, obstetrician or can self-refer.

Women who request a primary caesarean section without a medical or obstetric reason or have had a previous traumatic birth and requesting a caesarean section are referred to the birth choices clinic which is run by the consultant midwives. Approximately 50% of the women with support strategies put in place will then choose to have a vaginal birth following the birth choices clinic and those still requesting a caesarean section are referred to a committee which includes the labour ward lead obstetrician, consultant midwife, 1 other consultant obstetrician and a midwife with experience of perinatal mental health. Each individual case will be discussed within the multidisciplinary team and the labour ward lead obstetrician will then meet with the woman's named consultant to discuss recommendations from the committee meeting.

A midwifery led breech clinic is held weekly, if a community midwife thinks a woman may be presenting with a baby in the breech position she can be referred to the breech clinic from 34 weeks pregnant. Presentation scans are carried out in the morning. During the afternoon first pregnancy (prim parous) women who are 36 weeks and above and women with previous pregnancies (multiparous) who are 37 weeks and above will be offered procedures to turn the foetus (ECV), which are undertaken by either a Consultant Midwife or Consultant Obstetrician. The same people run the clinic every week to ensure continuity and there is evidence that this also helps with the success rate of ECV's. Women are given a breech information leaflet and a full discussion takes places of the risks and benefits.

Women who are below this gestation will be offered moxibustion, which is a Chinese herbal remedy that consists of burning a herb compacted in a roll in form of a moxa stick at an acupuncture point located at the outer aspect of the tip of the fifth toe. 30 women chose to have moxibustion during 2015 which resulted in a success rate of 17%. The women who did not have successful moxibustion would have been offered an ECV. The success rate of ECV's during 2015 was 56%, which is above the national recommendation of 50%.

Staffing

- Medical staffing has been monitored via the maternity dashboard on a monthly basis and the consultant cover to Labour Ward is now a prospective 132 hours per week. There are no issues of staffing with consultant cover to the unit.
- There is now a new Lead Obstetrician for the labour ward who is also the departmental chair.
- Midwifery recruitment has been challenging. Incentives have been to raise the pay of new starters though it is acknowledge that it is difficult to compete with London Weighting, staff often lost to other areas due to this. Current Midwife to mother ratio funded at 1:30 with a 90/10% split to include support staff. Current month birth ratio is 1:32
- Sickness rates of maternity staff have reduced from a high of 6.65% to 4.57% at the end of the year.
- New starters offered a preceptorship package to enable them to meet their competencies in a supportive environment and attain their band 6.

- Recent appointment of a Perinatal Mental Health specialist Midwife, a Diabetic Midwife specialist and a Clinical Skills facilitator.

Safety - improved level of safety continues. There have been 4 serious incidents requiring investigation to date for 16/17 reported. There has been no rise in the number of major incidents reported, and the number of infants admitted to the neonatal unit from the labour ward has reduced. Quarterly reporting to the Trust quality committee continues.

Sign up to safety Campaign

The sign up to safety project for reduction in third and fourth degree tears has now been introduced on the Wexham site. To date the changes in practice are:-

- Additional training to all staff for indications requiring episiotomy and performing an episiotomy

Patient experience

We have introduced "you said we did" boards in clinical areas. Some concerns that women had and told us about have led to some changes, such as:

- Concerns raised that women had to take their babies to the neonatal unit for intravenous (IV) antibiotics. To reduce the necessity of this midwives were trained to give neonatal IV antibiotics on the postnatal ward.
- Women experiencing high risk pregnancies wanted the opportunity and facilities to have fewer interventions on the labour ward. Telemetry was purchased to ensure women could mobilise and still have the foetal heartbeat recorded (CTG monitoring), whilst labouring in the birthing pool.
- Noise levels high at night due to noise from bins; soft close bins purchased.
- Bereavement room created on the labour ward to ensure early access to pain relief and care by midwifery staff.

Complaints have decreased; 2 formal complaints to date from April 2016

Maternity Voices due to be introduced - To facilitate a voice for women and their families that use the maternity services at Wexham Park, we are commencing a quarterly group which all our women, and their families, will be invited to attend. Attendees will be able to discuss any aspects of their maternity care and any issues raised will be addressed. This will ensure that our services remain focussed on what women want.

The first meeting is at 10am until 12pm on Tuesday 27th September 2016 at Orchard Childrens Centre, Slough, SL1 6HE.

Family and friends Test – all areas have improved and average scores are now 98% across the service who would recommend the service to others.

Maternity Assessment Centre – the Maternity Foetal Assessment Unit and Triage has now merged together to create MAC. Aim to offer a streamlined service for outpatient assessment of maternal and foetal wellbeing and to ensure parity within collaborative working. There is a lead consultant for this clinical area.

Rebuild – Plans have been passed for new build of the maternity department, including the outpatients' gynaecological services. Build to start Early October in 3 phases and to last 50 weeks. Rebuild will take place on the same footprint, capacity target for the rebuild 5500.

We have listened to what our users have told us and 2 reception and waiting entrances will be created for both antenatal and gynaecology patients to sit separately. During this time Early Pregnancy Unit will run from our Gynae Assessment Unit which operates 24/7

Community Midwifery - The community midwives are divided up into 7 teams, each with a team leader and each with responsibility for certain GP surgeries. Most teams offer a traditional model of community midwifery undertaking antenatal appointments in the GP surgery and either home visits or drop-in clinics postnatally. The teams are supported by a small team of Maternity Healthcare Assistants who assist with newborn bloodspots, newborn hearing screening and infant feeding.

The Crystal Team takes care of the most vulnerable women and families on our caseload, for example those women with mental health problems, social or domestic problems or alcohol and substance misuse. They liaise closely with other agencies such as Social Care, Mental Health networks, domestic abuse agencies and others.

The Windsor Team have been offering home assessments in early labour to low-risk women and have seen a reduction in admission to hospital in the latent phase of labour and an increased homebirth rate. There is also promising evidence of good outcomes for these women in terms of a lower rate of assisted deliveries. As this service has been evaluated so well by women and families, it was felt that it should be extended to an area which is less socially privileged. Hence, the Eftokia team adopted the home-assessment model earlier this year in central Slough, where they are slowly building up their caseloads. Eftokia hold monthly drop-in parent education sessions in the local Tesco store and this has been warmly received in the community. Similarly the Windsor team have a monthly Positive Birth group where women come with their birth stories regardless of mode of delivery, thereby dispelling fear and emphasizing that birth can be a positive experience for everyone.

Bubble – This is a relaxation space on the antenatal ward used to provide massage and quiet area for women experiencing early labour or induction of labour. Sky tiles ceiling awaiting installation to provide a relaxing environment.

Hypnobirthing - We run complimentary hypnobirthing classes for women who would like to achieve a calm natural birth, enhanced by relaxation and breathing techniques taught to them

Aromatherapy - We run post-dates clinic offered on the birth centre where aromatherapy is used to encourage labour and decrease the rates of induction of labour

Baby friendly accreditation commitment - we are committed to achieve UNICEF Baby friendly status and aim to have achieved stage 1 by end of 2016.

Post-dates clinics - The aim of the clinic is to reduce the number of induction carried out on low risk women, this serves to reduce the workload for the antenatal ward staff, reduce costs to the trust and increase deliveries in the birth centre environment.

We use a combination of what is perceived as routine care (antenatal check blood pressure, palpation urinalysis etc.) including stretch and sweep in combination with aromatherapy (3% blend of clary sage, lavender and Jasmine) foot massage, reflex zone therapy (reflexology) and acupressure. These are done prior to the induction date as the research suggests if these methods will work they will do so within a 48hr period, all attendees to the clinic are sent home with some of the aromatherapy oil to continue treatment at home.

66.4% (127) of women did spontaneously labour following the treatment and prior to the induction date they had been given.

Challenges – Capacity for Ultrasound scanning to meet the requirements of the GAP and grow protocol has also been added as a new risk this quarter, and the two departments are working collectively to identify a solution. This issue is becoming more noticeable as bookings rise. There is not sufficient capacity of rooms of ultrasonographers to achieve all scans in the current way the departments work. There has been no change from the previous quarter in the level of this risk.