

Update report from the Derbyshire LMNS – August 2020

Y&H Neonatal ODN - Virtual Executive Group Meeting - Tuesday 1st September 2020

Service and system restoration and recovery

With the exception of the Programme Board, all components of the previous programme governance structure are stood down and priority work is being led through a Recovery Cell.

Restoration of the following key service changes at an appropriate pace:

- Revision to antenatal and postnatal contacts and visiting
- MLMU at Samuel Johnson Community Hospital closed
- Changes to the SGA pathway/Saving Babies Lives Care Bundle
- No CO monitoring taking place in line with guidance
- PROMPT safety training not taking an MDT approach (CNST Standard no.8)
- Alterations to maternal and newborn screening provision and vaccs/imms programmes

Recovery considering the following areas of changed practice as permanent improvements:

- Improved triage and booking process
- Virtual appointments
- LMNS joint guidelines development
- Digital technology and e-records
- Training through virtual methods

Working groups convened to support the following high profile areas:

Postnatal Care Improvement Plan	Review of the plan submitted pre-COVID to establish the position with this work which closely aligns to the NCCR and supporting families of babies not at home. Initial indications are that the actions are largely off track as a result of the COVID incident.
Perinatal Support for BAME/Vulnerable Women	Multiagency group taking forward the four key actions in the letter from Jacqueline Dunkley-Bent to enhance the support to this group of women; action plan being developed.
Maternal Mental Health Services	Joint working between mental health services and the LMNS/maternity services to support the application for national programme funding to develop MMHS (focusing on trauma and loss and considering families with a baby on the neonatal unit).

Emerging priorities

- NCCR action plans and enhanced collaboration between the LMNS and x2 ODNs
- Continuity of Carer revised trajectories in line with Phase 3 ask
- Reshaping Derbyshire MVP and development of a neonatal voices subgroup

Risks and mitigations

- Maternity services are vulnerable to repeat waves of COVID-19. Services will need to be responsive to the way that COVID-19 moves through the population and balance the provision of safe, equitable care with emerging health protection concerns. The Recovery Cell will take a 'temperature check' on restoration changes to track this.
- We cannot take a 'one size fits all' approach with the use of virtual contacts, recognising that phone and video do not offer the same visual contact with women, their families and their home environments. The LMNS is gathering the evidence and undertaking a Quality and Equality Impact Assessment on the proposals in this area.
- Ongoing pressures mean there is a risk that the 2019/20 funded training initiatives will be significantly delayed, scaled back or cannot go ahead. As a consequence, midwives will not be delivering the most effective interventions, leading to a risk that the LMNS does not achieve the desired outcomes for women and their babies. The Recovery Cell is managing plans for all training initiatives on a weekly basis.

Alex Albus, Maternity Transformation Programme Manager

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