

Report Title	Maternity Services Update		
Sponsoring Executive	Melanie Roberts, Acting Chief Nurse		
Report Author	Helen Hurst, Director of Midwifery		
Meeting	Trust Board (Public)	Date	1 st July 2021

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

This report provides a monthly update to Trust Board to offer assurance of the progress achieved in month, the focus for the month ahead and what areas remain outstanding and why against the current maternity improvement plan. It will also provide a monthly staffing update

Actions/progress in month

- External report shared with directorate triumvirate and next steps meeting held
- Culture workshops have commenced
- Directorate communications strategy shared with staff for feedback prior to finalisation
- Co-produced directorate Vision and strategy shared for staff feedback prior to finalisation
- CNST paper submitted to quality and safety committee for handover and sign off- achieving 8/10 standards
- Collation of evidence for submission as part of the ongoing Ockenden assurance NHSE/I programme

Focus for Month ahead

- Reframing of improvement plan
- Leadership course commences for all band 7's and above
- Lead Obstetrician commences in post
- Overarching plan for movement to full Continuity of Carer with viable timescales

Outstanding

- CQC report not received at time of writing the report
- Formal NHSE/I Response on our Ockenden bid

Staffing

- In month staffing position, vacancies and recruitment and oversight at all levels

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	✓	Public Health Plan	✓	People Plan & Education Plan	✓
Quality Plan	✓	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

4. Recommendation(s)

The Trust Board is asked to:

- a. Note the content of the report
- b. Discuss the progress and focus for month ahead

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	X	Risk 4407,4356 workforce risks				
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y	N	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y	N	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Maternity Services Update Report to the Public Trust Board: 1st July 2021

1. Introduction

Maternity services across the country are under increased scrutiny and change. Our service due to its challenges and feedback from both staff and patients has developed an improvement plan encompassing the actions from national, regional and local drivers for change.

2 Maternity Improvement Plan

The Maternity improvement plan sets out our intention on how we will work together with our staff and stakeholders to improve maternity services over the next 2 years.

It outlines across the five domains of safe, caring, responsive, effective and well led, our actions to not only improve the service but also to maintain that improvement and ensure it becomes the place that our staff wish to work in and a place our expectant mothers wish to give birth in.

It sets out how we will achieve these improvements, with what resources, and what the expected outcomes will be. The plan will be triangulated and updated with the detail from the external report (Debbie graham) and the CQC report once we receive it.

3 Actions Completed

3.1 External Report (Debbie Graham)

The external report into the culture of the maternity has been shared with the directorate triumvirate and a next steps meeting has been held. The themes of the report are no different to the information already collated by the Trust through various platforms of engagement; it does however provide more granular detail around these themes. A short two page themed report will be shared with staff including next steps. The next phase of the review which is ongoing presently is listening to the communities we serve.

3.2 Culture Workshops

The culture workshops have commenced, these are split into two sessions.

Agenda A: [Our values into action](#)

- Supporting our team's wellbeing
- More good days at work in our service
- Fewer bad days at work in our service
- Our values in action, as behaviours

Agenda B: [Living our new culture](#)

- Proactively creating a positive culture
- Speaking up: using kinder feedback

- Be the change, see the impact changing through our own actions

Feedback from the sessions so far has been overwhelmingly positive note below:



3.3. Co-designed Vision and Strategy

Part of the feedback received from staff was developing a shared vision, building on the work undertaken during the Listening In Action events. The outcome of this feedback is the development of a draft vision and strategy which has been produced for the next three years coproduced with staff and based on patient feedback to date.

3.4 Communications Strategy

The communications strategy has been developed in conjunction with staff, following feedback through various platforms, including a specific survey exploring what good communication looks like to them.

The strategy brings together multi-platforms for sharing information and communication, used within the service, including the portal, meetings, bulletins, ward folders, newsletters and effective handover etc. The strategy also includes frequency of each, required participants and the collation of evidence, to ensure we have a vault of information to revisit or share with new starters and for auditable purposes.

3.5 Clinical Negligence Scheme for Trusts (CNST)

The directorate has submitted the completed framework to Quality and Safety Committee, the findings of which are noted below:

A change to year three's requirements and after some alteration of submission dates and criteria by NHS Resolution. Due to the global pandemic this has led to the inability to meet all 10 safety standards. It must be noted within the below in some instances these 2 non-compliant safety actions were impacted due to COVID-19.

These 2 non-compliant safety actions are:

- *Safety Action 3 - Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions into neonatal unit programme?*
- *Safety Action 9- Can you demonstrate that Trust safety champions (Obs & Midwife) are meeting bimonthly with board level champions to escalate locally identified issues*

3.6 Ockenden Compliance

The first tranche of evidence submissions is due on 30/6/21, this is based on the gap analysis submissions that organisations undertook in December. The directorate have been working on the collation of the data. Please note that not all the evidence is required to be submitted in the first tranche, as it has been recognised the enormity of the request and the capacity of NHSE/I to review data.

3.7 Executive and Senior engagement

Coffee and chat sessions have continued, supported by the Group leadership team and execs, with more scheduled throughout the year. The Group leadership team and the Chief Operating Officer spent time at the Hawthorns stadium, speaking to staff and ladies attending clinics, with good feedback and learning opportunities identified. The Chief Nurse visited a number of community based clinics, enabling face to face conversations and supporting visibility outside of the hospital walls, this was well received by the teams, and more visits are planned.

4. Actions for Month ahead

- Reframing of improvement plan- to incorporate external review and CQC report once received
- Leadership course commencing for all band 7's and above
- Lead Obstetrician commences in post in July to support the quality and safety agenda
- Overarching plan for movement to full Continuity of Carer with viable timescales. Following the successful launch of three teams and given the significant exports (45%) we have in the organisation, the national lead is supporting us to develop an overarching plan for full implementation
- Receive part 2 of the external report (Debbie Graham)

5. Outstanding Actions

At the time of writing the report we have not received either the CQC report following the unannounced visit at the beginning of May, or the response from NHSE/I following the bids for funding to support the implementation of the findings from Ockenden.

6. Monthly Staffing Update

The current vacancy rate is at 9% across the directorate, with 80% of these vacancies recruited to. Start dates for these staff commence in July, with the high proportion commencing in September. Keep in touch calls and sessions are ongoing with all recruited.

6.1 In- Patients

The Unit undertakes daily staffing meetings led by the Inpatient matron, on delivery suite to ensure flexibility and fluidity to meet acuity and capacity demands. These are supported by all areas, including community midwifery and neonates, including a staffing proforma to clearly identify required vs actual. The table below above shows the fill rates for the last 12 week period. Bank shifts are predominantly covered by substantive staff solely, no agency is utilised in maternity services. It is important to ensure staff health and wellbeing whilst ensuring safe staffing levels.

Table 1

In patient fill rates					
		March	April	May	June
Delivery Suite	Qualified	90%	95%	95%	95%
	MSW	95%	95%	95%	95%
Induction Bay	Qualified	95%	100%	100%	95%
	MSW	100%	95%	95%	95%
M1	Qualified	95%	95%	95%	95%
	MSW	95%	95%	100%	100%
M2	Qualified	95%	95%	95%	95%
	MSW	100%	100%	90%	100%
Serenity	Qualified	80%	90%	95%	90%
	MSW	75%	80%	90%	95%

6.2 Community

Community midwifery remains on an Amber Business Continuity Plan, with daily morning huddles led by the matron's. The booking tracker and twice weekly meetings with the leadership team continue, to provide support, problem solve and assist with barriers in a timely manner as these arise. The Home Birth team launches in August which will provide additional support to community and will focus not only on those choosing home birth, but also those with more complex needs, such as anxiety etc.

7. Recommendations

The Trust Board is asked to:

- a) Note the action progress
- b) Discuss the month ahead and outstanding actions and highlight any areas for further action

Helen Hurst
Director of Midwifery
June 24th 2021