



<b>Report Title:</b>	Maternity Services Update		
<b>Sponsoring Executive:</b>	Melanie Roberts - Chief Nurse		
<b>Report Author:</b>	Helen Hurst - Director of Midwifery		
<b>Meeting:</b>	Public Trust Board	<b>Date</b>	6 <sup>th</sup> April 2022

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

The Trust Board is asked to receive this assurance document, as an update to the Board on:

The progress with implementation of the 7 Immediate and Essential Actions (IEAs) outlined in the Ockenden report and Maternity services workforce plans. The report includes confirmation of full compliance against both Ockenden and Kirkup (Morecombe Bay, 2015) progress actions with the completed toolkit in annex 1. This progress must be shared and discussed with the Local Maternity and Neonatal System (LMNS) and Integrated Care System (ICS), prior to submission to the regional maternity team by 15 April 2022.

Part 2 of the request was to provide an update on maternity workforce plans. Monthly data on maternity workforce is presented for discussion at Quality and Safety Committee, as well as assurance of safe service provision (included in the Bboard reading room). A workforce update was presented to the Board in January 2022, with actions in place to support recruitment and retention. A brief update is included in the body of the paper; a more detailed update will be presented at Trust Board in May when the analysis of the community midwifery staffing establishment work is completed.

Monthly update from safety champions in relation to maternity safety meetings and walkabouts.

The reports, also included in the appendix 2 is the Ockenden framework update for February 2022

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients		Our People		Our Population
To be good or outstanding in everything that we do	x	To cultivate and sustain happy, productive and engaged staff	x	To work seamlessly with our partners to improve lives

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

Maternity and Neonatal data received at Quality and Safety Committee 23<sup>rd</sup> March 2022

**4. Recommendation(s)**

The Trust Board is asked to:

- a. REVIEW** and note and approve the Ockenden and Kirkup benchmarking rating

<b>b.</b>	<b>ACCEPT</b> and discuss the update on workforce plans
<b>c.</b>	<b>APPROVE</b> the oversight Framework

<b>5.</b>	<b>Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>					
Trust Risk Register	x	Workforce risks 4480,3831,3576,4575,4326,2625				
Board Assurance Framework						
Equality Impact Assessment	Is this required?	Y			If 'Y' date completed	TBC
Quality Impact Assessment	Is this required?	Y			If 'Y' date completed	TBC

## SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to Trust Board: 6<sup>th</sup> April 2022

### Maternity Services Update

#### 1. Introduction

- 1.1 Board level oversight for maternity and neonatal services is fundamental to quality improvement, to ensure transparency and safe delivery of services.

On 25th January 2022, the Trust received a follow-up letter from the Chief Operating Officer and Chief Nursing Officer for England entitled 'Ockenden review of maternity services – one year on'. The letter set out the requirement for Trust Boards and Local Maternity and Neonatal Systems (LMNS) to be appraised on progress against the implementation of the 7 Immediate and Essential Actions (IEAs) outlined in the Ockenden report and the refresh against compliance with the outcomes of the Kirkup report into the maternity service in Morecombe Bay in 2015. The second part of the letter required the Trust Board to be informed of maternity services workforce plans.

- 1.2 The oversight framework is included in Annex 2 to be approved by Trust Board.

#### 2. Ockenden and Kirkup Assurance Progress Update

- 2.1 The Trust Board have previously been updated on the original submission with compliance at 92% against the 7 IEA's, and the work that has continued to support provision of the essential actions. The Board are asked to sign off on compliance against the self-assessment tool found in Annex 1 for Ockenden and Kirkup. Full compliance against all 41 actions of the Kirkup report is reported with associated evidence.

#### 2.2 Table 1 Ockenden Compliance

Immediate Essential Action	Compliance
IEA1:Enhanced patient safety	100%
IEA2:Listening to women and their families	100%
IEA3: Staff training and working together	100%
IEA4:Managing complex pregnancy	100%
IEA5: Risk assessment throughout pregnancy	100%
IEA6: Monitoring fetal wellbeing	100%
IEA7: Informed consent	100%

2.3 The development and strengthening of the Governance Team (including Education), processes and transparent sharing of lessons learnt (internal and system wide) have been integral to achieving compliance. Additionally the appointment of both a lead obstetrician and midwife has fundamentally seen improvements with additional training and real time support for fetal monitoring, leading to a doubling in compliance within audits. Building close links with our local communities and maternity voices partnership has ensured nothing is done without our families' involvement, building stronger foundations and delivering safer care.

### **3. Workforce Plans Update**

3.1 An update on workforce was brought to Trust Board in January 2022. This includes plans for both recruitment and retention. Workforce data is included within the paper to Quality and Safety Committee on a monthly basis. The Ockenden workforce requirements are in place to support safe service provision, such as a fetal monitoring lead midwife, this post is currently funded until September by LMNS funds, a funding source will be required for this vital role and lead obstetrician. Provisions of 7 day per week consultant ward rounds. Funding has been added to the establishment in line with the award from National Health Service England (NHSE) to support closing the gaps in workforce planning and posts are currently out to recruitment.

### **4. Midwifery and Nursing**

4.1 The bespoke community midwifery workforce review, that will provide workforce requirements based upon bookings for care and not births, now has data collection complete and analysis has commenced. The findings will be reported back to Trust Board in May.

4.2 Neonates currently have an over recruitment at band 5 staffing to support the development of their own qualified in service (QIS) nurses as there is a national shortage. This pipeline currently has 9 nurses training, 2 to qualify in May 2022, providing good succession planning and resolution against the 7.89 vacancy currently against QIS.

### **5. Medical Workforce**

5.1 Obstetric staffing continues to be supported with no gaps in Consultant tier. Junior rotas remain compliant with European working time directive with an average of 1:7-8 for on call night or weekend shifts. There are 2 vacancies at Foundation Year/General Practice training level.

5.2 Neonatal staffing has a gap at tier 2 of 2.2 whole time equivalents, due to movement in the advance nurse practitioner line and maternity leave for a trainee. A long term locum support has been sort to cover this gap. Consultant cover includes 1 fixed term, which will be converted to a substantive advert to support long term stability.

## 6. Safety Champion Update

- 6.1 Our Non-Executive Director Safety Champion undertook an inaugural walkabout on the 3<sup>rd</sup> of March feedback was positive:  
*“Everyone I met was so enthusiastic and keen to tell me about all the good things that are going on that I came away feeling very enthused! Staff seem very happy to work in such a good unit and the compassion and kindness with which they spoke of their patients was truly heart-warming”.*
- 6.2 The maternity safety meeting reflected on the SI process for cases not being undertaken by Healthcare Safety Investigation Board (HSIB) but needing an in-depth review to identify any learning and how this will stay within the trust wide rather than any separate process using external review – unless that expertise is needed. The fluid audit was reported with an action plan to presented in April. Data used in reporting C section rate within different systems to be reviewed to make sure there is consistency. The main concern was around neonatal staffing as reflected earlier in this report and the processes being undertaken to try and address the shortfall in medical and Advanced Care Practitioner (ACP) staffing that has happened recently.

## 7. Summary

- 7.3 Work continues to strengthen service provision and assure transparency in line with national, regional and local drivers, evident by the compliance with both the Ockenden and Kirkup actions. However there is no room for complacency and we continue to ensure we have a well-supported workforce to meet the needs of our service, as well a supporting system wide transformation.

## 8. Recommendations

**The Trust Board is asked to:**

- a) **REVIEW**, note and approve the Ockenden and Kirkup benchmarking rating
- b) **ACCEPT** and discuss the update on workforce plans
- c) **APPROVE** the oversight Framework

**Helen Hurst**  
**Director of Midwifery**  
**25<sup>th</sup> March 2022**

Annex 2

Ockenden Framework Update for February 2022

Data Measures	Summary	Key Points
Findings of review of all perinatal deaths using the real time data monitoring tool	All relevant cases have been reported to MBRRACE. Perinatal Mortality Review Tool (PMRT) reviews, meeting CNST requirements. February data 0 still births 1 Neonatal death	Quarterly PMRT report provided to Trust board, via Quality and Safety Committee. Monthly data detailed in paper to Quality and Safety Committee and in Board reading room.
Findings of review all cases eligible for referral to Health Services Investigation Branch (HSIB)	1 case referred for investigation. 5 cases active within the process.	Cases included in the Quality and Safety Committee report and discussed at monthly Safety Champion meeting. Themes and lessons learnt embedded across the service and incorporated into professional study days.
The number of incidents logged graded as moderate or above and what action being taken.	1 case was escalated for moderate harm.	Weekly multi-disciplinary incident review/learning meeting in place within the service.
Training compliance for all staff groups in maternity, related to the core competency framework and wider job essential training.	Training against core competency framework remains above expected target of 90%.	Professional training database (core competency framework) monitored by education team. CNST requirement of 90% MDT compliance on track
Minimum safe staffing in maternity services, to include obstetric cover on the delivery suite, gaps in rotas and minimum midwifery staffing, planned vs actual prospectively	100% compliance with obstetric labour ward cover. Midwifery safe staffing analysis included in Quality and Safety report, average fill rate for inpatient (midwifery and NNU) 97%.	Birth rate plus assessment currently entrain. Community midwifery workforce review, data collation completed, analysis entrain, report back to Board in May. Member of National Pilot of Recruitment and Retention.
Service User Voice feedback	Feedback collated from FFT, complaints, PALS, local surveys and Maternity Voices Partnership (MVP)	Themes from complaints are clinical treatment and attitudes and behaviours. Several compliments have also been received. FFT response rates

		remain low, work to increase ongoing. A wealth of feedback is being captured by the EDI lead. Actions arise out of feedback to support a culture of “you said, we did” evidence of which is in all areas. Also captured in perfect ward.								
Staff feedback from frontline champions and walk-about	Walkabout feedback Executive and Non-Executive safety champion	Included in report								
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	Nil received	Nil received								
Coroner Reg 28 made directly to Trust	None	None								
Progress in achievement of CNST10	<table border="1"> <thead> <tr> <th colspan="2">CNST Compliance Rag Rating</th> </tr> </thead> <tbody> <tr> <td>Outstanding</td> <td>0</td> </tr> <tr> <td>In progress</td> <td>8</td> </tr> <tr> <td>Complete</td> <td>2</td> </tr> </tbody> </table> <p>Currently on track to achieve 10/10</p>	CNST Compliance Rag Rating		Outstanding	0	In progress	8	Complete	2	<p>Progress against year 4 to be noted, updated provided to Quality and Safety committee. 8/10 areas certain to complete, focus required on 2 areas to complete, which action plans are in place for. Outcome of action plan (monetary bid) tendered following year 3, 8/10 submission remains outstanding; this will impact the achievement of 10/10 for year 4.</p> <p><b>Current 3 month pause in place in view of the Omicron surge, scheduled to restart in April and submission date set for October, refreshed guidance awaited.</b></p>
CNST Compliance Rag Rating										
Outstanding	0									
In progress	8									
Complete	2									
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Yearly survey									
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the	Yearly survey									

quality of clinical		
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