



Sandwell & West Birmingham Hospitals NHS Trust

Maternity Services – Overview findings of Regional and System
Insight Visit

14th September 2022

NHS England and NHS Improvement





Visit Purpose

An Insight visit to SWBH NHS Trust maternity services was completed on the 14th September 2022.

The purpose of the visits was to provide assurance against the 7 immediate and essential actions from the Ockenden report. The Insight Visit Team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the senior leadership team and many front line staff ranging in job roles. Emerging themes from conversations were organised under the immediate and essential actions headings

1. Enhanced Safety
2. Listening to Women & Families
3. Staff Training and Working Together
4. Managing Complex Pregnancy
5. Risk Assessment Throughout Pregnancy
6. Monitoring Fetal Well-Being
7. Informed Consent
8. Workforce Planning and Guidelines

Insight visit team members: Midlands perinatal team ; Sandra Smith, dDeputy regional chief midwife; Chantal Knight regional governance and assurance lead; Susie Al-Samurai, regional obstetric lead

Key Headlines

Points for celebration

- Investment in leadership roles across the division
 - Team are reactive to staff concerns and address them with practical solutions e.g. staffing infographic distributed to all staff monthly to demonstrate plans and trajectory
 - Well supported junior doctors with a bespoke induction day for division
 - Matrons have an active interest in staff well being and promote self care e.g. away days, spa sessions, escape room events
- Strong governance team, works well in division and at corporate level
- Visible learning culture and good dissemination especially regarding learning from incidents
- True hub working and community engagement noticeable at Aston Pride hub

Key Headlines

Points for consideration

- Consultant ward rounds - audit assurance would provide evidence especially for evenings and weekends
- Strengthen the audit plan to incorporate all Ockenden actions which are frequently and regularly reported throughout the division
 - utilising Badgernet capability
 - ensure staff are aware of audit results and Ockenden requirements using a variety of communication pathways including information boards in clinical areas, social media and training study days
- Safety champions – good use of posters in clinical area’s – consider adding contact details for each safety champion especially NED
- Consider increasing PA allowance for obstetric governance lead to allow sufficient time for duties of the role
- No audit lead in the division – consider the role of audit facilitator which does not necessarily need to be a midwife
- It is acknowledged that the Trust has had culture concerns in the past but is clearly on an effective journey to remedy those concerns
- Consider current practice regarding CTG review and interpretation by registrar only – more junior medical staff might feel excluded from potential learning opportunity

Summary of Insight Visit Review of Ockenden IEAs Status



IEA	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced safety	Green	Green	Green	Green	Green	Green	Green	Green
2) Listening to women and families	N/A	N/A	Green	Green	Green	Green	Green	Yellow
3) Staff training and working together	Green	Green	Green	Grey	Yellow	Yellow	Green	Black
4) Managing complex pregnancy	Green	Green	Green	Yellow	Yellow	Green	Black	Black
5) Risk assessment throughout pregnancy	Green	Green	Yellow	Yellow	Black	Black	Black	Black
6) Monitoring fetal well-being	Green	Yellow	Yellow	Yellow	Green	Black	Black	Black
7) Informed consent	Green	Green	Green	Green	Green	Green	Black	Black
Workforce Planning	Green	Green	Green	Yellow	Black	Black	Black	Black
Guidelines	Green	Black	Black	Black	Black	Black	Black	Black

IEA1 Enhanced Safety



Points for celebration

- Close working with LMNS is evident and demonstrated
 - There is clear evidence of SIs being shared and discussed at LMNS Programme Board
- There is a clear Perinatal Clinical Quality Surveillance Model in place
- All SI & PMRT cases have external review
- 100% of HSIB cases are reported and 95% + cases for PMRT are commenced in the timescale required

Points for consideration

- PMRT cases have MDT review and are taken for external review as part of a buddy system in the LMNS - consider grouping cases into thematic reviews for external clinical opinion e.g. congenital abnormality and severe prematurity - this would assist with workload

IEA1	RAG
Q1 - Dashboards	Green
Q2 – External review of SIs	Green
Q3 – SIs to Board/LMNS	Green
Q4 - PMRT	Green
Q5 - MSDS	Green
Q6 - HSIB	Green
Q7 - PCQSM	Green
Q8 – SIs to Board/LMNS	Green

IEA2 Listening to Women & Families



Points for celebration

- Community engagement strong – service users joined the conversations
 - Dedicated feedback “Purple” phones in place to encourage women and their families to discuss any care concerns
- New NED in post with good understanding of maternity and issues
- Walk rounds with safety champions evident – staff were able to speak about them

Points for consideration

- Create a link between the NED and MVP with a scheduled 1-1 each month
- Complaints appear to be consistent in number – themes include women not feeling listened to – consider role of patient experience midwife, independent of clinical area’s and can listen to/feedback concerns/compliments from women and families

IEA2	RAG
Q9 – Advocate role	N/A
Q10 – Advocate role	N/A
Q11 – NED	Green
Q12 - PMRT	Green
Q13 – Service user feedback	Green
Q14 – Bimonthly safety champ meetings	Green
Q15 – Service user feedback	Green
Q16 – NED	Yellow

IEA3 Staff Training and Working Together



Points for celebration

- A 12 midday video call in place daily to discuss workflow and any reciprocal patient arrangements needed to share workload across LMNS
- Ockenden learning is shared across the whole Trust
- A loyal caring and compassionate staff who genuinely enjoy working at the units and describe their colleagues as 'family'
- Communication is improved since the implementation of a QI project
 - weekly memo with all points covered
 - Videos shared on a closed Facebook page with special interest topics such as "a day in the life of..."
 - Staffing monthly SitRep infographic goes out to all staff which includes progress against recruitment

Points for consideration

- Continue to work toward 90% of staff completed emergencies training
 - consider developing a trajectory plan to demonstrate with monthly robust reporting through governance reports
- Anecdotally, from different staff groups, twice daily consultant ward rounds are in place but not evidenced in audit – consider implementing regular audit to demonstrate compliance

IEA1	RAG
Q17 – MDT Training	Green
Q18 – Cons. Ward Rounds	Green
Q19 – Ring-Fenced Funding	Green
Q20 -	Grey
Q21 – 90% MDT Training	Yellow
Q22 – Cons Ward Rounds	Yellow
Q23 – MDT Training Schedule	Green

IEA4 Managing Complex Pregnancy



Points for celebration

- Consultant led clinics well supported with all grades of staff available
- Women with complex care pathways reported to be seen early in care pathway

Points for consideration

- Compliant with some elements of SBLCBv2 – however unable to demonstrate all compliance with audit plan
- Anecdotally, from different staff groups, twice daily consultant ward rounds are in place but not evidenced in audit – consider implementing regular audit to demonstrate compliance
- Women with complex pregnancies are reported to have a named consultant but there is no audit in place to evidence this
 - Strengthen the processes in place for audit of all Ockenden and SBLCBv2 actions to gain monthly assurance of progress

IEA4	RAG
Q24 – MMC Criteria	Green
Q25 – Named Consultant	Green
Q26 – Complex Pregnancies	Green
Q27 – SBLCBv2	Yellow
Q28 – Named Cons/Audit	Yellow
Q29 – MMC	Green

IEA5 Risk Assessment Throughout Pregnancy



Points for celebration

- mandatory field for antenatal risk assessments on Badgernet maternity information system ensures all women are reviewed at every contact and gives the ability to extract data for audit
 - staff communicated antenatal risk assessment is completed and documented on Badgernet

Points for consideration

- Complete all the actions required to achieve full compliance to SBLCB2
 - staff are aware that they are not compliant and there is a plan in place to achieve
- Utilise the full function of Badgernet to ensure all women have a personalised care and support plan(PCSP) which they can actively engage with
- Strengthen the processes to audit all Ockenden and SBLCBv2 actions to gain monthly assurance of progress
- Display the results of audits to staff groups utilising staff boards in ward areas and other means to educate on progress on the requirements from the Ockenden 7 IEA's

IEA5	RAG
Q30 – Risk assessment	Green
Q31 – Place of Birth RA	Green
Q32 – SBLCBv2	Yellow
Q33 – RA recorded with PCSP	Yellow

IEA6 Monitoring Fetal Well-Being



Points for celebration

- lead midwife and obstetrician are in place for fetal well being who have credibility and well experienced
- K2 compliance is 95%

Points for consideration

- Continue to work toward 90% of staff completing emergencies training
 - consider developing trajectory plan to demonstrate compliance with monthly reporting through governance reports
- Complete all the actions required to achieve full compliance to SBLCB2
 - Staff are aware that compliance with SBLCBv2 is not yet achieved – consider expediting clear trajectory and plan which is shared with the LMNS to demonstrate when this will be achieved as this impacts on several of the IEA's
 - Negative impact on leads role

IEA6	RAG
Q34 – Leads in post	Green
Q35 – Leads expertise	Yellow
Q36 – SBLCBv2	Yellow
Q37 – 90% MDT Training	Yellow
Q38 – Leads in post	Green

IEA7 Informed Consent



Points for celebration

- Trust website allows service users to access pathways of care in any language required
- Includes capability of providing information for women and their families who have auditory and visual impairments
- Consultant Midwife leads on women requesting birth outside of local guidance with clinical obstetric support
- Compliance audit in place to evidence that women do have accessible information and have their choices respected
- Well embedded MVP and service user involvement from all groups
- Co production is in place and embraced by staff

IEA7	RAG
Q39 – Accessible Information, Place of Birth	Green
Q40 – Accessible Information, All Care	Green
Q41 – Decision making and Informed Consent	Green
Q42 – Women’s Choices Respected	Green
Q43 – Service User Feedback	Green
Q44 - Website	Green

Workforce Planning & Guidelines



Points for celebration

- Vacancies actively recruited to
 - 19 new starters expected in next couple of months
- Good support in place for all staff groups with strong group of specialist midwives and extended preceptorship and education team
- International midwifery recruitment is successful
 - currently 5 registered with the NMC with 15 more due to start before the end of January 2023
- Staff development is well supported and well being sessions for staff have been positively received
- First Advanced Midwifery Practitioner in training
- Points for consideration
- Consider strengthening PMA team - only 3 in post
 - plans in place for additional training however, consider buddying with another organisation in the meantime to provide additional cover for supporting staff
- Strengthen the management and process of guideline management with regard to non evidenced guidance used in the trust which does not adhere to national agreed pathways and care bundles e.g. NICE and SBLCB2
 - SOP should be in place with mitigations and reported on the divisional risk register
 - outcome data to be regularly reviewed to substantiate the continued use of non evidenced guidance or propose change of guideline
 - exception reporting to be tabled monthly at divisional governance meetings
 - cross reference to SI's , HSIB and changes in stillbirth rates
 - Divergence from SBLCB2 should be formally agreed via the LMNS and Strategic Clinical Network (Regional Perinatal Team) and there should be trajectories for moving to compliance

WFP & G	RAG
Q45 – Clinical Workforce Planning	Green
Q46 – Midwifery Workforce Planning	Green
Q47 – D/HoM Accountable to Exec Dir	Green
Q48 – Strengthening Midwifery Leadership	Green
Q49 - Guidelines	Yellow

Additional points for celebration and consideration

- Many staff stated that they enjoyed working in their team and really supported each other
- It is evident that Trust board is well sighted on maternity concerns
 - maternity services are not isolated from rest of the Trust, with regular attendance at the 'Trust Governance showcase' events
- Clear learning culture in the Trust
 - learning from SI's "trolley dash" sessions help to embed any recent learning points with staff, with short training sessions planned during a given shift
 - Maternity matters study day
- Excellent QI work demonstrated from the governance team with the creation of 'Pregnancy Aid Cards'
- Consider the appointment of audit lead facilitator to take forward the audit requirements for Ockenden and SBLCBv2
- Inspiring EDI lead Midwife in post progressing QI initiatives covering diverse demographics of the population who use maternity services

Offers of Support to Trust



- Job description for leadership PA's to be shared
- Link in with national network of NEDS

The visiting team would like to express thanks to all the staff who on the day of the visit were very welcoming in sharing their thoughts regarding the maternity services.