

|                             |                                     |             |                                |
|-----------------------------|-------------------------------------|-------------|--------------------------------|
| <b>Report Title</b>         | Maternity Services Update           |             |                                |
| <b>Sponsoring Executive</b> | Melanie Roberts, Acting Chief Nurse |             |                                |
| <b>Report Author</b>        | Helen Hurst, Director of Midwifery  |             |                                |
| <b>Meeting</b>              | Trust Board (Public)                | <b>Date</b> | 2 <sup>nd</sup> September 2021 |

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

The three key areas this month for discussion are as follows:-

1. The external report on the maternity service has found corresponding themes to the internal feedback received to date, main themes are behaviours, communication and culture.
2. Following an unannounced CQC inspection on the 4<sup>th</sup> and 5<sup>th</sup> of May the service has maintained its Good rating. This was based on areas of good practice, but also that the service and Trust were fully sited and transparent on the issues and had a robust improvement plan to address
3. Following the funding bid to support the immediate and essential action of the Ockenden report the Trust have been notified of the notified of the award, this has come in with a negative variance

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

|                |   |                          |   |                                     |   |
|----------------|---|--------------------------|---|-------------------------------------|---|
| Safety Plan    | x | Public Health Plan       | x | People Plan & Education Plan        | x |
| Quality Plan   | x | 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** and discuss the content of the report
- b. **APPROVE** as required

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

|                            |                   |   |   |  |                       |
|----------------------------|-------------------|---|---|--|-----------------------|
| Trust Risk Register        | X                 |   |   |  |                       |
| 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

## Report to the Public Trust Board: 2<sup>nd</sup> September 2021

### Maternity Services Update

#### 1.0 Introduction

Maternity services across the country are under increased scrutiny and change. Work continues within the service to progress the improvement plan, encapsulating local, regional and national drivers to both inform and support the transition.

#### 2.0 External Report –Independent review of maternity culture and staff behaviours at Sandwell and West Birmingham Trust

2.1 The review was conducted by an independent health strategist over a two week period in April-May, consisting of interviews utilising appreciative enquiry with 87 members of staff. The reviewer found evidence of good practice at all levels and found staff that were loyal to the Trust, but found issues relating to behaviours, culture and communication. The main themes and areas for improvement were:

- The visibility and accessibility of individuals in senior management roles.
- The need to listen carefully to frontline staff and families, seeking to respond promptly to reported concerns or suggestions.
- Teamwork, cooperation and positive working relationships.
- The constant reinforcing of safe, ethical and respectful behaviour
- Ensuring feedback is heard from both the workforce and families and that it is acted upon to improve working environments and care.
- Ensure robust platforms are in place to share data widely and that staff are reminded of the importance of looking at it and interrogating it.
- The celebration of good practice and innovation.

2.2 The report acknowledge the Trust were aware of most of the themes raised and had an improvement plan in place to address and support cultural change. This report has now been shared with staff and staff have been asked to comment back to group. Following the collation of these comments the improvement plan will be shared again to see if there is anything further staff believe needs adding to the improvement plan.

#### 3.0 Care Quality Commission Report

3.1 Following concerns raised by patients and whistle-blowers, between July and September 2020, the CQC carried out an unannounced focused maternity inspection on the 5<sup>th</sup> and 6<sup>th</sup> May 2021.

3.2 They inspected clinical areas in the service, including the delivery suite, antenatal and postnatal wards, the antenatal clinic, the maternity day assessment unit and community

services. They spoke with 32 staff, including service leads, midwives, community midwives, medical staff, and student midwives. They also reviewed six sets of patient records and six prescription charts and observed staff providing care and treatment to women.

3.3 The unannounced nature of the inspection provided them with real time insight into routine activities, without bias. The focused review only looked at the elements related to the concerns raised Well-led, Safe and effective.

3.4 The service maintained a rating of Good for the areas inspected; Safe, Caring and Well Led.

#### **4.0 Summary of findings from CQC report**

4.1 Staff had training in key skills, understood how to protect women from abuse, and managed safety well.

4.2 The service-controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records.

4.3 They managed medicines well.

4.4 The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

4.5 Managers monitored the effectiveness of the service and made sure staff were competent.

4.6 Midwives and consultants worked well together for the benefit of women.

4.7 Leaders ran services well using reliable information systems and supported staff to develop their skills.

4.8 Staff understood the service's vision and values, and how to apply them in their work. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities.

4.9 The service engaged well with women and the community to plan and manage services and all staff were committed to improving services continually.

4.10 However:

- The service did not have enough staff to care for women and keep them safe.
- Not all midwifery staff felt respected, supported or valued by the senior leadership team.

#### **5.0 Actions following CQC report**

5.1 No requirement or enforcement notices were served on the organisation. Four actions were recorded, these have been included in the maternity improvement plan, it should however be noted that work to address these areas is already underway;

5.2 The Trust should ensure that they continue to address their staffing needs. (Regulation 18)

5.3 The Trust should ensure they continue to address the low morale and negative culture in the service. (Regulation 17)

5.4 The Trust should ensure all staff complete their mandatory training. (Regulation 12) The trust should ensure all women are always provided with one-to-one care in labour. (Regulation 12)

5.5 The CQC found a service that is safe and effective, but with challenges relating to staffing, morale and culture. Areas of outstanding practice were also noted, including the benefit of investment within governance and value of this to the service. They recognised that leadership within the directorate, group and at executive/board level were aware of the issues they identified and had a robust improvement plan in place, with board oversight.

## **6.0 Ockenden Update**

6.1 Following the bidding process to support the implementation of the 7 immediate and essential actions (IEAs) identified from the Ockenden report, the trust has been notified of its award. The bid based on the three key areas as per the request totalled £1,402,584 full year effect, £728,762 part year 21/22.

6.2 The actual award received was £427,623 part-year based on 7/12. This will be paid in 2 tranches, £282,231 initially with a further £145,392 based on review of progress in November to help meet the gap in establishment of both the midwifery and obstetric workforce and implement MDT training.

6.3 This denotes a variation of £301,049 against the bid, with a £184, 434, variation against the required funding to establish to recommended midwifery staffing levels.

6.4 Trusts are now requested to ensure that they have appropriate workforce plans and targeted recruitment and retention strategies in place to address both existing and newly created vacancies via this funding process, these plans will be required to be submitted to NHSI, timescale not yet advised.

6.5 Trusts are expected to ensure completion of maternity information in the Monthly Provider Workforce Data Collection

## **7.0 Next Steps**

7.1 Both the external report and CQC report have been shared with staff, along with a supportive letter from the Medical director and Chief Nurse.

7.2 Triangulation of both external reports and the CQC report against current improvement plan and then shared with staff. Two weekly meetings are in place within group to manage the

plan. It is then discussed at the twice monthly meetings with Chief Nurse, Chief Operating Officer and Medical Director for progress and escalations

7.3 Refresh workforce plan to incorporate increased establishment from Ockenden funding

7.5 Build upon positive momentum following CQC good rating.

## **8.0 Risk**

The current risk to achieving actions and progressing both the improvement plan and business as usual (BAU) within the service is the current gap at directorate general manager. This vacancy and the impact on both the improvement plan/work and BAU was escalated at Group review. The vacancy has been through two rounds of interviews without success in appointing to the role and is being added to the risk register.

## **9.0 Summary**

External feedback corresponds with the internal evidence collated via multiple platforms and ensures rich data for the improvement plan to implement and sustain cultural change. This requires whole service engagement and not just enactment by the leadership team in isolation, in order to create the positive environment that we all want to work in, enabling the provision of the best care and experience for our families.

### **9.0 The Trust Board is asked to:**

- a)** Note and discuss the content of the report
- b)** Approve as required

Helen Hurst  
Director of midwifery