

REPORT TITLE:	Maternity and Neonatal Services Update		
SPONSORING EXECUTIVE:	Melanie Roberts – Chief Nursing Officer		
REPORT AUTHOR:	Helen Hurst – Director of Midwifery		
MEETING:	Public Trust Board	DATE:	13 th March 2024

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

This month’s report discusses the following two areas -

- The neonatal exit report has been received following the completion of the targeted support. This report provides both a positive position of the progress made and the areas that require continued progression. It should be noted that some of these actions have been completed since the report was submitted. The report has been shared with the team and at Quality Committee. The improvement plan has been reviewed and updated where required to reflect the findings of the exit report.
- As part of the Clinical Negligence Scheme for Trusts (CNST), Trusts must evidence that adequate midwifery workforce planning is taking place and reviewed on a 6 monthly basis (Safety Action 5). Utilising the Birthrate plus methodology this review was undertaken by our finance team based on a full year affect until January 2024. The current unfunded variance is -2.38 whole time equivalent. The report provides further detail of vacancies, trajectory, and actions taken. Also included is an overview of current Neonatal nursing vacancies.

Annex 2 contains the Ockenden Framework update for December 23 and January 2024 for approval.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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		To work seamlessly with our partners to improve lives

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

The Neonatal exit report submitted to Quality Committee January 2024

4. Recommendation(s)

- The Public Trust Board is asked to:
- RECEIVE** and **DISCUSS** the Neonatal Exit Report
 - RECEIVE** the workforce review
 - APPROVE** the Ockenden Framework Update

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>							
Board Assurance Framework Risk 01	X	<i>Deliver safe, high-quality care.</i>					
Board Assurance Framework Risk 02		<i>Make best strategic use of its resources</i>					
Board Assurance Framework Risk 03		<i>Deliver the MMUH benefits case</i>					
Board Assurance Framework Risk 04		<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board: 13th March 2024

Maternity and Neonatal Services Update

1. Introduction

- 1.1 Board level oversight for maternity and neonatal services is fundamental to the quality improvement programme, to ensure transparency and safe delivery of services. This board paper provides an update on the Neonatal Improvement Plan including the exit report submitted by the improvement team and outlines the six-monthly review of midwifery and neonatal nurse workforce position.

2. Neonatal Improvement Plan Update

- 2.1 The final report at the end of the period of support from the external improvement team has been received (this can be found in the reading room) and was submitted to Quality Committee on the 31st of January. The report has been shared with the Group, Directorate, Speciality Leadership Team and the Neonatal team. An evaluation against the current improvement plan has been undertaken, with no further additions required. The governance arrangements already in place will continue through to completion. The current position is noted below.

Rag Rating	Number of Actions	
Significant delay	1	Awaiting approval outside of Trust (pathway)
In Progress with delay	11	Delays due to governance requirements, delay of 1 month only.
On track	14	7 actions in relation to transitional care, revised completion date.
Complete	46	

- 2.1.1 The position in response to the ongoing improvement work will be reviewed, during the Local Maternity and Neonatal System (LMNS) Peer Review, which will include colleagues from both the wider Integrated Care Board (ICB) and Operational Delivery Network (ODN). This will take place on the 8th of April 2024, with findings and associated actions reported back via trust governance routes.

2.2 Summary of the Findings of the Exit Report.

- 2.2.1 Neonatal staff have embraced the process and have responded well to the changes suggested and have made some significant progress regarding implementation of the actions and changes required. There was some negativity around being able to implement

change and practice but this has been addressed with all staff groups, and the work has progressed in several areas. Communication has also improved both across the unit and with families.

- 2.2.2. The families that highlighted issues in the original report have had their complaints reviewed and resolved. The unit would benefit from ongoing independent support for the staff and parents and there is an action in relation to a business case for a unit psychologist recommending this should be reviewed and resubmitted as this post is embedded in the national standards for neonatal care. The report refers to an opportunity to have a shared service across the LMNS, this has shared position has now been recruited to.
- 2.2.3 The Triumvirate has set up weekly meetings to review and update the actions from the original review document and is progressing well. The actions from these meetings will be continually shared with the multidisciplinary team.
- 2.2.4 The City neonatal unit is under internal and external pressure due to unrealistic expectations of the services provision. The aim is that with the introduction of exception reporting, that captures all the cases that do not fit the criteria for a local neonatal unit (level 2) that this will change, and the right babies will be cared for at the right time. This work is in progress within the unit and across the system.

3. Midwifery and Neonatal Workforce Review

- 3.1 As part of the Clinical Negligence Scheme for Trusts (CNST), trusts must evidence that adequate midwifery workforce planning is taking place and reviewed on a 6 monthly basis (Safety Action 5). This should be done utilising a systematic evidence-based process to calculate midwifery staffing establishment requirements and that funding reflects the requirement. Utilising the BirthRate+ methodology this review was undertaken based on a full year effect of births until January 2024.
 - 3.1.1 The last BirthRate+ full review was completed in 2022, the requirement is for three yearly full reviews, however, this provides a discrepancy based upon out-of-date data, after the initial review, therefore it would be prudent to base establishments upon the most up to date data available.
 - 3.1.2 The midwifery staffing requirements found in annex 1 indicate the current unfunded variance is -2.38 whole time equivalent, following funding received via LMNS Ockenden funding into the baseline.
 - 3.1.3 The provider workforce return is currently under review, as there is a discrepancy in the establishment figures, as well as the required establishment based on BirthRate + from last April's census. This being supported by the LMNS workforce lead, as this is replicated over all Black Country providers.
 - 3.1.4 The Directorate has a workforce action plan in place with Group oversight and will submit the workforce requirements through the business case route.
 - 3.1.5 The current vacancy is demonstrated in graph 1 in Annex 1 at 27.85 whole time equivalents (WTE) which equates to a 12% vacancy rate. However, the working vacancy rate remains

higher due to the internationally educated midwives working through their competencies prior to being able to work independently. Currently of the 29 recruited, 14 are working independently, with 4 having transitioned to band 6.

- 3.1.6 29 final year students have received conditional offers, with system partners to support retention of students within the Black Country with vacant midwifery posts being extended to students across the system.
- 3.1.7 It has also been noted that we are seeing a return of midwives who have left for alternative providers, with 3 returning to community midwifery.
- 3.1.8 In January 2024 the directorate welcomed a midwifery retention lead midwife into a 2-year fixed term post. This post has features as an integral part of our short to long term recruitment and retention strategy (see appendix 1).
- 3.1.9 Neonatal nursing vacancies are demonstrated in chart 2, in annex 1. There is currently an 18% vacancy across qualified nurses. The establishments are funded to the British Association of Perinatal Medicine (BAPM) requirements. There is a review of the band 7 establishment as part of the improvement plan, as this appears to be over established, with the band 6 establishment requiring the uplift from this.
- 3.1.10 A structured development pathway is in place, from Newly Qualified, through neonatal foundation course, Qualified in Specialty (QIS) to Advanced Neonatal Nurse Practitioner (ANNP).
- 3.1.11 System wide recruitment and developmental opportunities are in place to support neonatal nursing recruitment and retention.

4. Recommendations

The Public Trust Board is asked to:

- a) **RECEIVE** the Neonatal Exit Report and improvement plan update
- b) **RECEIVE** and **DISCUSS** the workforce review
- c) **APPROVE** the Ockenden Framework Update

Helen Hurst
Director of Midwifery

26th February 2024

Annex 1 – Birthrate +
Annex 2 - Ockendon Framework

Annex 1

Table 1 below provides the establishment requirement based on 12 months period to January 2024, for the 6 monthly review period of midwifery workforce requirements.

Table 1

SWBH - Birthrate+	
BR+ Outcome Jan 24:	
No. Births	4,907
Ratio - no. births to 1wte	19.4
BR+ Clinical Requirement	252.94
BR+ Non-Clinical Requirement (9%)	22.76
Total BR+ Requirement	275.70
SWBH Establishment (Jan 24):	
Clinical Funding:	
RM's Bands 3-7	211.82
Cont'n from Specialist Roles	15.16
B3 MSWs (CMW & M2 only)	21.90
Total Clinical Funding	248.88
Non-Clinical Funding:	
Management Roles	9.00
Cont'n from Specialist Roles	13.44
DGM/Service Manager	2.00
Total Non-Clinical Funding:	24.44
Total Establishment	273.32
<i>Establishment vs BR+ Requirement</i>	<i>-2.38</i>

Note:

BR+ Model only includes MSWs on the Postnatal Ward and Community Midwifery

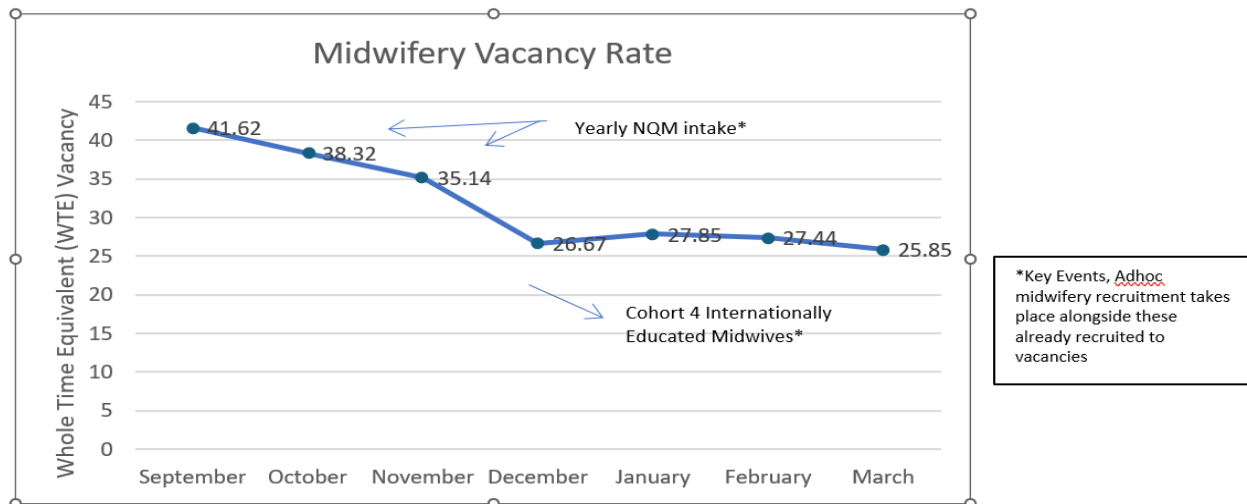
This is compared to the last BirthRate + full review requirements, demonstrated in table 2 below, from the 2022 report, the requirement for full review, is three yearly. Based on these figures the unfunded variance would be 4.08 wte.

Table 2

Comparison of Clinical Staffing

Current Funded Establishment bands 3 – 7	Birthrate Plus establishment bands 3 – 7	Variance Bands 3 – 7
239.39	252.96	-13.57

Graph 1 Current Midwifery Vacancy



For this 6-month period chart 1 below demonstrates compliance with both 1:1 care in labour and supernumerary labour ward co-ordinator. As can be seen 100% of 1:1 care in labour was maintained but for 6.76% required staff redeployment to achieve this. Where supernumerary status was not maintained, this was awaiting the redeployed staff member. This is impacted upon by the current vacancy and period of #waiting time for independent practitioners.

Chart 1

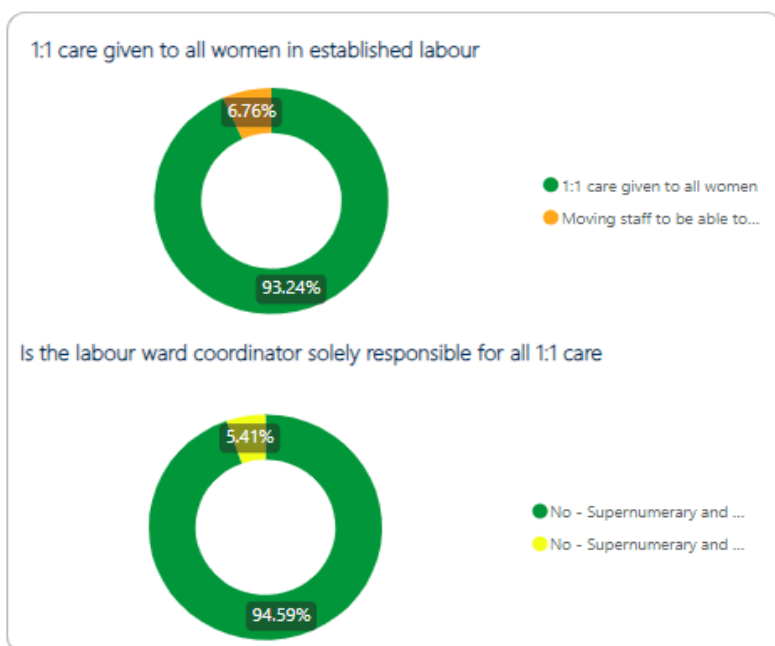


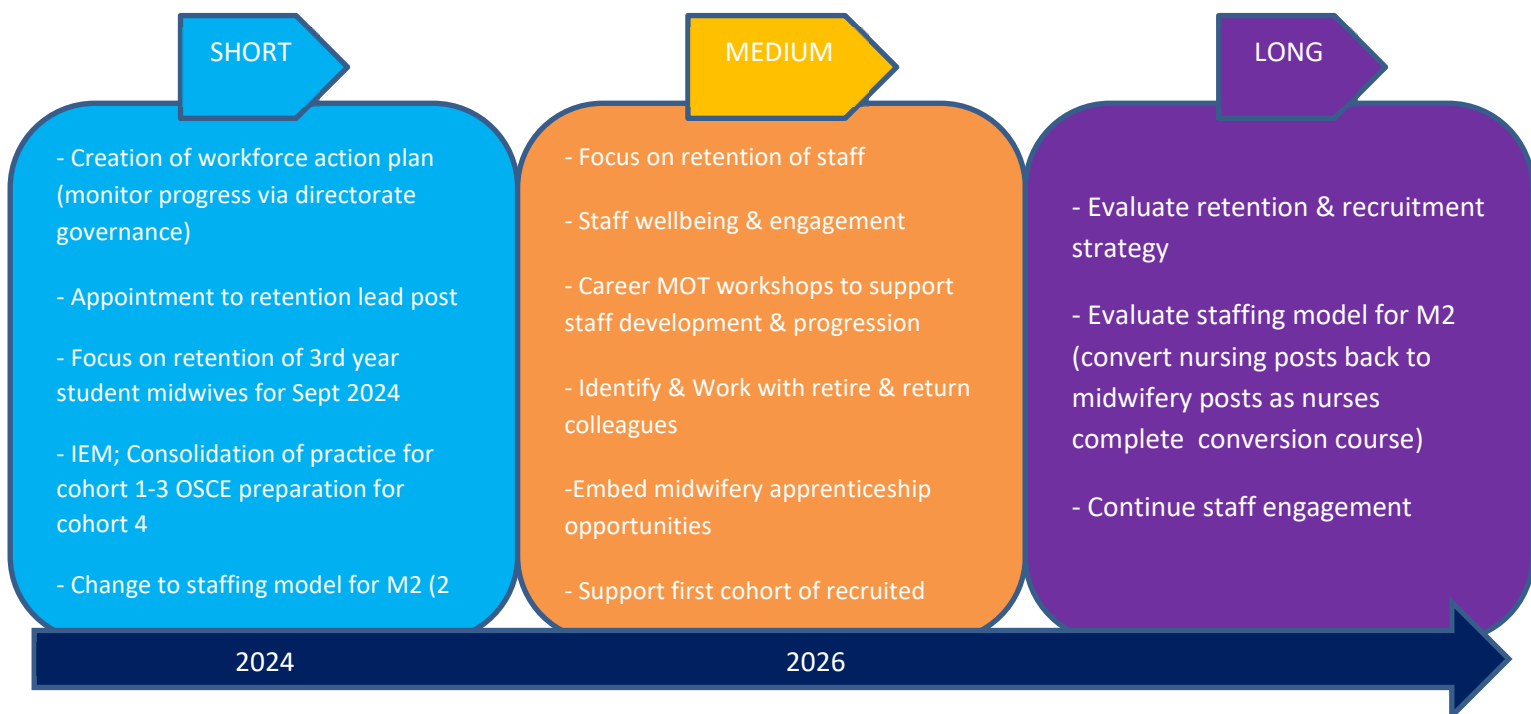
Table 3 provides an overview of leaver rate up to December 2023 and the comparison on the previous 12-month rate, which sees a 1.2% improvement. All leavers are offered exit interviews and stay conversations.

Table 3

Peer comparison	Leaver rate
National	5.1%
Regional	4.3%
Trust	4.9%

Leaver rate
4.9%
-1.2%

The graphic below is the short-, medium- and long-term workforce strategy.



IEM = International Educated Midwife
 OSCE = Objective Structured Clinical Examination

Chart 2 below provides the Neonatal Nurse Vacancy position in January 2024.

Chart 2

Band	Establishment	In post	Vacancy
7	15.41	10.76	4.65
6	28.72	20.19	8.53
5	17.26	16.48	0.78
4	8.08	7.79	0.29
3	3.66	1.32	2.34
2	1.0	0.8	0.2

Annex 2

Ockenden Framework Update for March (December 23 and January 24 data) 2024

Data Measures	Summary				Key Points
Findings of review of all perinatal deaths using the real time data monitoring tool	Month	Still Births (SB)	Neonatal Deaths (NND)	Perinatal Mortality	Thematic review is being undertaken by the LMNS. 4 SB cases in Dec, 3 cases below term at 26 weeks to 35 weeks and 1 term case (MNSI investigation) NND 3 cases less than 27 weeks, 1 of which was unbooked and unaware of pregnancy. Jan SB was 31 weeks pregnant.
	December	4	4	8	
	January	1	0	1	
Findings of review all cases eligible for referral to Maternity and neonatal safety investigation (MNSI)	Current ongoing MNSI / Serious Incident Investigations		Case details		MNSI has replaced the Health Services Investigations Branch (HSIB).
	Open MNSI Referrals (also reported as corporate SIs)		7	3 NND 3 HIE / Cooling 1 Intrapartum Stillbirth	
	Open Corporate SI Cases		3	1 x IUD 1 x NND 1 x Significant Maternal Infection.	
	Concise Reviews Commissioned		1	1 x Necrotising Fasciitis Wound Infection.	
	Completed Reports		Case Details		
	MNSI		2	1 x HIE / Cooling 1 x Intrapartum Stillbirth	
The number of incidents logged graded as moderate or above and what action being taken.	See above current ongoing cases. 2 reported in January.				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.	Current compliance is over 90% for all cohorts with exception of Obstetric Consultants (impacted upon by industrial action) and trainees (new to Trust, plan in place)				Professional training database (core competency framework) monitored by education team. Based on usual 90% requirement for CNST.
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.	See main report, midwifery.				Current obstetric review against college requirements for time in lieu post on calls, a business case will be required as current establishment will not meet the requirement.
	Obstetric workforce				
	Consultant		1 vacancy		
	Middle Grade		3 Vacancies		
	Neonatal Clinicians				
	Tier 1		0 vacancies		
Tier 2		0 vacancies			

	Tier3	10 in post (includes 2 locums)	
Service User Voice feedback	The maternity and neonatal partnership continue active support with both maternity and neonates. Both maternity and neonates have set up patient experience groups which feed into the core Trust meeting. These are well supported by third sector partners and service users. The maternity survey was released in February and will be taken through to Quality Committee in March and Board in May.		The EDI and Consultant Midwife have begun a QI pilot project to ensure that women who are non-English speaking have access to an interpreter when they call Maternity Triage for advice. This is in conjunction with the Community midwifery team and Wordski connect, and in response to women's experiences and feedback in relation to accessibility to interpreters while in Maternity.
Staff feedback from frontline champions and walk-about	feedback from Executive and Non-Executive safety champion has been positive overall. Walkabouts have been undertaken on both maternity and neonates, workforce concerns remain the main issues raised.		Feedback from staff within inpatient areas is currently indicating low morale, due to staffing, workload, and perceived lack of support. The retention midwife and EDI lead and working with staff and have set up a staff experience group to support improvement. Freedom to speak up will be supporting this group and undertaking walkabouts.
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	CQC request for information made, around safe staffing, perinatal mortality and triage, full response provided.		
Coroner Reg 28 made directly to Trust	None		None
Progress in achievement of CNST10	Declaration in report.		
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 quality of clinical	Yearly survey		