

## **Agenda Supplement**

### **Health Overview and Scrutiny Committee Monday, 9 May 2022, 10.00 am, County Hall, Worcester**

#### **Membership**

**Worcestershire County Council** Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers and Cllr Kit Taylor

**District Councils** Cllr Sue Baxter, Bromsgrove District Council  
Cllr Mike Chalk, Redditch District Council  
Cllr Calne Edginton-White, Wyre Forest District Council  
Cllr Mike Johnson, Worcester City Council  
Cllr John Gallagher, Malvern Hills District Council  
Cllr Frances Smith, Wychavon District Council (Vice Chairman)

#### **Agenda Supplement**

<b>Item No</b>	<b>Subject</b>	<b>Page No</b>
8	<b>Dementia Services in Worcestershire</b>	1 - 16
9	<b>Maternity Services</b>	17 - 46

---

Agenda produced and published by the Assistant Director for Legal and Governance (Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

This page is intentionally left blank

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### 9 MAY 2022

## DEMENTIA SERVICES IN WORCESTERSHIRE

---

### Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to consider this report on dementia services in Worcestershire, noting issues raised and updates on progress. The report sets out how the dementia pathway works in Worcestershire including the diagnosis rates and service challenges.
2. This Report has been developed between Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council's Public Health Team and representatives from these organisations have been invited to the meeting.

### Background

2. On the 21 September 2021, the Committee received an overview of Mental Health Services in Worcestershire. During the discussion it was agreed that Dementia Services was an area of interest for further scrutiny and it was added to the HOSC Work Programme.

### Prevention

3. Dementia is a group of related symptoms associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. [Alzheimer's disease](#) is a type of dementia and, together with [vascular dementia](#), makes up the majority of cases.
4. The number of people with dementia is rising with an aging population. Some protective factors against dementia have improved in people born more recently due to education, socioeconomic, healthcare and lifestyles changes. However, rising obesity, diabetes and lack of physical activity may counteract these gains. There are a number of evidence based protective factors against which may prevent, or delay dementia onset which include:
  - Control blood pressure
  - Limit alcohol use (drinking more than 21 units weekly increases the risk of dementia)
  - Avoid smoking uptake and support stopping smoking
  - Reduce obesity and diabetes
  - Improve physical activity, especially in mid and later life
  - Hearing aids for hearing loss and reduce hearing loss by protection of ears from excessive noise exposure
  - Reduce exposure to air pollution and second-hand tobacco smoke

- Prevent head injury
- Improve social contact.

5. Work is already ongoing in a number of these areas such as controlling high blood pressure, advice around alcohol intake, and lifestyle interventions. Improving awareness across more protective factors, such as hearing aids, is an important component of dementia prevention in Worcestershire.

## **Diagnosis and the Early Intervention Dementia Service (EIDS)**

6. Within Worcestershire there are several places where an individual may receive a dementia diagnosis including both primary and secondary care services. Specialist dementia assessments are also offered for those where this is clinically appropriate and would often occur within Herefordshire and Worcestershire Health and Care Trust's (HWHCT) Older Adult Mental Health Services (OAMH). Dementia diagnosis pathways within OAMH includes both Locality Mental Health Teams, and the Early Intervention Dementia Service (EIDS). EIDS is a county wide service, with the Locality Mental Health Teams being split into areas including Wyre Forest, Redditch & Bromsgrove, Evesham & Malvern, and Worcester & Droitwich.

7. The EIDS offer specialist dementia assessments to individuals who themselves have concerns that they may be developing dementia, are self-aware and wishing to engage in further assessment. EIDS core offer includes pre-assessment counselling, a specialist assessment, and post diagnostic support.

8. Specialist assessment in EIDS includes where clinically relevant, access to multiple healthcare professionals including nurses, occupational therapists, psychologists and doctors/psychiatrists and post-diagnostic support focusing on adjustment to diagnosis, future planning, information giving and signposting. EIDS also offers interventions such as Acetylcholinesterase inhibitor monitoring/management, group sessions for service users and/or carers, Cognitive Stimulation Therapy (CST) and 1-1 work to improve access to the community to support or enhance quality of life.

9. Locality Mental Health Teams also offer a specialist assessment aimed at individuals who themselves may be less insightful into changes in cognition, or where the changes being experienced are or may produce risks. Again, where clinically indicated, patients have access to a wide range of healthcare professionals as outlined above. The Locality Mental Health Teams also offer tailored interventions as part of their post-diagnostic support offer as outlined above, as well as work around behavioural and emotional expressions of unmet need (BEEUM), risk management, more complex prescribing of medications and the necessary monitoring. This service also offers a level of in-reach into care homes including joint working with Adult Social Care Services to support individuals to be best supported and avoid admissions into inpatient facilities. The Locality Team also receive referrals for individuals who already have a diagnosis of dementia but present with complexity or risk that warrants secondary care interventions as well as supporting older people living with mental health conditions.

10. The ability to reach a timely diagnosis is a key ambition of services, however, comes with numerous challenges, many of which are currently being explored further to ensure these are managed and when possible mitigated.

11. In the financial year 2021/22 the Early Intervention Dementia Service received 818 referrals (all of these referrals would be for individuals without a confirmed dementia diagnosis). The Locality Mental Health Teams combined received a total of 1511 referrals to their dementia pathways. Current issues with reporting pose a challenge in accurately identifying those referred into secondary care services solely for dementia diagnosis purposes or where diagnosis is one of several outcomes of secondary care's involvement. Referrals into secondary care services dementia pathways total 2329 out of a total 3602 (including those that were rejected) referrals into OAMH more broadly equating to 64.7%.

12. EIDS were able to reach a diagnostic outcome of dementia, Mild Cognitive Impairment (MCI) or no dementia for 541 patients between January – December 2021. Of these 323 were diagnosed with dementia, 71 with MCI. A further 147 were discharged with no dementia as the outcome with 100 of these occurring after initial contact with the team (48 declining further assessment (and will have had capacity to make this decision) and 35 felt not to have evidence of a dementia). Work is currently ongoing within the Trust to ensure accurate data reporting systems are in place including the review of current systems and the addition of new reporting where indicated.

13. EIDS has engaged its workforce in exploring best practice in relation to dementia assessments to support a review of the pathways within their service. This included the development of an increased multi-disciplinary team (MDT) lead approach to care opposed to more traditional models of Consultant lead care. To support this the team has engaged in numerous in-house training sessions to upskill the workforce to meet this new way of working, the development of new documentation to support this, as well as the creation of a diagnostic forum. The diagnostic forum enables the specialist clinicians within the team to undertake their detailed assessment and where clinically appropriate, then have dedicated time with a Consultant Psychiatrist to discuss their findings with the intention of reaching a timelier diagnosis for the patient. This has resulted in an increased diagnostic capacity within the service. Consultant Psychiatrist clinics remain a pathway within the service also. Furthermore, EIDS has continued to build on work of previous years and currently are supporting 2 Developmental Advanced Clinical Practitioners in training. Upon qualifying in early 2023, it is hoped that these 2 professionals will further increase the diagnostic capacity within the service, whilst also offering clinical expertise in supporting future service development. The development of further Advanced Clinical Practitioners to support the diagnostic pathways is part of the OAMH services longer term vision and recruitment processes are already occurring to support this.

14. Delays in access to structural imaging to support dementia diagnosis has been a variable issue throughout the COVID pandemic which impacts on services' ability to plan an individual's journey through the diagnostic elements of our services which has resulted in some inefficiencies beyond the control of OAMH.

15. It has been noted by clinicians that the clinical complexity of patients being referred for a dementia diagnosis within EIDS has increased with an increase identified in patients requiring further psychometric testing with Clinical Psychologists (EIDS data suggests 32 such patients in 2017 vs 77 in 2021). Potential reasons for this increase in referral rate within EIDS may include a greater awareness of dementia amongst the community and referrers leading to earlier referrals to the

team, a greater awareness within the team of rarer dementias and the increased use of MCI and Functional Cognitive Disorder (FCD).

16. It is also noted that there has been an increase in the requirement for more detailed structural or functional imaging to aid accurate diagnosis, and often this outcome is only known following thorough assessment the service offers and therefore extends the period before a diagnostic outcome is achieved.

17. Due to the COVID-19 pandemic OAMH services explored opportunities to reach patients in new ways including via the use of video call (where clinically appropriate). Services again reviewed the available evidence to support decision making around the use of video calls and were able to implement virtual assessments and virtual groups for post diagnostic support as a part of their offer.

18. There has been a significant focus on enhancing the offer of support following a diagnosis of dementia within OAMH services, whilst recognising the unique needs of individuals and ensuring this is equitable regardless of the level of challenge the dementia may be posing for the individual and their family. This has included the review of past post-diagnostic support across Worcestershire and the development of new resources and ways of working with the hope of supporting those living with dementia and those close to them to live well. This development is ongoing and includes further work around BEEUM, supporting care homes to support people living with dementia, the development of carers support and information groups as well as Cognitive Stimulation Therapy, all of which are at various stages in their roll out.

19. OAMH services are keen to continue to network and enhance relationships to support alternative services to reach a dementia diagnosis where clinically appropriate, however this proves challenging given the current capacity of services and the demands they are experiencing in relation to both referrals for dementia diagnosis and other support offered within secondary care. OAMH Services are working closely with the Clinical Commissioning Group (CCG) to explore opportunities for further development in this area recognising that a systems approach is necessary to improve the Dementia Diagnosis Rate (DDR) whilst ensuring a diagnosis of dementia is meaningful to the individual or those who support them in planning for the future and ensuring timely access to support services in the future.

### **Dementia Diagnosis Rate (DDR)**

20. Latest figures for **March 2022** confirm locally that **51.8%** of people with dementia have been diagnosed in **Worcestershire**. The estimated current prevalence is **8139**. In Worcestershire there are **4632** patients on dementia registers which suggests the need to identify a further **1357** people to reach the national 67% diagnosis rate ambition. See Appendix 1 for local diagnosis rates by district.

21. At the next Programme Board in June 2022 Professor Farooq Khan SCN (Strategic Clinical Network) Clinical Director, NHS England and NHS Improvement will join colleagues for a focused discussion on the Diagnosis Rate.

### **Dementia Programme Headlines**

22. The Dementia Strategy has 6 key areas based on the national teams Dementia

Well Pathway: Overarching, Preventing, Diagnosing, Supporting, Living and Dying. In Autumn 2020 the Strategy was refreshed to incorporate key findings and recommendations from the pandemic. Nineteen High Level Priorities which are linked to 59 actions are being refreshed post Covid and RAG Rated and will be reported to the Programme Board and Mental Health Collaborative Executive in May 2022.

23. The Integrated Care System (ICS) level Programme Board Meets Bi-Monthly and is chaired by Dr Dhan Marrie, Consultant Older Adult Psychiatrist & Clinical Director (Community Older Adult Mental Health Services) and underpinned by 5 Workstream Groups which meet every 6 to 8 weeks to progress the actions and provide updates to the Programme Board.

24. The Programme is supported at senior level by Public Health, Primary Care, Voluntary Community and Social Enterprise, Hospices, Acute and Health and Care Trusts, Association for Dementia Studies - University of Worcester, NHS England and NHS Improvement, Patients with lived experience, Domiciliary Care, Dementia Action Alliances, Housing, Care Homes, Skills for Care, Dementia UK, carer of Person with dementia, Herefordshire Dementia Voices.

25. There are two place-based Partnership Groups one in Herefordshire and one in Worcestershire to support local pathway delivery, they meet bi-monthly and report to the Programme Board.

26. There are two place-based Dementia Action Alliances to support the wider community and social movement to enhance dementia friendly communities across our counties.

## **Dementia Strategy Update**

27. Large waiting lists for the Memory Assessment Service were exacerbated due to COVID. These services have been working to reduce waiting lists, with reductions in both Counties now being seen - Herefordshire expected to achieve optimal levels at the end of March 2022 and Worcestershire are expected to by the end of April 2022. See **appendix 2** for EIDS (Early Intervention in Dementia Services) pathway.

28. In November 21 an 'Extraordinary Meeting of Partnerships' focused on reducing inequalities and engaging communities. Key themes were identified and have been aligned to actions for delivery within 2022.

29. An agreed H&W (Herefordshire and Worcestershire) definition and newly established case finding and referral pathway for MCI (mild cognitive impairment) is to be implemented, to support seamless transition into the dementia pathway.

30. The Living Well with Dementia Campaign (Dementia Action Week May 22) planning is underway to increase awareness post COVID, address stigma and encourage people to re-engage with services.

31. A Directory of Service, local handbook and standardised H&W information packs has been created and circulated, to support professionals and patients/carers including embedding with GP TEAMNET.

32. Funding has been increased through use of Winter Pressures and Covid Outbreak

Management Funding (COMF) to extend the capacity of the Dementia Community Support services across both Counties.

33. A new initiative called 'CAMbus' (Coffee and Memories bus) will soon be travelling around community settings in Herefordshire and Worcestershire to increase awareness of dementia, bring support closer to where people live, and roll out the 'Life Stories' project.

34. Voluntary Community and Social Enterprise providers are delivering additional CST (cognitive stimulation therapy) and Maintenance CST sessions across the County. A newly recruited dementia specialist role within the DWS (Dementia Wellbeing Service) has been established with focus on addressing the increased demand post Covid, admission avoidance and guidance to support hospital discharge.

### **Key Milestones for 2022**

35. Following on from the successful implementation of the mild cognitive impairment pathway, the diagnosing well workstream are now focusing on the 'Suspected Dementia Pathway' - developing a standardised referral template for use across both Counties.

36. A small pilot is planned, of around 2/3 care homes where an advanced nurse practitioner will support the assessment for diagnosis using a nationally developed and recognised tool, the Diadem.

37. GP Leads are developing a programme to deliver lunchtime GP education sessions around dementia.

38. The organisations involved seek to ensure that prevention and early awareness intervention for dementia is embedded in health checks and that for people with intellectual/learning disabilities, dementia assessment at the earliest opportunity is a priority with a baseline cognitive assessment at 30th birthday (then annually) for people living with Downs Syndrome.

39. A post diagnostic services review is planned, incorporating findings from a recent Alzheimer's Deep Dive.

40. Work is underway to align the EHCH (Enhancing Health in Care Homes) Framework and Dementia Strategy.

41. The Health and Care Trust have been training staff to upskill them to the role of Advanced Care Practitioners and to equip staff with the skills to diagnose within MAS (Memory Assessment Services). They are expecting this to have a positive impact on throughput and avoid further backlogs.

42. Programme Leads are working with the CCG performance teams to further develop detailed Primary Care Network Dementia Diagnosis Rate data which may help to identify trends and shortfalls.

43. Finally, it is intended to refresh previous initiatives to try and stimulate local



diagnosis rates, including a practice coding audit, GP Training, and public awareness campaigns.

### **Purpose of the meeting**

44. HOSC members are invited to consider and comment on the information provided on Dementia Services, diagnosis rates and the dementia pathway and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

### **Supporting Information**

Appendix 1 – Diagnosis Rates for Worcestershire by District September 2021 to March 2022

Appendix 2 – Early Intervention Dementia Service (EIDS) A Patient Journey

### **Contact Points**

Emma James / Jo Weston, Overview and Scrutiny Officers Tel: 01905 844964 / 844965

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 21 September 2021

[All agendas and minutes are available on the Council's website here.](#)

This page is intentionally left blank

---

# **The Early Intervention Dementia Service**

## **Service Handbook**

October 2021

## **Early Intervention Dementia Service**

### **Purpose**

The Early Intervention Dementia Service aims to provide people access to a timely a diagnosis of dementia, if this is beneficial to them and they wish to know. We aim to support people to adjust to life with dementia and continue to live well.

### **Team Values**

When EIDS was reformed in April 2020 the team agreed the following values:

1. **Patient Centred** – We will be flexible and innovative to best meet our patients/family needs.
2. **Compassion** – We will show compassion in all that we do. With patients/families and in our team.
3. **Teamwork** – We will work together to achieve great outcomes.
4. **Honest** – We will be open and transparent with patient's, their families and one another.
5. **Responsive / Timely** – We will strive to tailor our work to the patient's needs and wishes
6. **Efficient** – We will work in an efficient way, ensuring our service is equitable across Worcestershire.
7. **Specialism** – We believe our work is a specialism and will continue to grow as individuals and a team.

### **Service Hours**

**Monday – Friday 09:00 – 17:00**

## **A Patient Journey**

### **Referrals**

Referrals are received primarily from GP's however can come from other professionals and teams. All referrals are directed to the Single Point of Access (SPA). They are subsequently screened by the Duty & Triage Team before coming to the Early Intervention Dementia Service

### **Pre-assessment Counselling**

Pre-assessment counselling is designed to facilitate preparation for possible outcomes and offer choice about assessment. Pre-assessment counselling includes discussion of a number of key issues arising in the initial contact with persons with cognitive difficulties and their family members, including openness and honesty, achieving informed consent, managing expectations about the process of assessment and the possible outcomes, and family involvement. There is also opportunity to discuss experiences, concerns and coping strategies, which helps with challenging stigma. This process supports the significant psychological and social adjustment needed to manage the transition to living well with dementia beyond the diagnosis and also to challenge the stigma associated with dementia. This is offered to all patients and can be seen as the foundation for all subsequent work done by our team.

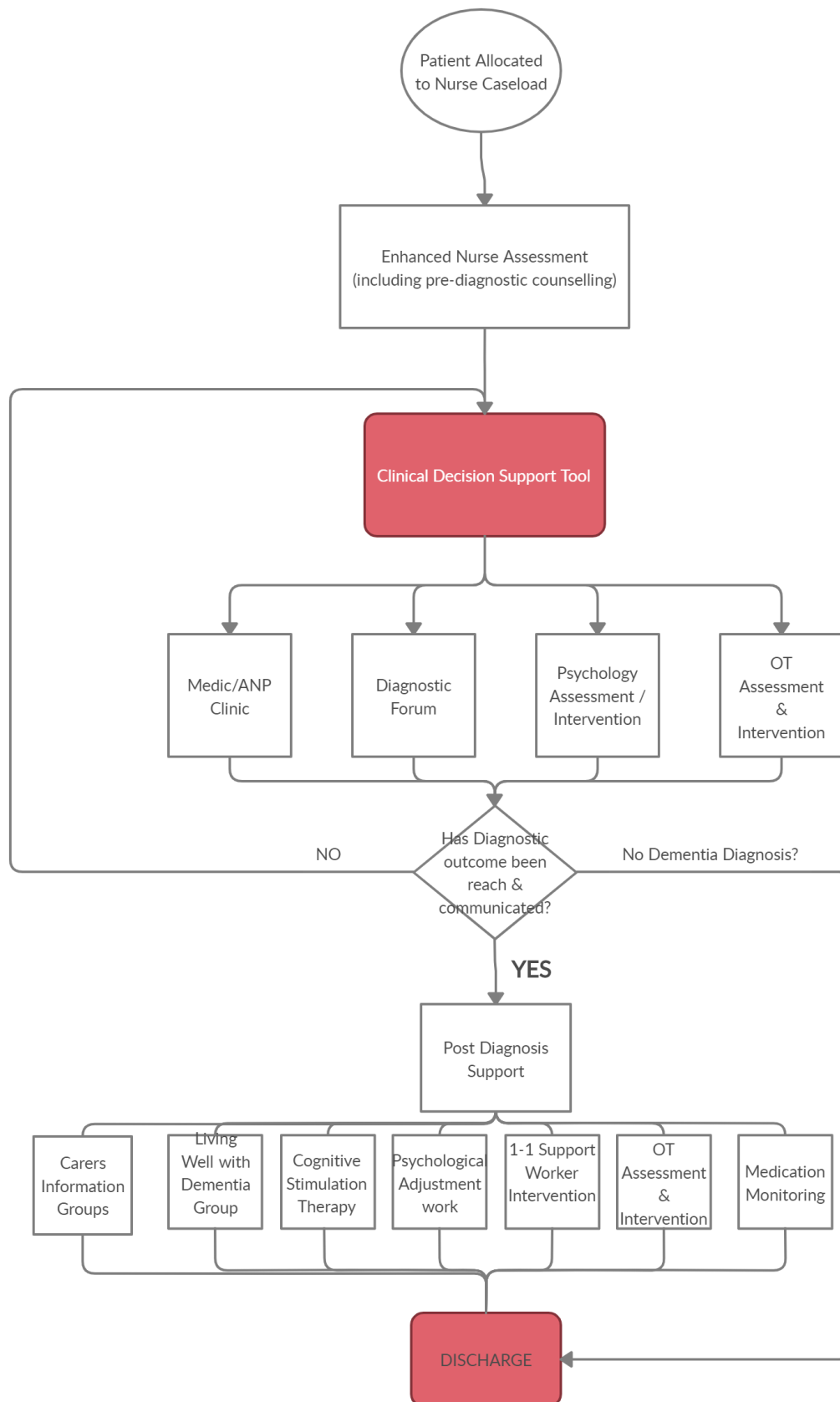
### **An Assessment**

Patients who are consenting to a dementia assessment will go through a detailed document with one of our team members, usually a nurse. Our assessment is detailed and aims to answer the question 'does this individual have dementia?'. If the answer to this question is 'yes' we then work to identify, where possible, the underlying cause for the dementia. Our assessment often involves many members of our multi-disciplinary team including Occupational Therapists, Psychologists, Nurses and Psychiatrists with each profession offering their specialist skills and knowledge.

### **Post Diagnosis Support**

Following a diagnosis of dementia our team supports the person living with dementia, and those closest to them to come to terms with this news, learn ways to continue to live well despite the challenges dementia may pose for them, and link them in with organisations that can continue to support them into the future.

## EIDS Pathway



No

### **Medic/ANP Clinic**

To include patients presenting with:

- Atypical presentation/rarer type
- Psychiatric, medical or neurological comorbidities (if likely to interact with potential progression/manifestation of dementia)
- Cognition – Subtle but certain evidence progression in at least one cognitive domain.
- Functioning - clear evidence of a change in social, occupational or ADL abilities
- Risk – no significant evidence of clear harm to self or others

### **Psychology/Neuropsychology**

To include patients who need further in-depth assessment to ascertain subtype or where there are inconsistencies in presentation, including:

- Possible psychological component to cognitive change (e.g. Functional Cognitive Disorder, mood, trauma),
- Scoring highly on cognitive assessment but evidence of functional decline,
- Lack of biological component on scan where history is suggestive of change, or biological component not fitting with presentation
- Younger onset / atypical presentation/ rarer types of cognitive change
- Neurological comorbidities
- Unusual features

Some key principles that would trigger either referral or discussion would be: age, neurology, mood, rarity, sensory impairments, language issues (all in presence of decline in 1 or more cognitive domains and impact on functioning such that this could potentially be an early dementia).

### **Diagnostic Forum with Locum Consultant**

The Diagnostic forum's has a view of formulating a diagnosis for patients beyond an early presentation of Dementia and those with no evidence of Dementia or MCI.

To include patients presenting with:

- Clear evidence of progression in a least one cognitive domain
- At least 6-12 months or subtle cognitive decline in one cognitive domain.
- Functioning – no evidence of change in function or definite change resulting in significant dependence on others for support.
- Risk – No significant evidence/ low risk
- Unusual features – present/ not present

This page is intentionally left blank



## Dementia Diagnosis Rates for Worcestershire

		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
BROMSGROVE	Prev	1,432.5	1,435.8	1,436.8	1,432.8	1,435.8	1,440.9	1,441.0
	Reg	890	891	881	870	870	882	879
	%age	62.13%	62.06%	61.32%	60.72%	60.59%	61.21%	61.00%
MALVERN HILLS	Prev	1,320.3	1,327.9	1,329.5	1,330.5	1,332.3	1,337.2	1,339.9
	Reg	687	678	683	683	683	691	696
	%age	52.03%	51.06%	51.37%	51.33%	51.26%	51.68%	51.94%
REDDITCH	Prev	968.5	970.8	967.0	970.9	970.3	972.3	973.5
	Reg	468	458	456	456	454	454	461
	%age	48.32%	47.18%	47.16%	46.97%	46.79%	46.69%	47.35%
WORCESTER	Prev	1,446.9	1,449.6	1,452.2	1,457.1	1,460.4	1,460.6	1,466.0
	Reg	706	706	712	711	710	708	725
	%age	48.79%	48.70%	49.03%	48.80%	48.62%	48.47%	49.45%
WYCHAVON	Prev	1,965.1	1,972.2	1,974.6	1,982.8	1,984.2	1,991.2	1,998.1
	Reg	882	897	906	908	907	913	935
	%age	44.88%	45.48%	45.88%	45.79%	45.71%	45.85%	46.79%
WYRE FOREST	Prev	1,702.9	1,707.4	1,707.8	1,708.7	1,713.6	1,719.3	1,720.6
	Reg	910	904	903	920	922	926	936
	%age	53.44%	52.95%	52.88%	53.84%	53.80%	53.86%	54.40%
Worcestershire	Prev	8,836.2	8,863.7	8,867.9	8,882.8	8,896.6	8,921.5	8,939.1
	Reg	4,543	4,534	4,541	4,548	4,546	4,574	4,632
	%age	51.41%	51.15%	51.21%	51.20%	51.10%	51.27%	51.82%

This page is intentionally left blank

## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **9 MAY 2022**

## **MATERNITY SERVICES**

---

### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on Maternity Services, in order to seek assurance on progress by Worcestershire Acute Hospitals NHS Trust (the Trust) since its last update in September 2021.
2. As a result of an inspection by the Care Quality Commission (CQC) on 9 December 2020, the overall rating for the Service went down from Good to Requires Improvement. It was rated Requires Improvement for being safe and well-led, and Good for being effective. Inspectors did not assess the service for whether it was caring or responsive at that inspection.
3. Senior Representatives from the Trust have been invited to attend the meeting.

### **Maternity Service Action Plan**

4. Despite the ongoing clinical and operation pressures experienced, due to the COVID-19 pandemic, the Maternity Directorate has continued to work positively to achieve completion of the majority of the actions included in the Improvement Action Plan which was shared at the HOSC in September 2021.
5. There are now only five outstanding actions to be completed to meet all of the recommendations made by CQC in its report published in March 2021. An action plan was presented to the Trust Board on 7 April 2022, detailing all outstanding actions. It is expected that all of the required actions will be completed by September 2022.

### **Current Challenges**

#### **(i) Maintaining a Safe Maternity Service**

6. Throughout the pandemic it has been extremely challenging to maintain safe staffing levels due to vacancies, COVID and non-COVID related sickness absence. A monthly detailed report is shared with the Trust Board (Appendix 1) which outlines the current staffing challenges and all actions undertaken to ensure that the Trust continues to provide the safest service for women, birthing people and their families.

#### **(ii) Maternity Service Improvement Plan**

7. The Maternity Service Improvement Plan (Appendix 2) was launched as planned on 29 September 2021. Following the launch, all three work streams (led by senior clinicians) have completed engagement events and have clear objectives to complete to demonstrate improvements in maternity services.

8. Current Key Performance Indicator compliance demonstrates an improvement on all indicators except Personal Development Reviews (PDRs). It has been incredibly difficult to complete PDRs on a one-to-one basis as the local leadership team have also been supporting the delivery of clinical services.

9. The latest wave of COVID has required the Trust to direct all clinical staff to front line services. Despite this, some work identified in the initial round of engagement events has continued and it is expected that further engagement events will take place throughout spring and summer and inform the next stages of this plan.

### **Implications of the Independent Review of Maternity Services at Shrewsbury and Telford Hospital Trust (Ockenden Reports)**

10. Following concerns raised by families about the safety of maternity services at Shrewsbury and Telford NHS Trust, an Independent Review took place, led by senior midwife Donna Ockenden. In December 2020 the first inquiry into maternity services at Shrewsbury and Telford NHS Trust was published, and a number of immediate and essential actions (IEA) were outlined within the report, to be implemented at Shrewsbury and Telford and across the wider maternity community. Over the last 12 months the Maternity Team have provided evidence to the NHS England & Improvement Regional Team on two occasions to demonstrate current compliance against the IEAs.

11. On 7 April 2022, the Maternity Directorate shared a report with the Trust Board (Appendix 3) outlining the current compliance at 92% against the IEAs prior to submission to the regional team. Further work is planned to meet all of the outstanding actions.

12. On 30 March 2022, the second and final Ockenden report was published. Within the report there were a further 60 essential actions for each Trust to deliver. The Trust's maternity team have reviewed the report and have started to draft a gap analysis and action plan to inform the Board of any areas of concern or future improvement. This will be reviewed by the Trust Board in June 2022.

### **Purpose of the Meeting**

13. The HOSC is asked to consider and comment on the information provided and agree:

- whether any further information or scrutiny is required at this time.

### **Supporting Information**

Appendix 1 – [Link to Trust Board Agenda 7 April 2022. Read pdf pages 18 to 26 for Midwifery Safe Staffing Report February 2022](#)

Appendix 2 – Maternity Service Improvement Plan

Appendix 3 – [Link to Trust Board Agenda 7 April 2022. Read pdf pages 26 to 29 for Ockenden Compliance Report February 2022](#)

## Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers Tel: 01905 844964 / 844965  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 21 September 2021, 10 March 2021 and 20 July 2018.
- [Final report of the Ockenden review - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/final-report-of-the-ockenden-review.pdf)

[All agendas and minutes are available on the Council's website here.](#)

This page is intentionally left blank

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## Maternity Service Improvement Plan

For approval:	For discussion:	For assurance:	To note:
		X	

Responsibility	Names
<b>Accountable Director</b>	Paul Brennan – Chief Operating Officer
<b>Presented by</b>	Justine Jeffery – DoM Becky Williams – DDOps Angus Thomson - DD
<b>Author /s</b>	Justine Jeffery – DoM Becky Williams – DDOps Angus Thomson - DD

### Alignment to the Trust's strategic objectives (x)

Best services for local people	Best experience of care and outcomes for our patients	Best use of resources	Best people
X	X	X	X

### Report previously reviewed by

Committee/Group	Date	Outcome

## Recommendations

Trust Board are asked to:

- Note the contents of the paper
- Approve additional resource to support the success of the maternity service improvement plan
  - Directorate Manager 8b
  - Maternity Governance manager band 7
  - Audit and Guidelines lead Band 6 (potentially covered via Ockenden funding)
  - Corporate support for improvement work streams

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## Executive summary

This paper provides a background to the current position of the maternity service at Worcestershire Acute Hospitals NHS Trust.

It demonstrates the implementation of the National Maternity Transformation Programme and the assurance of safety within the service.

A number of staffing challenges and changes in practice over the last 18 months have resulted in a CQC inspection and subsequent reduction in the maternity CQC rating on 'well led' from 'good' to 'requires improvement'. The challenges led to a decision to hold further advancement with the major transformational change in the service, Continuity of Carer.

The paper outlines the proposed structured service improvement programme to support staff and leaders, improve culture and ensure that safety is maintained to enable transformation to continue. The resources and risks associated with the programme are included in the report.

## Risk

Which key red risks does this report address?	What BAF risk does this report address?

Assurance level	0	1	2	3	4	5	6	7	NA

Financial Risk
N/A

## Action

Is there an action plan in place to deliver the desired improvement outcomes?	Are the actions identified starting to or are delivering the desired outcomes?	If no has the action plan been revised/enhanced	Timescales to achieve next level of assurance
Y	Y	Y	January 2022
X	X		
N	N	N	
N/A	N/A	N/A	



Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

# **Maternity Service Improvement Plan**

## **Worcestershire Acute Hospitals NHS Trust**

### **Authors:**

Justine Jeffery – Director of Midwifery

Becky Williams – Director of Operations Women and Children's Division

Angus Thomson – Divisional Director Women and Children's Division

June 2021

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## 1 Introduction

The maternity service at Worcestershire Acute Hospitals NHS Trust (WAHT) delivers 5000 women per annum. The service is staffed by an establishment of 218 midwives, 55 non registered midwifery support workers and 16 consultants (obs & gynae) and 35 middle grade/junior medics shared across obstetrics and gynaecology.

### Maternity services explained

#### Worcester royal hospital

- Delivery suite
- Alongside midwifery led birth centre
- Postnatal / transitional care (33 beds)
- Infant feeding team
- Antenatal ward (14 beds)
- Triage dept
- Day assessment unit
- Midwife / obstetric
- Antenatal clinics
- Fetal medicine level 2
- Maternal medicine
- Antenatal screening

#### Kidderminster treatment centre

- Maternity hub
- Obstetric antenatal clinics
- Midwife antenatal clinics
- Scanning
- Parent education
- Social prescribing
- Smoking Cessation

#### Alexandra general hospital

- Maternity hub
- Obstetric antenatal clinics
- Midwife antenatal clinics
- Scanning
- Parent education
- Smoking Cessation

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

### Community Teams

- Worcester
- Malvern
- Redditch
- Bromsgrove
- Evesham
- Droitwich
- Kidderminster

### Home Visits

- GP surgeries
- Children's centres
- Home birth
- Parent Education
- Mixed risk caseload

### Continuity of carer

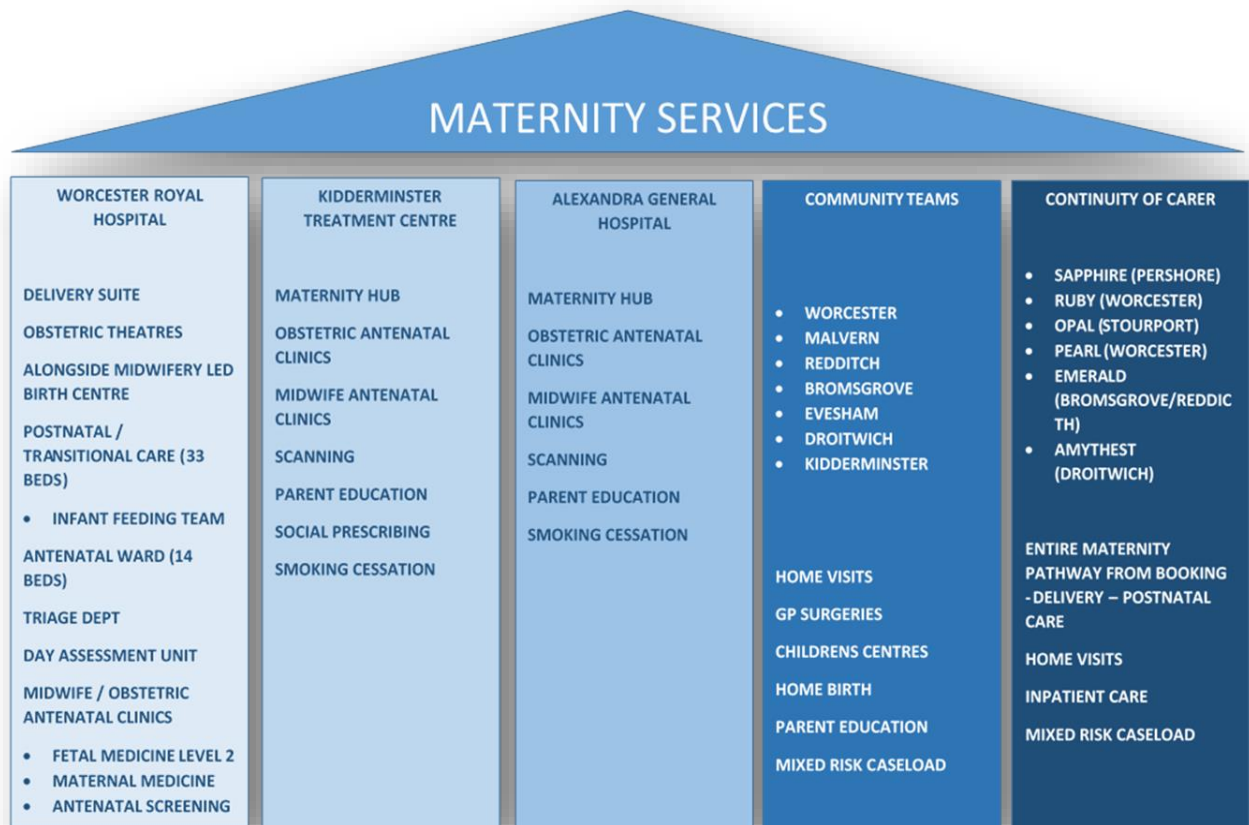
- Sapphire (Persore)
- Ruby (Worcester)
- Opal (Stourport)
- Pearl (Worcester)
- Emerald (Bromsgrove/ Redditch)
- Amythest (Droitwich)

### Entire Maternity Pathway from booking - delivery – postnatal care

- Home visits
- Inpatient care
- Mixed risk caseload

Services provided are also shown in diagram 1:

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-



**Diagram 1 Maternity services WAHT by site**

The service sits within the Herefordshire and Worcestershire Local Maternity and Neonatal System (LMNS), and has worked within the system to deliver the National Maternity Transformation Programme requirements over the past 3 years.

In the past year the maternity service at WAHT has experienced decreasing staff morale, an increase in staff CQC whistleblowing / negative press and concerns raised by team members regarding the safety of the service. This has led to increasing internal and external scrutiny of the service, with the CQC undertaking an unannounced inspection in November 2020, and the downgrading of maternity from 'good' to 'requires improvement' on well led.

The position of the maternity service has been driven by midwifery staffing shortage, the impact of the COVID-19 pandemic on staffing and leadership deficits. These challenges have been overlaid with the change management process to deliver Continuity of Carer, a key requirement of the National Maternity Transformation Programme.

Due to the challenges faced by the service, a decision has been made to put on hold further roll out of the large scale transformation of the service, Continuity of Carer.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

Since October 2020 the Division has undertaken some key transactional actions to remedy concerns raised by team members and the CQC. Whilst this action plan is having some impact, it is now recognised that, moving forward, a structured service improvement programme is required to ensure engagement of team members across the service, and ultimately support cultural change. It is hoped that this will then facilitate the positive restart of our transformation programme in line with national requirements.

This paper provides detail on the journey of the maternity service to date together with an outline of the proposed service improvement plan with:

- A progress update on delivery of the National Maternity Transformation Programme within the WAHT maternity service
- An outline of quality and safety measures within the service, and a provision of assurance that these measures are being followed and indicate that the service is safe
- A description of the challenges the service has faced
- An overview of the work to date on service improvement actions
- The proposed service improvement plan to address challenges going forward, key performance indicators, risks and timeline

## **2 Maternity transformation – the national and integrated care system (ICS) context**

The national vision for maternity services is described in

- Better Births: improving outcomes of maternity services in England (DH,2016)
- NHS Long Term Plan
- The National Maternity Transformation Programme

The maternity strategy in Herefordshire and Worcestershire is aligned to the National Maternity Transformation Programme. The local strategy seeks to achieve the vision set out in Better Births by bringing together a range of organisations under the umbrella of the Herefordshire and Worcestershire Local Maternity and Neonatal System (LMNS). Over the last 3 years WAHT maternity service has been working within the LMNS to deliver the national transformation programme.

### **Shared goals of the workstreams for national transformation**

The workstreams for national transformation are all safe, family friendly, kind, personalised and professional.

These workstreams are highlight the need for:

- Supporting local transformation

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

- Increasing choice and personalisation
- Transforming the workforce
- Sharing data and information
- Harnessing digital technology
- Reforming the payment system
- Promoting good practice for safer care
- Improving prevention
- Improving access to perinatal mental health services

Work streams for national transformation are shown the diagram below:

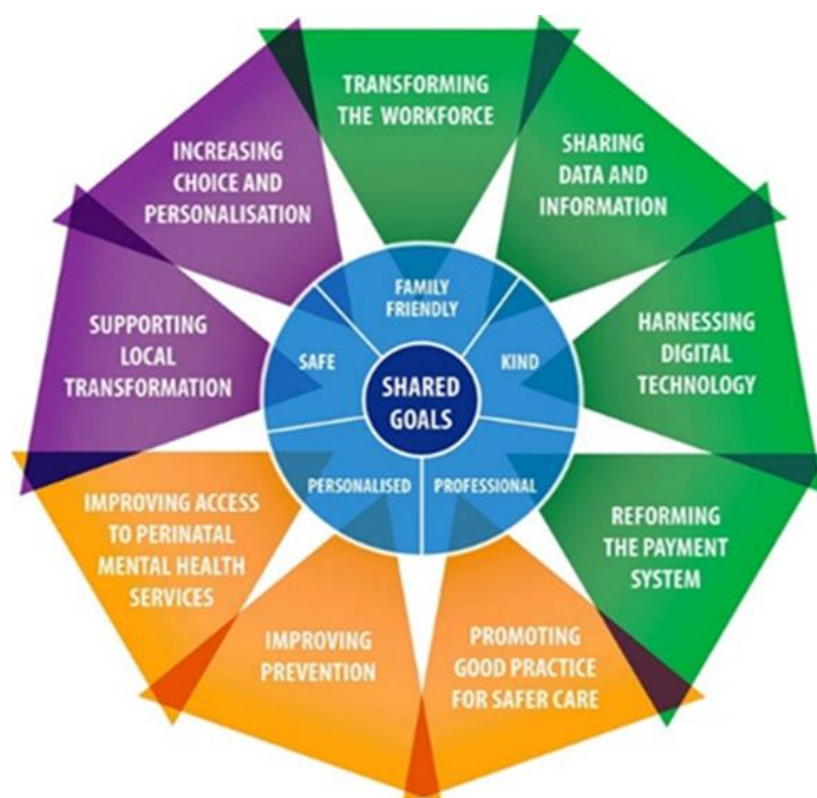


Diagram 2 National Maternity Transformation Work streams (NHS England/RCM, 2020)

### 3 Progress with maternity transformation at WAHT

Working within, and enabled by, the Herefordshire and Worcestershire LMNS the Maternity team at WAHT have made progress on a number of key areas of the local system transformation programme. These are:

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

### 3.1 Supporting transformation

#### a. Delivery of Continuity of Carer to 28% (target 35% by March 2021)

- The roll out of continuity across Worcestershire has been successful to date, with demonstrable improved outcomes for mothers and babies on a continuity pathway. The challenges of introducing & maintaining the model will be discussed later in the paper.

### 3.2 Harnessing digital technology

- The Badgernet maternity system was introduced in 2020, including the roll out of patient held digital maternity records.
- Virtual safety huddles are taking place between Wye Valley Trust and Worcester Acute

### 3.3 Transforming the workforce

- The midwifery leadership team have been working with Health Education England to transform the midwifery support worker workforce.
- The nationally recommended tool, Birth Rate Plus, has been utilised to ensure the midwifery establishment is right sized
- A Continuity of Carer coach has been employed to support the workforce to develop autonomy as self-managing practitioners.

### 3.4 Perinatal Mental Health (PMH)

#### 3.4.1 Maternal mental health services (MMHS)

- MMHSs are a key part of NHS England and NHS Improvement's (NHSE/I) programme to transform specialist perinatal mental health services across England, as outlined in the NHS Long Term Plan
- In 2020 the LMNS submitted a successful proposal to NHSE/I and received funding to take part in the development and testing of Maternal Mental Health Services. The work that sites will do in 2020/21 and 2021/22 will be vital to ensure that MMHSs are available across the country from 2023/24. This will combine maternity, reproductive health and psychological therapy for women experiencing moderate-severe/complex mental health difficulties directly arising

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

from, or related to, the maternity experience. The service is currently on track to commence in Autumn 2021.

### 3.5 Personalisation

#### 3.5.1 Introduction of Maternity 'hubs' - at Kidderminster and Alexandra hospitals

- The hubs have brought together services to support women in the antenatal and postnatal period; thus, improving personalisation and choice and prevention, for example, smoking cessation initiatives.

#### 3.5.2 Consultant Midwife

- In 2018 the Trust employed a Consultant Midwife who is the strategic lead for the implementation of Continuity of Carer across Worcestershire. This full-time post is shared equally with the University of Worcester.
- In the recent Ockenden report it is recommended that each Trust considers the maternity leadership requirements set out by the Royal College of Midwives in 'Strengthening midwifery leadership: a manifesto for better maternity care' which recommends an increase of Consultant Midwives to provide enhanced midwifery leadership.

### 3.6 Prevention

- The maternity team have worked with Public Health England partners to implement smoking cessation and now pelvic floor services within the acute setting.
- Funding has been provided for 1.8WTE public health midwives in Worcestershire for 2 years to focus on smoking, obesity and lifestyle.

## 4 Assurance of quality, good practice and safer care

The assurance of quality and safety within our maternity service is achieved in a number of ways: Regulatory assessment via CQC, submission of quality and safety



Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

measures under the Clinical Negligence Scheme for Trusts (CNST) together with evaluation against service reviews such as Ockenden. This is underpinned via submission of the maternity minimum data set which is a set of key quality performance indicators for the service.

#### 4.1 CQC

In 2018 the maternity service at WAHT was rated 'good' by the CQC. In 2020, prompted by a number of whistle blows focussing in the impact of midwifery staffing levels and continuity of carer on the safety of the service, the CQC made an unannounced visit to the maternity service. The outcome of this visit was a reduction in the 'well led' key line of enquiry to 'requires improvement'. This then reduced the overall rating of the service to 'requires improvement'.

No concerns regarding service safety were raised, acknowledging the escalation policy in place to ensure safe staffing. 'Must dos' were related to staffing, recording of escalation and leadership.

As a result of the reduction in the CQC rating on well led the maternity team has been supported by the NHSE/I maternity service improvement team who are helping to identify specific interventions to improve the service.

#### 4.2 Mortality and Morbidity

##### 4.2.1 MBRRACE

MBRRACE – UK publishes a number of reports to monitor national perinatal mortality and morbidity and also maternal deaths. The three sets of published reports are:

*Confidential Enquiry into Maternal Death and Morbidity (latest publication January 2021 reporting on deaths that occurred in 2016-18)*

*Perinatal Mortality Surveillance Report (latest publication 10<sup>th</sup> December 2020 reporting on deaths that occurred in 2018)*

*Perinatal Mortality and Morbidity Confidential Enquiries. (latest publication 28<sup>th</sup> November 2017)*

The Perinatal Mortality Surveillance report provides trust specific data and this is presented in *Table 1*. The figures below provide a comparison to the average still birth and neonatal death rates for similar Trusts in the UK.

Table 1. Comparison to the average for similar Trust

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

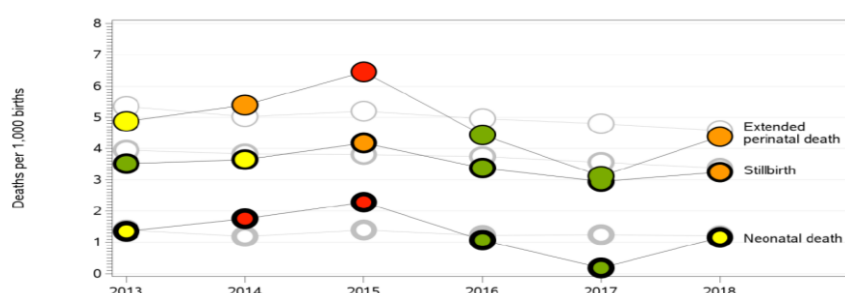
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar trusts & health Boards
Stillbirth	17	3.24	3.40 (2.76 to 4.16)	Up to 5% higher or up to 5% lower
Neonatal	6	1.14	1.14 (0.72 to 1.79)	More than 5% and up to 15% lower
Extended perinatal	23	4.53	4.53 (3.81 to 5.64)	Up to 5% higher or up to 5% lower

In summary the Trust reported fewer neonatal deaths in this period and slightly higher numbers of still births (up to 5% higher). This is due to a slightly higher than national intrapartum stillbirth rate as the Trust reported 3 deaths in 2018 when the national average rate was 1.5 cases. It is recognised that these rates are subject to random variation, especially when the number of deaths is small.

The stabilised & adjusted mortality rates are presented in chart 1 which provide more reliable estimates of the underlying (long-term) mortality rates for the Trust.

Chart/Table 1 Crude mortality rates for the Trust

Year	Extended perinatal death deaths per 1000 births	Stillbirth deaths per 1000 births	Neonatal deaths per 1000 births
2013	4.8	3.5	1.4
2014	5.4	3.6	2.8
2015	6.4	4.2	2.3
2016	4.4	3.3	1.1
2017	3.1	2.9	0.2
2018	4.4	3.2	1.2



Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

#### 4.2.2 Healthcare Safety Investigation Branch (HSIB)

HSIB conduct independent investigations of patient safety concerns in NHS-funded care across England. WAHT have made referrals to HSIB since 2018 following agreed criteria which includes:

##### a. Babies

- Eligible babies include all term babies (at least 37+0 completed weeks of gestation) born following labour, who have one of the below outcomes.
- Intrapartum stillbirth - Where the baby was thought to be alive at the start of labour but was born with no signs of life.
- Early neonatal death - When the baby died within the first week of life (0-6 days) of any cause.
- Potential severe brain injury - Potential severe brain injury diagnosed in the first seven days of life, when the baby:
  - Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE).
  - Was therapeutically cooled (active cooling only).
  - Had decreased central tone and was comatose and had seizures of any kind.

##### b. Maternal Deaths

- Investigate direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy.

Following the receipt of each report an action plan is prepared which is monitored via the Maternity Governance Meeting and the Trust Serious Incident Review Group.

HSIB provide regular quarterly feedback to the Trust; this feedback is a summary of the reports completed. To date the following themes have been identified:

- Guidance
- Escalation
- Fetal monitoring
- Clinical oversight
- Triage

1 report had no safety recommendations

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

### 4.3 CNST maternity incentive scheme

CNST supports the delivery of safer maternity care through an incentive element to Trust contributions to the CNST. In order to meet the incentive, scheme the Trust must achieve 10 safety actions. Including

- Achievement of Saving babies lives care bundle version 2
- Evidence of perinatal mortality reviews
- Trust maternity safety champions
- Coproduction with MVP
- Safe staffing levels

In 2021/22 the Trust will be submitting compliance with all 10 safety actions.

### 4.4 Review of Maternity Services across England

Following the National Maternity Review in 2016 the publication of 'Better Births' provided a number of recommendations to improve safety for women and their babies. This informed the national maternity transformation plan and was implemented locally via the LMNS.

Since the publication of 'Better Births' two formal inquiries have been undertaken in England and significant safety issues have been identified at both Shrewsbury & Telford NHS Trust (Ockenden inquiry) and East Kent Hospitals University NHS Foundation Trust. Nottingham University Hospitals NHS Trust has recently been highlighted as having significant safety issues and it is unknown at this time whether another national inquiry will be requested.

Due to the repeated, reported safety concerns in some of England's maternity services a change in local and national surveillance has been developed to monitor and provide assurance that progress against inquiry recommendations is delivered.

#### 4.4.1 Ockenden Review

The recommendations of the Ockenden inquiry were published in December 2020 and each Trust was required to submit initial evidence against eight immediate and essential actions. Initial submissions suggested a positive position with no immediate actions to be undertaken and where gaps were identified progress has been made e.g. recruitment of a fetal wellbeing midwife and development of a process to review serious incidents at Trust Board before submission to the LMNS.

A further submission of evidence (approximately 200 documents) to NHSEI was completed on 30<sup>th</sup> June 2021. The outcome of this submission will be reported to the Trust and further opportunities for improvement will be highlighted at that time.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

#### 4.4.2 Perinatal Surveillance Model

Published in December 2020 the revised quality oversight model has the following four principles;

*Principle 1 – Strengthening trust-level oversight for quality (local)*

*Principle 2 – Strengthening LMS and ICS role in quality oversight (system)*

*Principle 3 – Regional oversight for perinatal clinical quality (region)*

*Principle 4 – National oversight for perinatal clinical quality (national)*

To date the maternity service at WAHT has succeeded in implementing principle one and is currently working with the LMNS to develop a standard operating procedure to ensure that principle 2 is embedded

#### 4.4.3 Expected future quality and safety reviews / measures

Further inquiry recommendations are expected in autumn 2021 as the Ockenden inquiry continues and the East Kent inquiry will be concluded.

### 5 Challenges to the maintenance of safety and future transformation

To date the safety of our maternity service has been maintained, as demonstrated by our KPIs and submissions to CNST and the CQC inspection. However, the maintenance of safety has been demanding in the face of leadership deficit (vacancy and skill set) and staffing shortage overlaid with transformation change in the service. This is reflected in the reduction in our CQC rating on well led, and has a causal link to:

- Low morale in the midwifery team
- Increased whistle blowing, outside normal Trust escalation routes, by maternity team members concerned over the safety of the service which resulted in negative stories in the media
- Concerns from the multidisciplinary maternity team regarding inequalities in care related to continuity of carer

***The above concerns have led to a decision to hold further advancement with the major transformational change in the service, Continuity of Carer. The narrative below describes in greater detail the challenges which have contributed to the current position.***

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## 5.1 COVID-19 pandemic

The workload within maternity services is all Priority 1 and 2 work that cannot be deferred. Consequently, the maternity workload throughout the COVID pandemic continued with more complex delivery pathways due to Covid, whilst the staff available to deliver the service were depleted due to sickness, shielding and isolation.

During COVID-19 waves 1&2 the focus of leaders in the maternity service was to enact required national guidance, managing pathways and day to day command and control within the service to maintain safety.

Leadership visibility at levels of the service was reduced. Normal meeting arrangements at all levels of the Division ceased in line with Trust guidance; reducing normal routes of communication and support and lessening the ability to cascade/escalate through normal governance routes such as team and Directorate meetings.

The unintended consequence of this was a reduction in communication from ward to board and back, and a reduced access to leaders at all levels to listen to and raise non-COVID-19 related concerns.

## 5.2 Change management

In the past 2 years the midwifery team at WAHT have seen 2 significant changes which affect working practices and patterns.

### 5.2.1 Increasing unpaid breaks in a 12-hour long shift

In 2016 the Trust moved the majority of nursing teams to an hour unpaid break in a 12-hour shift; this ensured that team members were taking their requisite rest period. In Women's and Children's, only the gynaecology nursing team moved to the new working pattern. Maternity and Children's services were undergoing centralisation of inpatient services to WRH, and therefore a decision was made to not progress with the change at that time. It was identified in 2019 that this change needed to be enacted to provide equity across the Trust, support rest periods and provide efficiencies where paid breaks were being taken. In 2020 the Division undertook a formal management of change process across nursing and midwifery teams to move them in line with the rest of the Trust. This process closely followed the change management policy and staff side were involved.

Following the change, the impact of staffing shortage and high acuity/activity in Q3 of 2020 meant that the midwifery team were having difficulty in taking their hour breaks. They also felt aggrieved that not all services in the Trust had moved from ½ hour to an hour unpaid break; including ED.

### 5.2.2 Continuity of Carer

Part of the national transformation programme, Continuity of Carer presents a very different way of working than the traditional community / inpatient model that the

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

maternity team at WAHT have worked within. It also requires midwives to increase flexibility and autonomy at work. The Division took the decision to initially roll out the current 6 continuity teams via 'willing volunteers' and newly appointed midwives, with a gradual increase in the number of pregnant women cared for under a continuity pathway.

The impact of this gradual change on the remainder of the team was underestimated by the Directorate and Division. The maternity team raised concerns regarding the impact on staffing and pathways within inpatient and traditional community service as well as individual work/life balance and working arrangements. These concerns grew over time, and events to communicate how the new model worked did not touch enough of the maternity team and did not change hearts and minds.

Midwifery staffing shortages in the inpatient area were attributed by the inpatient team to the roll out of continuity, exacerbated by the stepped reduction in numbers on inpatient rotas in line with the roll out of each team, and a lack of communication to the team regarding the true drivers for staffing shortage. This in turn led to poor behaviours demonstrated between different parts of the service.

The gradual roll out also meant that there were 2 models of care running alongside each other. The obstetric consultant team raised concerns that, at times of high induction /suboptimal midwifery staffing numbers, women on a continuity pathway were able to jump the induction queue because they were being cared for by a non-unit midwife, raising the possibility of delay in higher risk inductions of women on a traditional pathway.

### 5.3 Staffing

The midwifery establishment at WAHT (218 WTE) is in line with the 2018 findings of the Trust Birth Rate Plus (BRP) audit; this was based on 5500 deliveries (the rate in 2017/18). The Trust now delivers circa 5000 women per annum, and subsequent high level 'desk top' evaluations of the service suggest that the establishment could be reduced. The Division is awaiting a date its next formal BRP audit, at which point the establishment will be formally reviewed in line with findings.

In Q2 / 3 of 2020/21 the midwifery workforce, and the staffing levels required in the inpatient areas, were impacted significantly by:

- sickness (8-14%),
- COVID-19 related absence, including high shielding /CEV level
- Small vacancy rate
- flexible working arrangements in the inpatient areas
- a change in the induction policy outside of national guidance which increased induction numbers and acuity (45% induction rate)

This led to suboptimal midwifery staffing levels in the inpatient areas, which were particularly marked during high activity in September & October 2020. Safety in the



Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

service was maintained by enacting the maternity escalation policy, but this required the movement of midwives from their normal working areas on the inpatient wards or community / continuity service. Some midwifery team members did not feel comfortable working outside of their usual working environments, and again this led to a feeling of being unsupported.

HR data has historically been aggregated to Directorate / Divisional level for reporting, therefore the sickness challenges in the midwifery team, were being masked by good performance in other areas of the Division. Sickness hotspots in the service have now been identified as pre-dating COVID-19.

#### **5.4 Staff wellbeing**

The maternity team have been well supported in the last 2 years with psychological input and debrief following specific incidents such as maternal death.

COVID-19 presented a new challenge to the support of staff wellbeing. With the leadership team initially very focussed on the operational delivery of new COVID 19 guidance in the service, and managers pulled to cover staffing shortage, support for staff wellbeing was not at the level that it could have been. The Trust wellbeing offer is extensive but may not have been accessed by team members without signposting.

#### **5.5 Leadership**

For a period of time during 2019/20 there were significant vacancy gaps in the maternity leadership team, clinically and operationally. It has also now been recognised that there were also some skills deficits in the existing clinical leaders within the service.

This, together with the pandemic, resulted in reduced accessibility and visibility of leaders at all levels of the service. This was highlighted in the Divisional staff engagement sessions in Oct/November 2020 and led to the team feeling unsupported and unable to escalate concerns appropriately.

## **6 Service improvement plan**

### **6.1 The journey so far**

In order to address the challenges described in section 5, the Women and Children's Division developed an action plan. This transactional plan was designed to move towards 'getting the basics right' in the management of the maternity service and combined action from staff feedback sessions with the Divisional and Executive team together with CQC must and should do's.



Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

There are 100 actions within the combined plan and it is recognised that there is some repetition. However, of the 100 actions 76 have now been completed. The action plan is being led by managers within the maternity service.

## **6.2 Managing future service improvement**

In order that the Maternity Service at WAHT can move forward with future transformational change in line with the national programme, it is recognised by the Division that further work needs to be undertaken on service improvement, with increased co-production, engagement and communication with staff within the service.

### **The service improvement plan, with 3 key areas of focus.**

#### **Area 1: Maternity Strategy & Transformation Plan**

- National maternity transformation programme
- Local maternity and neonatal system (LMNS) strategy
- Herefordshire and Worcestershire integrated care system
- Local maternity strategy
- Worcestershire acute hospitals NHS trust

#### **Area 2: System / Place Reporting Structure**

- LMNS board
- Trust board
- Time
- Women and children's divisional board
- Maternity steering group

#### **Area 3: Workstreams for Service Improvement**

##### **Staff Health & Wellbeing**

- Psychological support
- Trust wellbeing offer
- Civility and respect
- 4 ward advocates
- Equality, diversity & inclusion
- Clinical pathways

##### **Clinical pathways**

- Capacity & flow
- Escalation
- Induction of labour
- Continuity of Carer

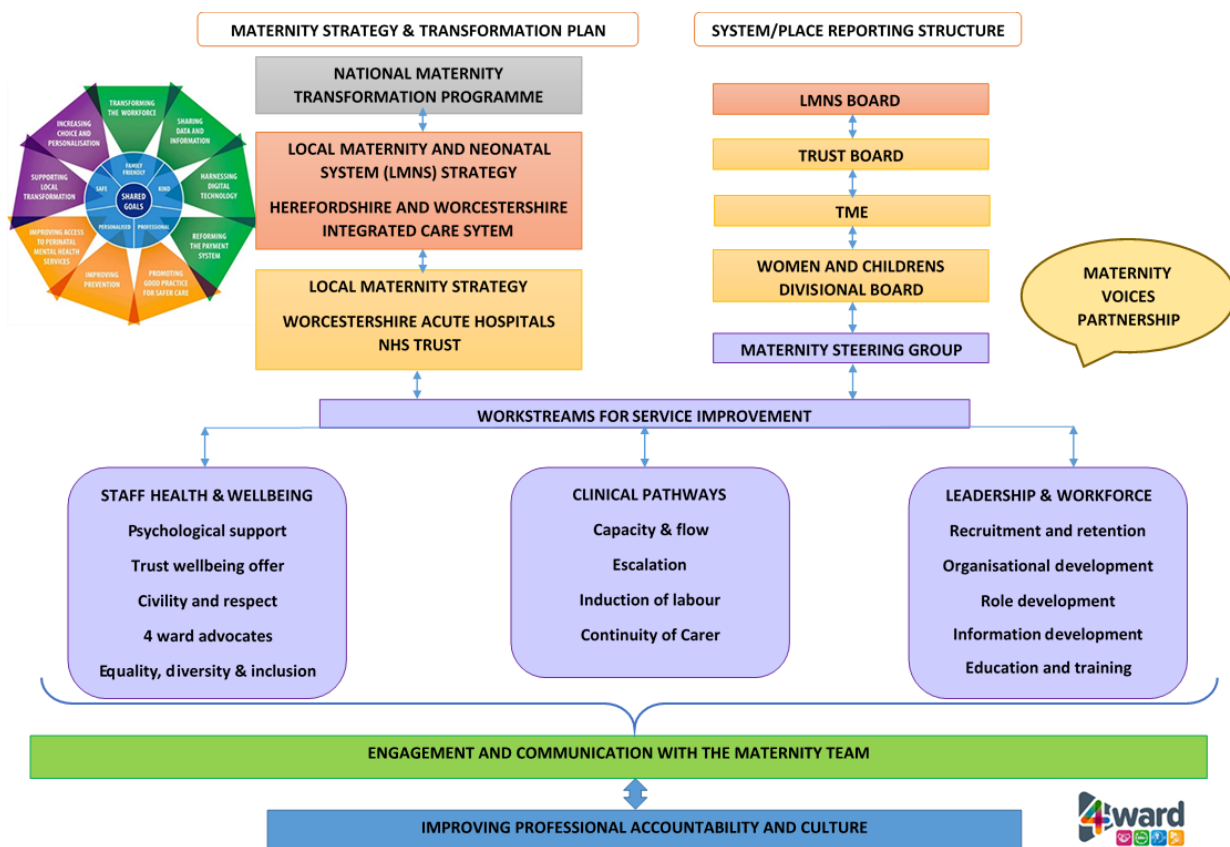
Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## Leadership & workforce

- Recruitment and retention
- Organisational development
- Role development
- Information development
- Education and training

All feeding into engagement and communication with the maternity team and improving professional accountability and culture.

Diagram 3 below outlines the service improvement plan, with 3 key areas of focus.



**Diagram 3 WAHT Maternity Service Improvement plan**

### 6.2.1 The work streams

As described in diagram 3, the workstreams cover our main areas of challenge; health and wellbeing, clinical pathways and leadership & workforce.

Each work stream will have a lead from the maternity service, and team members from across all areas of the service will be asked to join to shape the outcomes.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

Engagement will be sought from service users via the Maternity Voices Partnership.

### **6.3 Communication and engagement**

The improvement plan will be underpinned by a communication and engagement strategy to ensure team members are fully informed of progress and changes within the service.

This will also be supported by existing routes of communication that are now back in place following the pandemic; ward huddles, team meetings, Directorate and Divisional meetings.

Current leadership visibility routes will be assessed and discussed with the wider team to ensure maternity colleagues feel that leaders at all levels are accessible and visible and that escalation and communication from ward to board is effective.

### **6.4 Culture**

The current culture within the maternity team has contributed, and to some extent been driven by, the challenges the service has faced. There is a level of disempowerment amongst team members, and a lack of civility between individuals, teams within the service and professions.

It is recognised that a positive team culture supports the delivery of a safe service, and is therefore key to maintaining our safety position. The aim of the 3 work streams in the plan is to create a culture where:

- Team members feel positive about coming to work, and attitudes are positive
- Team members / teams are empowered to create their own solutions
- Colleagues at all levels and in all disciplines are treated with civility and respect
- Colleagues feel included and listened to
- Poor behaviours are not accepted
- The Trust 4ward behaviours are demonstrated in all that we do
- All areas of the service feel welcoming to enter
- 'Leaders' at all levels promote honesty and demonstrate empathy

The Division recognise that culture takes time to change, but it is hoped that the improvements made will facilitate positive change in the service.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## 7 Resource requirements to support service improvement

### 7.1 Operational support

The Directorate structure in the Women and Children's Division has a single Directorate manager covering both the Women's (Maternity and Gynaecology) and Children's (Paediatrics and Neonates) Directorates. The Division recognise that the operational & business support provided by this structure to the maternity service is very limited.

In order to increase the operational support to the maternity service, the Division need to move in line with other clinical Divisions with an 8b Directorate manager for each directorate. This would strengthen the directorate structure, supporting the clinical director and matrons in Women's services and improve engagement and visibility of the Directorate management team within the maternity service.

The Division need agreement/support to the funding of an additional 8b Directorate Manager.

### 7.2 Governance support

With the increasing workload associated with delivering recommendations of national inquiries it has been identified that an additional governance support is required by the Division. The current team (8a,7, 6 and band 4) cover all specialties within the Division, but current demands mean that governance work is by necessity being added to the workload of other Divisional and Directorate team members.

The Division need an additional band 6 audit & guidelines support and a band 7 governance manager to support the requirements around maternity safety and reporting, and ensure that governance is supported in all Directorates. The band 6 is expected to be covered from Ockenden funding.

### 7.3 Midwifery roles

The Division await a date for the next Birth Rate Plus audit. Following the outcome of the audit a review of the midwifery establishment will be undertaken to ensure that the service is supported with the requisite number of midwives delivering directly clinical care. and also the requirements of national transformation / inquiry outcomes. This work will be presented once it is available to provide assurance of staffing to national recommendations.

### 7.4 Corporate support

Support will be required from finance, HR, business intelligence and the project management team.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## 8 Risks

- If leadership and management skills are not developed in the maternity service there is a risk of non-delivery of the national plan leading to risk of increased turnover, poor reputation, and safety issues
- Non-delivery of national plan leading to a deficit in skills, risk of increased turnover, poor reputation, and safety issues
- Continued low staff morale and poor culture – potential to lead to safety issues, inability to recruit perpetuating staffing shortage resulting in increased escalation and a reduction in leadership capacity
- Loss of income due to poor reputation - if national programme is not delivered / staff morale does not improve then women may choose to birth elsewhere
- Risk of poor reputation leading to lower number of women choosing to book at the Trust and a loss of income

These risks link to BAF risks on clinical strategy, organisational culture, workforce and reputation.

## 9 Key performance indicators

To monitor service improvement, the following metrics have been agreed to demonstrate success:

### 9.1 Workforce

Key Performance Indicator	Trust target	Current position
Sickness absence	<4%	Total 7.9%
Turnover	<10%	9.22%
Midwifery Vacancy	<2.5%	5% (vacancies filled awaiting start)
PDR compliance	>90%	67%
Mandatory Training Compliance	>90%	80%
Role specific Training	>90%	75.4%

**Table 2 Midwifery workforce data**

Main staffing concerns and challenges have focussed on midwifery. Staffing KPIs for the medical team and other professions within the service will continue to be monitored via Directorate and Divisional meetings.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

## 9.2 Quality & Clinical Indicators of Safety

Key Performance Indicator	Trust target	Current position
Induction of labour Rate	< 38%	43%
Elective Caesarean Section Rate*	No national target	13.8%
Emergency Caesarean Section Rate*	No national target	15.6%
Delay in IOL (transfer to DS)	<4hours	TBC
Home births	4%	4.2%
Complaint trend	No target	Trend to be reported

**Table 2 Quality and Safety KPIs - whole service**

\* CQC no longer recognise caesarean section rate as an indicator of safety

## 9.3 Continuity of Carer

Key Performance Indicators	National Average	Trust Target	Current performance*
No of Births per month	-	108	TBC
Spontaneous vaginal births	55%	<55%	59.4%
Instrumental Births	12%	<12%	10.5%
Elective c/s	13.1%	<13.1%	13.2%
Emergency c/s	16.9%	<16.9%	16.7%
Total c/s	30.1%	<30.1%	29.9%
Home births	2.0%	>2.0%	1.4%
Water birth (of SVB)	-	-	11.1%
% of women receiving I/P care from a CoC midwife	70%	70%	TBC

**Table 3 Continuity of carer KPIs**

## 10 Timescales

The work on the improvement action plan continues, with the intention to fully launch the service improvement programme in *September 2021*; at this point all vacancies should be filled to required levels allowing the release of staff who wish to engage directly in the work streams.

Work streams will develop individual project plans, with the aim of seeing benefits within 1 year. The Division acknowledges that service/quality improvement is an iterative process and there will be continuing quality improvement beyond this date.

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

The programme will be tied in with the Trust single improvement methodology, when launched, to support ongoing cultural change and staff involvement.

## 11 Conclusion

The Maternity service at WAHT has had some significant challenges over the last year which have resulted in poor staff morale and the cessation of the roll out of the transformational Continuity of Carer model.

In order to move forward the service needs a structured service improvement programme to support staff and leaders, improve culture and ensure that safety is maintained.

The service improvement plan will aim to deliver:

- Improvements against KPIs within 1 year
- Maintenance of maternity safety
- A re-evaluation and restart of the roll out of continuity of carer
- Continued roll out of other aspects of the national maternity transformation programme
- Improved escalation and reporting from ward to board and back, facilitated by better communication channels and leadership visibility
- Improved morale as demonstrated by direct feedback to leaders and local staff surveys
- Improved staffing levels – driven by improving sickness, turnover and vacancy
- Improvements in behaviours and team dynamics
- Leaders who are equipped with the skills, tools and time to undertake their roles effectively

The Divisions assurance level has been rated as 4. This is based on our current position on midwifery staffing together with the hold on further roll out of Continuity of Carer. The assurance level will be raised to 7 when the service improvement plan delivers the above points and is this reflected in the KPIs.

## 12 Recommendation

Trust Board are asked to:

- Note the contents of the paper
- Approve additional resource to support the success of the maternity service improvement plan
  - Directorate Manager 8b
  - Maternity Governance manager band 7

Meeting	Trust Board
Date of meeting	15 July 2021
Paper number	-

- Audit and Guidelines lead Band 6 (potentially covered via Ockenden funding)
- Corporate support for improvement work streams