

# **Agenda**

## **Health Overview and Scrutiny Committee**

**Tuesday, 21 September 2021, 2.00 pm  
County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Scrutiny on telephone number 01905 844965 or by emailing [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## DISCLOSING INTERESTS

**There are now 2 types of interests:  
'Disclosable pecuniary interests' and 'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have  
**a pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR**  
relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorderd' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## Health Overview and Scrutiny Committee

### Tuesday, 21 September 2021, 2.00 pm, Council Chamber

#### Membership

<b>Worcestershire County Council</b>	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
<b>District Councils</b>	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) Cllr Jo Till, Bromsgrove District Council

#### Agenda

Item No	Subject	Page No
1	<b>Apologies and Welcome</b>	
2	<b>Declarations of Interest and of any Party Whip</b>	
3	<b>Vice-Chairman</b>	1 - 2
4	<b>Public Participation</b> Members of the public wishing to take part should notify the Assistant Director for Legal and Governance in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 20 September 2021). Enquiries can be made through the telephone number/email address below.	
5	<b>Confirmation of the Minutes of the Previous Meeting</b> Previously circulated	
6	<b>Mental Health Services</b>	3 - 28
7	<b>Hospital at Home - Proposed Consultation</b>	29 - 38
8	<b>Update on Maternity Services</b>	39 - 94
9	<b>Work Programme 2020/2</b>	95 - 98

Agenda produced and published by the Assistant Director for 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  
[website](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **21 SEPEMBER 2021**

#### **VICE CHAIRMAN**

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##### **Summary**

1. To consider the nomination of a Vice Chairman for the Health Overview and Scrutiny Committee (HOSC).

##### **Background**

2. Given that the statutory power of health scrutiny rests with the County Council, the Chairman of the HOSC is a County Councillor, Brandon Clayton. To reflect the partnership approach to health scrutiny in Worcestershire, the County Council's Constitution states that the Vice Chairmanship should be allocated to one of the District Council Members.

##### **Next Steps**

3. District Councillors are invited to nominate a Vice Chairman for the Health Overview and Scrutiny Committee. The nominee put forward by the District Council Members will need to be agreed by Worcestershire County Council.

##### **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:

[Worcestershire County Council's Constitution](#)

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 21 SEPTEMBER 2021**

### **MENTAL HEALTH SERVICES IN WORCESTERSHIRE**

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#### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested an overview of how Mental Health Services in Worcestershire are configured and operate and the current challenges being faced, particularly as services recover from the COVID-19 pandemic.
2. It is envisaged that following the initial overview, the Committee will be able to determine the areas for further in-depth Scrutiny.
3. Senior representatives will be present from Herefordshire and Worcestershire Health and Care NHS Trust and NHS Herefordshire and Worcestershire Clinical Commissioning Group and Worcestershire County Council.

#### **Background**

4. Mental Health Services in Worcestershire are the responsibility of both health and social care.
5. The Mental Health Strategy for Herefordshire and Worcestershire sets out the ambitions to support and treat people with mental health issues over the next 5 years, in terms of delivering the national strategy in a way that works for the area, as well as identifying local priorities to meet the specific needs based on feedback from stakeholders.
6. The Strategy is informed by what people have said ~~told us~~ about their experiences either as a person who has experienced mental health illness, a carer of someone with a mental health illness, or a member of staff working with people experiencing mental health illness. The Strategy is being presented to the Health and Wellbeing Board meeting on 28 September for approval.
7. COVID-19 has had, and will continue to have, a major impact on peoples' mental health and wellbeing, and on the way Mental Health Services are delivered. In the short term many Mental Health Services saw a dramatic reduction in referrals, meaning fewer people are receiving the care that they require, though these have largely now returned to normal levels. Conversely there was also increased demand for some services, as a result of the increased stresses brought about by the pandemic and subsequent lockdown.
8. The scale of the longer-term negative impacts of the pandemic on mental health and wellbeing, both direct and indirect, remains unclear. They are expected to be significant, however. Issues such as anxiety and depression are expected to become more prevalent, particularly as negative economic effects impact on employment; trauma caused directly by treatment for COVID in Intensive Care Units is also a risk,

and it is also being reported that people presenting to services are experiencing a greater acuity of symptoms, suggesting that people are not accessing services as early as previously.

9. While Mental Health Services in Worcestershire remained largely operational during the first wave of the pandemic, in contrast to many elective physical health services, many have begun to routinely utilise digital solutions such as appointments by phone or videoconference. An acute mental health ward that was closed to accommodate COVID-positive patients, with staff redeployed to deliver intensive community treatment instead, is proving a success. Estates strategies are being revisited off the back of a more flexible, mobile workforce than ever before, and public awareness of mental health and wellbeing continues to grow.

10. The local Voluntary, Community and Social Enterprise (VCSE) sector has provided wide-ranging and invaluable support, including closer integration with statutory services, and continues to buck the trend around workforce challenges.

11. While there remain challenging times to come as a result of COVID-19, it is important that we take advantage of and retain the major positive changes that have been made to how services are delivered wherever possible.

12. The presentation slides at Appendix 1 summarise the main points of the report and provide further detail on the national and local picture as well as the impact of COVID-19 on referrals, related activity, risks and challenges, future development and opportunities.

## **Provision in Worcestershire**

### Mental Health Social Work team

13. The Mental Health Social Work team works with people aged 18yrs+ who appear to have social care needs arising from a mental disorder. The team provides support and advice for people through an initial conversation and where we identify Care Act 2014 eligible social care needs and/or eligible aftercare needs under s117 of the MH Act 1983, then support planning is undertaken with the resident to ensure they are able to live a meaningful life as defined by them.

14. Referrals to Mental Health Social care can be made via professionals, family or the person themselves via the Adult Contact centre [Contact the adult social care team | Worcestershire County Council](#).

15. In Worcestershire, the Three Conversation approach is used. This is a strength-based model of social work to ensure that independence is promoted at the earliest opportunities and people are connected to resources in the local community to enable them to lead high quality, meaningful lives. A key principle of the model is to have an initial conversation straight away, avoiding any waiting lists.

### Worcestershire County Council AMHP service

16. Worcestershire County Council AMHP service (Approved Mental Health Professionals) are approved under the Mental Health Act to assess people who

require hospital admission for assessment or treatment in a psychiatric hospital and are resistive or lack the capacity to consent to this.

17. The AMHP service coordinate assessments under the legal framework of the Mental Health Act 1983 and have a statutory role and responsibility under the Act. This Service is 24/7 365 days a year and can be accessed via 01905 846877 by professionals (GP or MH professionals) or Nearest Relatives as defined by the Mental Health Act.

18. Mental Health Services are provided through a pathway approach. These are primary care services, secondary care services which provide more specialised care for people with moderate to severe mental health needs, and acute pathway for those who need an urgent response to their mental health needs and specialist services.

### Services for Children and Young People

19. Services for Children and Young People also provide support to schools for pupils experiencing or at risk of mental health difficulties.

20. Primary care and educational support services include Reach4Wellbeing for children with anxiety, low mood and low-level depression. In addition, children can access online support through the Kooth platform. The Consultation, Advice, Support and Training (CAST) service supports educational professionals who are working with children experiencing mental health difficulties

21. Worcestershire is also implementing Mental Health Support Teams in Schools, with the first services becoming operational from November this year, when the new workforce of Education Mental Health Practitioners completes their training. Further training is being funded by NHS England to expand the service to approx. 50% of schools by March 2024.

22. Secondary care and specialist services are provided through the Child and Adolescent Mental Health Services (CAMHS). This provides a multi-disciplinary approach of therapeutic intervention and treatment for young people with complex and enduring emotional and mental health disorders. More specialist provision is the Children's Eating Disorder Service, the Integrated Service for Looked After Children and Early Intervention in Psychosis Service for young people experiencing their first episode of psychosis.

23. Children who have urgent MH needs are supported through the CAMHS Plus service which provides intensive support in the community for those who may at risk of admission or to support their discharge from a hospital bed into the community. CAMHS also support the adult crisis services including liaison for the Acute Hospitals should a child attend A&E or be admitted with MH needs.

### Services for Adults

24. Services for Adults can be described along similar pathways. Services for primary care include Healthy Minds providing psychological therapies for people with mild to moderate mental health issues and the new Neighbourhood MH Teams, an

integrated service working within GP practices to support people with more serious and long-term mental health problems.

25. Adults with urgent care needs are supported by the Crisis Resolution Team or the MH Liaison Team if they attend the A&E departments or are admitted to the Alexandra General or Worcestershire Acute Hospitals.

26. If adults need intensive assessment or treatment due to a period of mental ill health this can be provided by the Home Treatment Team or by admission to the Mental Health Wards in Worcester and Redditch, with the most unwell people being supported in the Psychiatric Intensive Care Unit in Worcester. Those who need a period of rehabilitation prior to returning to the community are supported by the two community recovery units, one in Bromsgrove and one in Worcester. These services enable Worcestershire to provide care within the county with very little need to access acute beds outside the county due to lack of local bed availability.

27. A number of specialist services are provided for people with Eating Disorders, Complex Emotional Needs, Employment and reablement services for those recovering from episodes of severe mental ill health and the Perinatal Service that supports women with complex mental health needs and their partners through the perinatal period.

28. Services are provided on the basis of the presenting needs of the patient, rather than age. Older Adult Services will support those older people with MH needs where there are often physical health needs or frailty. The provision is for all MH diagnoses including dementia.

#### Older Adult Community Mental Health Team

29. The Older Adult Community MH Team works across primary and secondary care providing interventions and support for older people with complex and enduring MH needs. The Healthy Minds Service described in point 23 will support people aged 16 and above.

30. The pathway for people living with dementia starts with the Memory Clinic who provide the clinical diagnosis, followed by support from the Dementia Assessment and Support Team and the Admiral Nursing Service.

31. Older People with more urgent need are supported through the Crisis Resolution and MH Liaison Teams described in point 24 above. Ward based assessment and treatment is provided through the Newhaven unit in Bromsgrove and the newly developed Hospital at Home Team provide an alternate to admission where appropriate, enabling the patient to remain at home.

32. The NHS Long Term Plan sets out the developments to be funded through ring-fenced MH Investment Standard money up to 2023-24. This requires investment to expand services to improve access and outcomes for the population to meet the nationally set ambition.

## **Impact of COVID**

33. As previously mentionned Mental Health Services in Worcestershire remained largely operational during the first wave of the pandemic, many have begun to routinely utilise digital solutions such as appointments by phone or videoconference

34. NHS England required all areas to provide a mental health help line available 24/7 and 365 days per year. Worcestershire was able to expand the existing provision utilising staff who were working from home or required to isolate. Whilst initial demand was high, very few people needed ongoing clinical support. The expanded Here2Help offer provided by Worcestershire County Council is able to support those non-clinical needs.

35. During the early stages of the pandemic demand for primary mental health care services reduced, possibly linked to reduced access to GP Practices.

36. The following table shows the demand in terms of number of referrals received by Herefordshire and Worcestershire Health and Care Trust and Worcestershire County Council in the month immediately prior to the first lockdown compared to July this year. This shows a snapshot comparing two months data for the services described in this report.

	Pre COVID January 2020	Post COVID July 2021
Healthy Minds	1579	985
Crisis Resolution Teams	614	1387
Home Treatment Team	171	143
MH Liaison	320	287
Early Intervention in Psychosis	13	13
Eating Disorder Service	13	29
Peri-Natal Service	58	63
Neighbourhood MH Teams	88	278
Employment and reablement Service	90	53
Older Adult Services	305	641
CAMHS and CYP Eating Disorders	296	319
WCC MH Social Work Team	31	42
Mental Health Act Assessments	68	71

## **Supporting Information**

- Appendix 1 – presentation slides

## **Purpose of the Meeting**

37. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage.

## **Contact Point**

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Lead for Mental Health, Learning Disabilities and Children  
NHS Herefordshire and Worcestershire CCG  
[jennydalloway@nhs.net](mailto:jennydalloway@nhs.net)

## **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:



# **Mental Health Services in Worcestershire**

Health Overview and Scrutiny Committee  
21<sup>st</sup> September

# Overview of the session

- Awareness of the depth and breadth of provision under the banner of “mental health”
- What these services broadly offer and for whom
- COVID impact
- Future opportunities and challenges



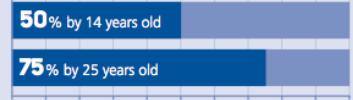
# National Picture

## 01. Mental health problems develop at a young age.

1 in 5 children have a mental health problem in any given year.<sup>8</sup>



First experience of mental health problems in those suffering lifetime mental health problems.<sup>9</sup>



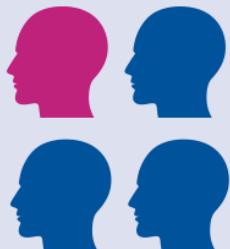
## 04. Mental health impacts on life expectancy.

Average life expectancy in England and Wales for people with mental health problems is 60 years behind the national average.<sup>12</sup>



## 02. Mental health is widespread & common.

Every year 1 in 4 adults experience at least one mental disorder.<sup>10</sup>

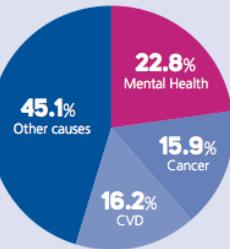


## 05. People with mental health problems have worse physical outcomes.

People with mental illness are at increased risk of the top five health killers, including heart disease, stroke, liver and respiratory diseases and some cancers.

## 03. Mental health is a significant burden.

Mental ill health is the single largest cause of disability in the UK.<sup>11</sup>



### PEOPLE WITH SCHIZOPHRENIA ARE:

- 2 X** more likely to die from cardiovascular disease,
- 3 X** more likely to die from respiratory disease.

1 in 4 adults experience at least one diagnosable mental health problem in any given year

Severe Mental Illnesses affect around 500,000 people in England

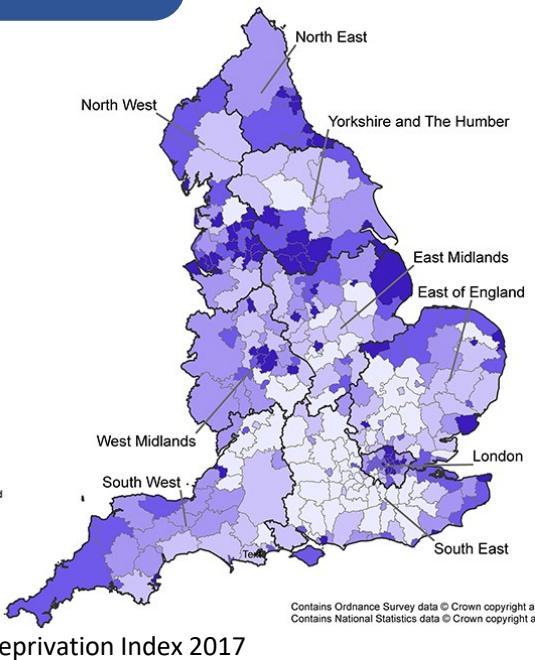
One in six school age children has a mental health problem

75% of adults with a diagnosable mental health problem experience the first symptoms by the age of 24

Suicide is the leading cause of death in 15-29 year olds and the second leading cause of maternal death

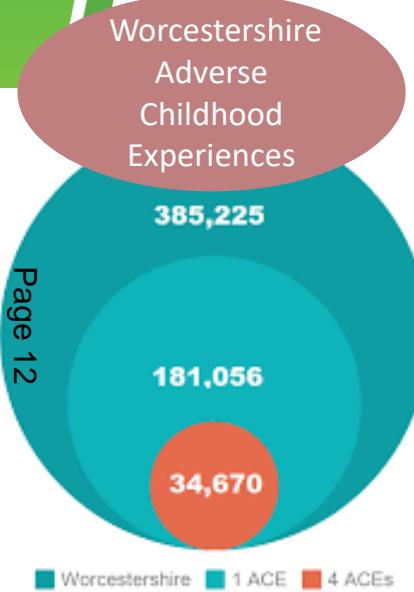
1 in 5 older people are affected by depression

1 in 5 mothers suffer with depression, anxiety or psychosis in pregnancy or first year after children

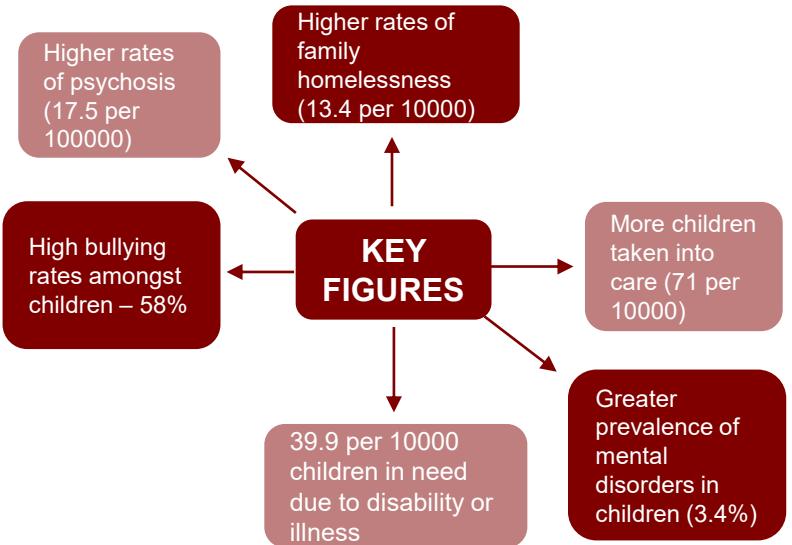


# Local Picture - Worcestershire

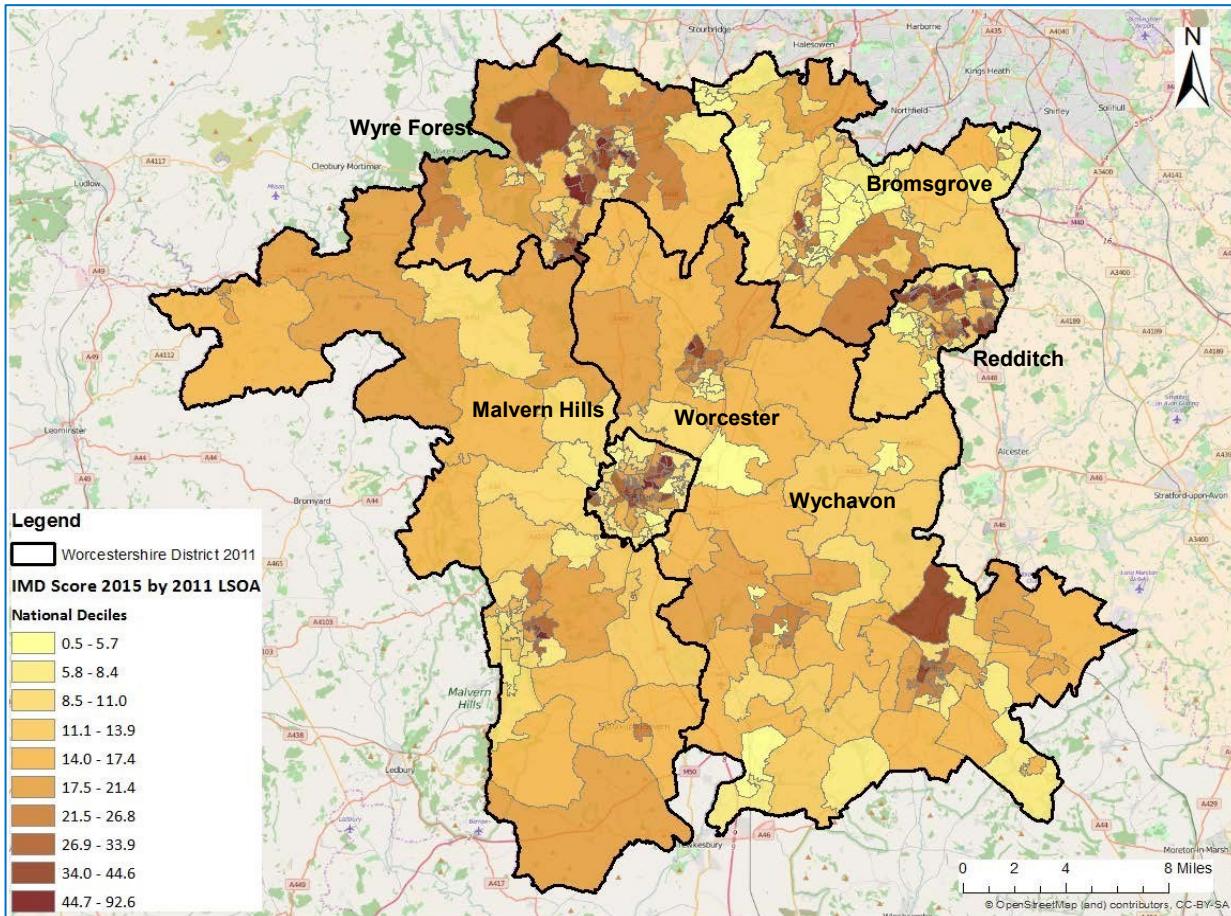
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**Worcester = 9<sup>th</sup> worst area in England for rising deprivation levels**



Source: Indices of Multiple Deprivation 2015



# Child and Adolescent MH Services

- **Consultation, Advice, Support and Training (CAST)**
  - For professionals who are working with CYP experiencing or at risk of MH difficulties
- **Reach4Wellbeing**
  - Provides 1:1 and group sessions around anxiety, low mood and low level depression for school aged children. The team works closely with School Health Nurses, Parenting Support and CAMHS.
- **Child and Adolescent MH Services (specialist CAMHS)**
  - Multi disciplinary team accessed through a Single Point of Access - assessment, support, therapeutic intervention and treatment for children and young people with complex and enduring emotional and mental health disorders
- **CAMHS Plus**
  - Multi disciplinary team who work with young people requiring intensive support in the community including those at risk of admission to and preparing for discharge from tier 4 provision

# Child and Adolescent MH Services

- **CYP Eating Disorders Team (CEDS)**
  - multi-disciplinary team working with young people with a diagnosis of Anorexia nervosa or Bulimia nervosa.
- **Integrated Service for Looked After Children**
  - works with Worcestershire County Council foster carers offering training and support to maximise placement viability.
- **Early Intervention in Psychosis**
  - Community mental health team that works with people between the ages of 14 and 35 who are developing their first episode of psychosis
- **Mental Health in Schools (November 2021)**
- **CYP Crisis service (funding agreed)**

# Adult MH Services

- **Healthy Minds**
  - Provides Improving Access to Psychological Therapies (IAPT) compliant treatment for people with mild to moderate mental health issues. Treatment is offered on a group or one to one basis and can be offered remotely (via telephone or video conferencing) or face to face. Treatment uses recognised talking therapies such as Cognitive Behavioural Therapy, Dynamic Interpersonal Therapy or Counselling for Depression.
- **Enhanced Primary Care MH Services**
  - Assessment and therapy services for people with moderately severe psychological problems
- **Mental Health Neighbourhood Teams (being rolled out)**
  - *Previously known as CARs or CMHTs*
  - Teams of mental health professionals who respond to the local mental health needs, working closely with other local services and Partner organisations

# Adult MH Services

- **Crisis Resolution Team and Assessment Suite**
  - Meets the needs of patients who are experiencing acute mental health crisis (including 24/7 crisis line) delivered in partnership with Springfield Mind
  - Crisis Assessment Suite provides a health based place of safety for patients detained on Section 136
- **Home Treatment Teams**
  - Service for patients aged 17 and 6 months and over to be treated in their own homes as an alternative to hospital admission to psychiatric ward and prevent significant relapse. The service facilitates early discharge for patients admitted to hospital.
- **Mental Health Liaison Teams**
  - Respond to all mental health referrals from A&E and inpatient ward across the both acute hospitals.

# Adult MH Services

- **Complex needs Service**
  - Supports adults (18+) diagnosed with Emotionally Unstable/Borderline Personality Disorder
- **Partner Repatriation Service**
  - This is a multi-disciplinary team who work with identified service users who are currently in out of county placements in order to repatriate them back into Worcestershire
- **Eating Disorder Service**
  - A specialist County-wide, outpatient service, offering assessment and a range of recovery focused interventions for men and women from the age of 16 who suffer with Anorexia Nervosa and Bulimia Nervosa.
- **Perinatal Psychiatry**
  - specialist community based assessment and interventions for women with severe and complex mental health needs during the perinatal period

# Adult MH services

- **Mental Health Wards**
  - Worcester and Redditch (*work underway re: eliminating dormitories on Worcs site*)
- **Psychiatric Intensive Care Unit**
  - Provides care and support for patients detained under the Mental Health Act 1983 (2007) identified as presenting a significant risk of harm to themselves or others
- **Recovery Units**
  - 2 x 24 hour community based rehabilitation units for individuals who have identified functional/occupational needs following them experiencing a period of complex and/or persistent mental health difficulties
- **Employment and Reablement Services including New Opportunities Worcestershire and HW Recovery College**
  - Supports individuals in their recovery from severe mental ill health, through engagement in meaningful roles and activities. Also supports people back into the workplace and links to community provider/other partner agencies.

# Older Adult Mental Health Services

- **Older Adult Community Mental Health Team**
  - The service provides multi-disciplinary assessments, care planning, interventions and treatment for older adults with complex and/or enduring mental health needs (both functional and dementia).
- **Older Adult Mental Health Hospital at Home Team**
  - provides an alternative to hospital admission, facilitates timely discharge and enables patients to stay at home
  - Set up during COVID (replaces Athelon ward pending consultation)
- **Inpatient Care**
  - Provides ward based assessment and treatment for both people experiencing dementia (often with behaviours that challenge) and patients experiencing non organic mental ill health (these). These are delivered on the same site but in separate environments.

# Older Adult Mental Health Services

- **Dementia Assessment and Support Team**
  - This service provides a comprehensive assessment and diagnostic service to ensure people have access to information and support at early and later stages of their diagnosis
- **Admiral Nursing Service**
  - supports and assesses the needs of family and other carers of people with Dementia

# The Mental Health Social Work team

- Work with people 18+ who appear to have social care needs arising from a mental disorder.
- Provide support and advice for people through an initial conversation and where we identify Care Act 2014 eligible social care needs and/or S117 aftercare needs
- Use a Three Conversation Approach

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## Conversation One



Getting to know the person, their needs, interests, aspirations and resources. Then identifying a plan with no ongoing support to manage independently.

## Conversation Two



Supporting someone through a period of instability, potentially providing support on a temporary basis but **sticking to that person like glue throughout**.

## Conversation Three



After completing one of the other conversations above, planning the best way to meet a persons longer term needs and making necessary arrangements.

# Approved Mental Health Professionals (AMHP) Service

- AMHPs are approved under the Mental Health Act to assess people who require hospital admission for assessment or treatment in a psychiatric hospital and are resistive or lack the capacity to consent to this.
- They coordinate assessments under the legal framework of the Mental Health Act and have a statutory role and responsibility under the Act.
- Available 24/7 365 days a year and can be accessed via 01905 846877 by professionals (GP or MH professionals) or Nearest Relatives under the Mental Health Act.

additional MH support

# COVID-19 & the Coming Mental Health Emergency

## Why We Must Prepare

### Why The Coronavirus Is

### Triggering Mental Health Issues:

Page 23  
Despair

Mindset switch from "living" to "survival"

Triggers feelings of hopelessness

Increased health anxiety



Decreased job security

Promotes social withdrawal

Loneliness

Fear for loved ones lives

Decreased financial security

Quarantine makes it more difficult to distract oneself from existing mental health issues

Coronavirus isn't just threatening our physical health, but our mental health too. Look after it. Please share to raise awareness.

@RealDepressionProject

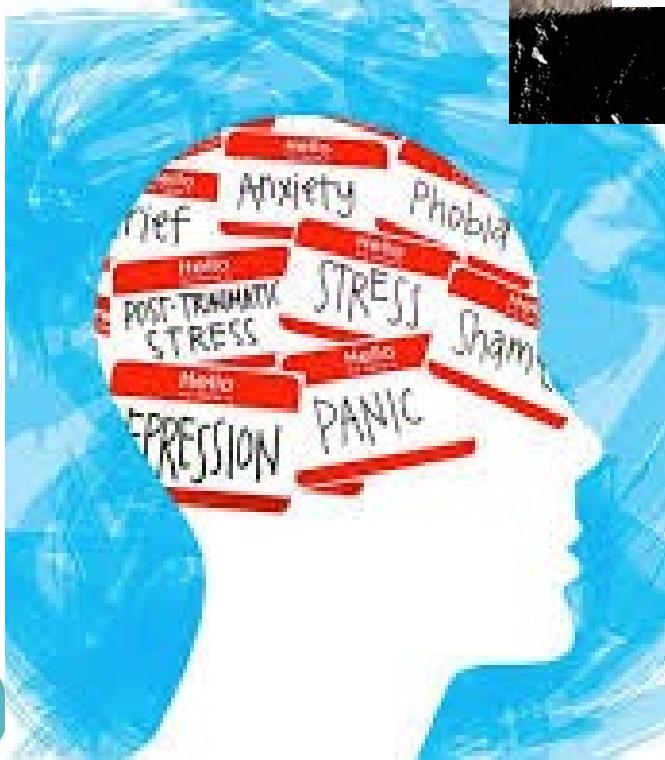


Surge in PTSD

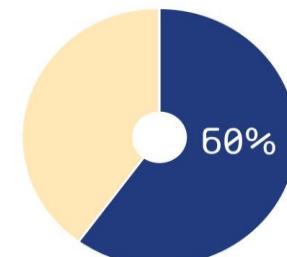
1/10 experiencing suicidal thoughts

## DISTRESS GOES VIRAL COVID-19's hidden mental health crisis

NHS is to see a near four-fold (312 per cent) in MH activity

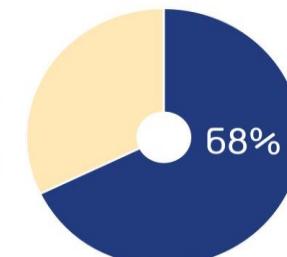


More than half of adults (60%) and over two thirds of young people (68%) said their mental health got worse during lockdown



60%

Adults



68%

Young people



# Impact of COVID on referrals

Service	No of referrals pre COVID	No of referrals July 2021	Additional info
Healthy Minds	1579	985	Significant drop off in April-June 2020 – now back to pre COVID levels
All crisis services	614	1387	New 24/7 helpline set up in COVID
Eating Disorders	13	29	
NT/Previously CARs	88	123	Increased capacity (new investment)
Reablement and Employment	90	53	Impact of economic climate/furlough etc
Older Adult MH	305	641	Delays in dementia diagnosis
CYP CAMHS and Eating Disorders	296	319	
WCC Mental Health Social Work Teams	31	42	*new referrals not previously open. This service returned to WCC on 01/04/2021
Mental Health Act Assessment	68	71	This Service returned to WCC on 01/04/2021

# Impact of COVID on HWHCT activity

Service	Contacts pre COVID (face to face and virtual)	Contacts pre COVID (face to face and virtual) July 2021	Additional info
Healthy Minds	4010	2862	Significant drop off in April-June 2020 – now back to pre COVID levels
All crisis services	859	1823	New 24/7 helpline set up in COVID
Home Treatment	2546	1622	Impact of the restrictions on home visiting
Eating Disorders	178	289	
Reablement and Employment	977	1048	
Older Adult Mental Health	3127	3536	
CYP CAMHS and Eating Disorders	2285	2853	

# Risk and challenges

- Workforce challenges – especially around qualified staff is a national and local issue
  - Working group looking at rapid development of unqualified staff through VCS, Primary Care etc to increase pipeline of Mental Health practitioners
  - Creative models to blend different sectors being developed
- Demand predictions
  - Refresh of the MH needs assessment underway to underpin planning and workforce development programmes
- Scale of transformation and change
  - Embedding a completely new approach to integrated services, population health management and addressing health inequalities whilst maintaining access to core services and delivery of key targets
- Maximising the opportunities to join up pathways, access points as part of the ICS – this is a significant challenge given depth and breadth of mental health provision and support across the county

# Future developments and opportunities

- HWBB priority of mental health and wellbeing sets out our shared commitment to addressing the predeterminants of mental ill health and mental health inequalities
- ICS MH Collaborative - multi agency partnership to facilitate new ways of working to practically deliver on the HWBB priority and drive the delivery of positive long term mental health outcomes
- Programmes of work to join up low level mental health support services – including the Worcs Integrated Wellbeing Service
- Continued year on year NHS investment in MH core services and new models of care
- Expansion of core services to meet COVID related demand – e.g. crisis services for CYP

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
OVERVIEW AND SCRUTINY PANEL  
21 SEPTEMBER 2021****HOSPITAL AT HOME – PROPOSED CONSULTATION****Summary**

1. The Health Overview and Scrutiny Committee (HOSC) is to be briefed and consulted on proposals for the older adult mental health ward (Athelon Ward) to be closed and replaced with a hospital at home service that has been in existence since the start of COVID-19 pandemic.
2. The temporary change of use of the Athelon Ward was part of a range of measures and temporary service changes put in place to enable health services to be restored during the COVID-19 pandemic.
3. Senior representatives from Herefordshire and Worcestershire Health and Care NHS Trust, which provides older adult mental health services, will be present at the meeting.

**Background**

4. The Hospital at Home Service is a 24-hour response service for older adults with functional mental health illness that enables patients requiring treatment and support for an acute mental health problem to be cared for within their own homes.
5. The service provides mental health care for people aged over 65 years with severe and enduring mental ill health or disorder which includes conditions such as schizophrenia, bipolar affective disorder, severe depression and personality disorder. The service also works with patients who have a mental illness that is secondary to other physical, organic or neurological conditions.
6. The Hospital at Home Service aims to reduce or prevent admissions to inpatient services and facilitate early discharge from a ward. It also provides out of hours or crisis support and seeks to reduce the need for out of area placements. These aims reflect national and local priorities around mental health care.
7. The service was originally established in response to the Covid-19 pandemic, when efforts were made to keep older people out of hospital as much as possible. This resulted in the temporary closure of Athelon ward in Worcester, and the ward budget was used to pilot the Hospital at Home Service.
8. The Hospital at Home Service is an additional resource insofar as ward based care continues to be provided for patients who need this at the New Haven site in Bromsgrove. This ward supports both the organic and functional mental health of older adults separately, but on the same site.

9. Currently some building work is taking place to eliminate dormitories on Trust mental health wards and provide all patients with a private room, and Athelon ward is being utilised to support this work on a temporary basis. However, whilst this work is happening beds for older adults who need ward based mental health care are available at New Haven and will be available at Harvington Ward in Kidderminster, should further need arise and until all building work is complete.

10. The Herefordshire and Worcestershire Health and Care NHS Trust now wants to consult on the proposal to retain the hospital at home approach to service delivery and continue ward based provision for those who need it at Newhaven. To help stakeholders respond to this, the Trust has undertaken an extensive evaluation of the service since inception and the findings of this will be shared as part of the consultation.

11. The link to the consultation website where evaluation work and the survey can be found is <https://www.hacw.nhs.uk/hospital-at-home>

### **Legal, Financial, and HR Implications**

12. The proposal complies with the statutory duty to consult.

13. Any permanent HR changes resulting from the proposal will be considered as part of the consultation process and onward implementation of the substantive model.

14. There are no financial considerations at this stage.

### **Equality and Diversity Implications**

15. The Equality Impact Assessment for this service change was presented to the Trust Equality Advisory Group (EAG) in October 2020. The EAG comprises a membership of people who identify with one or more of the nine protected characteristics or who are from another group or community identified as vulnerable in some way.

16. At presentation to the EAG, the service felt that overall the impact of the change in approach to providing a hospital at home would be positive for most groups, with no negative impacts identified. Primarily, the positive impacts emerged from the view that there are benefits to being cared for in a familiar home environment by staff that have the skills and experience of working with this age group. It was also recognised that a change in the care environment can be traumatic for many and even more so for the elderly and those with a disability, particularly if the home has been adapted for need whether that be for a physical or mental health issue. So too there can sometimes be delays in finding a bed for some patients, whereas care at home can commence quickly.

17. The EAG members acknowledged the view of the service but questioned the support that would be given to carers, recognising care at home for an elderly person could add an additional burden for this group. It was the view of the EAG members that carer impact information needed to be collated during the pilot to better understand this – this has been actioned. The EAG members also noted that if someone was living alone and away from their carer and didn't have any on-going support in the home environment, this would need to be taken into consideration in terms of the suitability of a hospital at home approach for such patients.

18. The Equality Impact Assessment is available at  
<https://www.hacw.nhs.uk/hospital-at-home>

### **Purpose of the meeting**

19. HOSC members are invited to consider and comment on the information provided 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 – Consultation Plan

### **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 27 January, 10 March 19 July 2021 and 18 June, 20 July 30 September, 16 November 2020– available on the website: [weblink to agendas and minutes](#)

Minutes and Agendas are available on the Council's website: [webink to agendas and minutes](#)

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## **Hospital at Home Service**

### **Consultation Plan**

#### **Background**

The Hospital at Home Service is a bespoke service for older adults with functional mental health illness that looks to enable older adults requiring support with an acute mental health problem to be cared for within their own homes. The service seeks to reduce admission to inpatient services and facilitate discharge.

The service was established in response to the Covid pandemic, when efforts were made to keep older people out of hospital as much as possible, so that they were kept safe and in familiar environments. During this time, the ward budget has been used to pilot a hospital at home service. The Hospital at Home service is an additional resource and it does not replace the normal service delivered to patients.

#### **Equality Impact Assessment (EIA)**

The EIA for this service change was presented to the Equality Advisory Group (EAG) in October 2020. At presentation, it was felt that overall the impacts would be positive for most groups, with no negative impacts identified. Primarily, the positive impacts emerged from the view that there are benefits to being cared for in a familiar home environment by staff who have the skills and experience of working with this age group. It was also recognised that a change in the care environment can be traumatic for many and even more so for the elderly and those with a disability, particularly if the home has been adapted for need whether that be for a physical or mental health problem. So too there can sometimes be delays in finding a bed for some patients, whereas care at home can commence quickly.

The EAG did question the support that would be given to carers, recognising care at home for an elderly person could add an additional burden for this group. Carer impact information has therefore been collated during the pilot to better understand this. The EAG also noted that if someone was living alone and didn't have any support in the home environment, this would need to be taken into consideration as not all carers live with the person they care for.

#### **Evaluation**

Since inception, the Hospital at Home service has been evaluated via the following:

Chair: Mark Yates

Chief Executive: Sarah Dugan

Working Together for **Outstanding Care**

Patient and carer survey

Patient and carer in-depth engagement

Collation of information relating to out of area placements and lengths of stay

Collation of information relating to Complaints, Compliments and PALS enquiries

Staff survey

A summary of the findings of the evaluation will be shared in the consultation to help stakeholders develop an informed view around continuation of the service

## **Stakeholders**

The stakeholders interested in, invested, or impacted by this work are identified as follows:

- Patients
- Carers/Families
- Staff
- VCSE organisations – Worcestershire Association of Carers; Age UK; Jigsaw Mental Health Relative and Carer support group ; Onside Advocacy; Springfield Mind ; Redditch Mental Health Advisory Group; Community First; Simply Limitless; Bipolar UK local support group; Positive Thoughts; Maggs Day Centre; St Paul's Hostel
- Housing Associations – Rooftop; Fortis; Platform; Community
- Healthwatch Worcestershire
- Community Engagement Panel
- Elected members/HOSC
- CCG
- JNCC

## **Approach**

A draft consultation document will be created which will include a narrative for the work, a full summary of the evaluation findings, and a stakeholder survey.

A dedicated webpage will host the narrative, the evaluation findings, and the link to the survey.

Email and phone contact information will be provided on the webpage should any stakeholder wish to give their views this way, or should they wish to discuss the work or the outcome of the engagement.

The survey will be supported by online focus groups where the project and the evaluation findings will be presented and questions answered, followed by group discussions around key questions.

Face to face engagement will be offered for those stakeholders wishing to engage this way – though this will be arranged and managed in accordance with Trust infection control requirements

### **Patients and Carers**

Patients and carers will be consulted via the survey.

A link for the webpage where the survey will be hosted will be texted out where the service has suitable contact details.

The text will invite patients and carers to engage with us in alternative ways if this is preferred – to include by phone, email, or via an arranged and managed face to face interaction.

Hard copies of consultation information will be posted out where mobile contact information is not available

### **VCSE organisations**

This group will be engaged through the survey and an online focus group/event open to all to attend, although we would also seek to attend existing meetings arranged by these organisations, where we could give a presentation and engage in discussion

### **Staff**

This group will be engaged through the survey and an online focus group/event

### **Housing Associations**

This group of stakeholders to be engaged through the survey and an online focus group/event

### **Healthwatch Worcestershire**

Healthwatch would receive all copy surveys and information about the planned engagement, with an invitation to attend any focus groups

## Community Engagement Panel

The CEP meets monthly and service managers would be invited to attend a meeting, present details of the work and engage in a discussion

HOSC/CCG

Information about the work will be communicated via existing meetings

JNCC

A formal change management process will be undertaken

## Timeline

<b>Month</b>	<b>Activity</b>	<b>Owner</b>
May- end of July	Data capture for evaluation/impact evidence to include: Evaluation Case Studies Carer Impact evidence OOA placement Length of Stay Complaints, Compliments and PALS Staff survey  Creation of draft consultation document and survey for patients	Service Lead  Engagement Team
August	Data analysis of evaluation/impact evidence – all forwarded to Trust Board for decision and to Engagement Lead for consultation  Slide deck created  Narrative for the work created	Service Lead  Project Manager/Engagement Lead

<b>Month</b>	<b>Activity</b>	<b>Owner</b>
	Refreshed EIA developed  Dates for online focus groups identified	Service Lead/Engagement Lead  Service Lead  Engagement lead
September	<b>Trust Board decision 8<sup>th</sup> September</b>  Information shared with CCG and HOSC  List of current patients/family members/carers provided to Engagement Team  Consultation information communicated to stakeholders - post Trust Board decision  Engagement with partners for dates of established meetings that can be attended by service to present  Information, survey and slide deck shared with Healthwatch  Service Lead attendance at CEP  Service Lead attendance at EAG with follow up EIA	Director of Strategy and Partnerships  Service lead  Patient Experience Lead/Engagement Team  Engagement Team  Service Lead and Engagement Team  Service Lead and Engagement Team
October - December	Focus groups/ face to face engagement	Engagement Team and Service Leads
December-January	Collation of feedback into final report	Engagement Lead

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **21 SEPTEMBER 2021**

#### **UPDATE ON MATERNITY SERVICES**

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##### **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).
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 this inspection.
3. A senior representative will be present from Worcestershire Acute Hospitals NHS Trust.

##### **Actions following the CQC Inspection of Maternity Services**

4. The CQC focused inspection was carried out in response to whistleblowing concerns and information received about the safety of the maternity department, particularly around midwifery staffing levels, risk and incident reporting and governance. Inspectors found that staffing levels were often lower than planned, with midwives reporting that this led to them being frequently moved within the department. Midwives also said morale was low due to longstanding staffing issues, and that they felt their concerns and views were not being considered by management. A link to the full inspection report is available at Appendix 1.
5. The HOSC has previously been updated on the CQC inspection findings and action being taken by the Trust to respond – details of the report and discussion on 10 March 2021 can be found here: [weblink to agenda and minutes](#)
6. HOSC Members acknowledged the actions outlined by the Trust, the fact that no safety concerns were raised during the inspection and the challenging context of the COVID-19 pandemic. Actions which the Trust had put in place at that time included a sustained focus on safety huddles and Chief Nursing Officer safety walkabouts, increased recruitment, training and governance to strengthen processes. The presentation slides at Appendix 2 set out progress made by the Trust since the CQC inspection.
7. The HOSC agreed the importance of monitoring progress of the Acute Trust's action plan for improvement. The presentation slides at Appendix 2 set out overall progress made by the Trust since the CQC inspection.
8. The Trust's Action Plan is available at Appendix 3.

## **Progress following the CQC Inspection of Maternity Services**

### Action Plan

9. The maternity services developed an action plan to address all of the issues that were raised by the team during the engagement events and this also included the actions recommended by the Care Quality Commission. The action plan has 138 actions; to date 102 actions have been completed, with a further 17 on track to complete within the specified date and a further 19 which are delayed.

10. The 19 actions that are currently delayed are presented in the following four themes:

- Implementation of staffing acuity tools due to high demand of supplier following the publication of the Ockenden recommendations in December
- Implementation of the revised Escalation Policy
- Publication of the revised Standard Operating Procedure for Continuity of Carer
- Development of Professional Midwifery Advocacy Service – recruitment underway

11. These actions have been delayed due to leaders supporting clinical/operational pressures during successive waves of the COVID pandemic.

### Further engagement events

12. In April 2021 Vicky Morris, Chief Nursing Officer retired and the Trust welcomed Paula Gardner as her successor. A special focus on maternity services was led by Paula in May advertised locally as 'Maternity Matters'. Both Paula Gardner and Matthew Hopkins, Chief Executive, held a number of engagement events with the maternity team and a number of additional actions were added to the action plan in an attempt to accelerate some existing actions.

13. The Executive Team have continued to maintain a visual presence in the inpatient areas within maternity services with regular walkabouts and meetings with staff on a 1:1 basis if they have concerns to raise.

14. Paula Gardner is the Board Level Safety Champion for Maternity Services and Simon Murphy is a newly appointed Non – Executive Director Safety Champion for Maternity Services. Monthly walkabouts continue and staff receive feedback on safety issues and have an opportunity to raise concerns during the walkabouts.

### Maintaining a Safe Maternity Service

15. The maternity directorate team have continued to provide a safe maternity service following the CQC inspection in December.

16. Midwifery staffing levels have continued to be challenging due to vacancies, COVID and non COVID related sickness absence; this has been monitored by the Executive and Non- Executive Directors to ensure that the safest staffing has been available across maternity services.

17. Support to manage historic high levels of team sickness has led to a 50% reduction in sickness absence and two successful recruitment events have filled all

current vacancies with all new starters expected to be in post by the end of September.

### Development of a Service Improvement Plan

18. In June 2021 it was recognised that in order to deliver the requirements of the National Maternity Transformation Plan, a local Service Improvement Plan (Appendix 4) was required.

19. Following discussions at Trust Board in July, the Maternity Service Improvement Plan was shared with the maternity team via the local monthly divisional briefing. It is recognised that ongoing communication and engagement is key to the delivery of further improvements.

### **Supporting Information**

Appendix 1 - Care Quality Commission Inspection Report on 9 December 2020 – available on the CQC website: [weblink to CQC inspection report](#)

Appendix 2 – Presentation slides

Appendix 3 - Action Plan

Appendix 4 – Maternity Service Improvement Plan

### **Purpose of the Meeting**

20. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage.

### **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:

- CQC press release – available on the CQC website: [weblink to press release](#)
- Agenda and Minutes from the Health Overview and Scrutiny Committee on 10 March 2021 and 20 July 2018 – available on the Council's website: [weblink to agenda and minutes](#)

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# Maternity Services – Progress following CQC Inspection

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HOSC September 2021



# Introduction

In 2019/20 the maternity service experienced challenges which led to:

- Reduced morale
- Whistle blowing
- Concerns from the midwifery team regarding safety
- Concerns regarding inequities in care between Continuity of Carer (CoC) and traditional models of midwifery

# Context

## Perfect storm in Q3 2020

- Staff sickness / COVID absence, high activity and high acuity (change in Induction of Labour policy)
- National / local transformation – CoC & Maternity Information System (Badgernet) introduction
- Leadership gaps in the service at all levels for 2 years + before/ongoing

# Action Plan

- 138 actions were agreed

Current status:

102 actions complete

17 on track to complete

19 delayed - themes –escalation policy, CoC and acuity tools

# Action Plan

- Significant improvements noted in sickness absence rates
- Reduced vacancies
- New members of the leadership team
- Increased visibility of leaders at all levels
- Use of agency midwives to support the rota
- Improvements in incident reporting/mandatory training
- Improved communication – Monthly Divisional Briefing, Director of Midwifery monthly Q&A sessions with the MVP and also local teams.
- Improved newsletter & staff Facebook page
- Improved staff wellbeing offer – psychologist working with team

# Assurance of Safety

- There are a number of key items which provide assurance of safety (listed in Service Improvement Plan) –
  - MBRRACE Report (national research into improving care for mums, babies and families)
  - Healthcare Safety Investigation Branch – External review of Serious Incidents
  - Delivery of Clinical Negligence Scheme for Trusts – including Saving Babies Lives
  - National Maternity service reviews – Ockenden Recommendations - evidence submission

# Delivery of National Transformation

- We have been delivering components of the national maternity transformation plan with the Local Maternity & Neonatal System for four years
- Key areas of local transformation are shown in the plan and include
  - Continuity of Carer – 28%
  - Digital – Introduced MIS
  - Choice and personalization – hubs and consultant midwife employed to support transformation in 2018
  - Saving Babies Lives

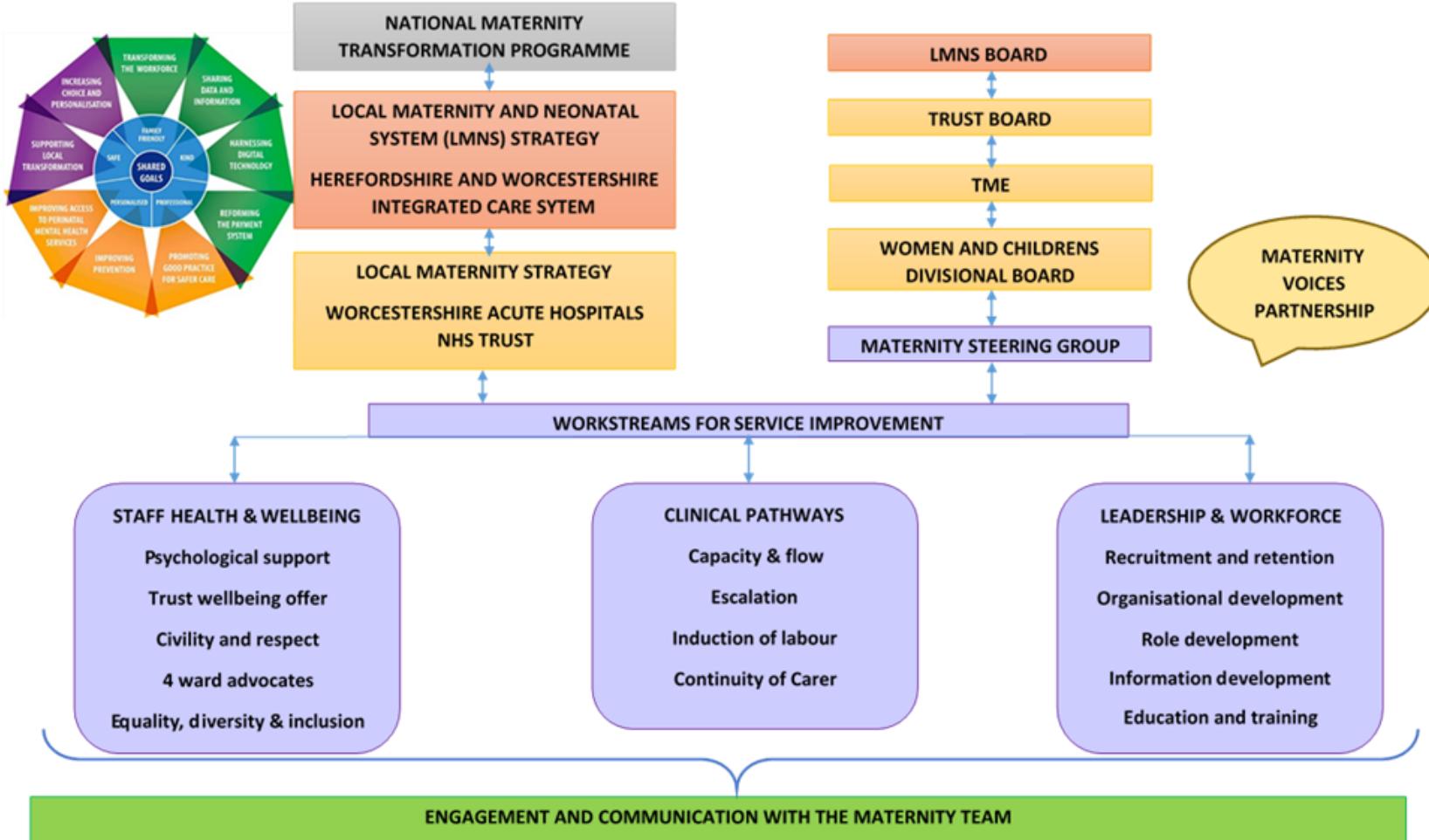
# Service Improvement plan

- Despite challenges - safety has been maintained, but our major transformational change, Continuity of Carer (CoC), has been paused.
- Since October 2020 – action plan to ‘get the basics right’ - ‘you said we did’ – based on CQC & staff feedback
- Recognised need for a structured improvement programme which involves the wider team to enable us to maintain safety and restart our transformation work on CoC and other national recommendations in the Long Term Plan

# Service Improvement plan

## MATERNITY STRATEGY & TRANSFORMATION PLAN

## SYSTEM/PLACE REPORTING STRUCTURE



# Conclusion

- Safety has been maintained
- 102 actions have been completed with a further 17 on time
- Sickness rates halved
- Increased leadership capacity and visibility
- No midwifery vacancies end September
- Service Improvement Plan – Leads identified –governance agreed – posts to support funded
- Formal launch/engagement event of the SIP planned late September



## Maternity Service Improvement

### Action Plan - 2021 - 2022

Action Reference	Action Generated	Theme	Key Challenge	Actions	Action owner	By when?	General Comments	Status
2	Accelerator Actions	Staffing	Staffing Concerns raised in the variation on number of registered Midwives on shift rostered to be 19/18/18 due to, Non-covid and covid related sickness, vacancies and staff shielding.	Review skill and competencies of Midwives in non-clinical role for all areas across Maternity.	Divisional Director of Midwifery	Dec-21	Birthrate plus commissioned with expected completion by end of December. Deadline extended to take into consideration delays with provider due to national demands on the service.	On track for delivery date
12	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Improved data availability for specifically Midwifery workforce in Women's and Children's directorate and HR teams.	CNO/HR Director	End of September	Workforce data now available. Sickness absence rates stable at 7%. All vacancies now filled.	On track for delivery date
16	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Safety huddle at 8am and as required afternoon escalation to reinforced process for escalation.	Divisional Director of Midwifery	30/09/2021	Attendance by DOM, Matron, ward managers bleep holder and consultant on call to huddles at 8am, 1pm and 4pm. Attendance at Trustwide sitrep meetings 8.30 and 3.30pm. Further work required to capture actions on trustwide sitrep as evidence.	On track for delivery date
23	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Red Flag for staffing escalation concerns on Safer care		31/05/2021	Monthly Divisional Team Briefings commenced. Monthly Q&A sessions with Director of Midwifery. Daily walkarounds by Director of Midwifery. Matrons conduct huddles 1-3	On track for delivery date
40	DMT / Staff Open Meetings	Staffing		Birthrate plus audit to be completed in 2021		Dec-21		On track for delivery date

55	DMT / Staff Open Meetings	Organisation Development		Circulate SOP for comment	Consultant Midwife	Sep-21	Due to Governance meeting in May 2021 and shared with the National Lead for Continuity and NHSI/E Recirculated for feedback as no comments received from staff groups. Effective handover version to be included as evidence. End by date for comments to be shared.	On track for delivery date
82	DMT / Staff Open Meetings	Staffing		Review ward clerk numbers	Matrons / Directorate Manager	30.09.21	Review taken place and assessing need for 24 hour cover Administrative review to be undertaken by Divisional Management Team.	On track for delivery date
94	CQC Inspection, Must Do	Quality & Safety	Staff recognised and report all incidents and near misses; and learning is shared effectively from incidents. Regulation 17(2)(b)	Training events identified for team leaders, matrons and clinical leads to ensure their knowledge remains current and consistent to enable them to support the clinical teams in risk management.	Associate Director for Women & Children's Division/Divisional Governance Lead	Jun-21	Day programme to be developed.	On track for delivery date
98	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Implement the new antenatal and postnatal Birthrate acuity tool.	Divisional Director of Midwifery	Jun-21	Implement the new antenatal and postnatal Birthrate acuity tool (purchased)	On track for delivery date
99	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Upgrade the current intrapartum acuity tool (current version 2013)	Divisional Director of Midwifery	Dec-21	Purchased, awaiting delivery As above.	On track for delivery date
110	CQC Inspection, Must Do	Quality & Safety	The service maintains accurate records relating to the planning and delivery of care and treatment. This includes governance arrangements, audits and meeting records. Regulation 17(2)(d).	Quarterly documentation audits will be completed by the Digital Midwife and reported at the Maternity Governance meeting	Associate Director for Women & Children's Division/Divisional Governance Lead	Oct-21	Audits will be completed once Audit plan is developed by Clinical Director and Clinical Lead.	On track for delivery date
114	CQC Inspection, Must Do	Quality & Safety	The service monitors the frequency that the escalation policy has been used. Regulation 17(2)(d).	The information recorded within the escalation tool will be reported in the monthly safe staffing report to ensure that both the Division and Board have oversight of the frequency of the use of the escalation policy.	Divisional Director of Midwifery	Oct-21	As above.	On track for delivery date
123	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Complete the 2nd NHSI safety culture survey and arrange for debriefs to facilitate change	Divisional Director of Midwifery / Clinical Director / Divisional Director of Medicine	Sep-21	Culture survey from NHSE?	On track for delivery date
124	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Complete Birthrate Plus to inform workforce requirements for 2021-2024.	Divisional Director of Midwifery / Divisional Director Of Operations	Dec-21	Invoice raised. Delay in delivery from Provider due to a number of demands on the service.	On track for delivery date

135	CQC Inspection, Must Do	Staffing	Staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. Regulation 18 (2) (a).	The action plan shared with CQC inspectors in December 2020 is being monitored by the Divisional Management Team to ensure that all role specific multi-professional training is completed by July 2021.	PDM/ Associate Director for Women & Children's Division/Divisional Governance Lead	Jul-21	Role specific action plan from Jane Wardlaw. – ask Jane to send over. – need compliance rate – quarterly report.	On track for delivery date
137	CQC Inspection, Must Do	Staffing	Appraisal compliance for nursing and midwifery registered staff meets the trust target. Regulation 18(2)(a).	The directorate will ensure that all staff with an outstanding PDR will be prioritised for completion by the end of July 2021.	Ward Managers/Matrons/Clinical Director	Dec-21	Info to be shared with Ward Managers/ Matron and need evidence.  Action: Lesley/Nicky to get PDRs booked in. Delay due to Wave 3	On track for delivery date
138	CQC Inspection, Must Do	Staffing	Appraisal compliance for nursing and midwifery registered staff meets the trust target. Regulation 18(2)(a).	All other PDRs will be planned and a date given to each individual to reduce the risk of PDR expiry and maintain a sustained model of improvement	Ward Managers/Matrons/Clinical Director	Sep-21	As above – need evidence that all booked in.  Action: Lesley/Nicky to get PDRs booked in.	On track for delivery date
24	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Review of escalation policy		30/09/2021	Deadline extended to 30/09/21 due to internal review of policy and associated changes.	Delay to completion expected
26	Accelerator Actions	Staff Engagement	Staff have voiced concern that with introduction of the Continuity of Carer (CoC) model there is a two tier system for women undergoing induction of labour.  *Induction rate benchmarked as high against national average	Task and Finish group in place since Oct 2020 for induction of labour pathway.	Clinical Director for Women.	30/09/2021	Audit completed on current pathway which is out of alignment with current national guidance/saving babies lives. Pathway redrafted. In consultation phase with consultant and midwifery teams.  Extraordinary meeting 16/04/2021.	Delay to completion expected
38	DMT / Staff Open Meetings	Staffing		Review all flexible working arrangements	Matrons/ward manager	30/09/2021	Reviewing timing of discussions with advice and support from HR 20.2.21  Trialling self rostering JJ now received these. 40 staff have flexible working agreements in the inpatient area. 40% staff. These should be reviewed annually.  Partial completion : Deadline extended to 31/12/21 due to not being up to full establishment.	Delay to completion expected

41	DMT / Staff Open Meetings	Quality & Safety		Set up task and finish group to strengthen escalation policy around required safe staffing linked to activity and acuity	Divisional Director of Midwifery / Matrons	30/09/2021	1.2.21 Minimal progress noted to date 20.2.21 Matron identified to lead on development –first draft expected by end of March Deadline extended to 30/09/21 due to internal review of policy and associated changes.	Delay to completion expected
56	DMT / Staff Open Meetings	Organisation Development		Incorporate comments and disseminate CoC SOP	Consultant Midwife	30/09/2021	Delayed as minimal comments received from staff on first circulation in December 2020. To ensure all staff have had the opportunity to comment recirculated to encourage comments causing delay to meet initial completion deadline.	Delay to completion expected
57	DMT / Staff Open Meetings	Organisation Development		Meet with labour ward co-ordinators to ensure there is a clear understanding of CoC SOP	Consultant Midwife/ Ma	30/09/2021	Once agreed at Maternity Governance will be shared again with team for clarification – delayed due to minimum comments received following initial circulation in December 2020. Deadline extended to end of September to allow for additional comments to be incorporated.	Delay to completion expected
69	DMT / Staff Open Meetings	Staffing		Review role of operational manager on call	Matrons / Divisional Director of Midwifery	30/09/2021	Will be described in escalation policy	Delay to completion expected
70	DMT / Staff Open Meetings	Staffing		Review provision of 223 role	Matrons / Divisional Director of Midwifery	30/09/2021	Will be described in escalation policy	Delay to completion expected
73	DMT / Staff Open Meetings	Organisation Development		Strengthen the PMA team and consider the development of lead PMA	Divisional Director of Midwifery	30-Sep-21	Confirm list of 9 PMA's in the service (paid for annually). 1 person trained in 2020 and 1 name put forward for 2021 training.	Delay to completion expected
84	DMT / Staff Open Meetings	Organisation Development		Recruit more 4ward advocates in Maternity	HR Business Partner	31.10.21	MH met with 4ward advocate 27.11.20, active recruitment campaign to be commenced, Advocate training every week, two potential advocates already identified Bespoke sessions to be discussed with Director of Communications due to 4ward lead advocate availability	Delay to completion expected

88	CQC Inspection, Must Do	Quality & Safety	There is a process for monitoring if substantive staff working bank shifts worked additional hours to ensure no staff member is working excessive hours. Regulation 17(2)(d).	The Trust will develop a process for monitoring hours worked to ensure that those who have not declared their wish to not adhere to the EWTD work within the directive.	Director of People & Culture	31.10.21	Update requested from Tina Ricketts 26.08.21.	Delay to completion expected
104	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	The process for managing daily safe staffing will be described in detail in the revised safe staffing and escalation policy	Divisional Director of Midwifery	Sep-21	Deadline extended to 30/09/21 due to internal review of policy and associated changes.	Delay to completion expected
105	CQC Inspection, Must Do	Quality & Safety	Their audit and governance systems remain effective. Regulation 17(2)(f)	Review the audit plan to ensure that it captures all of the recommended audits to demonstrate that a safe and improving service is provided	CD/Clinical Leads	Sep-21	Clinical leads to agree audit plan. Deadline extended as new Clinical Director in post.	Delay to completion expected
112	CQC Inspection, Must Do	Quality & Safety	The service monitors the frequency that the escalation policy has been used. Regulation 17(2)(d).	Review the current escalation policy to ensure that provides clear and comprehensive guidance to all staff groups on when to escalate and how this should be reported.	Divisional Director of Midwifery	Sep-21	Deadline extended to 30/09/21 due to internal review of policy and associated changes.	Delay to completion expected
113	CQC Inspection, Must Do	Quality & Safety	The service monitors the frequency that the escalation policy has been used. Regulation 17(2)(d).	Develop a digital tool to record all events when escalation has taken place, actions taken and the rationale for the planned action. The tool will also record the impact of all decisions made on all other clinical areas and record which leader made those decisions.	Divisional Director of Midwifery / Chief Nursing officer / Informatics / IT / Quality Hub	Dec-21	Continued completion of the acuity tool whilst Digital solution is developed. Meeting held 24.08.21 with Birthrate Plus lead. Delay in delivery of Acuity tool due to the increased demand on external provider due to Ockenden report stipulating reviews across all Trusts. Deadline extended to 31st December in light of delay with provider of Acuity Tool.	Delay to completion expected
118	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Commence directorate led briefings	Divisional Director of Midwifery / Clinical Director / Divisional Director of Medicine	Oct-21	Awaiting appointment of new Clinical Director. Triumverate meetings to commence in September with survey monkey to be sent to Directorate to understand preferences in communication - in light of poor attendance and minimal feedback from Divisional Briefings.	Delay to completion expected

120	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Develop Professional Midwifery Advocate (PMA) offer within maternity services; consider development of a Lead PMA role.	Divisional Director of Midwifery / Divisional Director Of Operations	Oct-21	Planned drop in restorative supervision sessions agreed. Further work of development of team with national lead. Delay in identifying funding. Deadline extended to 31st October.	Delay to completion expected
122	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Develop an action plan to respond to the findings of the staff survey	HR Business partner	Oct-21	Awaiting Narrative that support staff survey results Deadline extended to end of October.	Delay to completion expected
129	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Review the current Safe Staffing Guidance and ensure that the daily process for managing staffing is described in the guidance.	Matrons / Divisional Director of Midwifery	Dec-21	Matron Lead (MH) identified. As above. Birthrate plus commissioned with expected completion by end of December. Deadline extended to take into consideration delays with provider due to national demands on the service.	Delay to completion expected
45	DMT / Staff Open Meetings	Clinical Pathways		Communicate outcome of findings and actions of induction of labour task and finish group on induction (regular updates on progress)	Consultant Midwife / Consultant lead (Mr Suraweera)	Monthly update starting Dec 2020	Extraordinary MDT meeting held to progress agreement on LGA and recurrent reduced fetal movement Audit shared but ongoing TF group actions/delay audit commenced Jan 2021. Completed Audit. Need to review how the guidance is being implemented.	Complete
46	DMT / Staff Open Meetings	Clinical Pathways		Identify lead each day to ensure theatre lists starts on time and progress well	Anaesthetic lead / Theatre Band 7/Matron - KH	End Dec 2020 End of April.	Core elective team identified by Matron to trial in Q4 2021. Unplanned leave of Matron has led to delay in this. To be re-started.	Complete
91	CQC Inspection, Must Do	Quality & Safety	The service assesses monitors and mitigates the risks relating to the health, safety and welfare of service users and others who may be at risk; including ensuring the risk register reflects all risks. Regulation 17(2)(b).	The risk register will be reviewed 'live' at the monthly Maternity Governance meetings, reviewed by the Divisional Management Team and then reported into the Trust Risk Management Group to provide assurance.	Associate Director for Women & Children's Division/Divisional Governance Lead	Mar-21	Reviewed monthly - ongoing action.	Complete

95	CQC Inspection, Must Do	Quality & Safety	Staff recognised and report all incidents and near misses; and learning is shared effectively from incidents. Regulation 17(2)(b)	Establish a feedback mechanism so that staff can engage in the further learning and recognise when action has been taken.	Associate Director for Women & Children's Division/Divisional Governance Lead	Apr-21	Opportunities for feedback are provided through Community Team-meetings. Effective handover weekly newsletter provides feedback. Corporate lessons of the week shared.	Complete
107	CQC Inspection, Must Do	Quality & Safety	Their audit and governance systems remain effective. Regulation 17(2)(f)	Identify funding to ensure that there is adequate support within the Governance Team to monitor compliance with the agreed audit plan.	Divisional Director Of Operations	Apr-21	2021 Workforce Planning requirement	Complete
108	CQC Inspection, Must Do	Quality & Safety	Their audit and governance systems remain effective. Regulation 17(2)(f)	Report all audits via monthly Maternity Governance Meeting	Associate Director for Women & Children's Division/Divisional Governance Lead	Apr-21		Complete
109	CQC Inspection, Must Do	Quality & Safety	Their audit and governance systems remain effective. Regulation 17(2)(f)	Consider development of a separate forum to present audits and guidelines.	Associate Director for Women & Children's Division/Divisional Governance Lead	Apr-21	NR to share plan.	Complete
3	Accelerator Actions	Staffing	Staffing Concerns raised in the variation on number of registered Midwives on shift rostered to be 19/18/18 due to, Non-covid and covid related sickness, vacancies and staff shielding.	Availability of Nursery Nurses(NN) to support post-natal care of babies.	Lead for Nursing and Midwifery Workforce	End of June	Nursery nurse on neonatal unit unable to cover due to reduced availability for Neonates. Therefore, re explore availability of recruitment – in progress. Recruitment options explored and not able to deliver.	Complete
4	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Review availability of bank/agency nursery nurse		30-Sep-21	Re explore Bank and agency for NN, MSW, and scrub nurses in progress.	Complete
5	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Availability of General Band 5 Nurses for Theatre to support scrub and Post-Operative care on the post-natal ward for women.		End of June		Complete
6	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Explore availability of agency midwives.		End of June	From Easter enhanced rota incentive applied for night duty shifts. From April –September incentive scheme for bands 2-6 £200.00 for 10 shifts worked.	Complete

10	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Recruitment campaign for newly qualified Midwives		End of June		Complete
11	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Fast track recruitment and education programmes for Maternity support workers.	Matron	End of June	Expression of interest for programme to current health care professional approx. 20  To begin quarter 2 2021/22. Further Cohort Quarter 4	Complete
14	Accelerator Actions	Staff Engagement	Staff feel that they are not listened to in their Escalation of concerns/issues	Monthly team brief via MS	Divisional Director	End of June	Monthly Divisional team briefings established.	Complete
15	Accelerator Actions	Staff Engagement	Staff feel that they are not listened to in their Escalation of concerns/issues	Daily oversight of Datix by Director of Midwifery.	Divisional Director of Midwifery	Daily	Director of Midwifery has daily oversight of Datix's.	Complete
17	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Daily Safety huddle in place for COVID related safety issues.	Divisional Director of Midwifery	Daily	Review of huddle as Trust moved to level 3 moved to weekly	Complete
18	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Manager on call rota – x2 out of hours SITREP and oncall manger calls in. To revisit documentation of SITREP and calls.	Divisional Director of Midwifery	31/05/2021	SITREP reviewed and being piloted. Further communications required.	Complete
20	Accelerator Actions	Quality & Safety	Staff feel that they are not listened to in their Escalation of concerns/issues	Purchase software for intrapartum acuity tool and ward based tool.	Divisional Director of Midwifery	31/12/2021	Meeting confirmed 26.2.21 with BR + to scope the requirement. Birthrate plus commissioned in February, however delays in commencing project to September due to provider unable to start (service overwhelmed).	Complete
30	DMT / Staff Open Meetings	Staffing		Weekly HR meeting with ward managers /matrons	HR advisory team / ward managers & matrons	Weekly from Dec 2020	Workshop taken place with HR. Long Term sickness report now in place and support to review with HR. Sickness review meetings to be embedded with Matrons. NN to pick up with Florence. (Attend huddles)	Complete
64	DMT / Staff Open Meetings	Quality & Safety		Ensure ward to board reports are escalated through Directorate Governance to Divisional Governance meetings	Matrons / Clinical Director	Monthly starting Dec 2020 – June 2021	To monitor for 6 months. Governance team reviewing the template for Ward to Board report and also the Directorate Governance report. Inconsistent approach. To be re-vamped	Complete

77	DMT / Staff Open Meetings	Quality & Safety		Assessment of available equipment against what is required for each department and new equipment to be ordered where required	Ward Managers	1st End Jan 2021 2nd End of May 2021	Initial review completed, second review to take place in May 2021 Jan 2021 P/O raised for sonic aids, pumps and observation equipment. All equipment reviewed. Further review required once Meadowbirth is opened.	Complete
90	CQC Inspection, Must Do	Quality & Safety	The service assesses monitors and mitigates the risks relating to the health, safety and welfare of service users and others who may be at risk; including ensuring the risk register reflects all risks. Regulation 17(2)(b).	The Division has an agreed process for monitoring and updating risks.	Associate Director for Women & Children's Division/Divisional Governance Lead	May-21	Datix process is embedded within the Directorate and there is oversight at all levels.	Complete
1	Accelerator Actions	Staffing	Staffing Concerns raised in the variation on number of registered Midwives on shift rostered to be 19/18/18 due to, Non covid and covid related sickness, vacancies and staff shielding.	Specialist Midwives and Midwives in non-clinical roles to support the rota.	Divisional Director of Midwifery	30/04/2021	From October 2020 ward managers, specialist midwives and matron providing clinical shifts as required.	Complete
7	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Approval of incentive scheme extension for registered Midwives.	Deputy Chief Nurse	End of June	Incentives offered at times of surge in order to ensure shifts are filled.	Complete
8	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Risk assessment for return of shielding staff.	Matrons	End of June	17 Midwives offered posts Oct 2020-Jan 2021 – 10 in post, 2 arriving April 21, further updates for recruitment pipeline for 5 requested from HR.	Complete
9	Accelerator Actions	Staffing	Vacancy factor historically good but has been identified as having variation in review of establishment in October 2020. *Sickness level historically 8-15% across floor with areas of hotspot (ward areas) of up to 20%	Recruitment campaign for registered band 6 Midwives.	Matrons and Ward Managers	End of June	18 offers to 3rd year student Midwives from Coventry and Worcester given. Availability from September have offered MSW post pre registration at band 3. This will provide an over establishment position to support integrated working practice and attrition.	Complete
13	Accelerator Actions	Staff Engagement	Staff feel that they are not listened to in their Escalation of concerns/issues	Maternity engagement event cross county from Divisional leadership team with staff in October.	Divisional Director	End of June	Completed and action plan developed, monitored fortnightly with directorate team and report into Divisional Governance board and TME/Trust Board.	Complete
19	Accelerator Actions	Staffing	Staff feel that they are not listened to in their Escalation of concerns/issues	Benchmarking for staffing and education programme for staff on Birth rate plus	Divisional Director of Midwifery	30/04/2021	Completed and ongoing re benchmarking. Band 7 meeting attended by DOM	Complete
21	Accelerator Actions	Staff Engagement	Staff feel that they are not listened to in their Escalation of concerns/issues	Question and answer session with Midwives.	CNO	31/04/2021		Complete

22	Accelerator Actions	Staff Engagement	Staff feel that they are not listened to in their Escalation of concerns/issues	CNO/ CEO/CMO engagement listening events.	CNO/ CEO/CMO	31/04/2021		Complete
25	Accelerator Actions	Organisation Development	Staff have voiced concern that with introduction of the Continuity of Carer (CoC) model there is a two tier system for women undergoing induction of labour.  *Induction rate benchmarked as high against national average	CoC rolled out from March 2019. Three teams in 2019, 3 in 2020 cross county.	Divisional Director of Midwifery/Consultant Midwife	31/04/2021	No further teams planned.	Complete
27	DMT / Staff Open Meetings	Staffing	Repeatedly reduced staffing numbers available on shift across all areas of service.	Recruit to all vacant posts including those on community on a rolling basis	Matrons	Next recruitment by end Nov 20	Job adverts out in September 2020 – February 2021 , PS and JD reviewed for PN ward manager post ATR to be completed by 10.10.20 31.1.2021 11 WTE posts offered 26. 2.21 6.8 WTE posts offered to fill all community service vacancies	Complete
28	DMT / Staff Open Meetings	Staffing		Ensure recruitment to maternity leave before 20 weeks	Matrons	From Dec 2020 Ongoing	See above	Complete
29	DMT / Staff Open Meetings	Staffing		Do a detailed review of sickness by area to identify any additional actions	HR Business Partner	End Jan 2021	Slide Pack provided by HR on 06/05/2021, including sickness turnover, profiling and split between maternity support workers and midwives  Review completed in December.  Workshop to be run around sickness management with Ward Managers (and Matrons). Trend analysis re midwives by month to show staff impact of staff on shift by shift basis (normal sickness over-layered with Covid sickness).	Complete
31	DMT / Staff Open Meetings	Staffing		Detailed turnover report from workforce team to be requested	HR Business Partner	Monthly from Jan 2021	Turnover for midwives requested. 2 year's worth of data required.	Complete
32	DMT / Staff Open Meetings	Staffing		Develop and implement a local exit interview process	Matron MH	15-Dec-20	Complete	Complete
33	DMT / Staff Open Meetings	Staffing		Ensure secretaries have correct letter template for leavers	Matron - MH	20-Nov-20	Complete	Complete
34	DMT / Staff Open Meetings	Staffing		Triangulate themes from turnover data and exit interviews	HR Business Partner / HR advisory team	From End Jan 2021 Review monthly	Report received on 06/05/2021. Turnover rates reviewed at monthly directorate meetings.	Complete

35	DMT / Staff Open Meetings	Staffing		Matron oversight of the creation and publication of e-roster	Matrons	From Dec 2020 and then monthly	Embedded practice by matrons 31.1.21 Further work undertaken with Trust Allocate Lead to improve ability of managers completing the rota. KH working with Alexis to create a new template.	Complete
36	DMT / Staff Open Meetings	Staffing		Clarify process for NHSP shifts – ensure that shifts are being put out in timely way	Matron KH	End Nov	Complete. Conversation with roster admin aware that NHSP shifts are to go out as soon as roster approved. Daily phone calls for emergency escalation. 'Sunday incentives' shifts set up. 'Spring/Summer incentive. 'X number of shifts = £250'	Complete
37	DMT / Staff Open Meetings	Staffing		Ensure rotas are published in a timely way and with at least 8 weeks' notice	Matrons	From Dec 2020 and then monthly	20.2.21 Weekly confirm and challenge meetings chaired by DoNM commenced to monitor progress with action	Complete
39	DMT / Staff Open Meetings	Staffing		Arrange Birth Rate Plus meeting	Director of Gynae Nursing & Divisional Director of Midwifery	End Jan 2021	JJ to attend March Meeting. (Jan – nobody attended meeting)	Complete
42	DMT / Staff Open Meetings	Quality & Safety		To have discussions with each community team about countywide rota and develop plan	Matron - MS	End Dec 2020	4/5 community on call rota agreed – feedback heard at Community Forum and risk added to the risk register 25.2.21 WEB 4633	Complete
43	DMT / Staff Open Meetings	Quality & Safety		Review alternative escalation options when staffing required for inpatient services	Divisional Director of Midwifery	End Jan 2021	Staff identified a small number of Trusts and it has been established that this is provided on a voluntary basis - no further progress agreed with this model. Action closed.	Complete
44	DMT / Staff Open Meetings	Quality & Safety		Clarify how the on-call payment and time off in lieu works, and communicate this to community teams	Matron – MS	End Dec 2020	Shared via local community team meetings.	Complete
47	DMT / Staff Open Meetings	Clinical Pathways		Review booking of maternity theatre lists	Anaesthetic lead / Theatre Band 7/Matron - KH	End March 2021 End of April.	Due date extended due to unexpected leave of Matron. CD and Labour ward lead should have access to booking lists.	Complete
48	DMT / Staff Open Meetings	Staffing		Identify additional roles to help support breaks through escalation to 223	Matrons	End Nov 2020	Complete – ward managers and other non-clinical midwives to be called upon during times of escalation.	Complete

49	DMT / Staff Open Meetings	Staff Engagement		Create staffing email inbox that all staffing queries and requests go to for processing	Matrons	End Dec 2020	Not required - agreed new process now 2nd Matron in post	Complete
50	DMT / Staff Open Meetings	Staffing		Working with 223 / ward managers / matrons to review how breaks are covered	Matrons	Covered by escalation actions		Complete
51	DMT / Staff Open Meetings	Staff Engagement		Communication via line managers / FB page of the location of the quiet room in maternity	Matrons /ward managers	End Nov 2020	Completed. MH to pick up and review the room as not being used appropriately. Include nita re trust work programme.	Complete
52	DMT / Staff Open Meetings	Staffing		Identify any other areas in the Trust who have not moved to 1 hour break in a long shift	Divisional Director of Midwifery	End Nov 2020	Completed - ED and dialysis unit	Complete
53	DMT / Staff Open Meetings	Organisation Development		Slow roll out of continuity of carer teams	Consultant midwife / Divisional Director of Midwifery	End Nov 2020	Complete – delay next team – timescale TBC Final team Amethyst launched 22nd March. Paused until end of 2021..	Complete
54	DMT / Staff Open Meetings	Organisation Development		Strengthen the SOP (Standard Operating Procedure) for CoC to reduce variation between teams	Consultant Midwife	End Nov 2020	Caitlin to incorporate any final amends and distribute.	Complete
58	DMT / Staff Open Meetings	Organisation Development		Team wide engagement and information about CoC to aid its integration in the wider service.	Consultant Midwife /Ma	End Jan 2021	Study day arranged 1st March 2021	Complete
59	DMT / Staff Open Meetings	Staff Engagement		Share team structure, ensure team members understand the team leader they report to	Divisional Management Team	End Jan 2021	Delay due to retirement of ward manager Shared via email and in effective handover w/c 1.3.21 AT working on sharing structures.	Complete
60	DMT / Staff Open Meetings	Quality & Safety		Revamp effective handover	Matrons / ward managers / communications	End Mar 2021	Matron oversight re-introduced. Change RAG remains ongoing . QA process to ensure appropriate content is shared. Process to be agreed.	Complete
61	DMT / Staff Open Meetings	Staff Engagement		Arrange virtual Divisional team brief open to whole Division	Divisional Management Team	End Jan 2021	Complete Maternity specific briefing in December 2020 Division wide monthly briefing from Feb 2021	Complete
62	DMT / Staff Open Meetings	Staff Engagement		Share information on freedom to speak up champions and how to access	FTSU lead	End Nov 2020	Complete Posters of champions displayed in all areas.	Complete

63	DMT / Staff Open Meetings	Quality & Safety		Reinstate team meetings	Ward/team/department managers	Start Jan 2021	Postnatal and Antenatal one. Band 7 Inpatients. Need to set up central store for team meeting notes/agendas. Confirm central storage for all minutes of meetings.	Complete
65	DMT / Staff Open Meetings	Quality & Safety		Resume Safety champions walkabout and feedback to Directorate / Divisional teams	Safety champions	Monthly starting Dec 2020 March 2021	Recommenced in August 2020 Process for documenting walkabouts to be reviewed.	Complete
66	DMT / Staff Open Meetings	Staff Engagement		Raise awareness of availability of Meet the chief sessions	Matrons	Monthly from Dec 2020	Reminded staff at Divisional feed	Complete
67	DMT / Staff Open Meetings	Staffing		Recruitment to all matrons posts	Divisional Director of Midwifery	Jan-21	Intrapartum matron has started. Community and continuity postholder to start in Jan 2020	Complete
68	DMT / Staff Open Meetings	Staffing		Review and develop ward managers role	Matrons / Divisional Director of Midwifery	End Mar 2021	Jan 2021 JD reviewed –advert out for postnatal ward manager	Complete
71	DMT / Staff Open Meetings	Staff Engagement		Ensure visible leadership available to support the team via regular walkabouts and daily ward manager / matron presence	Matrons / Ward Managers	Start immediately	In place. Matron of the day identified.	Complete
72	DMT / Staff Open Meetings	Organisation Development		Communicate Trust wellbeing offer to colleagues  Bespoke package to be developed for midwives	HR/Divisional team	End Oct 2020  April 2021	Complete. Shared with staff via email and facebook page  TF group developed –led by Matron with support from HR	Complete
74	DMT / Staff Open Meetings	Organisation Development		Develop staff survey action plan with teams throughout Division	HR BP / Directorate teams / Divisional teams / All staff	End Mar 2021	Completed before March 2021 with Karen Hatton & Nita Nargah, paper to board for May 2021	Complete
75	DMT / Staff Open Meetings	Quality & Safety		Ensure Redditch assets are all transferred to Siemens	Divisional Director Of Operations	Mar-21		Complete
76	DMT / Staff Open Meetings	Quality & Safety		Review of equipment requests that are outstanding	Matrons / Divisional Director Of Operations	End Oct 2020	Complete. Delays identified and progressed	Complete
78	DMT / Staff Open Meetings	Organisation Development		Discussion with gynae matron to develop an agreement for enhanced support that can be offered by gynae team	Divisional Director of Midwifery	End Nov 2020	Complete. Gynae team will support maternity when in escalation. This will be described in the escalation policy.	Complete

79	DMT / Staff Open Meetings	Quality & Safety		Introduction of evening huddle with theatre team to understand workload	Matron for theatres	End Nov 2020	Complete. Morning and evening	Complete
80	DMT / Staff Open Meetings	Organisation Development		Explore additional roles that may provide support	Divisional Director of Midwifery	End Nov 2020	Complete Engaged in HEE MSW development programme.	Complete
81	DMT / Staff Open Meetings	Staffing		Complete scoping work around MSWs; funding received from HEE to complete this work	Divisional Director of Midwifery	End Mar 2021	28.2.21 As above –work continues and will meet milestones. Action closed	Complete
83	DMT / Staff Open Meetings	Staff Engagement		Cross county community meetings to be reintroduced by community matron	Community Matron	End Jan 2021	First Community Forum held on 11.02.21	Complete
85	DMT / Staff Open Meetings	Organisation Development		Arrange for CoC midwives to talk to other teams to talk about their team	Consultant	End Jan 2021	Completed- led by Matron and C	Complete
86	DMT / Staff Open Meetings	Clinical Pathways		Liaison with health visiting leads re: provision of face to face appointments	Divisional Director of Midwifery	End Nov 2021	Complete – ongoing work planned with HV team to review visiting schedule in the antenatal and postnatal period.	Complete
87	DMT / Staff Open Meetings	Clinical Pathways		Some GPs not allowing Midwives back into surgeries. Attend meeting with GP Clinical Directors	Divisional Director of Midwifery	Oct-20	Complete – GPs unable to let midwives back in due to space constraints. Alternative space sourced.	Complete
89	CQC Inspection, Must Do	Quality & Safety	The service assesses monitors and mitigates the risks relating to the health, safety and welfare of service users and others who may be at risk; including ensuring the risk register reflects all risks. Regulation 17(2)(b).	The process for recording and reviewing risks is currently under review by the Corporate Governance Team and an agreed process for managing risks and ward and departmental level is to be agreed.	Corporate Governance Lead	Apr-21	Divisional lead met with new Corporate Lead Alan Bailey to progress Divisional Risk register meeting to be held w/c 19.04.21.	Complete
92	CQC Inspection, Must Do	Quality & Safety	Staff recognised and report all incidents and near misses; and learning is shared effectively from incidents. Regulation 17(2)(b)	Monthly ward engagement events which will be based on the programme completed in December.	Associate Director for Women & Children's Division/Divisional Governance Associate Director for Women & Children's Division/Divisional Governance Lead	Mar-21	Conducted Governance and training walkarounds which focused on incident reporting and a healthy sustained reporting culture is in place	Complete
93	CQC Inspection, Must Do	Quality & Safety	Staff recognised and report all incidents and near misses; and learning is shared effectively from incidents. Regulation 17(2)(b)	Re-establish the maternity mandatory training days where a risk management session will be led by the Governance	Associate Director for Women & Children's Division/Divisional Governance Lead	Mar-21	Maternity Mandatory training days restarted in April 2021	Complete
96	CQC Inspection, Must Do	Quality & Safety	Staff recognised and report all incidents and near misses; and learning is shared effectively from incidents. Regulation 17(2)(b)	Reporting trends will continue to be reviewed at QRSM; and via Directorate and Divisional Governance meetings monthly	DMT	Ongoing	On-going – and include minutes	Complete

97	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Re-establish ward to board reporting via Maternity Governance meetings (this was suspended during wave 1 of the pandemic)	Matrons	Feb-21	Template being reviewed as above.	Complete
100	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Director of Midwifery to complete a monthly midwifery safe staffing paper that will be reviewed at Board alongside the nurse safe staffing paper	Divisional Director of Midwifery	Feb-21	Completed JJ has evidence to be embedded.	Complete
101	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Director of Midwifery will continue to complete the required bi-annual safe staffing report and monitor staffing via the nationally agreed measures	Divisional Director of Midwifery	Feb-21	As above . Went to Maternity Governance last month. Ongoing.	Complete
102	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Staffing Key Performance indicators (KPIs) will be added to the Integrated Performance Report (IPR) that is presented to Board to support monitoring of trends and flag any safety issues.	Divisional Director of Midwifery / Informatics Team	Mar-21	f/u meeting arranged for 11.3.21 IPR reports – additional indicators to be added. Acuity tools to be in place to meet staffing KPIs.	Complete
103	CQC Inspection, Must Do	Quality & Safety	Senior leaders have oversight of staffing, in order to deal with concerns. Regulation 17(2)(d).	Safety Champion walkabouts will continue and a robust recording mechanism will be agreed to ensure that concerns, themes and actions are captured.	CNO/DoM/Safety Champions	Ongoing	Recommended in August 2021 As above.	Complete
106	CQC Inspection, Must Do	Quality & Safety	Their audit and governance systems remain effective. Regulation 17(2)(f)	Re-establish the ward quality audits (this was suspended during wave 1 of the pandemic)	Divisional Director of Midwifery	Mar-21	Replaced by Safety trigger tools. Recommended to QRSM	Complete
111	CQC Inspection, Must Do	Quality & Safety		The quality audits will be re-established and reports provided monthly at QRSM.	Divisional Director Of Operations	Mar-21	As above.	Complete
115	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Re-establishment of monthly ward and team meetings with recorded meeting notes and actions.	Matrons	Jan-21	As above.	Complete
116	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Continue with the established divisional briefings	Divisional Director of Midwifery	Ongoing	As above.	Complete

117	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Continue with Directorate business and governance meetings, which are attended by leaders within the Women's Directorate	Divisional Director of Midwifery / Clinical Director / Divisional Director of Medicine	Ongoing	Re-started.	Complete
119	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Commence Director of Midwifery Q&A sessions	Divisional Director of Midwifery	Mar-21	Conducted March and Aprils and diarised for the remainder of the year and invitations shared with staff.	Complete
121	CQC Inspection, Must Do	Quality & Safety	The service seeks and engages with staff for feedback to make any improvements without delay when they are identified. Regulation 17(2)(e).	Work with the Organisational Development team to improve team culture	Divisional Director of Midwifery / Divisional Director Of Operations	Dec-20	Scoping work completed further sessions arranged Met with Karen put in date.	Complete
125	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Procure acuity tools to support monitoring of required workforce.	Divisional Director of Midwifery / Divisional Director Of Operations	May-21	Scoping meeting arranged 8.2.21. As above	Complete
126	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Work with the finance team to ensure that the information held on staff in post is correct	Divisional Director of Midwifery / Clinical Director / Divisional Director of Medicine	Feb-21	Further work required on establishment – Sam and JJ to agree	Complete
127	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Continue to work with ERoster to ensure there are effective rosters produced	Divisional Director of Medicine / Allocate Lead	Feb-21	Meetings completed with rota creator and ward managers	Complete
128	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Manage sickness in accordance with the trust Absence Management Policy.	HR Lead/Ward Managers/Matrons	Mar-21	Ongoing support provided from HR. Confirm and challenge meetings arranged for next 6 months Evidence from Nita and team.	Complete
130	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Review preceptorship programme to ensure that all new starters are supported and clinical services are staffed safely.	Consultant MW/Preceptorship Lead	Apr-21	Perceptorship programme agreed. Resource available increased Changes to programme implemented in February 2021 –further work to be agreed Caitlin / Jess to provide evidence of this	Complete
131	CQC Inspection, Must Do	Staffing	There are enough midwifery staff to deliver safe care and treatment. Regulation 18 (1).	Continue to work with Health Education England (HEE) to develop Band 3 Maternity Support Workers (MSW) in all non-intrapartum maternity settings.	Lead Midwife / Divisional Director of Midwifery	Mar-21	Expected milestones met to date. Final report expected end of March	Complete
132	CQC Inspection, Must Do	Staffing	Staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. Regulation 18 (2) (a).	All staff are given the appropriate time to complete all mandatory and safeguarding training. This will be monitored via directorate and divisional meetings and actions taken to address poor performance.	Ward managers/Matrons/CD/DM	Mar-21	Directorate Action plan Jane Wardlaw – role specific Mandatory training = if has been offered as TOIL/Bank – ask for evidence that this has been shared/put in effective handover.	Complete

<b>133</b>	CQC Inspection, Must Do	Staffing	Staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. Regulation 18 (2) (a).	No additional study leave will be granted if compliance is less than 90%	Ward managers/Matrons/CD	Mar-21	Include as part of plan.	Complete
<b>134</b>	CQC Inspection, Must Do	Staffing	Staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. Regulation 18 (2) (a).	Mandatory Training and other training compliance is also discussed and reviewed on an individual basis through Personal Development Review (PDR) meetings with each member of staff.	Ward managers/Matrons/CD	Mar-21	Include in plan – evidence required.	Complete
<b>136</b>	CQC Inspection, Must Do	Staffing	Staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. Regulation 18 (2) (a).	Continue Divisional Briefings with the teams to update them on progress.	Divisional Management Team	Ongoing	As above	Complete
<b>139</b>	CQC Inspection, Must Do	Staffing	Appraisal compliance for nursing and midwifery registered staff meets the trust target. Regulation 18(2)(a).	The PDR rate will be monitored via Directorate and divisional meetings and actions taken to address poor performance	Ward Managers/Matrons/Clinical Director	Mar-21	Directorate meetings to restart post COVID 2nd wave Ongoing .via monthly reporting.	Complete

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**Maternity Service Improvement Plan**

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

<b>Alignment to the Trust's strategic objectives (x)</b>							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X

<b>Report previously reviewed by</b>		
Committee/Group	Date	Outcome

<b>Recommendations</b>	<p>Trust Board are asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents of the paper</li> <li>• Approve additional resource to support the success of the maternity service improvement plan <ul style="list-style-type: none"> <li>○ Directorate Manager 8b</li> <li>○ Maternity Governance manager band 7</li> <li>○ Audit and Guidelines lead Band 6 (potentially covered via Ockenden funding)</li> <li>○ Corporate support for improvement work streams</li> </ul> </li> </ul>
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<b>Executive summary</b>	<p>This paper provides a background to the current position of the maternity service at Worcestershire Acute Hospitals NHS Trust.</p> <p>It demonstrates the implementation of the National Maternity Transformation Programme and the assurance of safety within the service.</p> <p>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.</p> <p>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.</p>
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Assurance levels Nov 2020

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<b>Risk</b>										
<b>Which key red risks does this report address?</b>										
<b>What BAF risk does this report address?</b>										
<b>Assurance Level (x)</b>	0	1	2	3	4	X	5	6	7	N/A
<b>Financial Risk</b>	N/A									
<b>Action</b>										
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>						Y	X	N		N/A
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>						Y	X	N		
<b>If no has the action plan been revised/ enhanced</b>						Y		N		
<b>Timescales to achieve next level of assurance</b>						January 2022				

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# Maternity Service Improvement Plan

Worcestershire Acute Hospitals NHS Trust

## Authors:

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June 2021

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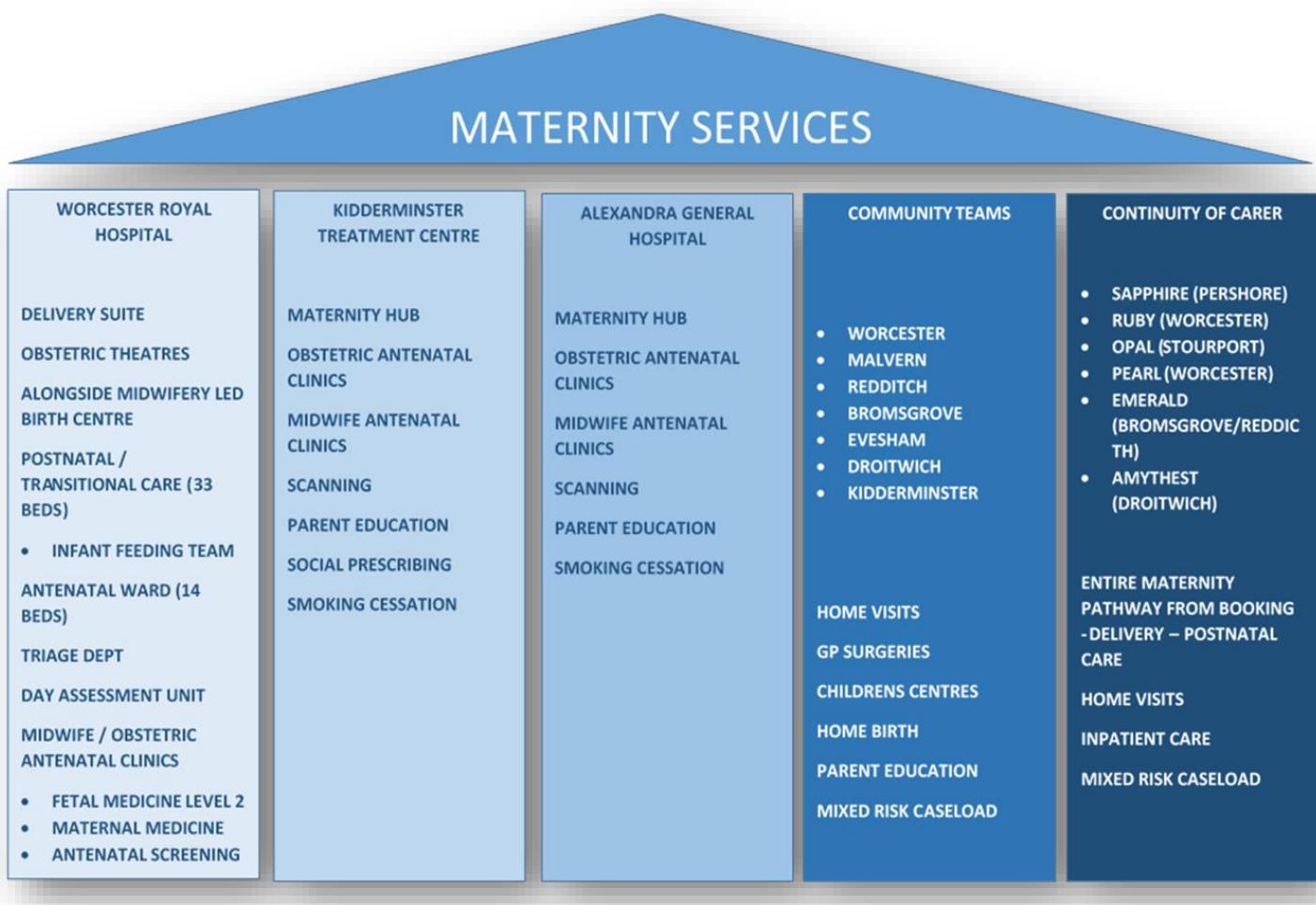
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## 1. Introduction

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. Services provided are shown in diagram 1:



### 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

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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. 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

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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.

Work streams for national transformation are shown the diagram below:

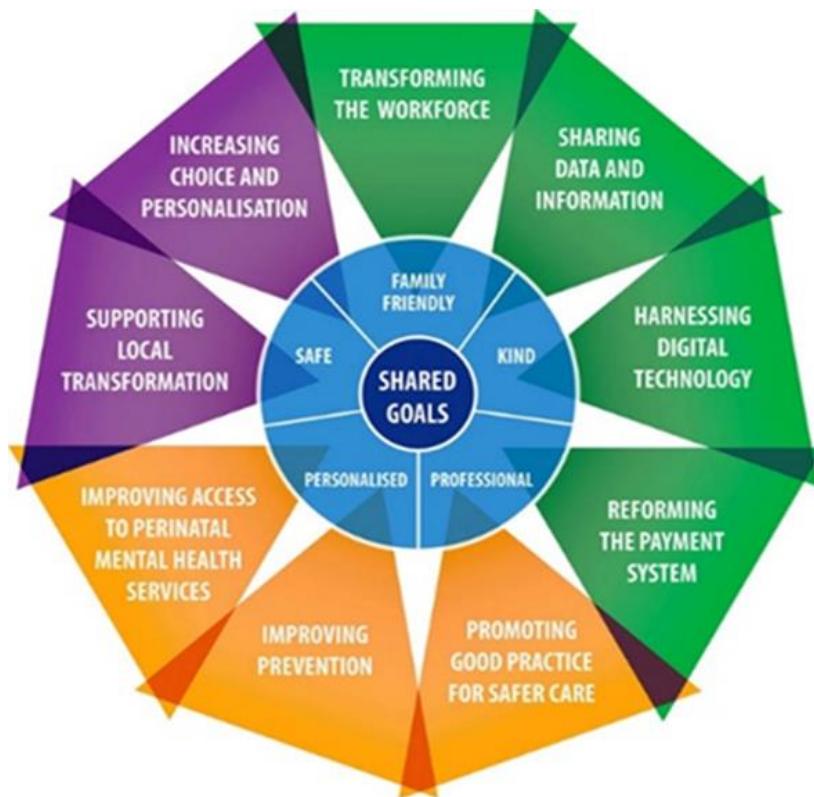


Diagram 2 National Maternity Transformation Work streams (NHS England/RCM, 2020)

### 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:

#### 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.

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### 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 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.

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### 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 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.

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## 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.

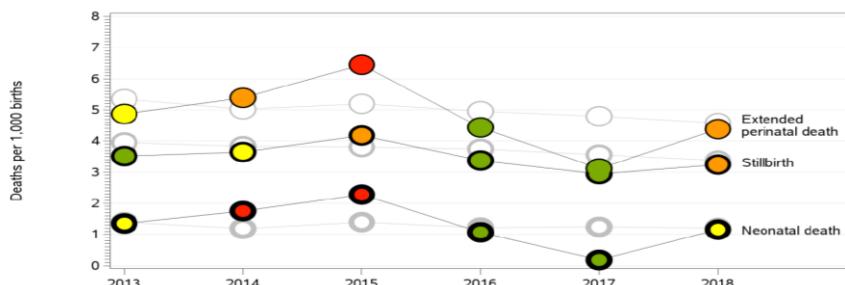
Table 1. Comparison to the average for similar Trust

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	1.15	1.14 (0.72 to 1.79)	● More than 5% and up to 15% lower
Extended perinatal	23	4.38	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 1 Crude mortality rates for the Trust



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#### 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:



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### 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.

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#### 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.***

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## 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

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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)

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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 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

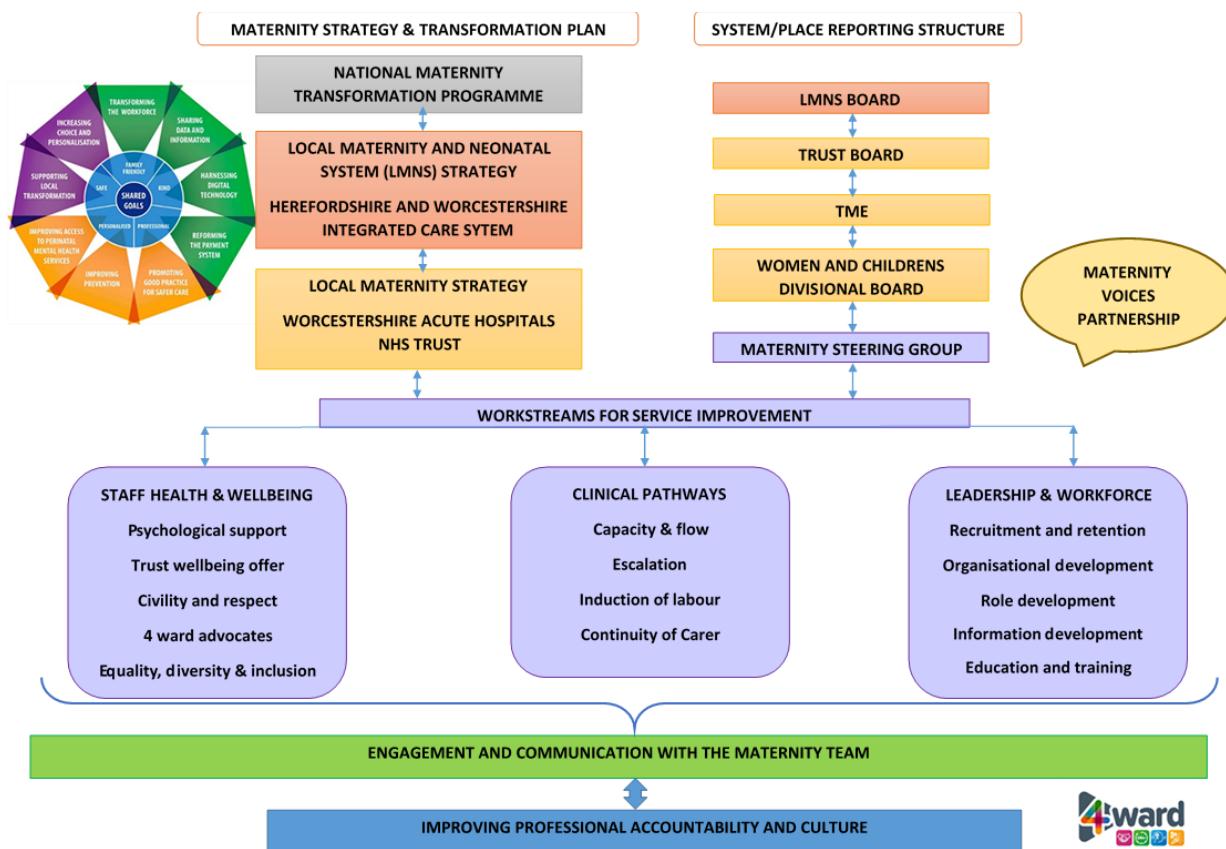
In order to address the challenges described in section 5, the Women and Children's Division developed an action plan. This transactional plan was designed to move towards 'getting the basics right' in the management of the maternity service and combined action from staff feedback sessions with the Divisional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

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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. 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.

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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.

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.

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## 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.

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## 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.

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## 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**

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## 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. 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.

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

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 21 SEPTEMBER 2021**

### **WORK PROGRAMME 2021/22**

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#### **Summary**

1. From time to time the Health Overview and Scrutiny Committee will review its work programme and consider which issues should be investigated as a priority.

#### **Background**

2. Worcestershire County Council has a rolling annual Work Programme for Overview and Scrutiny. The suggested 2021/22 Work Programme has been developed by taking into account issues still to be completed from 2020/21, the views of Overview and Scrutiny Panel Members and the findings of the budget scrutiny process.
3. Suggested issues have been prioritised using scrutiny feasibility criteria in order to ensure that topics are selected subjectively and the 'added value' of a review is considered right from the beginning.
4. The HOSC will need to retain the flexibility to take into account any urgent issues which may arise from substantial NHS service changes requiring consultation with HOSC.
5. The Health Overview and Scrutiny Committee is responsible for scrutiny of:
  - Local NHS bodies and health services (including public health and children's health)
6. The current Work Programme was discussed by the Overview and Scrutiny Performance Board (OSPB) on 21 July 2021 and agreed by Council on 9 September 2021.

#### **Dates of 2021 Meetings**

- 18 October at 2.30pm - new
- 3 November at 2pm

#### **Purpose of the Meeting**

- The Committee is asked to consider the 2021/22 Work Programme and agree whether it would like to make any amendments. The Committee will wish to retain the flexibility to take into account any urgent issues which may arise.

## **Supporting Information**

- Appendix 1 – Health Overview and Scrutiny Committee Work Programme 2020/21

## **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 OSPB on 21 July 2021](#)
- [Agenda and minutes of Council on 9 September 2021](#)

All Agendas and Minutes are available on the Council's website: [weblink to Agendas and Minutes](#)

## SCRUTINY WORK PROGRAMME 2021/22

### Health Overview and Scrutiny Committee

Date of Meeting	Issue for Scrutiny	Date of Last Report	Notes / Follow-up Action
21 September 2021	Update on Maternity Services (to monitor progress of the Acute Trust's action plan for improvement)	10 March 2021	
21 September 2021	Mental Health Services (all ages) including Post-Traumatic Stress Disorder resulting from COVID-19. Initial overview with challenges to be highlighted (inc dementia diagnosis)	19 September 2018 (CAMHS)	Ongoing updates on restoration of services during the Covid pandemic have also been provided (from June 2020 - present)
18 October 2021 (new)	Primary Care (GP) Access	20 July 2020	Suggested at 19 July 2021 Meeting
Ongoing	Monitoring temporary service changes (and new ways of working) as a result of COVID-19	10 March 2020 19 July 2021	
Ongoing	Integrated Care Systems (ICS) Development (previous discussions based on the Sustainability and Transformation Partnership)		
<b>Possible Future Items</b>			
November? - TBC	Annual Update from West Midlands Ambulance Service	27 June 2019	Standing item
TBC	Impact on A&E services due to changes in access to GPs/Minor Injuries Units. To include NHS111 and West Midlands Ambulance Service		Suggested at 15 June 2021 Induction
TBC	Cancer Diagnostics and Treatment Wait Times		Suggested at 15 June 2021 Induction
TBC	Complaints		Suggested at 15 June 2021 Induction
TBC	Staff Turnover		Suggested at 15 June 2021 Induction

TBC	Development of Worcestershire's New Health and Wellbeing Strategy		Suggested at 18 June 2020 Meeting
TBC	Public Health Outcomes, including promoting active lifestyles, targeting rising obesity levels, prevalence of alcohol use during pregnancy etc		Suggested at 19 July 2021 Meeting
TBC	Health Inequalities		Suggested at 19 July 2021 Meeting
TBC	Digital Exclusion		Suggested at 19 July 2021 Meeting
TBC	Physiotherapy Services		Suggested at 19 July 2021 Meeting
TBC	X Ray Service		Suggested at 19 July 2021 Meeting
TBC	Dental Services	18 September 2019	Suggested at 19 July 2021 Meeting
TBC	Screening and Immunisation		Suggested at 19 July 2021 Meeting
TBC	Update on Onward Care Team	2 March 2020	
TBC	Update on End of Life Care and ReSPECT	30 September 2020	

**Standing Items**

TBC	Substantial NHS Service Changes requiring consultation with HOSC		
TBC	NHS Quality Accounts Quality and Performance		
TBC	Performance Indicators (Quarterly) and In-Year Budget (Public Health Ring Fenced Grant) Half Yearly		
TBC	Annual Update from West Midlands Ambulance Service		
TBC	Review of the Work Programme		