

Response letter from KD following Floor to Board Maternity and Neonatal Safety Champion meeting, 30 August 2022

Dear All

Thank you for everyone who joined the Maternity Safety Champion Meeting on 30 August 2022. It was a really worthwhile meeting and around 25 people were able to attend and many of those contributed to the discussions. Thank you for taking the time.

Following on from the safety meeting earlier in the month there was a request to have a meeting with band 6 and below staff only, staff felt concerned that staff may feel not able to speak out if their direct managers are in the room. It was good to have so many people on the room and also refreshing to hear more voices. What was reassuring for myself was that I had an awareness of all of the things mentioned but it also made me think differently about some of the potential solutions and how we communicate as a senior team. It became apparent to me that people feel that if something does not change that they have not been listened too – what we need to do better is explain what is happening in the background and reasons why somethings take longer to change than others.

Everyone in maternity is working incredibly hard, NHS, Hospital and Maternity services are facing one of the toughest times ever, certainly in my career. As I reiterated in the meeting no one comes to work to do a bad job but we don't always appreciate all that everyone does to keep things as safe as possible.

I would also like to reiterate that there is no need to wait for the safety meetings to raise concerns, concerns can be raised directly with myself, the Director of Midwifery / Senior team, your line manager or via the FTSU guardians. I realise that it can feel awkward and worrying to raise concerns but I guarantee that no one raising concerns will be treated unfairly.

I have linked the concerns raised into 3 main areas: Staffing; MAC and Community.

**Comments in bold are where actions are already in progress.**

### **Staffing**

Concerns were raised in relation to areas being short staffed and the impact this is having on the care we can give to women. In addition the impact on staff who feel anxious that they may be moved or asked to do something that they do not feel able to do. Many of you told me of staff being moved to support intrapartum areas and the knock on impact to community teams, continuity of carer, staff wellbeing and safety.

This is a common theme and also impacts on the other concerns in MAC and Community.

Again, as we discussed it became apparent to myself that we have probably not always fully explained the rational for the decisions made, describe the process or what we are asking staff to do.

As a result of the concerns raised I have asked:

- That the pay rates / super surge rates agreed are re circulated so that staff are aware of this  
**Original email recirculated and reposted on Facebook**

- That we create “twilight” shifts for areas on the rosters so that staff can book to work extra to fit in with child care (as suggested). I do think this has happened in pockets but usually as a last resort / reactive measure. By testing this model for a trial basis I hope that staff will be able to better plan to help with the work / life balance **SH has already publicised this. Please inform the Bed Manager or Matron if you are available to pick up a twilight TNR and this will be reflected on e-roster.**
- To review the escalation process for staff when situations arise – for example MAC being very busy / LW very busy and struggling to manage demand. There is currently the option of contacting the on call midwife for help and support but I am aware that when you are in the middle of something it can be really hard to take a minute to do this. I want to make it as easy as possible to escalate immediate concerns. The Director of Midwifery with the OMS team are going to work with teams to see how we can improve the escalation tool, using the Amber risk assessment, to make this more focussed and consistent. **An SBAR escalation tool is already under development to support clinical areas to escalate safety concerns to the LW co-ordinator and/or Senior Midwife on Call**

## MAC

At the meeting on the 10 August and triangulating other concerns raised it is obvious that we need to urgently review how MAC functions and how we can look differently. As I explained in the meeting, historically we have improved the MAC pathway to provide 24/7 access, increasing the establishment of midwives in these areas.

We know though that the work we have done to improve women’s awareness of raising concerns (i.e. reduced foetal movements) means that more women are accessing the MAC and we have outgrown our footprint. The longer term solution is to redesign the ground floor to accommodate better, this is a multi-million pound project that is being led via the OMS programme. However, there is more we can do now to help and safeguard.

- I have asked for an urgent update on the call waiting / redirection service, this is a significant risk as colleagues reported that women are “giving up” because they get a constant engaged tone or that the lines are tied up with other more routine calls (rearranging appointments etc.). I know the team are working on this with IT following the switch board upgrades. I am now trying to urgently escalate this to see what is preventing this from happening sooner. **Carly Stott is updating Karen on progress with this**
- The question was raised about the birth centre triaging their own women. I have asked the DOM to review this and again look if there is something we can do in the interim. Sara will be getting some staff from BC, MAC, OMS, Matrons together to look at this. **Meeting requested for the next 1-3 weeks**
- I have asked for Sara to set up a meeting with MAC Matron, Sara, Myself and MAC team on a regular basis to track progress and see what more we can do to help and support. I anticipate the first of these forums to be the end of September and I will do these at a time to best suit for the best attendance. **Janelle is looking at dates for the end of September and monthly thereafter**
- Escalation to medical staff and timely review was raised as a concern, I have asked that OMS focus on this in the coming months to see what tests of change or joint working we can do to make this more efficient and to prioritise the most urgent cases getting seen soonest. I think this also links back to the timely escalation and I am hopefully that if we can address this then we will also be able to address how we get the right medical support at the right time to the riskiest areas

## Community

Community midwifery, continuity of carer and changes in how we deliver care are part of a wider national drive, Baroness Cumberledge “better Births” review made a clear recommendation on how this should be taken forward. However, Covid, staffing levels and the most recent Ockenden review also state that we should not be looking at continuity of carer at all costs and we should be focusing in getting the staff in post before we develop further, In fact that we should pause if we feel that the highest risk areas of the service are not covered.

It is therefore, after a lot of difficult discussions, that we have had to pause the continued roll out but also pause some of the CoC teams. I know that these decisions have not been taken lightly and we all want to ensure that our most vulnerable women are cared for in the best way possible.

There is of course the national debate in relation to CoC and the impact on the midwifery workforce, including how this impacts on individuals and the wider / specialist skill set. I want you to be aware that both Sara and I are discussing this regionally and nationally and share the concerns that we need to have a balanced approach to Continuity with a workforce that is suitably trained. One model does not fit all.

- In the meeting I said that I would meet with Acorn team and Sara to discuss issues pertinent to that team. However, I think it would be sensible to look at two things:
  - A day next year to look at CoC and how we best work through the models to make a long term plan for the women of Bradford, I would really value everyone support and input into this so that we can have a balanced conversation. I will see if we can get the Regional Head of Midwifery and the CMO / deputy CMO to join the debate
  - A regular forum with community teams, in rotation, where myself, Community Matron and Sara can meet with teams at their own base. I suggest due to the concerns raised by Acorn team the first meeting is with Acorn, ideally before the end of September. **Janelle is looking at dates for the end of September and monthly thereafter**

I have not detailed all of the discussions, or indeed all of the actions as we covered a lot of ground. I hope though that the themes I have pulled together and the actions I have identified will help to progress and enhance the work already being done.

Please do encourage your colleagues to attend the safety meetings, not just to raise concerns but also for awareness and discussion around what is happening and a chance to talk about maternity and neonatal care in general. Bradford is a special place to work, you also need to be a special person to work in Bradford – Thank you!