

Bradford Teaching Hospitals NHS Foundation Trust

Maternity Services – Overview findings of Regional and System Insight Visit

29 June 2022



Visit Purpose



An Insight visit to Bradford Teaching Hospitals NHS Foundation Trust services was completed on the 29th June 2022.

The purpose of the visits was to provide assurance against the 7 immediate and essential actions from the first Ockenden report. The Insight Visit Team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with members of the senior leadership team and front line staff ranging in job roles.

Emerging themes from conversations were organised under the immediate and essential actions headings

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| 1. Enhanced Safety | 5. Risk Assessment Throughout Pregnancy |
| 2. Listening to Women & Families | 6. Monitoring Fetal Well-Being |
| 3. Staff Training and Working Together | 7. Informed Consent |
| 4. Managing Complex Pregnancy | 8. Workforce Planning and Guidelines |

Insight Visit Team members: Dr Tracey Cooper, Debi Gibson, Rachel Leach, Sarah Wall, Jackie Clarke, Aliya Fazil

Key Headlines



- Open & honest staff
- Welcoming environment
- The leadership team work cohesively together and have a good relationship with Trust Board and are able to escalate from floor to Board
- Well done on ensuring the DoM reports directly to Board with a maternity services Board paper to ensure accurate messaging reaches Board with quick and direct escalation
- Thank you for uplifting the midwifery profession and ensuring women can see good child birth experiences through the BBC series on homebirths
- The OMS project is outstanding and well embedded. It is engaging with all staff groups and the MVP supporting coproduction across five different workstreams
- The use of QI methodology is embedded within the OMS project – this is exemplary, plans to expand this across the organisation is welcomed
- The weekly lessons learned memo is very well received by staff – the staff enjoy this
- Comprehensive training programme with awareness of future planning
- Cohesive team of maternity safety champions, including neonates. The Trust are considering using this model in other areas of the organisation which is exemplary

IEA1 Enhanced Safety

- The weekly lessons learned memo is very well received by staff – the staff enjoy this
- Cohesive team of maternity safety champions, including neonates. The Trust are considering using this model in other areas of the organisation which is exemplary
- All women are funnelled through triage, which isn't always the best experience for all women. When women who have chosen to give birth in the birth centre call triage in labour & admitted to Labour Ward if in labour. Consider sending them to the Birth Centre directly (if open) to support them to have the experience and their choice of place of birth they have chosen. This will also spread the footprint to ensure that women are in the right place at the right time, for example, ensuring babies who are <27 weeks are born with the correct NN facilities being available, as more capacity on the Labour Ward.
- As staffing issues resolve, consider all women who book for the birth centre call there directly when they think they are in labour
- Clear governance processes and responsive service
- Consider raising awareness of role of NED and safety champions so staff are aware of purpose



IEA1	RAG
Q1 - Dashboards	
Q2 – External review of SIs	
Q3 – SIs to Board/LMNS	
Q4 - PMRT	
Q5 - MSDS	
Q6 - HSIB	
Q7 - PCQSM	
Q8 – SIs to Board/LMNS	

IEA2 Listening to Women & Families

- The MVP have ownership of their agenda and feel they have choice in what they can work on
- Good examples of coproduction, especially through the OMS project
- Service users report positive experiences and individualised care
- Innovative and diverse ways of communicating with service users, reaching a wide population



IEA2	RAG
Q9 – Advocate role	N/A
Q10 – Advocate role	N/A
Q11 – NED	
Q12 - PMRT	
Q13 – Service user feedback	
Q14 – Bimonthly safety champ meetings	
Q15 – Service user feedback	
Q16 – NED	

IEA3 Staff Training and Working Together



- Comprehensive training programme with excellent compliance that is responsive to service need with awareness of future planning
- The majority of staff have not been involved in the live clinical skills drill, but this is mainly due to the pandemic – consider recommencing
- Evidence of baby abduction drills noted
- The MDT ward round appears embedded , but there is no record of this. Consider how the service has assurance of this practice
- Work on civility and kindness as part of OMS project welcomed. This will help improve culture

IEA3	RAG
Q17 – MDT Training	
Q18 – Cons. Ward Rounds	
Q19 – Ring-Fenced Funding	
Q20 – workforce planning	
Q21 – 90% MDT Training	
Q22 – Cons Ward Rounds	
Q23 – MDT Training Schedule	

IEA4 Managing Complex Pregnancy

- Clear pathways in place
- Audits are undertaken
- Good relationship with the MMN and centre
- The OMS involvement in managing complex pregnancy is welcomed – diabetes work exemplary



IEA4	RAG
Q24 – MMC Criteria	
Q25 – Named Consultant	
Q26 – Complex Pregnancies	
Q27 – SBLCBv2	
Q28 – Named Cons/Audit	
Q29 – MMC	

IEA5 Risk Assessment Throughout Pregnancy



- Pathways are in place
- Acknowledge unknown compliance due to the new digital system
- Further work on PCSPs required as acknowledged by the service which will support choice of place of birth

IEA5	RAG
Q30 – Risk assessment	
Q31 – Place of Birth RA	
Q32 – SBLCBv2	
Q33 – RA recorded with PCSP	

IEA6 Monitoring Fetal Well-Being

- Continue to develop the fetal wellbeing programme, including f2f. Continue to work with LMNS/region to develop programmes
- Good compliance with K2 noted, needs further expansion into other methodologies of teaching e.g. the weekly meeting being more robust



IEA6	RAG
Q34 – Leads in post	
Q35 – Leads expertise	
Q36 – SBLCBv2	
Q37 – 90% MDT Training	
Q38 – Leads in post	

IEA7 Informed Consent

- Positive culture around support women’s choice
- Consider how to capture informed consent as the CERNA portal develops to ask women at the end of their child birth journey if they have experienced true informed consent
- The service acknowledgement of the need to reach all service users for feedback is welcomed
- Consider cultural competency training



IEA7	RAG
Q39 – Accessible Information, Place of Birth	
Q40 – Accessible Information, All Care	
Q41 – Decision making and Informed Consent	
Q42 – Women’s Choices Respected	
Q43 – Service User Feedback	
Q44 - Website	

Workforce Planning & Guidelines



- We welcome your commitment to the RCM leadership manifesto. Consider adding the role of Consultant Midwife to support women with health inequalities, birth choices and Continuity of Carer
- Continue to embed new roles e.g. Pastoral MW, Legacy MW to support workforce, particularly early career midwives and midwives changing areas
- Clear process for review of guidelines, but need to involve MVP to further enhance SU voice

WFP & G	RAG
Q45 – Clinical Workforce Planning	
Q46 – Midwifery Workforce Planning	
Q47 – D/HoM Accountable to Exec Dir	
Q48 – Strengthening Midwifery Leadership	
Q49 - Guidelines	

Recommendations / Points for Consideration

- Continue to develop the fetal wellbeing programme
- Consider sending women who have chosen to give birth in the birth centre there directly to support them to have the best experience and ensure they get their choice of place of birth
- Keeping the Birth Centre open (if staffing allows) will help spread footprint to ensure capacity available for women experiencing pre-term birth, ensuring babies born in the right place with right facilities.
- Consider adding the role of Consultant Midwife
- Consider recommencing the clinical live skills drills
- Consider how to capture informed consent with the MVP
- The MDT ward round appears embedded, but there is no record of this. Consider how the service has assurance of this practice (safety huddle practice is captured, can you do the same?)
- Consider cultural competency training
- Involve MVP in guideline & information leaflet development from the beginning

Offers of Support to Trust

- The region will continue to support in any area
- The LMNS will share learning and tools from across the system
- LMNS and regional team (critical friend)
- The MVP will support in aspects of co-production

The visiting team would like to express thanks to all the staff who on the day of the visit were very welcoming in sharing their thoughts regarding the maternity services.