

## **Health and Wellbeing Board**

**29 February 2016**

### **Walsall Maternity Services**

#### **1. Purpose**

To provide an overview of the Maternity Service provision at Walsall Healthcare NHS Trust following the findings of the recent Care Quality Commission inspection, identify key areas of challenge and set out proposed arrangements to stabilise services by working towards a birth to midwife ratio of 1:28, as per national guidance.

#### **2. Recommendations**

Note the proposal to restrict maternity activity at Walsall Healthcare Trust and identify any issues of concern to enable these to be addressed.

- I. Cap activity to a suitable range to enable the Trust to stabilise the current service (it is envisaged that activity will be capped at 4,000 -4,200 births).
- II. Redistribute the 'excess' activity – 700-900 births
- III. Agree strategy for managing future demand with other neighbouring providers
- IV. Assess estate impact in more detail.

#### **3. Report detail**

##### **Background**

Walsall Healthcare NHS Trust provides acute hospital and community health services for people living in Walsall and the surrounding areas and the trust serves a population of around 260,000. Acute hospital services are provided from one site, Walsall Manor Hospital has 606 inpatient beds made up of 536

acute and general beds, 57 maternity beds and 13 critical care adult beds. There is a separate midwifery-led birthing unit and a specialist palliative care centre in the community.

The Maternity services at Walsall Healthcare NHS Trust offer comprehensive maternity and neonatal care for women and their families, which include:

- Community midwifery based antenatal care
- Inpatient antenatal facilities and high risk and specialist Antenatal Clinics
- Labour and delivery facilities, including a standalone town based Midwifery Led Unit

### **Care Quality Commission Inspection and feedback**

1. The Care Quality Commission (CQC) undertook a planned inspection services at Walsall Health Care NHS Trust and this was on the basis of an announced comprehensive inspection on 8 to 10 September 2015 and a further three unannounced inspection visits on 13, 20 and 24 September 2015.
2. Following the inspection period ended, the CQC issued the trust with a Section 29a warning notice outlining there was significant improvement required.
3. In respect of Maternity services the CQC identified:
  - Multiple issues with staffing, delivery of care and treatment and people were at high risk of avoidable harm.
  - Ratio of Midwifery staff to births was worse than the England average of 1:28
  - Staffing on the delivery suite was nine midwives per shift
  - Concerns regarding 1:1 care at Labour
  - Relocation of staffing from other areas onto the delivery suite often compromised the provision of postnatal wards, as this formed the first part of the escalation

- Concerns regarding the physical capacity and estate to manage the number of births at the Trust
- Concerns regarding staffing levels and the negative impact this could have on patient experience and patient safety.
- Concerns about the lack of specialist midwives
- Concerns regarding the level of activity within the service and agree a plan to cap births
- Capacity issues impacted on induction of labour. Elective Caesarean section lists were frequently interrupted to accommodate emergency cases.
- Delays in patient care had occurred because staffing number were not sufficient to safely manage activity levels
- The Neonatal unit was cramped and posed potential safety risk when capacity was above 15 patients
- Concerns regarding the risk management and governance within the Maternity department

4. As a result of the findings of the inspection, the service was rated inadequate.

### **Key notable issues**

There are three key issues that the Trust and CCG feel have contributed to quality of service provision:

- a. An increase in births as a result of neighbouring reconfigurations and local growth
- b. Staffing levels that have not kept pace with the increase in activity
- c. Inadequate estate to accommodate the number of births at the Trust, provide post-natal care and Neonatal provision

### **Contributing factors**

During the year 2010/2011, the Trust delivered approximately 3,900 births. Of the total figure 3,200 of these births were for Walsall CCG. With a provision of 300 births for Sandwell CCG and 260 for Stafford.

The shift in workload to Walsall Healthcare NHS Trust was partly as a result of Sandwell and West Birmingham Hospitals NHS Trust concentrating its maternity services at City Hospital. This led to women living near West Bromwich, who would have otherwise gone to Sandwell General Hospital, found it more convenient to go to Walsall Manor Hospital.

Additionally as a result of changes in service provision at Mid-Staffordshire hospital, more women moved to Walsall Manor Hospital for their maternity care.

### **Birth to Midwife ratio**

At the time of inspection the Trust had approximately 130 maternity staff in post, with a forecasted number of births of 4900 – leading to a birth to midwife ratio of approximately 1:37

Since then 20 more midwives have commenced work at the Trust and at present there are 150 Midwives in post and with the forecasted activity of 4900, this leads to a birth to midwife ratio of approximately 1:32.5

The Trust is currently attempting to recruit additional midwives and interviews are planned for February 2016 – this recruitment is likely to enable the Trust to keep pace with expected turnover in the team.

### **Accommodation of births at Walsall**

With the current midwives in post (150), the Trust can accommodate approximately 4200 births at Walsall and achieve a birth to midwife ratio of 1:28. This level of activity would fit much better with the available estate until the Trust is able to deliver plans for an extension / refurbishment of the existing estates.

If recruitment was extremely successful in February 2016 and the Trust recruited an additional 10 midwives above current establishment, then the trust could accommodate 4400 births and achieve a birth to midwife ratio of 1:28.

## **Redistribution of births**

In order to support the Trust to achieve the 1:28 birth to midwife ratio with the current workforce of 150 midwives, the Trust will need to move 700 births a year to other providers.

In the event that the Trust is to achieve the 1:28 birth by recruiting an additional 10 midwives and move to a total of 160 midwives, the Trust will need to move 500 births a year to other providers.

## **Risks**

Recruitment of midwifery posts is challenging across the region, leading the Trust to previously look outside the country

The above staffing levels will still not resolve the risks associated with the Estate at the CQC inspection

## **Progress post inspection**

The Trust Board was aware that the organisation faced significant quality and performance challenges and had launched an Improvement Plan in June 2015 to seek to address these.

The Trust has set up a Maternity Task Force, which oversees the development of Maternity services in response to the findings of the CQC report; this is a senior group chaired by the Chief Executive Officer and has representation from the Clinical Commissioning Group and the local authority.

Plans are in development to expand the Neonatal unit to accommodate 20 cots; this is currently commissioned to provide 15 cots and is regularly oversubscribed as identified in the inspection.

Architects have been commissioned to look at options for expansion of the Maternity estate to include a reconfiguration of existing services.

The delivery suite has 11 midwives on shift every day and this is monitored daily.

An additional 19 midwives were recruited prior to inspection and further recruitment is ongoing with success.

A review of the risk management and governance of Maternity services is currently underway, a senior manager is leading the review with independent support, further investment is being made in a Quality and patient safety lead and a risk co-ordinator. This is over and above the existing team.

A thematic review has taken place of all complaints and serious incidents over a full year; any findings will be addressed and closely monitored.

A complete review of every risk is also in progress and is due to be completed in the next few weeks.

### **Commissioning**

Walsall CCG is now leading a Black Country wide sustainable maternity services meeting, with attendance from NHSE, Maternity network specialists and the inclusion of Staffordshire commissioners.

Agreement that activity capping is now required to ensure safe and effective services going forward.

Review of birth activity for trust now complete and a review of available capacity across Black Country also now agreed.

Review has determined majority of additional capacity available within Wolverhampton Hospital (500 births), with some additional capacity will be sourced from Sandwell Midwifery Led Unit, Staffordshire are currently determining capacity within its own Midwifery Led Unit.

Birth activity analysis will be used to determine the cohort of pregnant mothers to be given the option to deliver at alternative maternity units.

Clinical group meeting to determine safe and appropriate pathways for all pregnant mothers and babies.

Equality Impact Assessments to determine safe transfer of service for expectant mothers now underway.

Robust communication plan being developed.

Working to a go live date third week in March.

## **4. Background papers**

Care Quality Commission inspection of Walsall Healthcare Trust  
<http://www.cqc.org.uk/provider/RBK>

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