

Director of Midwifery Report December 2022

1.0 PURPOSE OF REPORT

The purpose of the report is to provide a brief update on the current CQC rating for the maternity service at Walsall Healthcare Trust and actions resulting from the last inspection in July 2021.

2.0 BACKGROUND

This maternity service was inspected by the CQC in 2015 and was rated as inadequate at that time. The service was then inspected every year subsequent to that, and was rated Good in 2019, reinspected in 2020 and 2021 and rated requires improvement.

2.1 Key recommendations 2021

- The trust must ensure that there are adequate numbers of staff to meet the demands of the service, including, midwives, and supernumerary coordinators.
- The trust must ensure that all risk assessments and women records are completed accurately and reflect risks based on full assessments.
- The trust must ensure that medicines are stored safely and securely.
- The trust must ensure that all staff maintain effective infection control and prevention practices.
- The trust must ensure governance arrangements are robust to ensure risks and poor performance are identified and any identified risk is mitigated against.

3.0 CQC Update:

3.1 Midwifery Staffing Review:

The current vacancy rate for midwives is 11.73 WTE across Maternity. There has been 4 major recruitment events to accelerate recruitment of midwives in a competitive market and within a national shortage of midwives. September 2022 saw the largest intake of midwives of 12.8 WTE. This is a combination of our own students and newly qualified from across the region. There is ongoing recruitment, including a joint recruitment event across the Black Country.

The service has also invested in International Recruitment and currently have 19 WTE international midwives who they are supporting with registration and beyond. The service has also invested in the development of their Midwifery Support Worker staff and are in the middle of a management of change programme.

3.2 Risk Assessment:

The service has:

- Updated the standard operating procedure for Triage
- Implemented a recognised Maternity Triage system (BSOTS).
- Audited the service quarterly.

3.2 Medicines Management:

The service has:

- Ongoing training for all staff
- QI projects around safe management of controlled drugs

We are also working alongside the Trust through current medicine management challenges identified within the organisation.

3.3 Infection Control:

The Maternity Services have been part of the NHSEI review and has had three inspections from NHSEI and have been rated green along with the rest of the organisation.

3.4 Risk Management:

Risk Registers are regularly reviewed by the Care Group Team of Three, monitored by the Divisional Board. There has been an implementation of confirm and challenge meetings

3.5 Midwifery Led Unit:

The Midwifery Led Unit was temporarily closed for births due to staffing challenges compounded by the Covid 19 pandemic resulting in safety concerns. The unit is approximately 0.8 miles away from Walsall Manor Hospital.

There were 45 births at the MLU in 2021 which is below the required amount for midwives to remain competent if they only work in the MLU.

Only low-risk women were eligible for a midwifery led birth at a standalone unit. This meant that the criteria was very restricted to women who had no co-morbidities, no concerns in pregnancy with a BMI of less than 30.

For the MLU to operate safely, the preferred option would be to co-locate this next to the maternity department at Walsall Manor Hospital.

There have been preliminary meetings with the Maternity Voices Partnership (MVP) since early 2022 regarding the proposal to permanently relocate the MLU. To date there has been full support and enthusiasm from the MVP regarding this permanent move.

As this is a service change based on where the service is provided from we are proposing a dedicated programme of involvement work (see Appendix A).

4.0 RECOMMENDATIONS

For the commission to note the briefing as presented above. The service continues to work through the improvement programme.

The scrutiny committee note and endorse the plan for patient and public involvement and advise on how they wish to be further involved in these discussions.