

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Lynne Eastham, Director of Midwifery and Neonates/Michael Chew, Divisional Director of Operations: Families and Integrated Community Care
Date of meeting:	28 September 2023

BLACKPOOL TEACHING HOSPITAL MATERNITY SERVICES UPDATE – CARE QUALITY COMMISSION REPORT (JUNE 2022)

1.0 Purpose of the report

- 1.1 The purpose of this report is to provide the Adult Social Care and Health Scrutiny Committee with an update on the actions taken in response to the Maternity Services Care Quality Commission (CQC) inspection, carried out in June 2022 at Blackpool Teaching Hospital. This has been requested by the Committee following the Maternity Update report presented in January 2023.

2.0 Recommendation(s)

- 2.1 To note the progress made on the actions taken in response to the CQC ‘Must and Should Do’ recommendations.

3.0 Reason for recommendation(s)

- 3.1 As requested by the Adult Social Care and Health Scrutiny Committee on the 26 January 2023, to provide an update on the progress and improvements taken in response to the CQC inspection.
- 3.2 Is the recommendation contrary to a plan or strategy approved by the Council? No
- 3.3 Is the recommendation in accordance with the Council’s approved budget? Not applicable

4.0 Other alternative options to be considered

- 4.1 None

5.0 Council priority

- 5.1 The relevant Council priority is: Not applicable as external report.

6.0 Background and key information

- 6.1 The CQC carried out an unannounced inspection of Maternity Services at Blackpool Teaching Hospital on the 21 and 22 June 2022, with the report being published on the 1 September 2022.

Following the inspection, a 'Section 31 Letter of Intent of the Health and Social Care Act' (2008) was sent to the Trust to formally raise the concerns of the CQC about their findings and provide the Trust with an opportunity to acknowledge these concerns and provide assurances to them. An immediate response was provided by the Trust following which the Section 31 notice was removed.

Because of the inspection, the overall rating for Maternity Services was rated as 'Requires Improvement' and were notified of 13 areas for improvement which included ten 'Must Do' and three 'Should Do' actions.

6.2 Position Statement Governance and Oversight

The CQC action plan contains 59 actions which are monitored within the Division and reported to the Trust Quality Assurance Committee and Board of Executives.

The action plan contains detailed description of the activity that is taking place. This plan is monitored by the Senior Maternity Team and there is dedicated support to capture the evidence to support completion of the actions. The Executive team are sighted on progress and are in contact with the CQC to update on continued improvements. Progress against the Maternity CQC action plan continues. Where there are challenges and risk of slippage mitigations are put in place along with a trajectory for recovery.

In response to the CQC report, Maternity Services have been supported by the National Maternity Safety Support Programme. This has involved the Maternity Team working alongside a Maternity Support Advisor to review and complete a gap analysis of Maternity Services provision. This has focused on three key issues of Leadership, Clinical Pathways and Governance which encompass the improvements included in the CQC action plan as well as the wider remit of our Maternity Service. This analysis has now been completed and a bespoke improvement plan is now being drafted to support further ongoing improvements. This will be monitored by the Maternity Support Advisor until they are assured of continued progress, following which this plan will be transferred to the Local Maternity and Neonatal System for continuing oversight.

Internally, the Executive Team have continued to maintain a visible 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, and the Trust Board Safety Champions are visible to speak to staff, women and their families.

There are improved processes in place for monitoring equipment, Infection Control and Medicines Management which has been achieved by working in collaboration with members of the teams from these services.

Externally, we are working in collaboration with the Maternity Voices Partnership to make improvements in the care women and their families experience based on the feedback.

To 'test out' progression of the CQC action plan internally there have been tabletop exercises of evidence. Mock CQC inspections are in the process of being arranged with external colleagues from the Local Maternity and Neonatal System and Integrated Care System planned to take place before November 2023.

6.3 **Workforce**

There is an improving position for midwifery recruitment. In April 2023, the funded establishment was increased to recruit an additional 5.75wte Midwives. This means that the funded establishment has increased by 12.25wte Midwives since March 2022, excluding leadership posts.

In response to the ongoing historic midwifery vacancies a proactive approach has been required to increase recruitment which has included:

- Recruiting 3.0wte international midwives who are being supported through their training competencies and development, with a plan to permanently recruit them following successful completion of clinical examinations.
- Recruiting 2.0wte experienced midwives returning to practice
- Supporting 10.37wte of our student midwives by offering them permanent positions prior to qualifying in September 2023, and by supporting them in an early transition via the practice facilitator and maternity team to commence their preceptorship package early.

This means that by September 2023, the vacancy rates will have reduced to approximately 4.0wte midwives, which is the best it has been for several years.

To maintain a safe service there are several mitigations in place to manage shortfalls in staffing which includes safety huddles, utilising a staffing acuity tool, out of hours support, escalation and full to capacity plans and at least daily regional 'Gold Command' calls overseen by the Local Maternity and Neonatal System to support mutual aid across all maternity units in the region as required.

One to one care is monitored as a measure of safe staffing. This is when a woman is cared for by a Midwife who is looking just after her. Compliance remains good at over 98% and this demonstrates the commitment to ensuring safe care in labour.

Recruitment to the role of Professional Midwifery Advocates (PMA) to support staff

wellbeing has been successful and we have increased the numbers of PMA's to eleven with a further four about to commence training. This means that we will be compliant with best practice recommendations of 1 PMA to 15 Midwives.

A focused approach to multidisciplinary skills drills training continues with close monitoring of training compliance reported through to the Board of Executives and we are on track to meet full compliance by December 2023.

Appraisals have also continued to improve with current compliance rates of 100%.

6.4 Incident Management and Learning from Incidents

The Induction of Labour pathway has been reviewed to ensure women are not at risk when admitted to hospital for induction. This review has included:

- completion of a capacity and demand exercise, to ensure that there is sufficient capacity for the number of inductions required
- Ensuring policies meet best practice standards and are effective in operation.
- Streamlining the process for inductions
- Implementation of escalation process internally with oversight from the clinical areas up to the leadership team.
- Monitoring transfer of women to Delivery Suite within 4 hours of decision
- a senior clinical daily review and risk assessment of all women
- daily collaboration with other Maternity Units in the region for mutual aid should this be required.
- Audits of these processes to provide assurances.

The Maternity governance processes and reporting structure has been reviewed to ensure it is robust and in line with best practice guidance. This has involved undertaking a process mapping exercise and a 'deep dive' of governance with the multidisciplinary team supported by the Maternity Safety Support Programme. This was completed in July 2023. An improvement plan is now in draft and a Quality Governance, Assurance and Accountability Framework has been developed expected to be ratified September 2023. Funding has also been approved to appoint dedicated Midwifery leadership in the Maternity Governance team. This post reflects best practice standard (Ockenden/National Maternity Assessment Tool)

6.5	Does the information submitted include any exempt information?	No
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7.0 List of appendices -

7.1	None
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8.0 Financial considerations

8.1 None

9.0 Legal considerations

9.1 None

10.0 Risk management considerations

10.1 None

11.0 Equalities considerations and the impact of this decision for our children and young people

11.1 None

12.0 Sustainability, climate change and environmental considerations

12.1 None

13.0 Internal/external consultation undertaken

13.1 None

14.0 Background papers

14.1 None