



## *CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA*

**Tuesday, 24 October 2023 at 1.30 pm in the Bridges Room, Gateshead Civic Centre**

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From the Chief Executive, Sheena Ramsey

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Item	Business
1	<b>Apologies for absence</b>
2	<b>Minutes of last meeting</b> (Pages 3 - 8)
3	<b>Social Care Recruitment</b> (Pages 9 - 20)  Report of Steph Downey, Service Director, Adult Social Care
4	<b>Health and Wellbeing Board - Progress Update and Better Care Fund Update</b> (Pages 21 - 32)  Report of John Costello, Gateshead System Integration Manager, Integrated Adults and Social Care Services
5	<b>CQC Assurance</b> (Pages 33 - 36)  Report of Steph Downey, Service Director, Adult Social Care
6	<b>CQC Maternity Inspection Report</b> (Pages 37 - 60)  Report of Jane Conroy, Head of Midwifery/SCBU
7	<b>Work Programme</b> (Pages 61 - 64)  Report of Grace Anderson, Democratic Services Officer, Corporate Resources and Governance
8	<b>Time and Date of Next Meeting</b>  The next meeting of the OSC will be held on Tuesday 5 December at 13:30, The Bridges Room, Gateshead Civic Centre.

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## GATESHEAD METROPOLITAN BOROUGH COUNCIL

### CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 12 September 2023

- PRESENT:** Councillor S Green (Chair)
- Councillor(s): W Dick, J Gibson, G Kasfikis, S Potts, D Robson, J Wallace, D Weatherley and A Wintcher
- IN ATTENDANCE:** Councillor(s):
- APOLOGIES:** Councillor(s): J Green, P Diston, B Goldsworthy, M Goldsworthy, M Hall, J McCoid and I Patterson

#### **CHW1 MINUTES OF LAST MEETING**

##### RESOLVED

- i. The minutes of the meeting held on 13 June 2023 were approved as an accurate record.

#### **CHW2 DEPARTMENTAL STRATEGY AND DELIVERY PLAN**

The OSC received a report on the Integrated Adults and Social Care Strategy 2023. The departmental strategy and action plan will support the strategic aim to enable more people to receive support in their own homes, through increased capacity in community services, and thereby reducing reliance on bed-based support.

A five-year strategy has been developed setting out our areas of focus, direction and ambitions. There is a public facing action plan to accompany this. This will be reviewed annually, and an update provided. The strategy and action plan will be used to drive forward work across the department and will form the basis for priority and goal setting with the workforce. The strategy and action plan have been agreed by Cabinet (July 2023).

The action plan is divided into the following priority areas:

- Prevent, reduce and delay the need for support
- Caregivers
- Workforce
- Commissioning

The OSC discussed the staffing of the service in relation to vacancies and the new centre due to open in early 2024. There has been recent recruitment of trainee Occupational Therapists and the services utilisation of apprenticeships has been effective. There were 89 applicants for trainee Social Worker roles and 180 Graduate Trainee Applicants in Gateshead this year.

There was enquiry from the OSC about the use of emerging technologies in social care and how this affects the workforce. The OSC was updated on technological advancements that are supporting Carers, care givers and service users. Technology leads are looking into friendship calls made via Alexa/other home smart devices to combat loneliness; however, most technology uses are focused on traditional home support such as fall alarms. The following examples of utilising new technologies were raised:

- Virtual reality helping caregivers and Carers with understandings of conditions such as dementia and autism, among other disabilities.
- Animated pets.
- Apps that Carers can use to detect pain levels when someone is unable to vocalise.
- Beds able to turn people in the night.
- Fall detectors that don't have to be physically worn.

A barrier to some of these advances is the technological skills of the workforce.

The role of Respite Centres was also discussed by the OSC. Respite Carers are a significant part of Gateshead's social care offering. The OSC were informed that there is a guide available which demonstrates the ways that caregivers give care, encouraging more people to recognise themselves as and seek support as caregivers.

## **RESOLVED**

- i. The OSC noted the content of the report and identified that actions relating to the recognition of caregivers should be added to the work programme.
- ii. The OSC noted that performance in relation to the pressures will be reported via the Performance Management and Improvement Information Framework.
- iii. A Member's Seminar is to be organised for all Councillors to provide a technology demonstration with the service's new Technology Manager.

## **CHW3 DEMAND PRESSURES ON SOCIAL CARE SERVICES**

The OSC received a report on Integrated Adults and Social Care Pressures. The report provided an overview of the current service pressures within Integrated Adults and Social Care Services Strategy, analysis of trends, and comparison with national social care pressures.

The report focused on 3 key areas:

- Waiting lists for packages of care
- Waiting lists for Care Act assessments
- Admissions to residential or nursing care

The OSC noted that compared to other local authorities there is an over reliance on bed-based care but this is reducing year on year.

The Integrated Adults and Social Care Services departmental strategy and action plan have been developed within the context of these pressures and will support the strategic aim to enable more people to receive support in their own homes, through increased capacity in community services, and thereby reducing reliance on bed based support.

**RESOLVED:**

- i. The OSC noted that the Committee work plan includes further scrutiny of the following areas which interface with demand pressures:
  - a. Hospital Discharge and residential care admissions
  - b. Social Care recruitment
  - c. Home care models
  - d. Extra care and Supported Living development
  - e. Strengths based approaches
  - f. Visit to Sr Winifred Laver PIC
  
- ii. The OSC noted that performance in relation to the pressures will be reported via the Performance Management and Improvement Information Framework.

**CHW4 SOCIAL SERVICES ANNUAL REPORT ON COMPLAINTS AND REPRESENTATION - ADULTS**

The Annual Report on Services Complaints, Compliments and Representations was presented to the OSC following its consideration from Cabinet on 20 June 2023.

The report focuses primarily on statutory complaints for Adults Social Care Services with information on complaint related queries and compliments that were received about staff or services. The report covers the period from 1 April 2022 – 31 March 2023.

The Adults Care Complaints Process procedure has two stages:

- Local Resolution by a Team or Service Manager.
- External Consideration by the Local Government and Social Care Ombudsman.

During 2022/23, 56 complaints were received regarding Adult Social Care Services. This is a 2% increase on complaints received during 2021/22 (55). Amber complaints, which are medium risk to the Council or the service user, accounted for 100% of all formal complaints received. Almost 29% of all complaints received involved disputes to care charges levied for care and support. During 2022/23, seven complaints were considered by the Local Government & Social Care Ombudsman, (LG&SCO). However, after consideration, six complaints were closed by the LG&SCO as requiring no further action. In some cases, the ombudsman was satisfied with the Council's proposed remedy to the complaints. Compared with the number of formal

complaints received (56), 87% of representations during 2022/23 were compliments (363).

During 2022/23, quality of service accounted for 52% (29) of all complaints received. Quality of service can include straightforward issues, such as,

- Missed or delayed social work visits / appointments
- Non-return of telephone calls
- Poor communication
- Poor or no response after a request for service.

However, quality of service can also include significant issues, for example, failure to safeguard a vulnerable adult or ensuring that services provided by our commissioned providers are of a high standard. After investigation, 44% (8) of complaints about quality were not upheld. 22% (4) were upheld and 17% (3) were partially upheld. Three complaints were withdrawn or informally resolved.

The OSC were presented with learning from complaints and representations, and examples of improvements identified during 2022/23.

RESOLVED:

- i. The OSC indicated that it was satisfied with the performance of Integrated Adults and Social Care in responding to complaints and ensuring that this results in continuous service improvement.

## **CHW5 ANNUAL REPORT OF LOCAL ADULT SAFEGUARDING BOARD AND BUSINESS PLANS AND EMERGING PRIORITIES**

The OSC was presented with the Gateshead Safeguarding Adults Board (GSAB) statutory Annual Report 2022/23 and the updated 2023 refresh of the Strategic Plan 2019/2024.

The GSAB 2022/23 Annual Report highlights progress throughout the 2022/23 financial year. The report articulates how partner governance arrangements ensure members are accountable for Safeguarding Adults.

The GSAB Safeguarding Adult Review and Complex Cases Sub-group continues to support the statutory work of the GSAB through completion of mandatory Safeguarding Adult Reviews (SARs) and local learning reviews. This provides an opportunity for GSAB partners to review cases where a person with care and support needs has suffered abuse and neglect which has resulted in their death or serious injury or illness. The learning from these reviews allows the board to identify areas of development, in knowledge, skills and practice and to focus on areas where improvements are required to protect people which care and support needs. The Quality, Learning and Practice Sub-group takes on an operational role, taking the learning from SARs and developing these into clear and measurable actions to be progressed by partners.

Key areas of work in 2022/23 include the launch of the regional self-neglect

seven-minute guides and animation, the introduction of the Adult Concern Decision Making tool to support practitioners in deciding on whether to submit a safeguarding concern. Northumbria Police have started to implement Right Care Right Person in line with national best practice and Gateshead Housing have set up the 'Less is More' – Hoarder Support Group, residents and practitioners are working together to identify best practice in dealing with hoarding issues. Tyne and Wear Fire and Rescue continue to promote the Safe and Well visits. All agencies have promoted safeguarding training and development both internally and through the multi-agency offer. The GSAB multi-agency training offer has been reviewed and refreshed offering a robust and accessible training offer for partners.

The revised Strategic Plan 2019/24 (2023 refresh) sets out how the Safeguarding Adults Board will achieve its five Strategic Priorities which are:

- Quality Assurance
- Prevention
- Communication and Engagement
- Operational Practice
- Mental Capacity

As this is the final year for the current Strategic Plan the Gateshead Safeguarding Adults Board has arranged a development day in September 2023. The purpose of the day is to identify the priority areas for the Board over the coming 3 years, with the aim of setting objectives, goals and actions as well as identifying mechanisms to measure outcomes and the impact of the boards work.

The OSC discussed the challenges of defining self-neglect and how this term should be further explored. There is a balance to be negotiated between self-neglect being on a fine line of health issue and conscious living choices, while it should also be recognised as a cause of death. Concerns about hoarding behaviours were also discussed. Northumbria University have done some work on what drives hoarding behaviours and when it becomes problematic.

It was recognised that the Right Care, Right Person (RCRP) National Partnership Agreement will have an impact on services and will focus on making sure all needs are in place before the police withdraw. Northumbria Police will be the first in the region to adopt this change and will share the impacts they find with other cities when they have data available. If data is not distributed soon this will be raised as a Gold Command.

RESOLVED:

- i. The Safeguarding Adult Board Annual Report 2022/23 and Strategic Plan 2019/24 was considered.

## **CHW6 WORK PROGRAMME**

RESOLVED

- i. The OSC noted the information contained in the annual work programme

- report.
- ii. The OSC noted that further reports will be brought to the Committee to identify any additional issues which the Committee may be asked to consider.

**Chair.....**



**TITLE OF REPORT:**           **Integrated Adults and Social Care Pressures**

**REPORT OF:**                 **Steph Downey, Service Director Adult Social Care,  
Integrated Adults and Social Care Services.**

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## Summary

Social Care workforce recruitment is recognised as a National, Regional and Local challenge, and when combined with rising demand, changing demographics and the competing recruitment challenges in the NHS and other sectors generally, has proven very challenging for Local Authorities and Social Care providers.

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## Purpose of the Report

1. To update the Committee regarding the approaches taken by Integrated Adults and Social Care Services to address the challenges in social care recruitment.

## Background

2. Recruitment and retention into social care roles has been recognised as a national challenge by successive Governments for decades; whilst the employment market across all sectors has struggled post pandemic, the impact on health and care workers has been acute and comes on the back of these historical challenges.

## Current Position

3. Whilst the challenge is universal, the sector is varied, wide ranging and encompasses multiple roles and organisations. Consequently the issues affecting recruitment and retention are also multifactorial and the potential solutions equally so.
4. The types of social care roles reflected within this report and associated presentation includes:
  - Qualified professionals such as social workers and occupational therapists
  - Registered managers of care services
  - Specialist support workers (e.g. for adults with a Learning Disability)
  - Care Home workers
  - Home Care workers

5. As a region, the North East Association of Directors of Adult Social Services (ADASS) have worked collectively on a regional workforce strategy; pooling and combining resources and capacity, and sharing good practice and ideas.
6. Gateshead have been heavily influential in this work with the Service Director for Adult Social Care chairing the regional group, and have pioneered the work on training models for professionally qualified roles, utilising the apprenticeship levy.
7. The regional strategy has focused on areas such as:
  - Career pathways/career development opportunities
  - Retention strategies
  - Understanding data/workforce planning
  - Apprenticeships – upskilling the existing workforce and recruiting new talent
  - Comms and marketing
  - Hyperlocal recruitment
  - International recruitment

The presentation details case studies showcasing a number of the approaches taken.

8. Whilst both the local and regional work has considered the impact of terms and conditions in the sector, the fundamental issues with the pay of care workers is not something that is within the gift of the Local Authority or ADASS. However, we have utilised the Government temporary (2 year) Market Sustainability and Improvement Fund to stabilise pressure points within the sector related to workforce, focusing on front line workers, especially those supporting people in their own homes, and as a consequence helping more people to stay out of institutional care.<sup>1</sup>

## **Presentation**

### **Impact**

9. As outlined in the presentations, the approaches taken are enabling the Service to bring new people into the organisation, and the of interest in these roles has been significantly higher than our traditional roles/methods of recruitment.
10. The Service has been keen to share the good practice and learning with other parts of the Council, partners in Gateshead and other Adult Social Care departments regionally. The work on trainee roles has been highlighted with the Department of Health and Social Care; the service has delivered a number of webinars regionally and nationally and was referenced by DHSC as an example of good practice, and by Social Work England as part of their Sector Led Improvement offer.  
[Grant to Streamline Local Authority Adult Social Care Assessments - 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](#)  
[Sector-led sessions - Social Work England](#)

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<sup>1</sup> Cross reference with September 2023's OSC report on Adult Social Care Demands and the Performance Management Information Framework update that will be presented in December 2023.

11. The learning from the recruitment for Sr Winifred Laver Promoting Independence Centre has been assimilated to ensure that it can be carried forward into subsequent recruitment activities; recognising that having a large building in the community that residents were very sighted on, which acted as a “physical draw” for prospective employees.
12. The work with the Local Government Association in respect of the social care workforce data is being piloted in Gateshead as an early adopter of the model, meaning that we are benefitting from senior advisory support from a workforce expert funded by the LGA to develop our strategy and approaches.

### **Recommendations**

13. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:
  - (i) Comment on the content of this report and the work undertaken by the service to develop innovative approaches to recruitment.
  - (ii) identify any areas for further scrutiny.

**Contact:                    Steph Downey**

**Ext 3919**

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# Care Health and Wellbeing Overview and Scrutiny Committee Approaches to Social Care Recruitment

Steph Downey, Service Director, Adult Social Care

Lesley Carlisle, Development and Change Lead, Adult Social Care

October 2023

# Upskilling Apprenticeships

Focused on existing social care workforce

Creates a career pathway to professional / registered role

Enables people to continue to work and be paid

Supports service delivery, as people remain in role

Utilisation of Apprenticeship Levy (covers university fees)

Route into Apprenticeship for those without relevant entry requirements

High levels of success (cohort 1 all graduated with 1

# New Hire Apprenticeships

Focused initially on Graduates, Social Work and Occupational Therapy, but can apply to any role

Ability to fill vacant posts (with quality capacity)

More capacity (as grades are lower due to lack of experience)

Attractive from a recruitment perspective:

- Earn whilst you Learn

- Gain real work experience

- Widens participation

# LGA workforce data tool

National recognition that workforce data planning is a priority for ASC

LGA commissioned a workforce planning tool

Gateshead are piloting this on behalf of North East ADASS

Benefitting from strategic support

Looks at social care workforce data across sectors

Allows for a variety of scenarios to be predicted

Strategy to be developed to



# Health and Care Flexi Apprenticeship

Joint with the NHS

Focused on health and social care entry level roles

Employed by the NHS (making the roles attractive) but hosted with the LA

Parity of training across both health and care

Variety of placement opportunities

Opportunities to apply to either NHS or LA at the end of apprenticeship

# Work Experience

Investing time to promote careers in social care

Links established through NE LEP, Colleges, <sup>the</sup>Schools

Workforce Partnership

Variety of placements offered:

- summer school

- step into work

- work experience weeks

# International Recruitment

Working with NE ADASS

[23001 KJ DCC Skills for Care main film \(vimeo.com\)](#)

# Sr Winifred Laver PIC

Community based recruitment event

Word of mouth/hyper local advertising

Social Media promotion of recruitment event

Opportunity to enquire, apply, be interviewed and offered in one day

Support with job application process on site

Very high level of attendance

All posts recruited to

Casual roles offered to appointable but unsuccessful candidates

Directed appointable but unsuccessful candidates to other roles

**TITLE OF REPORT: Gateshead Health & Wellbeing Board – Progress Update**

**REPORT OF: Dale Owens, Strategic Director, Integrated Adults and Social Care**

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### **Summary**

To update and seek the views of the Care, Health & Wellbeing OSC on the work of the Gateshead Health & Wellbeing Board for the six-month period April to September 2023.

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### **Background**

1. The Health and Social Care Act 2012 provided for the establishment of Health & Wellbeing Boards (HWBs) as committees of local authorities to bring together leaders from the health and care system to work together to improve the health and wellbeing of their local population.
2. As part of the 2023/24 work programme for the Care, Health & Wellbeing OSC, it was agreed to provide two six monthly updates on the work of the HWB. A report has already been provided on the work of the HWB for the period 1<sup>st</sup> April to 30<sup>th</sup> September 2022.
3. This report provides an update on the work of the HWB for the period 1 April 2023 to 30 September 2023. A second progress update covering the period 1 October 2023 to 31 March 2024 will be brought to OSC on 16<sup>th</sup> April 2024.

### **Gateshead Health & Wellbeing Board – Progress Update April 2023 to September 2023**

4. The following update highlights key issues considered by the HWB during the first half of 2023/24.

### **Health and Wellbeing Strategy: Progress summary, draft approach and plan for implementation**

5. The Board received an update on the work of the Health and Wellbeing Strategy Implementation Group and a draft of the Implementation Plan. A strategic mapping exercise was completed to build a picture of the drivers and mechanisms that support delivery of the Health and Wellbeing strategy's six policy objectives across our local system. It was reported that work through the implementation group will be ongoing and that no

single organisation or team can deliver this work alone. It was noted that it will be important that the Implementation Group continues to provide a platform for collaboration, collective ownership, and action.

6. It was reported that the Implementation Group would be having a particular focus over the coming months on:
  - Poverty, Economic Development, and Mental Health
  - Housing, Neighbourhoods, and Community Safety
  - A health and wellbeing in all policies action plan

### **Gateshead Place Plan**

7. The ICB is required to publish a Forward Plan for NENC which outlines the direction of travel over the next 5 years to fulfil the aims and objectives of the NENC Integrated Care Strategy 'Better health and wellbeing for all' and wider NHS ambitions and planning requirements.
8. As part of the Forward Plan, each 'Place' was required to produce its own Plan to be consolidated into the Forward Plan. Although this is an ICB Plan and there are specific 'must do's' that relate to the NHS wider ambitions, it is also important that it reflects ambitions at Place.
9. The HWB considered the Gateshead Place Plan, including its alignment to the Health & Wellbeing Strategy and Gateshead Cares priorities.
10. It was reported that the four priorities of the Gateshead Place Plan below support the six policy objectives of Gateshead's Health and Wellbeing Strategy:

**Priority 1:** Giving Children and Young People the Best Start in Life.

**Priority 2:** Better Health & Care Services – developing Integrated Neighborhood Teams in line with Next steps for integrating primary care: Fuller Stocktake report (2022) recommendations.

**Priority 3:** Fairer Outcomes for All – the need to pursue a strategic system wide approach to tackle continuing inequalities.

**Priority 4:** Longer and Healthier Lives – Mental Health, Learning Disability, Autism Ageing Well.

11. The Plan sets out for each priority area:
  - Why change is needed
  - Key Objectives, Goals and Deliverables
12. A number of enablers have also been identified to help deliver the Gateshead Place Plan, including Workforce; Research and Innovation; Digital technology and Data; Estates; and Finance.
13. The Board expressed its support for the Plan which was published in June and the next iteration of the Plan will be developed in the Spring of 2024.

## **A New Home Improvement and Assistance Service for Gateshead**

14. The Board supported proposals for the implementation and development of a new 'home improvement and assistance' service for Gateshead.
15. It was reported that the 2020 Housing Review confirmed the need to review several key housing services. The Council's home adaptations function was highlighted as one of those services that required review and improvement.
16. Foundations (the UK government appointed body to oversee the development of home improvement services) recommended the adoption of completely new service model with the establishment of a new home improvement and assistance service (or HIA) for Gateshead, responsible for providing adaptations to homes.
17. It was reported that it is proposed to 'lift and shift' the HIA model given that it is well established across the UK, is proven, and has evidenced achievement of required performance levels. The model would include a single, multidisciplinary and in-house team, responsible for the whole end-to-end adaptations process and providing a person-centered, tenure blind service.
18. It was highlighted that the new service would comprise 22 employees, compared to the current adaptations team of 8.2 full time equivalent posts. It was explained that this increase would be met from a mixture of bringing existing staff located in different teams across the Council into the new service as well as additional recruitment.
19. The Board commented that the new service is consistent with the ethos of the Health & Wellbeing Board as it will have a person-centered focus. The Board also noted that an improvement plan will be produced to address the backlog of residents waiting for an assessment for adaptations to their homes.

## **Specialist & Supported Housing Needs Assessment & Strategy**

20. The Board endorsed a proposed new 'Specialist and Supported Accommodation Needs Assessment and Strategy'. It was reported that consultants (Housing Learning and Improvement Network) were commissioned to undertake specialist and supported housing needs assessment to create an evidence base of need and demand that would be underpinned by a clear strategy.
21. The scope of the needs assessment included older people (aged 55+), adults with learning disabilities/autism, adults with mental health needs, people with physical disabilities/long term conditions and people experiencing or at risk of homelessness. The Board were provided with a summary of findings from the research and consultation.

22. It was noted that the assessment and strategy will:

- aid partner discussions
- better inform decision making
- enable the creation of tailored development proposals

23. It was also highlighted that the strategy is aimed at engaging with:

- Housing organisations that provide supported, specialist and mainstream housing;
- Support and care organisations that provide supported housing services;
- Community organisations in Gateshead with an interest in specialist and supported housing.

24. The strategy incorporates a delivery plan with actions to ensure need and demand is met.

25. The Board were advised that officers will further develop joint working between housing, health, social care and commissioning to deliver the aims of the strategy. Engagement with partners will also take place to share the needs assessment and strategy and encourage joint working. It is envisaged that plans will be developed for implementation over the next 12 months.

### **Gateshead's Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan 2023-24**

26. The Board supported the refreshed Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan.

27. An overview was provided of the key themes within the Plan. It was noted that services will continue to train and develop their workforce to ensure that staff have the right mix of knowledge, skills and competencies to respond to the needs of children and young people (as well as their families).

28. The Board was advised that there is to be a review of the single point of access for Getting Help and Getting More Help services. It was noted that further work needs to be done to optimise resources to improve capacity and that it is important that there is a clear offer across the system that can be clearly understood and articulated.

29. The Board was advised that the Plan would need to be published by 29 September and that, once published, it would continue as a 'live' document. The Board felt that consultation and partnership work with the voluntary sector would be crucial in ensuring the ongoing success of the Plan.



## **Update on Learning Disability & Autism, and Mental Health Transformation**

30. The Board received an update on mental health, learning disability and autism services. An overview was provided of priorities for the transformation of services, this included the continued integration of teams at a primary care level and the development of the mental health pathway for older adults.
31. The Board noted updates in relation to workforce integration at a primary care level; it was reported that there will be 10 peer support workers in addition to other specialist roles to support patients. It was also reported that there will be:
- a review of mental health services for older adults in Gateshead;
  - a joint review of older adult's residential care contracts and a review of older adults crisis pathways.

## **Prevent Update – Northumbria Police**

32. The Board received an update from Northumbria Police on its Prevent Strategy. It was advised that the PCC Police and Crime Plan has three aims: fighting crime; preventing crime; and improving lives. It was highlighted that the overarching purpose of Northumbria Police is to “keep people safe and fight crime”. The Board expressed its support for the strategy and its aims.
33. The Board noted that the strategy's aims for harm reduction in communities centered around early intervention and prevention. The Board felt that partnership working was crucial for the strategy's success and expressed support for continued community engagement.
34. It was also noted that Northumbria Police will continue to work in collaboration with the Violence Reduction Unit and other partners to tackle the causes of offending and support victims through prevention, engagement, education and enforcement.
35. The Board also discussed the impact of poor mental health on policing and communities. It was acknowledged that Northumbria Police are often the first on scene when a person is in mental health crisis but that officers do not have the necessary tools to provide sufficient initial support to individuals, particularly at a crime scene. It was noted that Northumbria Police have an integrated triage team that can be utilised for individuals who need mental health support but that more work needs to be done in this area.

## **Workforce and Workforce Development**

36. The Board received an overview of Workforce and Workforce Development in primary care which is being undertaken in collaboration with partners from across the Gateshead Cares Workforce Partnership. This included updates on:

- The Gateshead Health and Care Academy which provides a programme of learning and development opportunities for people who are currently unemployed or considering a change in career.
- The 'Step into Work' programme to help people to access training, education, and placements to grow and sustain the local health and care workforce.
- The new Health and Care Summer School for young people in Gateshead that was run during August and supported by all Gateshead System Partners.
- Integrated Placements for nursing students.
- A Gateshead New to Practice Fellowship Programme for newly qualified GPs, including peer-based support groups, mentoring and coaching sessions, educational support and opportunities for skills development.

37. The Board also received an update on the 'Flexible Workforce Hub' which aims to provide cover to fill short term workforce gaps across Gateshead's 25 GP Practices.

38. The Board supported the key priorities going forward around retention of staff to:

- Develop a shared training offer to support our system partners;
- Develop a 'Leading Together' offer for all system partners funded by Primary Care;
- Develop and promote career progression routes;
- Launch an online induction programme;
- Expand the offer of apprenticeships and flexi apprenticeships.

### **Notification of Removals from the Pharmaceutical List and Changes to Pharmacy Opening Hours**

39. The Board considered a report on the impact of a number of changes regarding the operation of pharmacies across Gateshead since the Pharmaceutical Needs Assessment (PNA) was published in October 2022. Representatives of the Local Pharmaceutical Committee were also in attendance at the meeting and provided input to the discussion.

40. Details were provided of:

- Changes in ownership of pharmacies
- Changes in opening hours
- Distance selling/online pharmacies and their impact on traditional counter-service provision both locally and nationally
- Pharmacy closures, including the planned closures of two Boots pharmacies in October and November 2023

41. It was agreed that the PNA working group will continue to monitor and report to the Board any further changes to provision not already detailed within the report. The Board agreed that in the event of a significant gap emerging, the PNA steering group will be reconvened to discuss appropriate action, which may include a full and comprehensive review of the PNA 2022.
42. Board members expressed their concern at the scale of pharmacy closures, changes of ownership and reduction in opening hours. It was agreed to raise the matter with Gateshead MPs and with the Integrated Care Partnership North, chaired by Cllr Caffrey. The Board approved the addition of the supplementary statement within the report to the 2022 PNA.

### **Gateshead Cares System Board**

43. The Health and Wellbeing Board has continued to receive regular updates on the work of the Gateshead Cares System Board. This included:

#### ***Programme Areas and Enablers of Integration***

44. It was reported that the Gateshead Cares System Board continues to consider progress against key programme areas and enablers of integration during 2023/24:

*Programme Areas* – this included:

- *Children & Young People / SEND* – an overview of initiatives; the development of a SEND Strategy; the production of a final version of the 'orange book' for teenagers etc.
- *Mental Health Transformation* – work to integrate teams at primary care level; development of the Older Adults Mental Health Pathway; procurement of a rehabilitation offer for individuals with complex needs; a continued focus on reducing inequalities; and a focus on children and young people's mental health pathway.
- *People@theheart (MCN)* – plans to reduce frequent attenders at A&E and secure better outcomes for those most frequently using emergency services; work to improve attendance rates across all services in Gateshead; the development of a Data Sharing Agreement and Partnership Agreement for organisations to sign up to.

*Enablers of Integration* – this included:

- *Workforce: making Gateshead a great place to live and work* – An overview of progress during 2022/23 and plans for 2023/24 (paragraphs 36 to 38 above refers).
- *Data: Axym* – A tool to support the sharing and analysis of data has continued to be developed, including its application across health and care.

### ***Gateshead Place Plan***

45. The System Board contributed to the development of the Gateshead Place Plan (paragraphs 7 to 13 above refers). It also developed arrangements for taking forward the delivery of the Place Plan.
46. Senior system leaders will act as 'sponsors' for programmes of work that sit under the Plan's four priorities and supporting enablers. The role of sponsors have been agreed, consistent with a collaborative leadership approach across Gateshead Cares.

### ***Integrated Neighbourhood Teams***

47. The System Board considered a framework to deliver Integrated Neighbourhood Teams across Gateshead as well as current work in the South and opportunities within the East of Gateshead.

### **Assurance**

48. The following items were considered by the HWB as part of its assurance role.

#### ***Gateshead Better Care Fund End of Year Return for 2022/23 and Submission for 2023-25***

49. The Board agreed the Gateshead Better Care Fund (BCF) end of year return for 2022/23.
50. The Board also endorsed the Gateshead BCF submission for 2023-25. The BCF focuses on the integration of health and social care in a way that supports person-centred care and ultimately better outcomes for people and carers. The national policy objectives are to:
  - Enable people to stay well, safe and independent at home for longer.
  - Provide the right care in the right place at the right time.
51. It was reported that the Gateshead BCF submission was developed working closely with health partners in line with planning guidance through Gateshead's Integrated Commissioning group. The submission complied with national requirements and incorporated:
  - A BCF Planning template that set out details of income and expenditure against schemes, demand and capacity for intermediate care, metrics and compliance with national conditions.
  - A Narrative Plan that set out details of our approach to integration, our priorities for 2023-25 and how we are working together to take them forward.
52. Delivery of the plan will be governed by a Section 75 agreement which sets out the respective responsibilities of the Council and ICB (Place) and will continue to be overseen by the Integrated Commissioning Group.

### ***Assurance Sub-Group***

53. The Board received a presentation on a proposed assurance sub-group of the Health & Wellbeing Board, including an overview of the CQC Assurance framework. It was noted that there will be a single assessment framework for all health and social care assurance.
54. The framework sets out clear expectations of providers, based on people's experiences and the standards of care they expect. They replace CQC's key lines of enquiry (KLOEs), prompts and ratings characteristics. The Board noted that it is the first assessment activity for providers in an integrated process. It was reported that the aim is to draft a self-assessment this Autumn.
55. The Board noted that in establishing an assurance sub-group of the Board there would be increased confidence that assurance is being addressed at a system level. Its membership would include key partner organisations. It was also highlighted that the sub-group could play a role in identifying areas for development across the system and gather evidence of system level stewardship. It is envisaged that regular reports on its work will be brought to the HWB.

### **Other Issues considered by the Health and Wellbeing Board**

56. Other issues considered by the Board included:

#### ***Health Determinants Research Collaboration in Gateshead***

57. The Board received an update on the Health Determinants Research Collaboration (HDRC) in Gateshead. It was noted that the collaboration was Council led and is funded for five years and that its focus is to:
- Develop our research infrastructure, building capability and capacity;
  - Support work addressing the wider determinates of health and inequalities;
  - Change the culture of how we work so that it is more research and evidence informed (decision making, strategy, policy, practice);
  - Build a local evidence base;
  - Build strong and enduring networks with partners inc. LAs, Universities, Health, VCS;
  - Engage resident and communities in research and develop a lasting legacy;
  - Influence local, regional and national policy and practice;
  - Develop a local centre of research excellence.
58. The Board acknowledged that the collaboration was a complex and multi-faceted initiative and endorsed its aims. It is envisaged that the collaboration will transform our approach to local high quality research by creating the conditions to deliver research into practice at pace with our partners.

59. The Board also noted that the research collaboration would support and help with the system's understanding of deprivation across Gateshead and also endorsed the proposals which are 'resident centric'.

### ***SEND Inspection Presentation***

60. The Board received a report and presentation update on the outcome of the SEND Inspection which focused on the key strengths and areas for further development that were identified.

61. The Board was advised that the inspection report was published in July 2023 and that an update to the existing SEND improvement plan had been completed in light of the inspection findings.

62. It was reported that the next steps included:

- Support and challenge meeting with DFE and CQC improvement advisors to agree details of the SEND priority plan with key milestones.
- Final SEND priority plan published early Sept after consultation with the Parent Carer Forum and young people.
- Governance through SEND Board, ICB Committee at Place, OSC and HWB.
- Delivery of the plan via 4 existing workstreams of the SEND Board with a more detailed delivery plan for each workstream driving the work.

### ***Trauma Informed Care***

63. The Board received an update on Gateshead's trauma informed care service - a framework for Health, Education and Social Care delivery based on insight of how trauma impacts on children's lives and their needs, aiming to facilitate recovery without re-traumatisation.

64. It was reported that 'Trusting Hands' would lead on this service and that two years of funding had been provided via the ICB. A breakdown was provided of the team structure; it was highlighted that it would be multi-disciplinary, including clinical psychologists and advanced and specialist mental health practitioners, advanced Speech and Language Therapists and Peer Support Workers.

65. An overview was provided of the service delivery model; it was noted that there will be a graduated response to meet the needs of the high risk, high harm and high vulnerability population with therapeutic training for carers.

66. The next steps include the implementation of the service, development of a strategy to promote co-production, recruitment to a peer support worker vacancy and the development of resource packs and toolkits.

### ***Physical Activity Strategy***

67. The Board received an update on the Physical Activity Strategy for Gateshead that was developed to support the Council and partners in promoting, planning and facilitating physical activity. A further update will be coming to the HWB as part of its Forward Plan.

### ***People@theheart Partnership Agreement***

68. The Board supported the sign-up by partner organisations to the People@theheart (MCN) Partnership Agreement to facilitate partner organisations working differently together to ensure better outcomes for people with multiple and complex needs, many of whom experience significant health and wellbeing inequalities.

### **Recommendations**

69. The views of OSC are sought on:

- (i) the progress update on the work of Gateshead's Health & Wellbeing Board for the first six months of 2023/24 as set out in this report.

John Costello (Ext 2065)
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**TITLE OF REPORT:**           **Integrated Adults and Social Care Pressures**

**REPORT OF:**                 **Steph Downey, Service Director Adult Social Care,  
Integrated Adults and Social Care Services**

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## **Summary**

The report provides an overview of the national CQC Assurance programme for Adult Social Care, and the work Gateshead is doing to prepare for this.

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## **Purpose of the Report**

1. To update the Committee regarding the preparatory work that Integrated Adults and Social Care Services is undertaking and facilitate scrutiny in respect of the work undertaken so far, and the work planned.

## **Background**

2. As part of the Government plans for Adult Social Care it was announced that the Care Quality Commission would recommence inspections of Local Authority Adult Social Care services in 2023.
3. So far 5 volunteer pilot sites have been through the new assurance framework and inspection process.
4. Following the assurance process each Local Authority will receive a written report and a single word judgement:
  - Outstanding
  - Good
  - Requires Improvement
  - Inadequate

Thus far, none of the pilot sites have received their final judgement, although we understand they have received a draft report, which is being moderated by CQC.

## Current Position

5. The Integrated Adults and Social Care Services department has been working with regional colleagues in the Association of Directors of Adult Social Services (ADASS) to prepare for the inspection and assurance process.
6. In October 2022 we took part in a regional challenge process, with a retired Director of Adult Social Services; this along with our own assessment of our areas of strength and areas for development, helped shape the departmental strategy and action plan were delivered to Committee in September 2023.
7. We are part of a number of regional Sector Led Improvement networks where we share good practice with our neighbouring Local Authorities and learn from each other.
8. Through these networks we have received feedback from both CQC and the Local Authorities that have been through the pilot inspections, which we are using to guide our own preparations.
9. Our current high level understanding of the inspection process is:
  - Annual conversation with CQC
  - Completion of a Self Assessment (areas of strengths and areas for development)
  - Notification of impending inspection
  - Identification of 50 case files
  - Information sharing
  - On site assessment: focus groups, case file audit, meetings with key people
  - Initial feedback and clarification process
  - Outcome and action plan
10. The service has identified a modest number of additional posts to facilitate both the inspection process, and the ongoing and continuous assurance/inspection readiness. Recruitment is ongoing.
11. Gateshead like all Local Authorities has been advised it will receive a one off payment of £26,730 which the Government believes will fund the additional capacity and capabilities required.
12. The draft self assessment is partially completed and will be finalised by end of November 2023 (the self assessment will then be updated on a planned basis). Relevant information and evidence is being gathered; e.g. the coproduction and consultation undertaken to review the Adult Social Care pages of the Councils website.
13. Work is ongoing in respect of the case file tracking process, and this will be complete by February 2024.
14. Colleagues across the service, wider Council and partner organisations have been kept up to date with tailored communications.

15. The Health and Wellbeing Board has agreed to establish an Assurance Sub Committee which will look at CQC and Ofsted Assurance via a Gateshead Health and Care System lens.

### **Recommendations**

16. Care, Health and Wellbeing Overview and Scrutiny committee is recommended to:
  - (i) Comment on the content of this report and identify any areas for further scrutiny
  - (ii) Consider how Scrutiny can help to inform the CQC Assurance process

**Contact:                    Steph Downey**

**Ext 3919**

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# Gateshead Health NHS Foundation Trust

## Queen Elizabeth Hospital

### Inspection report

Queen Elizabeth Avenue  
Sherriff Hill  
Gateshead  
NE9 6SX  
Tel: 01914820000  
[www.gatesheadhealth.nhs.uk](http://www.gatesheadhealth.nhs.uk)

Date of inspection visit: 20 February 2023 to 21 February 2023  
Date of publication: 29/06/2023

### Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services well-led?	Good 

# Our findings

## Overall summary of services at Queen Elizabeth Hospital

Good ● ↓

Pages 1 and 2 of this report relate to the hospital and the ratings of that location, from page 3 the ratings and information relate to maternity services based at Queen Elizabeth Hospital.

We inspected the maternity service at Queen Elizabeth hospital as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice unannounced focused inspection of the maternity service, looking only at the safe and well-led key questions.

We last carried out a comprehensive inspection of the maternity and gynaecology service in 2016. The service was judged to be Good overall. We previously inspected maternity jointly with the gynaecology service, so we cannot compare our new ratings directly with previous ratings.

### How we carried out the inspection

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

# Maternity

Good 

We rated it as Good because:

- Staff worked well together for the benefit of woman and birthing people, understood how to protect woman and birthing people from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to woman and birthing people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Managers monitored the effectiveness of the service and made sure staff were competent. Staff felt respected, supported and valued. They were focused on the needs of woman and birthing people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with woman and birthing people and the community to plan and manage services People could access the service when they needed it and did not have to wait too long for treatment. and all staff were committed to improving services continually.

## Is the service safe?

Good 

### Mandatory training

**The service had mostly completed all mandatory training. The maternity services specific training was on target for all staff.**

Staff were mostly up to date with their mandatory training. Leaders told us they were aware not all mandatory training figures met the trust target. Training included fire safety, equality and diversity and information governance. Data received from the trust during the inspection showed the maternity unit met the trust target of 85%. The midwifery team's overall compliance was 85.05% and additional clinical services were 88%. Medical staff were not compliant with the trust target with 76% of staff compliant. However, following the inspection the trust provided further data which showed training compliance had improved.

The service had a training needs analysis protocol for mandatory training and skills and drills training. Staff were alerted to when their training was due via email and the service had created gaps within staffing rotas to increase opportunities for staff to complete mandatory training.

The mandatory training, we saw was comprehensive and met the needs of women and staff. The training delivered by the service included trust wide mandatory training, maternity specific training and simulated maternity emergency training. Mandatory training was delivered via e-learning and recently returned to face-to-face training.

The service had a newly appointed practice development midwife and there had been a recent return to face to face emergency simulation training within clinical skills and PROMPT (practical obstetric multi-professional) training.

# Maternity

All obstetricians and midwives who cared for women in labour were required to complete annual training and competency assessments on cardiotocograph (CTG) interpretation and auscultation. Training was a mixture of online and face to face sessions. Data showed 100% of obstetric consultants, 90% of obstetric trainees and 96% of midwifery staff had completed the CTG training which met the compliance of above 90% for all staff groups as required by the Maternity Incentive Scheme year 4.

Multidisciplinary emergency training took place between 1 December 2021 to November 2022 overall compliance was obstetric consultant 100%, obstetric trainees 95%, midwifery 100%, maternity support worker 93%, anaesthetic consultant 100% and anaesthetic trainee 92%.

All staff were compliant in neonatal life support with 90% midwives and 100% paediatric consultants completing the training.

Training included but was not limited to, fetal monitoring in labour, SBAR (situation background assessment and recommendation) handovers and human factors training. The service provided external training for midwives and medical teams, such as, perineal repair, maternity emergencies in the community, waterbirth and consent in maternity care.

Perinatal mental health training was included in the core competencies framework and staff completed training on birth trauma and Trauma Risk Management (TRiM) training.

TRiM training was an evidence-based approach using a trauma risk management (TRiM) methodology. This helped to identify risks for people who may suffer poor mental health following a traumatic experience.

The training needs analysis (TNA) was developed in line with the Maternity Incentive Scheme and the trust followed the outlining reporting timescales.

## Safeguarding

**Staff understood how to protect woman and birthing people from abuse and the service worked well with other agencies to do so. Not all staff had received training on how to recognise and report abuse.**

Staff were not all up to date with safeguarding training. At the time of the inspection training records showed that not all staff had completed both Level 3 safeguarding adults and safeguarding children training at the level for their role as set out in the trust's policy and in the intercollegiate guidelines.

Medical staff had 80% compliance in Level 3 safeguarding children's training and 70% compliance in Level 3 safeguarding adults. Midwives within all areas of the maternity unit were under 60% compliant in Level 3 safeguarding children and specialist midwives were 70% compliant.

Training figures were calculated yearly from April 2022 to March 2023 therefore, the training figures for midwives were not fully complete. In adult safeguarding Level 3, 81% of antenatal and postnatal ward midwives, 70% of midwives in the delivery suite and 67% of midwives in the pregnancy assessment unit had completed the training. We were told that they service aimed to have a compliance of 85% for maternity staff by March 2023. Following the inspection, the trust provided further data which showed that most maternity staff were compliant in their safeguarding training. However, the midwifery team in the pregnancy assessment unit continued to be below trust target.



# Maternity

Safeguarding training was in the process of being changed to inhouse training for both face to face and online. Training was provided by the local authority. However, the trust had recognised that the sessions were both limited and frequently cancelled.

Staff were provided with safeguarding training specific for their role and staff we spoke to knew how to recognise and report abuse. The service had safeguarding training guidance which set out the safeguarding level 3 children and level 3 adult safeguarding training.

Training comprised of e-learning assessed training, trust specific multi-disciplinary safeguarding training. Training included topics such as the impact of adverse childhood experiences, babies cry and you can cope, knife crime and domestic violence and female genital mutilation (FGM).

Staff could give examples of how to protect woman and birthing people from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment was provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff asked woman and birthing people about domestic abuse, and this was a mandatory field in the electronic records system. Where safeguarding concerns were identified woman and birthing people had birth plans with input from the safeguarding team.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff explained safeguarding procedures, how to make referrals and how to access advice. The service had a safeguarding team who staff could turn to when they had concerns. Patient records detailed where safeguarding concerns had been escalated in line with local procedures.

The service had a specialist midwife for safeguarding and were in the process of recruiting maternity safeguarding champions to support staff in the unit. Staff were able to access safeguarding alerts through the electronic system and the safeguarding team were currently working with local GPs to roll out full access of patient health records to highlight potential safeguarding implications and strengthen safety for vulnerable expectant women and birthing people.

Staff followed the baby abduction policy and undertook baby abduction drills. Staff explained the baby abduction policy and we saw how ward areas were secure, and doors were monitored. The service had practised what would happen if a baby was abducted within the 12 months before inspection.

## **Cleanliness, infection control and hygiene**

**The service-controlled infection risk well. Staff used equipment and control measures to protect woman and birthing people, themselves, and others from infection. They kept equipment and the premises visibly clean.**

Maternity service areas were clean and had suitable furnishings which were clean and well-maintained. During our inspection we saw cleaners, cleaning all areas throughout the day. The flooring in the clinical areas and associated corridors allowed for effective cleaning.

# Maternity

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff used the right level of PPE, which was stored on wall mounted displays. Staff were bare below the elbow and hand sanitiser gels were available throughout the service. Laminated hand washing posters demonstrating best practice in techniques were on display above sinks. However, training data for infection prevention and control training was not recorded for midwifery staff and only 77% compliance recorded for medical staff.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Leaders completed regular infection prevention and control audits and hand hygiene audits. On the day of inspection, we saw weekly cleaning records were up to date and areas were clean. Data collected from November 2022 to February 2023 showed the maternity unit scored 97% for cleaning audits.

The service monitored staff compliance with hand hygiene in weekly audits. We reviewed weekly hand hygiene audits from January 2023 to February 2023 and found staff were 100% compliant.

Staff cleaned equipment after contact with woman and birthing people and labelled equipment to show when it was last cleaned. Staff cleaned couches between use in the antenatal clinic and it was clear equipment was clean and ready for use.

## Environment and equipment

**The maternity unit was on the maternity risk register due to being a stand-alone consultant led unit. The service put mitigations in place to make sure the design and maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The service had suitable facilities to meet the needs of women and families. Maternity estates were top on the services risk register and leaders recognised the potential risks to women and birthing people due to being a stand-alone consultant led maternity unit with no direct links to the main hospital. The maternity unit did not have a high dependency unit (HDU) or critical care teams in house, but staff were able to liaise with both the HDU and the critical care team within the main hospital for advice and support.

Leaders told us there were plans in place to mitigate the risk of being in a separate building and there had been no recorded incidents related to the estate. The service planned elective caesarean sections in advance, with any high-risk women being booked into the main theatre at the main hospital site. The high dependency unit (HDU) was next to main theatres.

If there was an acute emergency, women would be stabilised in the maternity theatre. Either the critical care team would be called to the unit to support, and emergency 999 call would be put out to transfer women or birthing people to the main hospital.

The maternity unit was fully secure with a monitored entry and exit system. Visitors were asked to identify themselves before they were allowed entry.

Woman and birthing people could reach call bells and staff responded quickly when called.

Staff carried out daily safety checks of specialist equipment. Records showed that adult resuscitation equipment and baby resuscitaires throughout the maternity department were checked daily.

# Maternity

The patient assessment unit (PAU) was open 24 hours a day. The PAU provided care for women from 16 weeks of pregnancy up to 4 weeks postnatally for pregnancy related issues, support and monitoring of high-risk pregnancies. The unit also provided support to women and birthing people experiencing complications postnatally.

The PAU was spacious and contained four rooms, scan room and a large triage area. There was a storage, equipment room and sluice area. The unit had Cardiotocography machines (CTG's) in every room. Cardiotocography is the monitoring of the fetal heart and assessing the fetal wellbeing during pregnancy.

All equipment was visible clean, and we saw 'I am clean' stickers with the date the equipment was cleaned.

Antenatal and postnatal care were based on one ward. There was one bay for antenatal women which consisted of three beds. There were 16 beds for postnatal women with two adjoining bathrooms. There were 4 single rooms with en-suite facilities, each with a chair for partners to stay over. The ward had a family room where women, birthing people and their families could relax, and older children could play. All bays and rooms were well equipped and clean.

All equipment and store cupboards were clean, tidy and uncluttered. A fridge specifically for infant milk storage was kept in a locked room which stored medicines and dressings. The name, hospital number, date and time expressed were written clearly on all labels. The milk-fridge was checked daily to ensure it was always locked, maintained at the correct temperature for safe storage.

The service had suitable facilities to meet the needs of woman and birthing people's families. The birth partners of women and birthing people were supported to attend the birth and provide support. Labour ward had enough suitable equipment to safely care for women and babies. The labour ward included a spacious, open reception area.

The service had enough suitable equipment to help them to safely care for woman and birthing people and babies. For example, in the birth centre there were pool evacuation nets in all rooms and on the day assessment unit there was a portable ultrasound scanner, cardiotocograph machines and observation monitoring equipment. There were 6 delivery suites all with en-suite facilities. There was one newly renovated pool room for labour and birth which was spacious and well designed with a ceiling hoist and plenty of space around the pool area. Staff regularly checked birthing pool cleanliness and the service had a contract for legionella testing of the water.

The large room opposite the midwifery station was used for women who needed closer monitoring before being transferred to the high dependency unit in the main hospital. as a high dependency room for women who needed closer monitoring.

The ward had designated individual rooms for women and birthing people who were due to have their labour induced.

The designated bereavement room was currently under renovation during our inspection although it was just awaiting new furniture. The room was spacious and had its own secure entry and exit point. The service currently used two larger side rooms opposite from the bereavement room for bereaved women whilst the renovations were ongoing.

The labour ward had two adjoining maternity theatres which were fully theatre compliant. There was a separate recovery area with two beds. The unit's second theatre was newly developed and had been designed specific for the unit's requirements with plenty of space and a designated anaesthetic area.

Staff disposed of clinical waste safely. Waste was handled appropriately with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

# Maternity

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon woman and birthing people at risk of deterioration.**

Staff used a nationally recognised tool to identify woman and birthing people at risk of deterioration and escalated them appropriately. Staff used national tools such as the Modified Early Obstetric Warning Score (MEOWS) for each woman. We reviewed MEOWS records and found staff had completed them fully and had escalated concerns to senior staff. However, the service did not complete regular auditing of warning scores.

Carbon monoxide (CO) screening was performed in 5 out of 6 set of notes reviewed in line with best practice guidance. The trusts maternity dashboard showed the service met all but one of the national smoking targets. Data showed 78.28% of women were offered CO testing at 36 weeks, this did not meet the national target of 80%. However, data showed the service had consistently reduced the levels of women and birthing people smoking at booking.

Staff used a standardised evidence-based tool to identify women and birthing people at risk of deterioration using a red, amber and green RAG rated system on the electronic notes system. Patients could attend the pregnancy assessment unit through a pre booked appointment or self-referral following a telephone triage with an experienced midwife.

Midwives documented the time women and birthing people arrived at the unit and the time they were seen. All women attending with reduced fetal movements were seen by a clinician within 15 minutes of their arrival onto the unit.

Women and birthing people arriving in term labour or suspected labour were prioritised and seen immediately and escalated to the medical team. Staff told us that the service was currently working towards using a more standardised process for triage and that an audit to review waiting times was being reviewed. We were not shown evidence of PAU auditing during our inspection or in the data received.

Staff completed risk assessments for each woman on arrival to triage, using a recognised tool, and reviewed this regularly, including after any incident. Staff used an evidence-based, standardised risk assessment tool for women and birthing people. Staff used the 'Saving Babies' Lives Version Two (2019), a nationally recognised care bundle to assess women during pregnancy. Saving babies lives is an evidence-based bundle of care designed to reduce the numbers of stillbirth and early neonatal deaths bringing together areas identified as best practice, these included reducing smoking in pregnancy, raising awareness of reduced fetal movement and effective fetal monitoring during labour.

The maternity dashboard showed the service did not meet national targets for reducing women and birthing people smoking in pregnancy. The trust was below the national target of 80% for CO testing at antenatal booking and under 36 weeks of pregnancy.

Leaders and staff told us that women received 1 to 1 care in labour and the labour ward co-ordinator was mostly supernumerary. The trust provided data from July 2022 to September 2022 to show the percentage of times the labour ward co-ordinator was supernumerary. Information showed that during August 2022 the labour ward co-ordinator was supernumerary 89% of the time and this improved to 92% in September.

Staffing was monitored four hourly and a red flag was placed on the live staffing system when the labour ward co-ordinator was not supernumerary. Ward managers and the acute matron monitored this weekly.

# Maternity

Staff knew about and dealt with any specific risk issues. Staff we spoke to knew how to identify women at risk of sepsis and manage specific risk issues. The service used the maternal sepsis screening tool and maternal Sepsis-Six pathway.

There was a central monitoring system for cardiotocograph (CTG) monitoring on the delivery suite. We saw trust data to show that monthly audits of cardiotocography (CTG's) were completed.

From August 2022 to January 2023 the service had completed reviews on 444 CTG's. The data showed that 71 of those CTG's were not taken within 15 minutes of arrival, 10 CTG's had missed a fresh eyes review. However, 100% of CTG's were escalated if required.

There was not a specific transitional care bay for babies who needed additional care. The service told us they provided transitional care to any baby who required it as part of the maternity service's model of care in line with the 'Avoiding Term Admissions into Neonatal units Programme' (ATAIN). The service had a staffing model for transitional care and all babies needing additional care received a specialist review following delivery of baby and then reviewed daily by the consultant.

Staff completed newborn risk assessments when babies were born using recognised tools and reviewed this regularly. The trust did not provide data to show that a newborn early warning trigger audit was completed.

The service had 24-hour access to mental health liaison and specialist mental health support. Staff explained when and how they could seek assistance to support woman and birthing people with mental health concerns.

The service had clear processes for staff to follow which included the contact details of the onsite and out of hours psychiatric liaison teams. The service had a specialist perinatal mental health link nurse who attended a weekly antenatal clinic.

Staff shared key information to keep woman and birthing people safe when handing over their care to others. The patient care record was on a secure electronic patient record system used by all staff involved in the woman's care. Each episode of care was recorded by health professionals and was used to share information between care givers.

Shift changes and handovers included all necessary key information to keep woman and birthing people and babies safe. During the inspection we attended staff handovers and found all the key information needed to keep woman and birthing people and their babies safe was shared. Staff had 2 safety huddles a day to ensure all staff were up to date with key information.

Each member of staff had an up-to- date handover sheet with key information about the patients. The handover shared information using a format which described the situation, background, assessment, recommendation for each patient. Medical handovers took place at 5pm at the change of consultant obstetric and anaesthetic team and again at 8pm at the change of medical team.

There was a twice daily ward round on the delivery suite as per national guidance. There was comprehensive consultant presence on-site, consultants provided 12-hours on site, seven days per week, and night-time on-call cover. Medical teams placed on call were automatically given the next morning or day off to make sure medical staff were not too tired.

The clinical lead and labour ward lead attended a weekly risk meeting, where serious incidents and incident reporting forms were reviewed. Information from the meeting was communicated to maternity staff through the weekly safety message.

# Maternity

Maternity leads also attended a monthly safe care meeting and monthly perinatal meeting. These meetings were multidisciplinary attended.

The service followed the 'Five Steps to Safer Surgery' World Health Organisation (WHO) checklist which included a sign in, time out and sign out checks. Patients had a copy of the 'Five Steps to Safer Surgery' WHO checklist in their notes. Data received showed that from August 2021 to January 2022 there was 100% compliance in completing the WHO checklist within maternity.

During our inspection we spoke with 5 women, and all were very happy with their care and the experience they had received. We also received 49 feedback forms from women who had used maternity services following our inspection. Six out of 49 forms were positive, 23 provided mixed feedback, and 20 were negative. There were common themes within the negative feedback. Themes included women not always feeling listened to by staff and partners not being able to stay overnight on the postnatal ward.

## Midwifery Staffing

**The service had enough maternity staff with the right qualifications, skills, training and experience to keep women and birthing people safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

Data for the service showed over 50% of booked admissions requiring elective admissions and operative procedures were high risk women and birthing people. The service used Birth Rate Plus for recommended staffing levels. The trust agreed a business case to complete a recruitment process, and this had been in place since April 2022. Since this time 10.84 whole time equivalent clinical midwives had been recruited, which meant maternity was at full establishment.

There was an increase in specialist midwifery posts and a recruitment and retention specialist midwife had recently started in post. The service also had in place a fetal monitoring specialist, risk management and public health specialist midwife.

Staff told us that there was a decrease in health care assistants (HCA) and the service had secured funding to increase recruitment into the role and to develop band 2 HCA to a band 3. Retaining healthcare assistants to the unit had been recently added to the risk register.

Staffing levels matched the planned numbers during our inspection. Staff told us the labour ward coordinator was supernumerary, on the rare occasion there were staff shortages the labour ward co-ordinator would support the midwives on shift but would not care for a woman or birthing person in established labour.

There, were 3 listening events for staff between October and November 2022 to talk about and gain feedback on the staffing requirements for current midwifery models of care.

The service planned midwifery staffing on a 22% uplift in staffing establishment to allow for absences including sickness, annual leave, training, and maternity leave.

Sickness rates were monitored, and staffing levels were monitored by managers daily. Additional staffing concerns were fed up to board level to ensure oversight and support from leaders.

# Maternity

Staff sickness and annual leave was covered by staff or bank staff. The service did not use agency. Bank staff had a full induction and knew the service.

There was a preceptorship programme for newly qualified midwives, this included a 12-week supernumerary preceptorship programme with a rotational period of 4 weeks in each area. However, this was currently under review following feedback from band 5's who felt that it would be more beneficial to have a longer time within each area of the maternity unit.

Managers made sure staff received any specialist training for their role. For example, there were 6 midwives had received funding for specialist training in the professional midwifery advocate course. The role supported staff through a continuous improvement process that aimed to build personal and professional resilience, enhance quality of care and to support preparedness for professional revalidation.

There were a number of specialist midwives' roles within the service and staff told us the specialist midwives were visible within the service. For example, there were specialist roles for digital transformation, stop smoking service, practice development, recruitment and retention, infant feeding, preterm birth team, diabetes in pregnancy, safeguarding and antenatal and newborn screening.

The service reported maternity 'red flag' staffing incidents in line with National Institute for Health and Care Excellence (NICE) guideline 4 'Safe midwifery staffing for maternity settings'. A midwifery 'red flag' event is a warning sign that something may be wrong with midwifery staffing. There were no reported red flags within the inspection reporting timeframe.

There was a shift co-ordinator on duty around the clock who had oversight of the staffing, acuity, and capacity. Managers moved staff according to the number of woman and birthing people in clinical areas, but staff told us this was not often.

The service made sure staff were competent for their roles. A practice development (PD) midwife was new in post. The role of the PD midwife was to increase the face to face skills training following the pandemic, work with local universities to increase student midwife numbers and to work alongside clinical staff to support students and newly qualified midwives.

Managers supported most staff to develop through yearly, constructive appraisals of their work. We were given examples of how staff had been supported to develop through training and support. Data showed maternity staff appraisal compliance was 82%.

Retention and recruitment were managed by a specialist midwife who was new in post. The service had employed 17 band 5 midwives who had previously been student midwives in the unit.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep woman and birthing people and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.**



# Maternity

The service had enough medical staff to keep woman and birthing people and babies safe. The medical staff matched the planned number. The obstetric team consisted of 9 obstetric and gynaecological consultants, 2 consultants who provided a small number of additional obstetric support, 7.2 whole time equivalent (WTE) tier 2 doctors and 8.4 WTE tier 1 doctors. Total medical cover onsite was 73 hours per week plus 12 hours per week for elective section lists.

The service had low vacancy, turnover and sickness rates for medical staff. Data showed the only vacancy within the medical team was 0.8 WTE. There was a low sickness rate for medical staff. However, there was some staff on long term sickness as well as a number of doctors who restrictions on their shift patterns which created pressure on teams to fulfil the on-call rota.

The service had low rates of bank and locum staff. Managers could access locums when they needed additional medical staff. Managers made sure locums had a full induction to the service before they started work.

The service had a good skill mix of medical staff on each shift and this was reviewed regularly.

There was always a consultant on call during evenings and weekends and the service had a comprehensive consultant presence within obstetrics. Consultants completed two daily ward rounds as per national recommendations and spent the daytimes visible and available on the wards.

There was a consultant present on weekdays from 8 am until 7pm, weekends and bank holidays 8am to 5pm on site. Outside of these hours the consultant was on call from home. Staff told us doctors were approachable and available for urgent reviews.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. The service provided teaching sessions to medical staff weekly and junior doctors told us they felt well supported. The appraisal rates for medical staff were 100%.

## Records

**Staff kept detailed records of woman and birthing people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Woman and birthing people's notes were comprehensive, and all staff could access them easily. The trust had been using an electronic notes system for the last four years and staff told us they felt confident and competent to use the system.

When woman and birthing people transferred to a new team, for example, back to their GP or to community teams. There were no delays in staff accessing their records.

We reviewed 6 electronic records and found records were clear and complete. Confidential information could not be accessed without a password and all computer screens were kept locked at all times.

Records were fully completed, and we saw that the electronic system was easy to navigate. The service ensured the allocation of named midwives or consultants to women. Venous thromboembolism (VTE) score checklist, partogram (a composite graphical record of key maternal and fetal data during labour), World Health Organisation (WHO) checklist used in theatres, charts for growth and early warning scores were completed.



# Maternity

Potential safeguarding issues were flagged electronically so all clinicians could recognise and act on safeguarding concerns.

All pregnant women could access their maternity notes online. Women had individualised care plans for pregnancy and labour, there was an antenatal screening and assessment of risk to promote safe treatment. The web-based portal allowed them to view their notes securely and until they were discharged from maternity care.

Women who were unable to access electronic maternity notes were provided with handheld antenatal records which they took to all appointments. Maternity teams continued to enter all information electronically to ensure consistency and no errors in communication.

The service completed an audit of antenatal notes and found records had evidence of discussions around the importance of fetal movements by sonographers performing growth scans, paper notes arranged for women had no access to records electronically, referrals for specialist care such as female genital mutilation (FGM), safeguarding, diabetes and perinatal mental health support.

However, the audit found midwives were not always documenting whether they had asked a question on domestic violence and whether non-speaking patients were offered a translator.

## Medicines

### **The service used systems and processes to safely prescribe, administer, record and store medicines.**

Staff followed systems and processes to prescribe and administer medicines safely. Women and birthing people had prescription charts for medicines that needed to be administered during their admission. We reviewed 8 prescription charts and found staff had correctly completed them.

Staff reviewed each woman's medicines regularly and provided advice to woman and birthing people and carers about their medicines. The pharmacy team supported the service and reviewed medicines prescribed. These checks were recorded in the prescription charts we checked.

Staff completed medicines records accurately and kept them up to date. Medicines records were clear and up to date. The service used an electronic prescribing system. Midwives could access the full list of midwives' exemptions, so they were clear about administering within their remit.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored within automated medicine cabinets with biometric access in the labour ward and stored in secured locked cupboards within the pregnancy assessment unit and the antenatal/postnatal ward.

Clinical fridge temperatures were maintained between a minimum and maximum recommended temperature. They were checked daily to ensure required medication was stored at the correct temperature to maintain drug efficacy.

## Incidents

# Maternity

**The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave woman and birthing people honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust policy. Staff followed trust guidelines on how to identify and report incidents. The service used an online incident reporting system and updated national Strategic Executive Information System (STEIS) if a serious incident was declared.

Staff could describe what incidents were reportable and how to use the electronic reporting system. The trust had a process for managing and reviewing incidents. There were 4 incidents over 60 days old which were currently still under investigation, one of which was classed as severe harm. Incidents classed as severe harm are any unexpected or unintended incident that appears to have resulted in permanent harm to one or more persons.

Managers reviewed incidents on a regular basis so that they could identify potential immediate actions. The trust held weekly risk review meetings to discuss current cases and recommendations from the Healthcare Safety Investigation Branch (HSIB) and any serious incidents. The meetings were attended by midwifery managers and clinical lead. There were no current cases submitted to HSIB. Learning and risk was identified and actioned quickly to improve care for women and birthing people without delay whilst awaiting initial feedback and final reports.

The trust had one reported incident within the last 3 months, and we found the incident was reported correctly.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning and actions were shared with the staff via interactive boards, emails and on staff message groups.

Quarterly maternity mortality and morbidity reports were submitted to the trust mortality and morbidity steering group. The mortality and morbidity steering group submitted a report of actions to the Quality governance committee. All serious incidents were shared with the trust board.

The service monitored stillbirths, fetal loss, neonatal and post-neonatal deaths using the Perinatal Mortality Reviews Summary Report (PMRT) tool and produced a quarterly report. The total number of perinatal deaths reported to MBRRACE-UK perinatal mortality surveillance from April 2022 to September 2022 was 6.

There had been no reported never events.

Staff understood the duty of candour. They were open and transparent and gave woman and birthing people and families a full explanation if and when things went wrong. Governance reports included details of the involvement of woman and birthing people and their families in investigations and monitoring of how duty of candour had been completed. Matrons and specialist midwives disseminated quarterly messages amongst staff which included learning from incidents. Staff met to discuss the feedback and look at improvements to patient care.

## Is the service well-led?

Good 

# Maternity

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for woman and birthing people and staff. They supported staff to develop their skills and take on more senior roles.**

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. There was a clear leadership structure in place. The head of midwifery (HOM) reported to the chief nurse and operational manager. The head of midwifery was supported by the lead midwife for quality risk and safety, acute service maternity matron and community midwifery matron.

The maternity leadership team were supported by a number of specialist midwives and band 7 midwives.

Leaders were visible and approachable in the service for woman and birthing people and staff. Leaders were respected and staff told us, leaders were supportive, approachable and keen to drive improvement.

The service was supported by maternity safety champions and non-executive directors. The non-executive director (NED) was a maternity safety champion and was there to provide objective and external challenge. Their remit was to understand the current outcomes of the service, review services, current maternity risks and report to board. The NED visited the maternity unit and liaised with outside representatives such as the maternity voice partnership group to review services and provide the board with a report of maternity services.

Leaders supported staff to develop their skills and take on more senior roles. Leaders encouraged staff to take part in leadership and development programmes to help all staff progress.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. They had developed the vision and strategy in consultation with staff at all levels. The maternity service had in place the Quality and Safety Improvement Plan 2022/2024.

Leaders had considered the recommendations from the Ockenden 2020 and 2022 reports on the review of maternity services at The Shrewsbury and Telford Hospital NHS Trust had revised the vision and strategy to include these recommendations.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Leaders and staff understood and knew how to apply the vision and strategy and monitor progress. The plan was aligned with the recommendations within the NHS Long Term Plan and Maternity Transformation programme for maternity and neonatal services.

# Maternity

The service vision was to remain focused on delivering personalised and safe maternity care through:

1. Improved Patient Safety.
2. Improved Clinical Effectiveness.
3. Improved Experience for mothers, babies and their families.
4. Focus on Leadership, learning and best practice, teams, improving data collection and quality and innovation.
5. Improve staff culture and experience.

There was a clear safety and quality strategy which included the implementation and audit of the Ockenden recommendations.

Alongside the safety and quality strategy was the trusts digital maternity strategy which detailed four specific aims:

1. Support care and to provide safe, quality care across the area.
2. Empower women to access and share care information.
3. Evaluate and learn through use of data to assess and improve services.
4. Attract development funding.

## Culture

**Most staff felt respected, supported, and valued. However, not all staff we spoke to felt they were able to raise concerns to senior leadership. The service promoted equality and diversity in daily work, and provided opportunities for career development.**

**Staff were focused on the needs of woman and birthing people receiving care. Women and birthing people and their families could raise concerns without fear.**

Most staff felt respected, supported, and valued. Staff were mostly positive about the department and its leadership team and mostly felt able to speak to leaders about difficult issues and when things went wrong. Results from the NHS Staff Survey 2021 showed maternity staff were mostly positive about their work and the organisation cared about staff's wellbeing.

For example, the survey showed out of 2,081 staff asked, 1,910 staff either agreed or strongly agreed that they were trusted to do their job. Out of 2,078 staff there were 1,500 staff who either agreed or strongly agreed that they were able to approach their immediate manager.

During our inspection, staff we met were welcoming, friendly and helpful. Staff were keen to talk to us about their work and the improvements being made within the unit. For example, the purpose built second theatre, new bereavement suite and pool room.

We spoke to staff across most grades and disciplines. Staff were proud to work for the trust and mostly felt valued and respected by management. Staff described healthy working relationships within teams and felt respected and able to raise concerns with immediate managers.

# Maternity

Staff were focused on the needs of woman and birthing people receiving care. Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

Leaders understood how health inequalities affected treatment and outcomes for woman and birthing people and babies from ethnic minority and disadvantaged groups in their local population. They monitored outcomes and investigated data to identify when ethnicity or disadvantage affected treatment and outcomes, which they shared with teams to help improve care. They also developed and delivered a training programme to educate all staff on how to identify and reduce health inequalities. Staff said that it helped them understand the issues and provide better care.

From August 2022 to February 2023 the maternity safety champions had completed regular walk around's of the maternity unit 7 times. There was a timetable of dates to show staff when the maternity safety champions were due to visit for walk around the units and to talk to staff. In one of the scheduled visits, we saw there was time designated to talking to staff about the continuity of carer teams, as staff were concerned around how the teams could impact on staffing and the potential work pressures within maternity teams.

The service promoted equality and diversity in daily work. The service had an equality, diversity and inclusion policy and process. Leaders and staff could explain the policy and how it influenced the way they worked. All policies and guidance had an equality and diversity statement. Staff told us they worked in a fair and inclusive environment.

Professional midwifery advocates (PMAs) had additional training to support the practice and development of midwives. PMA's supported restorative supervision, provide leadership to midwives, supported local governance, risk management and staff development. Staff told us the PMA midwives listened and spoke to women about their maternity experiences to ensure the care provided was responsive to women and birthing people's needs.

Women and birthing people were given the opportunity to complete a patient research experience survey. The survey received mostly positive feedback, with people welcoming the opportunity to take part in the survey and share their experiences.

The service clearly displayed information about how to raise a concern in woman and birthing people and visitor areas. Staff understood the policy on complaints and knew how to handle them.

The service had an open culture where woman and birthing people, their families and staff could raise concerns without fear. Woman and birthing people, relatives, and carers knew how to complain or raise concerns. All complaints and concerns were handled fairly, and the service used the most informal approach that was applicable to deal with complaints. For example, we saw evidence of where women were invited to work with the service to improve services and staff attitudes for women and birthing people with learning disabilities. The service worked with the trust learning disability nurse and welcomed learning disability nursing students into the maternity service to gain a wider learning and understanding.

Managers investigated complaints and identified themes and shared feedback with staff and learning was used to improve the service. This was a fixed agenda item on each regular team meeting. Staff could give examples of how they used woman and birthing people's feedback to improve daily practice.

# Maternity

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Leaders operated effective governance processes, throughout the service and with partner organisations. The service had a strong governance structure that supported the flow of information from frontline staff to senior managers. Leaders monitored key safety and performance metrics through a comprehensive series of well-structured governance meetings.

The trust had maternity safety champions working across service boundaries to develop partnerships and develop a clear structure for sharing risks from the ward through to board.

For example, the board level safety champions provided information to the board regarding the Saving Babies Lives, the Maternity Safety Incentive Scheme, serious incidents, and Healthcare Safety Investigation Branch (HSIB) cases. They supported the implementation of learning from national and local initiatives and provided feedback to the board on key priorities for maternal and neonatal safety.

Midwifery, obstetric and neonatal safety champions were responsible for prioritising maternal and neonatal safety at a local level. They contributed to the implementation of the local safety improvement plan and fed this up to the board level safety champions, maternity voice partnership group and the Maternity and Neonatal Safety Improvement Programme (MatNeoSIP).

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Leaders monitored policy review dates on a tracker and reviewed policies every 3 years to make sure they were up to date.

The service had an audit planner in place for 2023/2024. The planner included the monitoring of Ockenden 7 IEAs, the Maternity Incentive scheme and quality improvement. The action plan showed the service was on track to deliver outcomes in all areas.

The trust was able to fully demonstrate safe staff requirements as per guidance from the maternity national team and Ockenden to deliver the maternity continuity of care model. The continuity of care began in June 2020 and currently offer care for up to 480 families within the area.

Women and birthing people were identified through 6 GP practices within the most deprived areas or higher rates of lower pregnancy outcomes. For example, low birthweight babies, antepartum stillbirths, preterm deliveries, and women under the age of 20.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Staff understood their role within the wider team and took responsibility for their actions. They knew how to escalate issues to the clinical governance meetings and divisional management team.

Information was shared back to sub-committees and all staff. We saw evidence of leaders providing listening events for staff, gaining feedback from staff and using this information when developing services. For example, several listening events took place to gain feedback on the continuity of carer model.

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There was a quarterly maternity operational board meeting, which leaders from within both the medical and midwifery teams attended. Board meeting minutes showed the meeting was designed around current risks or actions. Actions and feedback from these meetings were presented to board.

Standard operational procedures were in place in all departments including the pregnancy assessment unit (PAU). The PAU procedure clearly defined the role of the unit and the two streams of work they provided regarding planned appointments and emergency work. The PAU supported low risk women in induction of labor during times of high acuity on the labour ward. Staff told us there was good communication between the two areas especially when co-ordinating care for women and birthing people.

The service submitted data to external bodies as required, such as the National Neonatal Audit Programme and MBRRACE-UK. This enabled the service to benchmark performance against other providers and national outcomes.

The avoiding term admission into neonatal unit (ATAIN) meetings occurred monthly. All unplanned term admissions were reviewed as part of a multi-professional review and monitored on the maternity dashboard. This was to determine whether the admission was avoidable or not. Any learning was shared within an action plan and disseminated to staff.

Governance boards were clearly visible in every clinical area and offered information such as number of births and the number of babies born by caesarean section and whether planned or emergency. These were updated by the midwife in charge. There was a numerical overview for the week which included the number of open incidents, the number of incidents reported by staff and number of formal complaints.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was open communication between maternity leaders and the trust board, supported by risk and oversight meetings that took place regularly. A monthly departmental obstetrics and gynaecology safe care meeting took place with a maternity safety action log. The divisional safe care team attended meetings and reviewed specific safety guidelines and protocols such as management of reduced fetal movements, fetal monitoring and abduction and unauthorised access policy. All policies were in date and had been reviewed within the specified timeframes.

Leaders identified and escalated relevant risks and issues and identified actions to reduce their impact. Risks were identified through the incident management system and were reviewed and recorded in meeting minutes for the monthly risk assurance meeting. The leadership team took action to make change where risks were identified.

A risk register was used to identify and manage risks to the service. The risk register included a description of each risk, alongside mitigating actions, and assurances in place. Leaders had good oversight of the dashboard and any emergent risks or concerns.

There were 11 risks on the risk register with 8 risks being ongoing and 3 actioned as currently managed.

We saw evidence that the trust identified safety issues within the dashboard, investigated and took steps to mitigate. For example, the unit's top risk was the maternity unit being separated from the main hospital. The concern on the register



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was the risk of multidisciplinary teams being delayed to an emergency maternity or delayed critical care transfers for maternity patients due to the separate buildings. We saw that this risk was also monitored through the maternity dashboard, through identifying how many women were transferred to critical care and data on how many women had procedures in main theatre.

Leaders reviewed risks within the women's risk meetings and updated risk register entries and entered dates. Maternity staff attended the trusts weekly Safety Triangulation Group (STG) meeting and presented all maternity incidents and complaints.

The STG was a multidisciplinary panel discussion and was chaired by the trusts Head of Risk and Patient Safety. This meeting was followed by a weekly meeting with the Head of Risk and Patient Safety, Medical Director and Chief Nurse where a summary of all maternity cases, outline of actions and decisions relating to serious incidents from the STG were discussed and reviewed within the appropriate timeframes.

There was a standard operating procedure (SOP) for reporting of serious incidents and serious incidents were reported to trust board.

The service participated in relevant national clinical audits. Managers and staff used the results to improve women and birthing people's outcomes.

For example, the service had completed a smoking in pregnancy local audit, following a reduction in the compliance of testing for CO monitoring at antenatal booking. The audit found a low compliance and structures were put in place to continue monitoring. Following the audit, the service continued to audit compliance of CO monitoring, to embed a new service provision into the maternity unit and to present the audit to the maternity safe care and health inequalities board. However, the maternity dashboard showed CO monitoring for December 2022 and January 2023 were not meeting the national target of 80%.

Managers and staff did not always carry out a comprehensive programme of repeated audits to check improvement over time. The service completed some audits to present to board and to the perinatal mortality meeting, labour ward forum and safe care meetings. For example, the service completed a quarterly perinatal mortality review tool and serious incident report, maternal readmissions, 3rd and 4th degree tears, small for gestational age and fetal growth restriction.

There were plans to cope with unexpected events. The service had a detailed local business continuity plan, and processes to manage implementation and de-escalation of it. We saw evidence of clear documentation, assessment and communication around use of the business continuity plan.

Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. The service was compliant within all 10 of the safety actions as set out by the NHS resolution in the maternity incentive scheme.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**



# Maternity

The service collected reliable data and analysed it. They had a live dashboard of performance which was accessible to senior managers. The maternity service had clear performance measures and key performance indicators (KPIs), which were effectively monitored. Key performance indicators were displayed for review and managers could see other locations for internal benchmarking and comparison.

The service had fully implemented a national maternity electronic patient record. The service had two digital specialist midwives and the trust was a national digital maternity model for other trusts. The lead digital midwife chaired the regional digital midwife group and was vice chair of the regional digital steering group. The maternity service had developed a 3-year digital strategy which was aligned to the trusts and local maternity neonatal systems.

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Data was collected to support higher risk women at all booking appointments. This included women's ethnicity, their postcodes to highlight areas of social deprivation and other risk factors such as high body mass index, advanced maternal age and co-morbidities. This data was used in planning women's care.

Managers also used this information to inform decisions around service delivery such as continuity of care teams and community caseloads.

Data or notifications were consistently submitted to external organisations as required. National Neonatal Audit Programme and MBRRACE-UK. This enabled the service to benchmark performance against other providers and national outcomes.

## Engagement

**Leaders and staff actively and openly engaged with woman and birthing people, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for woman and birthing people.**

Leaders worked with the local Maternity Voices Partnership (MVP) in decisions about patient care. The trust had an active MVP that was implemented in 2019. The group has three co-chairs and they met monthly to go through current actions and quarterly with the link midwife or head of midwifery. The MVP were well embedded into the service and the trust was open in its engagement with the MVP and women and birthing people using the service in order to drive improvement.

The MVP had a number of key priorities. For example, to support and publicly talk about the work happening within the maternity unit such as the refurbishment of the bereavement room and upgrade of pool room.

Leaders understood the needs of the local population. The local area had a high population of Jewish people. The MVP and leaders worked to connect with Jewish women through meeting with local doulas in the community to provide leaflets specific for the Jewish community and support Jewish women by recognising the lack of technology within the community.

The trust worked with to gain feedback from the Jewish community at a recent event. The feedback was positive, with all women taking part stating that they had positive maternity experience.

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There was a monthly feedback newsletter produced to give staff current key information. The feedback gave information on staffing updates, staff survey, safety champion walkarounds, continuity of care updates, Ockenden assurances, estates, compliments and staff aware. Staff told us the newsletter was informative and they were encouraged to read it.

Professional midwifery advocates (PMA) produced a monthly newsletter to promote their role in supporting staff. Staff told us that they were encouraged to complete the PMA training, and, in the newsletter, we saw highlighted the current number of PMAs and the number completing their training.

Staff at the trust worked closely with the local authority and external stakeholders to improve outcomes for women and birthing people and families. For example, organisations working specifically with young fathers, young mothers, and health visiting teams.

Safeguarding teams at the trust had trained staff to provide advice for ongoing support following postnatal discharge from maternity services.

There were information boards on corridor walls in most clinical areas. There was a summary of user feedback, comments and actions taken. Details of how to get different types of support, make a complaint and give feedback. Boards also included photographs of staff with their name and role.

The service had a new public health midwife and there was a new maternity public health plan in place. There were a number of key initiatives that had been launched in 2022. This included the Tobacco dependency in pregnancy service. Women and birthing people attending the pregnancy assessment unit were offered flu vaccinations by a team of trained midwives to support and increase pregnancy flu vaccinations.

The breast-feeding initiation rate was the highest in the region at 70.5% in 2022. The service had achieved Level 1 UNICEF accreditation. The service provided monthly UNICEF breastfeeding and relationship building multidisciplinary staff training, monthly breastfeeding steering groups, infant feeding café's reintroduced within three local community hubs and the infant feeding team were increased to include a maternity health advisor and a band 3 breastfeeding champion.

## **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.**

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. The service was committed to improving services by learning when things went well or not so well and promoted training and innovation. They had a quality improvement training programme and a quality improvement champion who co-ordinated development of quality improvement initiatives.

Leaders encouraged innovation and participation in research. The trust employed a dedicated research midwife. The trust was currently taking part in research studies. The service had recently recruited 189 women and birthing people to take part in a research study to look at the best point for delivery for women with large for gestational age babies.

Work was taking place with local GP's and the safeguarding team to integrate the sharing of information for fathers or partners to risk assess both parents for any potential safeguarding concerns. For example, drug or alcohol misuse.

# Maternity

There were several initiatives taking place within the midwifery diabetes team.

During our inspection we observed an antenatal clinic and the current work taken place to support women with gestational diabetes mellitus (GDM). The lead midwives for diabetes had developed a GDM education session and offered individual sessions to women and birthing people who were non-English speaking and required interpreting services.

Diabetes antenatal clinics provided a waiting area for women with GDM to provide healthy snacks and support and education from dietician.

The service collaborated with regional universities and charities to support research studies. The service invited learning disability students to work within the maternity unit after identifying the need for staff to develop further awareness and support around caring for women and birthing people with learning disabilities. The service was working with learning disability nurse to develop further training and to develop a pathway.

A grab bag project was in place to provide vulnerable women and birthing people fleeing domestic violence with basic amenities. An assessment would be made so that staff could determine what the person would need.

The service had introduced the implementation of postnatal contraception and advice and information given within antenatal clinics to support women with pre-conceptive advice on tobacco dependency, alcohol misuse, positive mental health, postnatal contraception, nutrition and physical activity.

## Outstanding practice

We found the following outstanding practice:

- The lead midwives for diabetes had developed a Gestational Diabetes Mellitus (GDM) education session and offered individual sessions to women and birthing people who were non-English speaking and required interpreting services. Diabetes antenatal clinics provided a waiting area for women with GDM to provide healthy snacks and support and education from dietician.
- A grab bag project was in place to provide vulnerable women and birthing people fleeing domestic violence with basic amenities. An assessment would be made so that staff could determine what the person would need.
- The service had introduced the implementation of postnatal contraception and advice and information given within antenatal clinics to support women with pre-conceptive advice on tobacco dependency, alcohol misuse, positive mental health, postnatal contraception, nutrition and physical activity.

## Areas for improvement

**Action the trust SHOULD take to improve:**

- The trust should ensure staff complete mandatory training, including safeguarding and regular updates.
- The service should ensure women and birthing people feel listened to by staff and their partners.

# Our inspection team

The team that inspected the service comprised a CQC lead inspector, and 3 other CQC inspectors and 3 specialist advisors. The inspection team was overseen by Carolyn Jenkinson, Deputy Director of Secondary and Specialist Healthcare.

**TITLE OF REPORT:**        **Work Programme**

**REPORT OF:**            **Sheena Ramsey, Chief Executive**  
**Mike Barker, Strategic Director, Corporate Services and**  
**Governance**

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## Summary

The report sets out the provisional work programme for the Care, Health and Wellbeing Overview and Scrutiny Committee for the municipal year 2023/24.

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1. The Committee's provisional work programme was endorsed at the meeting held on 12 September 2023 and Councillors have agreed that further reports will be brought to future meetings to highlight current issues / identify any changes/additions to this programme.
2. Appendix 1 sets out the work programme as it currently stands and highlights proposed changes to the programme in bold and italics for ease of identification.

## Recommendations

3. The Committee is asked to
  - a) Note the provisional programme;
  - b) Note that further reports on the work programme will be brought to the Committee to identify any additional policy issues, which the Committee may be asked to consider.

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**Contact:** Grace Anderson

**Extension:** 4635

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<b>Draft Care, Health and Wellbeing OSC Work Programme 2023-24</b>	
<b>13 June 2023</b>	<ul style="list-style-type: none"> <li>• Performance Management and Improvement Framework- Year End Performance 2022-23</li> <li>• <b>Work to Attract and Retain a multi professional Workforce /Access to GP Appointments</b> (<i>focusing on how different practices manage demand that they cannot fulfil; same-day appointments only; in person and phone appointments; access barriers to appointments via landline, mobiles and online booking and any particular groups experiencing difficulty securing appointments / update to include patient satisfaction data broken down to each surgery if possible / information on whether younger GPs coming into the profession in Gateshead prefer to be directly employed NHS Workers/ salaried GPs or the traditional GP business model</i>)</li> <li>• <b>PH update on the £5m grant to research inequalities</b></li> <li>• OSC Work Programme</li> </ul>
<b>12 September 2023</b>	<ul style="list-style-type: none"> <li>• <b>Departmental Strategy and Delivery Plan</b></li> <li>• <b>Demand pressures on social care services</b></li> <li>• <b>Social Services Annual Report on Complaints and Representations – Adults</b></li> <li>• <b>Annual Report of Local Adult Safeguarding Board and Business Plans &amp; emerging priorities</b></li> <li>• OSC Work Programme</li> </ul>
<b>24 October 2023</b>	<ul style="list-style-type: none"> <li>• <b>Social Care Recruitment</b></li> <li>• <b>Health and Wellbeing Board / Better Care Fund –Update</b></li> <li>• <b>CQC Maternity Inspection Report</b></li> <li>• <b>CQC Assurance</b></li> <li>• OSC Work Programme</li> </ul>
<b>5 December 2023</b>	<ul style="list-style-type: none"> <li>• Performance Management and Improvement Framework – Six Month Update – 2023-24</li> <li>• <b>Care Home model</b></li> <li>• <b>Extra Care/Supported Living models</b></li> <li>• <b>The Newcastle and Gateshead Persistent Physical Symptoms Service (PPSS)</b></li> <li>• OSC Work Programme</li> </ul>
<b>23 January 2024</b>	<ul style="list-style-type: none"> <li>• <b>Healthwatch Gateshead – Annual Update</b></li> <li>• <b>Home Care Model</b></li> <li>• <b>Strengths Based Approaches</b></li> <li>• <b>Hospital discharge and residential care numbers</b></li> <li>• OSC Work Programme</li> </ul>
<b>12 March 2024</b>	<ul style="list-style-type: none"> <li>• <b>Update on work to tackle Health Inequalities in Gateshead</b></li> <li>• <b>Support with the menopause, menstrual cycle problems and post-partum mental health issues: access to specialist support and variations of approach across Gateshead GP practices –</b></li> <li>• <b>CQC Assurance</b></li> <li>• OSC Work Programme</li> </ul>

<b>16 April 2024</b>	<ul style="list-style-type: none"><li>• <b>Co Production</b></li><li>• <b>Health and Wellbeing Board – Update</b></li><li>• <b>OSC Work Programme</b></li></ul>

**Issues to slot in –**

- **The new LPS (Liberty Protection Safeguards) Update**
- **Sister Winifred Laver Promoting Independence Centre (Visit in Autumn 2023)**