

# Maternity matters

April 2021 Report





## # SFHT - you said, together we will...

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**In April the Chief Nurse, Divisional General Manager - Womens & Childrens, and one of our Non-Executive Directors visited the maternity unit. They spoke with staff and the following issues were identified:**

### Labour ward

Concerns were raised that the advice line not always manned full time. The team felt the benefit when this did happen (more so over Covid as this was a useful job for anyone shielding). It adds to additional stress on the team answering the calls and makes coordinating the labour ward more complicated.

### Labour ward - Triage Staffing

Needs to be looked at separately. The current model doesn't work. Implemented BSOT but not able to run it properly.

### Antenatal Clinic

Request that consideration is given to resuming pre-covid scanning regime noting that this could increase footfall and would need to a joint approach with the sonographer team.

### Antenatal Clinic - Flu and Pertussis room

Concern was raised about the room currently used that is not fit for purpose as a permanent solution.

### Maternity Ward

Link with the adult diabetes team remains challenging and that the clinical pathways still require work.

### Practice Development Midwife feedback

The role was felt to be very administrative by booking everyone's annual leave rather than focussing on the training itself. Some of this could be undertaken by an administrative role.



## Our responses and actions

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Concern	Responses and actions
<p><b>Labour Ward</b></p> <p>Concerns were raised that the advice line not always manned full time. The team felt the benefit when this did happen (more so over Covid as this was a useful job for anyone shielding). It adds to additional stress on the team answering the calls and makes coordinating the labour ward more complicated.</p>	<p>The Chief Nurse <b>will</b> commit to picking this issue up with the Head of Midwifery, to review the staffing model and the Chief Nurse also confirmed that the additional staff aligned to the Birthrate plus workforce review had been supported.</p>
<p><b>Labour ward - Triage Staffing</b></p> <p>Needs to be looked at separately. The current model doesn't work. Implemented BSOT but not able to run it properly.</p>	<p><b>We will</b> pick this up with a table-top workforce review that includes the staffing (and location) of triage as well as the advice line.</p>
<p><b>Antenatal Clinic</b></p> <p>Request that consideration is given to resuming pre-covid scanning regime noting that this could increase footfall and would need to a joint approach with the sonographer team.</p>	<p><b>We will</b> work with the sonographers to look at how this could be implemented and agree the timing for this.</p>
<p><b>Antenatal Clinic - Flu and Pertussis room</b></p> <p>Concern raised about the room currently used that is not fit-for-purpose as a permanent solution.</p>	<p><b>We have</b> already acknowledged this and work is underway to resolve this issue. This is being led by a Midwifery Matron.</p>
<p><b>Maternity Ward</b></p> <p>Link with the adult diabetes team remains challenging and that the clinical pathways still require work.</p>	<p><b>We have</b> been involved in discussions with the Head of Nursing for Medicine and we will revisit it to explore what else we can do to support this concern.</p>
<p><b>Practice Development Midwife feedback</b></p> <p>The role was felt to be very administrative by booking everyone's annual leave rather than focussing on the training itself. Some of this could be undertaken by an administrative role.</p>	<p><b>We Acknowledge</b> that we had put in ward administrators and they worked well and helped to release clinical time.</p> <p>The Matron team <b>will</b> review this issue to explore whether there are other ways of doing this that means the PDM spends less time doing administrative work and more time implementing the training requirements.</p>

## Updates from the issues you raised previously

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Issue	Agreed Action	By Who	By When	Resources Required	Evidence of Completion
<b>February 2021</b>					
<b>Concerns around staffing model, care pathways and clinical guidelines for neonatal transitional care</b>	For discussion at next NTC working group, to include NICU ward leader and colleague who raised concerns	SP/LC	April 21	None	NTC minutes
<b>Equipment shortages - sonicaids, thermometers, BP cuffs</b>	Review availability of equipment and order more where required	RN/KS	April 21	Review & discussion with MEMD	Equipment shortages identified and rectified
<b>Midwifery staffing across SBU and maternity ward</b>	Targeted recruitment event	LB/KS	June 21	Support from divisional workforce group	Recruitment to vacancies
<b>Consider outpatient induction of labour</b>	Discuss at Labour Ward Forum	RN/KS	June 21	None	LWF minutes
<b>Availability of hand gel</b>	Raise with estates and procurement colleagues	JH/ CW	Complete	Additional dispensers	Dispensers and gel in place
<b>Anaesthetic delays due to anaesthetist covering elective &amp; emergency work</b>	Business case required which aligns to national maternity transformation plan (Risk 2395)	SAS/ LG	N/A	Additional investment	Links to wider maternity safety agenda
<b>Medical delays on pregnancy day care</b>	Additional investment required which aligns to national agenda (Risk 1480)	SAS/ LB	N/A	None for discussion	Links to wider maternity safety agenda

**We thank everyone for their engagement during our visit and hope the information above evidences our commitment to listening and responding to concerns you raise.**

**Julie Hogg**  
Chief Nurse

**Lisa Gowan**  
Divisional General Manager

**Clare Ward**  
Non-Executive Director