

Deputy Sam Mézec, Chair, Corporate Services Scrutiny Panel, States Greffe, Morier House, St Helier, Jersey JE1 1DD

September 29, 2023

Dear Sam,

## **People and Culture Follow-up Review**

Thank you for your letter of August 1, 2023 and the invitation to submit evidence to the Corporate Services Scrutiny Panel review of the People and Culture Review. Thank you too for agreeing to an extension for our submission, this is greatly appreciated.

As the trade union and professional organization that represents midwives and maternity support workers (MSWs) our submission focuses on the current state of maternity services in Jersey. In particular, we consider the extent of progress in implementing the recommendations of the Health and Social Security Scrutiny Panel's review of maternity services in Jersey report and recommendations and of the Mascie-Taylor report into clinical governance arrangements within Health and Community Services.

Our submission also builds on our letter of January 19, 2023 (enclosed) to the Chief Executive Officer of Jersey HCS, in which we offered our suggestions on how to ensure there was midwifery input into the change management process. As we made clear in the letter, the serious nature of the challenges facing maternity services, as set out in Mascie-Taylor and the external review, required an urgent and systematic response. We recommended that:

• There should be strong midwifery engagement with the change process and input into the turnaround team.

- A dedicated maternity group should be established with the goals of ensuring implementation of the recommendations of the external group and providing the turnaround team with access to senior midwifery expertise.
- The maternity group should include the voice of frontline maternity staff as well as that of women who use maternity services in Jersey.

We also offered our assistance in identifying an appropriate maternity unit in the UK, which maternity services in Jersey could link to.

We are pleased to report that progress is being made in some areas, particularly in relation to the recruitment to the Director of Midwifery role and the implementation of some environmental improvements to the maternity unit.

However, we continue to have several concerns about the limited progress being made as yet in implementing some of the key recommendations in Mascie-Taylor and the external review. Specifically:

- The persistence of poor culture and negative behaviours is evident from a survey of RCM members (July 2022), which found examples, such as:
  - Unfair allocation of workload, with the same staff being allotted the highest risk cases.
  - A perception among staff that maternity management are not prioritising their health and wellbeing. When staff have raised issues, they have been advised to be more resilient.
  - Staff not being able to take any breaks while working 13.5 hours on day shifts and 11.5 hours when working nights. Staff have also been refused time owing when unable to take a break on the grounds of 'swings and roundabouts'!
- The need to address the deficiencies identified in relation to clinical governance and incident reporting processes. We are aware that the interim Head of Midwifery and new Director of Midwifery are prioritising the development of a fit-for-purpose governance framework for maternity services, and we look forward to hearing how this is progressing.
- While there has been progress in recruiting new staff to maternity services, there is still an issue with the number of existing staff who are leaving, which indicates to us that there needs to be renewed focus on measures that will improve staff retention.
- There continue to be issues regarding compliance with mandatory training. Given that CTG monitoring was highlighted as a key concern, in a recent preinquest hearing, we can understand why this is the current focus for mandatory training. Nevertheless, we would like some assurance that the management team will support midwives in receiving mandatory training in other key areas relating to the safety and quality of care, such as suturing.







Chief Executive:
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MA, PGDip, BSc Hons, RM
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HRH The Princess Royal

- We are not aware of any evidence that the maternity strategy addresses the need for a statement of overarching values and underpinning behaviours.
- Nor are we aware of any development regarding the establishment of a
  Maternity Task and Finish Group, the development of a workforce strategy or
  the establishment of an appropriate maternity leadership team, all of which
  were regarded as being key to driving the Maternity Strategy and implementing
  the external review recommendations.

In conclusion, while there is evidence of some progress being made, there is clearly some way to go before we can be assured that improvements in maternity services are embedded and sustained.

Yours sincerely

J. D. Richards

Julie Richards Director, Wales

Royal College of Midwives







To: Suzanne Wylie Chief Executive Officer Jersey HCS By email

19 January 2023

Dear Suzanne.

It was good to meet with you last month to discuss the work of the turnaround team, at what I thought was a helpful and positive meeting. You will recall that we raised the question of midwifery input into the change management process and I agreed to come back to you with some suggestions as to how this can be best achieved.

Having reflected on the matter and discussed the issue with colleagues at the RCM, I am even more convinced of the need for strong midwifery engagement with the change process and input into the turnaround team. Many of the themes within the Mascie-Taylor report – the existence of poor culture and negative behaviours, deficiencies in clinical governance and incident reporting, and difficulties in recruiting and retaining staff – are all relevant to maternity services. This is also true of many of the report's recommendations, particularly in relation to the duty of care of HCS to its employees, the promotion and extension of multidisciplinary training and working and the enhancement of patient and public involvement. The report also includes a specific recommendation to develop clear patient pathways, standard operating procedures and more precise performance benchmarks for maternity services in Jersey, in addition to developing close links with a larger maternity unit.

Furthermore, it is now 18 months since the publication of the Health and Social Security Scrutiny Panel's review of maternity services in Jersey. The review found serious shortcomings with the state of maternity services, including:

- A lack of engagement with service users.
- The absence of both a system-wide maternity strategy and a coherent workforce strategy.
- The need for an upgrade to the maternity unit.
- Women reporting feeling unsafe, unsupported with their choices and with negative opinions about the maternity service.
- The voice of midwives not being heard within the current model of care.









## Among the review's 29 recommendations were that:

- A system-wide maternity strategy should be developed, without delay. The strategy should include a culture strategy that sets out a statement of overarching values of the maternity service and underpinning behaviours.
- A system-wide Maternity Task and Finish Group be established to drive forward the development of the Maternity Strategy and implement the review recommendations.
- A maternity workforce strategy be developed.
- An appropriate maternity leadership team be established, including the appointment of a Director of Midwifery and an Associate Medical Director.

The majority of these recommendations have yet to be implemented, despite the call in the Mascie-Taylor report for these to be enacted at pace.

The challenges for maternity services, as outlined in the Mascie-Taylor report and the external review, are undoubtedly so serious that nothing less than an urgent and systematic response will do. I would therefore like to recommend that HCS prioritise establishing a dedicated maternity group, in order to ensure both the implementation of the recommendations of the external review and to ensure that the turnaround team is able to access senior midwifery expertise. This will be particularly relevant to those workstreams, such as culture, which are particularly relevant to maternity services. In addition to senior midwifery and obstetrics representation, the maternity group should also include the voice of frontline staff as well as women who use maternity services in Jersey.

With regards to establishing a link to a larger maternity unit, the RCM has extensive knowledge about maternity units across the UK and would be happy to advise on this. I would of course be very happy to provide clarification regarding the above suggestions and to further discuss how the RCM can contribute to the change programme in Jersey, particularly in relation to maternity services. I look forward to hearing from you.

Yours sincerely,

J. D. Renords

Julie Richards RCM Wales Director





