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The RCM response to The Review of Maternity Services in Jersey.
March 2021

The Royal College of Midwives has been invited to provide a briefing in relation to Maternity Services in Jersey.

We have been made aware that for a number of years there have been concerns raised by our members.

These concerns cover governance issues, cultural issues and poor inter professional relationships.

Whilst we are aware that over the last six months progress has been made and there is an action plan in place to address these issues, we still feel that there is some way to go to be satisfied that the service is such that can provide high quality care to women and families in Jersey.

We welcome the fact that Attain has been engaged and that they will be supported by Dame Cathy Warwick. We are keen to see evidence provided to the panel via Attain that there are now clear governance arrangements in place within maternity services. These should include details of governance meetings and details of actions taken. We would expect that there will also be clear evidence that these arrangements are having a positive impact on services and that there is a strong emphasis on quality and safety. In order to do this we would expect the Panel and Attain to have access to maternity staff and relevant documentation.

The RCM has concerns in relation to the multidisciplinary team and how it has been functioning. RCM members reported that there was a lack of effective communication between the medical and midwifery workforce which could have a direct impact on the maternity care provided to the women and their families. We know from previous reviews lack of timely escalation has been an issue in Jersey and we would seek reassurance that these concerns will be/have been addressed. We are aware that there have been staff changes which we hope has allowed for more effective team working but again we would like to see the Panel ask for evidence of this. And that processes are in place to allow and encourage this to be sustained.

The RCM believes that there was clear evidence of undermining behaviours and poor organisational cultures which can deter staff from providing high quality care and/or escalating concerns for fear of reprisal. This has also been a clear message coming from recent Maternity reviews within the UK. This was further exacerbated by the high number of locums being used within the maternity service in Jersey. We understand that this is being addressed and that there is now a Consultant job plan. But would want to stress the importance of having a strong, effective, team where there is as little locum cover as possible. As it is hard to review maternity services without the input of appropriate medical staff, the RCM would suggest that the RCOG is also invited to participate in this review.

We know that maternity services often have women with complex needs. It is imperative that any service has the right skill mix to provide care for all women who access these services. A consultant midwife post could help to bridge any gaps and build upon the skills and communication within the multi-disciplinary team. Consultant midwives are highly experienced and acknowledged clinical experts in their field. They lead, support, coach, mentor, inspire and empower their midwifery colleagues. They are leaders with both the responsibility and the ability to evaluate, develop and improve the provision of maternity services. In addition, the inclusion of midwives who provide specialist services, such as perinatal mental health and safeguarding are essential to providing high quality care. The addition of a practice development midwife will enable staff to keep up to date and provide evidence based high quality care.

The RCM Leadership Manifesto states “Effective leadership has a key role in developing safe, high quality services.”

Whilst we recognise that Jersey is outside of the NHS, nevertheless the principles of good leadership should still apply. Our Manifesto recommends that every organisation delivering maternity care should have a Director of Midwifery, with a Head of Midwifery in every maternity unit within the organisation (with exceptions for very small units). This would help protect people from the risk posed by dysfunctional maternity services by enabling problems to be identified and escalated more quickly.

Maternity care should be among those services that have a guaranteed strategic voice at the top levels of senior management. After all, with three-quarters of a million births taking place in the UK each year, childbirth is amongst the top reasons for admission to hospital, and claims relating to obstetrics account for around half of the amount paid out in clinical negligence

claims. It is vital for health care providers to focus on getting maternity care right. We would recommend that a Director of Midwifery is appointed in Jersey who is able to raise any service issues and concerns at the highest level.

The RCM welcomes the Panel review and that there is an independent midwife assisting with this. However, we believe that for it to be robust and meaningful it should also include the RCOG. We do recognise that some of the above concerns are being addressed and we are starting to see signs that things are moving ahead. We are in discussion with the interim Head of Midwifery who assures us that there is a robust action plan in place. However, the RCM would like to see clear evidence of this supported by recommendations to take the service forward so that it is enabled to provide high quality care to women and families in Jersey.