



National Health and Wellbeing Offer for  
Maternity Services

Visit: York and Scarborough Teaching  
Hospitals NHS Trust

6<sup>th</sup> & 7<sup>th</sup> June 2023

## Introduction

The National Maternity Health and Wellbeing Taskforce, chaired by the Chief Midwifery Officer earlier last year requested support from the National Health and Wellbeing Team at NHS England in providing support to staff working in maternity services across England. The team responded with an offer to support trusts who expressed an interest in closer engagement to develop a programme of targeted interventions to support the health and wellbeing of maternity staff across the whole maternity pathway.

The offer was disseminated to regions and request from three regions was originally received. These included Southwest, London, and Northeast and Yorkshire region. Within these regions, 16 Trusts came forward to request to be part of the offer, for the Northeast and Yorkshire region, these included: South Tees, Newcastle, York and Scarborough, Leeds, Rotherham, Doncaster, and Bassetlaw.

The National Health and Wellbeing team offered to conduct a listening exercise whereby the team would visit Trust sites and listen to staff from across all parts of the maternity pathway and at all grades, this would help gather an understanding of what the great aspects of working in maternity and at the Trust are, what things do the trust do well and what if any, are some of the challenges and barriers to working in maternity at the Trust.

Each Trust visit has included a range of engagement activities, including 1:1 session with staff groups and individuals, walks around staff and clinical areas with opportunities to talk with staff, visits to community settings to hear from community staff. NHS England colleagues have given opportunities for staff to provide feedback anonymously via an online survey with ten standard questions and three Trust specific questions and a noticeably short 'answers on a postcard' style questionnaire.

The findings from the listening exercise at York and Scarborough Teaching Hospital NHS Trust have been collated into this feedback report, along with survey findings.



## **Key observations**

This section of the report will highlight key observations from our discussions with staff groups, individuals, and our walks around the maternity service departments. It is important to note that we visited staff at the York Hospital and Scarborough Hospital, as well as staff based in one of the community settings. The observations have been themed into sections aligned to the NHS health and wellbeing framework. Areas of good practise have been highlighted throughout, along with potential opportunities for the Trust to consider.

## **Improving personal health and wellbeing**

It was evident throughout the visit that staff we met were happy working in and extremely passionate about their roles and caring for their patients. However, there were factors impacting staff morale and wellbeing.

Community staff described their morale as low due to several factors, including feeling overwhelmed with high workloads and limited resources. The new IT system has impacted this for these colleagues. Staff in the community also shared they did not feel they had enough time to take regular breaks or to access training and development.

In ward areas feedback was mixed, some staff shared they felt able to take breaks, a few said they feel uncomfortable taking breaks when this depletes the ward of available staff. There was a suggestion that enabling them to feel empowered to take breaks would be helped if there was more than one midwife on shift with the required skills to assist with any surgeries.

Several colleagues shared the impact that the rotas have on their wellbeing. Community staff spoke of 'double shifts' which is impacting significantly on their work life balance. Hospital staff spoke of the anxiety being caused by 'potential' changes which means they could be 'on call' for escalation for community colleagues. They also said there is inequity with regards shifts and that personal situations were not being considered.

When prompted, some staff in the hospital (Scarborough) said they were aware of wellbeing support available. They described having attended a Health and Wellbeing Day organised for the department and knew of a 'Health and Wellbeing contact' but were not sure of their contact details and where exactly to find them. Some staff in the community described seeing some support offers via email but did not have feel they had protected time to take up offers due to workload.

## **Opportunities**

More promotion of the Trust health and wellbeing offer and how to access support would be valuable to staff. If there was an opportunity to have maternity wellbeing champions, who link directly with the Trust health and wellbeing team, this would help with messages reaching colleagues.

A review of how staff could feel more supported and comfortable to take rest breaks, with engagement with staff would help staff to feel more empowered to take a break.

## **Professional wellbeing support**

Staff both in the community and on both hospital sites felt the immediate team they work with created a friendly, open environment and colleagues were helpful and kind which made it a good place to work.

It is well known that the role of the Professional Midwifery Advocate (PMA) can be incredibly beneficial to supporting staff wellbeing. When discussing with PMA's, they mentioned a lack of dedicated time and support to deliver their role fully and be more visible. They shared that communication needs to be improved to ensure the role has greater impact. Staff shared that they wanted to understand more about the PMA service and that communication needed to be improved. There was also a feeling a lead PMA would be hugely positive but concern it would be another person 'off the shop floor.'

Following discussions with the Trust health and wellbeing team, it was good to hear about the psychological safety team based in Occupational Health that staff can access. This is an important service for staff. However, communication of this offer needs to be improved for staff across the maternity pathway.

### Opportunities

Improved communications to staff of the PMA role and the Trust health and wellbeing offer, would be welcomed by all colleagues, and particularly for community colleagues. Consideration to a review of the PMA role and structure and maternity health and wellbeing champions may be something to consider. Improved communication of psychological support available from Occupational Health could be similarly beneficial.

## **Relationships**

It was very evident throughout the visit and across all sites that staff value each other and work well as a team, they said it feels '*like their family*.' Staff in the community showed much empathy and compassion to each other. This was encouraging to hear. Staff expressed that they feel this should be celebrated. There is an opportunity to build on this, not just within teams but between different teams across the maternity pathway as there were some feeling of disconnect between teams, particularly on the Scarborough site and a feeling of '*them and us*'. Support from the Trust Health and wellbeing and Organisational Development Team could be useful with this.

There was a concern from the Gynaecological teams that this area of work is being undervalued and there was a significant concern for the loss of these skills across the pathway.

### Opportunities

Consider increasing opportunities for staff to move more between the two sites as part of personal development as well as helping to unify and create one team way of working. A suggestion from staff included having all maternity staff away days where staff could interact with colleagues with whom they would not normally work.

## **Managers and leaders**

Concerns were raised across both sites and to all members of the national team regarding the leadership across the maternity pathway. It must be noted that some staff had been highly complementary of new matron appointments. Several staff feel that there is a lack of

honesty from the senior leadership team across maternity, with poor structure and little visibility, particularly in the community. However, it was noted that visibility had improved slightly over the last couple of weeks. Communication between senior leaders was highlighted as an area of concern amongst some colleagues and that at times they feel they are not being listened to which has increased feelings of frustration. Colleagues shared their experiences of behaviours that make them feel they work in a 'toxic' environment with a culture of incivility. Staff also raised concern that the workload and perceived lack of support to Matrons meant that they did not always want to "bother" them for fear of overloading them.

Staff did share that they are aware they are on a journey of change and that some of the changes have been for the better, however some staff shared that this is feeling overwhelming at times due to the number and frequency of changes. It was also shared that some staff did not engage with change processes as there was a sense that changes were started but not finished.

Staff asked how the results of these 'listening session' will be shared with them and how will they learn what and if anything will be changed. There was a feeling of mistrust expressed by some in terms of *'nothing will be changed,' 'we have been asking and feeding back but no one listened.'*

### Opportunities

This listening exercise could be a great way to begin to build an improved relationship between leaders, managers, and staff. Being aware of the upcoming changes to the senior leadership team, this could be an opportunity to use this exercise to develop an improvement plan to address the concerns raised.

The Matron Team are largely new in post and clearly motivated but there was sense that they needed more support to work together and understand individual leadership styles. Given the changes in senior leadership coming up, some facilitated time away for the SLT to develop a shared sense of direction and understand more about each other would be highly beneficial.

### **Fulfilment at work**

We have shared the joy we see in staff for the role they have and the care they show for their patients, for administration staff it can often be difficult to express in the same way as clinical staff. However, through conversation with administration staff and ward clerks it is clear to see how committed they are to their work and the organisation. They spoke of the challenges they face in their roles and how they feel more communication and appreciation for the work they do by senior graded staff would be an improvement.

Staff reported that flexible working was often managed in an inconsistent way. This impacts negatively on staff and how valued they feel which appears to be affecting morale amongst some colleagues.

While showing great motivation and passion for their work, the team leaders and lead midwives feel their staff are tired and their morale is low. Some mentioned they felt there was a lack of direction for those who want to progress in their career and that they are not encouraged to develop further or access training.

The recent introduction of Badgernet has caused significant anxiety for colleagues across all parts of the pathway and across all sites including community. Whilst staff can see the value that this system may bring, the anxiety has been caused by a lack of adequate training. Most staff cited a one-hour training session is all they have received with barely any follow up support.

The preceptorship programme received high praise from those staff who have recently completed and is something that they suggested should be continued.

### Opportunities

Further discussions with administration staff could help to identify ways they would like to enhance their relationship with clinical colleagues to reduce the feeling of not being valued. Further opportunities for training or support with using the Badgernet system if available would also likely be welcomed.

## **Environment**

The visiting team acknowledge that hospital estates can be challenging, often with ageing buildings and lack of space for growing services. During the visit at both York and the Scarborough site, staff shared their frustrations with their working environment and how it is impacting on their wellbeing at work. These included:

- The rest areas were not seen as fit for purpose, with many individuals feeling that their rest spaces need more space, furniture, and access to fresh air. The NHSE team also felt several break rooms were small and inadequate for breaks.
- Community colleagues at Scarborough expressed concern with the IT equipment, software and mobile phones.
- Staff expressed concern about the introduction of new staff parking charges, especially in the community as they are more mobile and may need to visit multiple sites in a day/week.

### Areas of Good Practise

There was positive feedback about the introduction/expansion of the pool car and free bus travel incentives. However, this is only convenient for staff living close to the hospital/centre of York.

### Opportunities

Further discussion with staff regarding rest spaces might be useful in gathering ideas on how things could be improved. Recognising the constraints around this, if staff feel they can contribute to making improvements it could improve how valued they feel.

## **Data insights**

Colleagues shared with the visiting team that retention of staff felt to be a challenge, with a few colleagues mentioning they plan to leave the Trust. This can cause concern and be problematic if experienced staff move on leaving gaps within services. Staff in the community and in ward areas shared their concern with current staffing levels.

### Opportunities

Continuing to understand reasons staff leave the maternity service will provide valuable data to help improve recruitment and retention of staff. Also understanding why staff remain in work at York and Scarborough can be valuable at understanding what is working well and how that can be built upon.

## **Online Survey Specific Trust Questions**

Throughout the visit and for a period after, an online survey was available to staff to provide them with a way of providing feedback in a more anonymous way and for those staff who were unable to talk to us during the visit. The survey consisted of ten questions designed by NHS England Team and used across all visits in this pilot project. The Trust were invited to add up to three of their own questions. The questions and results from the survey are in appendix one.

In Summary:

- Feedback has been provided by fifty-seven staff members to date, via an anonymous feedback survey. Forty-one responses were from staff at the York site / York community services, with sixteen from Scarborough.
- Responses are mixed, with staff feeling a lot more positive about their immediate teams and managers than the senior leadership team. However, staff did also note positive recent changes in senior leadership which were welcomed.
- Staff had noted the positive improvements for newly qualified staff and wanted to see similar support for more experienced midwives.
- Recognition, engagement, and communication were themes for improvement.
- Staffing was mentioned as a theme, along with subjects relating to work life balance.
- The new IT system was a source of concern, but there have been constructive comments on the need to support training and bedding in of the system.
- Access to rest breaks was raised, as well as feedback on rest spaces as an area for improvement, and there was also feedback on more health and wellbeing support, particularly for mental wellbeing.

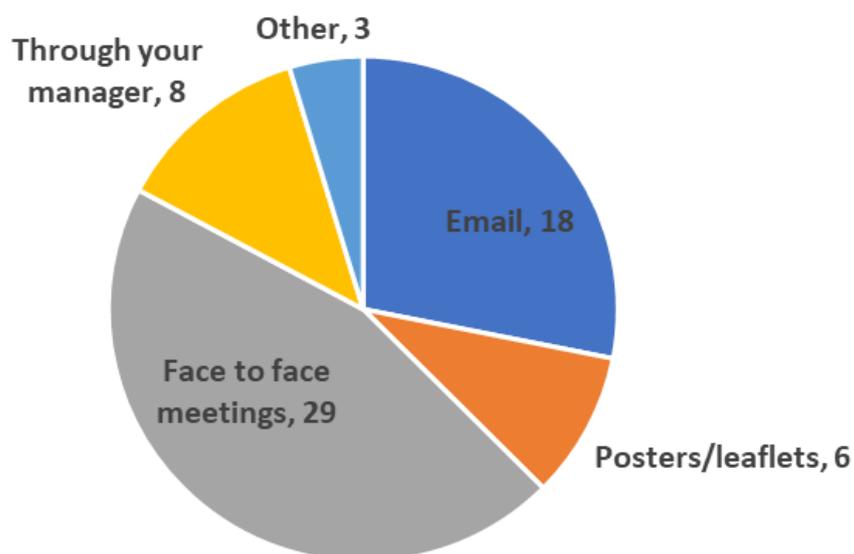
The questions asked by the Trust and the responses are included below:

### **How would you prefer to receive communication from the Midwifery Senior Leadership Team**

- Of sixty-four responses many people submitted more than one suggestion, and communication was also mentioned in text responses, therefore it is likely that using multiple means would support communication.
- Of the responses nearly half requested face to face meetings as a preferred means of communication, followed by email (although noting other comments relating to concerns with bedding in the new IT system) and through people's manager.
- Other suggestions were to use handover meetings, and other electronic format such as Facebook (a Facebook group was positively mentioned in another comment) and text.

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## HOW WOULD YOU PREFER TO RECEIVE COMMUNICATION FROM THE MIDWIFERY SENIOR LEADERSHIP TEAM?



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### What is the most positive change you have experienced at work over the last 12 months?

- There were a considerable number of comments identifying positive changes in leadership and management, and a smaller number on improved team working and morale. Some respondents also identified the positive impact of the retention midwife.
- Several staff had been able to make positive changes to their own life or working life; there were also a small number of responses on the flexible working – which may be related.
- Three staff noted improvements in staffing – despite staffing being identified as a concern elsewhere.
- There were comments on improved equipment, and on the introduction of balloon catheters in outpatients which was seen as a positive change in terms of both workload and patient care, and an additional scrub nurse support in theatres. Another member of staff also mentioned the re-commencing of face-to-face antenatal classes.
- A small number of respondents (6 of 47) said there were no positive changes.

### What do you feel is the most important thing to be addressed by the Senior Leadership Team over the next 12 months.

- A high number of comments related to a perception that further changes in the senior leadership team would be beneficial.

- There were comments related to creating a positive and compassionate culture and actions to improve morale, and others to more meaningful consultation and engagement and better communication.
- Increased staffing was also raised as a priority by some respondents and more time to undertake clinics.
- Some staff would like to see further action to support and embed the new IT system.
- Staff also requested more wellbeing support and check-ins.
- There were also a small number of comments asking for improvements in facilities.
- A respondent in Scarborough also told us that more could be done to recognise the services on that site.

### **Next Steps**

Considering the responses to the online survey and the discussions taken place, several opportunities have been listed throughout the document which the Trust may wish to consider forming part of the action plan. The national team would like to provide support to the maternity service in developing the action plan, which would reflect the feedback provided by this listening exercise. The action plan will be developed by the maternity service and the national health and wellbeing at NHS England will provide any support available to the team to develop and deliver on the plan.

The Health and Wellbeing Team at NHS England will be looking to develop a Community of Practice with the 13 Trusts that have been part of this pilot project. Each Trust has aspects of good practice that will be valuable to share with others and this platform will allow this to happen.

## Appendix

- Online survey/Postcard Feedback
- Action plan template