I have found my tribe

Helen Elliott-Mainwaring

Safety cultures work within shared values and assumptions, but these can become complicated by cultural blind spots leading to very public exposures of poor healthcare cultures such as the Bristol Royal Infirmary, Mid Staffordshire, Morecambe Bay, Basildon, and Nottingham. Safety culture and open communication in healthcare services are important because organisation theory is defined by collective cooperation. High reliability organisations are businesses whose aims are to create consistently error free performance. Fundamental to harnessing high reliability are stakeholder perspectives, alongside a non-linear appreciation of the complexity of risks inherent within the services. This cannot be a one size fits all approach, because healthcare is nuanced and bespoke with advancements in evidence-based research continually re-inventing and re-addressing our knowledge. Risk is fluid, not fixed, and as humans we are inherently fallible despite honourable intentions to prevent harm. Being mindful of these truths means being motivated to care for each other, and in turn being cared for as employees within healthcare. For me, my healthcare experience could serve as a powerful example of why individual perspectives should be heard if we are to create high reliability. In this paper I describe my own sensemaking journey.

In the early autumn of 2013 I found myself formerly labelled as an Informal internal whistle blower in the District General Maternity Unit within which I was employed as a senior band 6 Midwife. I had completed a trust Datix because of appalling staffing within our unit a few weeks earlier during the summer months, and as a consequence had been called a ‘vindictive liar’ by our Risk Manager, who was also a Supervisor of Midwives. I wasn’t lying, our sickness absence rate had already been noted by senior management to be at 19%, which was unprecedented within our team. Actually I had been summoned by our Matron a few weeks prior to this because she was concerned that I may have been about to ‘blow the whistle’. At that time I was writing up the final module of my first MSc in Health, and having focussed on Maternity Services for each of my modules, was grappling with a paper on the ‘Ripple effect of service improvement’. I was struggling to conclude because having cited real time examples of cultural apathy within our unit, senior buy in for change was slow to come to fruition. I remember writing to our Head of Midwifery to inform her that I had been called a liar for speaking the truth about our dangerous staffing levels, but sadly here was another Supervisor of Midwives, and so my concerns weren’t even acknowledged. I was already a very experienced midwife, a former palliative nurse, and well versed in the hegemonistic ways of the NHS. BUT a liar I certainly was not.

So I did something brave. The next time I was left with woefully unsafe staffing in a high-risk area of our maternity unit, I entered a report into our Datix event reporting system for each of the women I was looking after. At that time we had a Deputy Head of Midwifery advising staff that nothing we did was High-Risk. The Trust had been awarded 480 K several months prior, and had demolished a ward that had previously been refurbished to a high standard, into an all singing all dancing low risk Birthing Unit with pools, mood lighting etc. The previous low risk area had been upgraded into bays of four with bathroom pods, and a whole team of staff had been relocated to work in this area because we apparently had the skills that the others did not! All paid the same grades, but not remotely equitable in terms of skills. In this area we received mothers with Placenta Praevia, Pre-eclampsia, Obstetric Cholestasis, and Antepartum haemorrhages, as well as inductions, and those mothers recovering from interventions who could not be safely cared for on the main ward. I reiterate that we were working by a managerial mantra that nothing we did was High-Risk.

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So I found myself again with dangerous staffing, asked for help, escalated my observations, and then documented my concerns in the hospital online Datix reporting system, again. I also copied in HR for good luck. I was absolutely determined that someone somewhere had to start acknowledging just how unsafe our working conditions were for staff, and the women and babies in our care. Then I waited.

I was summoned to a senior meeting, with our Head of Midwifery, our Matron, and HR, and I chose to bring a friend of mine, a beautiful colleague with experience that matched mine, who knew in her heart that just as I did, a line had been crossed in the sands of patient and staff safety. I was made to feel that in completing my Datix I had done something very wrong. I knew that for me this had been Hobson’s choice. I stood my ground firmly and insisted that an inquiry be made, not just into the recent Datix, but into the previous Datix too. It didn’t take long for me to receive a letter of apology from the trust. I had been proved right. It was discovered that the Labour Ward did indeed have beds available, but the inquiry revealed that there were no midwives to run these rooms, hence my unsafe workload with women who should have been cared for elsewhere on a one-to-one basis.

Times have changed in the intervening years since my internal whistleblowing episode of 2013. Managers have retired and midwifery supervision has been replaced with restorative supervision. 13-16 Our UK government held a national inquiry into maternity services safety concerns; 17 has listened to a variety of healthcare stakeholders; and has now pledged financial support to enhance changes in the way maternity lead- ers are trained; 18 alongside finances to improve how services are provided. 19

The aftermath of my experiences are the stuff of whistleblowing legends, and I will eventually fill a book with my story, BUT these experiences cemented in me a powerful desire to research both patient and staff experiences of healthcare safety, because as midwives we are entwined with our women, and our experiences are intrinsically linked. I have just completed my second MSc, this time in Quality and Safety in Healthcare, again focussing on Maternity Services, because, well, it’s always best to write about what you know, right? 13 Three of my MSc papers have been published, with two more imminent, and I am now networking with some truly awesome and like-minded professionals. I have found my tribe, and that is a superbly satisfying emotion.

To conclude, documenting concerns is a huge part of our professional responsibility, 20-22 and yet having the courage to do so absolutely requires substantiation with evidence for effective follow though, and to ensure personal protection against counter allegations. The decision to speak out is fraught with personal risks. The trust that I worked within labelled my story informal internal whistleblowing, which was strange because I did what my employee contract asked of me, I formerly documented my professional concerns. In choosing not to acknowledge or investigate such significant maternity services safety issues these senior managers created an internal whistleblowing scenario, and I often wonder what would have happened had I not involved that particular HR manager with my concerns. My story holds its strength in the solid evidence that I had gathered prior to submitting my Datix report, and it is my personal tenacity, integrity and vast healthcare experience which underpinned my decision not to be ignored by senior staff who would rather have swept away operational issues which were leading to significant harm for patients, their families and for staff too. These managers have a story to tell, their perspectives may hold the answer to why we have reached such a low point in maternity services healthcare safety. Our individual voices have great collective value when we have the courage, safe spaces and the support to use them appropriately. Our narratives carry great power and listening respectfully to each other, this is how we contribute to the creation of high reliability healthcare services.

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