

Executive Summary

Report to the Board of Directors

Being Held on 28 March 2023

Subject	Maternity Improvement Programme Quarter 1 (Q1) update
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Status¹	Note

PURPOSE OF THE REPORT

- This document provides a concise overview of the entire Maternity Improvement Programme (MIP).
- It describes the Priority Actions for Q1 and provides a progress report on Q4 actions.

KEY POINTS

- Appendix 1 shows the MIP for Quarter 1 and continues to contain the CQC ‘must-do actions’ from the most recent CQC
- Appendix 2 provides a progress update on Q4 priority and non-priority actions.
- Progress has been made in all five workstreams against both the priority and non-priority actions.
 - Key risks identified are:
 - Process improvements identified by CQC as must-dos competing for time with the clearance of the PMRT backlog. Additional resource identified to support this but is based on inexperienced and ‘as and when’ staff.
 - Lack of an end-to-end Maternity Information System requires a high level of manual paper-based audits. The current audit midwife is returning to clinical practice and the central team does not have the capacity or clinical expertise to provide support so a delay is likely in making progress at pace.
 - Appointment to Maternity Service Manager. Two rounds of recruitment have not proved successful.
 - Continued staffing shortages remains a risk although retention is improving and vacancies reducing.
 - Alignment with Birth Rate Plus and capacity to fully engage with the necessary improvements dependent on increasing funded establishment.
- The 2023/2024 Q1 Maternity Improvement Programme priorities will focus on planning and delivery of the CQC ‘must dos’ from the September 2022 inspection.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	
6	Deliver Excellent Research, Education and Innovation	

RECOMMENDATIONS

The Board of Directors receive and note the update on the Maternity Improvement Programme for Q4 and the priority actions for Q1.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Maternity Improvement Board (virtual)	23.03.23	
Board of Directors	28.03.23	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'

JESSOP WING MATERNITY IMPROVEMENT PROGRAMME Q1 2023

Governance

Sharon Tunnacliffe
Tom Dowden
Roobin Jokhi

- Robust risk management
- Appropriate Datix/Incident reporting
- Audit
- HSIB & PMRT
- Duty of Candour processes
- Investigative processes
- Governance team function, support and development
- Risk review process
- Governance structure & reporting
- Floor to board reporting
- Family liaison and engagement
- Clinical effectiveness & guidelines
- Training and education
- Sharing of learning
- Board level safety champions
- Saving Babies Lives Care Bundle v2

CQC Well-Led, Safe, Effective & 2023 Must-Dos

Ockenden 1,2,3,4,5,9,14,18.

CNST: 1,3,4,5,6,7,8,9,10

Saving Babies Lives v2

Priority Actions for Q1

- Focus on PMRT reports & process improvements.
- Improve Risk Register review process.
- Improve on lessons learnt from incidents amongst staff
- Improve timeliness of responses to complaints
- Improve accuracy and analysis of audit information
- Review of guidelines and policy process

Quality & Safety

Ali Brodrick
Tom Dowden
Steve Stratton

- Clarity & visibility of Maternity and Neonatal Outcome Measures
- Safety Culture
- Maternal record management
- Capacity and demand matching
- Digital transformation
- Continuity of Carer
- Perinatal mental & pelvic health
- Personalised Care Plans
- Risk assessments
- Continuous Glucose Monitoring
- Safety Training
- Neonatal collapse
- Huddles & Handovers
- Emergency Equipment
- Infection prevention and control
- Prescription of medication
- Care of the deteriorating patient

Kirkup 2022

HSIB/Other

CQC Well-Led, Safe, Effective, Responsive & 2023 Must-Dos

Ockenden: all actions

CNST: 1,6,7,9

Priority Actions for Q1

- Auditing and improving risk assessments & shared decision making.
- Improve safety training compliance
- Improve monitoring of outcomes of care
- Undertake regulatory audits
- Improve infection control monitoring
- Improve epidural waiting times and consultant availability
- Reduce delays to Induction of Labour
- Compliance with prescribing processes

All workstreams aim to review and improve or implement the themes described.

Priority Actions include CQC must-dos & are updated Quarterly

Leadership & Culture OGN Triumvirate

- Roles & responsibilities of the Senior Midwifery Team
- Effective appraisal processes
- Development packs for all Band 7 and above midwives
- Leadership Development - coaching and leadership training
- Triumvirate Leadership development
- Improved meeting and communication
- Development of Jessop Wing website
- Equality, Diversity & Inclusion
- PROUD Behaviours
- Improvement Culture
- Culture of Compassion
- Excellence in team working and shared aims, perspectives & trust

CNST: 3,4,5,8,9

Kirkup 2022

HSIB/Other

CQC Well-Led

Priority Actions for Q1

- Development of Improvement Hubs in conjunction with Staff Engagement work.
- Consultant led Maternity Improvement programme workstream monthly updates to be introduced.
- Maternity Service Manager action plan and on-going recruitment.

Workforce & Staffing

Alison Osaka/Pam Chambers/Priya Madhuvrata/Porus Bustani

- Midwifery Establishment
- Midwifery rotations between clinical areas & locations
- Monitoring, reporting and escalations of midwifery establishment
- Forward facing midwifery establishment planning
- Neonatal workforce
- Medical workforce
- MDT training - technical & relational
- Workforce well-being
- Sickness absence management and support
- Retention planning
- Talent management and succession planning

Kirkup 2022

CQC Safe, Effective & 2023 Must-dos

Ockenden 1,3,7

HSIB/Other

Priority Actions for Q1

- Agree future Maternity establishment
- Continue with recruitment programme.
- Improve training and performance appraisals in line with national guidance
- Sickness absence prevention and support action planning with new Maternity HR Business Partner
- Improve agency staff induction process
- Complete Core Competency Framework Training Needs Analysis

Partnerships & Engagement

Hannah Ford/Laura Perkins
Pam Chambers
Karen Selby

- Maternity Voices Partnership working
- Effective staff engagement - & ensuring staff feel they have a voice
- Working in partnership with our LMNS
- ICB Mutual Aid
- Development of Professional Midwifery Advocate role
- Development of OGN Sharepoint site
- Improving our estate
- Maternity Star Awards
- Communication strategy
- Cultural development work - NHSE/I Civility & Respect Toolkit
- Psychological safety

Kirkup 2022

HSIB/Other

CQC Well-Led

Ockenden 1,4,7

CNST: 7,8

Priority Actions for Q1

- Spread of accessible and interesting OGN Sharepoint site.
- 2022 Maternity Survey action plan to be signed off and incorporated into MIP.
- Wider engagement activities planned to include community staff
- Q4 focus on well-being launch

This programme is in response to issues with current service provision, CQC inspections, the Ockenden reports (parts 1 & 2) and the Single Delivery Plan (following its release on March 31st 2023), CNST year 4/5, findings from HSIB (Healthcare Safety Investigation Bureau) investigation reports and Saving Babies Lives v2/3. These all indicate the need for a transformational improvement programme for the delivery of maternity services at STH. This is a programme that will run over a 2 year period and will revise its Priority Actions quarterly.

The programme has been arranged in five key workstreams, each with a dedicated Obstetric, Midwifery and Operations Lead. Programme support ensures robust governance processes are followed and all improvements are tracked and evidenced. This approach enables us to be proactive, responsive and effectively evidence our improvement efforts.

Programme Structure



The Maternity Improvement Board is part of the Trust’s governance framework and provides a forum for joint Executive and Triumvirate oversight and scrutiny of the implementation the Trust’s Maternity Improvement Programme to ensure safe, high quality and effective care is maintained at all times.

Workstreams & Key Principles

The improvement plan consists of five themes or workstreams which together describe the agreed vision for STH’s maternity services:

- Governance
- Quality & Safety
- Leadership and Culture
- Workforce and staffing
- Partnerships & Engagement

All themes within each workstream will involve:

- A thorough review of current processes and/or gaps;
- The review, redesign and implementation where appropriate of robust processes;
- Development of supporting SOPs, guides, and documentation;
- Engagement with all relevant staffing groups & training where required;
- Evaluation of sustainability and any on-going support requirements;
- Monitoring, reporting and auditing to ensure the change is an improvement & provides evidence.

Evidencing Improvements

Our plan ensures that we are measuring and evidencing our improvements against the following reports, reviews and inspections:

- CQC Domains** Recommendations made by the CQC within their 5 domains or standards & CQC Must-Dos
- Ockenden** Recommendations highlighted by the two independent Ockenden reviews into maternity services plus any other national enquiries
- Kirkup 2022** Recommendations highlighted by the 2022 Kirkup review into maternity services in East Kent
- CNST** Clinical Negligence Scheme for Trusts. This is a maternity incentive scheme that supports the delivery of safer maternity care
- SBLCB v2/3** Saving Babies Lives Version Two is a care bundle for reducing perinatal mortality. Version 3 is due for release in April 2023.
- HSIB other** HSIB (Healthcare Safety Investigation Branch) investigation reports/Other recommendations and standards.

Sustainable Improvements

The improvement challenge is significant, wide ranging and will require long term work, persistence, resource and commitment to create sustainable improvements.

The programme ensures:

- Cementing of programme infrastructure, governance and documentation;
- Staff engagement work to ensure full understanding of the ask, ownership, reporting and evidencing of delivery at a clinical and managerial level;
- Continued development of a 12 month visual road map describing clinical, operational and short, medium and long term goals, and the clinical and operational support required for each workstream and set of actions;
- Development of a Maternity Improvement Dashboard to monitor and evidence improvements, working with future recommendations from the Kirkup outcome measure Task Force;
- A focus on doing things well, not just quickly;
- A culture of openness, honesty and transparency about our issues & progress.

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Being Held on Tuesday 28th March 2023
Quarter 4 Progress Update

1. Governance Workstream

Q4 Priority action:	Status:
Focus on outstanding Serious Incident reports and process improvements	In progress
Improve Risk Register review process	In progress
Improve on lessons learnt from incidents amongst staff	In progress
Improve timeliness of responses to complaints	In progress
Improve accuracy and analysis of audit information	In progress
Review of guidelines and policy process	In progress

Routine actions:	Status:
Historic PMRT cases: clearing backlog	In progress
PMRT tracker and process improvements	Complete
Weekly Patient Safety Review newsletter produced to share learning from incidents	Complete

Key Risk:

- **Process improvements identified by CQC as must-dos competing for time with the clearance of the PMRT backlog. Additional resource identified to support this but is based on inexperienced and 'as and when' staff.**

2. Quality and Safety Workstream

Q4 Priority actions:	Status:
Auditing and improving risk assessments and shared decision making	In progress
Improve safety training compliance	In progress
Improve monitoring of outcomes of care	In progress
Undertake regulatory audits	In progress
Improve infection control monitoring	In progress
Improve epidural waiting times and consultant availability	In progress
Reduce delays to Induction of Labour	In progress
Compliance with prescribing processes	In progress

Routine actions:	Status:
CNST submission and funding application for 2022/2023	Complete
BSOTS developments – laminated card to remind waiting women of when to seek help	In progress
Labour Ward/Triage Telephone guidance and training assessments in place	Complete
Completion of NHSE/I Maternity Self Assessment Tool	Complete
Development of mental health referral criteria and access process	In progress

Key risk:

- **Lack of an end-to-end Maternity Information System requires a high levels of manual paper based audits. The current audit midwife is returning to clinical practice and the central team are unable to provide support so a delay is likely in establishing the required resource to progress at pace**

3. Leadership & Culture workstream

Q4 Priority action:	Status:
Publish EDS2 equality and diversity report and engage with local groups	In progress
Development of Improvement Hubs in conjunction with Staff Engagement work	In progress
Matron led Maternity Improvement programme workstream monthly updates to be introduced	Complete

Routine actions:	Status:
Engage with LMNS Equity & Equality workstreams	In progress
Development of Matron monthly meeting framework and pack (to include devolving budgets down to Matron level)	In progress
Triumvirate 360 evaluations and feedback	In progress
Monthly EDI bite-size training on Directorate briefing	In progress
Jessop Wing website live	Complete & closed
Jessop Wing communication strategy developed and shared	In progress

Key risk:

- **Appointment to Maternity Service Manager. Two rounds of recruitment have not proved successful.**

4. Workforce and Staffing workstream

Q4 Priority action:	Status:
Agree future Maternity establishment	In progress
Continued recruitment of relevant staff to all vacant posts	In progress
Improve training and performance appraisals in line with national guidance	In progress
Sickness absence prevention and support action planning with new Maternity HR Business Partner	In progress
Improve agency staff induction process	In progress
Q4 focus on well-being launch (moving to Partnerships & Engagement workstream in Q1 2023/24)	In progress

Routine actions:	Status:
Core Competency Framework (CCF)/ Training Needs Analysis plan complete	Complete
CCF backfill calculation for new requirements in 2023/2024.	In progress

Key risks:




- Continued staffing shortages remains a risk although retention improving and vacancies reducing.
- Alignment with Birth Rate Plus and capacity to fully engage with the necessary improvements dependent on increasing funded establishment.

5. Partnerships & Engagement Workstream

Q4 Priority action:	Status:
Complete creation and communication of accessible and interesting OGN Sharepoint site	In progress
2022 Maternity Survey action plan to be signed off and incorporated into MIP	In progress
Phase 1 of Level 1 estates work	In progress
Wider engagement activities planned to include community staff	In progress

Routine actions:	Status:
Establish regular hard-to-reach community engagement activities with MVP.	Complete
Involve MVP in co-design of training needs analysis and personalized care planning	Complete
Thematic analysis of Staff Engagement results	In progress
Directorate wide staff involvement in action planning for staff survey	In progress
Professional Midwifery Advocate development survey	In progress
Well-being activities	In progress

Key

Complete & closed	
On-going action and on-track	
In progress	
No progress made/off-track	