

Executive Summary

Report to the Board of Directors

Being Held on 29 November 2022

| | |
|------------------------------|--|
| Subject | Maternity Improvement Programme Quarter 3 update |
| Supporting TEG Member | Chris Morley |
| Author | Sue Gregory, Laura Rumsey, Andrea Galimberti, Alison Kenny |
| Status¹ | Note |

PURPOSE OF THE REPORT

- This document provides a concise overview of the entire Maternity Improvement Programme (MIP)
- It describes the Governance structure underpinning the programme within the five workstreams
- It comprises the work planned and currently in progress.
- It provides a simple visual overview document to be issued on request to any internal or external partners or parties so they can understand the work STH is executing to improve its maternity services.

KEY POINTS

- The programme:
 - Combines all current actions and improvement plans. These have been developed in response to the need for internal change as well as new national requirements and guidance:
 - Trust level: the outcome of CQC inspections in 2021, issues with current service provision and findings/learning from HSIB (Healthcare Safety Investigation Bureau) investigation reports
 - National recommendations and requirements: the services response to the Ockenden reports (parts 1 & 2), Maternity Incentive Scheme (MIS/CNST) year 4 and Saving Babies Lives v2
 - Is arranged in five key workstreams: Governance, Quality and Safety, Leadership and Culture, Workforce and Staffing and Partnerships & Engagement, each with a dedicated Obstetric, Midwifery and Operations Lead.
 - The high level findings from the recent report into maternity and neonatal services in East Kent have been mapped against the MIP and appropriate projects were already included.
 - Once the report from the most recent CQC inspection of Maternity services has been received the updated findings will be integrated into the MIP.
- A series of Priority Actions which include CQC 'must-dos' are identified and refreshed each quarter as previous actions are completed or become business as usual.
- Appendix 1 is the MIP for Quarter 3 and contains updated priority actions
- The aim is that this constitutes a comprehensive and sustainable programme with a dynamic plan, with a focus on empowering staff to adopt and embed changes within maternity services for the future.
- In addition to this Maternity Improvement Programme, there are some key infrastructure projects which include the implementation of a Maternity Information system, the creation of a dedicated Labour Ward Assessment Unit and the refurbishment of obstetric theatres.
- Appendix 2 includes tables showing the priority and non-priority actions from Quarter 2, together with progress status. The narrative in relation to these actions has been included in the relevant monthly Maternity and Neonatal Safety Report.

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 & Innovation | |

RECOMMENDATIONS

The Board of Directors receive and note the update on the Maternity Improvement Programme which contains the updated priority actions for Quarter 3.

APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|-----------------------------|----------|--------------|
| Maternity Improvement Board | 26.10.22 | Y |
| Board of Directors | 29.11.22 | |

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'

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JESSOP WING MATERNITY IMPROVEMENT PROGRAMME Q3 2022

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

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 Q3

- Embedding of new Governance meeting structure, processes & reporting
- Development of Safety Champion role
- Quality & Safety Team training & development
- Establishment & standardisation of robust SI/PMRT processes, monitoring & reporting
- Risk Register review process
- Refresh of short term and annual audit plan

Quality & Safety

Ali Brodrick

Chris Emblen

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 services
- Personalised Care Plans
- Risk assessments
- Continuous Glucose Monitoring for Type 1 diabetics
- 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

Ockenden: all actions

CNST: 1,6,7,9

Priority Actions for Q3

- Implement a robust transfer to paper records to ensure a readily available, accurate and contemporaneous single record is available for maternity care
- Review perinatal mental health services following 2022 Maternity Survey results
- Embed effective and documented risk assessments at each visit
- Conduct and evaluate Maternity Self-Assessment tool

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

Priority Actions 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, Action Plan 2.1b

Priority Actions for Q3

- Recruit to Head & Deputy Head of Midwifery & Improvement Director posts
- Engage with EDS2 equality and diversity programme
- Create Improvement Hubs
- Jessop Wing website to go live
- Embedding of Triumvirate briefings

Workforce & Staffing

Sarah Stutchbury

Chris Emblen

Priya Madhuvrata

- 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

Ockenden 1,3,7

HSIB/Other

Priority Actions for Q3

- Complete Birth Rate Plus full assessment for midwifery staffing and undertake a review against current maternity establishment
- Continued recruitment of relevant staff to all vacant posts
- Creation of bi-annual paper on maternity staffing & establishment with associated actions
- Complete rotation improvement plan for midwives

Partnerships & Engagement

Hannah Ford

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 Q3

- Creation of Staff Engagement/Staff Survey Action Plan group
- Creation of staff survey action plan
- Sign off of Estates Improvement Plan with Estates & Facilities
- Creation and communication of accessible and interesting OGN Sharepoint site
- Implement 'What Matters to You'

This programme is in response to issues with current service provision, CQC inspections, the Ockenden reports (parts 1 & 2), CNST year 4, findings from HSIB (Healthcare Safety Investigation Bureau) investigation reports and Saving Babies Lives v2. 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 presented describes a new architecture that combines all current action and improvement plans and will integrate future reports and inspections. These have been arranged in five key workstreams, and will each have a dedicated Obstetric, Midwifery and Operations Lead. Programme support will ensure robust governance processes are followed and all improvements are tracked and evidenced. This approach will enable us to be proactive, responsive and effectively evidence the 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;
- 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

Saving Babies Lives Version Two is a care bundle for reducing perinatal mortality;
- 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 will ensure:

- 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.

Governance Workstream

| Priority action: | Status: |
|--|----------|
| Red Flag Data: Analyse red flag data to identify actions to reduce reoccurrence and report to Board | Complete |
| Ensure senior oversight of audit results via Directorate Governance, Quality & Safety Group | Complete |
| Perinatal Quality Surveillance Model: Compliance with perinatal quality surveillance model | Complete |

| Non-priority actions: | Status: |
|--|-------------|
| PMRT process development | In progress |
| Historic PMRT cases: clearing backlog | In progress |
| Development of Quality & Safety (Governance team) | In progress |

Quality and Safety Workstream

| Priority action: | Status: |
|--|----------|
| Fetal Monitoring: Ensure fetal monitoring is undertaken reflecting NICE 2017 is consistent and recorded | Complete |
| Still Births, Q1, 2022 – 2023 To include stillbirth rate per 1000 births, along with benchmarking against other tertiary centres | Complete |
| Maternal Risk Assessments and Monitoring: <ul style="list-style-type: none"> Ensure maternal monitoring is undertaken consistently and is documented Ensure the completion of risk assessments for women on arrival via Birmingham Symptom Specific Obstetrics Triage System (BSOTS). Review of pathway of all ongoing medications in labour ward triage (BSOTS) | Complete |

| Non-priority actions: | Status: |
|--|-------------|
| Maternity Information System: | In progress |
| Safety Huddles: | Complete |
| Development of Quality & Safety (Governance team) | In progress |
| Fetal Monitoring, Training | In progress |

Leadership & Culture workstream

| Priority action: | Status: |
|--|----------|
| To ensure local ownership of all workstreams and all staff have a full understanding of what is required including reporting mechanisms | Complete |

| Non-priority actions: | Status: |
|-----------------------|---------|
|-----------------------|---------|

| | |
|--|-------------|
| Improvement Team | Complete |
| Jessop Wing website | In progress |
| Equality, Diversity & Inclusion | In progress |
| Triumvirate visibility | Complete |

Workforce and Staffing workstream

| Priority action: | Status: |
|---|----------------|
| Birth Rate Plus: Complete Birth Rate Plus assessment & review against current establishment | Complete |
| Birth Rate Plus: Implementation of Birth Rate Plus App | Complete |
| Workforce: Recruitment of relevant staff to all vacant posts | In progress |

| Non-priority actions: | Status: |
|------------------------------|----------------|
| Apprenticeships: | In progress |

Partnerships & Engagement Workstream

| Priority action: | Status: |
|---|----------------|
| Organisational Development (ODD) input into culture and staff engagement | Complete |

| Non-priority actions: | Status: |
|------------------------------|----------------|
| PROUD Behaviours: | Complete |
| Staff Engagement: | In progress |
| Estate: | In progress |
| Patient feedback: | In progress |