

Executive Summary

Report to the Board of Directors

Being Held on 31 January 2023

Subject	Maternity Improvement Programme Quarter 4 (Q4) 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 Q4 and provides a progress report on Q3 actions.

KEY POINTS

- Appendix 1 shows the MIP for Quarter 4 and contains the CQC 'must-dos' from the most recent CQC assessment.
- Appendix 2 provides a progress update on Q3 priority and non-priority actions.
- All actions are underway. Key risks identified are:
 - Continued challenges with clearing Serious Incidents (SI) and PMRT backlogs.
 - Capability, resilience and capacity challenges within the Quality & Safety team.
 - Timelines associated with Maternity Information System implementation leave a 15-month period where the service remains dependent on a paper-based system.
 - Full compliance with Ockenden and CNST not assured. Risk assessments & shared decision making are key elements requiring audit & clinical practice changes.
 - First round of recruitment to Maternity Service Manager post (operational lead for this workstream) unsuccessful. Second round planned for Q4 but risk to delivery of elements of this workstream, in addition to operation risk, if this is not successful.
 - Continued staffing shortages & vacancies across all groups.
 - Recognition that training figures require improvement.

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 Q3 and priority actions for Q4.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Maternity Improvement Board (virtual)	11.01.23	Y
Board of Directors	31.01.23	

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

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

JESSOP WING MATERNITY IMPROVEMENT PROGRAMME Q4 2022

Appendix 1

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 Q4

- Focus on outstanding Serious Incident 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 Q4

- 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 Q4

- Publish EDS2 equality and diversity report & engage with local groups.
- Development of Improvement Hubs in conjunction with Staff Engagement work.
- Matron led Maternity Improvement programme workstream monthly updates to be introduced.

Workforce & Staffing

Sarah Stuchbury/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 Q4

- 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
- Q4 focus on well-being launch

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 Q4

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

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 & 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

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.

Quarter 3 Progress Update

1. Governance Workstream

Q3 Priority action:	Status:
Embedding of new Governance meeting structure, processes and reporting	In progress
Development of Safety Champion role	In progress
Quality and Safety Team training and Development	Complete
Establishment and standardisation of robust SI/PMRT processes, monitoring and reporting	In progress
Risk Register review process	In progress
Refresh of short term and annual audit plan	In progress

Routine actions:	Status:
Historic PMRT cases: clearing backlog	In progress

2. Quality and Safety Workstream

Q3 Priority actions:	Status:
Implement enhanced paper recording to ensure a single record is available	Complete
Review perinatal mental health services following 2022 Maternity Survey	In progress
Embed effective and documented risk assessments at each visit	In progress
Conduct Maternity Self-Assessment tool	In progress

Routine actions:	Status:
Regulatory audit requirements	In progress
MEOWS (maternal monitoring)	Complete & closed
Ensuring adequate consultant cover	Complete
Fetal Monitoring, Training	Complete
Maternity Digital Strategy	Complete & closed

3. Leadership & Culture workstream

Q3 Priority action:	Status:
Recruit to Head and Deputy Head of Midwifery and Improvement Director posts	Complete
Engage with EDS22 equality and diversity programme	Complete
Create improvement hubs	In progress
Jessop Wing website to go live	Complete
Embedding of Triumvirate Briefings	Complete & closed

Routine actions:	Status:
TEG communication to OGN staff	Complete & closed
Kirkup response	Complete
Triumvirate development	Complete

4. Workforce and Staffing workstream

Q3 Priority action:	Status:
Complete Birth Rate Plus full assessment for midwifery staffing and undertake a review against current maternity establishment	Complete
Continued recruitment of relevant staff to all vacant posts	Complete
Creation of bi-annual paper on maternity staffing and establishment with associated actions	In progress
Complete rotation improvement plan for midwives	In progress

5. Partnerships & Engagement Workstream

Q3 Priority action:	Status:
Creation of Staff Engagement/Staff Survey Action Plan Group	Complete
Creation of staff survey action plan	In progress
Sign off of Estates Improvement Plan with Estates and Facilities	Complete
Creation and communication of accessible and interesting OGN Sharepoint site	In progress
Implement 'What Matters to You'	Complete

Routine actions:	Status:
Staff Engagement Launch	Complete & closed

Key

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