

Reporting to:	Trust Board – 30 March 2017 (Public Session)
Title	Improving Maternity Services - Progress report on learning and actions following the death of Kate Stanton-Davies
Sponsoring Director	Colin Ovington - Director of Nursing & Quality
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Previously considered by	Quality & Safety Committee – March 2017
Executive Summary	<p>The purpose of this report is to inform the Board of the actions completed and in progress in relation to improving maternity services. The attached action plan forms part of an overall safety improvement plan currently being implemented within the Women and Children’s Care Group. To date there are 4 actions still in progress within the plan. These relate to:</p> <ol style="list-style-type: none"> 1. Management review in line with Trust HR policy. 2. A complete revision and implementation of SI/ RCA training. 3. A review of the Women & Children's Risk Management Strategy. 4. A fitting memory for KSD to be used within staff training. <p>The Board and Quality and Safety Committee receive and review the actions completed and in progress within the plan for assurance that the care of women and their babies is as safe as it can be.</p>
Strategic Priorities 1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards

	<input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation - The Board is asked to: <ul style="list-style-type: none"> • Approve the action plan • Receive an overview of progress, improvement and any concerns at each board meeting.

Introduction

This report updates the Trust Board following the extra-ordinary Board meeting held in public on 4th April 2016, and follows an update received by the Board in September 2016 and January 2017. The management and actions required were discussed to ensure that all learning from this milestone case were captured and delivered in order to ensure that the service for women and their babies is the safest and kindest it can be.

Following the Board meeting, and update received by the Board in September 2016 and January 2017, the detailed action plan has been reviewed regularly by the care group, the action plan is also received at the Care Group Board and Quality and Safety Committee on a monthly basis as part of our assurance process. The plan and its implementation are now at a final stage having been revised a number of times. It now forms part of an overarching safety improvement plan for our maternity services within the Trust.

1. Kate Stanton – Davies action plan - update

The Care Group Director and Head of Midwifery have reviewed and updated the implementation of actions and their delivery. Of the original 70 actions; 4 remain in evolvment and relate to the actions in Table One below. Despite 4 actions still being in progress, the plan continues to be reviewed and monitored in the care group at its board on a monthly basis as part of the maternity services safety improvement plan and via the quality and safety committee. The care group leadership team are confident of success through persistent exploration, transparency and commitment. Collaboration with the wider Trust is vital to the delivery of all the actions described in this paper.

RAG Key:

Red: Not commenced.

Amber: In progress.

Green: Complete

Table One

Action	Progress/target completion	Rating for completion within timescale
Management review in line with Trust HR policy.	This action has commenced and is in progress. The action is expected to be completed by the end of March 2017, however this is conditional on any dispute and staff side challenge within the process.	Amber
A complete revision and implementation of SI/ RCA training.	The provision of training in completion of RCA and investigation of serious incidents is in progress and on-going. It forms part of a wider action in relation to patient safety across the Trust and the capacity of the Patient Safety Team. A business plan is in draft to increase the number of patient safety advisors within the Trust. The extended patient safety team will work closely with corporate colleagues who already teach clinical skills to clinicians; enabling those skills to be translated effectively into practice across the Trust. This is in line with the Health Education England (HEE) report 2016 – 'Improving safety through education and training' This report provides a framework to shape the education and training for patient safety in the NHS over the next 10 years. For information, the Health Care Safety Investigation branch of NHSI is expected in April 2017. A revised suite of training will be rolled out during 2017; however this is reliant on the success of the proposed business plan to increase the capacity of the patient safety team. Target date for agreed business plan, September 2017.	Amber
A review of the Women & Children's Risk Management Strategy.	An internal audit has been undertaken during November and December 2016 which looks at policy and procedure	Amber

	compliance in Maternity Services with a focus on the structure of Maternity Services; risk management processes; and compliance with policies, procedures and guidelines. The final report is in draft and pending review by the Audit Committee in April 2017. Following the outcome of this audit, a review of the care group risk management strategy will be undertaken and actions implemented. This action was proposed to be implemented by 31 st March 2017. However, due to a delay in the report this action will now be implemented by 30 th June 2017.	
A fitting memory for KSD to be used within staff training	With permission from the family, it is proposed that Kate's Story is used as an educational film at SI/RCA/ Duty of Candour and patient safety training. Following initial local exploration for sourcing actors to tell the story of Kate, the communications team are looking further afield to identify potential actors. Target date September 2017.	Amber

2. Culture Development Plan

The quality of care provided can be predicted by engagement of healthcare workers which is in turn influenced by their experience as an employee. Research within the NHS setting has demonstrated this link through the work of West et al (2002, 2006 and 2011) who have found established links between good Human resources management (HRM) practices, attitudes and behaviours of staff and patient outcomes.

The care group have started the development of a cultural assessment process and tool which will commence with the inclusion of all staff during April 2017. The work focuses on organisational support to understand and develop staff values, attitudes and behaviours. It has been developed to support the Women and Children's Care Group to embed Values-Based leadership and further develop the culture of continuous learning that exists. A combination of quantitative and qualitative information has been used to support the development of a plan with key members of the Senior Management team leading facilitated feedback and listening events with staff.

It is recognised that this work is embryonic and as more information is gathered through the PDSA cycle, additional interventions will be identified that further support learning and development within the Leadership team and across the Care Group. This work has been delayed due to the "training pause" implemented within the Trust as part of a solution to maintain safe staffing in quarter 4. The cultural assessment will be used to identify and celebrate the key behaviours necessary to maintain safe and kind care. An initial session was held during December 2016 that involved all staff within the care group. The aim is for staff to understand how staff from all areas view the service they provide, how it is structured, how it is run and the importance of behaviour in developing an open and safe culture.

Conclusion

Further progress has been made against the action plan and further work is planned through quarter 1 of 2017/18. All improvement work will be monitored in the care group at its board on a monthly basis as part of the maternity services safety improvement plan.

Recommendation –

The Board is asked to;

- Approve the action plan
- Delegate authority to the Quality & Safety Committee to provide on-going monitoring, scrutiny and challenge to its final delivery