

<b>Reporting to:</b>	<b>Trust Board – 2 February 2017</b>
<b>Title</b>	Improving Maternity Services - Progress report on learning and actions following the death of Kate Stanton-Davies
<b>Sponsoring Director</b>	Helen Jenkinson – Deputy Director of Nursing & Quality
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<b>Previously considered by</b>	Quality & Safety Committee – January 2017
<b>Executive Summary</b>	<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"> <li>1. Management review in line with Trust HR policy.</li> <li>2. A complete revision and implementation of SI/ RCA training.</li> <li>3. A review of the Women &amp; Children's Risk Management Strategy.</li> <li>4. A fitting memory for KSD to be used within staff training.</li> </ol> <p>The Board and Quality and Safety Committee will 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>
<b>Strategic Priorities</b>	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience.
1. Quality and Safety	<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
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> 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 <b>Delayed Transfer of Care (DTC)</b> lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input checked="" type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> 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 <b>staff engagement</b> 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 <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<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"/> <b>Receive</b> <input checked="" type="checkbox"/> <b>Review</b> <input type="checkbox"/> <b>Note</b> <input type="checkbox"/> <b>Approve</b>	<b>Recommendation -</b> The Board is asked to: <ul style="list-style-type: none"> <li>• Approve the action plan</li> <li>• Receive an overview of progress, improvement and any concerns at each board meeting.</li> </ul>

## Introduction

This report updates the Trust Board following the extra-ordinary Board meeting held in public on 4<sup>th</sup> April 2016, and follows an update received by the Board in September 2016. 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, 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 is 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.

## 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 progress and relate to the following actions:

Action	Progress/target completion
Management review in line with Trust HR policy.	This action is in progress and expected to be completed by the end of March 2017.
A complete revision and implementation of SI/ RCA training.	A review of the capacity of the Patient Safety Team is being undertaken to assess the implications of providing revised and extended training in Serious Incidents (Si's) and RCAs to staff. 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 is proposed to commence 1 <sup>st</sup> April 2017.
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 compliance in Maternity Services with a focus on the structure of Maternity Services; risk management processes; and compliance with policies, procedures and guidelines. Following the outcome of this audit, a review of the care group risk management strategy will be undertaken and actions implemented. This action will be implemented by 31 <sup>st</sup> March 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.

**Culture of the Service**

The care group have commenced the development of a cultural assessment which will commence with the inclusion of all staff on 1<sup>st</sup> April 2017. An initial session was held during December 2016 that involved all staff within the care group. The aim is for all staff to understand how staff from all areas view the service they provide, how it is structured, and how it is run.

**Conclusion**

Further progress has been made against the action plan and further work is planned through quarter 4 of 2016/17. 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.

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.