











3.5.2 The Board can be assured that all appropriate preparatory work to support full delivery of these actions is underway pending these discussions.

3.5.3 The ten de-scoped actions continue to be reviewed quarterly at MTAC to check for any progress with their delivery.

### 3.6 Ockenden Report Assurance Committee (ORAC)

3.6.1 ORAC last met on 28 November 2023. The Chair’s report from this meeting is scheduled on today’s agenda.

3.6.2 The next scheduled ORAC meeting is 27 February 2024, and the final Ockenden meeting is scheduled for 30 April 2024, following which, the progress against and the sustainability of IMR actions will continue to be reported to the QualityDQG Safety Assurance Committee, and via this paper to the Board of Directors.

## **4.0 Maternity Transformation Programme (MTP) – High Level Progress Report**

4.1 The Trust’s Maternity Transformation Programme (MTP) comprises seven workstreams, each of which is led by a senior clinician or director.

4.2 The following table provides a high-level summary of each workstream, its progress and any risks to delivery. Further details are available on request.

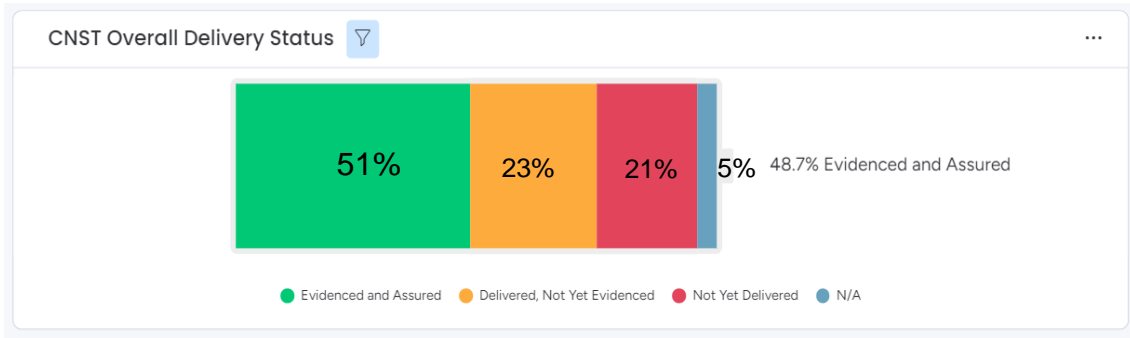
<b>MATERNITY TRANSFORMATION PROGRAMME WORKSTREAMS</b>				
<b>Workstream</b>	<b>Scope of Work</b>	<b>Status</b>	<b>Commentary</b>	<b>Associated Risks</b>
<b>1. Clinical Quality and Choice</b>	Ockenden Actions	<b>On Track</b>	Ongoing delivery of Ockenden	Ockenden actions linked to external partners (e.g., IEA 1.4)  One ‘at risk’ Ockenden action linked to business case
<b>2. People and Culture</b>	Ockenden Actions	<b>On Track</b>	Ongoing delivery of Ockenden  Ongoing delivery of engagement events (e.g., second maternity services open day and Improvewell app promotion)	Five ‘at risk’ Ockenden actions linked to business case, all workforce-related
<b>3. Governance and Risk</b>	Ockenden Actions	<b>On Track</b>	Ongoing delivery of Ockenden (near completion)	None identified
<b>4. Learning, Partnership and Research</b>	Ockenden Actions  Data Extraction for Epidemiological Research (DExtER) Project*	<b>On Track</b>	Ongoing delivery of Ockenden  Ongoing delivery of DEXTER  Scoping underway to include improvement projects (e.g., Emergency Role Allocation (ERA))	Capacity of the clinical teams to fulfil new Training Needs Analysis (TNA) to meet new CNST SA 8

<p style="text-align: center;"><b>5. Communication and Engagement</b></p>	<p>Ockenden Actions</p> <p>Comms and Engagement plan (including new website development and social media)</p>	<p><b>On Track</b></p>	<p>Ongoing delivery of Ockenden</p> <p>Ongoing delivery of new website</p> <p>Maintenance of Comms plan</p>	<p>Capacity of communication team to deliver work</p>
<p style="text-align: center;"><b>6. Maternity Improvement Plan (MIP)</b></p>	<p>Implementation of the 30 identified 'historical reviews' of maternity services</p>	<p><b>On Track</b></p>	<p>12 action plans 'evidenced and assured', - now closed</p> <p>17 'delivered not yet evidenced', - closure reports being drafted</p> <p>1 de-scoped (external)</p>	<p>None identified</p>
<p style="text-align: center;"><b>7. Anaesthetics</b></p>	<p>Ockenden Actions</p>	<p><b>On Track</b></p>	<p>Ongoing delivery of Ockenden</p>	<p>Two 'at risk' Ockenden actions linked to business case</p>

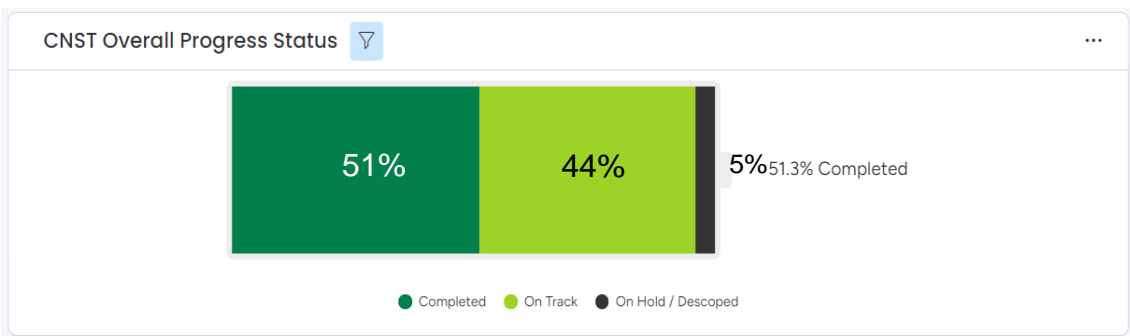
4.3 As described in section three, there is a potential risk to the ongoing delivery of some elements of the Maternity Transformation Programme and, as the Board is aware, the Mersey Internal Audit Assurance (MIAA) review of the governance and assurance of Ockenden action delivery in November 2022, highlighted the need for the Trust to continue the funding of the maternity transformation support resource. This requirement continues to be reviewed as part of the annual business planning round.

## **5.0 CNST MIS Year 5 – Progress**

- 5.1 The Board of Directors is familiar with the Clinical Negligence Scheme for Trusts (CNST), which is a risk pooling scheme that funds claims against clinical negligence in the NHS in England.
- 5.2 Each year, trusts pay a 10% maternity incentive scheme (MIS) premium, which can be recovered by the Trust if it can evidence that it meets all ten MIS safety actions in full. Trusts that meet 10/10 safety actions also receive a share of any unallocated MIS funds. The MIS scheme is currently in year 5 and the Board of Directors is required to receive 'set pieces' of information during the year and, also, sign off the final MIS self-assessment once completed in the New Year.
- 5.3 The following 'battery diagram' shows the CNST completion rate, as at 30 November 2023, comprising: 51% 'Evidenced and Assured', 23% 'Delivered Not Yet Evidenced', and 21% 'Not Yet Delivered'. 5% relates to requirements that are not applicable (N/A) to the Trust's services. For example, requirements linked to Midwifery Continuity of Carer (MCOC), which is paused currently at the Trust, in line with the national letter that was published in September 2022. The MIS scheme makes allowances for this.



5.4 The overall delivery status battery represented in section 5.3 should be viewed in conjunction with the following progress battery (secondary measure). This provides evidence of the overall status of progress, which has improved to 51% completed. One element remains ‘on hold’, and this relates to the Midwifery Continuity of Carer initiative mentioned in section 5.3.



5.5 There is one potential risk relating to Safety Action 8 relating to the percentage of staff that need to be trained by the required date. This will not be able to be confirmed until after 1 December 2023 when the reporting period ends, as it is subject to staff availability and operational pressures.

5.6 The Trust continues to be on track to achieve all other CNST MIS Year 5 safety actions, although there are several audits/reports that cannot be confirmed until after the reporting period ends on 7 December 2023.

5.7 The technical guidance for CNST MIS Year 5 stipulates that it is a requirement that the Board oversees the quality of their perinatal services at every meeting. This comprises a substantial number of reports and appendices. These are included in a separate CNST folder as part of the Board’s Supplementary Information pack. This pack is extensive and comprises the reports and associated appendices that have been presented to other committees, including the Quality and Safety Assurance Committee (QSAC) already. The following table summarises each piece of evidence that is in the folder to assist with the navigation of them.



No.	Name of Report	Appendices Included	Where previously received	Date received
1	CNST MIS Year 5 progress report – October 2023	Appendix 1 - PMRT Q2 report Appendix 2 – ATAIN Q2 report Appendix 3 – TC Q2 report Appendix 4 – Obstetric clinical workforce plan Appendix 5 – Neonatal workforce position against BAPM standards Appendix 6 - DoM staffing paper Appendix 7 – SBL Progress report Appendix 8 – Black maternal health report Appendix 9 – TNA Appendix 10 – SA8 Training compliance Appendix 11 – Safety Champions Dashboard Q1 Appendix 12 – Safety Champions minutes Appendix 13 – SBL V3 Preterm Team TOR and Element 6 Divergence Documents	Maternity Governance W&C Divisional Committee QSAC  LMNS	Oct 23  Oct 23  Oct 23  Nov 23
	CNST MIS Year 5 progress report – November 2023	Appendix 1 - Obstetric workforce paper Appendix 2 – Anaesthetic rota Appendix 3 – Neonatal nursing workforce action plan/strategy Appendix 4 - Safety Intelligence Dashboard Q2 Appendix 5 – Our staff said, we listened Appendix 6 – Minutes of the second quad/safety champs meeting	Maternity Governance W&C Divisional Committee QSAC  LMNS	Nov 23  Nov 23  Nov 23  Dec 23

- 5.8 In order to meet the CNST MIS year 5 standards, the Board of Directors is required to record in the minutes of this meeting that it has received and approved the CNST reports in section 5.7.
- 5.9 The submission for the maternity incentive scheme must be made to NHS Resolution no later than **12 noon on 1 February 2024**. Therefore, a sign off meeting with the Board of Directors has been scheduled for 11<sup>th</sup> January 2024, to receive the last pieces of information. This meeting will need to approve for the Chief Executive to make the submission on behalf of the Board of Directors. The submission window is open between 25 January and 1 February 2024. The last pieces of information will not be able to be produced until after the scheme ends on 7 December 2023. Regrettably, this is too late for this information to go through the required governance and assurance systems and processes before the December 2023 Board meeting.

## 6.0 Three Year Delivery Plan

6.1 The Three-year delivery plan for maternity and neonatal services<sup>1</sup> was published on 30 March 2023 with the aim to set out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

6.2 There are 4 themes identified as the key areas to deliver over the next 3 years. Within each of the 4 key themes there are 3 objectives, which comprise several actions that Trusts, Integrated Care Boards (ICBs) and NHS England are required to deliver against, acknowledging the determinants for success within the guidance document. These are summarised in the following table.

No.	Themes	Objectives
1	Listening to women and families with compassion to promote safer care	<ul style="list-style-type: none"> <li>Care that is personalised</li> <li>Improve equity for mothers and babies</li> <li>Work with service users to improve care</li> </ul>
2	Supporting workforce to develop skills and provide high quality care	<ul style="list-style-type: none"> <li>Grow our workforce</li> <li>Value and retain our workforce</li> <li>Invest in skills</li> </ul>
3	Developing and sustaining a culture of safety to benefit everyone	<ul style="list-style-type: none"> <li>Develop a positive safety culture</li> <li>Learning and improving</li> <li>Support and oversight</li> </ul>
4	Meeting and improving standards and structures that underpin our national ambition	<ul style="list-style-type: none"> <li>Standards to ensure best practice</li> <li>Data to inform learning</li> <li>Make a better use of digital technology in maternity and neonatal services</li> </ul>

6.3 The Trust has undertaken a gap analysis against the standard, using the following definitions:

- Green – no gap identified
- Amber – potential gap identified
- Red – gap identified

The initial assessment is summarised in the following table:

No.	Theme	Objectives	Total no. of items within each theme and their RAG rating		
1	Listening to women and families with compassion to promote safer care	<ul style="list-style-type: none"> <li>Care that is personalised</li> <li>Improve equity for mothers and babies</li> <li>Work with service users to improve care</li> </ul>	40	6	1
2	Supporting workforce to develop skills and provide high quality care	<ul style="list-style-type: none"> <li>Grow our workforce</li> <li>Value and retain our workforce</li> <li>Invest in skills</li> </ul>	33	6	0

<sup>1</sup> NHS England (March 2023) Three year delivery plan for maternity and neonatal services -[B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf](https://www.nhs.uk/england/3-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf) (england.nhs.uk)

3	Developing and sustaining a culture of safety to benefit everyone	<ul style="list-style-type: none"> <li>Develop a positive safety culture</li> <li>Learning and improving</li> <li>Support and oversight</li> </ul>	32	3	0
4	Meeting and improving standards and structures that underpin our national ambition	<ul style="list-style-type: none"> <li>Standards to ensure best practice</li> <li>Data to inform learning</li> <li>Make a better use of digital technology in maternity and neonatal services</li> </ul>	28	7	0

6.4 There is only one item rated as 'Red', which relates to the lack of pre-conception care provision within the system. Discussions are underway with the ICB to try and resolve this through the implementation of women's hubs throughout the region.

6.5 NHS England has published a Delivery Plan Support Tool, which will be used to track progress with the work programme across the system. The Trust continues to work with the Local Maternity and Neonatal System (LMNS) and the ICB to progress the outstanding matters.

## **7.0 Summary**

7.1 Good progress continues to be made with the actions arising from the Independent Maternity Review chaired by Donna Ockenden. Some potential risks remain to some outstanding actions, but these will continue to be reviewed and any risks mitigated where possible.

7.1 The Maternity Transformation Programme continues to progress well, notwithstanding the acknowledgement of some actions being at risk currently.

7.3 Good progress continues to be made with delivering the CNST MIS year 5 safety actions, but some potential risks remain relating to meeting the required training data compliance.

7.4 Good progress is being made to meet the requirements of the three-year delivery plan.

7.4 The service continues to manage and mitigate any risks to all these initiatives that are within its control.

## **8.0 Action required of the Board of Directors**

8.1 The Board of Directors is requested to:

8.2 Approve and record in the meeting minutes that it has received and approved the recommendations within the CNST reports in section 5.7, noting that these reports have previously been presented to and approved by QSAC

8.3 Decide if any further information, action and/or assurance is required

**Hayley Flavell**  
**Executive Director of Nursing**  
30 November 2023

All appendices are in the Board Supplementary Information Pack

**Appendix One:** Ockenden Report Progress Report Action Plan, as at 14 November 2023  
**Appendix Two:** The Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme  
Year 5 (CNST MIS-5)