

Board of Directors' Meeting: 14 December 2023

Agenda item		162/23	
Report Title		Integrated Maternity Report	
Executive Lead		Hayley Flavell, Executive Director of Nursing	
Report Authors		Annemarie Lawrence, Director of Midwifery Carol McInnes, Divisional Director of Operations – W&C Mike Wright, Programme Director – Maternity Assurance	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe	√	Our patients and community	√
Effective	√	Our people	√
Caring	√	Our service delivery	√
Responsive	√	Our governance	√
Well Led	√	Our partners	√
		BAF1, BAF4, BAF 3	
		Trust Risk Register id:	
		CRR 16, 18, 19, 23, 27, 7, 31	
Consultation Communication		Directly to the Board of Directors	
Executive summary:		This Integrated Maternity Report presents the latest position in relation to the delivery of actions from the Independent Maternity Review, the Maternity Transformation Programme, The Clinical Negligence Scheme for Trusts, and the Three-year Delivery Plan for Maternity and Neonatal Care.	
Recommendations for the Board:		The Board of Directors is requested to: <ul style="list-style-type: none">• 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 the Quality Safety and Assurance Committee• Decide if any further information, action and/or assurance is required	
Appendices:		<u>All appendices are in the Board Supplementary Information Pack</u> <u>Appendix One:</u> Ockenden Report Progress Report Action Plan, as at 14 November 2023 <u>Appendix Two:</u> The Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme Year 5 (CNST MIS-5)	

1.0 Purpose of this report

- 1.1 This report provides information on the following:
- 1.2 The current progress with the delivery of actions arising from the Independent Maternity Review (IMR), chaired by Donna Ockenden
- 1.3 A summary of progress with the Maternity Transformation Programme (MTP)
- 1.4 An update on the Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme Year 5 (CNST MIS-5)
- 1.5 An update on the Three-Year Delivery Plan for Maternity and Neonatal Care (2023)

2.0 Context

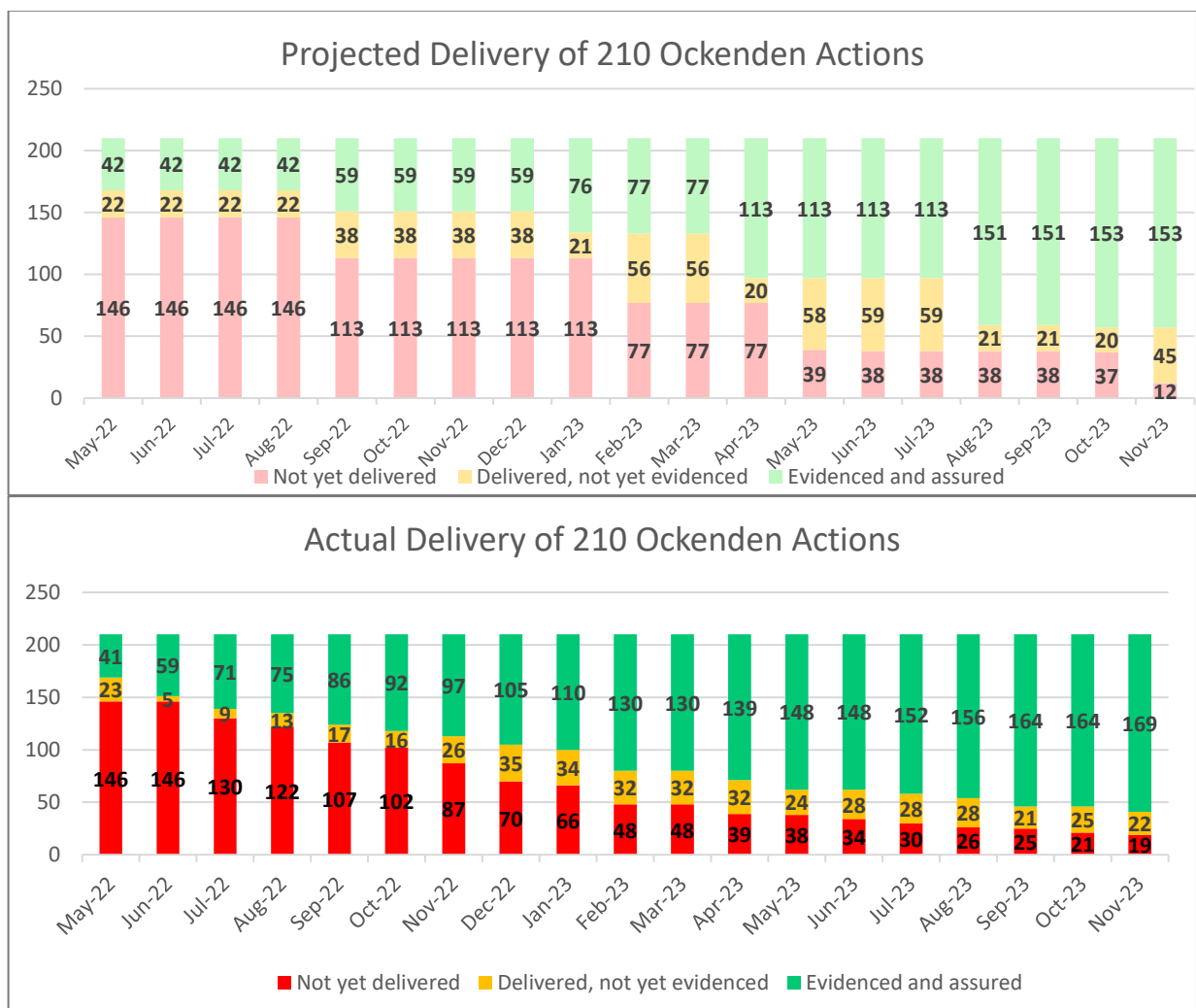
- 2.1 The provision of maternity services is complex in any organisation. By definition, maternity services can be a high-risk clinical speciality, which has its own separate CNST insurance premium in place. To meet the exacting requirements of the scheme and receive a reduction in financial premiums for the scheme, Trust Boards are required to receive and approve 'set pieces' of information at pre-determined times to confirm certain safety standards are being met. These are non-negotiable if a Trust is to meet all required standards and obtain the reduction in the insurance premium.
- 2.2 There are further national initiatives in maternity to help improve the safety of, and health outcomes for, women and babies. These include:
 - Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care (2016)
 - Saving Babies Lives – A care bundle for reducing stillbirths (2016)
 - The NHS Patient Safety Strategy (2019)
 - The Maternity Transformation Programme (2019)
 - The Three-Year Delivery Plan for Maternity and Neonatal care (2023)
 - Black Maternal Health report (2023)
- 2.3 Most providers of NHS maternity care have in place Maternity Improvement Plans (MIP) and/or Maternity Transformation Plans (MTP's) or similar, to coordinate and manage most or all their safety and improvement initiatives. This Trust has both in place.
- 2.4 In addition to what happens in all providers of NHS maternity care in England, and since January 2021, this Board of Directors has received a report at each of its meetings in public detailing the progress being made against all actions from the Independent Maternity Review into maternity care at the Trust, chaired by Donna Ockenden.
- 2.5 In her final report, which was published in March 2022, Donna Ockenden set out two specific actions; one for this Trust and one for all providers of maternity services in England to address, which relate to reporting to the Board of Directors. These are:
 - 2.5.1 Local Action for Learning 14.24 (specifically for this Trust) - *"The Trust Board must review the progress of the maternity improvement and transformation plan every month."*
 - 2.5.2 Immediate and Essential Action 4.1 (for all NHS providers of maternity services) – *"Trust boards must work together with maternity departments to develop regular progress and*

exception reports, assurance reviews and regularly review the progress of any maternity improvement and transformation plans.”

- 2.6 To support this paper, more detailed information is provided in the Board supplementary information pack. Further information on any of the topics covered is available on request.

3.0 The Ockenden Report Progress Report

- 3.1 This section provides the position against all actions from the two Ockenden reports as validated by the Maternity Transformation Assurance Committee (MTAC) at its meeting on 14 November 2023. The 210 actions from the Independent Maternity Review, chaired by Donna Ockenden, are incorporated into relevant workstreams within the MTP. However, as this Trust was the subject to the IMR, this section presents this information separately.
- 3.2 The following graphs show the projected versus actual trajectories for the delivery of the 210 actions from both reports.



As can be seen, the Trust remains ahead of schedule with its delivery plan, currently. However, there are some potential risks to delivery of some of the remaining actions, and these are described later in section 3.5 of this report.

3.3 Off track actions

- 3.3.1 As at 14 November 2023, only one action remains both 'Not Yet Delivered' and 'Off-track' (Red/Red). This is Local Action For Learning (LAFL) 1.4 from the first report (2020): *"An LMS cannot function as one maternity service only."* The action is being led by the NHS Shropshire, Telford, and Wrekin Integrated Care Board (ICB). Since the last meeting of the Board of Directors, some progress has been made. Meetings have taken place with the ICB and the maternity senior team. Firstly, the required portfolio of evidence to change the action from Red to Amber, and then Green, has been agreed. Also, the Trust and ICB have agreed to progress the first meeting with LMNS partners to try and progress how working alongside one another could work, what the benefits of this arrangements will be, the timescales for delivery, etc. The Director of Midwifery and Clinical Director for Obstetrics will lead this work on behalf of the Trust. For the time being though, this action remains Red/Red.

3.4 De-scoped Actions

- 3.4.1 Ten actions remain 'de-scoped'. These relate to nationally led external actions (led by NHS England, CQC, etc), and are not within the direct control of the Trust to deliver. These actions remain under review by the Trust at MTAC quarterly, to check on any progress. As such, all these actions are not yet delivered, bar one, which is Delivered, Not Yet Evidenced. This is IEA 14.5 from the final report, which states *'there must be clear pathways of care for provision of neonatal care. Each network must report to the commissioners annually what measures are in place to prevent units from working in isolation'*. The Division was able to move the action to amber status, based on evidence provided. However, the responsibility to provide assurance for this action and for it to move to green lies with the network.

3.5 Actions potentially 'at risk'

- 3.5.1 From both reports, there are 41 actions (19%) yet to be assured, which comprise:

'On track' to meet projected deadline	23
At risk – pending funding arrangements	8
De-scoped – out of the Trust's control	10

- 3.5.2 The eight actions that are 'at risk' pending additional, recurrent, investment to be able to deliver are described in the following table. A business case has been developed that outlines the funding requirements, which is supported by the Trust's Executive Team. Some ring-fenced, national funding has been made available this year that will contribute to the funding of this case. Discussions will be held with regional and specialised commissioning colleagues regarding sourcing of the remaining funding requirements as part of planning for 24/25.

Action ref.	Description	Delivery Status	Current Progress Status	Risk to service score
IEA 4.3 (Final Report)	Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.	Not Yet Delivered	At Risk	12
IEA 8.1 (Final Report)	Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes, and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.	Not Yet Delivered	At Risk	20
IEA 11.1 (Final Report)	Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain, and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.	Delivered Not Yet Evidenced	At Risk	9
LAFL 14.32 (Final Report)	The Trust must develop a robust pregnancy diabetes service that can accommodate timely reviews for women with pre-existing and gestational diabetes in pregnancy. This service must run on a weekly basis and have internal cover to permit staff holidays and study leave	Delivered Not Yet Evidenced	At Risk	16
LAFL 14.52 (Final Report)	The Trust's executive team must urgently address the impact of the shortfall of consultant anaesthetists on the out-of-hours provision at the Princess Royal Hospital. Currently, one consultant anaesthetist provides out-of-hours support for all of the Trust's services. Staff appointments must be made to establish a separate consultant on-call rota for the intensive care unit as this will improve availability of consultant anaesthetist input to the maternity service.	Not Yet Delivered	At Risk	12
LAFL 14.57 (Final Report)	As the Trust has benefitted from the presence of Advanced Neonatal Nurse Practitioners (ANNPs), the Trust must have a strategy for continuing recruitment, retention, and training of ANNPs.	Not Yet Delivered	At Risk	20
LAFL 14.59 (Final Report)	The number of neonatal nurses at the Trust who are "qualified-in-specialty" must be increased to the recommended level, by ensuring funding and access to appropriate training courses. Progress must be subject to annual review.	Delivered Not Yet Evidenced	At Risk	9
IEA 14.8* (Final Report)	Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	Delivered Not Yet Evidenced	At Risk	16

- 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 Quality and 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.

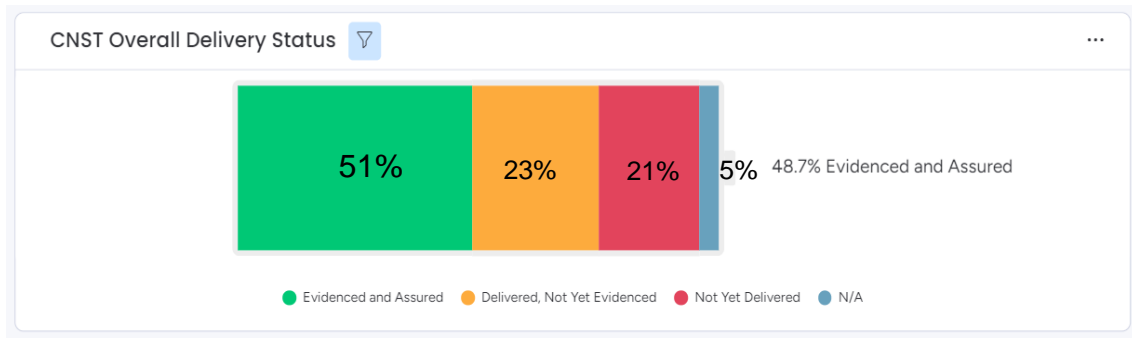
MATERNITY TRANSFORMATION PROGRAMME WORKSTREAMS				
Workstream	Scope of Work	Status	Commentary	Associated Risks
1. Clinical Quality and Choice	Ockenden Actions	On Track	Ongoing delivery of Ockenden	Ockenden actions linked to external partners (e.g., IEA 1.4) One 'at risk' Ockenden action linked to business case
2. People and Culture	Ockenden Actions	On Track	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
3. Governance and Risk	Ockenden Actions	On Track	Ongoing delivery of Ockenden (near completion)	None identified
4. Learning, Partnership and Research	Ockenden Actions Data Extraction for Epidemiological Research (DExtER) Project*	On Track	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

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

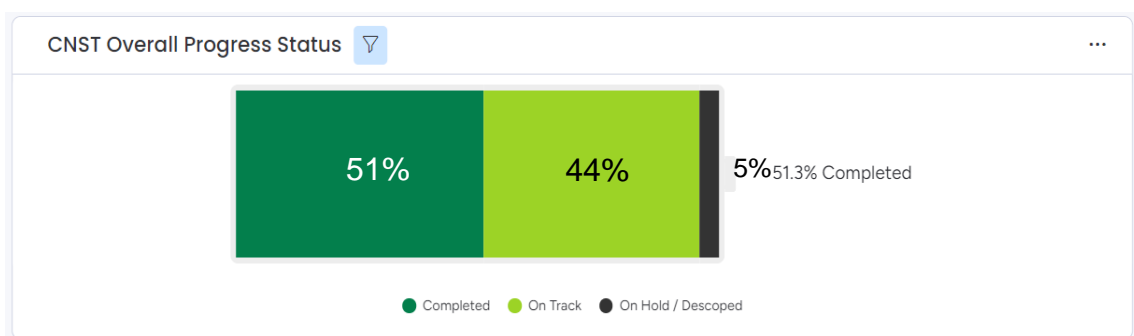
- 4.3 As described in section three, there is a potential risk to the ongoing delivery of some elements of the Maternity Transformation Programme and, as the Board is aware, the Mersey Internal Audit Assurance (MIAA) review of the governance and assurance of Ockenden action delivery in November 2022, 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 11th 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 services¹ 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">Care that is personalisedImprove equity for mothers and babiesWork with service users to improve care
2	Supporting workforce to develop skills and provide high quality care	<ul style="list-style-type: none">Grow our workforceValue and retain our workforceInvest in skills
3	Developing and sustaining a culture of safety to benefit everyone	<ul style="list-style-type: none">Develop a positive safety cultureLearning and improvingSupport and oversight
4	Meeting and improving standards and structures that underpin our national ambition	<ul style="list-style-type: none">Standards to ensure best practiceData to inform learningMake a better use of digital technology in maternity and neonatal services

- 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">Care that is personalisedImprove equity for mothers and babiesWork with service users to improve care	40	6	1
2	Supporting workforce to develop skills and provide high quality care	<ul style="list-style-type: none">Grow our workforceValue and retain our workforceInvest in skills	33	6	0

¹ 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 \(england.nhs.uk\)](#)

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