

## Board of Directors' Meeting: 8 February 2024

<b>Agenda item</b>	021/24		
<b>Report Title</b>	Integrated Maternity Report		
<b>Executive Lead</b>	Hayley Flavell, Executive Director of Nursing		
<b>Report Authors</b>	Annemarie Lawrence, Director of Midwifery Carol McInnes, Divisional Director of Operations – W&C Mike Wright, Programme Director – Maternity Assurance		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF4, BAF 3
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b> CRR 16, 18, 19, 23, 27, 7, 31
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	Directly to the Board of Directors		
<b>Executive summary:</b>	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, the Saving Babies Lives Care Bundle, the Care Quality Commission's National Maternity Survey results, and the Maternity and Neonatal quality data.		
<b>Recommendations for the Board:</b>	<p>The Board of Directors is requested to:</p> <ul style="list-style-type: none"> <li>• Receive this report for information and assurance</li> <li>• Confirm in the minutes of this meeting that it has reviewed the Perinatal Locally Agreed Dashboard (contained at <b>Appendix Two</b> of the supplementary information pack)</li> <li>• Decide if any further information, action and/or assurance is required</li> </ul>		
<b>Appendices:</b>	<p><u>All appendices are in the Board Supplementary Information Pack</u></p> <p><u>Appendix One:</u> Ockenden Report Action Plan, as at 14 November 2023</p> <p><u>Appendix Two:</u> Safety Champions' Locally Agreed Dashboard – Q3 2023/4</p>		

## **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 (CNST) Maternity Incentive Scheme (MIS) Year 5 submission
- 1.5 The Saving Babies Lives Care Bundle (SBLCBv3) stretch targets
- 1.6 The publication of the 2023 Care Quality Commission (CAC) Maternity Survey Report
- 1.7 The Safety Champions' Locally Agreed Dashboard – Q3 2023/4

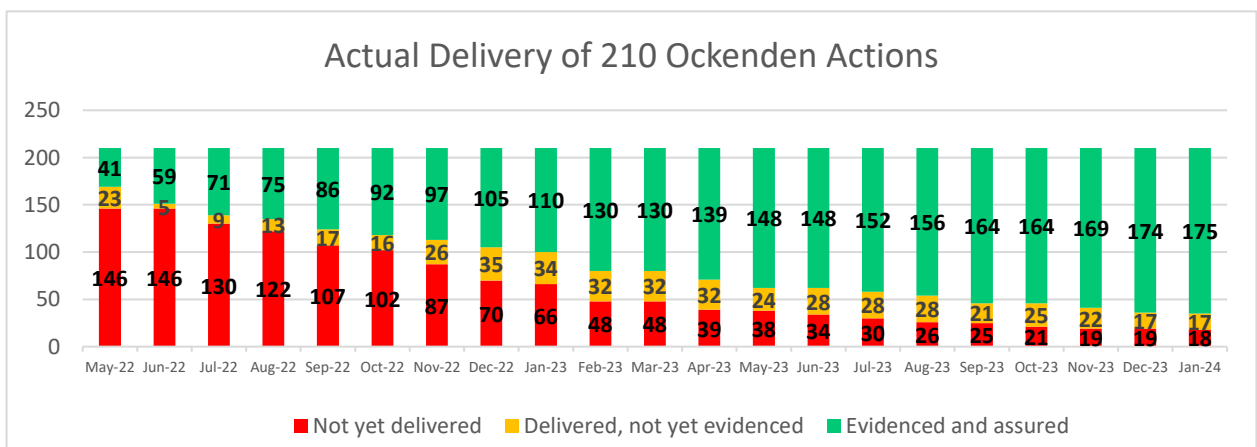
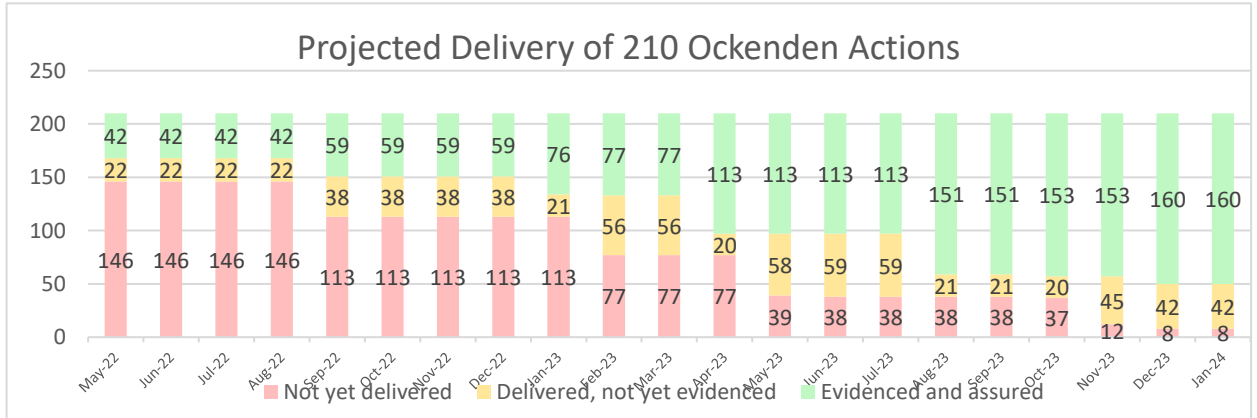
## **2.0 Context**

- 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 This is the second version of this report in this format to the Board of Directors, and any suggestions for improving the way in which this information is presented, are welcome.
- 2.7 To support this paper, more detailed information is provided in the Board supplementary information pack. **Appendix One** provides the Ockenden Report Action Plan. Further information on any of the topics covered is available on request, also.

### 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 9 January 2024. The 210 actions from the Independent Maternity Review, chaired by Donna Ockenden, are incorporated into relevant workstreams within the Trust’s Maternity Transformation Programme (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, overall. 175/210 actions are now 'Evidenced and Assured' (Green/Green), which is 15 greater than plan. However, there are some potential risks to delivery of some of the remaining actions, and these are now described.

### 3.3 Not Yet Delivered/Off-track actions

3.3.1 As at 9 January 2024, two actions are rated 'Not Yet Delivered' and 'Off-track' (Red/Red).

3.3.2 The first is Immediate and Essential Action (IEA) 1.4 from the first report (2020): "*An LMS cannot function as one maternity service only.*" The NHS Shropshire, Telford, and Wrekin Integrated Care Board (ICB) are leading the action. The Director of Midwifery and Clinical Director for Obstetrics are leading this work on behalf of the Trust and consulting with the ICB on it, but progress in getting the first sets of meetings with other LMNS's under way remains slow. This action is revisited at every MTAC meeting but remains Red/Red currently.

3.3.3 The second Red/Red action is IEA 14.4 from the final report (2022): "*Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.*" The due delivery date for this action was December 2023, but this has not been able to be met due to the inability to release staff because of operational pressures in the neonatal unit. The timeframes for delivering this action are being revised and an exception report will be presented to the February 2024 MTAC meeting for consideration.

### 3.4 De-scoped Actions

3.4.1 Nine actions remain 'de-scoped', currently. 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. Eight remain 'Not Yet Delivered,' and one is 'Delivered Not Yet Evidenced.' These actions remain under review by the Trust at MTAC quarterly, to check on any progress.

### 3.5 Action moved from 'de-scoped' to 'back into scope'

3.5.1 Initially, ten actions were de-scoped. However, one action moved back into scope at the January 2024 MTAC meeting. This is IEA 1.7 from the final report: "*All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.*" Initially, a nationally developed or recognised module did not exist, so the Trust devised its own. However, the Trust's module has now been approved for use nationally, so this has moved to 'Delivered Not Yet Evidenced.' Despite this, risks remain in relation to being able to ensure all relevant staff can complete the module by the March 2024 deadline, so this is one of fourteen actions that is 'At Risk' currently. Nonetheless, this is positive development.

### 3.6 'At Risk' Actions due to logistical issues

3.6.1 In addition to IEA 1.7, there are two IEA's from the first report that are currently 'At Risk.' These relate to the introduction of the Independent Senior Advocate (ISA) role, as follows:

IEA 2.1 *"Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.;"* and,

IEA 2.2 *"The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome."*

3.6.2 These actions are led by the ICB. The Board of Directors will recall being advised previously that some progress had been made initially when the ICB had appointed to the role (as one of several pilot sites). However, NHS England suspended the implementation of the role, pending the need for more training for the advocates before commencing in their roles. In the meantime, the person appointed by the local ICB has since resigned. It is not yet known if this position will change or be recovered before the expected delivery deadline of March 2024. As such, these two actions will move to 'Not Yet Delivered' and 'At Risk' Red/Amber at the February 2024 MTAC meeting.

### 3.7 Actions 'At Risk' that require additional funding

3.7.1 The remaining eleven 'at risk' actions are awaiting additional, recurrent, investment to be able to deliver and sustain them. 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. However, to ensure this funding is allocated to the areas identified within the business case that require additional resource, a risk stratification approach has been used to prioritise which actions will be allocated funding from the ring-fenced allocation, so that those actions that are considered to be the highest clinical priority can be progressed. Discussions will be held with regional and specialised commissioning colleagues regarding sourcing of the remaining funding requirements as part of planning for 24/25. These are summarised in the following table.

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
LAFI 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
LAFI 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 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
LAFI 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.	Delivered, Not Yet Evidenced	At Risk	20
LAFI 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.	Not Yet Delivered	At Risk	16
IEA 1.2 (Final Report)	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	Delivered, Not Yet Evidenced	At Risk	5
IEA 12.2 (Final Report)	Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.	Delivered, Not Yet Evidenced	At Risk	12
IEA 12.3 (Final Report)	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary	Delivered, Not Yet Evidenced	At Risk	12

3.7.2. In summary for this section, fourteen actions are currently at-risk of not meeting their completion deadlines before end of the financial year. Three of these do not require funding but are related to other logistical issues, and the remaining eleven are subject to securing addition and recurrent funding.

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

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

### 3.8 Actions yet to be delivered – summary

3.8.1 The fuller position with all actions from both reports is contained in the supplementary information pack provided for today’s meeting. However, in summary, 35/210 actions from both reports have yet to be fully delivered, evidenced, and assured, with the full break down, as follows:

<b>Progress Status</b>	<b>Number</b>
On track	10
At Risk	14
Off track	2
De-scoped	9
Completed	175
<b>Total</b>	<b>210</b>

### 3.9 Ockenden Report Assurance Committee (ORAC)

3.9.1 ORAC last met on 28 November 2023. The next scheduled ORAC meeting is 27 February 2024, and the final Ockenden meeting is scheduled for 30 April 2024. Following this, the progress against and the sustainability of IMR actions will continue to be reported to the Quality, Safety and 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)  Three ‘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)	Six '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)  Ongoing development of the Maternity Transformation Assurance Tool	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 – two proposals presented at MTAC in Jan-24	Capacity of the clinical teams to fulfil new Training Needs Analysis (TNA) to meet new CNST SA 8  One 'at risk' Ockenden action – Staff unlikely to have completed training by Mar-24, as delivery suite coordinator module has only just recently been nationally approved
<b>5. Communication and Engagement</b>	Ockenden Actions  Comms and Engagement plan (including new website development and social media)	<b>On Track</b>	Ongoing delivery of Ockenden  Ongoing delivery of new website  Maintenance of Comms plan	Capacity of communication team to deliver work
<b>6. Maternity Improvement Plan (MIP)</b>	Implementation of the 30 identified 'historical reviews' of maternity services	<b>On Track</b>	12 action plans 'evidenced and assured', - now closed  17 'delivered not yet evidenced', - closure reports being drafted 1 de-scoped (external)	Some delays experienced due to unavailability because of sickness
<b>7. Anaesthetics</b>	Ockenden Actions	<b>On Track</b>	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, which was accepted by the Trust. This requirement continues to be reviewed as part of the annual business planning round.



## **5.0 Clinical Negligence Scheme for Trusts (CNST) – Maternity Incentive Scheme (MIS) Year 5 – Progress Update**

- 5.1 The scheme has now closed for Year 5, with the Trust declaring compliance against all ten safety actions. In keeping with the previous year of the scheme, the evidence for Year 5 was externally validated by Mr Simon Mehigan who is the NHSE Maternity Improvement Advisor allocated to the Trust.
- 5.2 Mr Mehigan and Mr Nick White, Chair of the Local Maternity and Neonatal System (LMNS), attended the Board of Directors' Development Session on 11 January 2024 to assist with the review of CNST compliance and evidence.
- 5.3 At its meeting on Thursday 11 January 2024, the Board of Directors approved the full declaration of the Trust meeting all ten Safety Actions, and authorised the Chief Executive to sign the declaration and submit the assessment template to NHS Resolution on its behalf.
- 5.4 The Trust is not expecting to hear the outcome of the submission from NHS Resolution until the start of the new financial year at the earliest. However, the Board of Directors will be apprised of this in due course.

## **6.0 Saving Babies Lives Care Bundle Version 3 (SBLCBv3)**

- 6.1 As the Board of Directors is aware, the SBLCBv3 standards are incorporated within the CNST MIS, and there are minimum targets and stretch targets that Trusts must achieve to be fully compliant.
- 6.2 To meet the CNST standards, Trusts need to achieve the minimum target and the Trust has evidenced compliance against these for the required reporting period, which makes up one element of the SBLCBv3 requirements.
- 6.3 For the remainder of the bundle, the team must work towards the stretch targets, which were agreed locally with the LMNS, as there is no nationally acknowledged ambition for some of the newer or revised standards.
- 6.4 The Board of Directors will continue to receive regular progress reports in line with the recommendations of the bundle as part of this integrated maternity report.
- 6.5 A paper detailing the locally agreed targets was presented previously to the Trust Board in December 2023, as part of the supplementary information pack.

## **7.0 Care Quality Commission (CQC) Maternity Survey Results**

- 7.1 The 2023 CQC Maternity Survey results have now been published, which enables the Trust to not only benchmark itself against other Trusts, but also to view trend data between years in addition to the national trend data.
- 7.2 The overall findings are positive, as is the response rate, which has increased in comparison to the previous year's results.
- 7.3 A full report will be brought before the Board of Directors in due course as part of this integrated maternity report.

## **8.0 Maternity and Neonatal Quality Data**

- 8.1 The Trust Board must review a minimum data set pertaining to maternity and neonatal quality at every meeting in keeping with the requirements of the Perinatal Clinical Quality Surveillance Model (PQSM).
- 8.2 Trust Safety Champions (including Executive and Non-Executive Directors) already see these data monthly as part of a locally agreed dashboard that incorporates the minimum data set requirements of the PQSM. This enables any early action to be taken and support to be provided, should the data identify an area of concern or need.
- 8.3 The Safety Champions' Locally Agreed Dashboard – Q3 2023/4 can be found at **Appendix Two** (contained in the Board supplementary information pack) and the Board is asked to review this dashboard each month, ensuring this is documented within the minutes of every meeting moving forwards.

## **9.0 Summary**

- 9.1 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.
- 9.2 The Maternity Transformation Programme continues to progress well, notwithstanding the acknowledgement of some actions being at risk currently.
- 9.3 The Trust has declared compliance against all ten safety actions that make up CNST MIS Year 5, with the evidence repository externally validated for additional assurance. The service expect to be notified of the outcome of the submission in the new financial year, and the Board of Directors will be notified of this as part of this report.
- 9.4 Now that the minimum targets of the Saving Babies Lives Care Bundle v3 have been met as part of CNST MIS Year 5, the Trust needs to progress the remaining elements of the bundle to meet the LMNS agreed stretch targets, to fully deliver the bundle. This work continues.
- 9.5 The 2023 CQC Maternity Survey results have now been published, which are positive overall and indicate an increased response rate compared to previous years. A full breakdown of the findings will be presented to the Board of Directors in due course.

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

- 10.1 The Board of Directors is requested to:
- 10.2 Receive this report for information and assurance.
- 10.3 Confirm in the minutes of this meeting that it has reviewed the Safety Champions' Locally Agreed Dashboard – Q3 2023/4 (contained at **Appendix Two** of the supplementary information pack).
- 10.4 Decide if any further information, action and/or assurance is required.

**Hayley Flavell**  
**Executive Director of Nursing**  
26 January 2024

All appendices are in the Board Supplementary Information Pack

**Appendix One:** Ockenden Report Progress Report Action Plan, as at 9 January 2024

**Appendix Two:** The Safety Champions' Locally Agreed Dashboard – Q3 2023/4