

Ockenden Report Assurance Committee (ORAC)

February 2024

Maternity Transformation Update

Presenter:

Kim Williams – Head of Midwifery



CQC Maternity Survey 2023 Results

Results of Care Quality Commission (CQC) Maternity Survey Published

A new survey by the Care Quality Commission (CQC) has found that women are listened to, treated with respect and dignity, and involved in decisions about their care at the Trust that provides maternity services for women in Shropshire, Telford & Wrekin and mid Wales.

- The 2023 CQC Maternity Survey involved **121 NHS Trusts in England** and received **more than 25,000 responses**. It is designed to build an understanding of the risk and quality of maternity services and care. The survey highlights **women's views on all aspects of their maternity care** from the first time they see a clinician or midwife, through to the care provided at home in the weeks following the arrival of their baby.
- The Shrewsbury and Telford Hospital NHS Trust's (SaTH) results were **better, somewhat better or much better** than most other trusts in three questions. When broken down by section, in **the category 'your labour and birth', SaTH scored 'much better'** than most other trusts and was the highest scoring trust in its region. There were no sections in which the Trust scored worse than most others.

CQC Survey results

The questions where the Trust received a **'better', 'somewhat better' or 'much better' score**, were:

- Thinking about your antenatal care, were you treated with respect and dignity? (somewhat better)
- Before you were induced, were you given appropriate information and advice on the benefits associated with an induced labour? (better)
- Before you were induced, were you given appropriate information and advice on the risks associated with an induced labour? (much better)

SaTH received a **score higher than 9/10** in 14 questions from the survey, including:

- During your antenatal check-ups, did your midwives listen to you?
- Thinking about your antenatal care, were you involved in decisions about your care?
- During labour and birth, were you able to get a member of staff to help you when you needed it?
- Thinking about your care during labour and birth, were you treated with kindness and compassion?
- Did a midwife or health visitor ask you about your mental health?

We also saw a **decrease in some scores** around Infant Feeding and Mental Health from previous years, though those scores **remained within the upper range of 'As Expected'**. One question was rated **'Worse than expected'**: “Were you told who to contact if you needed advice about any changes you might experience to your mental health after the birth?”.

As in previous years, the Trust and the MNVP will co-produce an action plan to address any required improvements which will be monitored via the LMNS.

Ockenden Position

Ockenden Reports – Completion Rates

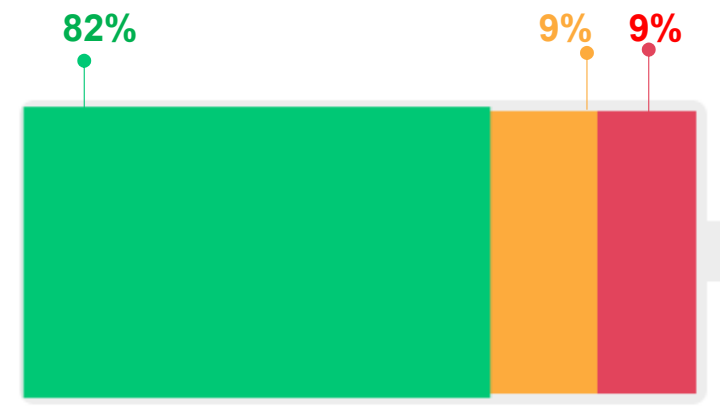
First Report - Delivery Battery



48/52 (92%) actions implemented

- 46 actions (88%) 'Evidenced & Assured'
- 2 actions (4%) 'Delivered, Not Yet Evidenced'
- 4 actions (8%) 'Not Yet Delivered'

Final Report - Delivery Battery

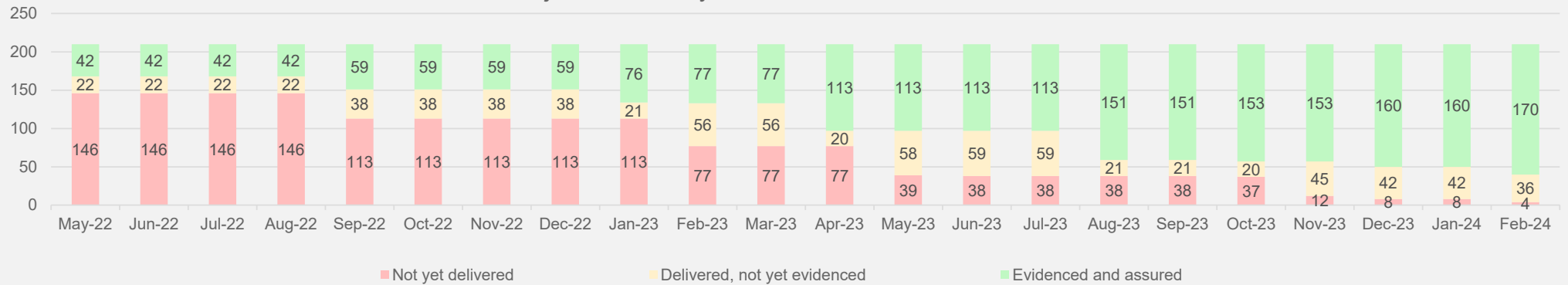


144/158 (91%) actions implemented

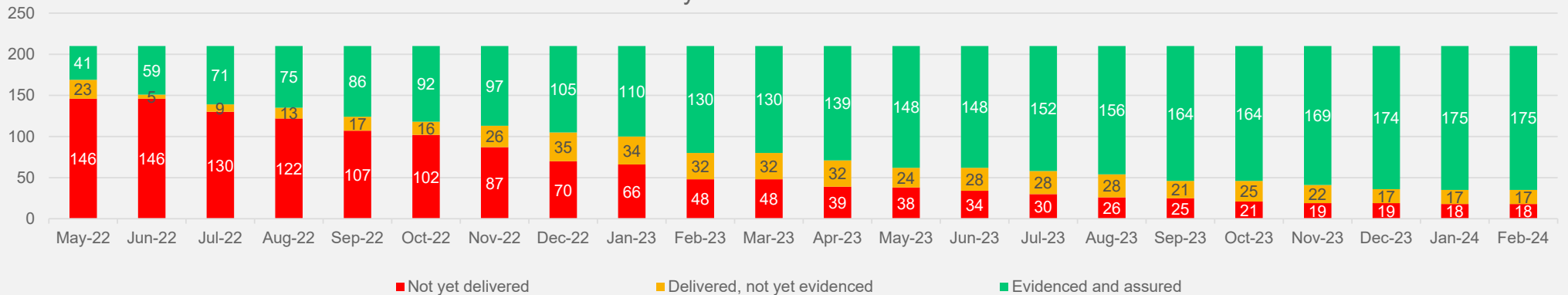
- 129 actions (82%) 'Evidenced and Assured'
- 15 actions (9%) 'Delivered, Not Yet Evidenced'
- 14 actions (9%) 'Not Yet Delivered'

Projected vs. Actual Delivery of Ockenden Actions

Projected Delivery of 210 Ockenden Actions

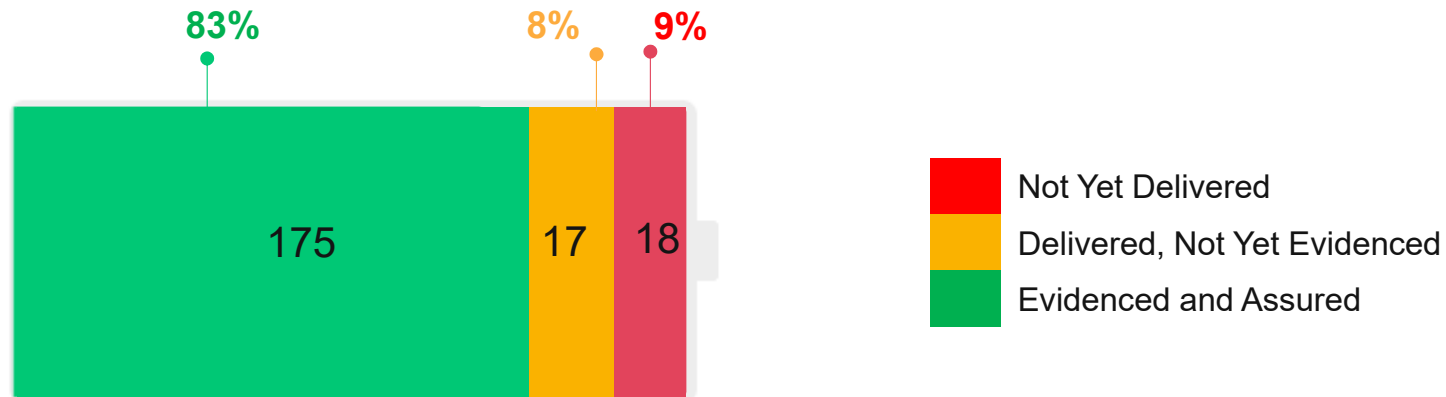


Actual Delivery of 210 Ockenden Actions



Outstanding Actions

Ockenden Outstanding Actions



There are 35 actions that are not green yet (17%).

Ockenden Outstanding Actions - Mitigation

- Work is underway to deliver the actions before the Mar-24 completion date. However, there are several actions that will not be delivered by then. This is because they either require sustainable funding to ensure they can be delivered and maintained fully; or, have external dependencies and lie outside of the Trust's control to deliver.
- Actions were assigned a risk score at the start of the programme which affected the priority of delivery. This meant that those actions scoring higher on the risk matrix, were prioritised for delivery. All actions with a risk score ≥ 16 have been delivered, except for one action, which has been captured in the business case.
- Wherever possible, mitigations have been put in place for the outstanding actions using non-recurrent funding and resources.

Red and Amber Actions from the 210 Actions (Outstanding)

18 Red Actions:

Ock1: 4 reds (1 on track, 1 off track, 1 descoped, 1 at risk)
Ock2: 14 reds (2 on track, 1 off track, 7 descoped, 4 at risk)

17 Amber Actions:

Ock1: 2 ambers (1 on track, 1 at risk)
Ock2: 15 ambers (6 on track, 1 descoped, 8 at risk)

35 actions	'On Track' for projected deadline	10
	Currently Off Track	2
	Descoped position	9
	'At Risk' pending business case approval	12
	'At Risk'	2

Actions Outlined within Business Case

ID	Description	Delivery	Progress	Risk 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

Actions Outlined within Business Case

ID	Description	Delivery	Progress	Risk Score
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 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	15
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	6
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	8

Actions Outlined within Business Case

ID	Description	Delivery	Progress	Risk Score
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

'At Risk'

ID	Description	Delivery	Progress	Risk Score
IEA 2.1 (First Report)	Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards	Delivered, Not yet Evidenced	At Risk	5
IEA 2.2 (First Report)	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.	Not Yet Delivered	At Risk	12
IEA 1.7 (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.	Delivered, Not yet Evidenced	At Risk	4

Descoped Actions

ID	Description	Delivery	Position
IEA 2.4 (Ockenden 1)	CQC inspections must include an assessment of whether women's voices are truly heard by the maternity service through the active and meaningful involvement of the Maternity Voices Partnership.	Not Yet Delivered	Due for quarterly review at Mar-24 MTAC
IEA 1.1 (Final Report)	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Not Yet Delivered	
IEA 1.4 (Final Report)	The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH	Not Yet Delivered	
IEA 1.11 (Final Report)	The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.	Not Yet Delivered	

Descoped Actions

ID	Description	Delivery	Position
IEA 6.1 (Final Report)	NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that this is provided in any case of a maternal death	Not Yet Delivered	Due for quarterly review at Mar-24 MTAC
IEA 11.4 (Final Report)	Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance.	Not Yet Delivered	
IEA 14.5 (Final Report)	Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Delivered, not yet evidenced	
LAFL 14.1 (Final Report)	Incidents must be graded appropriately, with the level of harm recorded as the level of harm the patient actually suffered and in line with the relevant incident framework.	Not Yet Delivered	
LAFL 14.64 (Final Report)	There must be dialogue with NHS England and Improvement and commissioners and the mental health trust and wider system locally, aiming to secure resources which reflect the ongoing consequences of such large scale adverse maternity experiences. Specifically, this must ensure multi-year investment in the provision of specialist support for the mental health and wellbeing of women and their families in the local area.	Not Yet Delivered	



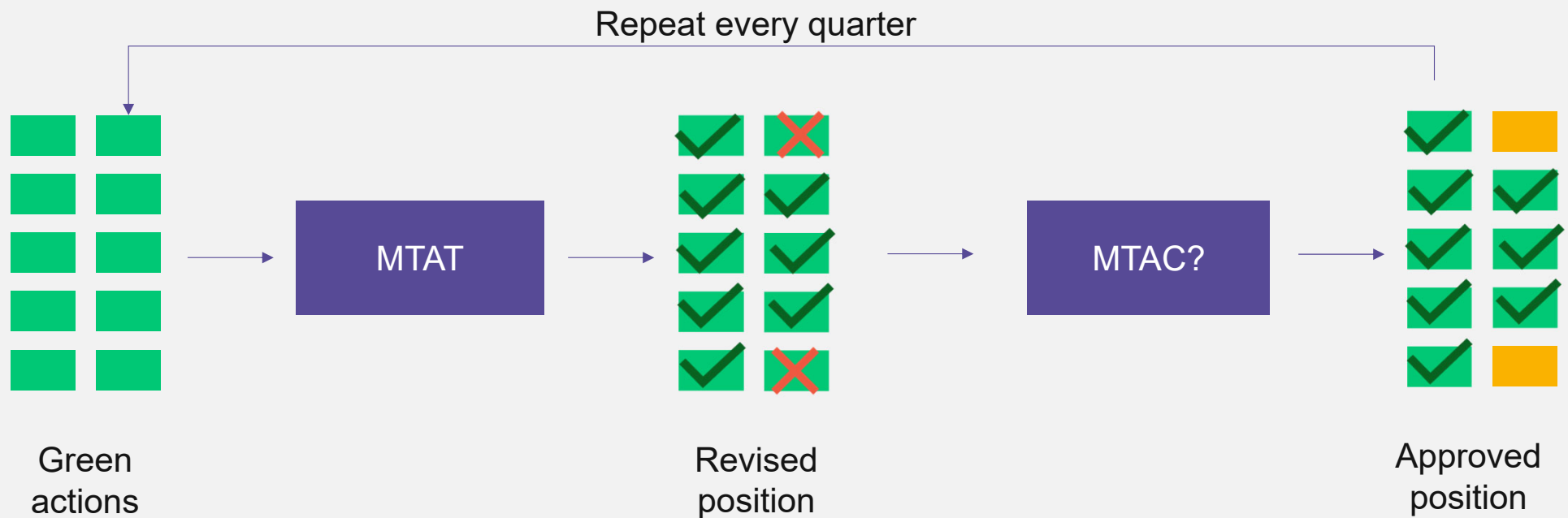
Maternity Transformation Assurance Tool (MTAT)



Maternity Transformation Assurance Tool (MTAT)

- The Ockenden Reports comprise 210 Ockenden Actions. Each action has a Reverse RAG © status assigned to it, approved by the Maternity Transformation Assurance Committee (MTAC).
- How do we make sure that a green action remains green? By using a bespoke Maternity Transformation Assurance Tool (MTAT).
- The MTAT is group of audits/ reviews which are linked to the Ockenden actions. The aim is to utilise the tool on a quarterly basis to ensure that the action remains 'Evidenced and Assured' and does not revert back to 'Not Yet Delivered'.
- The MTAT will be included within the Maternity Forward Audit Plan, which is presented and reviewed at Maternity Governance and Divisional Committee monthly.
- A governance model proposal is being developed, illustrating the assurance committees/ governance forums that the MTAT outcomes would be channelled through. A robust SOP will also be developed for the tool, setting out the roles and responsibilities of key owners.

MTAT Process Map for 'Evidenced and Assured' actions



Governance Structure post Mar-24

MTP Governance and Assurance

Discussions are underway regarding the governance model moving forward. An away day has been arranged for the 8th March 2024 to discuss, as an MDT, what the future of the MTP will look like. Factors to be considered include:

- MTP Scope
- Workstream structures and format
- How we provide assurance and oversight to Trust Executives
- How we obtain external/ independent scrutiny for maternity governance and assurance

The proposed model will be discussed in the Apr-24 MTAC and presented to Board of Directors for final decision.

**Thank You.
Any Questions?**

Ockenden Report Assurance Committee (ORAC)

February 2024

How do we know our services
are safe?

Presenters:

Mei-See Hon – Clinical Director for Obstetrics

Annemarie Lawrence – Director of Midwifery



Context

How do we know our services are safe?

Data can be misleading...

Dr Bill Kirkup, author of *Reading the signals: maternity and neonatal services in East Kent – the report of the independent investigation (2022)*

‘There is a dearth of useful information on the outcome of maternity services. This may be a surprising statement, because plenty of data are certainly collected; however, a large majority are process measures of dubious significance, such as caesarean section rates. The minority that are related to outcomes are high level and conceal events susceptible to clinical intervention among a larger, unrelated group, such as perinatal mortality.

The unit-level information that is available tends to be presented in the form of “league tables”, based on rankings in some form. These merely serve to conceal the variation between different units, with no indication of whether one or more units at the top or bottom of the rankings are there because they are outliers, or merely through chance. If units are presented only as part of a group, such as the top or bottom ranked 5%, interpretation is even more problematic for an individual unit.

The Trust exemplifies all these difficulties. It has used high-level information inappropriately as reassurance, taking comfort from the grouping that at least there were other trusts in the same boat. At times, it has used this false reassurance as a bolster against the plethora of evidence from other sources that there were very significant problems in its maternity services.’

What Makes a Service Safe?

The Components of a Safe & Effective Service



How are we doing?

What's Different?



Strong & Sustainable Leadership

- Leadership has long since been linked to improvements in Healthcare resulting in it being one of the pillars of the National Maternity Transformation Programme. A lack of consistent leadership causes confusion amongst staff and inconsistencies which were apparent in the Ockenden Reports and other national inquiries.
- Throughout our improvement journey, we have created stability and continuity within our Leadership Team across the Division and have increased our capacity and capabilities. It has enhanced psychological safety amongst staff; which has in return, improved service user and staff experience.
- Our Leadership Team has benefitted from undertaking the NHS England Perinatal Culture and Leadership Programme.



Strong & Sustainable Leadership

- The leadership structure was revised in line with RCM leadership manifesto. It includes but is not limited to:
 - Divisional Directors 'Quadrumvirate' (Medical, Midwifery, Nursing, and Operations)
 - Clinical Director for Obstetrics
 - Head of Midwifery
 - Consultant Midwife
 - Matrons
- We acknowledge that there is still work to do, as cultural change is a gradual process that does not happen overnight. It requires persistent effort and commitment from everyone involved. Whilst initial changes may be rapid, true transformation takes years to embed, as it involves shifting deeply ingrained beliefs and behaviours within an organisation.



A Sustainable Workforce

- We have introduced a suite of staff development programmes. These include:
 - Midwifery degree apprenticeship programme
 - MSW apprenticeship programme
 - Labour Ward Coordinator development programme
 - Matron & Ward Manager development programme
 - Band 5 Preceptorship programme
 - International recruitment programme
- We now understand and report our Midwifery staffing position, underpinned by our workforce strategy, which sees the Midwifery workforce with zero vacancies against template. This has only been possible due to an agreement to over-establish by 10 WTE to combat unavailability and proactively manage attrition rates.



A Sustainable Workforce

- We have increased the number of consultant obstetricians to support our services. Dedicated time has now been incorporated into job plans for training and work related to quality roles and improvement, in line with the Maternity Services System Learning Self-Assessment Tool.
- Moreover, a comprehensive succession plan has been developed to ensure smooth transitions and continuity in leadership roles within our services.
- Workforce strategies have been devised to ensure correct staffing numbers, retention rates and succession plans, which enables staff to be released to attend training and development.



Up to Date Clinical Practice

- All our Maternity guidelines are now current and up to date, having been benchmarked against National guidance. We have introduced a robust programme of auditable standards against these guidelines which forms part of the Forward Audit and Assurance Plan. This plan is monitored via well-embedded governance processes.
- We have demonstrated 100% compliance against CNST MIS Safety Actions for years 4 and 5. We have also devised a robust management and monitoring process to best ensure compliance with future actions.
- We have delivered the Saving Babies' Lives Care Bundles version 1 and 2, with the aim to reduce stillbirths and neonatal deaths. We are currently on track to deliver version 3.



Up to Date Clinical Practice

- We have secured 24/7 Obstetrician presence, ensuring clear escalation routes are always available to our staff.
- We have introduced an Escalation Policy and a Conflict of Clinical Opinions Policy to support staff with escalation.
- We have embedded a robust mandatory training programme, in line with the NHS England Core Competency Framework. We also have professional development plans in place and mentorship at all levels.



Effective Risk Assessment

- We have strengthened our risk assessment processes, ensuring comprehensive risk assessments take place at every contact during pregnancy, which enables us to deliver safe, effective and personalised care planning.
- The Healthy Pregnancy Team has played a pivotal role in effective risk assessment of our women by facilitating early identification of risk factors and intervention.
- An audit of compliance against the risk assessment process is now a part of the ongoing governance and assurance processes, allowing us to be assured that the changes made are embedded and sustained. It will form part of the MTAT going forward which will enable us to move from a position of reassurance to one of assurance.

Personalised Care

- Co-production has been a key and valued part of our Improvement Journey. It has allowed to implement changes that are impactful to both the Service and our service Users.
- We have worked with the Maternity and Neonatal Voices Partnership (MNVP) to improve communication and shared decision making with service users, promoting individualised birth preferences. Personalised Care Planning meetings are implemented to best support those decisions.
- Families have been empowered via the Birth Reflections service to understand their pregnancy journey and next steps.
- Support from the Lighthouse Service is available to families who would benefit from it.
- We also have a Consultant Midwife in post and have developed Birth Options and Rainbow clinics.



Benchmarking our Service

- We acknowledge the earlier statement of Dr Kirkup regarding the limitations of data.
- We regularly monitor our Maternity Dashboard to understand our position and ensure that we are not outliers in specific domains.
- The Maternity Dashboard has over 50 metrics is updated daily, and monitored regularly at various forums, including Maternity Governance and QSAC. An accompanying paper is shared with the Maternity and Neonatal Safety Champions, the Board of Directors, and the LMNS for oversight.
- We have continued to champion for a Regional Dashboard to be created, as the benefits of benchmarking between providers has been well established. This work is now underway, led by the LMNS. This will further enable us to share best practice and lessons learnt amongst providers in a more timely fashion.



Maternity Dashboard

KPI		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
Group 1 metrics Workbook last modified: 3h ago										
IPR Metrics	Overall Induction of labour rate (mothers with a singleton baby between 37+0 and 42+6 weeks of gestation)	38.9%	40.1%	37.4%	34.0%	37.6%	38.8%			38.0%
	Overall Induction of labour rate (all mothers)	44.9%	43.4%	41.5%	39.0%	43.5%	41.8%			42.1%
	Caesarean Section rate of Robson Group 1 Deliveries	8.6%	12.7%	10.9%	19.0%	12.8%	17.4%			12.3%
	Caesarean Section rate of Robson Group 2 Deliveries	49.0%	43.0%	43.8%	56.5%	58.6%	54.7%			50.1%
	Caesarean Section rate of Robson Group 5 Deliveries	74.3%	69.2%	74.3%	83.0%	97.0%	87.5%			79.9%
	Overall 3rd and 4th degree tear rate	2.1%	2.4%	2.1%	2.6%	0.0%	0.5%			1.8%
	Rate of postpartum haemorrhage of 1500ml or greater at delivery	4.0%	3.6%	4.1%	3.1%	2.4%	3.7%			3.7%
	Rate of 1 to 1 care in established labour	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%
	Rate of Term admissions to NNU	6.5%	5.7%	6.7%	7.4%	4.7%	8.8%			6.1%
	Avoidable Term admissions	1.0%	0.6%	0.9%	1.2%	0.7%	2.0%			1.1%
	Smoking rate at delivery for all Trust births	12.1%	7.7%	8.9%	8.8%	6.3%	7.9%			9.3%
Delivery Suite Acuity - End of month rate	75.0%	84.0%	73.0%	54.0%	68.0%	71.0%			75.8%	
Operational - Antenatal	Total Number of Bookings	380	397	471	368	377	452			4122
	% of bookings with a gestation of less than 13 weeks - First booked at SATH	83.2%	81.8%	84.3%	84.2%	81.3%	83.1%			80.8%
	% of bookings with a gestation of less than 13 weeks - All Bookers	82.4%	78.6%	82.4%	83.2%	78.0%	80.5%			78.6%
Operational - Births and Deliveries	Overall Trust total Registerable Births	336	341	354	361	324	336			3347
	Telford CU	311	318	333	348	312	319			3136
	Any MLU	21	17	18	9	8	9			164
	Home	1	3	1	2	2	4			26
	BBA (Born before Arrival)	3	3	2	2	2	4			21
	% of births in Consultant Unit	92.6%	93.3%	94.1%	96.4%	96.3%	94.9%			93.7%
	% of births in a Midwifery setting	6.3%	5.0%	5.1%	2.5%	2.5%	2.7%			4.9%
Normal Birth rate %	68.5%	72.6%	67.8%	64.1%	60.0%	64.8%			66.7%	



Benchmarking our Service

- Data is extracted from our Electronic Patient Record (EPR) system (Badgernet) to inform the Maternity Dashboard. Badgernet has been in place for the past 2 years.
- As part of the MTP 'Learning, Research and Partnership' workstream, work is underway with Birmingham City University, to develop and implement DExtER.
- DExtER (Data Extractor for Epidemiological Research) is a cutting-edge data analysis system designed to uncover insightful trends and patterns and automate time consuming audits. This will enable us to make data-driven informed decisions and continuously improve in our practices.



Incident Management

- Pregnancy and Birth is not without risks and unfortunately, poor outcomes will inevitably occur. However, what is important is how we, as an organisation, manage those risks to reduce the likelihood of those outcomes, through the various systems that have been developed.
- Our commitment to deliver on the national drivers such as CNST will enable us to make our service as safe as they can be and ensure that when an incident occurs, thorough investigations and effective learning takes place.
- Openness and transparency are key to any family engagement and our Duty of Candour process is well embedded into business as usual.
- These are all key parts of the multiple governance mechanisms that are in place to support Incident Management, with external involvement and oversight.
- We are keen to see the outcomes from the Independent Senior Advocate Role once this has been embedded into our local system as this will support further opportunities for learning from family feedback.



Assurance Processes

- Metrics are monitored via the Safety Intelligence Dashboard each month and discussed in depth with the Maternity and Neonatal Safety Champions (e.g., PMRT, incidents, etc.).
- The processes around the governance of the dashboard metrics are compliant with CNST and CQC standards.
- Over the past years, we have strengthened our assurance processes. Systems are in place to ensure data makes sense, and that there is external stakeholders' oversight (e.g., LMNS).



Safety Intelligence Dashboard

CQC Maternity Ratings		Overall	Safe	Effective	Caring	Well-Led	Responsive	
SaTH		Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good	
Maternity Safety Support Programme		Yes						
QUARTER 3 - 2023			October	November	December	Comment		
1.	PMRT	Findings of review of all perinatal deaths using the real time data monitoring tool	Stillbirths	0	1	1	100% compliance for reporting to MBRRACE within 7 working days and informing families that a PMRT review will take place and letters sent regarding the review	
			Late fetal losses >22 wks	1	0	0		
			Neonatal Deaths	0	0	0		
2.	MNSI	Findings of review of all cases eligible for referral to MNSI	1	1	0	1 Referral reported to MNSI in October still pending decision (accept/decline) 1 Referral reported to MNSI in November 0 Referrals reported in December		
3.	SERIOUS INCIDENTS	Findings of all SIs	1	0	0	There was one new SI reported in October - hospital acquired infection There were no SIs reported in November or December		
3a.	INCIDENTS	The number of incidents recorded as Moderate Harm or above and what actions are being taken	2	3	3	All moderate harm or above incidents reviewed at weekly IRM (Incident Review Meeting). Following MDT review, 2 incidents from October remain Moderate harm: 1 x Baby transferred requiring cooling - MNSI referral awaiting decision 1 x a hospital acquired infection - investigated via divisional processes 3 incidents remain Moderate Harm for November 1 x MNSI investigation in progress 1 x PMRT process 21/12/23 1 x no further investigation required 3 incidents remained Moderate Harm for December At the time of writing, 2 additional incidents were awaiting final review/approval		
3b.	TRAINING	Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training	Obstetricians	PROMPT	100%	100%	100%	A minimum of 90% compliance is required for PROMPT, NLS and Fetal Monitoring training as part of the Maternity Incentive Scheme reporting. The Education team continue to ensure that all medical staff are booked to attend FMT and where compliance does not meet the requirements, a process for escalation to the Medical Director is in place. A full review of the training guideline is in progress along with the 3 yr local training plan to meet the requirements of the CNST MIS Safety Action 8. International Recruitment is now in place to support the current workforce and 10 Internationally Educated Midwives have been recruited and are currently undertaking OSCE preparation for training.
				Fetal Monitoring	100%	100%	100%	
			Midwives	PROMPT	97%	99%	98%	
				NLS	94%	98%	94%	
			Other Drs	Fetal Monitoring	98%	98%	98%	
				PROMPT	92%	100%	96%	
			Neonatal Nurses	NLS	100%	96%	100%	
Anaesthetists	PROMPT	97%	97%	97%				
WSAs/MSW	PROMPT	97%	91%	94%				



Assurance Processes

- A rigorous project management methodology, adapted from Agile, was developed to sustainably deliver the recommendations of the Ockenden reports. This methodology and its Reverse RAG © are now embedded within the Division and widely used for improvement work.
- We also benefit from our assurance forums related to the delivery of the Ockenden recommendations (MTPG, MTAC and ORAC).
- A thorough plan for the launch of the Maternity Transformation Assurance Tool (MTAT) is being developed to ensure the sustainability of the work undertaken. It will be folded within BAU processes and form part of the Forward Audit and Assurance Plan.



Delivery of National Initiatives

- We are committed to delivering all national initiatives to improve maternity services. When a new national initiative is published, a gap analysis is undertaken against any recommendations, and action plans are developed and included in our improvement plans.
- The division has benefitted from a dedicated project team which has developed bespoke methodologies and assurance processes without which delivery of the national initiatives would not have been possible at the same scale. This continued support will be key to the sustainability of the Maternity Transformation Programme improvements.
- The introduction of Monday.com as a project management platform has fostered better communication both internally and externally. It has also enabled us to provide shared access to evidence for better oversight of our progress for system partners.

Improving our Culture

- We acknowledge that cultural change is a gradual process that does not happen overnight. It requires persistent effort and commitment from everyone involved. Whilst initial changes may be rapid, true transformation takes years to embed, as it involves shifting deeply ingrained beliefs and behaviours within an organisation.
- As part of the MTP 'People and Culture' workstream, cultural improvement initiatives have been implemented (e.g., Improvewell, PMA tea trolleys, Staff Survey, Improvement plans etc.).
- The Trust's wellbeing package and the Freedom to Speak Up (FTSU) service have been effectively promoted to staff, ensuring that resources for support and avenues for voicing concerns are readily accessible. This proactive approach to staff wellbeing contributes positively to the overall work environment.



Improving our Culture

- Importantly, a healthy working ethos between Obstetricians and Midwives has been established, fostering a culture of mutual respect, shared responsibility, and effective communication within our Maternity care team.
- Formal processes, such as debriefs, have been prioritised, also contributing to staff wellbeing.
- Changes to culture are monitored via the Culture Dashboard, derived from staff survey data from which annual action plans are developed.
- Whilst significant progress has been made, we acknowledge that culture eats organisational strategy for breakfast. We are committed to continue on our transformation journey with culture as a key component.

Summary Position

How do we know Our Services are Safe?



**Thank You.
Any Questions?**