

Board of Directors' Meeting: 11 July 2024

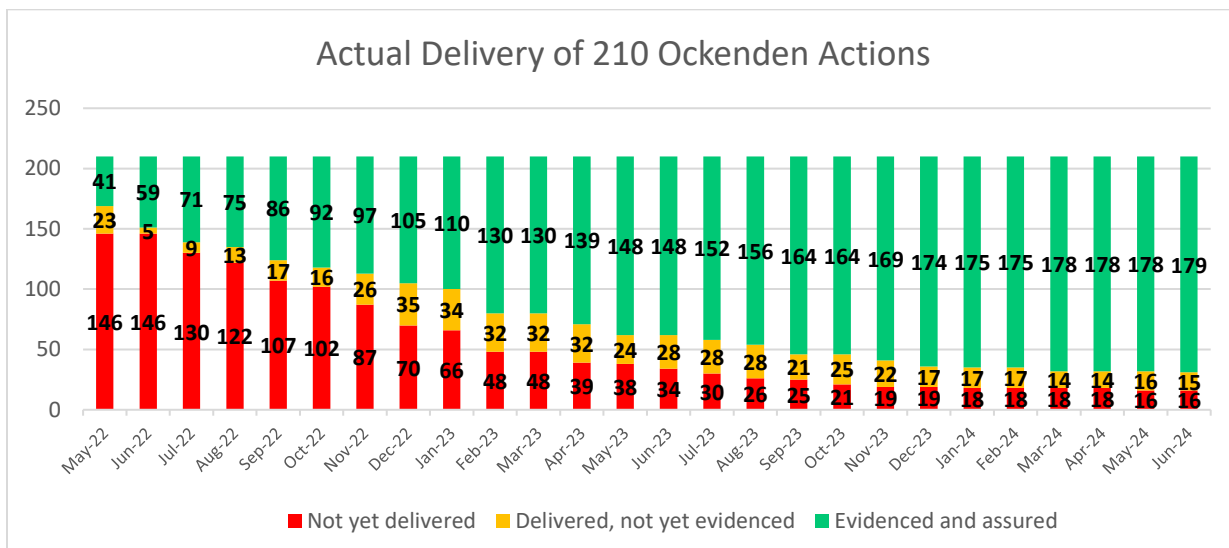
Agenda item	111/24		
Report Title	Integrated Maternity Report		
Executive Lead	Hayley Flavell, Executive Director of Nursing		
Report Author	Kimberly Williams Head of Midwifery		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	BAF1, BAF4, BAF 3
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id: CRR 16, 18, 19, 23, 27, 7, 31
Responsive	√	Our governance	
Well Led	√	Our partners	
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, NHS Resolutions MIS, Saving Babies Lives, Care Quality Commission matters, an overview of maternity and neonatal quality data, and the Maternity Improvement Plan.		
Recommendations for the Board:	<p>The Board of Directors is requested to:</p> <ul style="list-style-type: none"> • Receive this report for information and assurance • Confirm in the minutes of this meeting that it has reviewed the Safety Intelligence Locally Agreed Dashboard (contained at Appendix Nine of the supplementary information pack) and is satisfied that a comprehensive level of 'check and challenge' is undertaken by the Board level safety champions. • Decide if any further information, action and/or assurance is required 		
Appendices:	<p><u>All appendices are in the Board Supplementary Information Pack</u></p> <p>Appendix One: Ockenden Report Progress Report Action Plan Appendix Two: CNST MIS Year 6 Progress Report May 2024 Appendix Three: PMRT Q4 Report and Board Report Appendix Four: Transitional Care Q4 Report Appendix Five: ATAIN Q4 Report Appendix Six: Birthrate Plus Workforce Assessment Appendix Seven: Budget versus BR+ Appendix Eight: Maternity 6 monthly DOM Safe staffing Report Appendix Nine: Safety Intelligence Locally Agreed Dashboard</p>		

1.0 **Purpose of this report**

- 1.1 The Board of Directors is familiar with the requirements for it to receive regular updates relating to the Trust's maternity services. This is in order to continue to monitor progress relating the delivery and sustainability of the actions arising from the Independent Maternity Review, chaired by Donna Ockenden, comply with some of the actions therein and, also, receive other key 'set pieces' of information. The specific requirements were set out in previous iterations of this report.
- 1.2 This report provides information on the following:
- 1.3 The current progress with the delivery of actions arising from the Independent Maternity Review (IMR), chaired by Donna Ockenden
- 1.4 A summary of progress with the Maternity Transformation Programme (MTP)
- 1.5 The publication of NHS Resolution's Maternity (and perinatal) Incentive Scheme – Year 6, along with an update on the status of the Trust's declaration of compliance against the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) Year 5.
- 1.6 The Saving Babies lives Care Bundle – version 3
- 1.7 The Care Quality Commission (CQC) National Maternity Survey results, and the CQC's inspection report findings.
- 1.8 Maternity and Neonatal Quality Data
- 1.9 The Maternity Improvement Plan
- 1.10 To support this paper, more detailed information is provided in the Board supplementary information pack. **Appendix One** provides the Ockenden Report Action Plan as at 11 June 2024. Further information on any of the topics covered is available on request.

2.0 **The Ockenden Report Progress Report**

- 2.1 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 11 June 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.
- 2.2 The following graph shows the actual trajectory for the delivery of the 210 actions from both reports.



2.2.1 The Trust is no longer ahead of trajectory with its original delivery plan, the ambition of which was to aim to have implemented all actions by the end of March 2024. At the time of drafting this report, 179/210 (85%) actions are now ‘Evidenced and Assured’ (Green/Green). Of the 31 actions that have yet to be delivered fully (Evidenced and Assured - Green/Green), the summary breakdown is provided in the next section.

2.3 Actions yet to be delivered – Summary

2.3.1 The fuller position with all actions from both reports is contained in the supplementary information pack provided for today’s meeting. However, in summary, 31/210 (15%) actions from both reports have yet to be fully delivered, evidenced, and assured, with the full break down, as follows:

Progress Status	Number
Completed fully (Evidenced and Assured)	179
On track	11
Off track	0
At Risk	11
De-scoped	9
Total	210

2.3.2 The following section describes in summary detail the actions that are yet to be delivered.

2.4 ‘At Risk’ Actions

2.4.1 Actions ‘At Risk’ that require additional funding

2.4.2 Eleven actions were deemed ‘at risk’ awaiting additional, recurrent, investment to be able to deliver and embed them. Adequate funding has now been identified and the Programme Team is reviewing all ‘At Risk’ actions to provide realistic delivery dates for each of them. Those new deadlines will be presented to MTAC for validation, after which the actions will revert to being ‘On Track’ again. To note, mitigating actions have been taken where possible.

Action ref.	Description	Delivery Status	Current Progress Status	Risk to service score
IEA 4.3 (Final Report)	<i>"Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services."</i>	Not Yet Delivered	At Risk	12
Mitigation: This action is not yet delivered as it is linked to the business case, which has now been approved. A revised date for implementation is being determined. In the meantime, the division has a governance support team in place.				
IEA 8.1 (Final Report)	<i>"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."</i>	Not Yet Delivered	At Risk	20
Mitigation: This action is not yet delivered as it is linked to the business case, which has now been approved. A revised date for implementation is being determined. It is not possible to put any mitigation in place until the action itself has been delivered.				
IEA 11.1 (Final Report)	<i>"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."</i>	Delivered Not Yet Evidenced	At Risk	9
Mitigation: The pathway for a post-anaesthetic follow up clinic has been ratified at Trust governance, and the clinics are running on an ad hoc basis, currently. Two anaesthetic consultants undertake clinic reviews at RSH, and patient feedback is monitored. Now that funding has been made available, the delivery times for this action are being revised.				
LAFI 14.32 (Final Report)	<i>"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."</i>	Delivered Not Yet Evidenced	At Risk	16
Mitigation: This action has been delivered and final dates for evidencing and assuring it are being determined.				
LAFI 14.52 (Final Report)	<i>"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."</i>	Not Yet Delivered	At Risk	12

Mitigation: The Trust has agreed to support the splitting of the Intensive Therapy Unit and Anaesthetic on call rotas, and the department is working the split rotas on a locum basis. New job adverts are being published with the new on call commitments added to the job descriptions, which is anticipated to support recruitment. Due to recent retirements and resignations within anaesthetics at PRH, this will mean there is a greater locum presence compared to permanent staff. Now that funding has been made available, the delivery times for this action are being revised.				
LAFI 14.57 (Final Report)	<i>“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.”</i>	Delivered, Not Yet Evidenced	At Risk	20
Mitigation: A strategy for the continued recruitment, retention, and training for ANNP’s is in place. Non-recurrent funding has been used to commence delivery of this programme for 2023 - 2025. Further to this, additional funding would be required for the programme to be implemented sustainably.				
LAFI 14.59 (Final Report)	<i>“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.”</i>	Delivered Not Yet Evidenced	At Risk	9
Mitigation: A workforce plan to ensure the number of neonatal nurses who are ‘qualified in specialty’ has been produced and non-recurrent funding has been used to commence delivery of this programme. The plan is subject to an annual review and will be revised in light of substantive funding now being made available. To mitigate the short-term risk while staff are being trained, the Divisional Director of Nursing has established a process to review the department’s staffing plan aligned with acuity on a twice daily basis. If necessary, agency staff will be booked to ensure minimum QIS standards are met.				
IEA 14.8* (Final Report)	<i>“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.”</i>	Not Yet Delivered	At Risk	16
Mitigation: The key area where funding is required to fully deliver IEA 14.8 is in association with delivery of neonatal nurse staffing in line with the British Association of Medicine Services (BAPM) standards. BAPM stipulates those neonatal services should have several dedicated quality roles in place in addition to core clinical provision. To mitigate the risk of not having these posts in place, some elements of service provision have been implemented such as dedicated hours allocated for discharge planning and education and practice development. Now that funding has been made available, the delivery times for this action are being revised.				
IEA 1.2 (Final Report)	<i>“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.”</i>	Delivered, Not Yet Evidenced	At Risk	5
Mitigation: This action has been delivered, but to get to a position of evidenced and assured requires additional funding to be made available which should be recurrent. Now that funding has been made available, the delivery times for this action are being revised.				

IEA 12.2 (Final Report)	<i>“Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.”</i>	Delivered, Not Yet Evidenced	At Risk	12
Mitigation: To mitigate the short-term risk for delivery of IEA 12.2, a process has been established within the division whereby inpatient activity is prioritised over outpatient/ planned care activity. Now that funding has been made available, the delivery times for implementing this action on a sustainable basis are being revised.				
IEA 12.3 (Final Report)	<i>“Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.”</i>	Delivered, Not Yet Evidenced	At Risk	12
Mitigation: This action has been delivered but the timeframes to get to a position of evidenced and assured are being revised now that substantive funding has been made available. To note, the medical workforce for obstetrics is managed as a hybrid service with gynaecology. To mitigate the short-term risk for delivery of IEA 12.3, a process has been established within the division whereby inpatient activity is prioritised over outpatient/ planned care activity. While this addresses the risk for delivery of this IEA, there is a consequent risk for delivery of gynaecology services therefore that cannot be fully mitigated until substantive arrangements are in place.				

2.5 **‘De-scoped’ Actions**

2.5.1 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.

2.5.2 The Board can be assured that all appropriate preparatory work to support full delivery of these actions is underway as far as is reasonably practicable.

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

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

3.2 The programme is currently in its planning stage for its second Phase which will see national and local initiatives added to its scope. As of June 2024, the following initiatives have been identified:

- Continued delivery of the First and Final Ockenden Reports
- CNST – Year 6
- Local Maternity and Neonatal System (LMNS) Equity and Equality Plan
- NHS Three Year Delivery Plan
- Black Maternal Health Action Plan
- Neonatal External Mortality Review
- Actions resulting from the Care Quality Commission’s (CQC) Inspection (2023) – Neonatal Services
- Divisional Cultural Improvement Plan
- Maternity Community Service Divisional Review
- CQC Maternity Survey Results Action Plan

- 3.3 A workshop is planned in July 2024 to review all actions from the list above using the methodology developed for the delivery of the actions arising from the Independent Maternity Review (IMR).
- 3.4 To enable the delivery of this new Phase of the MTP, a new structure of workstreams was agreed at MTAC, which will allow for a more streamlined approach and a better management of resources. The programme will consolidate from seven workstreams to four:
- Workstream 1 – Clinical Practice
 - Workstream 2 – Governance, Assurance and Delivery
 - Workstream 3 – People and Culture
 - Workstream 4 – Neonatal Services Improvement
- 3.5 Work has been completed to support this transition and close the pre-existing workstreams. Projects will be transitioned into the new workstreams where appropriate. Workstream 7 – Anaesthetics will stay in place within its host Division, and report to the MTP group on its progress monthly. Support will be allocated should it become necessary. All remaining IMR actions will be allocated to one of the new workstreams.
- 3.5 The following table provides a high-level summary of each current workstream’s scope, what will be transitioned within Phase Two, and what has been closed (completed) or descope. Further details are available on request.

Workstream	Closed Items	Transitioned	Descoped
1. Clinical Quality and Choice	<ul style="list-style-type: none"> • Antenatal Risk Assessment Process • Referral Process 	<ul style="list-style-type: none"> • Antenatal Education 	<ul style="list-style-type: none"> • Postnatal Feeding Support (will form part of BFI reaccréditation)
2. People and Culture		<ul style="list-style-type: none"> • BCU Cultural Assessment • HWB Toolkit (part of Culture Plan) 	<ul style="list-style-type: none"> • ImproveWell (now Business as Usual)
3. Governance and Risk	<ul style="list-style-type: none"> • Sherwood Forest • Maternity Risk Management Strategy 		<ul style="list-style-type: none"> • DOM-led review
4. Learning, Partnership and Research	<ul style="list-style-type: none"> • TNA Compliance • LMS registration 	<ul style="list-style-type: none"> • DExtER 	
5. Communication and Engagement	<ul style="list-style-type: none"> • Comms and Engagement Strategy • Social Media Strategy • ORAC videos 	<ul style="list-style-type: none"> • Website 	<ul style="list-style-type: none"> • Intranet
6. Maternity Improvement Plan (MIP)	<ul style="list-style-type: none"> • MIP Phase 1-5 	<ul style="list-style-type: none"> • MIP Closure 	
7. Anaesthetics		<ul style="list-style-type: none"> • IMR Actions 	

4.0 **NHS Resolution's Maternity (and perinatal) Incentive Scheme**

- 4.1 Published on 2 April 2024 and now in its sixth year of operation, NHS Resolution's Maternity (and perinatal) Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions that support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries by 50% before the end of 2025.
- 4.2 The MIS applies to all acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST). As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST MIS fund.
- 4.3 The original ten safety actions have been updated annually since 2017, and trusts that can demonstrate they have achieved all ten safety actions in full will recover the element of their contribution relating to the CNST MIS fund. They will also receive a share of any unallocated funds.
- 4.4 The Trust received formal notification from NHS Resolution on 23 March 2024 that its submission against Year 5 of the scheme had been externally verified and would shortly receive reimbursement of funds for that year, which amounts to £848,133.04.
- 4.5 An initial review of the new safety actions that make up year six of the scheme has been undertaken and a progress report detailing each action can be found at **Appendix Two** of the Board Supplementary Information Pack.

5.0 **Saving Babies Lives Care Bundle Version 3 (SBLCBv3)**

- 5.1 As the Board of Directors is aware, the SBLCBv3 standards are incorporated within NHS Resolution's Maternity Incentive Scheme, and there are minimum targets and stretch targets that trusts must achieve to be fully compliant.
- 5.2 This Trust made good progress against these standards under Year 5 of the MIS and continued to work towards the additional stretch targets following the scheme end. This continued work has enabled the service to evidence 100% compliance against all six elements of the care bundle, and at the Quarterly Assurance Meeting held with the Integrated Care Board in March 2024, the Trust's position was externally verified and uploaded to the NHS Futures Platform. The next validation meeting is due to be held in July 2024.
- 5.3 The Board of Directors will continue to receive regular progress reports for ongoing assurance as part of the scheme reporting requirements via this integrated maternity report and supplementary information pack.

6.0 **Care Quality Commission (CQC) Maternity Survey Results**

- 6.1 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.
- 6.2 In summary, the 2023 findings are positive, indicating that, overall, this Trust performed 'Much Better' than other trusts in one of the eight sections relating to 'labour and birth'.

- 6.3 The Trust's performance rated favourably to other trusts for three questions, with results showing it performed "Much Better" than other trusts in one of the 54 individual questions, "better" than other trusts in one of the 54 individual questions and "somewhat better" than other trusts in one of the 54 individual questions.
- 6.4 When compared to 2022 results, there was a significant improvement in two key areas: 'involving people in decisions about their antenatal care', and 'treating people with dignity and respect during their pregnancy.'
- 6.5 The Trust's performance showed a statistically significant decline for five questions. The key areas identified for improvement are, as follows:

	Question	2021	2022	2023	Change from 2022/3
Antenatal check-ups					
B10	During your antenatal check-ups, did your midwives ask you about your mental health?	8.6	8.9	8.1	↓
During your pregnancy					
B15	During your pregnancy did midwives provide relevant information about feeding your baby?	7.2	7.7	6.5	↓
Care in the ward after birth					
D3	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	8.4	8.9	8.1	↓
Feeding your baby					
E3	Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?	7.8	8.2	7.3	↓
Care at home after birth					
E5	Did you see or speak to a midwife as much as you wanted?	6.7	7.1	5.7	↓

- 6.6 To note, the scores for these questions remained "about the same" as those for other Trusts however, it is clear that there is an opportunity for service improvement across these areas and as such, these domains will be a key area of focus for the maternity leadership team in 2024/25.
- 6.7 As part of next steps, and in line with the NHS Resolution's MIS, a gap analysis will be conducted with the Maternity and Neonatal Voices Partnership (MNVP) on the qualitative data underpinning the free text element of the survey to develop a co-produced action plan that addresses the service user feedback. This action plan will be monitored via safety champions and the LMNS Board.
- 7.0 **Care Quality Commission (CQC) Inspection Report (2023)**
- 7.1 Further to the CQC's inspection of the Trust in October and November 2023, the final report was published on 15 May 2024.
- 7.2 From this inspection, maternity services received ratings of 'Good' across all 5 domains and a 'Good' overall rating for the service. This is a marked improvement from the previous CQC inspection, where the service was awarded three 'Good' ratings, and two

'Requires Improvement' ratings for the domains of 'Safe' and 'Well Led,' with an overall 'Requires Improvement' rating. The service did not receive any 'must' or 'should do' actions as part of the report. Work continues within the division to continuously improve our services using the CQC framework as a framework.

8.0 **Maternity and Neonatal Quality Data**

- 8.1 The Board of Directors is required to review a minimum dataset pertaining to maternity and neonatal quality at every meeting, which is 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 early action to be taken and support to be provided, should the data identify an area of concern or need.
- 8.3 Following the publication of the new NHS Resolution MIS, safety action 9 stipulates that these data should be presented to the Board of Directors by a member of the perinatal leadership team to provide supporting context. These data are incorporated into the 'Safety Champions' Locally Agreed Dashboard, which can be found at **Appendix Nine** (contained in the Board supplementary information pack).
- 8.4 Additionally, the Maternity Services System Learning Self-Assessment Tool advises that the Board of Directors' meeting minutes must reflect the check and challenge on maternity and neonatal services from the non-executive safety champion for maternity services. The Board is therefore asked to review this dashboard each month, taking key points from the presentation by the perinatal leadership team member and to ensure the check and challenge applied by the safety champions is evidently documented within the minutes of every Board meeting moving forwards.

9.0 **Maternity Improvement Plan (MIP)**

- 9.1 Maternity Services at the Trust are engaged in delivery of a number of change initiatives; some recent, and some that have been in progress for a number of years. These include the rationalisation and consolidation of national enquiries, and actions/recommendations from external and internal reviews. These form part of the work within Workstream 6 (the Maternity Improvement Plan) of the MTP.
- 9.2 For reasons of good governance, the service is working to close each of the reports and their subsequent action plans, ensuring that they are fully embedded and all relevant learning has taken place. 18 reports were initially identified, with another 12 added to the scope a few months later. Two closure reports were received by the Women & Children's Divisional Committee in May 2024. The 'CCG Review of Maternity Services (October 2013) and the review of 'the Handling of the RCOG Report' (July 2020). Both reports were approved.
- 9.3 One report, the Equity and Equality Action Plan, was descoped from the MIP exercise as it is part of the current work undertaken jointly with the LMNS. Of the 29 reports in scope, all have been reviewed and their actions implemented. 17 reports have been 'Evidenced and Assured', with closure papers ratified by the local Divisional Committee. The remaining 12 reports are being drafted and finalised. The progress 'battery' is provided on the next page.



10.0 **Summary**

- 10.1 Progress continues to be made with the actions arising from the Independent Maternity Review chaired by Donna Ockenden. Some potential risks remain to several outstanding actions until they are delivered, evidenced, and assured fully, but these will continue to be reviewed and any risks mitigated where possible.
- 10.2 The Maternity Transformation Programme continues to make progress, notwithstanding the acknowledgement of some actions being at risk currently.
- 10.3 The Trust has received formal notification from NHS Resolution that compliance with CNST MIS Year 5 has been externally verified with all ten safety actions being delivered. At the time of authoring this report, the CNST MIS contribution has been confirmed to the value of £848,133.04.
- 10.4 The 2023 CQC Maternity Survey results have now been published, which are positive overall and indicate an increased response rate compared to previous years. Work continues to improve on the areas described earlier in this report. A full breakdown of the findings and a Gap Analysis are to be presented in the next iteration of this paper.
- 10.5 Of the 29 reports in scope, all have been reviewed and their actions implemented. 17 reports have been 'Evidenced and Assured', with closure papers ratified by Divisional Committee. The remaining 12 reports are being drafted and finalised.
- 10.6 Maternity and neonatal quality data continues to be presented to the safety champions meeting, which enables a comprehensive check and challenge from the executive and non-executive director maternity safety champions.

11.0 **Action required of the Board of Directors**

- 11.1 The Board of Directors is requested to:
- 11.2 Receive this report for information and assurance.
- 11.3 Confirm in the minutes of this meeting that it has reviewed the Safety Champions' Locally Agreed Dashboard at **Appendix Nine**, and is satisfied that a comprehensive level of 'check and challenge' is undertaken by the Board-level safety champions.
- 11.4 Decide if any further information, action and/or assurance is required.

Kimberly Williams
Head of Midwifery
 June 2024

All appendices are in the Board Supplementary Information Pack

Appendix One: Ockenden Report Progress Report Action Plan
Appendix Two: CNST MIS Year 6 Progress Report May 2024
Appendix Three: PMRT Q4 Report and Board Report
Appendix Four: Transitional Care Q4 Report
Appendix Five: ATAIN Q4 Report
Appendix Six: Birthrate Plus Workforce Assessment
Appendix Seven: Budget versus BirthRate+
Appendix Eight: Maternity 6 monthly DOM Safe Staffing Report
Appendix Nine: Safety Intelligence Locally Agreed Dashboard