

Board of Directors' Meeting: 16 January 2025

Agenda item		022/25	
Report Title		Integrated Maternity and Neonatal Report	
Executive Lead		Paula Gardner, Interim Chief Nursing Officer	
Report Author		Kimberley Williams, Interim Director of Midwifery Julie Plant, Divisional Director of Nursing – Women and Children's Services (Paediatrics, Neonatal, Gynaecology & Fertility)	
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:		<ol style="list-style-type: none"> 1. This Integrated Maternity and Neonatal Report includes the latest position in relation to: the delivery of actions from the Independent Maternity Review, the Maternity Transformation Programme, and NHS Resolution's Maternity Incentive Scheme. Also, it includes the report on progress against the actions from the invited review of Neonatal Mortality conducted by the Royal College of Physicians 2. Specifically, the Board's attention is drawn to the exacting requirements for NHS Resolution's Maternity (and Perinatal) Incentive Scheme (CNST) in section 5, and the specific wording to be included in the minutes of this meeting, which is summarised at section 9.3. 	
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 received all the reports in section 5.3, and include the associated wording from sections 5.3 to 5.3.7 accordingly. 	
Appendices:		All appendices are in the Board Supplementary Information Pack	

1.0 Introduction

- 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 and Neonatal Transformation Programme (MNTP), which is an IMR action requirement, including an update on the Cultural Improvement Plan.
- 1.4 NHS Resolution's Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts - CNST), along with suggested wording for recording in the minutes of today's meeting.
- 1.5 The position in relation to the progress against the actions arising from the the invited review of Neonatal Mortality at the Trust conducted by the Royal College of Physicians.
- 1.6 NHS England's (NHSE) Annual Screening Quality Assurance Visit
- 1.7 NHS National CQC Maternity Survey 2024
- 1.8 To support this paper, more detailed information and all appendices are provided in the Board Supplementary Information Pack. Further information on any of the topics covered is available on request.

2.0 The Ockenden Report Progress Report (Independent Maternity Review - IMR)

- 2.1 Progress against IMR actions are validated at the Maternity and Neonatal Transformation Assurance Committee (MNTAC), and progress is summarised at the Quality Safety and Assurance Committee (QSAC). **Appendix One** provides the summary Ockenden Report Action Plan as at 10 December 2024. The overall position is, as follows:

Delivery Status	Number (change since last report)	Percentage
Evidenced and Assured	183 (↑1)	87.1%
Delivered, Not Yet Evidenced	15 (↑1)	7.1%
Not Yet Delivered	12 (↓2)	5.7%
TOTAL	210	

**Rounded percentages

Progress Status	Number (change since last report)	Percentage
Completed fully (Evidenced and Assured)	183 (↑1)	87.1%
On track	19 (↓1)	9%
Off track	0 (=)	0
At Risk	0 (=)	0
De-scoped	8 (=)	3.8%
Total	210	100%

**Rounded percentages

- 2.2 There is nothing of exception to bring to the Board’s attention this month.
- 2.2.1 In total, eight actions remain ‘de-scoped,’ currently. These relate to nationally led external actions (led by NHS England, CQC), and are not within the direct control of the Trust to deliver. These actions remain under review by the Trust at the Maternity and Neonatal Transformation Committee MNTAC quarterly, to check on any progress.
- 2.2.2 All other actions within the Trust’s gift to deliver are on track for their expected delivery dates.

3.0 Invited Review: The Shrewsbury and Telford Hospital NHS Trust Neonatology Service Review (2023/4)

- 3.1 At its meeting in November 2024, the Board of Directors received the report of the external invited review of the Trust’s neonatal services, which was led by the Royal College of Physicians. At this meeting, it was agreed that the reporting of progress against the actions from the review will be overseen by MNTAC and the Quality and Safety Assurance Committee (QSAC), and reported here going forward.
- 3.2 Steady progress is being made to deliver report’s recommendations, which comprise 27 actions in total. **Appendix Two** provides the summary Neonatal External Mortality Review (NEMR) Action Plan as at 10 December 2024. The overall position is, as follows:

Delivery Status	Number	Percentage
Evidenced and Assured	1	3.7%
Delivered, Not Yet Evidenced	9	33.3%
Not Yet Delivered	17	62.9%
TOTAL	27	

**Rounded percentages

Progress Status	Number	Percentage
Completed fully (Evidenced and Assured)	1	3.7%
On track	24	88.9%
Off track	0	0
At Risk	0	0
Not Started	2	7.4%
Total	27	100%

**Rounded percentages

- 3.3 The following matter of exception is brought to the attention of the Board of Directors:
 - 3.3.1 Following discussions at national, regional and local levels, a recommendation has been made by the Midlands Perinatal Operational Delivery Network to remove nitric oxide therapy from all Level Two Local Neonatal Units in the region. This therapy has now ceased at the Trust.
 - 3.3.2 All other actions are on track for their expected delivery dates.
 - 3.3.3 The Executive Medical Director, Dr Jones, has written to all families included in the review. Thus far, Dr Jones and colleagues have met with nine of the families, and this has included responding to any questions they have, providing them with a follow-up letter, and a copy of the specific elements of the report that relate to their care and that

of their baby, in accordance with their wishes. The opportunity to other families to meet with Dr Jones remains open.

3.3.4 Alongside this, there have been no contacts to date via the bespoke email address: sath.neonatalcare@nhs.uk, and this remains open and monitored.

4.0 Maternity And Neonatal Transformation Report (MNTP) Phase Two – High level progress report

4.1 It is a requirement of the Independent Maternity Review for the Board of Directors to receive an update on the Maternity and Neonatal Transformation Plan at each of its meetings in public. The summary MNTP, which is now in its second phase, is attached at **Appendix Three**.

4.2 The following matter of exception is brought to the attention of the Board of Directors:

4.2.1 MNTAC received an exception report to ‘de-scope’ four actions from the national Black Maternal Health Plan, as these rely on other lead agencies and are not for the Trust to implement. As with the maternity de-scoped actions, these will be reviewed quarterly to ensure ongoing monitoring of them.

4.3 As part of Phase 2 of the MNTP, steady progress is being made on actions within the cultural improvement plans which was devised from feedback from the 2023 staff survey and cultural reviews commissioned by the Division. Results from the latest SCORE survey were reviewed by a multidisciplinary group within both Maternity and Neonatal Services and actions for improvements were added or integrated into already existing actions. Those actions are reviewed within the dedicated People and Culture workstream, chaired by the Deputy Director of People and OD. No additional support is required currently.

4.4 All other actions are progressing well.

5.0 NHS Resolution’s Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts - CNST)

5.1 The Board of Directors is familiar with the exacting annual declaration and submission process to meet the ten safety actions for CNST. All CNST reports are presented to the Maternity Governance meeting, Maternity and Neonatal Safety Champions, the Quality, Safety and Assurance Committee and to the Local Maternity and Neonatal System meeting, also. The summary position is provided in the following table, with supporting appendices in the supplementary information pack. Further information is available on request, if needed.

Safety Action (SA)	Standard	Comments
SA1	Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?	Compliant Quarterly reports for the position for 2024/25, evidencing delivery against elements a), b) and c) have been presented to Board and therefore, this element is complete. A final closure report is at (Appendix Four) .

SA2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Compliant The Trust was formally assessed on the July 2024 MSDS data set, and the final results published have confirmed compliance, at (Appendices Five and Six) .
SA3	Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?	Compliant Registration and progress on a Quality Improvement project and quarterly reports with dissemination of learning has been received and presented to LMNS, MNSC and QSAC in line with the reporting period.
SA4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	On track to be compliant The final element pertaining to Obstetric Workforce and 4 sub-items are presented at (Appendix Seven) .
SA5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Compliant Bi-annual reports presented to Board of Directors' meeting have been received during the reporting period.
SA6	Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Compliant Signed declaration from the Executive Medical Director declaring that SBLV3 is fully in place as agreed with the ICB as evidenced in the November Board of Directors' meeting minutes.
SA7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	Compliant
SA8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	On track to be Compliant Education and Training Report for the reporting period is presented at (Appendix Eight) demonstrating compliance with all elements.
SA9	Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?	Compliant This Safety Action has multiple elements to evidence compliance: The Trust has fully embedded the Perinatal Quality Surveillance Model. The Locally Agreed Safety Intelligence Dashboard has been presented to the Board each quarter during the reporting period. Quarter 3 is presented at (Appendix Nine) .

SA9 (cont.)		The Perinatal Leadership team meet (bi-monthly) minutes are presented at (Appendix Ten) .
SA 10	Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?	On track to be compliant. Closure report is presented at (Appendix Eleven) outlining compliance with all 3 components.

- 5.2 All CNST progress reports are presented to the Quality, Safety and Assurance Committee (QSAC) and the Local Maternity and Neonatal System (LMNS). The November 2024 report is attached at **Appendix Twelve** respectively, in the Board Supplementary Information Pack.
- 5.3 The Board of Directors is required to formally record in the minutes of this meeting that:
- 5.3.1 (SA1) - It continues to receive quarterly Perinatal Mortality Review Team (PMRT) reports and Board reports, including details of deaths reviewed, any themes identified, and the consequent action plans. A final closure report is at **(Appendix Four)**.
- 5.3.2 (SA2) – It has received confirmation of the final formal assessment on the July 2024 MSDS data set. The final results published have confirmed compliance at **(Appendices Five and Six)**.
- 5.3.3 (SA 4) – It has received and reviewed the evidence at **(Appendix Seven)**, and can confirm compliance with the employment of short-term locums, receipt of the audit demonstrating compliance of consultant attendance, and action plans. The employment of long-term consultants sub-action has been met. Compensatory rest due to the service offering 24 hour consultant cover on the Delivery Suite has been met.
- 5.3.4 (SA8) - It continues to receive quarterly reports, which are presented to the Quality, Safety and Assurance Committee (QSAC) as the delegated sub-committee of the Board of Directors. The final Education and Training Report and Action Plan has been received at **(Appendix Eight)** demonstrating compliance.
- 5.3.5 (SA9) - That using the minimum data set, the Perinatal Quality Surveillance Model is fully embedded, and a review has been undertaken by the Trust Board. The locally agreed dashboard is at **(Appendix Nine)**.
- 5.3.6 (SA9) – Evidence that there is progress with the Maternity and Neonatal Culture Improvement Plan and any identified support is being considered and implemented. Perinatal Quad leadership team meet bi-monthly presented at **(Appendix 10)**, support required by Board has been identified and implemented. That progress with Neonatal and Maternity Culture Improvement Plan is being monitored and identified support is being considered and implemented.
- 5.3.7 (SA10) – They have had sight of Trust's legal services and maternity clinical governance records of qualifying Maternity and Newborn Safety Investigations (MNSI), Early Notification (EN) incidents and numbers are reported to MNSI and NHS Resolution (NHSR). That families have received the information on the role of MNSI and NHSR and have received evidence pertaining to compliance with the statutory duty of candour at **(Appendix Eleven)**.

6.0 NHS England's (NHSE) Annual Screening Quality Assurance Visit

6.1 NHSE visited the Maternity Service to undertake the annual screening quality assurance visit in September 2024. The Quality assurance visit focused on antenatal and newborn screening pathways. The screening team identified no immediate concerns with the service. Twenty five recommendations were made, including seven 'high priority' findings. The screening service has developed an action plan in collaboration with the commissioners, progress against which will be monitored by the Screening Quality Assurance Service. The seven 'high priority' findings summarised comprise:

- Midwifery sonography service to be included in Maternity governance meetings
- Embed internal screening meetings into governance arrangements.
- Any screening related incidents and Child Health Screening incidents are to be reported timely to NHSE.
- Additional duties are being carried out by sonographers during 20-week anomaly scans. Clarity is needed to understand if the additional tasks compromise the first trimester or twenty-week screening scans.
- The superintendent sonographer has oversight of all Fetal Anomaly Screening Programme (FASP) incidents
- Develop a process to undertake a clinical review following a birth with an unexpected FASP condition.
- 'Infectious Diseases in Pregnancy form' to be updated in line with national requirements.

7.0 NHS National CQC Maternity Survey 2024

7.1 The results of the National CQC Maternity Survey have been published. In summary, the results for this Trust show the following:

- SaTH performed "about the same" as other Trusts for all 10 sections.
- SaTH performed:
 - "Somewhat Better" than expected in 1 of the 57 scored questions,
 - "About the same" in 55 questions; and,
 - "Somewhat Worse" than expected in 1 question (Antenatal: Were you offered choice where to have your baby). National Average: 6.8 SaTH Score: 6.8.
 - There were no statistically significant changes in SaTH's scores when compared to last year's results. A co-produced action plan with MNVP will be undertaken and monitored in line with previous years.

8.0 Summary

8.1 Good progress continues to be made with actions from the Independent Maternity Review, The Maternity and Neonatal Transformation Plan and the Clinical Negligence Scheme for Trusts.

9.0 Recommendations

9.1 The Board of Directors is requested to:

9.2 Receive this report for information and assurance.

9.3 Confirm in the minutes of this meeting that it has received all the appended reports in section 5, and include the associated wording from sections 5.3 to 5.3.7 (inclusive) in the minutes accordingly.

Kimberly Williams
Interim Director of Midwifery
 January 2025

Julie Plant
Divisional Director of Nursing

All appendices are in the Board Supplementary Information Pack

Appendix One:	Ockenden Report Action Plan at December 2024
Appendix Two:	Neonatal External Mortality Review (NEMR) Action Plan at December 2024
Appendix Three:	Summary Maternity and Neonatal Transformation Plan (MNTP) Phase Two at December 2024
Appendix Four:	CNST MIS Safety Action 1 Report for Year 6
Appendix Five:	MSDS Scorecard July 2024 FINAL
Appendix Six:	Confirmation of passing CNST SA2 Final Scorecard July 2024
Appendix Seven:	CNST year 6 SA4 Obstetric workforce paper FINAL
Appendix Eight:	CNST Safety Action 8 reporting FINAL
Appendix Nine:	Locally Agreed Dashboard - Safety Champions Q3 2024
Appendix Ten:	Minutes of Quad Safety Champions Quart mtg Nov 24
Appendix Eleven:	CNST MIS Safety Action 10 Report for Year 6
Appendix Twelve:	CNST MIS Year 6 Progress Report November 2024 (Dec Meeting)