

Board of Directors' Meeting: 12 September 2024

Agenda item	136/24		
Report Title	Integrated Maternity Report		
Executive Lead	Hayley Flavell, Executive Director of Nursing		
Report Author	Kimberley Williams, Interim Director 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:	<p>1. 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 Resolution's Maternity Incentive Scheme and recent Independent Insights Visits to maternity services.</p> <p>2. Specifically, the Board's attention is drawn to the exacting requirements for NHS Resolution's Maternity (and Perinatal Incentive Scheme (CNST) in section 4, and the specific wording to be included in the minutes of this meeting, which is summarised at section 7.3.</p>		
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 4.3, and include the associated wording from section 4.3 to 4.3.10 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, chaired by Donna Ockenden.
- 1.3 A summary of progress with the Maternity and Neonatal Transformation Programme (MNTP)
- 1.4 NHS Resolution's Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts - CNST)
- 1.5 Insight Visits to Maternity Services
- 1.6 To support this paper, more detailed information is provided in the Board supplementary information pack. Further information on any of the topics covered is available on request.

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, and progress is summarised at the Quality Safety and Assurance Committee (QSAC).
- 2.2 **Appendix One** provides the Ockenden Report Action Plan as at 13 August 2024, and further detail is available on request, if required. Meanwhile, the summary position is, as follows:

Progress Status	Number	Percentage
Completed fully (Evidenced and Assured)	182	86.7%
On track	20	9.5%
Off track	0	0
At Risk	0	0
De-scoped	8	3.8%
Total	210	100%

- 2.3 Eight 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. These actions remain under review by the Trust at the Maternity and Neonatal Transformation Committee MNTAC quarterly, to check on any progress.
- 2.4 All other actions are on track for their expected delivery dates.

3.0 Maternity And Neonatal Transformation Report (MNTP) – High level progress report

- 3.1 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 is attached at **Appendix Two**.

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

4.1 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 Assurance Committee and to the Local Maternity and Neonatal System meeting. 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?	On track to be compliant Quarterly reports are presented to the Board of Directors
SA2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	On track to be compliant New metrics have been added. Nothing of exception to report this month
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?	On track to be compliant Quality Improvement project and quarterly reports are presented to the Board of Directors
SA4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	On track to be compliant Details in the appendices to this report
SA5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	On track to be compliant Bi-annual reports to be presented to Board of Directors' meeting.
SA6	Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	On track to be compliant Awaiting a signed declaration from the Executive Medical Director declaring that SBLV3 is fully in place as agreed with the ICB.
SA7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	On track to be 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
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?	On track to be compliant
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 To come to the November 2024 Board of Directors' meeting.

4.2 All CNST progress reports are presented to the Quality & Safety Assurance Committee (QSAC) and the Local Maternity and Neonatal System (LMNS). The July

2024 and August 2024 reports are attached at **Appendices Three and Four** respectively, in the Board Supplementary Information Pack.

- 4.3 The Board of Directors is required to formally record in the minutes of this meeting that:
- 4.3.1 (SA1) - It continues to receive quarterly PMRT reports and Board reports:
- Q4 PMRT Report and Board Report at **Appendices Five and Six**
 - Q1 PMRT Report and Board Report at **Appendices Seven and Eight**
- 4.3.2 (SA3) - It continues to receive, quarterly reports:
- The Q1 ATAIN Report at **Appendix Nine**
 - The ATAIN Quality Improvement Project Registration Form at **Appendix Ten**
 - The Q1 Transitional Care report in supplementary pack at **Appendix Eleven**
- 4.3.3 (SA4) - That the Trust demonstrates effective systems of workforce planning to the required standard in: Obstetric, Anaesthetic, and neonatal medical and nursing staffing
- Neonatal Medical Staffing Report at **Appendix Twelve**
 - Neonatal Staffing Paper and Action Plan **Appendix Thirteen**
 - Anaesthetic Medical Workforce staffing paper at **Appendix Fourteen**
 - Anaesthetic SOP at **Appendix Fifteen**
- 4.3.4 (SA5) - That the midwifery staffing budget reflects the establishment as calculated in the Birthrate Plus report (which is compliant and was presented to the July 2024 Board of Directors' meeting – next update due November 2024).
- 4.3.5 (SA6) – This is fully implemented, with Quarterly Reports presented to confirm ongoing compliance:
- Q4 Saving Babies Lives at **Appendix Sixteen**
 - Q1 Saving Babies Lives at **Appendix Seventeen**
- 4.3.6 (SA8) - It has received:
- The iteration to SA8 of the Maternity Incentive Scheme (as some metrics have changed) at **Appendix Eighteen**
 - The Q4 Education and Training compliance report at **Appendix Nineteen**
 - The Q1 Education and Training compliance report at **Appendix Twenty**
 - The Training Needs Assessment (TNA) at **Appendix Twenty-One**
- 4.3.7 (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 Twenty-Two**
- 4.3.8 (SA9) - The receipt of the 'You Said, We Listened' posters at **Appendix Twenty-Three**
- 4.3.9 (SA9) - That the Board Safety champions are meeting with the Perinatal leadership team bi-monthly, and support required of the Trust Board has been identified and implemented (**Appendices Twenty-Four and Twenty-Five** from Perinatal Quad meetings for Q4 and Q1 respectively refer). This includes that progress with the maternity and neonatal culture improvement plan is being monitored, and identified support considered and implemented.
- 4.3.10 (SA9) - Triangulation of NHS Resolution's (NHSR) Scorecard – Q4 and Q1 scorecards at **Appendices Twenty-Six and Twenty-Seven**, respectively.

5.0 Insight Visits to Maternity Services

- 5.1 The Shropshire, Telford, and Wrekin Integrated Care System (ICS) and NHS England have undertaken two themed 'Insight' visits to maternity services, supported by Trust colleagues, which took place on 3 June 2024 and 25 July 2024. The visits included discussions with executive directors, maternity services colleagues, and service users.
- 5.2 The June visit sought to gain insight that the service was undertaking appropriate levels of family engagement, and acting on feedback to improve care and experience. The review found a high level of confidence that the Trust has the necessary processes in place for family and public engagement. Constructive feedback was obtained relating to improving the way the service manages with women from more diverse or seldom heard communities, building on work with multi faith communities, working with the Maternity and Neonatal Voices Partnership (MNVP) to strengthen its role and membership, and to develop a communication plan for families involved in the Independent Maternity Review that wish to engage with the Trust .
- 5.3 The July visit focused on birth choices and preferences for women. Overall, the visit was really positive with evidence from staff and women of support options being discussed and made available. One service user expressed concerns regarding the management of her labour, after care and pain management, which was actioned immediately, and an ongoing care plan was agreed and implemented for this woman. Also, a recommendation was made to update the 'My Birth Choices booklet' on BadgerNet.
- 5.4 The actions arising from these visits are being taken forward through the appropriate governance and assurance routes.

6.0 Summary

- 6.1 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. Positive assurance overall has been obtained from Independent Insights visits, also.

7.0 Conclusion or Recommendation

- 7.1 The Board of Directors is requested to:
- 7.2 Receive this report for information and assurance.
- 7.3 Confirm in the minutes of this meeting that it has received all the reports in section 4.3, and include the associated wording from sections 4.3 to 4.3.10 (inclusive) in the minutes accordingly.

Kimberly Williams
Interim Director of Midwifery
August 2024