

Board of Directors' Meeting: 14 November 2024

Agenda item	165/24		
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:	<ol style="list-style-type: none"> 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. 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 8.3. 		
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, 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 The latest Maternity and neonatal Services Open Day.
- 1.6 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, and progress is summarised at the Quality Safety and Assurance Committee (QSAC).
- 2.2 **Appendix One** provides the Ockenden Report Action Plan as at 8 October 2024, and further detail is available on request, if required. Meanwhile, the summary position is, as follows:

Delivery Status	Number	Percentage
Evidenced and Assured	182	86.7%
Delivered, Not Yet Evidenced	14	6.7%
Not Yet Delivered	14	6.7%
TOTAL	210	

**Rounded percentages

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%

**Rounded percentages

- 2.3 Points of exception to bring to the Board of Directors' attention, are:
 - 2.3.1 IEA 1.4 – *An LMS cannot function as one maternity service only.* A proposal was made at MNTAC by the Integrated Care Board (ICB), as the leads for this action, for it to be bought back into scope, along with revised deadlines for delivery. MNTAC rejected this. From the discussion, it was clear that further conversations are needed between the Trust, ICB, and prospective partners at other trusts to agree the expected benefits from the implementation of the joint meetings between them. Draft Terms of Reference for the relationship have been devised and the Trust was requested to consider these

carefully, to maximise the benefits to all, of any future relationship with co-located maternity units. This action remains **Not Yet Delivered** (Red) and **De-scoped** (Black).

2.3.2 in total, 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.

2.3.3 All other actions 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 on 8 October 2024, MNTAC considered the initial actions from the external invited review of the Trust's neonatal services, which was led by the Royal College of Physicians.

3.2 Steady progress is being made to deliver the initial recommendations, and the service is in the process of compiling the fuller action plan now that the final report and recommendations have been received. Guidance and challenges were offered relating to some of the proposed action delivery timeframes and the service will continue to be supported with this work. The structure for the governance and assurance of this action plan will be the same as that applied to the actions from the IMR. The Board of Directors will receive regular updates on progress against the plan, going forward.

3.3 The fuller description of this review's report and next steps is a separate agenda item at today's meeting.

4.0 Maternity And Neonatal Transformation Report (MNTP) – 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 is attached at **Appendix Two**.

4.2 There is nothing of exception to report from this, other than this work is progressing according to plan.

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?	On track to be compliant Quarterly reports are presented to the Board of Directors. Quarterly Report and Board Report for Q2 are presented at (Appendix Four and Five)
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 (Q2) presented to QSAC
SA4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	On track to be compliant Details to be presented at the end of the reporting period
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. Q1 and 2 Is presented (Appendix Six) .
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 Signed declaration from the Executive Medical Director declaring that SBLV3 is fully in place as agreed with the ICB (Appendix Seven) .
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?	Risk noted to delivery Q2 Report and Action Plan presented to QSAC
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 Locally Agreed Dashboard Q2 is presented to Board (Appendix Eight) . Trusts Claims Scorecard is presented to Board (Appendix Nine) with evidence of Triangulation of the Scorecard Q2 (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 To come to the January 2025 Board of Directors' meeting.

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

September 2024 report is attached at **Appendix Three** 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. The Quarter 2 PMRT Quarterly Report and Board Report are presented at **(Appendices Four and Five)**.
- 5.3.2 (SA3) - It continues to receive, quarterly reports to be presented to QSAC as the delegated sub-committee. The Q2 Avoiding Term Admissions into Neonatal Units (ATAIN) Report and Quality Improvement Update and Transitional Care report have been received by QSAC.
- 5.3.3 (SA5) - That a Midwifery staffing oversight report covering staffing/safety issues is received by the Trust Board every 6 months (in line with National Institute for Health and Care Excellence (NICE) midwifery staffing guidance). **Appendix Six** presents the final Director of Midwifery's staffing report for this reporting period.
- 5.3.4 (SA6) – This is fully implemented, with quarterly reports presented to confirm ongoing compliance. Trusts should provide a signed declaration from the Executive Medical Director declaring that Saving Babies Lives Care Bundle Version 3 is in place as agreed by Integrated Care Board **(Appendix Seven)**.
- 5.3.5 (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 Quarter 2 Education and Training Report and Action Plan have been received by QSAC.
- 5.3.6 (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 Eight)**.
- 5.3.7 (SA9) – Evidence that the Trust's Claims Scorecard **(Appendix Nine)** has been received, and that there is evidence of Triangulation with NHS Resolution's (NHSR) Scorecard – Q2 **(Appendix Ten)**, respectively. Also, that there is evidence that Trust's claims are reviewed alongside incident and complaint data, and these are used to target interventions aimed at improving patient safety. Furthermore, that this is all discussed by the Maternity & Neonatal Trust Board level Safety Champions at the Trust Board.

6.0 Maternity and Neonatal Services Open Day

- 6.1 A third successful Open Day took place in September with 243 people attending compared to 160 attending the previous Open Day. Tours of the women and children's hospital were very popular for over 200 people, with very positive comments received relating to staff engagement and information received. People attending the day reported feeling reassured by the services offered.

7.0 Summary

7.1 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.

8.0 Conclusion or Recommendation

8.1 The Board of Directors is requested to:

8.2 Receive this report for information and assurance.

8.3 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
October 2024

All appendices are in the Board Supplementary Information Pack

Appendix One: Ockenden Report Action Plan at Oct-24

Appendix Two: Maternity and Neonatal Transformation Plan (MNTP) Summary

Appendix Three: CNST MIS Year 6 Progress Report at October 2024

Appendix Four: PMRT Quarterly Report Q2

Appendix Five: PMRT Board Report Q2

Appendix Six: DoM 6 Monthly Safe Staffing Report

Appendix Seven: Saving Babies Lives Executive Medical Director Sign off

Appendix Eight: Locally Agreed Dashboard Q2

Appendix Nine: Trust's Claim's Scorecard

Appendix Ten: Triangulation of NHSR Scorecard Q2