The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting: 13 March 2025

Agenda item		051/25		
Report Title		Integrated Maternity and Neonatal Report		
Executive Lead		Paula Gardner, Interim Chief Nursing Officer		
Report Author		Kimberly 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:**
Responsive	√	Our governance	√	CRR 16, 18, 19, 23, 27, 7, 31
Well Led	√	Our partners	√	
Consultation Communication		Directly to the Board of Directors		
Executive summary:		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 7.3.		
Recommendations for the Board:		The Board of Directors is requested to: • 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 5.3.3 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 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.

1.4 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.

1.5 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.

1.7 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 11 February 2025. The overall position is, as follows:

Delivery Status	Number (change since last report)	Percentage
Evidenced and Assured	186 (⇧3)	88.6%
Delivered, Not Yet Evidenced	13 (⇩2)	6.2%
Not Yet Delivered	11 (⇩1)	5.2%
TOTAL	**210**	

**Rounded percentages

Progress Status	Number (change since last report)	Percentage
Completed fully (Evidenced and Assured)	186 (⇧3)	88.6%
On track	16 (⇩3)	7.6%
Off track	1 (⇧1)	0.5%
At Risk	0 (=)	0
De-scoped	7 (⇩1)	3.3%
Total	210	100%

**Rounded percentages

2.2 Since January 2025, the following movement in action ratings have been validated at MNTAC. These are:

Delivery Status – new actions that are **Evidenced and Assured (⇧)**	
LAFL 14.2	*"The Trust executive team must ensure an appropriate level of dedicated time and resources are allocated within job plans for midwives, obstetricians, neonatologists and anaesthetists to undertake incident investigations."*
LAFL 14.52	*"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."*
LAFL 14.53	*"The Trust's executive team must support the anaesthetic department to ensure that job planning facilitates the engagement of consultant anaesthetists in maternity governance activity, and all anaesthetists who cover obstetric anaesthesia in multidisciplinary maternity education and training as recommended by RCoA in 2020."*
Progress Status - On-track to Off-track (⇩)	
LAFL 14.32	*"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."* The reason for this change is that while recruitment is under way to fill the substantive vacancy necessary to run the diabetes clinic weekly, no affirmative timeframe is available for this currently. The clinic continues to run but using locum cover in the meantime.
Progress Status - De-Scoped - moved back into scope, and now **On-track (⇧)**	
IEA 1.4	*"An LMS cannot function as one maternity service only."* Progress has been made in connecting the Trust with other LMNS.' This action was brought back into scope and agreed as 'Delivered, Not Yet Evidenced' at Jan-25's MNTAC, with a new deadline for 'Green' to Jun-25.
Progress Status - De-Scoped – Delivery Status reverted from **Delivered, Not Yet Evidenced** to **Not Yet Delivered**	
IEA 14.5	*"Each network must report to commissioners annually what measures are in place to prevent units from working in isolation."* Following a review of all descoped actions, Feb-25's MNTAC agreed this action should revert back to 'Not Yet Delivered'. The evidence provided initially showed engagement with the network in terms of what measures are in place with the service, but it didn't show the mechanism for the network to report back to commissioners on this. The ICB is the lead for this action and has been requested to secure more robust evidence.

2.2.1 In total, seven 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 11 February 2025. The overall position is, as follows:

Delivery Status	Number	Percentage
Evidenced and Assured	2 (⇧1)	7%
Delivered, Not Yet Evidenced	11 (⇧2)	41%
Not Yet Delivered	14 (⇩3)	52%
TOTAL	**27**	

**Rounded percentages

Progress Status	Number	Percentage
Completed fully (Evidenced and Assured)	2 (⇧1)	7.4%
On track	22 (⇩2)	81.5%
Off track	1 (⇧1)	3.7%
At Risk	0 (=)	0
Not Started	2 (=)	7.4%
Total	**27**	**100%**

**Rounded percentages

3.3 Since January 2025, one action has gone off track. This is:

" The neonatal service should review its 'golden hour' care practices for preterm infants and sick term infants born within the service, with a focus on implementing evidence-based care practices around resuscitation, stabilisation, surfactant administration and other supportive measures in the first few hours after birth."

The original golden hour checklist only considered babies that were pre-term births. This needs to be expanded upon to include the requirement for full term babies that are sick or have complications. To enable this, the team has requested additional time to complete this work. The Assurance and Evidence date has been extended to May 2025.

3.4 Notable progress has been made in progressing actions from the Equity and Equality plan and with the Neonatal Unit Improvement plan. Evidence is being refined, and status changes will start being presented to MNTAC in Mar-25.

3.5 All other actions are on track for their expected delivery dates.

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 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 and results from the latest SCORE survey. The 2024 staff survey results are embargoed currently; however, a comprehensive action plan will be incorporated within Phase 2 of the MNTP following publication of the results, and will be reported in due course. Those actions are reviewed within the People and Culture workstream, chaired by the Deputy Director of People and OD. No additional support is required currently.

4.3 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. Self-verification of the year six Maternity Incentive Scheme confirmed achievement of all ten Safety Actions in full. Year seven of the scheme is due to be launched on 28 April 2025. Reporting will continue in line with the year six technical guidance until year seven's guidance is received. 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?	Quarterly reports evidencing delivery against elements a), b) and c) will continue in line with Year 6 Technical Guidance. Quarter 3 Quarterly and Board reports are presented at **(Appendices Four and Five).**
SA2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Monthly compliance will continue to be monitored and presented to Maternity Governance, LMNS and QSAC. Awaiting Year 7 Technical Guidance
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?	Quality Improvement project and quarterly reports with dissemination of learning will continue to be presented to LMNS, MNSC and QSAC in line with the previous reporting period.

SA4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Awaiting Year 7 Technical Guidance
SA5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Bi-annual reports will be presented to Board of Directors' meeting 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? (SBL)	Remains Compliant. SBLV3.2 due to be published and included in Year 7 MIS.
SA7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users.	Awaiting Technical Guidance
SA8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Awaiting Technical Guidance Year 7 MIS
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?	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. and is presented at **(Appendix Six).** The Perinatal Leadership team meet (bi-monthly) minutes are presented at **(Appendix Seven).**
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?	Awaiting Technical Guidance Year 7 MIS

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

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. **(Appendix Four and Five).**

5.3.2 (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 Six).**

5.3.3 (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 Seven)**, 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.

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.

7.0 Recommendations

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 appended reports in section 5, and include the associated wording from sections 5.3 to 5.3.3 (inclusive) in the minutes accordingly.

Kimberly Williams
Interim Director of Midwifery
March 2025

Julie Plant
Divisional Director of Nursing

All appendices are in the Board Supplementary Information Pack

Appendix One:	Ockenden Report Action Plan at February 2025
Appendix Two:	Neonatal External Mortality Review (NEMR) Action Plan at February 2025
Appendix Three:	Summary Maternity and Neonatal Transformation Plan (MNTP) Phase Two at February 2025
Appendix Four:	CNST MIS Safety Action 1 Quarterly Report
Appendix Five:	CNST MIS Safety Action 1 Board Report
Appendix Six:	Locally Agreed Dashboard - Safety Champions
Appendix Seven:	Perinatal Leadership Team meeting minutes