INTRODUCTION:

The purpose of this Action Plan is to capture, and note progress towards, those actions that are requried to address issues raised by CQC, Ockenden and Coroners.

INSTRUCTIONS:

1	Enter **Actions** identified as being requried to address the issues raised by CQC, Ockenden and/or Coroners. You may wish to include the source issue that gives arise to the action and/or the condition reference. Periodically review whether (a) All issues raised are included adn (b) the actions identified adequately cover the issues raised.
2	Note, as applicable, the **Outcome** that you expect to be delivered in response to the CQC/Ockenden/Action Point.
3	Note the key **stakeholders & owners** (e.g. sub-group, exec lead, divisional lead and maternity delivery support)
4	The **original due date** was set for those actions that formed part of the original Action Plan - this must not be changed
5	If different from the original due date, or if there is no original due date then note the currently **expected due date**
6	Set the **status** accoring to the key below - this must be updated to reflect your current view of the Status during the lifecycle of the action
7	Update the **Progress** against actions as the action is progressed or otherwise amended.
8	If an action is **out of scope** of a Work-stream Theme, or moved to another work-stream theme, then it can be left in but marked as **'Ignore'** in the Status field.
9	If an **action is to be moved** between Work-stream themes then this move must be controlled
10	By way of a cross-check, please make sure that **'all gaps are filled'**, i.e. that for each action there is an expected outcome, a due date, 'names in the frames', a status and something noted in the progress.

ACTION STATUS KEY:

RED	=	Off-track
AMBER	=	On-track
GREEN	=	Complete
BLUE	=	Embedded with evidence to show in place, functioning and understood

Progress Summary

With the exception of the "Themes Off Track" column, numbers are linked through to the workstream tabs, and should update automatically

Checking the numbers periodically will help catch broken links caused by adding rows, etc.

The worksheet is protected from accidental change - to edit, go to File -> Info, and click "unprotect" next to the sheet name.

		Number of Actions Completed per Area of Improvement				Themes Off Track
Area of Improvement	**Number of Themes & Actions**	**Blue (Embedded)**	**Green (complete)**	**Amber (On Track)**	**Red Actions (Off Track)**	**Red Themes (With Elements Off Track)**
Engagement and Inclusion	Themes 0 Actions 0	75 #DIV/0!	0	0	0	0
Safe Practice	Themes 24 Actions 69	1 (1%)	16 (23%)	49 (71%)	3 (4%)	0
Digital and Info Management *	Themes 5 Actions 29	16 (55%)	0	13 (45%)	0	0
Equipment	Themes 6 Actions 9	0	8 (89%)	1 (11%)	0	0
Staffing	Themes 17 Actions 28	1 (4%)	10 (36%)	11 (39%)	8 (29%)	0
Training	Themes 10 Actions 17	0	2 (12%)	15 (88%)	0	0
Culture & Leadership **	Themes 17 Actions 23	2 (9%)	2 (9%)	18 (78%)	1 (4%)	2 (12%)
Governance	Themes 10 Actions 29	2 (7%)	6 (21%)	21 (72%)	0	0

* Culture and leadership have multiples of actions in one measure of success

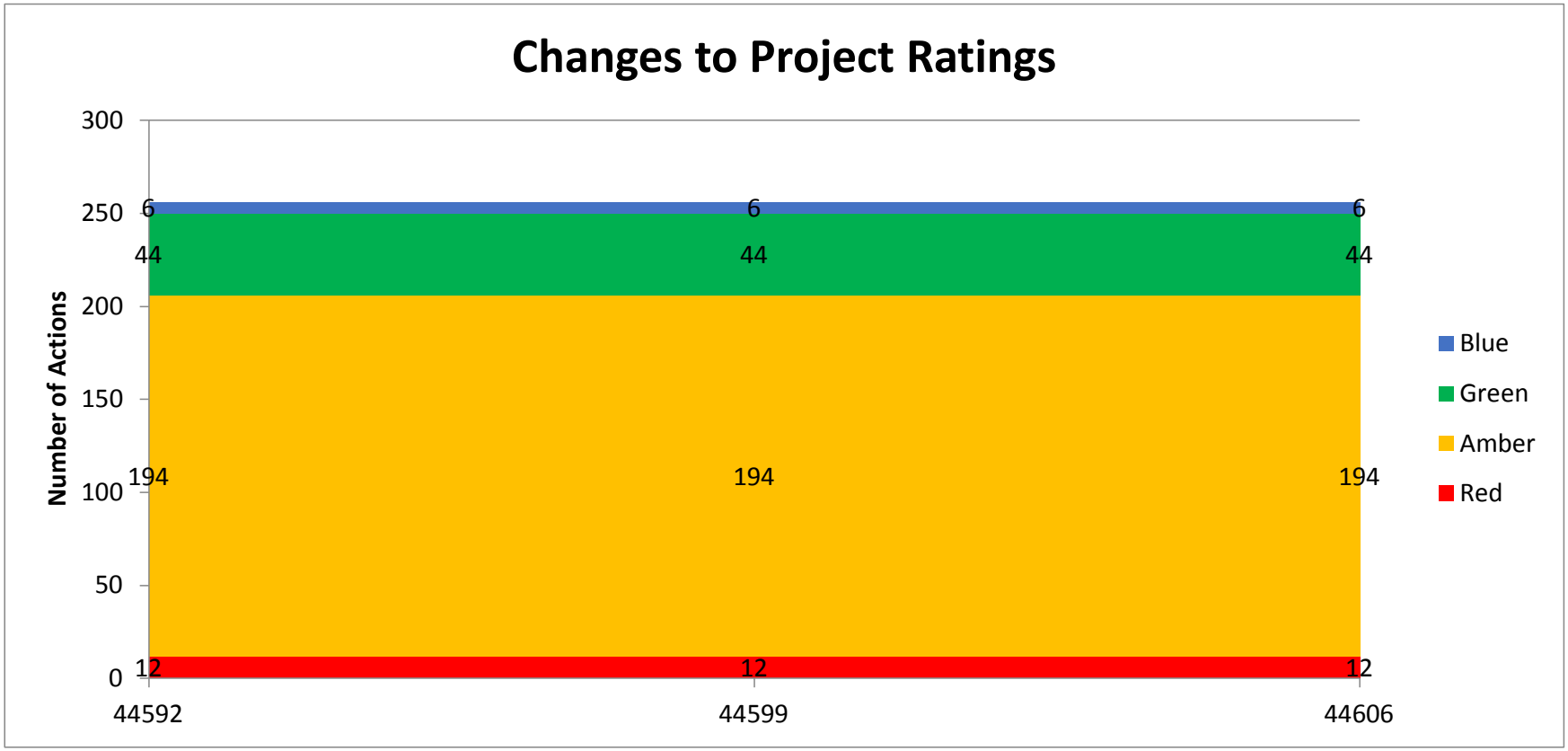
** Digital and Info Management have a different layout than the other workstreams

Example progress smmary to replicate (29/11/2021):

NUH Maternity Improvement Plan progress to 22/11/2021

		Number of Actions Completed per area of improvement				Themes off track
Area of Improvement	Total Number of Themes/ actions	Embedded (Blue)	Green (complete)	Amber (On Track)	Red Actions (Off Track)	Red Themes (With Elements Off Track)
Engagement and Indusion	Themes 6 Actions 79	0	0	79 (100%)	0	0
Safe Practice	Themes 20 Actions 55	0	10 (18%)	32 (58%)	13 (22%)	5 (25%)
Digital and Info management *1	Themes 5 Actions 33	4 (12%)	2 (6%)	26 (76%)	1 (+ 1 not scored) (6%)	2 (40%)
Equipment	Themes 6 Actions 9	0	2 (22%)	4 (44%)	3 (33%)	2 (33%)
Staffing	Themes 14 Actions 21	0	1 (5%)	9 (43%)	10 (48%)	6 (43%)
Training	Themes 10 Actions 17	0	0	4 (24%)	12 (71%)	5 (50%)
Culture and Leadership *	Themes 18 Actions 22	0	0	12 (52%)	8 (+2 unscored) (45%)	8 (44%)
Governance	Themes 10 Actions 29	0	0	8 (28%)	21 (72%)	7 (70%)

*Culture and leadership have multiples of actions in one measure of success
*1 Digital and info management have a different lay out than the other workstreams


Changes to Project Ratings
Number of Actions
300
250
200
150
100
50
0
6
6
6
44
44
44
194
194
194
12
12
12
44592
44599
44606
Blue
Green
Amber
Red

Executive Lead:	Chief Nurse
Divisional Lead	Director of Midwifery
Dated last Updated:	23.02.2022

Ref.	Key Outcome	Measure of Success	Action	Owner	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
EI1	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	People's feedback, concerns and complaints are listened to and used to improve the quality of care.	Ensure staff have the appropriate skills to manage complaints at a local level							**23.2.22** Complaints are managed by KW in consultation with colleagues involved in the care delivery. Improved collaboration with PMRT and SI process but not embedded as yet. Training for matrons in handling complaints starting March with a view to them managing the process from May 2022.	open			
			Staff working in the maternity service view learning from complaints and concerns as an opportunity for improvement							**31.01.2022** - SO - Social media feedback is shared with the department weekly in the Feedback Friday newsletter. A system is being developed for feedback from all systems to be collated. **18.02.2022** FFT feedback and monthly complaint themes shared with materinty. Plans in place to film two patient stories for learning around seldom heard groups. **23.2.22** Learning is shared with several teams who are engaged in learning from complaints in particular the IOL team, Bereavement RMs, Infant feeding RMs and anaesthetists. New processes are put in place following complaints eg business case for new Infant feeding team - RMs advertised for MSWs to support delivery of BF support, input into National MSW project as a result of thematic review from complaints, training programmes devised as a result, IOL processes have learnt from complaints, new processes for PN babies being seen on NNU and communication, leaflets for new mums on wards devised, tendable audits designed for daily checks in Maternity. Positive feedback received and shared via complaints and PALS process also by KW and Daisy and Tulip nominations.				
			Support staff to enable courageous conversations with women, service users and families to promote an open supportive culture:-							**25.02.22** MaterntyPALSConcerns inbox for timely, transparent conversations to take place with service users by colleagues. Managed by KW and NH.				
			a) Implement a debrief process							**31.01.2022** - SO - Debrief work on-going - BAU.				
			Support staff to enable courageous conversations with colleagues to promote an open supportive culture.		30/10/2021								Meeting feedback examples	
			a) Launch Maternity Engagement Sessions							**31.01.2022** - SO - a) Further monthly engagement sessions led my Chief Nurse and DoM are planned in. Sessions start with an update and then open to questions from the team. The sessions are not recorded to encourage a safe space but thematic notes are shared with the team afterwards with the option for more involvement. UPDATE: These were paused due to staffing in Dec 2021. Relaunching Feb - with sessions planned 1/2/22, 9/2/22 and 14/2/22. **18.02.2022** - Engagement sessions reaunched				
			Encourage women and their partners to share their experience, in real time and retrospectively, through formal and informal feedback systems.											
			a) Relaunch F&FT to staff							**31.01.2022** - SO - F&FT available both online as a paper copies throughout maternity 23.**02.2022** - SO - F&FT QR code introduced to staff to encourage ease of use.				
			b) Relaunch F&FT to service users							**31.01.2022** - SO - F&FT available both online as a paper copies throughout maternity				
			c) Promote F&FT regularly and use case studies to promote the benefits.		30/01/2022					**18.02.2022** - SO - Video about F&FT posted on Facebook page.				
			d) Promote external feedback channels		30/12/2021					**31.01.2022** - SO - Feedback tab created on the website and Maternity Views mailbox set up on Facebook to encourage women to give views on certain topics. So far post-natal care and c-sections main focus topics. COMPLETE				
			e) Launch process to offer service users the chance to debrief following birth							**31.01.2022** - SO - Launched but over-subscribed. As row 10 - BAU.				
			f) Monthly invite on Facebook to give feedback and monthly video Q&As		30/12/21					**31.01.2022** - SO - social media plan includes monthly updates, and Q&As with DoM asking for feedback as well as answering questions. **18.02.2022** - SO - regular video Q&As with DoM posted on Facebook an questions now encouraged via Maternity Views so people can ask more anonymously if they wish.				
			g) Show the results of feedback to women – via virtual experience board on website and social media		31/01/2022					**31.01.2022** - SO - Experience Boards launched 2021. Feedback section added to the website April 2021 – updating to experience sharing from Jan 2022 **23.02.2022** - Posts on Facebook saying feedback we have had, generated multiple comments expressing feedback.				
			h) Antenatal class feedback forms updated											
			i) Encourage video patient stories, as mentioned in more detail below		ACTION BELOW									
			j) Encourage selfie-video quick feedback via Facebook		31/01/2022					**31.01.2022** - SO- Trial returned low response so plans for larger promotion to encourage to a wider audience. **23.02.2022** - SO - sharing of photos with feedback is now a regular occurrence. However, videos are still limited. Two patient story videos arranged from seldom heard women.				
			k) Launch Maternity social media feedback email – to hold videos and Q&As		30/12/2021					**30.12.2021** - SO - Maternity Views mailbox launched 07.12.2021				
			l) Engage with community groups		30/06/2022					**23.02.2022** - SO - Meeting held with Forever Stars virtually - they have agreed to allow us access to some of their members for focus groups. Limited engagement wider due to Covid restrictions. **23.02.22** Whose shoes event proposed focusing on Refugee and ESOL families.				
			Create the right channels for staff to receive service user feedback:		31/01/2022					**10/20** - SO - regular newsletters offer weekly feedback to teams via email				
			a) Share Feedback Friday on closed staff FB page		31/01/2022					**21.01.2022** - SO - Feedback Friday relaunched on Facebook group.				

			b) Introduce Feedback Five to the start of staff engagement sessions		31/01/2022					**23.02.2022 -** SO - paused in line with pause on engagement session. To launch March 2022.					
			c) Introduce feedback section to new video handovers		31/01/2022					**23.02.2022 -** SO - learning referenced in handover videos.					
			Ensure there are robust ways to incorporate feedback into care: - Hold a session with senior maternity team to ask for best methods to progress this		31/03/2022					**23.02.2022 -** SO - initial session held with SMT to start the thinking around this.					
			Feedback from healthcare partners is shared within the maternity service - Develop process to ensure all feedback is captured and shared effectively		31/01/2022					Fortnightly meetings with the MVP to gather feedback. Sharing MVP posts to promote the partnership on our channels. MVP report shared with staff. CQC feedback from service users and service user feedback collated separately is shared staff via Feedback Friday. Communications plan is being developed to share Maternity Review feedback. **23.02.2022** - SO - Maternity Review feedback plan on hold awaiting feedback timeline.					
			Promote and encourage a learning culture, viewing all feedback sources as an opportunity to improve services: a)Co-create handover video process with senior team in the service, which include learning and feedback		31/01/2022					a) Short handover videos being created to share feedback/learning direct with teams. These will be archived on the intranet. **23.02.2022** - SO - Handover videos launched. **31.01.2022- SO** - Launch of Maternity Views email – Dec 2021. Captured learning on topics, shared into the service for discussions around improvement. So far topics included baby loss – positive feedback around later loss, challenges around miscarriage. Post-natal care – challenges. C-sections – positive. **31.01.2022 - SO** - Launch of pop-ups as a new channel for communications with maternity staff – Feb 22.					
EI2	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	The voices of service users and staff are heard and can influence key maternity oversight committees and groups	Develop channels for sharing social media feedback with DLT - Create a monthly feedback update template for DLT, which includes social media section		28/02/2022					Feedback Friday is sent to DLT **23.02.2022** - SO -					
			Anonymous staff stories are shared with DLT via FTSU.		28/02/2022					Process being developed for a staff story to be shared monthly with DLT. With Guardians					
			Regular staff forums with the DoM where staff can share their views		31/12/2021					Arranged for the next six months. **23.02.2022** - SO - Team-wide engagement sessions on-going. DoM also attending smaller team sessions and visible in department.					
			Patient stories are captured and shared across the service: -							A process for PS has been created. Stories have been shared with the Board Video is being developed as a preferred method so that stories can be shared cross-platform. **23.02.2022 - SO -** Patient stories identified from seldom heard communities. Awaiting filming date confirmation.					
			a) Develop process to enable better capturing and sharing of stories		30/06/2022					**23.02.2022** - SO - Comms Team supporting this process.					
			b) Develop a plan to share regular patient stories with oversight group		30/06/2022					**23.02.2022** - SO - Launch due when stories from line 36 captured.					
			Ensure staff know who the Executive Director with specific responsibility for maternity services is	30/11/2021						MR jointly chairs the maternity engagement sessions, and co-signs some updates to the service. **23.02.2022** - SO - Management chart being designed to expand and show further roles.					
			Promote widely the role of the Maternity & Neonatal safety champions to all staff, ensuring that there is a process for feedback from floor to board and outward:-												
			a) Create Safety Champion boards for display in maternity, publish them and include contact details of champions		30/11/2021					Maternity Safety Boards updated, and placed on wall with service					
			b) Promote across all channels taking each SC as a case study		31/01/2022					**31.01.2022** - SO - New Non-Exec Director Safety Champion launched in newsetter and Facebook group with views to staff.					
			c) SC take part in Improvement Engagement sessions		31/01/2022					sessions planned to restart 30/11 **23.02.2022 - SO -** Improvement engagement pre-recorded and shared with teams. Sessions to be re-launched 'live' by 30.06.2022.					
			Snapshot stories to senior leadership		28/02/2022					Plan for senior team mailing list to be created to share snapshot design of four key feedback stories monthly. Info can come from social, PALS, healthcare partners or direct from service users.					
			Ensure staff know who the named non-executive director who supports the Board maternity safety champion is							Included on the aforementioned safety boards. **23.02.2022** - Completed in row 42 and will be repeated.					
			Explore options for further independent challenge to the oversight of maternity services so that the voices of service users and staff are heard. - promote the work of the Independent Review Team		30/11/2022					a) Awaiting public updates from the Review Team to build our plan around.					
EI3	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	The voices of service users and staff are heard and can influence service improvement.	Continually seek opportunities to engage with women, families and staff, actively collaborating with them to ensure service user focused services	Director of Midwifery											
			a) Explore the option of a Family Forum		31/01/2022					Planning in place to launch a Family Forum to bolster the feedback and involvement of service users in maternity. First meeting 25/11/21 **31.01.2022 -** Paused in light of MVP request and reshaping of its services. Conversation with Forever Stars enhanced access to service users in relation to bereavement.	open				
			b) Work with MVP to help target seldom heard communities		30/06/2022					working with MVP and midwifery management to help capture voices of seldom heard. Two patient story videos are being arranged.					

			c) Relaunch specific improvement staff forum		31/12/2021					New forums planned monthly from 30 Nov 21, second 21 Dec 21. **23.02.2022** - SO - forums throughout 2021 but paused late 2021. Relaunch due by March 2022.				
			d) Launch themed Q&A on Facebook around improvement		31/12/2021					Monthly Q&A on FB with DoM advertised currently **23.02.2022 - SO -** Regular Q&As taking place. Video launched on website from DoM referring to improvement.				
			Work in partnership with the MVP and LMNS so that feedback from women and their partners is used to inform service improvement:-											
			a)respond to MVP report on Covid		31/12/2021					MVP reports shared across service.				
			b)explore options with MVP for including more service users in fortnightly meetings.		31/03/2022					Topic mentioned in early Nov meeting, awaiting feedback from MVP				
			c)Refresh action plan for MVP fortnightly meetings		31/12/2021					**23.02.2022 - SO -** Plan refreshed in 2021. Now awaiting new Chair and formation of MVP.				
			d)improve timely responses to MVP Board requests		31/03/2022					**23.02.2022 -** SO - as above.				
			Work with service users through our Maternity Voices Partnership (MVP) to develop a robust mechanism for gathering service user feedback and ensure it is used to co-produce and inform service improvement		30/06/2022					Conversations initiated with NUH colleagues to explore the ToRs and feedback mechanisms. Plan being developed for co-production requests for 2022 – included website improvement work. **23.02.2022 - SO -** Focus groups held in 2021 but now awaiting new Chair and formation of MVP.				
			FH Conversation Café/ engagement sessions will help staff access FH leaders to raise views:-											
			a)launch session		31/12/2021					promotional material being created **31.12.2021** - SO - Conversation Café launched in maternity with FH DLT.				
			b)review sessions		31/03/2022									
			Increase channels for how we capture service user voices		Review Jan 22					Channels being explored include Family Forum, FB Q&A relaunch, … **23.02.2022 -** SO - FB Q&A successfully launched, engagement increased via Maternity Views mailbox. Physical F&FT feedback boxes launched in 2021 but response level low.				
			Ensure service users and staff are aware of the progress with improvement and how their work is influencing		31/12/2022					**23.02.2022** - SO - updates to staff via engagement forums, video circulated in newsletter and place on intranet. Service users updated on Facebook and the website.				
			a)create regular you said we did on platforms in addition to the newsletter for staff (social media, print-outs…)		31/01/2022					**31.01.2022** - SO - updates from review forums circulated to staff. Multiple channels delayed due to capacity. Aim for improvement by 30.03.2022.				
			b) create regular you said we did updates in addition to the Experience Boards for service users		31/03/2022									
			c)launch open letter		31/12/2021					Drafted and circulating for approval **31.12.2021** - SO - Delayed by approval process. Video lainched on website with aim for open letter 03.2022.				
EI4	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	Women and their families have access to clear, up to date and evidence based information which is co produced so it meets the needs of different groups of people.	Develop a process to ensure there is co production of all information pertaining to public facing maternity services:-								open			
			a)explore aforementioned family forum		30/06/2022					**23.02.2022** - SO - update mentioned above.				
			b)Request co-production help from MVP		31/12/2021					**23.02.2022** - SO - requested but as above delayed awaiting new Chair and reshape of MVP.				
			c)propose topics for MVP's 6 month focus		30/06/2022					**23.02.2022** - SO - some suggestions made at late 2021 planning cycle, to be reinvigorated.				
			Actively engage service users and their families in coproduction activities to ensure that services are service user focused - focus on how we reach harder to reach communities		30/06/2022					Working with MVP for a focus on seldom heard communities				
			Ensure women and their families are provided with accurate and contemporaneous evidence-based information of all aspects of maternity care including the antenatal, intrapartum and post natal periods of care:-		30/06/2022					**23.02.2022 -** SO - Further review work taking place for the website.				
			a)Update the website in line with service user feedback (via MVP co-production) to ensure it has the appropriate information and tone. a)initial changes for MVP second view		31/01/2022					Focus group with MVP and service users conducted. Information now with Communications Team, being updated and due for re-review by service users early 2022. **23.02.2022** - SO - Slight delay caused by Comms Team capacity. Process on-going and due for completion 30.03.2022.				
			b)antenatal notes		30/06/2022					MVP focus group assisted with notes update.				

			c)antenatal classes		30/06/2022									
EI6	The service involves and treats people with compassion, kindness, dignity and respect and supports them to express their views and be actively involved in making decisions about their care.	Women and their families have access to services that are responsive to their individual needs.	Develop the maternity services' approach to understanding the needs and preferences of different groups of people so that care is delivered in a way that meets women and their families' needs, is accessible and promotes equality and inclusion. This includes women with protected characteristics under the Equality Act, and women who are in vulnerable circumstances or who have complex needs.	Director of Midwifery	30/06/2022					**31.12.2021** - FGM work started in services. Messages shared from MVP feedback about service user feeling and reaction to services around FGM.				
			Ensure care delivery is personalised in partnership with women and their families, placing them at the forefront of everything we do:-								open			MIP Action Plan evidence\Governance\Action G6
			a) Update the personalised care plan											
			b) Host and share the details of workshop on how to offer the most personalised care											
			Ensure that we offer an inclusive service		31/12/2021									
			a) Ensure the department is welcoming to everyone, regardless of background							Signage changes in relation to feedback from LGBTQ+ service users.				
			b) Ensure the language we use is inclusive							We introduced more inclusive language when talking about service users via corporate communication, ensuring we also allow partners to feel more included. Inclusivity of language is being used in our website review.				

Executive Lead:	Chief Nurse
Divisional Lead	Director of Midwifery and Clinical Director
Dated last Updated:	08.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
SP1	Women and their babies are protected from avoidable harm.	Risks to women and their babies are assessed and monitored and managed	Audit of time to triage Number of incidents reduced Audits of single point of access line Feedback from women is positive in terms of them feeling their concerns are listened to.	Review the provision of the maternity triage and assessment service.	Director of Midwifery	Head of Midwifery	30/11/2020	30/06/21			1. Risk assessments and plans for roll out have been developed. 14 Midwifery staff have self -selected to join this project. JDs have been sourced from SFH and are being finalised. 2. Outstanding actions being worked through. 3. Birmingham agreed to support and advise on our progress. 4. Delay in progress - interim solution is to implement a single labour telephone line (see action below) **10/09/2021** - The triage and assessment service was reviewed. This action to be closed.	Closed			MIP Action Plan evidence\Safe Practice\Action SP1
				QMC Site: Separate the triage function from the day assessment service Operationalise a revised triage and assessment service which is adequately staffed by appropriately trained and competent members of the MDT.							26.05.2021 - T&F group re-started now staffing position improved and confirmed plans for dividing DAU & triage. Meetings will continue fortnightly, action plan to be completed at next meeting. Awaiting update from clinical team as to training dates 19/07/2021 There are insufficient staff across the service to separate the services. Therefore the separation of the assessment and triage is on hold. There are additional midwives to cover the phone calls. The QMC assessment unit was due to open on Monday 25th July, however this did not go ahead due to failure of the emergency call bell system. The contractors have been contacted and we are awaiting for a date for them to return to fix this. 23.08.21 -The ABC moved into the new area at QMC last week and is working well. ABC has its own designated staffing. 23/09/21 The ABC is reported to be working well. Head of Midwifery will complete a further review of the area now it has been open a month. 27/09/2021 - SB - Due date revised to the end of November. This was agreed by MOC at meeting on 14 September 2021. 16/11/2021- Triage has opened at QMC, but no further progress made at City. Full implementation of BSOTS has not taken place as planned originally. CJ/SB discussed. The day assessment unit at City has not split at all yet due to staffing pressures. SB to follow up. 16/11/2021 CJ - We have bought the licence for BSOTS, but we are not able to implement it because we haven't been able to separate day assessment from triage. This has been because of staffing pressures and lack of leadership capacity to progress. 19/11/21 SB Triage/ DAU task and finish group set up. Plan to meet every two weeks 26/01/22 - The separate triage function is not happening at QMC or City Hospital, this is due to workforce pressures and the fact we do not have enough midwives to enable the full separation. We are now exploring other options which are being led by the Head of Midwifery and there is a possibility we may be able to look to do a partial service three days a week. We are planning for this to be able to start at the City Hospital from the April roster, but this is not confirmed for definite as yet. There is a task and finish group underway for this action to ensure there is oversight of the triage service. There are a number of other areas we are progressing for this action; our Improvement Midwife and the triage leads for both sites are going to visit Birmingham to find out more about they manage their triage service and use BSOTS. The lack of a separate triage service was not on the risk register, although the triage lead midwives had completed one early in 2021. The risk was therefore reviewed with the aim to get it through QRS and onto the service risk register. The risk is waiting for some slight amendments and then will go to the next QRS meeting. Another issue which was identified through the task and finish group was the use of Nerve Centre and MEOWS. It is apparent that there are problems getting women entered onto PAS due to capacity. If they are not on PAS we can't use Nerve Centre to record their observations. This was escalated to the Director of Midwifery week commencing 17th January 2022 who agreed we should provide agency admin support ASAP to support getting women onto PAS as soon as they arrive. Another solution was suggested that women were asked to attend the antenatal clinic reception and they would be able to put them onto PAS. We will need to review this further to ensure the admin support has addressed the issue. We do have some audit data about the triage service which is showing that general performance with the fifteen minute target for initial assessment is good, however, we need to look more at what happens next and the effectiveness of care and treatment once they receive their initial triage. We have one midwife returning from long term sick with a strict criteria of what she can do when she returns. She starts her phased return week commencing 14 February 2022, we hope to be able to use this midwife to run the DAU on the three days of week that she will be working. **09.02.2022 - Action split into separate site actions. 21.02.2022 - SW - QMC DAU and triage separation will commencing in April 2022 - currently working on staffing of both teams.**				
				City Site: Separate the triage function from the day assessment service Operationalise a revised triage and assessment service which is adequately staffed by appropriately trained and competent members of the MDT.			30/11/2020	30/11/2021 revised Due date 31 April 2023			**26.05.2021** - T&F group re-started now staffing position improved and confirmed plans for dividing DAU & triage. Meetings will continue fortnightly, action plan to be completed at next meeting. Awaiting update from clinical team as to training dates **19/07/2021** There are insufficient staff across the service to separate the services. Therefore the separation of the assessment and triage is on hold. There are additional midwives to cover the phone calls. The QMC assessment unit was due to open on Monday 25th July, however this did not go ahead due to failure of the emergency call bell system. The contractors have been contacted and we are awaiting for a date for them to return to fix this. **23.08.21** -The ABC moved into the new area at QMC last week and is working well. ABC has its own designated staffing. **23/09/21** The ABC is reported to be working well. Head of Midwifery will complete a further review of the area now it has been open a month. **27/09/2021** - SB - Due date revised to the end of November. This was agreed by MOC at meeting on 14 September 2021. **16/11/2021**- Triage has opened at QMC, but no further progress made at City. Full implementation of BSOTS has not taken place as planned originally. CJ/SB discussed. The day assessment unit at City has not split at all yet due to staffing pressures. SB to follow up. **16/11/2021** CJ - We have bought the licence for BSOTS, but we are not able to implement it because we haven't been able to separate day assessment from triage. This has been because of staffing pressures and lack of leadership capacity to progress. **19/11/21** SB Triage/ DAU task and finish group set up. Plan to meet every two weeks **26/01/22** - The separate triage function is not happening at QMC or City Hospital, this is due to workforce pressures and the fact we do not have enough midwives to enable the full separation. We are now exploring other options which are being led by the Head of Midwifery and there is a possibility we may be able to look to do a partial service three days a week. We are planning for this to be able to start at the City Hospital from the April roster, but this is not confirmed for definite as yet. There is a task and finish group underway for this action to ensure there is oversight of the triage service. There are a number of other areas we are progressing for this action; our Improvement Midwife and the triage leads for both sites are going to visit Birmingham to find out more about they manage their triage service and use BSOTS. The lack of a separate triage service was not on the risk register, although the triage lead midwives had completed one early in 2021. The risk was therefore reviewed with the aim to get it through QRS and onto the service risk register. The risk is waiting for some slight amendments and then will go to the next QRS meeting. Another issue which was identified through the task and finish group was the use of Nerve Centre and MEOWS. It is apparent that there are problems getting women entered onto PAS due to capacity. If they are not on PAS we can't use Nerve Centre to record their observations. This was escalated to the Director of Midwifery week commencing 17th January 2022 who agreed we should provide agency admin support ASAP to support getting women onto PAS as soon as they arrive. Another solution was suggested that women were asked to attend the antenatal clinic reception and they would be able to put them onto PAS. We will need to review this further to ensure the admin support has addressed the issue. We do have some audit data about the triage service which is showing that general performance with the fifteen minute target for initial assessment is good, however, we need to look more at what happens next and the effectiveness of care and treatment once they receive their initial triage. We have one midwife returning from long term sick with a strict criteria of what she can do when she returns. She starts her phased return week commencing 14 February 2022, we hope to be able to use this midwife to run the DAU on the three days of week that she will be working. **09.02.2022 - Action split into separate site actions. 21.02.2022 - SW March - DAu and Triage will be split**	open			
				Establish a single point of access line for women to contact the service.			30/11/2020	30/11/21			**29/07/2021** The single phone line is now being trialled and calls are coming through. Some problems during the first week with inappropriate calls coming through so some revisions are required. The team are making tweaks every day following feedback. **23/08/21** -The maternity hub continues to provide phone advice on one number. Digital team are ensuring that sufficient lines are available before a public launch in September. **23/09/21** - CJ emailed head of midwifery for an update. **27/09/2021** - SB - Due date revised to the end of November. This was agreed by MOC at meeting on 14 September 2021. **28/09/2021** - SB - Please note that this action is aligned to MIP Digital 3.4 **01.10.2021** - SB - Launch date now set for Oct 11. Comms plan being created and part 1 stickers ordered. **14.10.2021** - RB - advice line went live on 11th October 2021. **05.11.2021** - Data from the advice line has been received. Past to Tom for some analysis to be carried out. Will need to arrange to discuss with SW to review. **16/11/2021** - Identified some issues with the telephone data, there is duplication of the data. TS is working on cleaning up the data. The data is demonstrating we will need to increase resource for the advice line. SB to speak to RB. **16/11/2021** Task and finish group meets every other week regarding the advice line. The data is telling us there is a lot of calls that are dropped and unanswered. A request has been made to look at the call length to see when the calls are dropping and if they are seconds are for several minutes. this will give us a better indication of how many women are dropping off. We are not aware of any complaints about this from women, the feedback on the social media pages is positive about the service. **07/01/2022** JW - T&F Group continue to meet to review outstanding actions. Call log was double counting calls 'pinging' around the hunt group if not answered straight away. Supplier has now tweaked report to discount double counting therefore reports are now a true reflection of incoming and dropped calls. To review data at the next group. 7 day audit has been completed providing insight on types of calls i.e. urgent and non-urgent with a breakdown by theme. This has been helpful in identifying actions particularly for Community to provide further Comms to Midwives to ensure Advice Line is advertised appropriately. Full 7 day report to be shared at the next meeting. Advice Line SOP is being reviewed in January to tighten up guidance and processes. Reviewing how we can capture patient feedback via DrDoctor or FFT. **18/01/2022** - CJ - more data on volume and answer time of calls has been made available. **21/01/2022** - JW - key points from review of data is call trend is changing with increasing calls over the weekend. Wednesday morning disproportionately busy, although peak time for calls is 8am-12. Unanswered calls have an average ring time of 1-3 minutes. Current shifts are 1x long day 7-7:30 and 1x long night 7-7:30, 1x 8am-4pm shift, plus a long twilight 12-12 shift. Agreed to trial splitting the long twilight shift to provide additional cover 8am-12 to cover peak times, and then provide short twilight shift. Agree to trial over next few weeks and review data to identify if this has impacted level of unanswered calls. Met with FFT team and looking to implement process to gain patient feedback via 'Online Surveys' portal. Amending welcome message to provide more specific information to inform where alternative service should be called i.e. direct to Community Midwives, Labour Suite or 999. The phone line is now in so this action can now be closed. **08/02/2022 - SF** - a staff survey has been created and findings will be collated to work out what shift patterns etc staff would like and also what would help in making working on the line more comfortable. **17/02/2022 - JW** - Staff survey closed and results reviewed. Staff provided really positive feedback on benefits of service to both patients and staff. Feedback that 47% staff prefer shorter split shifts and 30% prefer long shifts (23% other). To be reviewed alongside call data at next T&F group to plan future staffing models. Identified priorities to improve working environment and areas to improve i.e. early pregnancy pathways which will be actioned and monitored through the T&F group.	Open			
				Ensure triage midwives have received training.			31/04/2022				**26/01/2022 new action added.** A triage training package is being developed and we will have firm timescales for when this will be completed.	open			
SP2	Women and their babies are protected from avoidable harm.	All resuscitation equipment throughout the service is maintained in a state of readiness at all times	Results of audits will be viewable on Perfect Ward	Review the policy and guidance on the checking of emergency equipment for adults and neonates in the maternity service to ensure it is up to date, clear and reflects national guidance.	Director of Midwifery	Head of Midwifery and Matrons	30/09/21				**10/09/2021** Need to check the situation with this. It is not clear who is reviewing the policy **23/09/2021** The resuscitation policy was reviewed by the interim Director of midwifery. It was felt there were no problems with the policy and it was in line with the rest of the trust and best practice in maternity services. **16/11/2021** A new checklist has been developed for the trust. Staff have asked if we can look to review what equipment we have on the trollies. The policy will need to be reviewed but this should now be business as usual, however, we will continue to monitor this to ensure its complete and embedded. **26/01/2022** This action is complete, but actions below continue.	Closed			
				Ensure staff are aware of the policy and the requirements for the checking of the resuscitation equipment.			30/09/21				**29/07/2021** Ward leaders have been reminded about the importance of checking resuscitation equipment. Contact made with the trust lead for resuscitation to carry out a review of the policy to ensure it is fit for purpose in the context of maternity. Need to progress further work on an audit to check compliance. **23/09/2021** There is a process in place to check equipment and staff are aware of this procedure. The maternity service is now using perfect ward which incorporates resuscitation equipment checking. However, compliance on the use of Perfect Ward is not consistent across all areas. Ward leaders have been reminded about Perfect Ward and information has been cascaded out through various routes, including the Facebook page and briefings. Spot checks have taken place on all ward areas and findings suggest checking is taking place. Ward leaders have been reminded of their responsibilities to ensure staff are checking equipment as required and need to be held to account when this is not carried out. Until the compliance with Perfect Ward improves, spot checks will continue to be carried out. **05/11/2021** CJ conversations with ward leaders, they are aware of the importance of checking the equipment and reinforcing messages. CJ plans to do some spot checks this month. **16/11/2021** Have agreed to set up a task and finish group for this to move this forward at pace. Staff are aware of their responsibilities but the process is time consuming and not as simple as it could be. Have discussed what some other trusts do to make this simpler. **26/01/2022 This action to be put forward for closure now. The further actions we need to do are covered in the action below.**	Open			
				Introduce a programme of audit to ensure compliance with the policy and ensure action is taken to act on any gaps in compliance identified by the audits.			30/09/21				**08/09/2021** - The trust wide audit of resuscitation equipment accessed via productive ward went live this week. We need to ascertain if this is just for adults and is being used in maternity. **23/09/2021** -RB - The perfect ward audit does include all resuscitation equipment, not just adults. compliance with perfect ward is not consistent across all areas at the moment. It has been promoted to ward leaders **05/11/2021** Further discussions taking place about perfect ward. CJ to follow up outcome. **16/11/2021** Perfect ward isn't giving us the assurance we need for this action. Have agreed to set up a task and finish group for this to move this forward at pace. **18/01/2022** - spot check are continuing to be carried out. **26/01/2022** Resuscitation checking continues to be a focus of the safe practice work stream. It is being discussed every week at the weekly Safe Practice meeting with the Matrons. There are a number of actions underway so we are fully assured that checks are being carried out consistently. Spot checks are being undertaken every week and they generally show good compliance, with the odd gaps scattered around. We have reviewed the equipment list for the neonatal resus and want to reduce this significantly. A proposed new list has been developed following consultation with neonatal colleagues. A request has now gone back to the Resuscitation Committee (trust wide) for this to be ratified as a change. This committee does meet again until March 22 but we have asked if this can be done by an extraordinary meeting. Will follow this up again next week at the safe practice meeting. A video is being developed now to remind staff about the importance of checking and it will be sent out to staff as part of the learning videos we are rolling out across the service.	Open			
SP3	Women and their babies are protected from avoidable harm.	Medicines are stored, prescribed, used and disposed of properly and safely. There are accurate records of medicines.	Dashboard data - medication incidents - reduction in incidents Pharmacy related Audit	Review the arrangements for the management and oversight of medicines across the service, including the community.	Chief Pharmacist/ Director of Midwifery	Ops manager team	31/10/21				**29/07/2021** Contact made with Chief Pharmacist to request an update on progress against this action. **12/09/2021** Contact made with pharmacy to seek support to address this action. **26/01/2022** This action could now be closed. We have sourced additional capacity for pharmacy support following a review. There are two pharmacy technicians who commenced Jan 2022 and we still have one Band 8a Pharmacist dedicated for Maternity post to be filled.	Open			
				Devise and operationalise a medicines management audit to monitor compliance against national and local guidance. Ensure findings from the audit are used to address gaps in compliance			31/10/21	31 April 2022			**12/09/2021** Contact made with pharmacy to seek support to address this action. **08/11/2021** There was a walk around with Pharmacy and Liz Towell from Maternity at City on Monday 27th September and there is one planned for this Wednesday 10th November. I have asked AW for an update on all of this - LP **16/11/2021** - AW - We have an annual audit carried out across NUH. We are using the same template for the more frequent inspections described above. **16/11/2021** - LP & AW • Snapshot storage and security audit carried out for all inpatient Maternity areas prior to insight visit at September. Results fed back to the Maternity Team, and Pharmacy supported corrective actions prior to inspection. Insight inspection report awaited. • Plan to repeat storage and security audit every 2-3 months until sustained improvement achieved. Would next be due in December 2021. Once more robust Pharmacy staffing in place for Maternity, then responsibility for this will sit with them. • Ideally, would want to have more direct involvement in the audits from Midwifery Team to encourage ownership. • Walk around carried out on both sites to assess adequacy of medicines storage facilities. Done in instalments for operational reasons, but finally completed on Wednesday 10th November. SGM currently working that up into an action plan to go to the Division. • The same SGM (Lou Dabell) is meeting with the community midwifery teams on 19th November to scope in how many locations medicines are stored in. Once we have this information, we can look to do site visits as needed (though there are probably 40-50 bases so there will be a limit to what we can achieve). Longer-term, we should have the capacity within the team to start engaging with the Community Teams to understand how these medicines are used/issued. **26/01/2022** The new pharmacy technicians for maternity should now be in post. CJ emailed AW to ascertain what their work plan is. **31.01.2022** - a snap shot audit has taken place. A corporate framework for Audits is being devised and Andrew Wignall would like to trial this in Maternity. **31.01.2022** - 2 Medicines management Pharmacists have been appointed - 1 has commenced at QMC the other will be in post at City shortly. they will provide a service 9-5pm on both sites Monday to Friday. A Band 7 Pharmacist has been appointed and is going through appointment process currently.	Open			
				Develop a work plan to improve the compliance against national guidance in relation to the safe storage, prescription, administration, record keeping and disposal of medicines.			31/10/21	31 April 2022			**12/09/2021** Contact made with pharmacy to seek support to address this action. **16/11/2021** - AW - Not aware that this has been started - Needs to be owned/led by Maternity, supported by Pharmacy. **17/01/22** CJ has discussed with the Matrons and ward leaders about the importance of checking that medicines are being stored correctly. This has also been reinforced in the matrons handbook and an email sent from the DOM to the Matrons about her expectations. The ops managers are supporting this action and carrying out checks. The improvement Midwife has also been asked to carry out weekly spot checks of storage of medicines. The new pharmacy technicians are due to commence this month and they should begin to take on responsibility for ensuring we are compliant with the safe storage of medicines. **26/01/2022** The Lockable drug fridges have now been delivered for the City Hospital (these were identified in the CCG visit as not being fit for purpose). Ops manager is working with the ward leader at City to look at re purposing a new medicines storage room. The current room is very hot and the staff are often propping open the door which is not good practice. Need to get more detail and timescales for this work. **31.01.2022** - AW is to meet with Maternity Governance Team and discuss using Perfect Ward to monitor safe storage of medicines. **31.01.2022 - AW** - Following discussions with Community Matron AW feels that medicines storage is robust but some sites checks by Pharmacy staff need to be carried out.	Open			
SP4	Women and their babies are protected from avoidable harm.	Women's care and treatment is delivered in line with current evidence based guidance and they achieve good outcomes in line with or below the national average/peer comparator.	Dashboard data will evidence Decrease in incidents with harm	Review the care and treatment provided to women who experience a Post Partum Haemorrhage (PPH).	Improvement Obstetrician	Patient Safety Clinical Fellow		31/10/2021			**29/07/2021** This work has progressed and has been led by the clinical fellow for patient safety: PPH has been included in the cockpit measures **23/09/2021** The latest data shows the rates of PPH are decreasing. We will continue to monitor this trend in data. **01/11/21 - JR -** There has been a full and thorough review of the management of PPH including management of risks, optimising antenatal haemoglobin levels. The review has also included patient experience questionnaires. The results of ongoing review are being used to target initiatives to improve management. The review is complete. We have started to be able to demonstrate that outcomes have improved for women. The patient safety clinical fellow will finish her contract in December. CJ has enquired if the service can recruit another patient safety fellow, but no answer to this at present. NT is asking one of the trainees of she will take this on. CJ to follow up. **08/12/2021** - CJ - Fellow has requested to have contract extended to end January. **26/01/2022** There has been a lot of work undertaken relating to this action. Full information is sorted in the evidence folders. There have also been presentations given on this externally as we can demonstrate improvement in outcomes for women. There is some concern though that once the patient safety fellow leaves there will be less leadership for this project. There have been some conversations about having another patient safety fellow but they have not progressed. The improvement obstetrician is having a handover with the patient safety fellow week commencing 24 January 2022. CJ to follow up where the discussions about another fellow got to try and get some traction.	Open			MIP Action Plan evidence\Safe Practice\Action SP4

				Develop and implement the PPH action plan to improve care				31/10/2021			**23/09/2021** A sub action plan is in place with a range of actions to improve the care of women. This is being led by Dr NT and is progressing in line with the project plan. **01/11/21** - JR - The project is progressing. There has been a reduction in the number of women requiring blood transfusion. This is a significant factor in illustrating that the initiatives implemented have made a difference to women. **26/01/22** Update as above, the challenge we face now is to see if this improvement work will be sustained without dedicated leadership.	Open			
SP5	Women and their babies are protected from avoidable harm.	All clinical areas within the maternity service are kept clean and appropriate standards of hygiene are maintained.	Audits	Carry out a review of infection prevention control arrangements within the maternity service. Ensure there is oversight of the compliance against IPC standards and report this through the maternity governance process.	Director of Midwifery	Ops managers/ Matrons / JJ	30/09/21				**23/09/2021-** Infection, prevention and control team have carried out audits on both campuses this week. Finding generally positive, some areas need to be addressed. At present, there is no formal structure for reporting on IPC within the governance system. It will be addressed as part of the overarching maternity governance review. **08/11/2021** - CJ to check this with SS the revised arrangements **16/11/2021** - RAG changed as evidence from a recent CCG visit does not support this current rating and we don't have the assurance that this action is now progressing. Need to review the actions again. **26/01/2022** - Head of Midwifery has received some guidance from the corporate team about what maternity should be submitting regarding IPC. IPC is being reported through the governance structure within the service. We don't yet have enough evidence to be able to say this is ready for closure. **27/01/2022** Update from HOM, she has reminded ward leaders that the IPC audits are submitted on "tendable." The results are then going to the Matrons who will present to the HOM every month, along with the evidence of what actions they are taking to address any gaps. HOM is then reporting to the Divisional IPC meeting and then to the trusts IPCC. January 2022 was the first month we took our first report. We are also submitting the Covid Board Assurance framework to the trust wide IPC meeting and are reporting this to the monthly divisional committee. Final step is to take the information to the maternity service QRS meeting and then this action could be closed. **31.01.2022 - RB** - Matrons and Ward Managers have relinked with IPC. RB meeting with Matrons to receive reports and updates on actions. A template for audits has been given to Ward Managers . **31.01.2022 - RB** - IPC has been integrated into the QRS framework.	Open			
				Ensure the trusts infection prevention and control corporate team visit all areas of the maternity service to identify IPC risks and identify the actions that need taking.			30/09/21				**10/09/2021** the corporate IPC team have carried out visits to the maternity service. Need to obtain the evidence of these visits to store in the evidence folders. Actions for immediate improvement flagged with the midwife in charge and feedback sent to the DOM. ? this action could be closed when the evidence is obtained? **23/09/2021** - A further audit has been completed by the IPC team. Feedback generally positive. This action is now ready to be closed. **23/09/2021** - **Request to MOC that this item is closed** **18/11/2021 - RAG changed as evidence from a CCG recent visit does not support this current rating and we don't have the assurance that this action is now progressing. Need to review the actions again.** **26/01/2022** CJ has requested further audits from the corporate IPC team. We have also approached the CCG team to see if they could support a further visit. IPC staff are clearly under pressure at present because of the Covid situation. Spot checks of cleanliness are taking place weekly between the ops managers, ward managers and the improvement midwife. **27/01/2022** For discussion at the deep dive at the MIP on 31 Jan, this may be an action we could now close and move to BAU. **31.01.2022 - RB** - Matrons and Ward Managers have relinked with IPC. RB meeting with Matrons to receive reports and updates on actions. A template for audits has been given to Ward Managers . **31.01.2022 - RB** - IPC has been integrated into the QRS framework.	open		MIP Action Plan evidence\Safe Practice\Action SP5	
				Identify a work plan to address the areas identified by the IPC team.			30/09/21				**10/09/2021** need to clarify what the work plan is. **23/09/2021** There is a programme of work to address the areas identified by the IPC team. Funding has now been obtained to address the areas and work is due to start. A meeting has been arranged with estates and the pathway manager for maternity on 24/09/2021 to understand the plan for the work to commence. Showers at QMC have been fixed. **23/09/2021** - Request to MOC that this item is closed **18.11.2021** - RAG changed as evidence from a recent CCG visit does not support this current rating and we don't have the assurance that this action is now progressing. Need to review the actions again. **26/01/2022** Confirmation received that all the remedial estates works have been funded. There is a programme of work happening now which addresses the areas of concern. work will be complete by April 2022. Spot checks are taking place every week to look at clinical areas. Addressing issues as they arise. Some fresh eyes on the units would be useful now to check progress but generally leaders feel the clinical areas have improved in terms of IPC. CJ not yet assured we are ready to close this action. **31.01.2022 - RB** - Matrons and Ward Managers have relinked with IPC. RB meeting with Matrons to receive reports and updates on actions. A template for audits has been given to Ward Managers . **31.01.2022 - RB** - IPC has been integrated into the QRS framework.	Open			
				Ensure staff know who the trust IPC leads are and how to contact them for advice and support.			30/09/21				**10/09/2021** agenda item for discussion at senior midwives meetings week commencing 13th September. **23/09/2021** Information is now available in wards and departments about who the IPC leads are and how to contact them.	open			
				Ensure staff understand their individual responsibility for IPC. **CLOSE BECAUSE covered in training.**			30/09/21				**10/09/2021** Agenda item for discussion at senior midwives meetings week commencing 13th September. **23/09/2021** Ward leaders have been asked to talk with their teams about IPC. We will need to ensure compliance of trusts IPC training. This action will be incorporated into the training actions. **19/11/21** SB Task and finish group to be arranged to progress action on ICP issues **16/12/2021** MOC agreed to close this action because it is covered in action T2 and a separate action is not required. CLOSED	Closed			
				Ensure there are IPC link midwives in place within all areas of the maternity service.			30/09/21				**10/09/2021** Agenda item for discussion at senior midwives meetings week commencing 13th September. **08/11/2021** Link nurses are in place in some areas, need to review which areas are not covered. **27/01/2022** Link nurses are being re-established.	Open			
				Review the availability of domestic cleaning to ensure there is adequate capacity to meet the demands of the service.			30/09/21				**10/09/2021** Support obtained from facilities to develop a rota to have 24hr cover for cleaning in labour suite and supporting wards as needed across both sites. This will include elements such as touch point cleaning, bed cleaning and cleaning of patient equipment excluding decontamination. **17/09/2021** - JW - Meetings complete to date with Bonington, Lawrence, C29 and B26 managers. Initial feedback positive in relation to standard of cleaning provision, however gap between 4-5pm where side rooms are not cleaned when patients discharged resulting in bed-blocking on LS. **24/09/2021** - JW - Meetings took place with Clinical Managers to review current provision; Lawrence/Bonington 14th Sept - COMPLETE Labour Suite City 17th Sept - COMPLETE C29 13th Sept - COMPLETE Labour Suite QMC 22nd Sept - COMPLETE ANC 21st Sept - COMPLETE B26 17th Sept - COMPLETE Feedback generally positive. Areas always cleaned to required standard. Gaps identified as follows; Damp Dusting Side room cleaning in afternoons on wards and LS How to appropriately escalate additional cleaning requirements when in purple escalation Gaps discussed with HOM and IP Matron 24.09.2021. Further meeting being arranged with Domestic Services Managers for w/c 4th Oct to discuss additional requirement. **Request to MOC to close this item** **18/11/2021 - RAG changed as evidence from a recent visit does not support this current rating and we don't have the assurance that this action is now progressing. Need to review the actions again.** **06/12/2021 - JW -** New SGM met with supervisors. Submitted cost for additional cleaning services - to be reviewed. Summarised findings from CCG report and requested a plan to address cleaning actions. SGM to chase plan. **07/01/2022** - When back from leave Lou Dabell to chase cleaning supervisors for plan on a page to address actions following the CCG report. **26/01/2022** Cleaning supervisors have a plan to address the comments in the CCG report. Ops manager will monitor improvements as she is doing weekly workarounds. Actions are being ticked off the list, e.g., taps descaled. Ops manager is closely monitoring this now. **17/02/2022 JW** - Business Case complete and submitted for Business Unit approval on 23rd Feb and DLT approval on 24th Feb. Preferred option requests £170k for additional afternoon cleaning support for wards to improve flow, and second cleaner for Labour suites in morning to manage demand (second option just includes additional ward cleaning at £80k cost).	Open			
SP6	Women and their babies are protected from avoidable harm.	All clinical areas within the maternity service are suitable for the purpose for which they are being used and are properly maintained.	Regular observational checks by Senior Team - monthly walk rounds	Carry out a review of the estate within the maternity service and identify the areas which require maintenance, repair or reconfiguration so that the clinical environment is fit for use.	Director of Estates/ Director of Midwifery and Divisional General Manager		31/03/22				**09.09.2021** - JW - Comprehensive submission made to Estates on 12th July, with over 500 items identified within Maternity on both sites where Estates work is needed. JA responded to chaser email (03.09) confirming that the Estates team have been progressing the costing of the elements and discussing routes to funding with finance colleagues. The majority of items require additional funding beyond maintenance budgets and the following costs have been identified; For the items identified as priority (155no) c£300k For other items not prioritised (285no.) c£500k There is a further meeting between EFM and finance on Monday (06.09) where funding opportunities will be explored further. **17.09.2021** - JW - Email confirmation from Finance approving the draw down of a non recurrent budget of £302k to support delivery of the priority areas. GM Team to meet with Estates to identify schedule of work. **24.09.2021** - JW - Meeting took place today with Tom Vallance (Estates) to identify a programme of work for priority areas. City - Decorating starting Mon 27/9 on Bonington but will work across all 3 wards depending on room availability. Flooring commence mid-next week when materials available. QMC - Painting and flooring already commenced on B26. C29 starts 27/9 - working across 3 wards depending on room availability. Bump rails replacement starts 30/9 across both sites. Sinks and units are on order along with replacement taps and work will start when supplies available. **Request to MOC to close this item**	open		MIP Action Plan evidence\Safe Practice\Action SP6	
				Identify a work plan to address the areas identified regarding the estate.			31/03/22				**10/09/2021** work plan needs to be developed as a result of the review needs to be developed. **23/09/2021** Meeting with GM and estates booked for 24/09/2021 **22/10/2021** - JW- Emailed TV requesting estates work update plan for unfunded works. **05/11/21** - JW - Met with Estates and plans are in place for all budgeted work to be complete in the next 16 wks. Those bigger capital or replacement jobs which have no allocated budget need to discuss with DLT. **19/11/12** - JW Reviewed priority estates list. Budgeted work scheduled as per comment above. Divisions received funding to support MNW, so unfunded MNW tasks sent to DLT to prioritise divisional funding. Emailed Rebecca Meats to request unfunded capital works is supported via Trust capital slippage - awaiting response. **06.12.2021** - JW - Maternity has been allocated £66k slippage funds for additional MNW estates work. GM and DGM to meet with Estates to identify additional programme of work. DGM putting together capital bids to submit to EIRC Committee by week end 10.12.21 to request capital slippage funds. **20.12.2021** - JW - Successfully bid for £500k capital slippage funds to enable all priority large capital works to be carried out. Walk round completed with Estates to review QMC areas. Request submitted to estates for spending £66k on priority areas. **07.01.2022** JW - Plan in place to complete £500k capital works. Additional £66k obtained so now have total of £132k to complete some of the outstanding minor works. To meet with Estates next week to review plan of works. **21.01.2022 - JW** Estates list saved in evidence folder including works broken down as follows 1. Already funded (funding identified by estates after insight visit and development of full list of requirements)– dark green 2. Funded by 21/22 MNW Slippage (£132k) – light green 3. Unfunded – red 4. Funded via 21/22 Capital Bids – blue 5. Confirm fire door plans with estates – grey All works identified as not a priority are unfunded at this point. notes are added in column N where there is additional information from estates to identify where work is complete, indicative start dates, where they are waiting for supplies to be delivered etc. Essentially all the funded works will be completed by end of March 2022 as this is requirement of the available funding. In addition, both Antenatal Clinic staff rooms have been renovated over the past few weeks and are being handed back to the service this week. Ops manager has been to review QMC room and the staff are really pleased with it. Ops manager reviewing City this week as part of the handover from Estates. **17/02/2022 - JW** - All funded estates work on track for completion by end of March/early April. Regular walk rounds between Ops/Estates take place to review progress.	Open			
				Ensure there is clinical input into decisions about estate reconfiguration.			31/03/22				**10/09/2021** Clarify with the Matrons if they have been involved **23/09/2021 This action relates to reconfiguration of the estate in terms for moving sites. Propose to close this action here and move.**	Open			
SP7	Women and their babies are protected from avoidable harm.	There is a focus on continuous learning and improvement. Improvements to safety are made and the resulting changes are monitored.	Evidence of Safety Huddles taking place Evaluation of safety huddles demonstrates learning	Implement revised safety huddles to include Obstetrics, Neonates, Midwifery and Anaesthetics.	Heads of Service/ Director of Midwifery	Improvement Obstetrician and Midwife	31/03/2021	31/10/2021			**10/09/2021 -** Currently have daily MDT meetings - weekly themes will feed into weekly & monthly safe today reports. Will be combined in to new safe today proforma from May. New proforma includes community questions & revised local red flags. **16/11/2021** - MDT is now well established, but we recognise there is more we could do to implement safety huddles. The new flow coordinators have now started and there are now opportunities to implement safety huddles. **26/01/2022** Reviewed this action with the Improvement Midwife and the Improvement obstetrician. There is a recognition that although we have the MDT meeting we have not implemented safety huddles in their true sense. Need to reinvigorate this action. CJ to raise with the Heads of Service and DOM.	Open	31/03/2021		
				Carry out evaluation of safety huddles to ensure they are consistently taking place and are an effective way of sharing safety information and contribute to providing safe, effective and high quality care.			31/03/2021	31/10/2021			**23/09/2021** Safety huddles are taking place. Need to review their effectiveness. **16/11/2021** MDT is now well established, but we recognise there is more we could do to implement safety huddles. The new flow coordinators have now started and there are now opportunities to implement safety huddles. **26/01/2022** Reviewed this action with the Improvement Midwife and the Improvement obstetrician. There is a recognition that although we have the MDT meeting we have not implemented safety huddles in their true sense. Need to reinvigorate this action. CJ to raise with the Heads of Service and DOM.				
SP8	Women and their babies are protected from avoidable harm.	Physiological measurements of women are taken, recorded and assessed using MEOWS. There is prompt recognition of acute illness and/or rapid deterioration, and action is consistently taken to escalate and request for a medical review.	Audits results - Dashboard	Ensure the use of MEOWS has been communicated across the service.	Associate Director of Governance	Improvement Midwife/Matrons	31/03/2021	31/10/21			**08/09/2021** - RB - MEOWS is not used in the community. Midwives use their clinical judgement. Likewise, there is no tool being used for babies. Need to ascertain what is best practice in the community settings. The intrapartum use of MEOWS is pending national guidance. **19/07/21** - A new MEOWS guidelines is in place. Need to check this was ratified and cascaded. **23/09/2021** we have a lack of evidence to tell us if the MEOWS guidance was communicated across the service. **05.10.2021** - RB - there is new guidance due to be issued in a few weeks, this action will be closed once guidance has been disseminated to all staff. **16/11/2021** - CJ need to follow up this action. Work is underway by the digital midwife to ensure agency staff have access to the electronic devices. **06.01.2022** - The MEOWS guidance is in nerve centre and is used in the antenatal wards but not in labour wards as current algorithms in use are not sensitive for intrapartum women - paper charts are being used to record observations there. There is a national MEOWs scoring system that will be launch in next 3 months, work nationally is ongoing with Nerve centre to develop an electronic version. NUH would look to adopt the national tool once it is available. **25/01/22** The National tool for use in the intrapartum areas has not yet been launched. MEOWS is being used in our ante and post natal areas. Audits demonstrate compliance with carrying our MEOWS. This action could now be closed.	Closed	30/04/2021		
				Carry out a programme of audit on the use of MEOWS to assess compliance.			31/03/2021	31/10/21			Initial audit undertaken to understand extent of problem. This will be presented to Maternity Governance where the Action Plan will be agreed. Audit demonstrated an overall good compliance. To be presented to Maternity Governance 26th April and action plan reviewed. Did not make agenda - re-scheduled to 10th May. Revised MEOWS Guideline ratified at Guideline group in March 21 26.05 action plan to be monitored through Governance by Audit MW 04.05 KA to amend guideline to include 15min escalation **10/09/2021** Audit taking place weekly. We are not sure the audit is capturing the data and needs to be reviewed. MEOWS audit under review. **23/09/2021** MEOWS audit work ongoing. The audit is being undertaken. This action can now be closed as the audit is underway. **14.10.2021** - RB - MEOWS audit criteria have been changed to reflect observations for normal and c section births. Awaiting results for updated audit to improve compliance. **16/11/2021** Auditing continues. Close this action as the audit is being carried out. **26/01/2022** Auditing is continuing and compliance is evident with the use of MEOWS	closed		MIP Action Plan evidence\Safe Practice\Action SP8	

				Review the audit findings and identify actions to improve the escalation of MEOWS.			31/03/2021	31/10/21			**10/09/2021 - SF -** Results of the audit are being reviewed to identify what action needs to be taken. **23/09/2021** The review of the audit is underway. Any new actions from the review will need to be captured in the MIP. **14/10/2021** - RB - MEOWS audit criteria have been changed to reflect observations for normal and c section births. Awaiting results for updated audit to improve compliance. **16/11/2021** - Weekly audit results are reviewed. results have shown improvement, however not consistent every week. Discussed at senior midwives meeting week commencing 8 November 2021. More devices have now been rolled out and log in problems for agency staff have been fixed. Audit results are on the dashboard. **25/01/22**- The audit results are demonstrating that our performance is not where it needs to be in terms of escalating women who trigger through MEOWS. When we talk to the clinical teams about this to try and understand the problem, there is always a feeling that women are escalated appropriately and it is that our parameters to trigger are too sensitive and we are also not always recording on the system why we have not escalated the woman. CJ has contacted the deputy director of nursing in the trust to ask for advice about how the acute part of the trust approach this. MEOWS is being covered as part of the weekly safe practice meeting with the Matrons so they have increased oversight of this action. **08/02/2022 - SF** attended a corporate meeting for a new trust wide project of escalation and MEOWS - SW leads the project and will be coming into Maternity to observe and possibly roll out.	Open			
SP9	Women and their babies are protected from avoidable harm.	Women experience coordinated care underpinned by clear and accurate information exchange between relevant health and social care professionals	Observations that SBAR is in use	Implement the SBAR approach as the first line of clinical communications when escalating, transferring or discussing care.	Director of Midwifery/Heads of Service	Improvement Midwife/Practice Development Midwives	30/04/2021	30/09/21			Initial review of existing handover tools underway Plan to link with safe today meetings & reporting Look at facility within Medway to handover (now not preferred option) Initial audit data on digitalised medical handover tool published (62 submissions reviews). Tool revised in response to feedbacks from staff - continues to be piloted. Plan for a weekly report project group to be initiated to look at roll out of SBAR as main handover & communication tool for Midwives. 14/05/21 - assessed what is currently used with regards SBAR. To set up group with Kerry Webb to roll out to wards 26/05/21 - 1st meeting 28.05 - agreed plan and initial actions. To integrate with BSOT working group 10/09/2021 waiting for update from clinical leads 23/09/2021 SBAR is being used across the service. A review of its effectives is needed and to understand the difference it is making. 26/01/2022 Review of this action. SF updated that Dr Kanagaraj has been tasked to work on the discharge letter aspect of this but has been pulled back to work clinically. Discharge letters are partially written by Doctors but the midwives don't use the same system the Drs use which results in a disjointed system and the letters are not always fit for purpose. We need to move to one combined discharge letter in Maternity Medway. SF will contact Dr K and find out where they got up to with this work. 31.01.2022 - Discussion at MIP Working Group - Sbar is not being consistently used. There is a need to map out and move forward a plan for using SBAR. SF, PL, TS, JD, JR and LD to meet as soon as possible to progress this. 31.01.2022 - Discussion at MIP Working Group - CJ to discuss with Owen Bennett to see if Patient Safety Team can help with moving this action forward.	open		MIP Action Plan_ evidence\Safe Practice\Action SP9	
				Carry out observations of the use of SBAR and evaluate its effectiveness.							**08.02.2022 - SF** - SBAR note pads have started to be used in maternity. Looking to start using Sbar champions. Looking at laminated Sbar sheets (writing on with dry wipe pens) outside of the labour suite - midwives can use to prepared for ward round handovers. Fi Wallis and Hannah Lewis and Nora - working on way to put together basic information for neonatologists if they are called urgently to new born.	Open			
SP10	Women and their babies are protected from avoidable harm.	The systems in place to reduce the risk of the abduction of a baby are fit for purpose and are consistently followed.	Ratified security policy Observation and discussion with staff demonstrate awareness of security arrangements	Review the current security arrangements in both maternity units.	Director of Midwifery/ Director of Estates	Ops manager team	31/03/2021	30/09/2021			There is 24/7 security presence at the front entrance of the City Maternity Unit. **10/09/2021** Need to ascertain what the security arrangements are in the QMC Maternity unit. **23/09/2021** QMC has a baby tagging mechanism in place, however, it is not robust as the tags are pinned to the babies clothing. We are unable to progress this action at present. This is a risk identified on the divisional risk register. **08.10.2021** - LT - I've reviewed the arrangements at both sites. No door found open at QMC No doors found open at City. The contract for Security to be based in Reception at City Maternity unit has been extended for 6 months to allow a further plan to be developed **05/11/2021** CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. this is part of the work of the task and finish group. **08/12/2021 - Request to MOC that this action is closed.**	Open	31/03/2021		MIP Action Plan_ evidence\Safe Practice\Action SP10
				Carry out a risk assessment to ensure any gaps in controls can be mitigated.			31/03/2021	30/09/2021			**17.08.21 DH**: The Trust has brought in a project manager for this: Elaine.Fry@nuh.nhs.uk, she understands the need for a specification, full tender and timeline **06.09.2021** - Business case being drawn up for more security measures for Maternity and Neonatal **09.09.2021** - LP is in discussions with Finance & Procurement and NNU Project Lead to identify the way forward with baby tagging for Maternity, NNU & Children's. **17/09/21** - LP meeting with Procurement and NNU Project Manager on 24/09/21 to define the way forward after actions from previous discussions. **24/09/21** - LP - ET (Liz Towell will now lead on this work from an operational perspective - identifying current situation and the way forward) who is organising the next meeting. **08.10.2021** - LT - Risk assessment has been completed by Malcolm Parker , and will be handed over to Amber Clarkin Baby tagging demo arranged for 12.10.21. Will need tender process and business case to progress **05/11/2021** CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. this is part of the work of the task and finish group. **26/01/2022** This action could be closed. the risk assessment was completed. It is still in date and relevant.	Open			
				Review the security policy and ensure it has been communicated with staff and they understand and follow what the security arrangements are.			31/03/2021	30/09/2021			**10/09/2021** Clarify evidence for this to ensure this was completed. **23/09/2021** Here say evidence suggests staff know about the procedures for security. However, we don't have robust evidence of assurance for this action. Action needs to progress. Need to review the dates on the action plan. When a new security system is procured policies will require updating. **08.10.2021** - LT - LT Discussion with ward and CLS staff on both sites suggests good knowledge of security arrangements. Arrange formal walk around with Head of Security to review and formally document a review Review ways of highlighting to staff and visitors that they should not allow 'tailgating' **05/11/2021** CJ a task and finish group has now been set up to progress the work about security. The issues are not just about baby tagging and are much wider than this. We need to ensure staff understand the risks and ensure we carry out some security drills and then review our performance. This is part of the work of the task and finish group. **07.01.2022** - Notice re 'slip streaming' has been developed and shared with clinical areas to display at all access points. Ops managers will review to ensure all areas are displaying this. The Abduction policy has been reviewed and is scheduled to go to the following meetings as part of the ratification process; Governance 17th Jan, Safeguarding Group 27th Jan. Also reviewing possibility of training with Clin Ed team re possibility of E-Learning via ESR. Ligature risks are being reviewed across both units supported by the Trust corporate governance team and a risk assessment will be complete by mid-Feb. **26/01/2022** Risk assessment of the ligature risks is ongoing. The missing baby policy went to the service governance meeting, however, the neonatal rep asked for this to be taken back to neonatal QRS. We received some comments on the draft policy week commencing 24 January 2022 and amendments are being made this week. Unfortunately the Safeguarding Midwife has been off work for the past three weeks. CJ will contact corporate safeguarding to see if they can offer any support as we would like to get this policy ratified and in place. In the meantime, we have shared the flow chart with the clinical teams. The Intrapartum matrons at QMC are covering this on tea trolley training. The inpatient matron will also share this. This is being covered by the safe practice meeting with the Matrons. we met again today and agreed to make a video about the flow chart to raise awareness. CJ will approach the safeguarding team to ensure they raise awareness of the policy during the safeguarding updates. **08.02.2022 - SF** - there is no trust training regarding ligature training. SF made contact with Nottinghamshire Healthcare but this needs to be escalated across the trust. Will be discussed at MIP team meeting how to take forward.	Open			
SP11	Women and their babies are protected from avoidable harm.	Women's care and treatment is delivered in line with current evidence based guidance and women are placed on the right pathway so they achieve good outcomes.	Feedback from Women Dashboard evidence to show women are on the right pathway	Undertake a clinically led review of Ultrasound Services & Serial Growth Scans pathways in to ensure that services are provided in a timely manner, in the most appropriate setting and in line with national and best practice evidence.	Improvement Obstetrician	Ops manager team	01/08/21	31/12/2021			**10/09/2021** This action has not yet commenced. Jane Rutherford and team be leading on this alongside the new operational managers which have recently been appointed. **23/09/2021** A working group has been set up. Need to review the PID and the risks associated with this project. **01/11/21 - JR -** A working group is now being set up to look at ultrasound and pathways of care. This work will have short, medium and long term goals. Work has been delayed because of staffing challenges and awaiting the appointment of new consultant colleagues. **26/01/2022** Update from Improvement Obstetrician. This project is progressing. There are challenges with the footprint of the clinics to make best use of the teams we have scanning. We only have one scanning machine on both sites. It is not clear if this is being addressed. CJ raised with the Antenatal clinic matron at the weekly safe practice meeting. Need to have some visibility of this work and offer some support to finding solutions. CJ to get an update from the ops team. need to review again. **31/01/2022** - A business case has been submitted - looking at uplift in number of sonographers and midwife sonographers. **31.01.2022** - new due date to be provided by Improvement Obstetrician together with new action to follow on from the business case. the review of demand and capacity has been completed. the case for rebanding of the midwife and training of midwife sonog. we need to more effectively use the scan capacity that we have. we need to review the pathways of care now. we are doing that now. we have clear pathways of care that if someone has a normal scan the midwife can deal with it and doesn't need a consultant. train the ultrasound sono that can also do the same. this will improve the flow and the ABC capacity. then we need to align the scans back up with the antenatal fetal consultant appoints so they see the consultant at the same time as the scan. this is a big piece of work, it is a big piece of work, the ops managers are leading on this (Lou Dabell). it requires some medical input but the ops managers are leading this work. the ops people . action could be spilt out into a number of different . **08.02.2022 -** JR has put together a business case - meeting took place yesterday and work is ongoing to work out staffing numbers and carrying out a review of space in the clinics. Both sites need review of space and also equipment - this could then increase the capacity.	Open			
				What are the ongoing actions that we might do from this.... Need to discuss with Jane.. 27/01/22 and at MIP											
SP12	Women and their babies are protected from avoidable harm.	The wellbeing of the foetus is monitored so that changes in the normal heart rate are identified and steps are taken to escalate and act promptly on any concerns. There will be a reduction in incidents where failure to escalate concerns with the fetal heart rate are identified.	Dashboard - Fresh eyes Reduction in incidents with harm	Review the policy for fetal heart monitoring to ensure it is in line with best practice and national guidance. Ensure the policy has been communicated to staff.	Heads of Service/Director of Midwifery	Fetal Heart Midwife/Fetal heart Obstetrician	01/03/21	31/05/2021			Training and roll out of replacement CTG programme is initial priority. Driver Diagram and PID reviewed and amendments requested at meeting of Safe practice group on 11 May 2021 - for sign off by 21 May 2021 CTG replacement programme and associated training at City ongoing - see equipment tab CTG competency training ongoing - revised trajectory for 90% completion for remaining groups by 24 May 2021 **28/05/21** - PID & Driver diagram signed off **28/05/21** - 100% of Consultants, 94% of trainees and 83% midwives trained for CTG Competency **08/09/2021** CTG training delivered to all available clinical staff. A plan is in place to continue to train staff if they return from being on long term sick or maternity leave.	closed			MIP Action Plan_ evidence\Safe Practice\Action SP12
				Provide and ensure staff have access to learning opportunities to share best practice and learn from real life scenarios. These should include 121 clinical work alongside the fetal heart monitoring lead midwife and obstetrician.			01/03/21	31/05/2021			**10/09/2021** Fetal Heart Midwife is working with staff on a 121 basis, however, during July and August she has been required to work clinically due to the staffing pressures. **23/09/2021** Fetal monitoring lead contacted and requested an update on their work plan. **27/09/2021** All staff have access to weekly audit meetings (Wednesdays 8am) and alternate weekly CTG meetings (Thursdays 8am) where best practice and learning is shared in relation to real life scenarios. Need to confirm process of staff accessing one to one clinical support with lead MW or Obstetrician. **06/01/2022** - SF - weekly audit meetings are still continuing. bespoke one to one work will take place as required. **26/01/2022** CJ could this action now be closed? Need to review the evidence we hold on this.	Open			
				Carry out a weekly audit of Fresh Eyes monitoring and take appropriate action to improve compliance.			01/03/21	31/05/2021			**10/09/2021** Weekly fresh eyes audits continue. Evidence of weekly results stored in folders. Fresh Eyes data in the dashboard indicators. The clinical academic midwives doing a notes review to pull out themes around non compliance with fresh eyes (meeting 15th/17th September). Alongside this we are asking staff what they think gets in the way of fresh eyes? Do they think they are doing it? Can we understand a bit more about the reasons? From this we plan to create some meaningful actions. We can then audit to (hopefully) show some improvement in compliance. Also needing to understand why someone coming to see your CTG to review can't be included as fresh eyes too (as long as the person doing the review is appropriate and knows it is a review of concerns and not a routine fresh eyes). **23/09/2021** A task and finish group has been set up. Questionnaire now being analysed to look at barriers to completion. **27/09/21** Initial recommendations of task and finish group is to look at definition of fresh eyes (especially in relation to reviews undertaken where clinical concerns exist) and then to communicate to staff. Audit against this agreed definition. Compliance appeared much higher (94%) when reviews were included. Consider safety implications of including/excluding these from fresh eyes review. Maintain distinction in communication/escalation if requesting review for concerns over fresh eyes review only. **15/10/2021** - RB - Definition of Fresh eyes has been amended. Now awaiting audit results of new definition. **05/11/2021**- CJ the Fresh eyes audit is now starting to show some improvement. We are just going to monitor this for now. No recent serious incidents have been identified relating to concerns about CTG monitoring. This weeks audit showed improvements again; The fresh eyes audit continues; "The auditor continues to notice an improvement in fresh eyes compliance, with often only one or two time points missed. This week it was noticeable that nearly all the missed time points were when the first CTG review was due (i.e. one hour after starting the CTG) or when an epidural was being sited. It is clear that the new definition and stickers are becoming embedded in practice." **26/01/2022** Auditing continues every two weeks. Performance is variable and although has improved, it is still not where it needs to be. Reminders given and it has been raised with the ward leaders and the Matrons. We are looking at compliance as part of the weekly matrons safe practice meeting to give more oversight and visibility to this. **31.01.2022** - Discussion at MIP - staff are struggling to meet the 1 hour checks, audit shows that 2 hour checks are being met. RB has released 2 members of staff to help with the audits.	Open			
				Review incidents which have fetal heart monitoring as a theme and ensure there are 121 conversations with the staff involved to identify individual and service wide learning needs.			01/03/21	31/05/2021			**10/09/2021** the fetal heart midwife is undertaking 121 conversations with staff following any incidents Need to obtain evidence of this taking place. **23/09/2021** The fetal heart monitoring midwife is back in the role, CJ to catch up about their work plan. **05/11/2021** work plan in place, working clinically and ensuring new staff or returning staff are up to date with training. No recent incidents have identified CTG concerns. This is being monitored closely. **22/12/21**- New SI where CTG monitoring and storage of CTG of concern. Reminder has gone out to staff about the importance of correctly storing CTG's and individual feedback to staff. **26/01/2022** CJ is having fortnightly 121's to support the Fetal heart midwife. Fetal Heart midwife now has a regular slot at the senior midwives meeting wo she can raise any concerns and give visibility to this area. XXXXX	Open			
SP13	Women and their babies are protected from avoidable harm.	New born babies receive care and treatment which is in line with national guidance. There will be a reduction in the number of avoidable admissions to the neonatal unit. We will see an improvement in our ATAIN metrics and they will be aligned to the national average.	Dashboard metrics	Carry out a review of the post natal pathway and identify areas which need further action.			30/09/22	31/12/2021 revised to 31st May 2022			**13.09.2021** - RB - Meeting with Neonatal postnatal/ATAIN leads 13.9.21 to discuss areas of priority and agree key responsibilities. Have contacted LMNS for update on actions in LMNS postnatal and Neonatal Improvement Plan to avoid duplication and ensure their actions are reflected in our own work. Where possible make use of shared developments and resources across LMNS. Use of digital systems, especially in community, but also in relation to information sharing across from acute and onwards to GPs and HVs needs action and is being picked up alongside Digital team. Improve detection and management of hypoglycaemia, improve early feeding support and recognition of feeding issues including reluctant feeder. Complete work on Jaundice pathway to include how and what to audit in line with NICE guidance **27/09/21** - Currently meeting with LMNS postnatal working group weekly to decide on actions moving forward. Group has agreed that at the moment work will continue by hospital rather than across network. Meeting with Digital team planned 1.10.21 to discuss options for PN pathway. Work with Digital MW around PN patient information ongoing. Linking with Shared Governance councils for PN wards to see how they can support pathways (C29 29.9.21, Lawrence date TBC) **26/01/2022** This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February. 01.02.2022 - LMNS working group are starting back up after a pause due to covid. Being held 22 February. Proposals will include, discharge letters, improved communications with Health Visitors and GP's (part of digital stream), ATAIN, looking at changes to NIPE examinations - new screening for cardiac problems. **01.02.2022 - new revised due date added as this work has just restarted.**	Open			
				Develop and operationalise a work plan for improvements to the post natal pathway.			30/09/22	31/12/2021 Revised due date April 2023			**13.09.2021** - RB - Prioritise above work with identified leads for each area of work. **22/12/21**- SB has had initial meeting with Helen Budge and RB to discuss extra care/ transitional care on wards early new year action for SB to work with PL about raising levels of accountability for new-borns on PN wards **01.02.2022 -SF -** to fully implement the revised pathways there is an interdependency with the implementation of the new maternity system which should be implemented but the beginning of 2023. There is be gradual progress over this time but the fully implement and operationalise will be once computer systems are up and running.	Open			

				Ensure there are links between the ATAIN working group and the maternity service.	Improvement Midwife		30/09/22				**13.09.2021** - RB - Meeting with ATAIN leads 13.9.21 Leads are part of Postnatal working group and Maternity Operational Group. Shared learning activities developed and ongoing with tea trolley teaching/weekly 3 messages. **05.10.2021** - SB - update from Dr Kumar Swamy: ATAIN team is as below Kumar Swamy- ATAIN Neonatal lead Priya Kanagaraj- ATAIN Obstetric lead Nora Imoiya- ATAIN neonatal team member (on break) Temitope Obasa- ATAIN neonatal team member Joanna Sutton- ATAIN midwifery link We are still waiting for ATAIN champions from each area of maternity wards but because of staff shortages, they have been pulled away to clinical work. We meet alternate Fridays to critically review term admissions and also please find the attached latest terms of reference. (ToR saved in evidence folder) **25/01/22- SF -**will start to attend the ATTAIN meeting from this week. Then we will look at some of the actions we can take forward. Eg, term admissions to the neonatal unit. **01.02.2022 - request to close this action as good attendance at meetings with Fiona Wallis and Hannah Lewis and Priya Kanagaraj and Nora Imoiya. Ideas and actions are being developed and started to be worked on. These are now new actions in the MIP.**	Open			MIP Action Plan evidence\Safe Practice\Action SP13
				Develop and implement a programme of audit to monitor compliance with our policies on the care of new born babies.			30/09/22	31/12/2021			**27.09.21** Meeting requested with Audit Midwife to discuss PN audit. ATAIN audit data shared regularly by ATAIN team. **14.10.2021** - RB - audits are being reviewed prior to being carried out. **26/01/2022** This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February. **01.02.2022** - ATAIN group have started working on this action with audit data now available. New action in MIP for carrying out continuous monitoring and actions relating to findings. **01.02.2022 - Request that this action is closed.**	Open			
				Establish a cycle of quality improvement projects based on audit findings			29.02.2023				**01.02.2022 -** SF - completion of this action is reliant on improved information sharing maternity information system and neo natal information system. QI cycle is already being implemented and will continue throughout the year.				
				Carry out a programme of observations of the care being delivered to new born to identify the barriers as to why care is not being delivered in line with national guidance and identify actions to improve.			30/09/22	31/12/2021 revised date 30 May 2022			**13.09.2021** - RB - First series of observations took place on City Labour suite to observe care in golden hour. Queens observations delayed due to staffing issues over summer. Initial insights from city useful especially in relation to role of MSW and potential developments to support early postnatal period. MSW role is within a separate project within the MIP and this will be picked up there. **26/01/2022** This action was a longer term action. The improvement Midwife has some plans to develop some of this work. PID will be required. We are aiming to clarify this work plan by 14 February. **01.02.2022 - SF** - some initial actions have been added to the recruitment plan. following discussions with staff and the ATAIN team some initial actions have been identified and added into the MIP. further observational work will continue over the next three months. this will be triangulated with audit findings to develop further actions **08.02.2022 - SF** - this links in with new Action SP24.	Open			
				Identify a work plan to address the findings from the observations.			30/09/22	31/12/2021 revised date 30 June 2022			**13.09.2021** - RB - TBC on completion of observations. **01.02.2022** - see update on action above.	Open			
SP14	Women and their babies are protected from avoidable harm.	New born babies receive care and treatment which is in line with national guidance. There will be a reduction in the number of avoidable admissions to the neonatal unit or the children's hospital.	Dashboard metrics Reduce admissions to neonatal unit	Carry out a review of the Jaundiced baby guidance to ensure it is in line with NICE.	Improvement Midwife		31/12/21				**08.09.2021** - Revised guidance is in place. This was communicated to staff. **01.02.2022 - SF** - new guidance has been written and ratified for management of jaundice in the community in addition to the roll out of TCB monitors and delivery of an education package on jaundice to Midwives and MSWs working in the community. Further work is require on new in hospital guidelines to bring it in line with the community.	closed			MIP Action Plan evidence\Safe Practice\Action SP14
				Operationalise the revised guidance.			31/12/21				**10/09/2021** Once the new point of care testing machines arrive we need to start auditing if the guidelines is being followed. Further work to do on the revised guidance as we have three sets of guidelines around jaundice. The first two guidelines needs to be merged as they are both relating to the management of jaundice between 0-14 days as the care should be the same for these babies. Need to follow this up with the Professor of neonatology leading on this work. There is concern that this would be too big a document. We need to develop an audit for compliance against the new jaundice guidance. **23/09/2021** Training has started and machines being PAT tested before sent out. Audit needs to be written to check compliance with the pathway. **05/11/2021** training on the use of the monitors is underway, once we reach 70% compliance the machines will be in use. The company has been asked to come and do the final testing. 22/12/21 Community staff have been trained and now have devices. Guideline was not ratified due to some further concerns. Meeting held 21/12/21 and some slight amendments to guideline agreed and will be actioned by 24/12/21 - agreed that community will then begin using devices prior to the revised guideline being formally ratified in January. Training on ward areas to begin in January and action to look at a combined guideline for hospital and community. **06.01.2022 - SF** - training package for jaundice is being put together to work along side the guidance- this should be signed off on 10th January 2022. Community staff have been trained. In hospital staff will be focus of training with the new training package and video. **26/01/2022** Training has been completed now for all community staff. The new guideline is now in use. **03.02.2022** - SF - there have been 11 TCB incidents in the past few days. None of these have resulted in significant harm. They have mainly been too many readings or not escalated. An emergency meeting is being held today to redesign the guidance. The midwife involved in some of the incidents is helping with the redesign. The new guidance will be implemented as soon as changes have been agreed. Key staff have already had training. Incidents are being put onto Datix. **08.02.2022 - SF** - following on from the 11 incidents and emergency meeting, new flow charts have been put together and are being tested with scenarios before being rolled out later this week. in the meantime staff are continuing to use the original flow chart but are getting fresh eyes on any decisions.	Open			
				Explore ways to review the data to ensure the revised pathway is reducing avoidable admissions.			31/12/21	revised due date 30 May 2022			**10/09/2021** Discussions taken place with Analyst, unplanned admissions to the neonatal unit are been recorded. Data to date shows a reduction, but this needs more time and further monitoring to have robust assurance it as made a difference. **08/11/2021** We are tracking the data, there is nothing statistically significant at present, however, work is underway to break down this data to different groups. **06/01/2022 - SF** - Community staff will be monitoring and data from different angles . Need to have a conversation with the analyst team about how we can best evidence this. **01.02.2022** - SF - maternity and paediatrics are already monitoring data. there is a plan to fully evaluate all data in April. **01.02.2022 - Due date revised to ensure time to evaluate and present the data and findings**	Open			
				Roll out TCB monitors in the hospital			30/06/22				**01.02.2022 - New action** **01.02.2022** - SF action on this is underway. Devices are already purchased so training will begin soon.				MIP Action Plan evidence\Safe Practice\Action SP14
				Review current guideline for inpatient management within maternity to mirror the community guideline, train TC workers of the use of the TCB device, Train all TC workers on jaundice including physiology (training package already developed.							**01.02.2022 - new action** **01.02.2022** - SF action on this is underway. Devices are already purchased so training will begin soon.				
				Implement a new hypoglycaemic care plan document	Inpatient Matron	Improvement Midwife	30/04/22				**01.02.2022 - new action** **01.02.2022 -SF -** new document has been developed by the ATAIN group following learning from audit and incidents. Document is currently at the printers. A programme of tea trolley teaching will roll this out operationally				MIP Action Plan evidence\Safe Practice\Action SP14\FW Hypoglycaemia care plan.msg
				Begin to record baby observations on NerveCentre	Improvement Midwife	LD and JD	tbc				**01.02.2022 - new action** **01.02.2022 - SF** - learning from audits and incidents it is evident that communication between maternity and neo natal staff particularly around escalation of the unwell new born could be enhanced if maternity began to use NerveCentre for baby observations. as the neo natal currently use NerveCentre for handovers and sharing of information about babies. The module in NerveCentre applied only to babies of gestation of 37 weeks and over we do not currently have it enabled so LD is exploring the possibility of having this enabled. this could eliminate the need to document on paper and staff already have devices and use NerveCentre for adults. the benefit would mean faster escalation of deteriorating babies.				
SP15	Women and their babies are protected from avoidable harm.	Women receive high quality antenatal inpatient care and treatment and their care is planned around their individual needs. We will see a reduction in the number of moderate or severe harm incidents with a theme relating to failures in antenatal inpatient care.	Dashboard metrics Reduction in incidents with harm	Establish twice daily ward rounds on the labour wards	Heads of Service	Improvement Obstetrician		31/10/21			**10/09/2021** Twice daily ward rounds are established and taking place. we can not achieve this at the weekends until we have recruited the additional consultants. **23/09/2021** the ward rounds will be observed by the CCG when they come to do their Insight visit on 28th Sept. **04/10/2021** - SB - wording changed from Antenatal wards to labour wards - this wording was used in action plan dated 04.03.2021 **01/11/21** - JR - Consultant led labour ward rounds are in place twice daily Monday to Friday at 08.30 and 17.00 and once daily at 08.30 on Saturday, Sunday and Bank Holidays. Once consultant expansion is complete (as per consultant expansion business case) ward rounds will take place twice daily every day. As new consultants come into post the number of weekend ward rounds will increase. It was hoped that locum appointments would enable this to occur sooner, but it has not been possible to recruit enough suitable locum consultants. On every day, as an absolute minimum, there is a consultant telephone board round in the evening if there is no face to face ward round. **10/1/22 - JR** - New Consultant rota being implemented 10/1/22 as 6 newly appointed consultants have now started. This will increase the number of face to face ward rounds done by consultants especially at the weekends **24/01/22 - JR** we are 100% compliant with our guideline. **26/01/2022** CJ requested the evidence for this and then will look for closure. 07/02/2022 - we don't do physical evening ward rounds face to face in the evening at the weekends. we always do a face to face physical in the day. we cant achieve this until January 2023 . Monday -Friday we are 100% compliant. At the weekend we are compliant with once a day face to face and once a day phone. The Ockenden standard is twice daily physical ward rounds. We will not achieve this until we have our full consultant. The action, we put in Jan 2023 date to be fully compliant with two physical ward rounds every day.				MIP Action Plan evidence\Safe Practice\Action SP15
				Carry out an audit to ensure ward rounds are consistently taking place.							**10/09/2021** Need to clarify what assurance we have this is progressing. 05/11/2021 No formal auditing is happening at present, but there is monitoring of this taking place. CJ needs to clarify with JR what the audit plans are and if this action needs reviewing again now. **10/1/22 - JR** - Audit of consultant ward rounds shows 100% compliance with existing guidelines. Re-audit planned March 2022 when new consultant rota embedded.	Open			
				Establish a system of at least once daily review of inpatients and ensure that additional oversight of clinical patients at other points of handover							**01/10/2021** - once a day ward rounds and most days and additional board round are taking place on antenatal wards. **10/1/22** - JR - New Consultant rota being implemented 10/1/22 as 6 newly appointed consultants have now started. This will increase the number of face to face ward rounds done by consultants especially at the weekends	Open			
SP16	Women and their babies are protected from avoidable harm.	Women receive high quality and safe care at the right time in the right place.	Feedback from Women	Review the capacity for elective caesarean sections on both sites.	Heads of Service/ Divisional General Manager	Ops manager team	30/12/21				**6.08.2021** - KD from DLT approved the increase from 7 to 10 with a backfill of agency staff if required in the interim. This will be reviewed in 4 weeks - LP. **17.08.21** - DH - There are now 10 theatre slots available across both sites, up from 7 previously. These are a cost pressure at the moment until a business case has been written and approved. There is a meeting with Rupert Egginton w/c 16.08.21 to start work on the business case. **25.08.2021** - JR - We will not be able to implement this fully until all of our new Consultant Obstetricians are in post. Funding has been agreed for 13 WTE new Obstetric Consultants. The first 6 posts have been appointed to and post holders are starting between September 2021 and January 2022. Further posts will be advertised on a phased basis in 2022 and 2023. **01/10/21**- LP - Elective uplift business case currently with Strategy department for comments. **08/10/21** - LP currently reviewing elective theatre utilisation and local Trust's scheduling of electives - justification for uplift case. **15/10/21** - LP in Theatres on 18/10/21 to look at theatre efficiencies initially at QMC site. LP has met with Alison Pancoe who is producing data on theatre utilisation for elective C-sections on both sites. Meeting again on 20/10/21. Weekly T&F groups taking place to transfer 3 electives per week to SFH late October/early November. **05/11/21** - LP - Mock up demo taken place. ELCS built, IOL being developed. Meeting potential agency staff next week to discuss post. Pathway requires development - LH and MSW's involved. **19/11/21** - Administrator identified to book elective sections to streamline processes. Digital processes nearing completion. Utilisation of theatres requires improvement and these processes should assist with this. **07/01/2022** - JW - The waiting lists are now set up in Medway and all admin staff have access and have received training on how to view requests, add patients to waiting lists and confirm dates. They are scheduled to shadow the Gynae waiting list coordinators for further training. SOP is in development. Letter to patients to confirm ELCS booking will be created and confirmed. When all complete existing bookings will be transferred to electronic system. Following this service wide Comms will be issued informing of the new process. Full roll out anticipated for w/c 31st Jan.	open			MIP Action Plan evidence\Safe Practice\Action SP16
				Take action to ensure there is sufficient capacity to manage C sections that is in line with safe practice and makes best use of the resources we have available.							**09.09.2021** - LP - These were increased as of 06.08.21. LP has submitted Theatre uplift business case to Finance for additional costing of B4 Maternity Induction & Elective Co-ordinator on 07/09/21. LP has written a paper for temporary resource for this post. **17/09/21** - LP chased temporary resource paper on 17/09/21. D&C requested from Gynaecology for comparative WTE for admin resource. **24/09/21** - LP - Clinical pathways for the administration of electives being reviewed. LP has requested a meeting with AE, Clinical Director. KD to discuss over-arching admin resource with FD of Trust at Divisional Board on 27/09/21. **01/10/21** - LP: Pathways being reviewed and approval received for a temporary theatre administrator to ensure optimisation and efficiency of lists. **08/10/21** - LP working with Digital for electronic processes and reviewing utilisation of lists. Data requested from Analyst. **15/10/21** - LP - Same as row above (think these 2 need merging). **15/10/21** - LP looking at theatre processes and efficiencies. Met with Alison Pancoe and some data being produced. Review at further meeting on 20/10/21. **21/10/21** - LP - Further meeting with Alison Pancoe and awaiting access to the Theatre Live Dashboard via Qlik App from SC. Confirmation from NICE Guidelines and SW that midwives are not required in theatre recovery - this can be MSWs with a recovery nurse. CJ to take to Senior Midwifery meeting and appropriate forums. Digital are developing electronic processes including a referral and partial booking list to create optimisation of these lists. Discussions taking place re: administrator of these processes to be based at City site. **19/11/21** - Admin identified for electronic booking processes. Digital Team have developed waiting lists and referral form is being finalised. **26/01/2022** CJ requested to discuss this action further to clarify what is now outstanding. JW is on leave this week but will catch up with her next week when she returns. 08/02/2022 - LB/JW - working on SOP with admin and medical staff to digitalise the booking system. Looking to progress a business case if there is a required uplift in theatres.	Open			

SP17	Women and their babies are protected from avoidable harm.	The risks to women and their babies are assessed and monitored and managed	Implementing the Activity Safety Threshold Model	Reduce number of births by agreeing border transfers with other providers in the system.			30/04/2021	31/10/2021			1. Small numbers agreed reduction in births for women living on the borders of Derby & SFH. Comms developed both community teams to us with their women. Derby started 6th April. SFH to commence 19th April. 2. monitored through maternity dashboard 3. Tool shared from Birmingham. First meeting to discuss with Analyst 15.04.21. Analyst to practice with local data in tool. 2nd meeting planned for 26th April. **14.05.21** - work ongoing on tool due to calculation of birth to midwife ratio and agreement around data to be collected. **23.08.21** - Data requested on number of women on borders who could go to neighbouring units. Initial numbers not significant (<38). SFH have agreed to take 400 additional women PA; suggesting ELCS list on Saturday. Criteria/ Pathways and resources discussed and proposal in development including commas to women and wider. To seek engagement with MVP **05.09.2021** - data received re numbers of ECLS who meet criteria for SFH list. T&F Group weekly meeting to progress with aim for October start, depending on theatre team capacity if needing to support ITU. DLT asked to urgently progress meetings to discuss options for both sites and if activity can be justified between CHN/QMC **06.09.2021** - revised due date has been changed to end October 2021 - new date agreed by MIP Working group as agreement with SFH should be up and running then. **19.09.2021** - LP organised meeting for 24/09/21 with various representatives from both sites to define transfer pathway. Transfers planned to commence early October. **24.09.2021** - LP: meeting taking place today. Action plan developed. **08/10/21** - LP: SFH have agreed to take 3 electives per week and these will be discharged back into care post op. Weekly T&F meetings taking place and pathways being defined. SOP has been developed, HoS are reviewing pathway. **15/10/21** - LP: Pathway being defined by HoS today. Income arrangements agreed. Action plan in place. NIPE increased capacity in the community may be a issue/risk. **21/10/21** - LP: Clinical pathway has been defined. Asked SFH if they can do NIPEs prior to discharge. Meeting next week is to determine Minimum Data Set requirements and transfer of patient requirements. **05/11/21** - LP - SFH are now taking 3 elective C-sections a week. Referral process defined and Obstetricians will identify at booking if patient is willing to consider SFH. Contract is sorted. Debrief re this weekend's patients on Monday **09.11.2021** - LP - I am pleased to report that the list at SFH on Saturday morning went very well and that they now have these lists booked until the end of December. I am currently working with some of the Digital Team to introduce electronic processes for C-sections. In the meantime, I would be grateful if you would be able to remind the staff of asking patients whether they would consider Sherwood Forest (Kings Mill) for their elective C-section at an appointment as per the attached criteria? **09.11.2021** - LP - The list at SFH on Saturday morning went very well and that they now have these lists booked until the end of December. **19.11.2021** - LP: No patients identified for lists on 20th and 27th November as they do not meet criteria. Patients to be identified 2 weeks in advance to allow smoother transition of notes. There is no availability for these lists on Christmas and New Year's Day. **26/01/2022** We continue to use capacity for elective C-sections at SFH where we can. Need to review this action as this may be able to be closed now. CJ to follow up with Ops manager next week. 08.02.2022 - JW in conjunction with Action SP - we will be looking to streamline the work.				
				Monitor reduction in births.	Director of Midwifery	Ops Manager teams					Need to finalise these actions.	Open	30/04/2021		
				Implement Activity Safety Threshold Model to ensure a robust process of monitoring and forecasting demand and capacity.											
SP18	Women and their babies are protected from avoidable harm.	The risks to women and their babies are assessed and monitored and managed	Dashboard	Ensure a risk assessment is completed and recorded at every contact with women. This must include ongoing review and discussion of intended place of birth as a key element of the Personalised Care and Support Plan. Carry out audits to demonstrate compliance.	Director of Midwifery			31/11/2021			**13/09/2021** - update requested for this action. **05/11/2021** Risk assessment monitoring is taking place and is included in the maternity dashboard. CJ needs to discuss this action further with SW and RB and JR to ensure we have captured the correct action. **26/01/2022** Data from monitoring demonstrates compliance has improved with the recording of risk assessments. Changes were made to Maternity Medway to allow risks to be captured more clearly. Need to discuss this action with JR to see if it is ready for closure.				
SP19	Women and their babies are protected from avoidable harm.	The risks to women and their babies are assessed and monitored and managed	Audit Patient feedback	To address any unwarranted variation in rates and reasons for induction of labour.	Associate Professor of Obstetrics and gynaecology	KW		31/12/2021			**13/09/2021** - Induction of labour project underway led by KW. Contacted her to discuss the action in more detail so we can ensure the actions and updates are captured appropriately. **06.10.2021** - KW - a re-audit that was conducted in Jan-March 2021 and presented to staff in June 2021. This found that 97% of inductions were performed within our guidelines (an increase from 94%). That all IOL performed outside of guidance had an appropriate discussion with a consultant obstetrician. Currently working to be able to have a monthly prospective audit (rather than an annual retrospective one) which will be an off shoot of the work on the IOL booking process that will allow more regular appraisal of indications for IOL. The new IOL booking process will hopefully have useful prompts for staff to remind them of our guidelines and ensure an appropriate consultant led discussion is held if the IOL is outside of guidance. **19.10.2021 - Safe Practice Group request that this item is closed - Request to MOC to agree** **09.02.2022 - KW –** Waiting for IOL audit data from AP, multiple emails sent since 22.11.22. Alison has sent some data, but not all the data required. Therefore unable to complete annual audit or move forward with monthly prospective audit	Open			MIP Action Plan evidence\Safe Practice\Action SP19
				Where induction is clinically indicated, ensure an effective process is in place to induce women in a timely manner via the Induction of Labour Project							**01.10.2021** - LP - Kate, Andree and Lorraine to meet (tbc when Andree returns from a/l) to look at the processes for the processes around the booking of IOLs Kate and Lorraine attending a Digital meeting on Monday 4th October for a demonstration on electronic processes for IOLs Lorraine is currently in discussion regarding administrative support - once mapping etc.... is carried out. **15/10/21** - LP - Administrator approved for 3 months to assist with IOL bookings (in conjunction with C-section bookings). Further Digital meeting for partial booking processes to take place on 1st November when Kate returns from annual leave. **21/10/21** - LP and Kate Walker having various meetings with digital and demo for referral and booking process arranged for 01/11/21. Administrative co-ordinator currently being sourced via NHSP. **05/11/21** - LP - 3 x ELCS forms being developed. Meeting potential agency staff next week to discuss post. **10/11/21** - Administrators identified for this process once C-Section referral finalised - will then complete IOL referral process. Waiting list has been built in Medway. **26/01/2022** Need to get an update on this action **09.02.2022 - KW** - IOL booking forms have been created by Kate and Lucy Grayson. Awaiting IT to build in Medway LIVE	Open			
SP20	Women and their babies are protected from avoidable harm.	The risks to women are assessed and monitored and managed	Risk Assessment	Ensure ligature risks are identified, assessed and risks to women are managed.	Director of Midwifery/ Heads of Service	Ops manager team and Improvement midwife	31/12/02021				**05/11/2021** task and finish group established to look at this alongside the general security issues for the maternity sites. A ligature risk assessment was carried out early 2021 but it is not clear what actions were taken following the risk assessment. The maternity service does have ligature points and we will be unable to remove all ligature risks. We need to manage risk. **07.01.2022 - JW** - This is covered in the SP10 updates **11/01/2022** - We are working with the Corporate Health and Safety Lead for Integrated Governance . She is in the process of doing a risk assessment on the wards and the labour suite. We will have some solutions to minimise the risk and are potentially looking at having a room where there is line of sight and has the potential to remove high risk items which present risk. We are not going to remove ligature risks within the service. It will be important to look at education of staff. **26/01/2022** SF has contacted the mental health Midwife team to ask for support with this action. They have suggested we speak to the mental health trusts mother and baby unit. SF will follow this up. **08.02.2022 - LD** - full risk assessments have been completed across City and at QMC - B26 and C29 still need to be carried out.				MIP Action Plan evidence\Safe Practice\Action SP20
SP21	Women and their babies are protected from avoidable harm.			Improve the management of oxygen administration on new borns	Director of Midwifery	Maternity Improvement Midwife, FW and NG	30/04/2022				**08.02.2022 - New action** **08.02.2022** - New SOP coming into place has been through QRS in Neonates. Needs to ratified in maternity. Tea trolley training will be taking place to roll out the SOP in conjunction with rolling out new oxygen saturation monitors.				
SP22	Women and their babies are protected from avoidable harm.			Improve discharge information for parents	Director of Midwifery	Maternity Improvement Midwife, FW and NG	30/04/2022				**08.02.2022 - new action** **08.02.2022** - SF - New leaflet and posters have been developed. These are currently with Comms to be printed. These include how to tell if baby unwell, jaundice etc.				
SP23	Women and their babies are protected from avoidable harm.			New printed security Id tags for babies	Director of Midwifery	Maternity Improvement Midwife	30/04/2022				**08.02.2022 - new action** **08.02.2022** - project to bring in new security tags for babies with scan able bar codes. This will help with security of baby, medicines safety. **08.02.2022** - new ink cartridges for printers on order. New SOP will need to be drawn up. Staff will need training in SOP - this includes reception staff.				
SP24	Women and their babies are protected from avoidable harm.			Review of current transitional care provision for new borns	Director of Midwifery	Maternity Improvement Midwife	31/12/2022				**08.02.2022 -new action** **08.02.2022** - SF need to look at cohorting babies that need to be seen my neonatologists. **08.02.2022** - SF - risk assessment being draw up - work to mitigate risk will then be worked out. SF and LP working on this action.				

How Do we Know Our Actions Are Effective	Action	Owner	Support	Due Date	RAG	Status	Date Closed	Evidence
	Ensure all Midwives/clinical teams use a single solution to capture Maternity data (MEDWAY Maternity Improvement). Implement the Digital work plan which includes;	AW				Open		
	Replace the patient management booking system from System One Community Midwifery System to NUH Systems for all women currently under the care of the service	AW	MK/BW	31-May-22		Open		
	Explore Digitised note taking on Medway Maternity by Consultant staff	AW				Closed.		Audit - IB 7575/7573
	Upgrade Medway Maternity to the current version	AW				Closed.		Test Scripts
	Complete the K2 server migration	AW				Closed.		Email to say turned off
	Enable an interface for patient alerts between MEDWAY PAS and Maternity	AW		31/03/2022		Open		
	Extend the MEDWAY Maternity contract to 2022 to align with MEDWAY PAS	AW				Closed.		Contract
	Explore an Electronic Document Interface on MEDWAY Maternity	AW		31/03/2022		Open		
	Improve the quantity, quality and visibility of the data captured for clinical teams (Workbook and Assessment Improvement) through;	AW				Open		
	Review the flow of data capture items to reduce data duplication and reduce the number of systems in use for midwives inputting data.	AW				Closed.		Config Changes to CFM
	Review the use of the Viewpoint product to determine viability and ensure an upgrade path is identified.	AW				Closed.		Upgrade PO
	Introduce online training packages to assist and enable staff to understand the importance of data capture and to ensure consistent use of application.	AW				Closed.		Link to Intranet
	Develop and implement improvements to all assessments including the Ante-natal Risk Assessment , Antenatal referrals, Smoking referrals and Induction of labour pathway.	AW	JR/JD	31/05/2022		Open		

	Implement configuration and set up recommendations for the System C Workbook	AW	RC	31/03/2022		Open		Screen shots of new groups
	Develop the use of additional systems to capture data items on the full booking pathway prior to the appointment	AW	JW	31/05/2022		Open		
	Explore introducing a Drugs only Discharge Summary	AW				Closed.		Email from Katya
	Improve access to systems through appropriate, additional devices (Access and Devices Improvement) through;	AW				Open		
	Increase availability of Computers on Wheels in hospital based clinical areas to allow access to Medway Maternity solution and other applications	AW				Closed.		POs
	Ensure each permanent midwife has a dedicated eObs device	AW				Closed.		POs
	Review connectivity availability and speed in additional community locations as identified; improve connection speeds/resilience as appropriate	AW				Closed.		MT to evidence
	Introduce single Labour Line based in the Community Hub	AW				Closed.		Physical site
	Enable cloud printing in the community	AW				Closed.		MT to evidence
	NUH Mailboxes	AW				Closed.		MT to evidence
	Enable community pathology printing	AW		31/08/2022		Open		
	SOPs and BCPs involving digital products to be reviewed	AW				Closed.		Copy of BCP
	Complete a Digital Maturity Assessment for Maternity and take action to address the findings.	AW				Closed.		Copy of DMA
	Procure and deploy a replacement clinical solution (Future Systems)	AW				Open		
	Procure a replacement maternity system, ideally integrating with the rest of the LMNS	AW				Closed.		Procurement evaluation
	Deploy replacement maternity system across all services	AW		31/03/2023		Open		

Executive Lead:	Medical Director
Divisional Lead	Divisional Manager
Dated last Updated:	01.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	ate Complete	Evidence	Link to Evidence
E1	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have carbon monoxide monitors available to use that are adequately maintained and fit for purpose.	Purchase order Training records	Purchase an additional 20 CO (Carbon Monoxide) monitors to support with CO monitoring.	Public Health Matron		31/05/2021	31/10/2021				**21/05/21** - CO machines with service. Public Health Midwife is working with ward leads to establish how many and where machines are required so that distribution can be arranged. **28/05/21** - 10 CO monitors with matrons for distribution to in patient areas **5/11/2021 - CJ** can this action now be closed as the monitors were purchased. Need to ensure there is not something else for this action that we are missing. CJ has contacted the Public Health Matron.	open		Purchase order - evidence to be finalised. Email regarding roll out of CTG machines	MIP Action Plan evidence\Equipment\E1\email regarding CO monitors.msg
				Develop a plan to implement the monitors which includes; training of their use and ongoing maintenance arrangements			31/05/2021	31/10/2021				**23.08.2021** - CO monitors: These have been received in house and have been disseminated to the inpatient Matrons to further disseminate to all the in-patient clinical areas. In terms of using them- this is work in progress as all staff in in-patient areas need to have the training. We have faced multiple blocks and hurdles with rolling out the training. These have now been resolved and the aim is to conduct some tea trolley teaching and train all the Midwives in all the areas on effectively using the CO monitors. **06.09.2021 -** due date changed until end of October as training should be completed by then **05/11/2021 -** training was completed. Need to ensure there are no follow on actions. CJ contacted the Public Health Matron to ensure this is now complete.			training database	MIP Action Plan evidence\Equipment\Action E1
E2	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff working in the community have thermometers that are adequately maintained and fit for purpose.	Purchase order Spot checks to see in use in community	Ensure Welch-Allen thermometers to be rolled out across the community.	Public Health Matron	LP		30/09/2021				**16.08.2021 -** DH Thermometers have not yet been delivered - there is a stock shortage Need a update on when these will be delivered **17.09.2021** - Thermometers delivered to community and with MESU for checking before being given to Midwives to use in Practice. **24.09.2021** - JW - Community confirmed delays with calibrating thermometers. community PA working with MESU to confirm when this will be complete. Community can then commence training and when 70% of staff trained they can be rolled out. Requested training plan from Community Matron. Training plan confirmed with Sharon Pinkney for midwives who have been previously trained. Service Manager chasing MESU to get all thermometers commissioned and distributed asap. **01.10.21** - LP has been chasing this all week with MESU and Procurement. Have said will escalate by 4th October - please put on MIP action log **08.10.21** - LP has received communication from the Team Leader in MESU that the serial numbers have now been located and inventorying will be complete by 13/10/21 and then testing to immediately follow. **15/10/21** - LP had confirmation that these will be completed by the end of this week. **21/10/2021** - LP this will be completed next week and Community Matron aware and satisfied with outcome. **08.11.2021 - LP - Action Complete** **08.11.2021 - Request MOC to approve closure of Action**	open		Purchase order - evidence to be finalised.	
E3	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have CTG monitors available to use that are adequately maintained and fit for purpose.		Secure funding for a CTG replacement programme within 21/22 year. Develop a plan for the roll out of the new machines	Fetal monitoring Midwife		31/03/2021					Completed and funding secured. Project plan in place for training and roll out for all 51 of the replacement CTG machine. 1**0/09/2021** This action links to the updates below in action E4. 09.09.2021 - JW - This is included in the work plan for the new Maternity SGM who is due to start mid-October. The SGM will work closely with the Fetal Monitoring Lead Midwife and clinical areas to identify a plan for when CTG machine replacements are due to enable early identification and annual MEPG bids will be submitted as required. This will also be the process for any other equipment with a unit cost of over £5k across the service. **27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed.** **05/11/2021 Need to check that the machines are embedded and get some evidence to close this off now. CJ emailed fetal monitoring midwife**	Closed	09/03/2021	MEPG bid Roll Out Plan + Implementation email regarding roll out of CTG machines	MIP Action Plan evidence\Equipment\E1\CTG machines.msg
E4	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff are appropriately trained and skilled to use the CTG monitors.	Training records	Deliver training on the Huntleigh T20 replacement / new CTG machines and then roll out the machines.	Fetal monitoring Midwife		31/05/2021					Machines in place and in use at QMC from 1 May 2021. **03/06/2021** - Training continues on city site but behind trajectory as performance (at 01/06/21) is 61% against a trajectory for w/e 28/05/21 of 70%). Concerns have been escalated to service leads as capacity to deliver the training is the issue **28/05/21** - Training underway on City site and performance (at 27/05/21) is 57% against a trajectory for w/e 28/05/21 of 70% **20/05/21** Training underway on City site and performance (at 19/05/21) is 49% against a trajectory for w/e 21/05/21 of 60% Training underway on City site and performance (at 13/05/21) is 44% against a trajectory for w/e 07/05/21 of 50%. **16/07/2021** - CTG machines delivered to the wards on the City site as all training complete now. Will need to check that the new machines are available and being used. **06.09.2021 -** machines have been delivered - Group agree that action to be closed. To be presented to the MOC **27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed.**	closed		records that machines are in place	
E5	Women and babies are protected from avoidable harm because there is adequate equipment available.	Staff have access to equipment in line with national guidance.	Purchase order	Secure funding for the roll out of bilirubinometer across the service.	Maternity Improvement Midwife		31/10/2021					**16.08.21** DH Hoping for approval to purchase the TCB meters this week. Delivery / training should be completed 6 weeks later. **09.09.2021** - JW - These have been ordered. Purchase Order (201129002) was raised 08.09.2021 by Procurement who are liaising with the Supplier to expedite the order as soon as possible. **17.09.2021** - Bilirubin meters delivered 14.09.2021 **05/11/2021** The machines are now waiting for the company to do the final checks. Training gone well in the community. Some more training for the inpatient monitors is still needed. **06.01.2022 - SF** - all machines are in the community. More training still needed for inpatient monitoring. **01.02.2022 - request that this item is closed as a follow on Action is in place on tab SP14**	Open		Purchase order	MIP Action Plan evidence\Equipment\E5
				Develop a project plan for the rollout of the meters once funding is secured, to include; training, updating the policy and guideline, and ongoing maintenance of equipment.								**10/09/2021** A training plan is in place and starts 13/09/2021 **27/9/21** Training underway with % community staff trained, hospital based staff training to commence this week. Devices currently in MESU with three monitors prioritised for checking to support training program. Guideline update (including SOPs re use of monitors) being finalised. **05/11/2021** Some final tweaking to the policy being carried out. The training in the community has gone well and has reached the required 70% now. **06.01.2022 SF** - A training package is completed and will be made available staff, MSW and midwives. There will be further comms about the new guideline. All jaundice guidelines will be pulled into once overarching guideline. Helen Budge is support on this work. **01.02.2022 - request that this item is closed as a follow on Action is in place on tab SP14**	open			
E6	Women and babies are protected from avoidable harm because equipment is safely maintained.	Equipment is regularly serviced and checked in line with manufacturers instructions and electronic testing requirements.	Spot checks	Confirm and communicate the process for clinical equipment servicing and maintenance and ensure staff understand what to do if equipment becomes broken or damaged.	Service General Manager - Maternity	JW	30/09/2021					**17.08.21** DH - Any faulty medical equipment should be reported to the Medical Equipment Servicing Unit (MESU) (Ext: 82505) in the first instance, or the device can be taken to the MESU Reception. If MESU advise that the device cannot be repaired then Medical Physics and Clinical Engineering (MPCE) can support with advice about replacement. For replacement medical equipment, in general items costing >£5K each (inc VAT) are capital expenditure and will require a capital bid to be approved by MEPG, but there are a few exceptions. Items costing under £5K (inc VAT) are funded from the revenue budget, regardless of quantity. For either way of funding, Medical Equipment approval and Procurement approval will be required before items can be ordered, so it's best to contact the Medical Equipment Planning team as soon as there is a need for a medical equipment acquisition (including loans, donations etc.): MedicalEquipmentPlanningUnit@nuh.nhs.uk. With regards to purchasing maintenance contracts, it depends on whether the equipment can be serviced and maintained in-house by MESU. If it cannot, a maintenance contract is required. **09.09.2021 - JW** - Currently Housekeepers within each area keep a record of all their assets including servicing dates etc. The Trust is currently implementing a new centralised system to provide an electronic register of assets for all specialties. IG have stated they are arranging a meeting with Emma Fillmore to discuss the roll out of the new system within Family Health. **17.09.2021** - JW - Meetings taken place with Lawrence, Bonington, B26 and C29 to date. Confirmed Housekeepers are aware of responsibilities and following correct processes in relation to equipment servicing. Managers clear of process to order replacement equipment either via budget or via MEPG bid process (with support from SGM). Housekeepers keep a record of all their assets including servicing dates etc. Clinical Engineering (Mark Westby) keeps a centralised list of all assets that are the responsibility of MESU for servicing. Clinical Engineering circulate a monthly 'Assurance Preventative Maintenance (APM)' recall lists to all SGM's on a monthly basis which identifies all equipment that is due servicing. List will be shared with clinical managers and housekeepers in order that equipment servicing can be arranged. Recent list sent to all managers and housekeepers 14.09.21 **24.09.2021** - JW - JW Meetings taken place as follows; Lawrence/Bonington 14th Sept - COMPLETE Labour Suite City 17th Sept - COMPLETE C29 13th Sept - COMPLETE Labour Suite QMC 22nd Sept - COMPLETEANC 21st Sept - COMPLETE B26 17th Sept - COMPLETE Community 23rd Sept - COMPLETE Process for equipment servicing and maintenance, plus replacing any equipment/purchasing new equipment has been explained at the meetings above and is understood by all clinical managers and housekeepers. All existing staff are currently working to the correct processes, and new housekeepers/PA's are aware of the trust processes. Guide produced and circulated for information. The service does experience delays when equipment is submitted to MESU for servicing, however this is likely to be a Trust wide issue. Asset logs were discussed at the same meetings (above) and all managers, housekeepers and PA's are aware of their responsibilities to maintain an accurate and up to date asset log, identifying when equipment is due for servicing and coordinating this process. All area's currently maintain an asset log and are reviewing this for accuracy and equipment servicing due dates. Compliance will be monitored via spot checks. **04.10.2021 - SB - Request MOC agreement to close action.**	Open		Medical devices guide	MIP Action Plan evidence\Equipment\E6
				Confirm and communicate the arrangements for the maintenance of the asset register for clinical equipment and ensure staff are aware of their responsibility for ensuring this is kept up to date.		JW						**09.09.2021** - JW - Currently Housekeepers within each area keep a record of all their assets including servicing dates etc. The Trust is currently implementing a new centralised system to provide an electronic register of assets for all specialties. IG have stated they are arranging a meeting with Emma Fillmore to discuss the roll out of the new system within Family Health. **17.09.2021** - JW - Meetings taken place with Lawrence, Bonington, B26 and C29 to date. Confirmed Housekeepers are aware of responsibilities and following correct processes in relation to equipment servicing. Managers clear of process to order replacement equipment either via budget or via MEPG bid process (with support from SGM). Housekeepers keep a record of all their assets including servicing dates etc. Clinical Engineering (Mark Westby) keeps a centralised list of all assets that are the responsibility of MESU for servicing. Clinical Engineering circulate a monthly 'Assurance Preventative Maintenance (APM)' recall lists to all SGM's on a monthly basis which identifies all equipment that is due servicing. List will be shared with clinical managers and housekeepers in order that equipment servicing can be arranged. Recent list sent to all managers and housekeepers 14.09.21 **24.09.2021** - JW - JW Meetings taken place as follows; Lawrence/Bonington 14th Sept - COMPLETE Labour Suite City 17th Sept - COMPLETE C29 13th Sept - COMPLETE Labour Suite QMC 22nd Sept - COMPLETE ANC 21st Sept - COMPLETE B26 17th Sept - COMPLETE Community 23rd Sept - COMPLETE Process for equipment servicing and maintenance, plus replacing any equipment/purchasing new equipment has been explained at the meetings above and is understood by all clinical managers and housekeepers. All existing staff are currently working to the correct processes, and new housekeepers/PA's are aware of the trust processes. Guide produced and circulated for information. The service does experience delays when equipment is submitted to MESU for servicing, however this is likely to be a Trust wide issue. Asset logs were discussed at the same meetings (above) and all managers, housekeepers and PA's are aware of their responsibilities to maintain an accurate and up to date asset log, identifying when equipment is due for servicing and coordinating this process. All area's currently maintain an asset log and are reviewing this for accuracy and equipment servicing due dates. Compliance will be monitored via spot checks. **04.10.2021 - SB - Request MOC agreement to close action.**				

Executive Lead:	Chief People Officer
Divisional Lead	OD Consultant
Dated last Updated:	08.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
S1	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place.		Implement the staffing related actions from "Immediate action plan" that were submitted to CQC in July 2021; Reference 1 and 3	Director of Midwifery and Heads of Service		30/07/21	31/10/21				Progress reported through separate governance process **23.08.21** - 36 staff expected to join NUH by October 2021; rolling advert continues. No applicants for HoM post; DDOM post offered but declined. DOM exploring other options to provide senior midwifery support. EOI submitted jointly with SFH for funding for international recruitment. DOM undertaking staffing review / refresh based on BR+ recommendations and previous workforce plans **06.09.2021 - due date revised as new staff should have joined trust by then** **06.10.2021 - Request MOC agreement to remove this action as it is covered by actions in the Action plan already** **24/01/22 -This action was not closed due to operational issues of the MOC. It will be taken back to the MOC in February 2022**	open		Evidence embedded is supplementary action plan, to include rotas	MIP Action Plan evidence\Staffing\Action S1
S2	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of MDT meeting records	Through daily MDT ensure there is senior oversight and documented evidence of non medical staffing levels (Midwives, MSW's, receptionist and administrators) so that risks can be mitgated against in a proactive way.	Director of Midwifery		30/07/21	30/09/21				**15.07.21 update** - MDT meeting happens 7/7. Review of documentation has shown inconsistent recording of staffing levels and acuity. Senior leadership rota being developed to oversee the meetings and ensure documentation. Communication of process and level of importance to be completed with matrons **06.08.21 update** - increased frequency of MDT meetings (3 per day) to ensure senior oversight, support and direction is provided to maintain safe staffing levels over August. **13.09.2021** This action has now become business as usual, but the CCG report there are variances with how proactive the call is in terms of looking ahead. **24.09.21** - PL - SW confirmed that the last 10 minutes of each MDT meeting are now dedicated to discussing elective activity. Propose this action moves to Green. **27.09.2021 - At meeting on 14 September 2021 MOC agreed that this action could be closed.**	closed		Daily staffing reports, rotas.	
S3	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of the review Business Case	Complete a review of the required non medical skill (Midwives and MSW's) mix for the maternity service so the service has a clear workforce strategy that plans for the future.	Director of Midwifery	RB	31/07/21	30/11/21				**09.03.21 update** - need to show how we mitigate workforce gaps e.g. midwifery support workers and skill mix review. DOM undertaking review with external support. **29.03.21 update** - review identified areas of focus as MSWs and Admin. Deeper work underway to detail these extended roles which will free up midwifery time **16.04.21 update** - workforce plan to be developed to include 'plan B'. Additional HR resource being sourced to support progress. MSW project initial scoping meeting scheduled for w/c 19.04.21 - see Training tab. **22/11/2021** the review has been completed and they are working to a 90/10 split of MW to MSW. Once the MSW work has been completed and they have been through their care certificate and have piloted the new band 4 MSW they will have greater clarity about how the role is working and will be able to further refine their plans. **01/12/2021** band 234 jobs have gone for job matching . Have just submitted an EoI for some funding for some roles to support the development of out MSW project to NHSEI. **28/01/2022** - jobs are being job matched. They will then go out to advert. Pilot a band 4 MSW through STBC. National competencies of MSW at band 2, 3. The band 2 maternity care assistants. the band 2 and 3 jd reviewed. we will need to talk to staff and the unions. clarifying timescales. there is a band 6 to support the apprentices. the plan is they will start at uni **31/01/2022 - JN** - B4 and B6 MSW job match completed. Lisa Common to liaise with Michelle Place, Apprentice Lead re apprenticeship and then put on TRAC w/c 31/1/22. **31/01/2022 - JN** - B2 and B3 MSW job description and job matching to be completed as wider exercise. This work will continue February 2022. CW to confirm with RB timescales. **31/01/2022 -JN** - Shortened Nurses to Midwifery MSc course - Director of Midwifery agreed to progress with future cohorts as January 2022 cohort too imminent. Next cohort to be confirmed.	open		email re midwives working in theatres	MIP Action Plan evidence\Staffing\Action S3
				Prepare and submit a business case for additional roles to support delivery of the workforce strategy.								**23.04.21 update -** interviews for additional HR resource to lead workforce plan scheduled for 29.04.21 **07.05.21 update -** KW assigned as lead for MSW project and PID in development **15.07.21 update -** MSW project has stalled due to capacity of lead. Project to be reassigned. **09.09.2021 update -** workforce plan will be distributed to MIP working Group on a weekly basis. **09.09.2021 update -** R Brown taking Lead on MSW **09.09.2021 - update - C**urrently scoping PID and confirming the Objectives with DoM**.** **24.09.21 - PL -** objectives confirmed with DOM and PID agreed at People Sub-group 24.09.21 **01.10.2021 - RB -** on 4 October there is a meeting with LMNS re MSW to ensure that NUH work is aligned with direction of LMNS **22/11/2021** This does not need a business case. There are two arms to this; the major MSW project which includes the band 23&4 but in amongst this there is the discrete STBG project for the 14 band 4 apprentice MSW in the deprived wards in Nottingham . This action is now not fit for purpose as this work has moved on. The action should now be "implement the national, regional and local trajectory and career framework for MSW including STBC project." We are concerned about the delivery of this action project because it is a large project which needs a lead to drive the actions. It requires someone to dedicate some time to this. We are running out of time to recruit the band 4 apprentice MSW (x6) posts and also the band 6. Need to escalate this at the MIP on 22/11/2021. XXXXXXXXXX CJ update **31/01/2022 - JN** - Additional funding 1 year fixed term contract (non recurrent) for Recruitment and Retention Lead (interviews 2/2/2022), Project Manager (interviews completed), Project Support Officer (CJ to confirm), Administrator (interviews w/c 31/1/22). Finance to roll over funding to 2022/2023. **31/01/2022 - JN**. HRBP joined the Maternity Improvement Programme and will be supported by Family Health HR team. CW, AHRBP to continue with metrics and statistics.				
				Explore options to support staffing gaps through additional support from general nursing and healthcare support workers and other members of the MDT as appropriate (for example, to support with post operative care)								**22/11/2021** Have funding for 5.04 WTE; Two are at offer stage and one due to commence in January 22. **25/01/22 CJ** These posts were offered as FTC which was putting people off applying. SW to discuss with Chief Nurse to see if we could offer a permanent role. The obstetric nurses have had really good feedback from the teams about the support they are providing, generally it is felt these posts have made a difference. we have only recruited one registered nurse so far. There is a live advert for one nurse out currently. **31/01/2022 -JN** - Exploring assistance from qualified non-operational personnel.				
				Develop and implement a plan to implement the MSW workforce reconfiguration. Including:	Head of Midwifery	??	31/08/22									
				1. The introduction of revised job descriptions for band 2 and 3			28/02/22					**25/01/22** job descriptions go to panel on 28th Jan. **31/01/2022 - JN** - The band 2 and band 3 job descriptions and job match to be considered as wider scope. Work to commence February 2022. AHRBP to progress with Head of Midwifery.				
				2. update to ESR codes			28/02/22					**25/01/22** As part of the national work, there are new ESR codes. We need to go through and highlight who will be affected by the change in job title and then get the ESR codes. **31/01/2022 - JN** - To be completed as part of the action above in terms of conversations with staff. Initial conversations with Workforce Information Team around system changes have been completed. System to be changed once agreement has been reached. AHRBP to progress with Head of Midwifery.				
				3. Develop Care Certificate 2 training plan			31/03/22					**31/01/2022 - JN -** Consideration for B3 MSWs who do not or cannot undertake the care certificate.				
				4. Implement Care Certificate 2 training plan			28/08/22									
				5. Using the ADKAR model support level 3 MSW's and Midwives to adopt the changes to new Job descriptions			28/08/22					**31/01/2022 - JN**- is this not an extension of the first action?				
				Develop career progression routes for Band 2 - 4 MSW's			31/03/23					**31/01/2022 -JN-** B4 and B6 jobs are matched and recruitment to progress imminently. Will the Institute be able to support in completing this?				
S4	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of Successful recruitment	Complete the recruitment of approved non medical maternity posts.	Director of Midwifery	CW	30/07/2021	30/03/2022				Project team put in place and initiation document drafted. Recruitment trajectory developed **09.03.21 update** - Document simple workforce plan to show uplift over time and retention tools, report on completed recruitment activity over Feb/March **29.03.21 update** - workforce plan V1 in place and detailed processes being developed to ensure all opportunities to maximise labour market and internal retention **16.04.21 update** - workforce plan to be developed to include 'plan B'. Additional HR resource being sourced to support progress. **14.05.21 update** - PS, HR project manager, starts 17.05.21 Over establishment process in place **15.07.21 update** - interviews held 12/7/21 for 6 vacancies. Candidates appointed to all. In addition, a locum consultant has been appointed to start Sept 21. PS has left NUH and CW has been appointed as replacement workforce planning lead to the programme to start beg August. **06.08.21** update - recruitment is ongoing for Band 5 and 6 midwives. Recruitment incentives have been agreed including Golden Hello and appointing to point 2 of B5 pay scale for newly qualified. HOM vacancies are with Chief People Officer/agency. Interview date set for remaining 7/10 international recruitment vacancies in September. Keeping candidates warm activity - HOM has made phone calls to all new starters, introductory events held and some take up. **23.08.21** - 36 new starters due in by October. HoM posts going out to advert **31.08.21** update - Maternity Workforce Plan is updated weekly. Latest copy to be circulated with Action Plan. **13/09/2021** Maternity workforce plan to be sent every time there is an update (currently weekly) so that it can be stored for evidence. **24.09.21** - PL - SW and CW to meet with finance to ensure Workforce Plan is providing the one version of the truth **09.11.2021** - CW - DoM, Assistant HRBP and HRBP met with Finance on 5.10.21 to cross reference and agree one version of the truth of the workforce plan. This is updated on a weekly basis to track progress. Weekly checks taking place to identify hard to fill posts and posts that require input to progress the recruitment process. Recruitment and retention working group continues to meet on a fortnightly basis to progress recruitment and retention actions. **26.11.2021** - CW - Workforce plan continues to be reviewed and updated on a weekly basis. Based on current recruitment against Birthrate plus projecting a vacancy of 40.93 (B5/6 Midwives) by March 2022 so working to try to reduce that gap through recruitment and retention work. Reviewing and amending attraction strategy for B6 and 7 Midwives (development offer, what makes Nottingham appealing and different to elsewhere - nature of work, professional opportunities etc.), videos have been filmed and are being edited before being launched to compliment recruitment campaigns, international recruitment regional bid successful and business case being written by Division for implementing - aiming to have in post by July 2022. HOM advert has closed and interviews being arranged. **25/01/2022** We were not successful in recruiting to the HOM post. We are currently live recruiting band, 5, 6 midwives, Legacy mentors, maternity nurses. We have gone out to agency for support for the NHSI funding for recruitment (band 3 admin assistant, project support officer band 5, band 7 recruitment and retention lead, project manager band 7). There is a trust wide project looking at recruitment, this person will give some dedicated time to maternity. JUSTR are a company that has been engaged to work on branding and marketing. Neil is meeting with finance this week to check the funding for this. Plan to look at recruitment from Scotland and Ireland. Currently on TRAC there is a consultant midwife for Q&S a senior trust grade registrar for obs and gynae and ward receptionist posts. We have worked on streamlining the recruitment process and shortened this by three weeks. **31/1/2022 - JN** - Maternity recruitment process has been reviewed resulting in a time saving of 2 weeks. Agreement that like for like posts do not require DLT approval.	Open			
S5	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of use of E roster	Implement skills mix templates from E-rostering Paper which will enable the service to make best use of the system for workforce planning.	Assistant HR Business Partner			30/09/2021				Work commenced w/e 05.03.21 **29.03.21 update** - e-rostering team working with services to implement skills mix tiles. Process guides to be developed. Work due to complete 30.04.21 **16.04.21 update** - work is ongoing **30.04.21 update** - skills mix templates implemented. Further work required on adding the skills and competences of staff which will be completed by 31.05.21 **15.07.21 update** - Asst HRBP getting update from E-roster team on current position and activity **20.08.2021** - e-roster - C Woodhall working with the roster team to provide training to managers on pulling the reports from the system **31.08.21** update - e-roster team have confirmed all skills collation on the system is complete. CW to undertake spot check by 10.09.21. Roster team to provide Quick Guide for managers to keep data update over the long term. **13.09.2021** The E Roster will need to continue to be reviewed to ensure it is being used appropriately. This action has progressed but it needs to stay open until this become embedded and business as usual. **06.10.2021 - Request MOC to agree to close this action**	Open			
				Provide guidance and learning to relevant staff to ensure roster system is used effectively on a day to day basis.								**13.09.2021** The E Roster will need to continue to be reviewed to ensure it is being used appropriately. This action has progressed but it needs to stay open until this become embedded and business as usual. **25/01/22** the roster team have guides. **xxxxxxxxxxxxx check, this isn't charlottes**				

S6	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Evidence of NHSP system	Ensure the effective use of the NHSP system for booking additional bank and agency staff.	Assistant HR Business Partner		30/11/2021					NHSP access in place **29.03.21** update - developing further relationships with additional agency suppliers to explore further rota resilience and block booking **30.04.21** update - NUH continues to use 4 agencies for supply of Registered Midwives. 2 are framework and 2 off framework. One framework agency filled very little, but after negotiation the lead in time to book has been increased and this agency has now started to increase fill. At the current time workers and agencies have declined block bookings, preferring to choose shifts available via the NHSP cascade. Discussion with HTE Framework who manage all agencies supplying to NUH identifies short supply of RM and that NUH is currently using all high fill framework agencies. **31.08.21** update - Ongoing discussions regarding agency use. Temporary enhanced rates have been implemented into the system 12.12.21 - review to take place at that point. IT access issues have been resolved, however issue with 'baton' phones for Medway Maternity. **08.11.21** - CW - analysis of impact of NHSP rates being completed to understand impact of the changes. Unsocial hours and weekends remain difficult to fill. **26/11/2021 -** CW - NHSP fill rates and pay rates being reviewed by DOM, HRBP and N&M Staffing Lead to confirm whether the unsocial remain difficult to fill due to the rates of pay or due to another factor e.g. rostering. **25/01/22 CJ-** Enhanced pay rates for midwives have been amended from the 1st Feb 22, Ruth Brown has amended the NHSP SOP. (Email from Ruth) We have filled 40 additional shifts each month with agency/overtime or NHSP. **31/01/2022 - JN** - Consider the impact of enhanced NHSP rates and NUH rates. Head of Midwifery is liaising with Finance to understand this. HRBP and Director of Midwifery to consider impact and make recommendations to retain staff and hours.	Open			
S7	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Ward managers will have the knowledge and skills to be able to successfully manage their budgets and navigate the approvals process in a timely manner	Notes of meetings to demonstrate this is completed	Ensure ward managers and ward leaders have accurate data about their budgeted establishment and the process for replacing posts is efficient and timely.	Director of Midwifery and Divisional General Manager	JW	31/05/2021	30/09/2021				1. Approvals process for sign off through DLT for TRAC, MNW, ICT & BCs simplified and agreed with DLT. New processes shared through Business unit and clinical areas. 2. Finance and BU to set up seminars with budget holders/managers to go through budget management and approvals process. This will be followed up with 1:1s with Finance manager to go through individual budgets. Planning meeting for seminars 26.04.21 Seminars booked for May Sessions have been planned as follows; 06.05.21 3-4pm – Community Managers 11.05.21 12-1pm – QMC Ward Managers 17.05.21 12-1pm – Antenatal Managers 19.05.21 11.30-12:30pm – City Ward Managers 14.05 - 24th & 25th May budgeted establishment review sessions for Matrons & B7 ward managers arranged 26.05 sessions completed, were well received by the attendees. 1:1 sessions offered if required. Establishment stocktakes completed for QMC & City. Further sessions planned for Community(8th) & Governance(9th) Following establishment review meetings it was agreed that there will be a monthly stocktake due to numbers of staff in post but not currently at work. **15.07.21 update** - Asst HRBP getting update from Divisional General Manager. Report was written an it was supposed to happen every month, it didn't happen in August. The Ward Managers are responsible for their budgets and establishment. **10.09.2021** - PL - Finance do meet with some of the Ward Managers on a monthly basis – Bonington cited as a good example. Meetings have been arranged with other Ward Managers however they were unable to attend due to current clinical pressures. Within 3 months, Finance hope to have monthly catch ups in with the Ward Managers and Matrons. This will be enabled following recent recruitment within the Finance team. They would encourage Ward Managers to reach out to them in the meantime if they need any input or guidance from a finance perspective. **06.10.2021 - request MOC agree to close this action**	Open		New approvals process Seminar Email asking for financial stocktake meetings to be arranged	MIP Action Plan evidence\Staffing\Action S7
S8	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	MDT meeting records	Through daily MDT ensure there is senior oversight and documented evidence of medical staffing levels (Obstetricians, doctors in training, Anaesthetists) so that risks can be mitigated against in a proactive way.	Heads of Service		30/07/21	30/09/21				**15.07.21 update** - MDT meeting happens 7/7. Review of documentation has shown inconsistent recording of staffing levels and acuity. Senior leadership rota being developed to oversee the meetings and ensure documentation. Communication of process and levels **06.08.21 update** - increased frequency of MDT meetings (3 per day) to ensure senior oversight, support and direction is provided to maintain safe staffing levels over August **13.09.2021** - Medical staffing is discussed at the daily MDT call. Rota gaps are being sent through to the Head of Service. Need to review this action to ensure there are no follow on actions required now. **06.10.2021 - request MOC agree to close this action**	open		Daily staffing reports, rotas.	
S9	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place.	Evidence that the recruitment took place	Develop a proposal for an increased consultant obstetric workforce in line with RCOG recommendations and establish senior medical leads for; • Intrapartum care lead • Patient safety lead/ mat neo collaborative • Patient experience lead • Guidelines lead • Inpatient and CS pathway • PMRT lead Fetal Heart lead Saving Babies Lives	Heads of Service		31/01/21	30/09/21				Proposal drafted, submitted and discussed at business unit (w/c 08.02.21). **25.02.21 update** - With Jess Whittle for finance input. Proposal is to implement establishment uplift over 3 years **09.03.21 update** - Document process for moving locum consultants to substantive and confirm process for additional Obstetric consultant interviews taking place 12 July. **17.03.21 update** - Agreement for 3 new substantive posts in place, TRAC process has started in parallel with RCOG approval, once both actions completed recruitment will commence. Business case for 3/4/3 WTE consultant going to SDRG w/c 22.03.21 **29.03.21 update** - business case signed off by SDRG and progressing to next stage of approval process **16.04.21 update** - business case going to IGC on 28.04.21 **14.05.21 update** - awaiting feedback on outcome from IGC **18/5/21 update** - business case presented to management board and supported with minor changes. Progressing to FPC and Board in June **13.09.2021** update - Business cases were all approved and consultants appointed. Long lead time for some posts now and locums needed to cover gaps. **06.10.2021 - request MOC agree to close this action**	Open			MIP Action Plan evidence\Staffing\Action S9
				Carry out a job planning review to ensure all lead areas are covered.								**09.09.2021** - HoS are reviewing. **06.10.2021 - request MOC agree to close this act**ion				
				Complete the recruitment of approved medical posts for 2021.								**15.07.21** - interviews held for 6 vacancies and offers made. On boarding process commenced. **09.09.2021** - All 6 vacancies were recruited to. **06.10.2021 - request MOC agree to close this action**				
S10	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place.	Workforce strategy	Complete a review of the required medical skill mix for the maternity service so the service has a clear workforce strategy that plans for the future.	Heads of Service	JW		30/11/21				**15.07.21 update** - Helen Wilkinson requested to undertake development of medical workforce strategy. Needs to link with Asst HRBP. **17.08.21** DH is meeting with Helen Wilkinson to put a plan in place for recruitment of medical staff. A plan has been agreed for Junior medical staff from August 2021. **31.08.21** update - clarity required from finance on post funding to enable sign off of medical workforce strategy - escalated to Keith Dibble on 25.08.21. **14.10.21** - JW - Meeting took place on 13.10.21 with finance and other GM's to review Obs/Gynae Consultant establishment and current locum's. Finance confirming funding for additional 2 locums (50/50 Obs/Gynae) posts to support the service. JW met Gynae GM and Medical Workforce Team to discuss junior doctors and both GM's will identify a work plan to develop a joint business case to request investment for junior doctor workforce across both Obs and Gynae (this is reflective of the junior doctor workforce working across both Specialties and being supported by the same Consultant College Tutors). **05.11.21** -JW - Gynae and Maternity GM's developing plan on page for DLT to suggest Project Management support to review whole Junior Doctor workforce and follow with required business case. **19.11.2021** - JW - Paper submitted to Divisional General Manager on 9/11 to request project management to support review of Junior Doctor workforce. Awaiting outcome. **22/11/2021** this will not meet the timescale as it was set originally, request to extend the deadline. **20.12.2021** - JW project manager currently developing business case to request additional 9 junior doctors to work across Obs and Gynae, primarily to support Gynae with on-call middle tier rota, however rest of time will be utilised to support Obs and Gynae in various ways. **31/01/2022 JN** - business case initial review completed by General Manager, JT and DOM. Feedback provided. Revised business case to be submitted to DLT early February 2022 for approval and progression. **08.02/2022** - business case for Junior doctors is complete and will be going to Dolt on Thursday of this week. Feedback expected at the end of the week. **17/02/2022 - JW** - Business case approved by DLT. Request submitted with Divisional annual planning requests.	Open			
S11	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Admin Business Case	Clarify gaps in non ward based administrative roles across the service.	Divisional General Manager	JW	30/09/21					**15.07.21 update** - interim solutions are not progress. No additional admin support has been put into the community and for medical staff **17.08.21 DH** DLT has agreed that funding from Maternity vacancies can be used to employ admin staff on a fixed term basis. Please let the operations team know if admin cover is required. **09.09.2021** - JW - To date the following posts have been filled with agency staffing 1.0wte for ward receptionist City (1.0wte ward receptionist QMC back out to agency as did not fulfil requirements) 2.0wte Community Admin 1.0wte Maternity BU PA Did provide 1.0wte DAU/Triage however did not return after first day due to issues with agency. Trying to obtain agency replacement. Currently undertaking a piece of work to quantify benefits including clinical time released. **13.09.2021** - currently undertaking a piece of work to quantify the benefits including clinical time released. **17.09.2021** - JW - Benefits of admin support circulated last week. agency admin support identified for both City and QMC reception, and 2.0wte for Community. Reviewed Consultant and PA allocation to ensure equitable split. This is complete. Work undertaken to review PA support for Consultants and provide them with additional responsibilities to reduce consultant admin workload. Following changes agreed with Consultants; • PA's to be responsible for clinic changes i.e. cancellations due to annual leave/sickness etc. (involves cancelling clinics and moving patients) • PA's to work with Consultants to be clear on overbooking rules for each clinic. ANC liaise with PA's in first instance where overbooking is being requested • Trialling changes to admin processes – each Consultant will receive admin related emails from their PA only. PPA's feed queries through dedicated PA's to avoid overloading inboxes and facilitating quicker responses. • Divisional PA to liaise with Consultant PA's in relation to vacant shifts to avoid mass emails. PA's can work with link Consultants to agree cover arrangements and feedback to Divisional PA. **24.09.2021** - JW - Agency staff confirmed to support wards/LS to replace previous agency staff - starting 27.09.21. KD supporting with expediting 12m fixed term posts for areas. Work undertaken to review PA support for Consultants and provide them with additional responsibilities to reduce consultant admin workload. changes proposed to consultants and positively received. Admin Manager to commence implementation of changes w/c 27.09.21. **24.09.21** - PL - benefit analysis completed and recommendations included in Maternity Admin Business Case. Positive feedback received from community MSW team **14.10.21** - JW confirmed admin gaps across the service. Community outstanding but meeting scheduled for 19.11.21 to review admin tasks and quantify admin gaps. This will inform the maternity admin business case. Confirmed funding to recruit to the ward reception admin gaps and managers informed to recruit via a single TRAC. **25/01/22** - The admin business case has still not been signed off by the Division. **31/01/2022 - JN -** same as update for action above.	open		Daily staffing reports, rotas.	MIP Action Plan evidence\Staffing\Action S11
				Create and submit a business case for additional requirements.		JW						DLT confirmed support to fund 12month fixed term admin posts utilising pay underspend. DGM informed clinical managers that the following posts can be advertised, 3.4wte ward reception staff, 2.0wte Community Admin, 2.84wte DAU/Triage Admin. Business Case for substantive administration posts across the wider service being developed. **14.10.21** - JW - Business case in final stages of development pending confirmation of Community admin gaps and finance costing the model. Aim to submit to present to DLT at the November QI meeting. **22.10.21** - JW - Business case awaiting ICT costs and will be submitted to DLT QI meeting in November. Copy of draft business case also provided to Carolyn Jenkinson to discuss with Fleur. Indicative cost implication is circa £650k per annum. **05.11.21** - JW - Business case submitted and approved by the Maternity Business Unit. Scheduled to be presented to DLT at the 'DLT QI' meeting on 11th November. **12.11.21** -JW - Business case presented to DLT QI meeting on 11th November as per Trust approvals processes. A consensus was not agreed by DLT therefore DLT taken away an action to discuss at further meeting, scheduled for 2.12.21. **06.12.21** - JW - DLT meeting to discuss business case scheduled for 02.12.21 rearranged for 10.12.21. **20.12.21** - DLT meeting took place 10.12.21 and agreed a reduced admin request. Business case revised and tabled for DLT approvals meeting 22.12.21. **21.01.2022** - JW - Awaiting feedback from DLT re business case. **08.02.2022 -JW** - submitted before Christmas - still awaiting DLT to review - will be represented to DLT on Thursday of this week. **17/02/2022** - JW - Business case approved by DLT. Awaiting further feedback re funding.				
				Utilise an interim solution until substantive appointments can be made.		JW						**09.09.2021** - the following posts have been filled with agency staffing. 1WTE receptionist at City. 2WTE community, 1WTE BUPA. Evidence provided of all posts that have been filled. There have been problems getting agency staff and staff not coming back or not turning up. Admin support is always covered at the daily MDT calls. **14.10.21** - JW - Substantive funds identified to support Ward Reception admin gaps. Request to DLT to fund 12month fixed term admin posts for Community and DAU/Triage - awaiting feedback. **22.10.21** - JW - Awaiting feedback from DLT re funding 2.0wte community admin and 2.84wte DAU/Triage admin for 12m fixed term. Currently agency admin in place to support Community.				
S12	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Staff have access to the necessary education and training and are supported to maintain their skills and competencies.	Evidence of prompt training being delivered	Review the capacity of the education and training team to ensure there are enough staff to deliver the required education and training programme across the maternity service.	Deputy Director of Midwifery		30/10/21					**15.07.21 update** - need to understand block training plan including start date. **13.09.2021** - DOM is liaising with Education team regarding the training plans for maternity service. **22/11/2021** - This action relates to the faculty and how we can deliver the training requirements with the numbers of staff working in the faculty. Need to review this action to ensure it is fit for purpose. Review at the next task and finish group.	open		Daily staffing reports, rotas.	

S13	Women and their babies are treated by the right number of appropriately skilled and competent staff.	The maternity service is supported to manage medicines in line with national guidance.	Evidence of recruitment to roles	Review the capacity of the Medicines Management team support to the maternity service to ensure it is fit for purpose and can support with the safe management of medicines. Additional staffing to be secured as required to address any gaps identified.	Chief Pharmacist	AW	31/12/21					**12.08.2021 update** - Due to ongoing operational issues and clinical risk within Maternity the Clinical Support DLT have instructed Medicines Management to create (additional) substantive Maternity Pharmacy posts, at financial risk whilst a formal business case is developed with the FH Team. 1 Band 7 Pharmacist post created and 2 x Band 5 MMT posts on TRAC currently awaiting approval. **09.09.21** Please note this is not the same scheme as SP3 so please do not delete. LP has been in discussions with Medicines Management; 1 x B7 & 2 x B5 for each site out for locum and on TRAC for recruitment. Shared risk between CSS and Maternity. LP to write business case for requirements once recruitment of successful skill mix to locum posts as there is a national shortage. **13.09.2021** - LP has a meeting with Andy Wignell on 21/09/21 to review current arrangements and initiate business case. **24.09.21** - LP - LP met with Andy Wignell and interviews for 1 x B7, 2 x B5s taking place on 29/09/21 - strong applications. Andy has commenced the business case and LP to finalise. **06/10/21** - LP has received draft business case from Andy Wignell and currently being reviewed - to add and for comments. **15/10/21** - LP has reviewed and updated with AW. Awaiting costings from Finance which are due today. **21/10/21** - LP: Business case drafted, reviewed and financial queries being discussed on 28/10/21. **05/11/21** - LP - Business case approved at BU Meeting on 04/11/21. DLT QI w/c 8/11/21 **19/11/2021** - LP: Presented to DLT QI on 11/11/2021 and requested by Finance to presented as collective pharmacy requirements for Family Health. This is currently being progressed. **19.11.2021** - AW - We have been successful in recruiting to our two Band 5 technician posts. They both have start dates early-mid January. One will be able to "hit the ground running", the other will require some additional training/validation as she is joining us from outside NUH. Sadly, we were not successful in recruiting to the Band 7 Pharmacist post (it went out twice). I am planning (this afternoon) to get it back on Trac with a slightly different job plan to see if that helps. Otherwise we may need to put out for an 8a Pharmacist at slightly less than full time (keeping the cost envelope the same). **31/1/2022- JN** - Band 7 Pharmacist post offered, candidate currently undergoing pre-employment checks.	open		Daily staffing reports, rotas.	
S14	Women and their babies are treated by the right number of appropriately skilled and competent staff.	The maternity service areas are adequately cleaned and are compliant with national guidance relating to IPC.		Review the capacity of the domestic cleaning / housekeeping teams across the maternity service to ensure there is adequate hours for cleaning. Additional cleaning time to be secured as required to address any gaps identified.	Director of Estates and Facilities	Ops Manager	30/09/21					**17.08.21** DH Getting hold of cleaning schedules for Maternity, which will then be reviewed with the clinical areas. **09.09.2021** - JW - Cleaning schedules for all clinical areas obtained from Estates and Facilities. Meetings currently being arranged with Clinical Managers to review current provision and findings will be feedback to DOM. **15.10.2021 - JW - Agreed at previous MIP meetings this was a duplication of SP5 - Can this be closed in line with SP5 evidence?**	open		Daily staffing reports, rotas.	
S15	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place	Cohort of Apprentices Research report on impact of the project	Implement the Small Steps Big Change Healthy Pregnancy MSW pilot project	Director of Midwifery	Consultant Midwife/Head of Midwifery	31/12/2024					**01.02.2022 - New Action** 08.02.2022 - LC - funding time line has been changed - Band 4 and Band 6 jd's have been approved and are out to advert.				
S16	Women and their babies are treated by the right number of appropriately skilled and competent staff.	Women receive care at an appropriate time, by the right person in the right place		Complete recruitment to meet Maternity workforce plan	Director of Midwifery	HR Business Partner						**01.02.2022 - New action**				

Executive Lead:	Chief People Officer
Divisional Lead	OD Consultant
Dated last Updated:	09.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
T1	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Mandatory training targets are met.	Training Needs Analysis	Establish a process for the service to complete an annual training needs analysis for staff working in the maternity service to include, Midwives, Obstetricians, Maternity Support Workers, Anaesthetists, Neonatologists and paediatricians.	OD Consultant		31/12/21					Non completion reports sent to Deputy HOMs and Matrons for validation and actions to complete, plus any specific issues that prevent completion. Return date of 08.03.21 at which point analysis to understand what might need mitigating. Carol Drummond monitoring with Dep HOMs weekly **29.03.21 update** - Active monitoring of completion of mandatory training taking place on a twice weekly basis **16.04.21 update** - monitoring continues twice weekly where possible. Alternative method of delivery of CTG competency training to mitigate issues with ESR/OLM systems currently affecting the Trust which have been escalated to the national team/IBM **23.04.21 update** - ESR/OLM issues not yet resolved **30.04.21 update** - ESR/OLM issues resolved. Work needed with managers to improve completion rates for NLS, AHLS and Prompt **28.05.21 update** - education risk assessment being completed by the service w/b 31.05.21 **06.08.21 update** - as part of work on induction, trust mandatory training being clarified, including frequency/course duration/role **22/11/2021 update -** There is going to be an organisational wide TNA by the end of the year. **08.02.2022 - PL** - Organisational wide TNA will be completed by end of February.	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk assessment.	
T2	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Mandatory training targets are met.	Training Rates data	Develop a training plan and timetable to meet;	Deputy Director of Midwifery	PL	30/01/21	31/03/2021				**13.09.2021** - 7 day block proposal has been developed - Jane Kenny has a draft proposal. Need to follow this up with Governance and DOM. **24.09.21** - PL - fortnightly task and finish group established to progress **06.10.2021** - PL - Whole Action to be discussed at Task and Finish Group on 19th October - Prioritising Annual Mandatory training **2/11/2021 update** - There is going to be an organisational wide TNA by the end of the year. **09.02.2022 - SS** - currently writing a Training and Educaiton framework	Open		Copy of MDT training schedule % completion of mandatory training,	MIP Action Plan. evidence\Training\LT 4
				1. annual mandatory training requirements,								**05/11/2021** Task and finish group has met every two weeks. A training plan is in place. We have explored options for the delivery of the training and are in the process of getting quotes for external venues who can accommodate our needs. A business case will need to be done once we get the quotes in. In the mean time we do have some in house space and are using this, but it is not enough to be able to deliver the amount of training we need to deliver. **22/11/2021** SS is reviewing the training mandatory training requirements to see if 8 days is still required.				
				2. bespoke training to address any lessons learned and any new developments in practice,								**05/11/2021** we have a significant sum of money identified for maternity for CPD for midwives or registered nurses. An update on the current situation was presented to the task and finish group. A reminder about the funding was sent out to ward leaders and matrons and an article put in the weekly newsletter. There is funding available for leadership development, NIPE training, BSc top ups etc.				
				3. any gaps in knowledge of individuals as identified through supervision and PDP								**05/11/2021** Although this action is amber it will not reach its full potential until we are in a better position with our appraisals. Ad hoc identification of training needs is taking place.				
				4. Assess the capacity and availability of the Clinical Educator workforce to deliver the identified training needs.								**05/11/2021** this action could now be closed. We have increased the capacity of the clinical educator team and provided admin support. CJ to request the evidence to support this closure.				
				5. Create additional capacity to enable staff to be released for mandatory training.								**05/11/2021** Staffing capacity is not particularly improving, however, the service is releasing staff for training as much as possible. The number of cancellations is being monitored. Data on mandatory training compliance is now in the dashboard. Needs to be monitored to ensure it begins to improve.				
				Submit the training plan to the LMNS for validation three times a year.								**05/11/2021** Support from the CCG for this this action has been offered.				
T3	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	90% of all maternity staff will have completed all mandatory training	Evidence training environment has been secured	Progress the Business case that enables the training that allows access to venues, training space, training equipment and on line learning packages.	Head of Quality and Safety - Maternity	PL	31/03/21					**13.09.2021** - The business case has stalled. Conversation needed with the new managers in place. **24.09.21** - PL - SW has requested support with venues from the LMNS **06.10.2021 - PL -** Task and finish group are exploring the option of using external venue space. **06.10.2021 - Request a new due date from MOC** **08.02.2022 -** Business case on Agenda for DLT on Thursday of this week. **17.02.2022 - JW - B**usiness case approved by DLT, and Finance Business Partner confirmed funding available. Informed Trent Vineyard that NUH secured funds and awaiting a response to confirm next steps	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk	
T4	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff report feeling supported to maintain and further develop their professional skills and experience.	Evidence of CPD funding spend	Ensure CPD funding for midwives is ring fenced and there is a process in place for applying against the funds available.	Assistant Director of Nursing		31/03/22					**06.08.21 update** - CPD funding for 21/22 confirmed (£130k) **16.08.2021** - CPD funds ring fenced and available , with PDM/DoM for allocation against training needs analysis and priorities **13.09.2021** - could this action be closed. CJ to discuss with DOM. **05/11/2021** The CPD funding is ring fenced. Need some evidence to demonstrate this but this action could now be closed	Open		Emil confirming allocation	MIP Action Plan. evidence\Training\LT 4
T5	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	90% of all maternity staff will have completed all mandatory training.	Dashboard of training compliance	Develop and implement a process for monitoring compliance with training and escalation of deviation from trajectory.	Deputy Director of Midwifery	PL	31/03/21	31/12/2021			Trust Mandatory and Role Specific training compliance	SB working on development of the process **29.03.21** update - draft process created, currently being tested **16.04.21** update - to table at next People sub-group meeting **14.05.21** update - work ongoing to develop process **20.05.21** update - Manager Quick Guide for monitoring mandatory training compliance developed and shared with service. Service to cascade and embed with support from HR as appropriate. Final version of SOP Pathway CTG Competency shared with trade unions and service. Issues with data quality in ESR remain. Service completing establishment reviews for midwifery w/c 24.05.21. **28.05.21** update - establishment reviews completed for QMC and City which has highlighted a number of changes required in the system and some HR intervention which will refine the denominator data. Not completed, but PROMPT training completion is to target. CTG competency completion rates are much lower, actions are being taken to increase, but concerns with data quality on ESR to provide accurate oversight **29.03.21** update - ESR issues have been resolved and compliance is increasing steadily. Situation under constant review and dedicated resource identified in the training dept. to respond to urgent queries and any further that may arise. Fresh Eyes process in place as mitigation. **16.04.21** update - ESR/OLM issues across whole Trust, escalated to national team/IBM, alternative methods of delivery in place including pilot project led by Naomi Taylor **23.04.21** update - ESR/OLM issues not yet resolved **30.04.21** update - ESR/OLM issues resolved. Work required with managers to increase Prompt completion rates. **04.05.21** update - work ongoing to develop process **20.05.21** update - Manager Quick Guide for monitoring mandatory training compliance developed and shared with service. Service to cascade and embed with support from HR as appropriate. Final version of SOP Pathway CTG Competency shared with trade unions and service. Issues with data quality in ESR remain. Service completing establishment reviews for midwifery w/c 24.05.21. **28.05.21** update - establishment reviews completed for QMC and City which has highlighted a number of changes required in the system and some HR intervention which will refine the denominator data. Not completed, but PROMPT training completion is to target. CTG competency completion rates are much lower, actions are being taken to increase, but concerns with data quality on ESR to provide accurate oversight **24.09.21** - PL - fortnightly task and finish group established to progress **08/11/2021** Data for mandatory training being collated and presented to the division. The training team are also monitoring compliance.	Open		Copy of MDT training schedule % completion of mandatory training, where below 90% inclusion of recovery plan and residual risk assessment.	
T6	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	All relevant staff are able to demonstrate competency in CTG interpretation.	Dashboard of training compliance	Roll out CTG training and competency assessment to all relevant staff. All new F2's and GPST Doctors who started in Obs & Gynae to have the CTG competency and assessment training as part their induction programme.	Associate Director of Maternity Governance		07/12/20					F2s and GPST's not expected to interpret, but know when to escalate. **13.09.2021** - The training roll out was completed. This action is closed now.	Closed		Observational audit The Prompt package is available to staff and compliance with competency assessment will be measured through monthly reports to DI T	
T7	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff report feeling supported to maintain and further develop their professional skills and experience.	Handbook Induction programme spot checks to ensure new starters have access.	Develop and implement a Band 7 handbook and induction programme for midwifery leadership roles.	Assistant Director of Nursing		30/09/2021					**19/08/21** - Action learning sets underway for support to band 7 midwifery leaders. Interviewing 25th August for senior leadership fellow post who will lead implementation of professional induction programme for N&M leadership roles **13/09.2021** - handbook is being progressed **27/01/2022 The Handbook is being led by the Institute . CJ to follow up with SH for an update.**	Open		draft handbook	MIP Action Plan. evidence\Training\LT 7
				Develop and implement an induction programme for midwifery leadership roles.								**01.10.2021** - SH - Leadership fellow appointed, just confirming start date . Ward managers engaged in co producing content for professional induction for NM managers programme, at recent trust wide time out day for ward managers . **06.10.2021 - Request new due date from MOC** **05/11/2021 -** CJ need to review this action and how this is progressing. **2/11/2021** There is concern that this action is not sustainable in its current form. Helen J developed the package but it is not clear who is leading the implementation. Should the Matrons be picking this up? Need to discuss this action further with HOM and DOM.				
T8	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff who are new in post feel supported to deliver safe care to women and their babies.	Induction programme spot checks to ensure new starters have access.	Develop and implement an induction package for all new staff to the maternity units.	OD Consultant		30/09/2021					**13.09.2021** - JK working on midwives induction and medical induction, progress is underway and will be ready for the new midwives joining in October. **24.09.21** - PL - Template induction checklist for all midwife roles circulated to senior managers, briefing provided 23.09.21, Welcome Booklet updated and with Communications to develop as ebook, Institute welcome letter for midwives developed. **27.09.2021 - Request MOC for agreement that this action can be closed.**	Open		handbook	MIP Action Plan. evidence\Training\LT 8
T9	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Staff who are new in post feel supported to deliver safe care to women and their babies	Induction programme spot checks to ensure new starters have access.	Develop and implement orientation and induction for bank and agency staff.	OD Consultant	HR Business partner	30/09/2021					**09.09.2021** - PL Awaiting response from Malcolm Parker **24.09.21** - PL - chase email sent and awaiting response **27.09.2021 - Request MOC to change due date to 30/10/2021** **06/10/2021** - PL meeting arranged with Malcolm Parker and Rachel Finn. **22/11/2021 -PL Induction checklist is with Sian Parish for comment. It is ready to be circulated. The risk on the family health risk log needs to be updated** **08.02.2022 - this is live on the Intranet.**	Open			
T10	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Newly qualified or return to practice midwives report feeling supported and encouraged to gain new skills	Evidence of midwifery programme being implemented	Refresh and develop the approach for the midwifery rotation programme to ensure it is fit for purpose and newly qualified or return to practice midwives have access to ongoing support and development.	Maternity Improvement Midwife and Asst HRBP		31/03/2022					**13.09.2021** - rotation work is progressing **24.09.21** - PL - Rotation working group has refined the options being considered and are developing a phased approach with intention to pilot internal site based rotation in phase one (March - August 2022) 08.02.2022 - RB is working with Jackie Gandy about rotation and insight into effectiveness.	Open			

Executive Lead:	
Divisional Lead	
Dated last Updated:	08.02.2022

Ref.	Key Outcome	Action	Owner	Support	Due Date	Revised Due Date	RAG	MOC Verified RAG	Progress/Comments	Status	Date Closed
CL2	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and embed a just culture within all incident and/or never event investigations.	Associate Director of Governance and OD Consultant		28/02/21	30/06/22			Professional Midwifery Advocate sourcing and co-ordinating critical incident support as and when required. Ongoing wellbeing and psychological support provided through Trust's wellbeing support. **01/12/2021** - Just culture is one of the Big 6 for culture work stream being rolled out corporately in the trust. SS and PL need to discuss Just culture in terms of incident reporting and investigation. Need to establish that the Big 6 work will encompass maternity. **26/01/2022** The resolution of employment concerns policy replaces the trusts dignity at work policy, and includes a decision tree about whether a situation should have a just culture approach applied to it from a staff employment perspective. The new policy is now live and the band 7 managers were briefed on this new policy on the 16 November 2021 by HR. 08.02.2022 - this is linked to the Training and Education Strategy being drawn up by Sally Seeley.	Open	
CL3	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement the initial phases of a cultural transformation programme.	OD Consultant		30/04/21	31/12/21			Project at scoping stage. Baseline data sources established and first cut analysis completed, including analysis of FTSU themes and work with MSB in 2018. Feedback session to be delivered to DLT/SLT during March **19.03.21 update** - data analysis presented to CD, EF and JT 18.03.21. Outline actions discussed and programme of activity to be developed. **16.04.21 update** - outline plan in development with phase one focused around 'back to basics' approach the detail of which will be co-designed with the service08/07/21 **14.05.21 update** - updated date due for completion in line with agreed request to change (email 19.04.21). Following QAG, co-ordinated approach with Governance being developed linked to learning from SIs to run in parallel with wider culture change activities - meeting arranged for 24.05.21 (KG, SM, NP, PL, LP). Meeting with service scheduled for 28.05.21 to co-design plan and identify working group. **15.07.21 update** - working group established with representation from across all levels of the service including anaesthetics and neonatology. Phase 1 activity underway including pilot of team charter work with Outpatient Services team and C29 team and observations of team functioning of Labour Suite teams to inform phase 2 activity (September to December 2021). Psychological Safety survey being launched to set baseline which will be repeated quarterly to measure progress. Influencer training to be delivered to Culture Change Working Group in the autumn. Learning from Experience to deliver session on Civility Saves Lives and Kindness Campaign in development for August/September as precursor to further work on psychological safety/Just culture/ Civility Saves Lives. **24.09.21 - PL** - CCWG reviewed Psychological Safety Survey data and PL to develop plan in response to findings and focused on building stages 1 - 3 of psychological safety (inclusion, learner and contributor safety). Kindness Matters campaign over International Week of Happiness at Work underway and good engagement. Critical Factors procured by HEE to undertake diagnostic observations across Maternity service to develop recommendations on Human Factors. **06.10.2021** - Request MOC to agree to close this action and make a new action " columns b and c the same, develop and implement the next phase of the cultural transformation programme." end date November 2022.(UPDATE OD culture and leadership plan on a page reviewed by the cultural change working group and the people sub group on the 19.11.2021.	Open	
CL4	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Promote the Freedom to Speak Up Guardian Service within Maternity Services.	Freedom to Speak Up Guardians / DLT		31/05/2021				Posters circulated and visible in clinical areas and Freedom to Speak Up Guardian completing regular drop in sessions. Also see action below in this section.• Trust briefing article - promoting FTSU • Email to Maternity Staff to introduce the FTSU Guardian, champions and highlight the planned events • Teams "Maternity we are listening sessions" • FTSU pop up office sessions at both City and QMC "Lunch and Listen sessions" • FTSUG walk around with the support of Midwives advocate both across City and QMC • Have since worked with Comms to arrange for posters and materials to be out up across the sites, I've also physically sent some out myself to two sites , including FTSU banners. • I am in the process of arranging engagement with community midwives as they felt they did not get the opportunity to be heard, I'm waiting to hear back on dates and times. • I have had contact from 12 staff from maternity, the staff were sharing some of their historical challenges experienced within maternity, these fed into the maternity transformation committee, and Divisional leadership and I shared these with Tracy Taylor. • All staff were informed that these concerns would be shared into the wider programme of work. **06.10.2021 - Request MOC to agree to close this action**	Open	
		Ensure the Guardians provide themed feedback to the Service and Divisional leads.							**29.03.21** update - Next round of FTSU walk arounds scheduled March - May **28.05.21** update - key themes emerging are openness and transparency; not behaving in line with trust values and behaviours; shared learning not happening quickly enough. **31.08.21** update - regular reporting from FTSU Guardians established, including themes. **13/09/2021** - Guardians will now provide the themes as well as numbers. It will also go to the analyst for inclusion in the dashboard. **06.10.2021 - Request MOC to agree to close this action**		
		Ensure Service and Divisional Leads consider and address the themes.							**06.10.2021 - Request new due date from MOC.** **01/12/2021** Need to see evidence that this is happening and the division are getting the themes.		
CL5	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Complete a development needs analysis of leadership and management capability to promote compassionate leadership. Identify and/or develop and implement compassionate and inclusive leadership development opportunities.	OD Consultant		31/05/21	31/12/21			Development work underway. Strong feedback from the division that due to competing priorities this development work would be better scheduled late spring/early summer **15.07.21 update** - ongoing staffing pressures and changes within the senior leadership team have continued the pause on this action. Links to corporate leadership and management development offer is being explored. However, a cohort of midwives is attending the LEO programme, 2 Obstetric Consultants and 1 Matron are signed up to the Enabling Our Change Programme and 6 senior midwives have attended Crucial Accountability. 01/12/2021 Training needs analysis is out now with the band 7's. There will be a development plan put together by end Jan. The Athena Team journey is about compassionate leadership. More people going through LEO. This all replaces the CL7 work. **10/01/2021 - PL** - a Manager TNA has been completed with the band 7 and 8 managers. A programme of leadership development will be rolled out from February 22 and managers will have received individual development plans by **3/.01/22.** This will include MW's Affina Team Journey. **26/01/22** This action has completed for the Midwives. 08.02.2022 - new action required for Consultants support - PL to advise asap	Open	

CL6	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Complete a human factors needs analysis and develop and implement human factors interventions.	OD Consultant and Business Development Manager, Sim Centre		30/06/21	30/06/22			Trent Simulation Centre recruiting 1 WTE fixed term for 12 months. Advert February, interviews March - 2 applicants, both withdrawn prior to interview. 29.03.21 update - Advert being relisted 07.05.21 update - 1 applicant, interview tbc 14.05.21 update - interview scheduled for 24.05.21 21.05.21 update - interview cancelled following withdrawal of candidate. Revisit specification of HF input with Simulation Centre 28.05.21 update - met with Giulia and further discussion to take place 07.06. 07.06.21 update - met with Sim Centre, but little progress made. Need to revisit with DLT the HF input requirements - meeting to be arranged with EF and SW **06.08.21** update - Further meeting held with Sim Centre to refine brief. Project outline updated and shared with Chief People Officer and Medical Director for review. **24.09.21** - PL - Critical Factors procured to complete diagnostic observations across Maternity service including Human Factors needs analysis. **01/12/2021** HEE have put out the tender for the critical factors project. we will know who has got this by mid January 2022. Critical Factors have agreed the first week in Feb as potential for onsite activity. In the mean time, SB and MT from the mat neo partnered are delivering human factors in escalations training in January aimed at all of our clinical staff. We are also looking at more dates in February . Half a day a week dedicated to maternity from BB is the human factors lead and he will be working with maternity for half a day a week. **10/01/2022** - PL - BB has contacted key individuals to introduce and develop awareness of specific elements of the service. **26/01/22** CF contract awarded and preparations for on site activity underway. **08.02.2022 - PL** - CF started on site on 7 February 2022.	Open	
CL7	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Commission mentoring and coaching for the Maternity Matrons and Band 7 ward leaders.	Director of Midwifery	PL	31/03/21	30/09/2021			**09/03/21 update** - Agree midwifery training programme with SB and show proposal **29/03/21 update** - proposal for support agreed and due to commence w/c 12/04/21 **16/04/21 update** - work commencing w/c 19.04.21 with matrons **28/05/21 update** - Influencer, Crucial Accountability and Enabling Our Change course details provided to SB to support matrons development planning **15/07/21 update** - SB has been commissioned to expand support to ward leaders (B7s) - this has resulted in change in due date. **13/09/2021** - update - Contact made with the coach but she has not received payment from the last work she did for the trust. Needs to be sorted ASAP. **24/09/21** - PL - payment issued **22/11/2021 -** PL- Band 7 development through coaching, development days and leadership programmes has commenced using internal resources. First development day took place week commencing 17 November and included "Affima Team building." **25/01/2022-**PL - Manager TNA completed and individual development plans being put together, timescale for completion 14 Feb 22, although there will be some gaps with some of the HR training as HR have some capacity challenges at present. **08.02.2022 - PL - propose this action is closed. Has been delivered for Matrons and CL18 picks up additional items.**	Open	20/03/2021
CL8	There is a clear vision and credible strategy to deliver high quality care to women and babies.	Refresh and update the Maternity Service Vision and Strategy (3 - 5 years).	Maternity Service DLT	OD Consultant	01/08/21	31/03/22			**31/08/21** update - Professional Midwifery Strategic Plan due to be launched 1st November. **22/11/2021** The Midwifery Strategy has not been launched as planned. We have planned a day for end January to look at a maternity wide vision and strategy. **25/01/2022 - PL** - Professional Midwifery Strategy to be launched 1st February 2022. Wider maternity vision and strategy to be worked up over February/March. **08.02.2022 - PL** - core group met on 31st January to draft the strategy. More work is required and then this will go out further for feedback and input.	Open	
		Review and align the Midwifery Strategy to Maternity Service Vision and Strategy prior to launch.							**26/01/2022** Session booked for 31 Jan 2022 to look at the maternity service strategy, we don't have the level of clinical input we would like but agreed to make a start on this regardless and present it back to the service.		
		Ensure progress against the delivery of this Maternity Service Vision and Strategy is monitored through the divisional governance structure							**26/01/2022** No update as yet as we don't have the strategy in place.		
CL9	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Create an informal "Critical Friends" network across the large North of England teaching hospital maternity units.	Divisional General Manager		31/01/21	31/12/21			**21/05/21 Completed** : Critical Friends Network established for sharing ideas and practice. Informal network of consultants in leadership roles in similar Trusts. **26/01/2022** This was discussed at MOC, there is an informal clinical network with C&W. Divisional Director to work up a plan about this. A visit to University Hospitals of Birmingham is being arranged for the triage team to understand how they have implemented BSOTS in their triage unit.	Open	21/05/2021
		Arrange a programme of opportunities for staff to visit Coventry and Warwick							**26/01/2022** This was discussed at MOC, there is an informal clinical network with C&W. Divisional Director to work up a plan about this. A visit to University Hospitals of Birmingham is being arranged for the triage team to understand how they have implemented BSOTS in their triage unit.		
CL10	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Ensure the PMA role is utilised appropriately for the development of high quality, safe maternity care, including multi-disciplinary incident debriefs	Director of Midwifery	PMA Midwives		31/12/2021			To be discussed with DOM CJ to follow up. **10/01/22 - PL** - recruitment to PMA vacancies successful ensuring maintained capacity within the service. **26/01/2022** This action needs to be reviewed and redefined. This action does link with the trauma informed work that we are undertaking. CJ and PL to discuss with SW. 08.02.2022 - PL - PL has been asked to support on the debrief work. Connection has been made with Violence reduction unit in Nottingham and the Well-being team to progress this. **21.02.2022** - SW - Recruited to vacancy 1.4 full time PMA's starting April 2022 plus funding for 12 midwives to attend PMA course (29th March) who will then offer sessional PMS support. Sessions PMA's will qualifiy by the end of the year.	Open	
CL11	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement learning forums to provide staff with the opportunity to reflect on any learning identified from incidents, complaints or patient feedback in a safe space.	Associate Director of Governance	QRS Manager		30/09/2021			**31.08.21** update - monthly newsletter from Governance with details of learning forum activity started August 21 **13.09.2021** - review the completion date. Learning from experience events are taking place. Need to capture these and ensure we have the evidence. This action is on the agenda for the governance away day later this month. **22/11/2021** Work plan to be defined with SS and PL. Need to review this date again as this is slipping. end January requested. **26/01/2022** This is part of the education and training strategy. There will be learning videos which are currently being developed. The first video was completed on 26 January and was discussed at the senior midwives meeting. The videos are being uploaded to the intranet and we have also now got a You Tube Channel. You Tube will be in place by Week Commencing 14 Feb. 08.02.2022 - PL - Linked in with the Training and Education strategy. you tube video has gone live	Open	

CL12	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Develop and implement appropriate actions as a result of the feedback from trainee Doctor survey. Develop process for ongoing review and action	Clinical Director and Heads of Service			30/09/2021			**22/11/2021** email update received from the Junior Doctor college Tutor. Saved into evidence folders. Need more clarity about the actions they are taking. **26/01/22** There have been concerns raised by the junior doctors and the trusts education leads. The junior doctors raised concerns about culture, support offered, gaps in the rotas and generally not feeling supported. Exception reports are an opportunity for juniors to raise concerns outside of the HEE survey. We have a low number of exception reports. When an exception report is completed it is not anonymous and it goes straight back to the consultant and the Guardian of Safe Working. There is a general feeling that junior doctors concerns are not well understood. There are concerns about the oversight of the junior doctors rotas and the gaps in the rotas are left for the juniors to sort their own day to day shifts and the rota coordinators sort out the out of hours rotas. Concerns have been escalated to The Medical Director and the Clinical Director for Family Health. **27/01/2022** Meeting arranged with Medical Director for Friday 28th Jan. Once we have held this we will devise new actions and timescales. **08.02.2022** - report has come in from College re Junior Doctors - a new action plan will be put in place to develop this. EF to advise if a new action/s will lead from this work.	Open	
CL13	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Implement the actions detailed in the HEE response to improve the student midwife experience.	Director of Midwifery and Deputy Director of Nursing			30/09/2021			**19/08/21** - Assistant Director of Nursing and Institute Clinical Lead for Education, meeting with PDM, UoN bi weekly, monitoring feedback, supporting actions and updating HEE student midwives action plan. **27.09.2021 - Action is complete - request MOC to agree closure of the action** **01.10.2021** - SH - Student meetings continue with university, HEE student action plan updated and returned monthly to NMC /HEE **22/11/2021** this is Business as usual now and needs to go to MOC to request to close. Check evidence. **26/01/22 We have no evidence stored on file about this action to demonstrate we have completed this action. NEED to explore this action further to ensure there are no follow on actions required.**	Open	
CL14	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Implement communication tools supporting everyone to have challenging conversations	Clinical Director and Director of Midwifery			30/09/2021	B	B	**13/09/2021** HR have looked at the number of managers who had attended training on difficult conversations. **CLOSE AS THIS IS PART OF CL11 and the new CL18 action**	Open	
CL15	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Identify the barriers to escalation amongst staff groups. Ensure action is taken to address barriers to escalation that are identified. Highlight the importance of everyone listening when someone escalates concerns about care and treatment. Ensure staff know what to do when they don't feel their concerns about care and treatment have been listened to.	Clinical Director and Director of Midwifery			30/09/2021	B	B	This action needs to be reviewed further. The actions here link to the overall cultural change programme. **This action is now part of CL 18 close this action.**	Open. CLOSE pending MOC	
CL16	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Ensure performance is managed in line with the appraisal policy, the capability policy and procedure and the conduct behaviour and disciplinary policy.	Director Midwifery/Heads of Service	HR Business Partner		31/12/2021			**15.07.21 update** - analysis of long term absences completed, including process stage and actions required which are underway **31.08.21** update - deep dive into all long term absence cases with matrons/DOM/HRBP completed by 6th Sept. **01/12/2021** - Deep dive was completed into absences. The absences have been brought down. Need to look at this action with HR and TS to look at the data. We will need to present this data into SPC. **31/1/2022 - JN** - HR team monitor trends on a monthly basis. Meeting w/c 24/1/22 to discuss metrics with Tom Smith, HRBP and Workforce Information Team. Next step is AHRBP to send request to WIT to consider. TS to develop SPC charts.	Open	
		Revise the approach and implement within the maternity service for supporting and managing staff when their performance is poor or variable.							**25/01/2022 - PL** - Performance and conduct HR awareness and development sessions for Managers will be part of the Management Development plan. We don't have dates for when this will be delivered at present. **31/1/2022 - JN** - Dates confirmed for Resolution of Employment concerns sessions with managers, briefing delivered at management development day. All other dates for training will be confirmed when HR team are released from the vaccination project work.		
CL17	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	Ensure there is an effective appraisal process with on going supervision arrangements across the service.	Director of Midwifery/Heads of Service	HR Business Partner/OD Consultant		31/03/2021			**13.09.2021** - framework of an audit has been put together - this is midwifery and medical appraisals. **24.09.21** - PL - Awaiting Trust position on appraisals to be clear prior to undertaking any action **27.09.2021** - Working Group agreed to wait until NUH People Sub Group recommendations regarding appraisals are known **22/11/2021** - Appraisal light has been implemented now across the trust due to Winter Pressures. PL represents maternity on the working group. **01/12/2021** The corporate team are progressing work on the appraisal process. **26/01/2022** The trust wide appraisal process is currently under review. 121 supervision meetings have been establish for the Matrons every two weeks.	Open	
CL18	Women and their babies are cared for by staff who have the skills, knowledge and experience to deliver effective care, support and treatment	To develop and implement the next phase of cultural transformation.	OD Consultant	Culture Change Working Group		31/12/2022			**01/12/2021** the draft plan has been approved by various committees through the division and aligns to the trusts Big 6 for Culture plan. **26/01/2022** Conversation facilitators and TRiM practitioners identified within the service. Bespoke work with ward C29 has commenced and ante natal admin team. Delivery of creating psychological safety in teams workshops to be delivered in February and March. Critical Factors will be on site week commending 7 Feb 22. Affina Team Journey work continues. OD consultant completed the Affina Team Journey training week commencing 17 January 2022, will now start the diagnostic work.	Open	

Executive Lead:	Director of Governance
Divisional Lead	Director of Midwifery
Dated last Updated:	09.02.2022

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Due Date	Revised Due Date	RAG	MOC Verified RAG	Dashboard KPI	Progress/Comments	Status	Date Closed	Evidence	Link to Evidence
G1	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	The arrangements for governance and performance management are clear and are operating effectively. The service receives robust assurance about the quality of care being delivered.	Evidence of the new Governance arrangements Terms of Reference	Review the current governance arrangements within maternity and develop an effective governance system. This should take into account the recommendations in the NHSI commissioned Maternity Governance Review and include Ockenden, Saving Babies Lives, HSIB, ATTAIN and NHS Resolution.	Associate Director of Maternity Governance	30/03/21	30/09/2021				**28/07/21 Appointed an Associate Director of Maternity Governance. Review currently underway of the maternity governance structure, including the Divisional structure. The new meeting arrangements will commence 6 September. We have linked with DLT and our NHSI Intensive support director to ensure that the structure fits with the revised arrangements in the family health division. Terms of reference, and agendas are all being reviewed. Work plans for are all under review.** **16/09/2021- SS- The review has been undertaken and a framework (which will include the structure) for Quality, Risk and Safety (governance) within maternity is being drafted.** **24/09/2201 - SS - Contact made with external colleagues in relation to the QRS structures and processes in place within other organisations.** **06.10.2021 - SB - work in progress with SS and SW for structures.** **20.10.2021 - SS - work in progress.** **17.11.2021 - SS -** A QRS Framework has been drafted, this is also a review of the Governance arrangements. the framework includes the implementation of the governance arrangements and includes ToR's. A draft of the framework has been to governance meeting for review and comments - expect to finalise at meeting on 29th November and then take forward. **12.01.2022 -** SS - QRS framework has been agreed. This will be piloted January to March and feedback and changes to be made to finalise and implement in April 2022. **09.02.2022** - SS - QRS Framework pilot is still on going.	open			
				Implement revised arrangements ensuring all groups have clear terms of reference and monitor the attendance at meetings.							**18/08/21:** Launch of new meeting arrangements pushed back to 20 September as agreed due to operational demands and pressures. Continued discussions with divisional governance team to ensure that the new arrangements fit into the wider FH plans and structures. **16/09/2021 - SS -** The implementation of the revised arrangements in maternity will not commence on 20 September 2021 due to demands and pressures of work. Go live date will be Monday 11 October. This is due to ongoing discussions about the structure and learning from other organisations **24/09/2201** - SS - See update above for G1. **12.01.2022** - SS - templates of meeting documents have been made and distributed to be used at all meetings. **09.02.2022 - SS** - QRS Framework pilot is still on going.				
				Develop a work plan for maternity governance which ensures that safety, experience and effectiveness are given appropriate coverage and oversight in meetings.							**18.08.2021** - Agreement to move to a maternity QRS team (quality, risk and safety) in line with the rest of the Trust / Division and the meetings will be structured in this way. A suite of documents will be produced to support the new structures (including ToR and work plans) and these will be in line with the revised arrangements trust wide **16/09/2021 - SS -** The Quality, Risk and Safety Framework for maternity will include the ToR and the suite of documents required. Work has been undertaken by the corporate team to produce standardised ToR, papers, agenda, minutes and work plan templates. Although these were produced for divisional meetings, they will be used for the maternity QRS meetings **24/09/2021**: - SS - No additional update from 16/09/21. **09.02.2022 - SS** - QRS Framework pilot is still on going.				
G2	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	There is an effective and comprehensive process to identify, understand monitor and address current and future risks within the maternity service. Performance issues are escalated through the service, division and trust wide governance processes.	Risk Register	Review the maternity risk register and ensure all risks are updated .	Associate Director of Maternity Governance	30/03/21	30/09/2021				**28/07/2021** There has been corporate support for the risk register review. We need to clarify the ongoing support going forward. This action needs further consideration by the new Associate Director of Maternity Governance and will be updated further week commencing 2 August 2021. **18/08/21:** Corporate support for the risk register review continues but the post holder in the maternity governance team has resigned and leaves on 24 August 2021. Risk will continue to have a dedicated meeting in the new meeting arrangements as a result of action G1 and the arrangements for upward reporting of these clearly articulated **16/09/2021 - SS -** The risk midwife in the maternity QRS team has left the organisation and there were no applicants for this role when it was advertised. The corporate support is being reduced from 1 October 2021 to provide additional support to the Corporate Governance Team. **24/09/2021**: - SS - We have agreed to offer the risk midwife post to appointable candidate who was not successful in obtaining the clinical effectiveness midwife post (interviews on 23/09/2021). This will leave a gap in the team which will coincide with the reduction in corporate support. **20.10.2021** - SS - the Maternity Risk Register has been reviewed and is being reported against. A Risk Midwife has been appointed starting in post early November 2021 with interim arrangements to cover in the team. Action has now been completed **Request to MOC to agree closure of the item.**	open			
				Ensure there is regular oversight of the risk register through the Maternity Governance structure and that risks are escalated to the division in line with the trusts Risk Management policy and procedure.							**20.10.2021** - SS - MSARG (Maternity Services Assurance and Risk Group) continues to meet on a monthly basis and this continue until the new arrangements are in place. The Divisional Risk Management Meeting received a report from MSARG. This is action is ready for closure.				
G3	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	There is an effective and comprehensive process to identify, understand monitor and address current and future risks within the maternity service. Performance issues are escalated through the service, division and trust wide governance processes.	Evidence of the Risk Management Policy Evidence of Dissemination	Develop a maternity risk management framework and policy.	Associate Director of Maternity Governance		30/09/2021				The Risk Management Framework went for approval at Maternity Governance Group on 12th April 2021. The framework was emailed to all risk owners. The Risk Management Policy is going for approval on 17th May 2021 at Maternity Services Governance Group meeting. **28/07/2021** Although there is a risk framework in place, we are not assured what difference this has made. We need to review where it went and how it is being used. **18/08/21:**The risk management framework will be used for the risk meeting arrangements as a result of action G1 and the framework re-communicated to staff as a part of this relaunch **16/09/2021 - SS -** No additional update from 18/08/21. **24/09/2021**:- SS - No additional update from 16/09/21. **20.10.2021** - SS - The Risk Management framework has been completed. **Request to MOC to close Action**				
				Ensure the policy and framework have been disseminated to risk owners across the service.							**28/07/2021** Although there is a risk framework in place, we are not assured what difference this has made. We need to review where it went and how it is being used. **20.10/2021** - SS - the policy and framework has been put together but we are not assured that they have been disseminated so will be sent out again. **17.11.2021** - SS - The policy and framework will be updated when QRS framework is finalised. Once QRS frame approved then it will be disseminated. **09.02.222 -SS** - The policy has been sent for uploading to the intranet and is being disseminated to members of the Risk Group and risk owners for discussion at the Risk Meeting on Monday 14 February 2022.				
G4	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	The clinical audit processes function well and have a positive impact on the quality of care being delivered to women and babies.	Clinical Audit programme Evidence that the complete audit cycle is carried out.	Review and revise the maternity service clinical audit programme to ensure it is fit for purpose.	Associate Director of Maternity Governance		30/09/2021				**28/07/2021** We have reviewed the current audit activity and are now devising an audit plan for the rest of this year. We are reviewing our audit tools to ensure they are fit for purpose. For example, we have reviewed the MEOWS and the Fresh Eyes audits and made changes to them. We need to strengthen the "so what" with audit and look at the full audit cycle. Once we are clear with our revised audit plan, we need to rebrand and re launch. We are somewhat affected with audit because the audit midwife is being pulled to work clinically while staffing levels are challenged. **18/08/21:** Work on drafting and finalising the audit plan has been impacted by operational and clinical pressures in August 2021. Changes and refinements have been made to both Fresh Eyes and MEOWs and themes being identified which could support quality improvement / practice improvement projects, for example documentation. These need to be fed into and considered by the Safe Practice Group and at the relevant Quality, risk or safety meeting **20.10/2021** - SS - the review has been undertaken and is being documented into an audit programme of work.				
				Devise and implement a process to ensure the full audit cycle is completed.			30/09/2021				**28/07/2021** We have reviewed the current audit activity and are now devising an audit plan for the rest of this year. We are reviewing our audit tools to ensure they are fit for purpose. For example, we have reviewed the MEOWS and the Fresh Eyes audits and made changes to them. We need to strengthen the "so what" with audit and look at the full audit cycle. Once we are clear with our revised audit plan, we need to rebrand and re launch. We are somewhat affected with audit because the audit midwife is being pulled to work clinically while staffing levels are challenged. **20.10.2021** - SS - A thematic review and focus group using a structured questions / conversation template are being planned to ask staff what the barriers are to undertaking observations and escalation. Latest weekly data from the Fresh Eyes audit is showing improvement in compliance indicating the improvement actions through the audit cycle are being effective. **09.02.2022 -** SS - Audit data is showing that hourly fresh eyes compliance remains below expected levels and that the points of failure are at epidural siting and handover of care. Meeting with intrapartum matrons and Fetal monitoring midwife being held on 11 February to look at solutions. Regional audit tool being developed and NUH are participating in this work.				
				Ensure there is a clear process for the escalation of risks and concerns arising out of audits to the service and the Division.			30/09/2021				**16/09/2021** - SS - A thematic review and focus groups using a structured questions / conversation template are taking place to ask staff what the barriers are to undertaking fresh eyes. New CTG stickers have also been introduced. Weekly audits of both fresh eyes and completion of observations / escalation of triggers continues **24/09/2021** - SS - Update requested on progress and timescale for completion of fresh eyes thematic and focus group work. Updated requested on progress with clinical audit plan and scheduled audit activity **20.10.2021** - SS - This will included in the Maternity Governance Structure (G1) and in the interim audit findings are being presented in a variety of forum. More evidence needed to show this is an embedded action. **20.10.2021 - Request to MOC new due date of 30.11.2021**				

G5	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Women and babies care is consistently planned and delivered in line with current evidence based guidance, standards and best practice.	Evidence that Pocket Pal was adopted	Ensure all clinical guidelines that are used across the maternity service are fit for purpose and in line with national guidance.	Associate Director of Maternity Governance		30/11/2021				**28/07/2021 -** A gap analysis has been done to identify what guidelines are in place which are not in line with NICE. We agreed that we would adopt NICE guidelines, but they will need a SOP to make them fit for purpose for Nottingham. A proposal for the next governance meeting on the solutions for this is due to come to the August guideline meeting. **18/08/21 -** Work on the guidelines has been impacted by operational and clinical pressures in August 2021. The proposal to use pocket pal to support the move to NICE guidelines plus a SOP was not universally supported, however further discussions will take place and the preparatory work needed to move to pocket pal will take place (additional midwifery support has been identified to do this already). Corporate work on a new approach for guideline creation and approval has also commenced and a discussion to ensure that there is no conflict between the 2 approaches is required **16/09/2021** - SS - Meeting has been held. All guidelines have been identified and the work to move to pocket pal is in progress with additional hours of midwifery support being paid for to do this. This will result in NICE compliant guidelines and the SOP for Nottingham being drafted. These will be sent out for clinical review and comments in early October. We will also be able to identify and review the local guidelines and consider whether they are still required. Further meeting of task and finish group takes plan on 27 September. **24/09/2021** - SS - No additional update from 16/09/21. **20.10.2021** - SS work continues to implement Pocket Pal, project plan in place to transition all guideline by the end of November 2021. **17.11.2021**- SS - work is continuing with implementation of Pocket Pal. The infographics have been sent to staff advising that Pocket Pal will be implemented shortly. **09.02.2022 - SS** - on Pocket Pal NICE guidelines for antenatal, postpartum and intrapartum guidelines went live as planned on 1 Feb. Plans for the remaining 13 NICE guidelines and the NUH local guidelines that do not map to a NICE guideline to be uploaded to pocketpal and live by the end of March 2022.			Info graphic email	MIP Action Plan evidence\Governance \Action G5
				Carry out a risk assessment of the clinical guidelines to ensure we prioritise the review of those that will have the greatest benefit for improving patient safety.			30/11/2021				**16/09/2021 - SS -** All guidelines are being reviewed as part of the work detailed above so this action will be more relevant to any local guidance identified. A further update will be provided when the meeting on 27 September has taken place **24/09/2021 - SS -** No additional update from 16/09/21. **06.10.2021** - SB/SS - Guidelines are being reviewed simultaneously. This action is already included in the above action. **Request to MOC to remove this action from the Action Plan.**				
				Ensure there is a clear process in place for clinical guidelines to be kept under review and up to date.			30/11/2021				**16/09/2021 - SS -** the approach detailed above will mean that there will be a reduced number of guidelines in the service and will simplify the process of updating them. **24/09/2021 - SS -** No additional update from 16/09/21. **06.10.2021** - SS - Using Pocket Pal will ensure that all updates to guidelines are automatically notified and Pocket Pal will show the updated guidelines. **09.02.2022 -SS** - Using Pocket pal will ensure all guidance is up to date. If national guidance changes then pocket pal will update. there will be a 3 and 5 yearly review of all local and national guidance.				
				Review the process for cascading guidance out across the service so that staff are clear what clinical guidelines they should follow.			30/11/2021				**16/09/2021 - SS -** The launch of the new arrangements and pocket pal will support with this and the process will be reviewed and revised in light of the changes. **24/09/2021** - SS - No additional update from 16/09/21. **06.10.2021** - SS - DoM has indicated that a signature system will be put in place to staff to confirm receipt of new guidance. **20.10.2021** - SS - further work needs to be done on rolling out a signature system. **09.02.2022 - SS** - Pocket Pal covers all cascading of guidance as it contains the most up to date guidance.				
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Evidence that Incidents are categorised correctly Appropriate identification of incidents requiring full investigation Dashboard metrics - indicating progress of incident closure	Ensure there is a culture of reporting of all incidents and there is a clear system in place to review all incidents and rapidly identify those which require further investigation and / or investigation so that mitigating actions can be taken quickly.	Associate Director of Maternity Governance	26/02/2021	30/12/2021				**March 2020** - A revised process developed and for implementation. A report sent to Governance meeting to confirm the revised SI process this was approved on 8th March 2021. SI documented process approved at clinical ops meeting on 22nd March 2021. A meeting on 14 April 2021 confirmed that the revised incidents process is starting to be embedded and that all moderated and above incidents are being reviewed in a timely manner with the escalation reports completed for review at the weekly IRM. A weekly Incident review meeting for the services also goes through each potential harm incident. Daily rapid reviews have commenced, acting band 7 midwife working across both sites (not sustainable for long-term. 72 hour/escalation reports completed for each incident that displays harm following review. Ongoing **28/07/2021** We have reviewed the process for SI's again There is not a finalised process for SI's, there are no terms of reference and there is still no structure. This will be included in the full review of the governance structure which will be complete by the end of September. **18/08/21**: Work to robustly review all moderate harm incidents to identify all that require further investigation has been impacted by operational pressures to date in August. However, those incidents that require external reporting or may be classed as a SI are being identified and reviewed and are being escalated. For sustainability there needs to be clear definitions of levels of harm, SOPs for reporting and investigation and capacity within the service to undertake the investigation required. (These are picked up in the over-arching thematic review described in G7) The process for escalation of SI's will be included within the review of meeting structures described in G1 **16/09/2021 - SS -** Incidents that require external reporting or are potential SI's continue to be reviewed and escalated. Support offered by another division as part of the open incident work noted at G7 is going to be utilised to move review of all moderate harm incidents forward. **24/09/2021 - SS -** No additional update from 16/09/21. The review of the rapid review meetings by the CPST will be completed by mid October 2021 **17.11.2021** - SS - Rapid review meetings have been carried out. The QRS framework will show the reporting process once finalised.	open	08/03/2021	Governance meeting minutes Approval 08/03/21 Trailing the new process week commencing 3 March 2021. Revised SI process and Escalation 72 hour reports. Monthly Reports	MIP Action Plan evidence\Governance \Action G6
				Develop and implement a process to track moderate harm and above Incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes.			30/12/2021				**16/09/21 - SS -** Datix should be the vehicle for this process and improved monitoring reporting supported by the CPST has begun to be introduced. **24/09/2021 - SS -** No additional update from 16/09/21. **17.11.2021** - SS - Maternity QRS team are trialling a new system / process starting this week. All of the incidents reported are being quality assure by an induvial within the team. If moderate or above they are being passed to a Patient Safety investigator for review and ensuring grading is correct. This trial will be reviewed after 4 weeks to see if this has improved reporting and tracking. **09.02.2022 - SS** - This system has now been made permanent. Currently the 72 hour report completion is now always being met.				
				Develop and implement a process to track low and no harm Incidents to ensure there is oversight of timely and effect review and closure			30/12/2021				**17.11.2021** - SS - Maternity QRS team are trialling a new system / process starting this week. All of the incidents reported are being quality assure by an induvial within the team. This trial will be reviewed after 4 weeks to see if this has improved reporting and tracking. 09.02.2022 - SS this system has now been made permanent. **09.02.2022 - SS** - a programme of training on incident investigation and the processing of an incident is to take place in conjunction with Coventry and Warwick Hospital this will commence 22 February - appropriate staff are being nominated to attend this training.				
G7	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	When something goes wrong there is an appropriate thorough review or investigation that involves all relevant staff, partner organisations and women who use the service.	Copy of the Thematic review reports	Undertake thematic reviews on open and overdue incidents. Present reports on thematic reviews to agree recommendations on changes in practice required.	Associate Director of Maternity Governance	30/10/2021	30/11/2021				At the end of March 2021 there were 840 open incidents on Data. Of these 428 relate to incidents up to the end of January 2021 and the remainder from the 1st February. The maternity service through QSC have agreed that those related to incidents prior to the 1st February will be closed using a thematic process, with those deemed as harm events, being investigated individually and appropriate escalation by the end of April. For those from the 1st February each unit has been provided with a dashboard of data over 20 days old and asked to present to the Director of Midwifery their plan for closing these. The pre February 2021 incidents have been themed and themed reviews are commencing on 17th May 2021. A dedicated resource has been commissioned and following delays comes into post on 17th May 2021. Open incidents has increased to< 900 as at 14/05/21 **28/07/2021** we have completed the over arching thematic review (NIKI) going back to governance with an Acton plan in August. We have presented it to service improvement. more detailed thematic plan to review these in the September governance meeting. have divide out the thematic. **18/08/21:** Work to complete the detailed thematic reviews identified is ongoing. 4 of the 9 reviews will be presented to Governance in September along with the action plan from the over-arching thematic report. The remaining 5 will be completed and presented in October 2021. Incidents are not being closed on Datix until the thematic review has commenced. There are approximately 500 open and overdue incidents with an investigation level as local (until 30/6/21) in scope across the thematic reviews **16/09/2021**: - SS - Work to finish all thematic reviews has been completed. These will be presented to the September and October Governance meetings. As at 16/09/21 there are 356 incidents open and overdue (this is all incidents including SI's) so significant process has been made from the 900 that were open in Mid May 2021. The focus for the dedicated resource has not been redirected to supporting the wards with closing incidents reported on or after 1 July 2021. **24/09/2021 - SS -**Thematic reviews being completed. Open and overdue incidents have reduced from 456 (no and low harm) and 78 (moderate+) on 13/9 to 215 (no and low harm) and 72 (moderate+) on 20/9. Meetings have been held with pharmacy colleagues as Enxoparin and TTO's have been identified as a concern. **06.10.2021** - SB/SS 5 thematics were on the Agenda for last Maternity Governance meeting and another 5 will be on the Agenda for the next meeting. **20.10.2021** - SS final thematics were on the Agenda for most recent Maternity Governance meeting. Action has been completed. **Request MOC to close the action**	open			MIP Action Plan evidence\Governance \Action G7
G8	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	When something goes wrong lessons are learned and communicated widely. Opportunities to learn from external safety events and patient safety alerts are also identified. Improvements to safety are made and the resulting changes are monitored.	Evidence of learning from incidents complaints etc	Review and refine the approach for how the service learns from incidents, complaints, claims, HSIB investigations, patient safety alerts national safety reviews and inquests.	Associate Director of Maternity Governance	31/03/2021					**28/07/2021** we have some mechanisms in place to cascade learning. There is a newsletter and some learning events. Safety snippets are going out. We also have a learning review group. What we don't know is how effective these interventions are as yet. Until we get some of the basics things in place with our incident management process we can't learn effectively. **16/09/2021 - SS -** Work in maternity needs to link with the Trust wide approach. A process mapping session for the QRS team is being held on 1/10/21 and this will process map from event to learning cascade and embedding. This process map will be shared for comment and review post session with the service. **24/09/2021** - SS - No additional update from 16/09/21. Process mapping session will be held next week. **27.09.2021 - Request to MOC to approve change of due date** **20.10.2021 -** SS - The process mapping session did not have enough time to include the learning cascading and embedding and therefore a follow up session is being arranged. **09.02.2022** - SS - A follow up meeting has been held, work is ongoing to framework.	open			
				Ensure there is a process for the monitoring and oversight of actions arising from incident investigations, complaints, claims, HSIB investigations, and inquests.							**16/09/2021 - SS -** An over arching action plan which included all recommendations from HSIB and SI reports was drafted previously. However, this required review to ensure that it was fit for purpose and linked to the MIP. This is currently in progress. Until this is complete, it cannot be widen to include complaints, claims and inquests. **24/09/2021 - SS -** Support and input from the MIP Team to progress this has been agreed as service capacity limited. **27.09.2021 - Request to MOC to approve change of due date** **20.10.2021 - CJ -** We have been working on reviewing all the actions from HSIB and SI's and cross referencing them into the Maternity Improvement plan. We need to clarify how we are identify the learning from complaints, inquests and claims. individual actions plans for reports that do not have action plans are being drawn up and put into place. Looking at all of findings rather than just the safety recommendations from HSIB investigations to ensure reporting is correct. **09.02.2022 - SS** - We are reviewing the use of the use of a thematic action plan based on LMNS identified themes.				

				Develop a plan to ensure there are different mechanisms in place to cascade learning throughout the maternity service, the wider trust and other providers where applicable.							**16/09/2021 - SS -** See above - plan can be developed post process mapping and liaison and discussion with the service and others (e.g. LMNS) as required **24/09/2021** - SS -No additional update from 16/09/21. **20.10.2021** - Request MOC to delete this action as it is included in action above G8				
G9	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency is encouraged and is the norm. The service fulfils the requirements of the Duty of Candour	Evidence that Duty of Candour has been carried out. Spot checks of staff awareness Audit of compliance against duty of candour	Carry out a review of Duty of Candour letters for Serious Incidents and HSIB investigations.	Associate Director of Maternity Governance	13/05/2021				Duty of Candour - klik dashboard	Commence reviewing of letters Sources examples of letters from other organisations. Heads of Service are reviewing and we will set up a task and finish group to address. Need to link with the trust wide work on duty of candour. **18/08/21:** Letters and process for DoC is being reviewed by corporate teams. Key individuals in maternity are meeting in September to draft a suite of maternity specific letters for all circumstances. Continuing to use and modify the Trust letters in the interim There needs to be focused work on the understanding and the need to undertake DoC which links to culture and leadership within the service Sources examples of letters from other organisations. Heads of Service are reviewing and we will set up a task and finish group to address. Need to link with the trust wide work on duty of candour. **16/09/2021 - SS -** Revised Trust wide approach is not yet in progress, therefore meeting within maternity on 22 September to review current documentation and devise and design maternity specific letters / information **24/09/2021 - SS -** Meeting to review and refine DoC letters in maternity held as planned and a template draft agreed. This will form the basis for all letters required and the maternity QRS team will draft these. **27.09.2021 - Request to MOC to approve change of due date** **20.10.2021 - SS - Standard duty of Candour and HSIB duty of candour standard letters have been agreed and approved.** **20.10.2021 - Request MOC to agree to close action**	Open			MIP Action Plan evidence\Governance \Action G9
				Ensure all staff working in the maternity service are aware of the Duty of Candour and how this applies to their role.							**16/09/2021** - SS - Training being considered for maternity service colleagues by Associate Director of Quality and Safety. Reminders about DoC are given when incidents are reviewed. **24/09/2021 - SS -**Planning for a maternity specific DoC sessions for consultants ongoing. Aim to deliver by the end of October 2021. **27.09.2021 - Request to MOC to approve change of due date** **20.10.2021 - SS -** awaiting confirmation from Lorna about training to staff. **17.11.2021** - SS - Still awaiting clarity on what training Lorna is arranging. **09.02.2022 - SS -** There is trust wide working taking place on Duty of Candour. In the Maternity Review of Incidents duty of candour questions are raised. Discussion about including a training presentation on the weekly audit and actions meeting in February 2022				
				Ensure there is robust oversight of the compliance with the requirements of Duty of Candour.							**16/09/2021** - SS - See above, compliance with DoC will be monitored via maternity governance structures. A weekly divisional report is circulated by CPST that captures DoC compliance. **24/09/2021 - SS -** No additional update from 16/09/21. **27.09.2021 - Request to MOC to approve change of due date** **20.10.2021 - SS - now the letters have been approved it will be easier to ensure compliance with Duty of Candour.** **12.01.2022 - SS - during rapid review process questions are raised about duty of candour.** **09.02.2022 - SS - There is trust wide working taking place on Duty of Candour. In the Maternity Review of Incidents duty of candour questions are raised.**				
				Liaise with the Trust Corporate function to ensure the service is meeting the requirements of the Duty of Candour.							**16/09/2021** - SS - See above **24/09/2021 - SS -**No additional update from 16/09/21. **27.09.2021 - Request to MOC to approve removal of this action as it links with carrying out with whole review of candour letters etc and is covered in the others actions above**				
G10	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Information is used to support the performance management of the maternity service. Data is accurate, valid, reliable and timely and is used to challenge and improve performance.	Dashboard	Develop and operationalise a maternity dashboard as a mechanism to oversee the quality of the maternity service.	Associate Director of Maternity Governance	30/04/2021	30/07/2021				Development of a robust dashboard. Continuing development of the dashboard to include SPC charts and developing format will continue till 31st May continued development has developed metrics for NNU avoidable admissions and shoulder dystocia. **18/08/21:** There are 3 dashboards that will need to be utilised and aligned (Local NUH, LMNS & National/NHSI) . The NUH local dashboard will have more metrics that the others and we will dedicate a QRS meeting in early September to sense check and clinically own and agree how the data will be used to inform our priorities for quality improvements and drive changes in practice / improvements in safety. NUH will be key partners in the LMNS dashboard development and population. **16/09/2021** - SS - The bellwether indicators are agreed and complete with all indicators having information included with as many data points as are available. The maternity services (QAG) dashboard is complete. Both sets of metrics will be used and overseen within the maternity governance meetings. **24/09/2021 - SS -** Meeting to review the maternity services (QAG) dashboard held and agreement to refer to this as the maternity services not QAG from now on. Fortnightly LMNS dashboard meetings continue. **20.10.2021** - SS - the dashboard is developed and is operational but we need to ensure that this is embedded. **17.11.2021** - SS - Dash board data is being reviewed by the Governance team. **18/11/2021** - CJ - Dashboard is being taken to the consultant meeting to discuss the data and what it is telling us.	Open		Maternity Services Dashboard	MIP Action Plan evidence\Governance \Action G10
				Ensure staff receive relevant information on a daily basis to help them adjust and improve performance as necessary.	Associate Director of Maternity Governance						**16/09/2021** - SS - Populated dashboards will be used and overseen in the governance meetings. They are also being circulated to all staff as they are updated. This is not daily but weekly or monthly. **24/09/2021 - SS -** Initial review of both Maternity Services and Bellwether Indicator dashboards undertaken at the governance meeting on 20 September 2021. Meeting on 27 September is being dedicated to review and interrogation of dashboards. **27.09.2021 - Request to MOC to approve change of due date to end of march - the dashboard is changing and improving as so that the dashboard is used in a meaningful way by clinical members of staff.** **20.12.2021 - request to change action to remove information on daily basis. Staff to receive information in a timely basis.** **20.12.2021 - SS -** dashboard is being forwarded to Senior Staff on a daily basis to be forwarded to staff where relevant.				
				Develop a monthly variance report to prompt wider discussion and triangulation of evidence relating to areas of concern.	Improvement Obstetrician						**16/09/2021** - SS - In discussion with Data analyst and Programme Manager to achieve this. Date TBC **24/09/2021 - SS -** No additional update from 16/09/21 as this requires the dashboard to be embedded . **20.10.2021** - CJ - a meeting was held last week with CCG to look at the metrics in detail. Actions to break down the data by ethnicity, site, consultant etc. were agreed. Work has started to look at different options to producing variance reports.				
				Develop a process for the indicators in the dashboard to be used to provide assurance on progress against the maternity improvement programme.	Programme Manager						**16/09/2021** - SS - In discussion with Data analyst and Programme Manager to achieve this. Date TBC **24/09/2021 - SS -** No additional update from 16/09/21. **20.11.2021** - CJ - work has commenced to map the indicators to the Improvement Plan.				

Ref.	Key Outcome	Measure of Success	Action	Owner	Due Date	Revised Due Date	ashboard KI	Progress/Comments	Status	Date Closed	Evidence	Date Changed	Action Change
SP15	Women and their babies are protected from avoidable harm.	Women receive high quality antenatal inpatient care and treatment and their care is planned around their individual needs. We will see a reduction in the number of moderate or severe harm incidents with a theme relating to failures in antenatal inpatient care.	Establish twice daily ward rounds on the antenatal wards	Improvement Obstetrician		31/10/21		**10/09/2021** Twice daily ward rounds are established and taking place. **23/09/2021** the ward rounds will be observed by the CCG when they come to do their Insight visit on 28th Sept.	Open			04.10.2021	following review of original action plans - antenatal wards changed to labour ward and an additional action has been added
			Carry out an audit to ensure ward rounds are consistently taking place.					**10/09/2021** Need to clarify what assurance we have this is progressing.	Open				
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Develop and implement a process to track all Incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes.	Associate Director of Maternity Governance	26/02/2021	30/12/2021							this has been changed to reflect differnet levels of incidents - new wording below
G6	The Governance of the maternity service assures the delivery of high quality and person centred care, supports learning and innovation and promotes and open and fair culture	Openness and transparency about safety is encouraged. Staff understand and fulfil their responsibilities to raise concerns and report incidents and near misses.	Develop and implement a process to track moderate harm and above Incidents to ensure there is oversight of all the steps required; for example this should include the appropriate timely review, 72 hours report completion, the duty of candour requirements, reporting to relevant regulators and stakeholders and escalation within through the trusts governance processes.	Associate Director of Maternity Governance	26/02/2021	30/12/2021							New wording for the divided and slighlty altered action
			Develop and implement a process to track low and no harm Incidents to ensure there is oversight of timely and effect review and closure										
CL14	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff work well together to deliver effective care and treatment. Staff feel confident to escalate concerns about care and treatment and are listened to. Concerns are acted upon without delay.	Implement communication tools such as SBAR, "CUS" Supporting everyone to have challenging conversations	Clinical Director and Director of Midwifery				**13/09/2021** HR have looked at the number of managers who had attended training on difficult conversations.			Open		Remove SBAR from the action as covered in SP9
CL1	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff report they have the opportunity to have a regular meeting and are listened to by senior maternity management and divisional leads. Staff report that they feel able to raise concerns and feel listened to. The survey results improve over time.	Develop methods of staff engagement to enable staff to have direct access to and feel listened to by the divisional and senior maternity management team to facilitate feedback, raising ideas for service change, sharing of thoughts and feelings and influence change. Ensure leaders are visible, there are photographs of leaders and staff know how to contact the Maternity service and Divisional leadership teams.	Deputy Director of Communications & Engagement		21/10/20	Overdue	DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. **27.09.2021** - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.	open		Evidence of meetings held with points raised captured and acted on	27.10.2021	Action has been completed but needs expanding and further actions adding to take forward.

Ref.	Key Outcome	Measure of Success	How do we know our actions are effective	Action	Owner	Support	vised Due Da	Days until Due	RAG	MOC Verified RAG	ashboard KI	Progress/Comments	Status	Action Change
CL1	The culture within the maternity service is open and honest, promotes safety, psychological safety, mutual respect and kindness	Staff report they have the opportunity to have a regular meeting and are listened to by senior maternity management and divisional leads.		Develop a timetable of staff engagement to enable staff to have direct access to the divisional and senior maternity management team - this will include; Teams sessions, social media, face-to-face engagement events in the department areas and regular multi-channel communications to follow-up on resolutions for points raised (you said, together we did...). Sessions will be designed to facilitate feedback, with specialist themed sessions for; raising ideas for service change, being kept updated about improvement, sharing thoughts and feelings and influencing change. Develop ways to evaluate without adding to survey burden.	Deputy Director of Communications & Engagement			Overdue				DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. **27.09.2021** - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.	Closed	Action removed from the Action plan as the new section Inclusion and Engagement have new actions that incorporate all of the contents of CL1 27 Janaury 2022
		Staff report that they feel able to raise concerns and feel listened to.		Ensure there is regular and clear multi-channel communication and engagement so that staff know the multiple ways they can raise concerns. Embed channels for raising concerns throughout the service (see FTSU for specific relevant elements). Continue with 'All About You' staff forums with DoM and expand to include other roles. Re-trial open door sessions with senior leadership and include them walking areas to open conversations. Launch new style of engagement events introduced by Chief Nurse/ DoM but then led by other team members to allow for different spaces (psychological safety). Relaunch the digital feedback boxes to allow for anonymised concerns from staff. Develop and support methods for staff briefings to enable managers to better engage with inform their teams. Develop ways to evaluate without adding to survey burden.							DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. **27.09.2021** - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.		
		Staff report that they know who their leaders are and that they are visible.		Arrange programme of leadership walk arounds for conversations – including the elements above around listening. Ensure photos and contact details of senior leaders are included in communications and posted around department areas. Ensure each senior leader is available at least monthly at an engagement forum. Ask senior leaders to join the maternity Facebook group and encourage posts. Develop ways to evaluate without adding to survey burden.							DLT hold fortnightly MS Teams events, send weekly 'good news' emails and have recently started sharing 'you said, we did' communications. A closed FB group has been set up and is developing as an active community used to share and disseminate information. In addition, a detailed communications plan is in place Photograph boards to be put up. Exec team are doing regular walk about to the service Welcome tea party for new Director of Midwifery. **27.09.2021** - this action has been completed. CJ and SO to discuss closing and expanding some of the actions to take forward.		