

Nottingham University Hospitals NHS Trust Maternity Service

Briefing for Nottinghamshire Health Scrutiny Committee, May 2021

The Maternity Oversight and Improvement work has moved forward since we last met with you and through this report we will update you on recent progress against our action plan.

Key areas of progress:

1. Recruitment of additional midwives including a substantive Director of Midwifery due to start in post on the 21st June
2. Daily escalation meetings to ensure staffing safe for the women needing care
3. Training on fetal heart rate monitoring (approx. 500 staff) progressing well with expected completion by end of May
4. 51 new fetal heart rate monitors have been purchased, machines are being rolled out into clinical areas as they are configured and training is complete. Completion of this project is due by the end of May.
5. New IT devices deployed across the service with improvement in community WiFi, to be supported by newly appointed digital midwives starting in May.

Governance processes: There are internal and external assurance processes in place to ensure delivery of our action plan. Internal assurance takes place via the Maternity Oversight Committee, which is chaired by one of our Non-Executive Directors. Each of the five work streams, led by Executive Directors, reports monthly to the Maternity Oversight Committee on achievement against the action plan. The Maternity Oversight Committee reports regularly into our Trust Board.

The external assurance is with the CQC and a Quality Assurance Group. There are regular informal conversations with the CQC and we report formally our progress against the action plan on the 30th of each month.

There are monthly meetings with the Quality Assurance Group chaired by NHS England and Improvement and the group includes representation from Integrated Care System (ICS) / Nottingham & Nottinghamshire CCG, Health Education England (HEE), Healthwatch, Professional Bodies, and Public Health. We present progress against our action plan with an opportunity for questions and challenge from the group.

Action plan progress: Our action plan addresses the areas of concern raised by the CQC but has been extended to include more areas of focus from the Ockenden Report, feedback from inquests and incidents, Healthcare Safety Investigation Branch (HSIB) reports and staff feedback. The table overleaf covers the five themes from our action plan, the key actions under each theme and a summary of progress in April:

Theme	Actions	Summary of progress as of 30 April 2021
<p>Safe Today (led by Interim Chief Nurse, Sarah Moppett)</p>	<ul style="list-style-type: none"> The Trust must have an effective system in place to ensure staffing is actively assessed, reviewed and escalated appropriately to maintain safe staffing in the maternity unit in line with national guidance 	<ul style="list-style-type: none"> Redefined proformas for daily MDT Meeting and daily safe staffing meetings into a single template. Reviewed and streamlined 3 daily staffing meetings. Assessed handover process for both midwifery & medical staff to ensure there are robust processes in place. SBAR (situation, background, assessment, recommendation) has been agreed as the tool of choice. Community staff now involved in the safe staffing meetings and their data is included in the revised proforma.
<p>Safe Practice (Led by Medical Director, Dr Keith Girling)</p>	<ul style="list-style-type: none"> Fetal heart rate monitoring (training): Ensure there is effective, consistent and established monitoring of Fetal Wellbeing at all stages of pregnancy Fetal Heart Rate Monitoring (CTG Machine Replacement Programme): Ensure there is effective, consistent and established monitoring of Fetal Wellbeing at all stages of pregnancy Antenatal Assessment: Women undergo risk assessment throughout pregnancy that is clearly documented within Medway Maternity and actioned appropriately. For women requiring Consultant Led Care, they are assigned a named consultant. Post-partum haemorrhage: To reduce the proportion of women experiencing a post-partum haemorrhage and the morbidity associated with this to at or below national average/ peer comparator Induction of Labour: Address any unwarranted variation in rates and reasons for induction of labour. Where induction is clinically indicated, ensure an effective process is in place to induce women in a timely manner Community Postnatal Pathway: Ensure provision of safe postnatal community pathways which minimises avoidable readmissions of babies. 	<ul style="list-style-type: none"> 5 priority areas PIDs and Driver Diagrams developed and being signed off by Sub-Group. New fortnightly Maternity Digital Programme Board established with support from NHSE/I and NHS Digital to oversee digital issues and delivery. Progressed with CTG competencies from 36%-67% Midwives, >75% doctors in training and >90% of consultants. Completion expected in May. Antenatal risk assessments now captured through electronic booking system and much improved. Post-partum haemorrhage training sessions have taken place and protocols updated. Induction of labour indications audited and comparable with national data. Further data being collected. Community post-natal face to face midwifery visits reinstated post covid. Additional training being provided to hospital staff about discharge information and infant feeding. Additional new IT equipment distributed in all areas. Digital midwives due to commence in May.

Theme	Actions	Summary of progress as of 30 April 2021
	<ul style="list-style-type: none"> • Digital Support: Ensure information technology systems are used effectively to monitor and improve the quality of care provided to women and babies 	
Governance (led by Director of Corporate Governance, Michelle Rogan)	<ul style="list-style-type: none"> • Risk Management: The Trust will implement an effective governance system • Serious Incidents: Ensure the Trust has a robust and effective process in place to identify, investigate and learn from Serious Incidents. Including working collaboratively with neighbouring trusts to ensure investigations have regional and LMS oversight. Ensure the Trust is using the National Perinatal Mortality Review Tool to the required standard. 	<ul style="list-style-type: none"> • Review of 15 and above risks completed. • Reviewing of below 15 incidents and one to one meetings has taken place. • Risk Management training sessions have taken place in groups and one to ones. • Continued development of a Maternity Services Quality and Activity Dashboard now showing benchmarking against Birmingham Women's and Childrens Hospital. • Recruited a Governance Matron to support reducing open incidents
People (led by Chief People Officer, Dr Neil Pease)	<ul style="list-style-type: none"> • Staffing: Plan and deliver to Birthrate Plus standard. Deliver on having consultant led labour ward rounds twice daily and 7 days per week • Training: The Trust must implement an effective system to ensure that medical and midwifery staff are suitably qualified, skilled and competent to care for and meet the needs of women and babies within all areas of the Maternity Service. 	<ul style="list-style-type: none"> • A Director of Midwifery has been appointed and will start on 21/06/2021 • A full time Maternity Improvement Director will start on 10/05/2021 • 4.5 WTE midwives started employment during February – April (total of 20 WTE from Sept 2020). Rolling recruitment continues • Development of funding bid detail to access national investment into maternity to support appointment of Obstetricians and Midwives (Ockenden) • Institute have worked with midwifery to develop vision and strategy for professional excellence which will complement culture activity. • Obstetric Job Descriptions have been approved by Royal College of Obstetricians and Gynaecologists and will be advertised. • Suzanne Banks (ex-Chief Nurse from Sherwood Forest Hospitals) has started programme of development with Band 7 Midwives

Theme	Actions	Summary of progress as of 30 April 2021
<p>Communications and Engagement (led by Director of Communications and Engagement, Tiffany Jones)</p>	<ul style="list-style-type: none"> • Ensure a robust mechanism is in place for gathering service user feedback and the Trust works with the Maternity Voices Partnership (MVP) to coproduce local maternity services. 	<ul style="list-style-type: none"> • Launched 10 experience boards to collate and share service user feedback • Fortnightly meetings with MVP. Recent collaborative work: <ul style="list-style-type: none"> • updating our Visitors' Code • planning National Maternity Survey and Local Picker Survey • capturing service user feedback, responding and completing feedback cycles e.g. website information updates • Feedback session with Small Steps Big Changes (SSBC) about their 'Fathers' Survey' • Director of Midwifery Facebook session with service users • Regular All About You staff forums for all maternity staff groups, including medical teams • Twice weekly staff newsletters – including incident learning • Launched digital staff survey and digital suggestion boxes • Staff pledges – their actions to enhance experience for service users and families • Regular briefings with local MPs with maternity specific meetings with three local MPs being arranged. Visits to the maternity units have been offered to our MPs.

Care Quality Commission (CQC): The CQC returned on the 20 April 2021 to follow up on the required actions in the Section 29A Warning Notice issued following the focussed inspection of Maternity Services on 14/15 October 2020. The Warning Notice was concerned with documentation for risk assessment carried out for women and risk management plans and the adequacy of information technology systems to support access to information in a timely and accessible way in order to deliver safe care and treatment.

Initial feedback has been provided verbally and via a letter. The CQC found that observation charts had been completed appropriately with evidence of escalation to appropriate healthcare staff. However documentation for risk assessments and risk management plans were not always carried out or developed in line with national guidance.

Whilst not part of the Section 29A warning notice, staff expressed concern about staffing levels. However staff within the triage assessment areas were complimentary of the actions the Trust had taken since the inspection and were appreciative of the additional staff working in these areas.

The CQC acknowledged the significant work the Trust has done to address information technology systems however most staff reported that they had not felt the impact of this work and required further training on the changes made to the Medway system. There continues to be issues with connectivity both on the hospital sites and in community and a need for more IT equipment.

The Trust awaits the full draft report however will act on this feedback ahead of this.

Summary: The Trust has made significant progress on the key areas identified by the CQC but there remains much to do. The programme of work and governance of it is now well-established and remains on track to deliver significant further progress over the next 6 months.

Dr Keith Girling, Medical Director

Sarah Moppett, Interim Chief Nurse