

Reading the Signals Oversight Group

Tue 14 May 2024, 13:10 - 15:00

Corporate Meeting Room, Trust Offices, Kent and Canterbury

Agenda




13:10 - 13:10 **1. Welcome, Introductions and Apologies**
0 min

13:10 - 13:10 **2. Minutes from the last meeting held on 12 March 2024**
0 min
 02 - Unconfirmed minutes of Reading the Signals meeting 12.03.2024 v2.pdf (4 pages)

13:10 - 13:10 **3. Matters Arising from the minutes**
0 min
 3. Reading the Signals Oversight Group Action LogV2.pdf (1 pages)

13:10 - 13:10 **4. Maternity IPR**
0 min
 MaternityIPR_v5.0_Mar24_DRAFT Final.pdf (12 pages)



13:10 - 13:10 **5. Presentation from National Team - Maternity Data**
0 min

13:10 - 13:10 **6. Update on Trust Response to Kirkup**
0 min
 6.1 MNAG MNIP Workstream 1_Mar 2024 v1.2_FINAL.pdf (4 pages)
 6.1 MNAG MNIP Workstream 2_Mar 2024 v1.2_FINAL.pdf (5 pages)
 6.1 MNAG MNIP Workstream 3_Mar 2024 v1.1_FINAL.pdf (4 pages)
 6.1 MNAG MNIP Workstream 4_Mar 2024 v1_FINAL.pdf (5 pages)
 6.1 MNAG MNIP Workstream 5_Mar 2024 v1_FINAL.pdf (5 pages)
 6.1 MNAG MNIP Workstream 6_Mar 2024 v1_FINAL.pdf (5 pages)

13:10 - 13:10 **7. Family Representative Feedback**
0 min

13:10 - 13:10 **8. Any Other Business**
0 min

8.1. Maternity and Neonatal Independent Senior Advocate

-  8.1 The Maternity and Neonatal Independent Senior Advocate introduction JW.pdf (1 pages)
-  8.1.1 Maternity and neonatal independent senior advocate leaflet FINAL.pdf (2 pages)

**UNCONFIRMED MINUTES OF THE READING THE SIGNALS OVERSIGHT MEETING
 TUESDAY 12 MARCH 2024 11:40 - 13:30
 BOARDROOM, KENT AND CANTERBURY HOSPITAL, ETHELBERG ROAD, CANTERBURY
 VIA WEBEX TELECONFERENCE**

PRESENT

Claudia Sykes	Non-Executive Director (Chair)	CS
Tracey Fletcher	Chief Executive Officer	TF
Michelle Cudjoe	Director of Midwifery	MC
Adaline Smith	Deputy Director of Midwifery	AS
Des Holden	Chief Medical Officer	DH
Sarah Hayes	Chief Nursing and Midwifery Officer	SHa
Ben Stevens	Chief Strategy and Partnerships Officer	BS
Natalie Yost	Director of Comms and Engagement	NY
Sarah Hubbard	MNVP Lead for East Kent	SH
Fay Corder	South East Regional Maternity Governance Lead	FC
Jenny Hamilton	Co-production and Engagement Lead Kent & Medway LMNS	JHa
Juliet Wells	Senior Independent Advocate Maternity and Neonatal	JW
Jen Essex	Perinatal Mental Health Obstetrician	JE
Louise Lea	Consultant Obstetrician and Gynaecologist	LL
Adam Littlefield	Patient Involvement Lead	AL
Bernie Mayall	Lead Governor/Elected Public Governor - Dover	BM
Alex Ricketts	Elected Governor - Canterbury	AR
Derek Richford	Family Representative	DR
Tanya Linehan	Family Representative	TL
Phil Linehan	Family Representative	PL
Linda Dempster	Family Representative	LD
Helen Gittos	Family Representative	HG
Caroline Potter-Edwards	Family Representative	CPE
Lucy De-Pulford	Doula and Community Representative	LDP

**AGENDA
 ITEM NO**

ACTION

- 23/066 **WELCOME AND INTRODUCTIONS AND APOLOGIES**
- Apologies were received from: Carl Shorter - Elected Governor - Folkestone & Hythe/Deputy Lead Governor and Andrea Ashman - Chief People Officer.
- 23/067 **MINUTES FROM THE LAST MEETING HELD ON THE 16 JANUARY 2024**
- The minutes from the previous meeting were **APPROVED**.
- 23/068 **MATTERS ARISING FROM THE MINUTES**
- RSOG/07 - Your Voice is Heard Feedback - The Trusts' target needed to be changed to reflect the national average FFT percentage - Update 12.03.24 -** JHam informed a working group had been set up to look at the FFT. A cohesive approach was needed as individual trusts were conducting the FFT in different ways and this would take some time to agree. The meetings were ongoing and once a standardised approach had been agreed then the improvement of response rates and trajectories could be looked at. DR asked if there was a timescale around this. JHam responded it needed to be understood how complex the issue was. To remain OPEN.
- RSOG/11 - Family Representative Feedback - The trust to take feedback received by family reps and look at how these could be addressed - Update**

16.01.2024 - The Chair advised this would remain open as there was a lot of work still to be done by the trust. **Update 12.03.24** - To remain OPEN

RSOG/12 - Family Representative Feedback - TF to follow up issues regarding the legal process - Update 12.03.24 - PL commented an apology still had not been received by the company, only by the trust. This was still very distressing for the family and more representation was needed around this. SHa gave re-assurance this was being pursued. A discussion was due to be had with NHS Resolutions and TF gave assurance there was ongoing work around this. TL described how the process over the last few years had made her feel.

RSOG/13 - Maternity Update - BS to amend the IPR report to explain/remove any jargon used - Update 12/03/2024 - The Chair informed the reports were being read through to ensure jargon is removed or explained in reports. To remain open.

RSOG/14 - Maternity Update - MC to follow up on what the best score was nationally around recommendation to maternity services, so the trust could compare to others - Update 12/03/2024 - MC informed the trust were in-line with the national average - TO CLOSE

RSOG/15 - Family Representative Views - MC to send HG the Root Cause Analysis (RCA) template - Update 12/03/2024 - This had been sent to HG on the 23/02/2024. TO CLOSE

RSOG/16 - Family Representative Views - Team working and embedding care within continuing education - More information was needed around establishing common purpose - AA to bring a presentation to the next meeting - Update 12/03/2024 - To be discussed at this meeting. TO CLOSE

RSOG/17 - Family Representative Views - How was the trust thinking about its various roles in educating all of its staff and how was the trust thinking about embedding compassionate care - AA to bring presentation to the next meeting - Update 12/03/2024 - To be discussed at this meeting. TO CLOSE

RSOG/18 - Any Other Business - Question raised by Lyn Richardson outside of the meeting regarding whether the re-opening of MLU has reduced caesarean rates to be answered - Update 12/03/2024 - The Chair informed a paper had been circulated about caesarean rates. This to be further discussed in the maternity update. TO CLOSE

23/069

MATERNITY UPDATE

MC and AS provided a Maternity update and the following questions/comments were raised:

SHa updated the group on the restorative work that was discussed at the previous meeting. Advice on next steps was being sought and an update would come back to the group. The Chair asked what the timeline was around this. MC responded it was hopeful to start around the end of April, however, it was important that all practicalities around this were right.

BS commented the data around the complaint response this was the response within the timeframe. There was a lot of work ongoing in the organisation around the quality of the responses.

DR asked if there was trust representation at the Ministerial Forum. BS confirmed there was. SHa confirmed she was present at the forum along with SH, BS, TF

and MC. MC had discussed the work so far and the capital plans were discussed at the forum.

DR commented he had been made aware via social media platform twitter that there was a Reading the Signals Group nationally.

BS commented there was a plan that would improve, through some new build facilities, the services at QEQM. The would include addressing an issue that had been raised by the CQC around access to theatres in a timely way. This was still to be confirmed but was looking positive.

The Chair invited any questions in regards to the Caesarean rates paper that had been included. DR asked around QEQM having 12% more caesarean's than WHH. LL responded this had been looked into this and there was not a big difference in regards to populations in both areas. It could be down to maternal choice, locum and clinician numbers.

JE commented she felt the induction leaflet the trust provided should be reviewed so more information could be added.

23/070

TEAM WORKING ACROSS DISCIPLINES - CHANGING THE CULTURE - MEDICAL EDUCATION

MC provided an update, and the following questions/comments were noted:

HG asked where the trust were in regards to getting to shared objectives. MC responded the first piece of work which was discussed in June 2023 was around the shared objectives that were being worked on each year as a multi-professional team and the vision for the maternity service. The quadrumvirate approach supported this, having shared objectives and reviewing on a monthly - 6 monthly basis. These objectives form part of an annual reviews for the midwives and obstetricians. MC to share the objectives after this meeting - **ACTION** HG commented it was good to see the aims of the trust, however, evidence was needed to show things were happening in practice.

LDP asked who was taking training. MC responded all staff were required to complete training and training was mandatory.

HG commented she had seen a list for multi-disciplinary training for maternity services, which had not yet come to this meeting. MC to circulate the scorecard/CNST document to the group after the meeting - **ACTION**. LL commented leadership was now visible, which had not been the case in the past, and some leadership also worked clinically which was important to see.

The Chair asked if there was an update on the results on the maternity staff survey. MC responded there were some challenges around staffing, A huge amount of work was being done to support staff, which included listening events, however, there was still more to be done.

The Chair asked for the updated MNIP metric data to be presented at the next meeting - **ACTION**

23/071

FAMILY REPRESENTATIVE VIEWS

DR commented it would be useful for there to be trust representation at the national reading the signals group.

HG commented around reputation management, and she was disappointed to see reputational damage was still part of the criteria for assessing the seriousness of a

Serious Incident (SI). HG also felt the main recommendations of the Kirkup report had not been sufficiently focused on. SH commented reputational management was part of the national criteria for SI's which is why it was still included. SH, along with DH chair a number of SI panels and it was rare to have a conversation on categorisation in terms of this. It was queried as to whether reputational management could be removed from the criteria - SH would follow this up - **ACTION**

PL, DR and LD commented around the importance of the trust fixing their reputation.

HG asked if a conversation could be had at the next meeting around what implementing the Kirkup recommendations at a trust level would look like. The Chair agreed with this - **ACTION**.

SH asked if there was a way a plan could be made, with the help of the families that were involved in Kirkup, on how the trust could delicately celebrate some of the improvements that the trust had made. The Chair commented this could be fed into the restorative process.

The Chair thanked all for their presence and constructive challenge.

23/072 **ANY OTHER BUSINESS**

23/073 **DATE OF NEXT MEETING - 14 May 2024**

SIGNED: _____

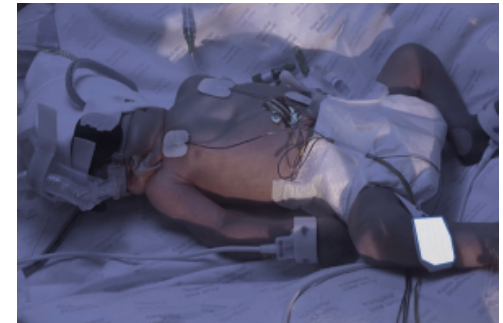
DATED: _____

EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST READING THE SIGNALS OVERSIGHT GROUP ACTION LOG

								Update - MC to email the Regional Chief Midwife for her perspective. Update 19.09.23 - MC informed there had been a conversation regarding this at the Maternity & Neonatal Assurance Group (MNAG) and it was felt that the regional average would be looked at. BC commented this would be discussed at a Performance and Quality meeting during this week and it was hoped an agreement would be made across Kent and Medway by this next meeting. Update 31.10.23 - MC updated on this action in BC's absence - It was not possible for this to be discussed at the LMNS meeting as planned and the team were undertaking a piece of work to review the differing reporting of this important metric across the four maternity services in K&M with a view to aligning the reporting and agreeing targets and thresholds. To remain OPEN. Update 16.01.2024 - MC informed the Regional team were discussing what the regional average would look like and feedback was awaited, however, 12% was the national average. JHa was now dealing with the FFT for a system wide agreement on an improvement projectory - a meeting was being arranged - To remain OPEN Update 02/02/2024 - Email sent on behalf of MC to support this action. Update 12.03.24 - JHam informed a working group had been set up to look at the FFT. A cohesive approach was needed as individual trusts were conducting the FFT in different ways and this would take some time to agree. The meetings were ongoing and once a standardised approach had been agreed then the improvement of response rates and trajectories could be looked at. DR asked if there was a timescale around this. JHam responded it needed to be understood how complex the issue was. To remain OPEN.
RSOG/07	08/08/2023	23/032	Your Voice is Heard Feedback	The Trusts' target needed to be changed to reflect the national average FFT percentage	19/09/2023	MC	Open	
RSOG/11	31/10/2023	23/054	Family Representative Feedback	The trust to take feedback received by family reps and look at how these could be addressed	Jan-24	CS	Open	Update 16.01.2024 - The Chair advised this would remain open as there was a lot of work still to be done by the trust. Update 12.03.24 - To remain OPEN
RSOG/12	31/10/2023	23/054	Family Representative Feedback	TF to follow up issues regarding the legal process		TF	Open	Update 16.01.2024 - SH commented on the comment made at the last meeting by PL in regards to the "win" over his family was that was used as an advert. This had been looked at, and was visible on a related companys website in New York. Work was being done with Katy White - Director of Quality Governance to try and get this removed. SH apologised to the family involved, and an apology had also been issued by the company who were also working to try and resolve this. The Chair asked if there was anyway the trust could stop this happening again. SH responded it would be very difficult as this had been picked up by a search engine, however, the trust were keeping a close eye on things with the help of Comms & Engagement. AA asked if the company was a sister company. SH responded, it was a different entity. To remain OPEN. Update 12.03.24 - PL commented an apology still had not been received by the company, only by the trust. This was still very distressing for the family and more representation was needed around this. SH gave re-assurance this was being persued. A discussion was due to be had with NHS Resolutions and TF gave assurance there was ongoing work around this. TL described how the process over the last few years had made her feel. To remain OPEN
RSOG/13	16/01/2024	23/061	Maternity Update	BS to amend the IPR report to explain/remove any jargon used.	Mar-24	BS	Open	Update 12/03/2024 - The Chair informed the reports were being read through to ensure jargon is removed or explained in reports ? To remain open?
RSOG/20	12/03/2024	23/070	Team Working Across Disciplines	MC to circulate the scorecard/CNST document to the group after the meeting	May-24	MC	Open	
RSOG/21	12/03/2024	23/070	Team Working Across Disciplines	Updated MNIP Metrics data to be seen at the next meeting	May-24	MC	Open	
RSOG/22	12/03/2024	23/071	Family Representative Views	Reputational Management in SI criteria to be looked at to see if it could be removed		SH	Open	
RSOG/23	12/03/2024	23/071	Family Representative Views	HG requested a conversation to be had at the next meeting around the implementation of the Kirkup recommendations	May-24	SH/MC	Open	

Integrated Performance Report

March 2024



Maternity

Domain	Nat	Flag	KPI	SPC	Thres.	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Maternity	IIP		Serious Incidents Maternity		Sigma	4	1	3	2	0	2	2	1	2	2	0	0
	IIP		Maternity Incidents Moderate / Severe		Sigma	0	3	2	0	1	1	4	0	2	1	2	
	IIP		Maternity Patient Incidents Moderate / ...		Sigma											0	8
	IIP		Maternity Complaints		Sigma	12	8	5	6	2	16	5	7	5	13	7	1
	IIP		Maternity Complaint Response		90.0%	25.0%	16.7%	38.9%	50.0%	60.0%	60.0%	0.0%		33.3%	0.0%	16.7%	77.8%
	IIP		Extended Perinatal Mortality		5.87	4.62	4.47	3.87	3.40	3.58	3.11	2.62	2.29	2.81	2.99	2.45	2.61
	IIP		FFT Maternity Response Rate		15.0%	12.8%	14.9%	14.4%	15.4%	13.4%	11.5%	13.7%	16.1%	15.2%	14.1%	13.0%	11.4%
	IIP		FFT Maternity Recommended		90.0%	93.7%	92.1%	92.3%	91.6%	88.3%	90.7%	96.3%	93.0%	88.9%	93.5%	93.2%	89.6%
	IIP		FFT Maternity (IP) Recommended		90.0%	95.1%	92.6%	94.3%	94.3%	88.8%	90.6%	96.8%	93.8%	90.4%	94.1%	92.9%	90.7%
	IIP		WH Engagement Score		6.90	5.87	5.87	5.87	6.15	6.15	6.15	6.38	6.38	6.38	6.35	6.35	6.35

February Performance Summary

Incidents: There were 0 serious incidents reported in March in Women's Health for Maternity.

Complaints: 1 Stage 1 complaint was received in March for Maternity. This is a decrease on the previous month.

Patient Involvement: FFT Response rate 11.4 % - 89.6% extremely likely or likely to recommend

Staff Engagement: Score 6.35

Maternity Serious Incidents

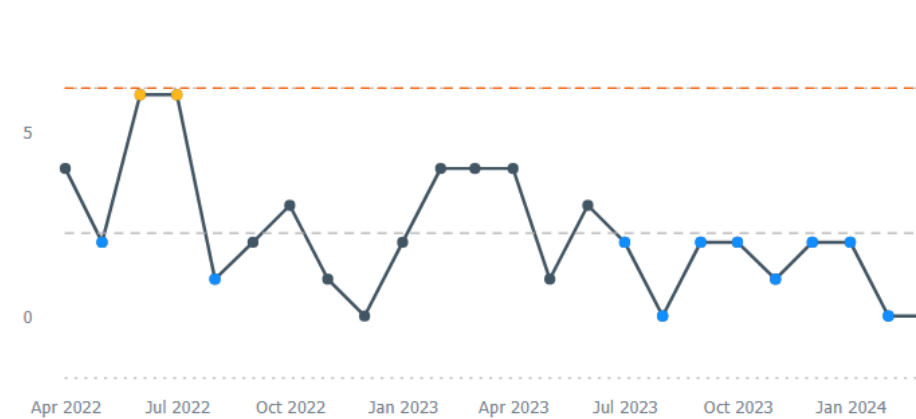
Integrated Improvement Plan

This metric measures any maternity incident recorded on Datix that has subsequently been reported to STEIS (Strategic Executive Information System). Any maternity incidents that are subsequently downgraded are removed retrospectively therefore this number is subject to change. Serious Incidents are reported by the date the investigation started and not the date the incident occurred or was reported.

Serious Incidents Maternity

Timescale	Value	SPC
Apr-23	4	
May-23	1	
Jun-23	3	
Jul-23	2	
Aug-23	0	
Sep-23	2	
Oct-23	2	
Nov-23	1	
Dec-23	2	
Jan-24	2	
Feb-24	0	
Mar-24	0	

XMR Run Chart



Understanding the most recent data point

Performance



0

Variation indicates inconsistently passing and falling short of the target

Variation



Variation

Special cause of improving nature or lower pressure due to lower values

Flags

Below Mean Run Group

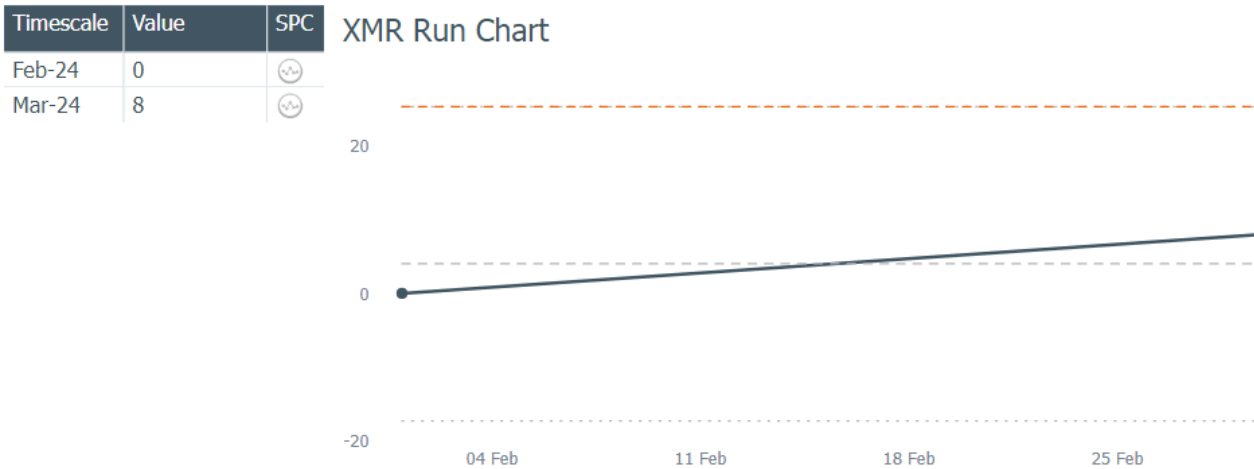
KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
There were 0 serious incidents reported in March for Maternity.				
At month end there were 8 open SI's in Maternity.	For all SI investigations to be completed within agreed timeframes.	Head of Gov.	Monthly – ongoing	All Maternity open SI's under investigation are within agreed timeframes. There are no SI breaches within Maternity
Closure of actions from SI's on the datix actions module.	<ul style="list-style-type: none"> Focussed work to close open actions on datix module with action owners Weekly progress reporting of original June backlog and current position 	Head of Gov.	31/03/24	The number of overdue actions from the original backlog (June) has reduced from 345 to 4 at 19/04/2024. The overall current overdue actions for the care group has increased slightly to 107. Patient Safety Matron vacancy is backout to advert. Substantive Head of Governance appointed commenced 28.3.24, and is currently in their orientation period.

Maternity Incidents Causing Harm

Integrated Improvement Plan

This metric measures the number of maternity incidents where the harm status was moderate or above.

Maternity Patient Incidents Moderate / Severe



Understanding the most recent data point

Performance



8

Variation indicates inconsistently passing and falling short of the target

Variation



Variation
Flags

Common cause (no significant change)
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Rapid review of moderate incidents and other incidents on maternity trigger list.	<ul style="list-style-type: none"> Rapid review process reviewed MDT attendance Learning identified 	Head of Governance	Monthly - ongoing	<ul style="list-style-type: none"> Rapid Review well attended by MDT and embedded in practice Immediate learning and themes identified from rapid reviews disseminated via Message of the Week and Safety Threads and email communication to staff Team Brief introduced for Ward Managers and Matrons to summarise key messages for the week with teams
Closure of datix open more than 6 weeks	<ul style="list-style-type: none"> Focussed work to close open actions on datix module with action owners Weekly progress reporting of backlog and current position 	Head of Governance	31/03/2024	The number of open datix from the original June backlog for Maternity has reduced from 686 to 11 at 19/04/2024. The overall current overdue datix is 271 within Maternity which is a slight increase from the previous month. Oversight and priority of the Patient Safety Team to close these open datix continues. All have had an initial review at the time of reporting.

Maternity Complaints

Integrated Improvement Plan

This metric measures the number of complaints made to Obstetrics, Midwifery or New-born Hearing Screening Services.

Maternity Complaints

Timescale	Value	SPC
Apr-23	12	🟡
May-23	8	🟡
Jun-23	5	🟡
Jul-23	6	🟡
Aug-23	2	🟡
Sep-23	16	🔴
Oct-23	5	🟡
Nov-23	7	🟡
Dec-23	5	🟡
Jan-24	13	🟡
Feb-24	7	🟡
Mar-24	1	🟡

XMR Run Chart



Understanding the most recent data point

Performance



1

Variation indicates inconsistently passing and falling short of the target

Variation



Variation
Flags

Common cause (no significant change)
No Special Cause Flags

Recurrent themes

The main themes are:
Pain relief.
Delayed discharge.
Busy post natal wards.
Poor communication during IOL.

Adaline Smith DDOM

Monthly

Themes arising from complaints have been included in the MNVP strategy and QI projects being co-produced. The team have a working party who are currently developing a postnatal booklet . The MNVP and consultant midwife have planned a Facebook listening events first topic is "Choice of place of Birth" . The service continues to work with the region in relation to embedding PSCPs. IOL leaflet being reviewed by Patient information Midwife The new complaint template format for written responses includes a summary section at the end where the lead investigators add the actions/learnings found and completed as a result of the formal investigation

Maternity Complaints Response Rate

Integrated Improvement Plan

This metric measures the proportion of complaints which were responded to within the agreed timescale of the complaint being received. This includes both 30 and 45 working day timescale targets.

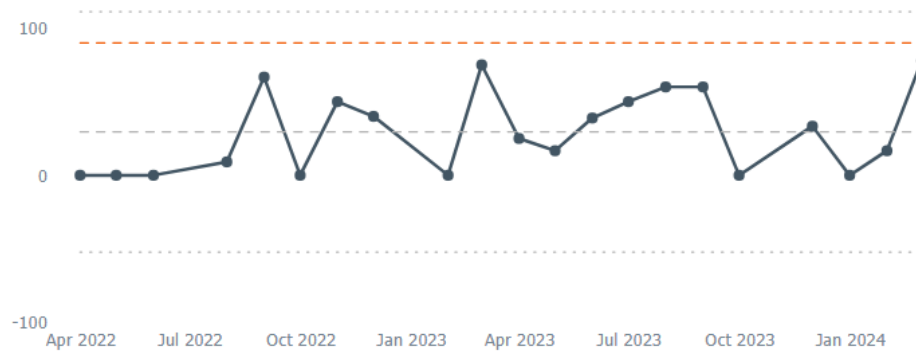
Complaint Types included are Formal, External and MP Formal that have not been rejected.

Complaint Stages included are extensions 1,2,3 and extensions agreed by Chief Nurse, Local Resolution, On Hold and Withdrawn.

Maternity Complaint Response

Timescale	Value	SPC
Mar-23	75.0%	🟡
Apr-23	25.0%	🟡
May-23	16.7%	🟡
Jun-23	38.9%	🟡
Jul-23	50.0%	🟡
Aug-23	60.0%	🟡
Sep-23	60.0%	🟡
Oct-23	0.0%	🟡
Dec-23	33.3%	🟡
Jan-24	0.0%	🟡
Feb-24	16.7%	🟡
Mar-24	77.8%	🟡

XMR Run Chart



Understanding the most recent data point

Performance



77.8%

Variation indicates inconsistently passing and falling short of the target

Variation



Variation
Flags

Common cause (no significant change)
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Competing priorities of clinical staff cause delays in case reviews and providing the Complaint Coordinator with comments for content	Complaint Coordinator has set up weekly 'huddle' meetings with HOMs and newly appointed Clinical Lead to try and spotlight urgent cases .	Patient Experience and Complaints Coordinator	<ul style="list-style-type: none"> Weekly and Bi-Weekly meetings 	<ul style="list-style-type: none"> Care group has robust process in place for ensuring quality of responses within timeframes. Dedicated PA consultant time to support the Patient experience coordinator . Actions identified and shared with the family and staff Positive feedback has been received on the quality of the complaint responses. At 19/04/2024 there were 50 open first complaints of which 6 have breached as of 01/04/2024.

Extended Perinatal Mortality

Integrated Improvement Plan

Extended perinatal mortality refers to all stillbirths and neonatal deaths, MBRRACE methodology is used, which excludes births <24+0 weeks gestation and terminations (even if over 24+0w). The rate is per 1000 total births.

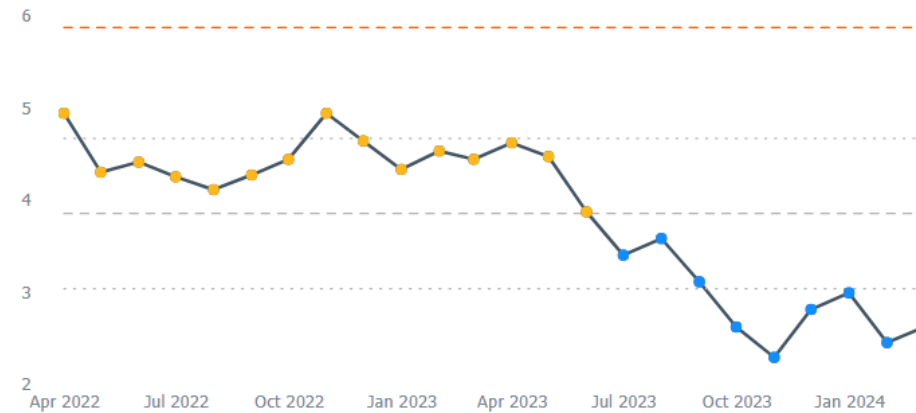
Datasource: Euroking & PAS

Threshold based on the average of the Trust's comparator group (Trust with level 3 NICU) from the 2021 MBRRACE report.

Extended Perinatal Mortality

Timescale	Value	SPC
Apr-23	4.62	
May-23	4.47	
Jun-23	3.87	
Jul-23	3.40	
Aug-23	3.58	
Sep-23	3.11	
Oct-23	2.62	
Nov-23	2.29	
Dec-23	2.81	
Jan-24	2.99	
Feb-24	2.45	
Mar-24	2.61	

XMR Run Chart



Understanding the most recent data point

Performance



2.61

Variation indicates consistently passing the target

Variation



Variation

Special cause of improving nature or lower pressure due to lower values

Flags

Below Mean Run Group
Astronomical Point
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
In March there was 2 neonatal death reportable to MBRRACE: – 19/03/2024 33/40 NND Twin 2 at WHH, out of area lady, surveillance sent to conquest hospital. – 31/03/2024 NND of twin 2 at WHH, 25 DOL.	As of March the 12m rate is 1.22. The rate remains below the threshold of 1.96 deaths per 1000 livebirths, which is set at the average of the Trust's comparator group from the most recent MBRRACE data	PMRT Lead Midwife	Monthly	<ol style="list-style-type: none"> All care reviewed through the Rapid Review Process Families visited in their home by the PMRT Midwife and the bereavement team Families asked if there are any aspects of care that they would like us to explore Final reports shared with the family
In March there was 1 stillbirth reportable to MBRRACE: - 11/03/2024. 33+2 Twin two IUD in utero 29/40 prior to delivery.	The rolling 12 month rate for stillbirths is 1.39 which remains lower than both the threshold.	DDoM	Monthly	
Perinatal Mortality Review Tool	All neonatal deaths and stillbirths are reviewed through the Perinatal Mortality Review Tool by a multidisciplinary panel and external attendees (If over 22weeks gestation)	PMRT Lead Midwife	Monthly	100% of perinatal mortality reviews include an external reviewer

Maternity Friends & Family Test: Response Rate

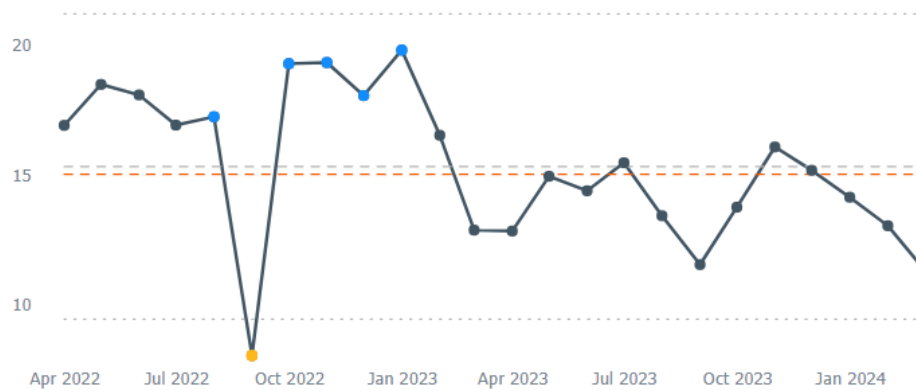
Integrated Improvement Plan

This metric measures the number of responses to the maternity friends and family questionnaires and displays as a % of the total questionnaires sent.

FFT Maternity Response Rate

Timescale	Value	SPC
Apr-23	12.8%	🟡
May-23	14.9%	🟢
Jun-23	14.4%	🟢
Jul-23	15.4%	🟢
Aug-23	13.4%	🟢
Sep-23	11.5%	🟡
Oct-23	13.7%	🟢
Nov-23	16.1%	🟢
Dec-23	15.2%	🟢
Jan-24	14.1%	🟢
Feb-24	13.0%	🟢
Mar-24	11.4%	🟡

XMR Run Chart



Understanding the most recent data point

Performance



11.4%

Variation indicates inconsistently passing and falling short of the target

Variation



Variation
Flags

Common cause (no significant change)
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Response rates are typically low for FFT therefore only reflect a minority of women, birthing people and their families, and their experiences	Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience	Patient Experience Midwives	March 2024	<ul style="list-style-type: none"> The 2023/2024 work plan has now been finalised with next steps including walking the patch and 15 steps. Discussions in place with LMNS to put together a group who will look at ways we can increase FFT rates in all four Trusts across the system Feedback is being continually gathered through YVIH and FFT. Ethnicity and IDM is captured through this feedback

Maternity Friends & Family Test: Recommended

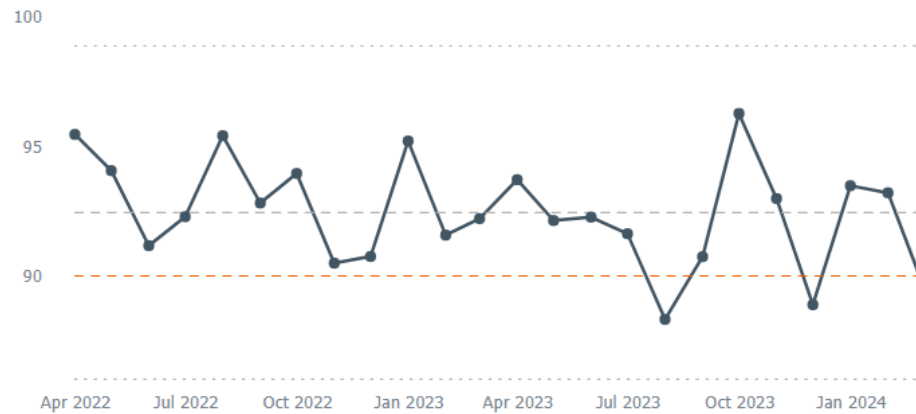
Integrated Improvement Plan

This metric is a summary of all Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.

FFT Maternity Recommended

Timescale	Value	SPC
Apr-23	93.7%	🟡
May-23	92.1%	🟡
Jun-23	92.3%	🟡
Jul-23	91.6%	🟡
Aug-23	88.3%	🟡
Sep-23	90.7%	🟡
Oct-23	96.3%	🟡
Nov-23	93.0%	🟡
Dec-23	88.9%	🟡
Jan-24	93.5%	🟡
Feb-24	93.2%	🟡
Mar-24	89.6%	🟡

XMR Run Chart



Understanding the most recent data point

Performance



89.6%

Variation indicates inconsistently passing and falling short of the target

Variation



Variation
Flags

Common cause (no significant change)
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
The responses show 91.0% extremely likely or likely to recommend which is a decrease in month.	<p>PEM feedback to staff on a regular basis via personalised email and update posters on the units/community offices and in the monthly newsletter.</p> <p>The top 3 areas to improve are:</p> <ol style="list-style-type: none"> 1. Communication and Information- the way things are explained in tone and what is happening- this is even across both sites 2. Staff Attitude- this has been seen more about the doctors and midwives on the PN ward at night at – across both sites 3. Quality of treatments (majority being about the Postnatal ward at WHH specifically) 	PEM	Monthly	<ul style="list-style-type: none"> • There is now a PN steering groups which has led on from the discharge steering group to look at PN care • Exploring a NIPE rota for midwives to increase the NIPES and speed up discharges. • Rest days / clinical Thursday introduced for an opportunity for the senior team to observe clinical pathways • Redecoration of both units. • Standard of care embedded at WHH PN ward where there is an expectation of what should happen at what time. "Stop and see" at 11 and 3 being introduced on the post natal ward as a safety pause where concerns can be escalated to those in charge and also any issues with discharged can be discussed. • There are now two Hubs on the wards- which are in 2 of the bays, this is to ensure and increase viability of the staff looking after the families in those bays.

Maternity Friends & Family Test: Inpatient Recommended

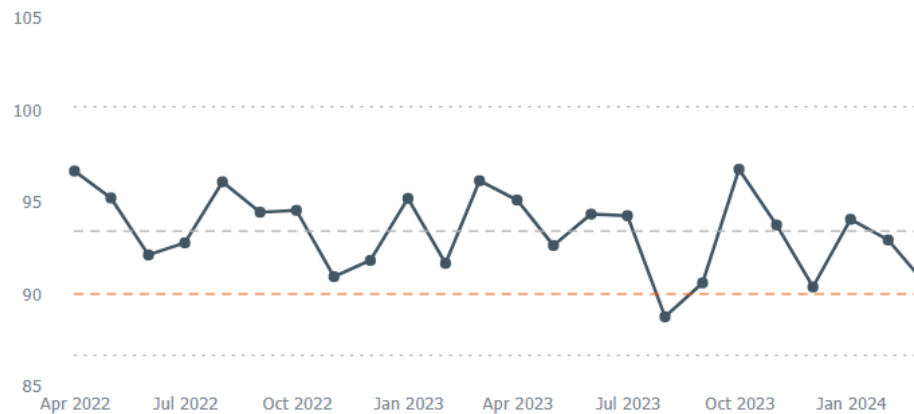
Integrated Improvement Plan

This metric is a summary of Inpatient Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.

FFT Maternity (IP) Recommended

Timescale	Value	SPC
Apr-23	95.1%	🟢
May-23	92.6%	🟢
Jun-23	94.3%	🟢
Jul-23	94.3%	🟢
Aug-23	88.8%	🟢
Sep-23	90.6%	🟢
Oct-23	96.8%	🟢
Nov-23	93.8%	🟢
Dec-23	90.4%	🟢
Jan-24	94.1%	🟢
Feb-24	92.9%	🟢
Mar-24	90.7%	🟢

XMR Run Chart



Understanding the most recent data point

Performance
 90.7%
 Variation indicates inconsistently passing and falling short of the target

Variation
 Variation Flags
 Common cause (no significant change)
 No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
The responses show 94.1% extremely likely or likely to recommend which is a decrease in month.	<ul style="list-style-type: none"> Embedding in discharge process with the introduction of the new post natal discharge process . Increase awareness via Maternity Voice Partnership Include in Walking the Patch and standard work for the Discharge coordinators Explore use of link to QR code Matron worked clinically for 2 weeks in November to embed good practice. 	Liane Ashley	December 23	This is a milestone within the Maternity and Neonatal Improvement Plan LMNS undertaking further exploration of national data and opportunities to improve response rates

Women's Health Staff Engagement Score

Integrated Improvement Plan

National annual staff survey results provided by Picker March each year.

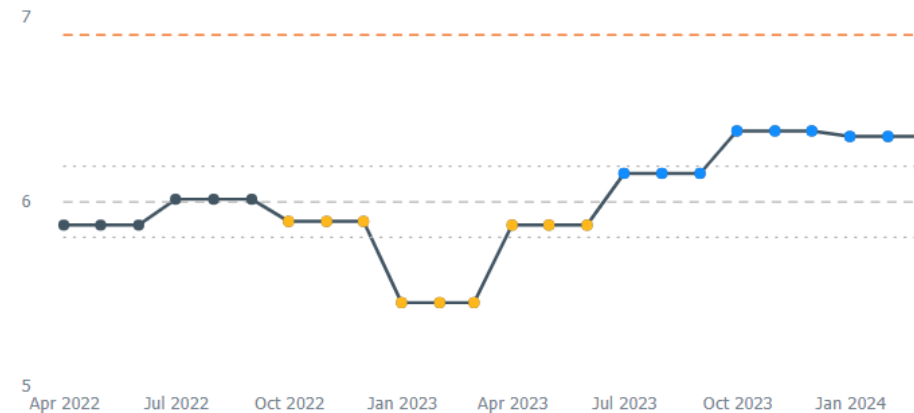
Staff engagement questions added to Staff Friends and Family quarterly surveys commencing March 2021.

9 questions in staff survey and replicated in quarterly staff FFT (3 x motivation, 3 x involvement and 3 x advocacy) which provide the overall engagement score.

WH Engagement Score

Timescale	Value	SPC
Apr-23	5.87	
May-23	5.87	
Jun-23	5.87	
Jul-23	6.15	
Aug-23	6.15	
Sep-23	6.15	
Oct-23	6.38	
Nov-23	6.38	
Dec-23	6.38	
Jan-24	6.35	
Feb-24	6.35	
Mar-24	6.35	

XMR Run Chart



Understanding the most recent data point

Performance



6.35

Variation indicates consistently falling short of the target

Variation



Variation

Special cause of improving nature or lower pressure due to higher values

Flags

Above Mean Run Group
Astronomical Point
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Opportunities for Staff Engagement	<ul style="list-style-type: none"> Introduction of " We Hear You " providing platform for feedback Embedding Safety Champions Forum Band specific Meetings /away days Increase Appraisal rates and SMART objectives Promoting Freedom to Speak Up Guardians and arrange dedicated walkarounds Embedding retention conversations Compassionate attendance at work conversations following absences 	Adaline Smith DDOM	December 23	Score survey received . 8 sessions have been facilitated by Korn Ferry with good attendance from local teams. Feedback on themes now received from Korn Ferry. Plans being identified with the change team which will be shared 3 session planned for April and May to develop the plan

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:

Workstream 1 – Developing a positive culture

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 1 Charter

Executive summary:

Action required:	Assurance																							
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 1 from the Maternity and Neonatal Improvement Programme																							
Workstream SRO:	Andrea Ashman, Chief People Officer																							
Care Group Lead:	Michelle Cudjoe, Director of Midwifery																							
Progress and successes:	<p>There are five high level milestones (recommendations) within Workstream 1 – Developing a positive culture. Two of these are due to complete in Year 1, and three in Year 2.</p> <p>There are 17 deliverables (actions) across the five milestones, which set out how each milestone will be achieved. Progress made against the milestones and deliverables between June 2023 – 08 Mar 2024 (Q1-Q4) is shared in the tables below. All work is either in progress and on track, or complete.</p> <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #C00040; color: white;"> <th style="text-align: left;">Workstream 1 Milestones (Recommendations)</th> <th style="text-align: center;">Jan 2024</th> <th style="text-align: center;">Mar 2024</th> </tr> </thead> <tbody> <tr style="background-color: #008000; color: white;"> <td>Implementation of Inclusion and Respect Charter</td> <td style="text-align: center;">On track</td> <td style="text-align: center;">On track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member </td> <td style="text-align: center;">On track</td> <td style="text-align: center;">On track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Alignment to Trust-level Inclusion and Respect Charter once published </td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values </td> <td style="text-align: center;">On track</td> <td style="text-align: center;">Complete</td> </tr> <tr style="background-color: #000080; color: white;"> <td>Completion of the SCORE survey</td> <td style="text-align: center;">On track</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> Identified areas for quality improvement through gap analysis of SCORE results </td> <td style="text-align: center;">On track</td> <td style="text-align: center;">Complete</td> </tr> </tbody> </table>			Workstream 1 Milestones (Recommendations)	Jan 2024	Mar 2024	Implementation of Inclusion and Respect Charter	On track	On track	<ul style="list-style-type: none"> Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member 	On track	On track	<ul style="list-style-type: none"> Alignment to Trust-level Inclusion and Respect Charter once published 	Complete	Complete	<ul style="list-style-type: none"> Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values 	On track	Complete	Completion of the SCORE survey	On track	Complete	<ul style="list-style-type: none"> Identified areas for quality improvement through gap analysis of SCORE results 	On track	Complete
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Additional successes for March 2024 have been:

- Listening events held for midwifery staff hosted by CEO and CNMO
- Promotion for improved awareness of in-house Leadership courses
- 8 externally facilitated sessions to share feedback from the NHSE SCORE Culture Survey and receive ideas for improvement
- Introduction of weekly Team Brief
- Completion of two milestones within this workstream, including one Year 2 milestone for 'Structured escalation processes for raising concerns for the workforce and service users outside of clinical situations' - work will continue to embed these processes

Year 2 (2024/25)

Workstream 1 Milestones (Recommendations)	Jan 2024	Mar 2024
Delivery of NHSI Culture and Leadership Programme (CLP)	On track	On track
Delivery of Trust-level leadership development programme for those recruited into leadership posts		
<ul style="list-style-type: none"> • A programme based on nationally recognised workforce culture assessment tools / frameworks e.g. NHSI CLP 	Complete	Complete
<ul style="list-style-type: none"> • Perinatal Quality Leadership Programme for Care Group Quad 	Complete	Complete
<ul style="list-style-type: none"> • Alignment to Royal College of Obstetricians & Gynaecologists (RCOG) Leadership and Management Framework 	On track	On track
<ul style="list-style-type: none"> • Use of acquired skills and learning to demonstrate compassionate leadership and nourish a safe working environment 	On track	On track
<ul style="list-style-type: none"> • Improved capacity of resources to deliver services due to improved workforce morale 	On track	On track
<ul style="list-style-type: none"> • Implementation of the Trust-level Leadership Behaviours Framework once published; linked to a re-launch of the Trust values 	Complete	Complete
<ul style="list-style-type: none"> • Wider workforce opportunities through statutory and mandatory training programme to include values and behaviours of leaders across the service 	On track	On track
<ul style="list-style-type: none"> • Embedded process and practice for managing behaviours that do not meet Trust values 	On track	On track
Structured escalation processes for raising concerns for the workforce and service users outside of clinical situations* *Clinical escalation in Workstream 3 – Clinical pathways	On track	Complete
<ul style="list-style-type: none"> • Freedom to Speak Up (FTSU) Guardians listen to, act upon and respond openly and effectively to concerns 	On track	Complete
<ul style="list-style-type: none"> • Workforce access to FTSU training 	On track	Complete
<ul style="list-style-type: none"> • Clear, available and accessible processes of escalation for the workforce and service users 	Complete	Complete

	<ul style="list-style-type: none"> Visible leadership and presence in the clinical setting 																							
	<ul style="list-style-type: none"> Evidence of 'you said, we did' in relation to staff concerns and patient concerns 	On track	Complete																					
Overall Workstream Progress	Feb 2024	Mar 2024																						
	<p>Workstream 1: Positive Culture - Tasks by Status</p>		<p>Workstream 1: Positive Culture - Tasks by Status</p>																					
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Measurable Successes	<ul style="list-style-type: none"> Improved 'Involvement' score in the NHS Quarterly Pulse Survey from 6.28 to 6.30 Service users feel listened to and their questions answered has increased from 66.7% in 2022, to 73.4% in 2023/24 CQC Maternity Survey responses to questions (B18, C21) about dignity and respect scored 9.2 against national scores of 9.2, and 9.1 respectively 																							
Risks and issues:	<p>This workstream has exceeded expectations for Year 1 in what has been achieved. It is recognised that it takes considerable time to harness trust to lead a change in culture to reverse the impact of historical negative experiences. Therefore, improvements will take time to be reflected in every day practice and demonstrated through the measurable benefits e.g. staff / culture survey results.</p> <p>It should also be recognised that some measures such as the NHS Staff Survey, and CQC Maternity Survey are annual activities so the results will always be reporting the previous year's position.</p> <p>Qualitative feedback received by Executive-led listening events and local Quality Boards has been very positive in relation to people reporting that they feel heard, supported involved and that teams are increasingly working together.</p>																							
Escalations:	There are no matters for escalation																							
Key recommendations:	<ol style="list-style-type: none"> The Group is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, Quality and Safety Committee and Trust Board. 																							

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff
Link to the Corporate Risk Register (CRR):	CRR118 – Organisational culture
Link to the MNIP Risk Register:	<p>MNIP RR1 - Workforce establishment and capacity might impact delivery of the milestones/recommendations in accordance with agreed timescales</p> <p>MNIP RR5 - Funding may not be adequate to deliver the full 3-year programme of work</p>
Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
Subsidiary	N

Implications:

Assurance route: MNAG – WHCGG – MNIP Board – MNIP Project Groups – MNIP T&F Group

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:

Workstream 2 – Developing and sustaining a culture of safety, learning and support

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 2 Charter

Executive summary:

Action required:	Assurance																														
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 2 from the Maternity and Neonatal Improvement Programme																														
Workstream SRO:	Andrea Ashman, Chief People Officer																														
Care Group Lead:	Adaline Smith, Deputy Director of Midwifery																														
Progress and successes:	<p>There are ten high level milestones (recommendations) within Workstream 2 – Developing and sustaining a culture of safety, learning and support. Seven of these are due to complete in Year 1, and three in Year 2.</p> <p>There are 32 deliverables (actions) across the ten milestones, which set out how each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. Two areas are ‘off track’ and all others are either on track or complete.</p> <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1"> <thead> <tr> <th>Workstream 2 Milestones (Recommendations)</th> <th>Jan 2024</th> <th>Mar 2024</th> </tr> </thead> <tbody> <tr> <td>Clear patient-safety related backlogs</td> <td>Off track</td> <td>Off track</td> </tr> <tr> <td>• No. overdue ‘open’ incidents</td> <td>Off track</td> <td>Off track</td> </tr> <tr> <td>• No. overdue ‘open’ serious incidents</td> <td>Complete</td> <td>Complete</td> </tr> <tr> <td>• No. overdue ‘open’ complaints responses</td> <td>Complete</td> <td>Complete</td> </tr> <tr> <td>• No. expired guidelines</td> <td>Off track</td> <td>Off track</td> </tr> <tr> <td>• No. expired patient information leaflets</td> <td>Off track</td> <td>Off track</td> </tr> <tr> <td>Compliance with 10 x Safety Actions within Clinical Negligence Scheme for Trusts (CNST) Year 5</td> <td>Complete</td> <td>Complete</td> </tr> <tr> <td>• Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement</td> <td>Complete</td> <td>Complete</td> </tr> <tr> <td>• Development of local guidance and a project plan to successfully implement and achieve compliance with CNST supported by clearly defined roles and responsibilities for each of the ten safety actions</td> <td>Complete</td> <td>Complete</td> </tr> </tbody> </table>	Workstream 2 Milestones (Recommendations)	Jan 2024	Mar 2024	Clear patient-safety related backlogs	Off track	Off track	• No. overdue ‘open’ incidents	Off track	Off track	• No. overdue ‘open’ serious incidents	Complete	Complete	• No. overdue ‘open’ complaints responses	Complete	Complete	• No. expired guidelines	Off track	Off track	• No. expired patient information leaflets	Off track	Off track	Compliance with 10 x Safety Actions within Clinical Negligence Scheme for Trusts (CNST) Year 5	Complete	Complete	• Gap analysis of CNST Year 5 with current Trust performance against ten safety actions to identify areas for improvement	Complete	Complete	• Development of local guidance and a project plan to successfully implement and achieve compliance with CNST supported by clearly defined roles and responsibilities for each of the ten safety actions	Complete	Complete
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<ul style="list-style-type: none"> Monthly local and regional CNST reporting using the Perinatal Quality Surveillance Tool (PQST) to demonstrate month-on-month progress against the ten safety actions within the CNST framework 	Complete	Complete
<ul style="list-style-type: none"> Shared knowledge and awareness of Maternity Services Data Set (MSDS) with monthly results and trends used to compliment identified areas for improvement 	Complete Plans to share wider through digital Quality & Safety Boards	Complete Plans to share wider through digital Quality & Safety Boards
Implement Maternity and Neonatal Quality and Safety Framework v3 (to replace current Risk Management Strategy v2)	Off track	Complete
<ul style="list-style-type: none"> Embedded governance structure with clear reporting lines from ward to Board (includes representation of Maternity at Trust Board) with supporting terms of reference that define purpose and membership, and a suite of template documents for professional presentation, consistency and standardisation 	Off track	Complete
<ul style="list-style-type: none"> Standardised processes for managing patient safety activities (including escalation and/or referral criteria), patient experience, and clinical effectiveness activities 	Off track	Complete
<ul style="list-style-type: none"> Alignment of local guidelines to the Trust-level 'Development and Management of Trust Policies' with a clear local governance process for derogation from national guidelines 	Complete	Complete
<ul style="list-style-type: none"> Implementation of agreed annual clinical audit plan 	Complete	Complete
<ul style="list-style-type: none"> Alignment to 3-Year Single Delivery Plan for Maternity and Neonatal Services Theme 3: Developing and sustaining a culture of safety, learning, and support 	On track	Complete
Implementation of NHS Patient Safety Incident Review Framework (PSIRF)	On track	On track
<ul style="list-style-type: none"> Alignment to Trust-level preparations and plans in readiness for the roll-out of PSIRF, including plans for engaging and involving patients, families and staff following a patient safety incident 	On track	On track
<ul style="list-style-type: none"> Refresh of Datix incident reporting system – aligned to Trust-level Datix upgrade work - to align to future case management, monitoring and reporting requirements 	On track	On track
<ul style="list-style-type: none"> Implementation of Independent Safety Advisor (ISA) role to support learning, and service improvements 	Complete	Complete
<ul style="list-style-type: none"> "Finding signals among noise" and taking learning from data to inform areas for improvement, that contribute to the Training Needs Analysis (TNA) 	Complete	Complete
<ul style="list-style-type: none"> Specialist training for roles involved with delivery, engagement, and oversight of PSIRF 	On track	On track
<ul style="list-style-type: none"> A proactive and coproduced culture of learning using recognised PSIRF Learning Tools 	On track	On track
<ul style="list-style-type: none"> Lessons are learned, identified and shared to inform a cycle of continuous improvement through the Trust's 'We Care' quality improvement framework; underpinned by an Appreciative Inquiry approach 	On track	On track

Publication of updated Maternity Dashboard with agreed performance and outcome measures	Complete	Complete
<ul style="list-style-type: none"> • Collaboration with NHSE 'Making Data Count' team 	Complete	Complete
<ul style="list-style-type: none"> • Alignment to the national requirement for the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use 	Complete	Complete
Sustained compliance with environmental daily checks	On track	On track
<ul style="list-style-type: none"> • Collaborative working with Infection Prevention Control (IPC), and Estates teams to complete quality checks and arrange remedial and/or repair/replacement works 	On track	On track
<ul style="list-style-type: none"> • 'Stop the clock' assurance process of daily, weekly and monthly environmental safety checks 	Complete	Complete
Coproduction of Maternity and Neonatal guidelines, and patient information	On track	On track
<ul style="list-style-type: none"> • Establishment and use of stakeholder engagement and involvement forums to gain feedback, thoughts and ideas for guideline and patient information development 	On track	On track

Additional successes for March 2024 have been:

- Progress against the CQC must/should do requirements
- Progress against the national maternity safety ambition to halve stillbirth, neonatal death, brain injury and maternal death rates by 2025 compared to 2010 rates
- Continued progress against Stop the Clock measures
- Developing PSIRF in Maternity session with Trust patient safety team
- Progress against guideline development for publication
- Maternity and Neonatal Board Safety Champion facilitated listening events for the workforce that resulted in changes that were shared via a new 'You said, we listened' communication

Year 2 (2024/25)

Workstream 2 Milestones (Recommendations)	Jan 2024	Mar 2024
Achievement of local safety measures to support national maternity safety ambition to halve rates of perinatal mortality from 2010, by 2025	On track	On track
<ul style="list-style-type: none"> • Implementation of Saving Babies Lives Care Bundle (SBLCB) v3 through Workstream 3 – Clinical Pathways 	On track	Complete
<ul style="list-style-type: none"> • Implementation of Maternity and Neonatal Safety Champions as a point of contact to raise concerns, with established governance processes for sharing learning/escalation of concerns 	Complete	Complete
Compliance with 15 x Immediate and Essential Actions (IEAs) of Ockenden (Final) – March 2022	On track	On track
<ul style="list-style-type: none"> • Gap analysis of 15 x IEAs with current Trust performance to identify remaining areas for improvement to be included in supporting project plan 	On track	On track
<ul style="list-style-type: none"> • Sustained delivery of the 15 x Immediate and Essential Actions (IEAs) 	On track	On track
Care Quality Commission (CQC) 'Good' rating	On track	On track
<ul style="list-style-type: none"> • Programme of local quality assurance checks and ongoing monitoring based on the CQC assessment framework 	On track	Complete

	<ul style="list-style-type: none"> Joint working with corporate services to implement and escalate necessary improvements including (but not excluded to) Pharmacy, Safeguarding, Infection Prevention Control, Medical Devices, and Estates 	On track	On track
	<ul style="list-style-type: none"> Delivery of all must and should do requirements identified through the CQC inspection of EKHUFT Maternity Services in January 2023 	On track	On track
	<ul style="list-style-type: none"> Routine completion and benchmarking against the Maternity Self-Assessment Tool 	Not yet started	Not yet started
	<ul style="list-style-type: none"> Compliance with 'Well-led' and 'Safe' CQC domains to meet requirements of the Maternity Safety Support Programme (MSSP) 	On track	Complete
	<ul style="list-style-type: none"> Regulatory compliance reporting through governance forums including (but not excluded to) Women's Health Care Group Governance meeting, CQC Oversight and Assurance Group, Maternity and Neonatal Assurance Group (MNAG) 	Complete	Complete

Overall Workstream Progress

Jan 2024

Mar 2024

Key Code	Jan 2024	Mar 2024
Superseded	0.4%	1.8%
Off track	19.4%	8.5%
On track	63.4%	31.4%
Complete	16.3%	29.6%
Evidenced and Closed	0.5%	28.7%

Measurable Successes

Progress against national maternity safety ambition:

	2010 EKHUFT	2021 MBRACE Adj.	2023 EKHUFT Crude	2024 Feb
Stillbirths	5.7	↓ 4.11	↓ 1.41	↓ 1.23
NND	1.77	↑ 1.88	↓ 1.41	↓ 1.23
HIE	2010	2019	2023	2024 Feb
	TBA	22	↓ 8	↓ 1.8
Maternal death	1	2	↓ 1	↓ 0

Progress against Saving Babies Lives Care Bundle, Element 1:

Element 1: Reduced smoking

EKHUFT data presents the largest reduction in smoking rates between Booking and Delivery (-3.54) compared to national and regional averages

	<p>Progress against patient safety related backlogs:</p> <table border="1"> <thead> <tr> <th></th> <th>19/03/2024</th> <th>12/01/2024</th> </tr> </thead> <tbody> <tr> <td>• No. overdue 'open' incidents</td> <td>6 from original backlog (106 total)</td> <td>↓ (200 total)</td> </tr> <tr> <td>• No. overdue 'open' serious incidents</td> <td>0</td> <td>→</td> </tr> <tr> <td>• No. overdue 'open' complaints responses</td> <td>10 (8 x Exec / 2 x Care Grp)</td> <td>↓ 18</td> </tr> <tr> <td>• No. expired guidelines</td> <td>46/112</td> <td>↑ 38/112</td> </tr> <tr> <td>• No. expired patient information leaflets</td> <td>31/59</td> <td>↓ 38/59</td> </tr> </tbody> </table>		19/03/2024	12/01/2024	• No. overdue 'open' incidents	6 from original backlog (106 total)	↓ (200 total)	• No. overdue 'open' serious incidents	0	→	• No. overdue 'open' complaints responses	10 (8 x Exec / 2 x Care Grp)	↓ 18	• No. expired guidelines	46/112	↑ 38/112	• No. expired patient information leaflets	31/59	↓ 38/59
	19/03/2024	12/01/2024																	
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• No. expired guidelines	46/112	↑ 38/112																	
• No. expired patient information leaflets	31/59	↓ 38/59																	
Risks and issues:	<p>Patient safety related backlogs: expired Guidelines - 46/112</p> <p>There has been investment in resources to clear the significant historical backlog of expired guidelines. There has also been improved engagement by the wider MDT to ensure improved quality of obstetric guidelines. An additional step in the approval process has been introduced at corporate level for the Clinical Guidelines Approval Group to ratify all locally approved documents causing some delays in publication; this will be escalated to the CNMO to reconsider the process. The team is actively reviewing 32 guidelines whilst managing the business as usual workload and planning ahead for a further 10 guidelines due to expire within the next six months.</p>																		
Escalations:	<p>Clear patient-safety related backlogs; there are currently 46 guidelines requiring review. The Director of Midwifery (DoM) and Associate Medical Director for Women's Health have met with the team to confirm a trajectory for completion by March 2024, which is in line with the CQC action plan.</p>																		
Key recommendations:	<p>MNAG is asked to acknowledge that the completion date for milestone 1 (clear patient-safety related backlogs) has passed, and whilst significant progress has been made in relation to the closure of open Datix incidents and SI actions, that there are some guidelines and PILs that are currently out of date. Mitigations are being implemented by the care group pending the start date of the recently appointed and substantive Head of Governance.</p>																		
Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety 																		
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff																		
Link to the Corporate Risk Register (CRR):	CRR118 – Organisational culture																		
Link to the MNIP Risk Register:	<p>MNIP RR1 - Workforce establishment and capacity might impact delivery of the milestones/recommendations in accordance with agreed timescales</p> <p>MNIP RR5 - Funding may not be adequate to deliver the full 3-year programme of work</p>																		
Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.																		
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.																		
Subsidiary:	N.																		

Implications:

Assurance route: MNAG – WHCGG – MNIP Board – MNIP Project Groups – MNIP T&F Groups

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:

Workstream 3 – Clinical Pathways that underpin safe care

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 3 Charter

Executive summary:

Action required:	Assurance													
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 3 from the Maternity and Neonatal Improvement Programme													
Workstream SRO:	Dr Des Holden, Chief Medical Officer													
Care Group Lead:	Dr Zoe Woodward, Associate Medical Director for Women’s Health													
Progress and successes:	<p>There are six high level milestones (recommendations) within Workstream 3 – Clinical Pathways that underpin safe care – and one of these milestones then has 16 sub-milestones, which are the individual care pathways identified for development over the three years of the programme. This equates to a total of 20 milestones for monitoring under this workstream.</p> <p>There are 16 deliverables (actions) across the 20 milestones, which set out how each milestone will be achieved. Progress made against the milestones and deliverables between January 2023 and March 2024 is shared in the tables below. Two milestones (recommendations) and three deliverables (actions) are ‘off track’; all others are either on track or complete.</p> <p>Notes:</p> <ul style="list-style-type: none"> • An extension was agreed for Care of the Deteriorating Woman (EMC, Enhanced Maternal Care) as training is scheduled through to May '24 so the original timeframe of March '24 could not be met • Diabetes Care in Pregnancy was carried over into MNIP Year 2 because it requires more focus and resources than were available in Year 1 <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #800080; color: white;"> <th style="text-align: left;">Workstream 2 Milestones (Recommendations)</th> <th style="text-align: center;">Feb 2024</th> <th style="text-align: center;">Mar 2024</th> </tr> </thead> <tbody> <tr style="background-color: #008000; color: white;"> <td>Development of clinical care pathways, including</td> <td style="text-align: center;">On track</td> <td style="text-align: center;">Off track</td> </tr> <tr> <td>• Sonography (rectification)</td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td>• Triage, includes: <ul style="list-style-type: none"> ○ Relocation of Triage Midwives ○ Centralised Telephone Triage service </td> <td style="text-align: center;">On track</td> <td style="text-align: center;">Complete</td> </tr> </tbody> </table>		Workstream 2 Milestones (Recommendations)	Feb 2024	Mar 2024	Development of clinical care pathways, including	On track	Off track	• Sonography (rectification)	Complete	Complete	• Triage, includes: <ul style="list-style-type: none"> ○ Relocation of Triage Midwives ○ Centralised Telephone Triage service 	On track	Complete
Workstream 2 Milestones (Recommendations)	Feb 2024	Mar 2024												
Development of clinical care pathways, including	On track	Off track												
• Sonography (rectification)	Complete	Complete												
• Triage, includes: <ul style="list-style-type: none"> ○ Relocation of Triage Midwives ○ Centralised Telephone Triage service 	On track	Complete												

<ul style="list-style-type: none"> Recognition of Deteriorating Woman (HDU), includes: <ul style="list-style-type: none"> Implementation of Maternal Early Warning Score (MEWS2) 	On track	On track (Extended)
<ul style="list-style-type: none"> Antenatal Systems and Processes: Recommendation 2 	On track	Complete
<ul style="list-style-type: none"> Diabetes Care in Pregnancy 	Off track	Carried over to Yr. 2
<ul style="list-style-type: none"> Antenatal Newborn Screening 	On track	Off track
<ul style="list-style-type: none"> Midwifery-led Care, includes: <ul style="list-style-type: none"> Re-opening MLU (WHH) Midwifery-led Discharge 	Complete	Complete
<ul style="list-style-type: none"> Bereavement Care 	Off track	Off track
<ul style="list-style-type: none"> Discharge Processes 	Complete	Complete
Implementation of escalation pathways for service users and members of the workforce to raise patient safety concerns	Off track	Off track
<ul style="list-style-type: none"> Embedded use of the Maternity Escalation Policy and use of MOPEL action cards 	Complete	Complete
<ul style="list-style-type: none"> Implementation of structured escalation framework e.g. Each Baby Counts: Learn and Support Escalation Toolkit 	Off track	Off track
<ul style="list-style-type: none"> Standardise a daily cross-site multi-professional safety huddle every day to identify any concerns/issues anticipated that day 	Complete	Complete
<ul style="list-style-type: none"> Staff and service users report feeling listened to 	Off track	Complete

Additional successes for March 2024 have been:

- Development of EMC register of specialist EMC midwives
- Backfill for consultants to deliver specialist training e.g. EMC
- Achievement of Mariposa Awards for members of the bereavement team (nominated by families)
- Funding sourced for 0.6 WTE of Band 6 Lead Midwife for multiple pregnancy
- Antenatal screening guidelines updated and published
- Clinical in-situ simulations at each acute site

Year 2 (2024/25)

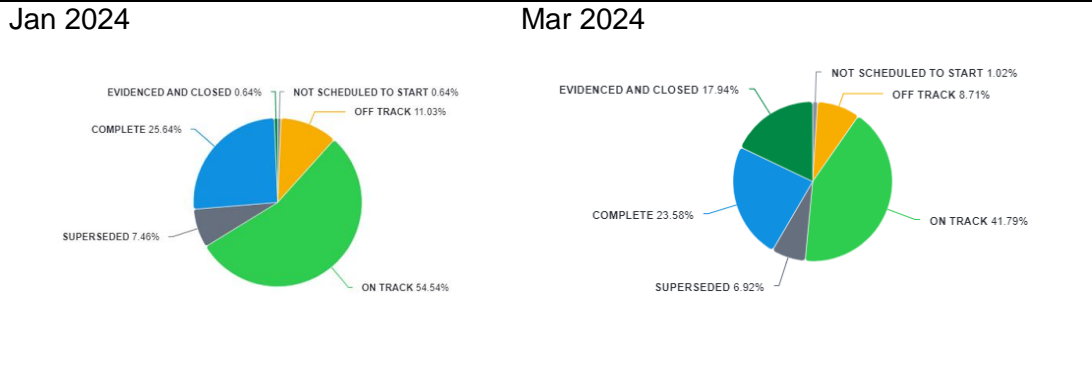
Workstream 2 Milestones (Recommendations)	Feb 2024	Mar 2024
Compliance with Saving Babies Lives Care Bundle v3	On track	On track
<ul style="list-style-type: none"> Gap analysis of SBLCBv3 with current Trust performance against defined process and outcomes measures to identify areas for improvement 	Complete	Complete
<ul style="list-style-type: none"> Development of local guidance and a project plan to successfully implement and achieve compliance with SBLCBv3 supported by clearly defined roles and responsibilities for each element of the care bundle 	On track	On track
<ul style="list-style-type: none"> Monthly local and regional SBLCBv3 reporting to demonstrate month-on-month progress against the six elements of the framework 	Complete	Complete
Development of clinical care pathways, including:	On track	On track
<ul style="list-style-type: none"> c) Diabetes 	On track	On track
<ul style="list-style-type: none"> d) Perinatal Mental Health 	On track	On track
<ul style="list-style-type: none"> f) Antenatal Systems and Processes: Recommendation 1 	On track	On track
<ul style="list-style-type: none"> h) Antenatal Systems and Processes (extended) 	On track	On track

<ul style="list-style-type: none"> Postnatal Care Pathway, includes: <ul style="list-style-type: none"> Pain management Infant feeding NIPE NEWTT2 Transitional Care/ATAIN Outreach service Discharge processes 	On track	On track
<ul style="list-style-type: none"> j) Perinatal Pelvic Health 	On track	On track
<ul style="list-style-type: none"> l) Multiple Pregnancy 	On track	On track
<ul style="list-style-type: none"> m) Fetal Medicine Unit 	On track	On track
<ul style="list-style-type: none"> o) Removal of Virtual appointments 	On track	On track

Year 3 (2025/26)

Workstream 2 Milestones (Recommendations)	Feb 2024	Mar 2024
Achievement of UNICEF Baby Friendly Initiative (BFI) accreditation for infant feeding	On track	On track
<ul style="list-style-type: none"> Alignment to the UNICEF BFI guides and standards and implementation of tools, forms and eLearning 	On track	On track
<ul style="list-style-type: none"> Promotion of the infant feeding specialist teams across maternity and neonatal services, and development of a project plan to prepare the service for implementation 	On track	On track

Overall Workstream Progress



Key Code	Jan 2024	Mar 2024
Not scheduled to start	0.6%	1.0%
Superseded	7.5%	6.9%
Off track	11.1%	8.7%
On track	54.6%	41.8%
Complete	25.6%	23.6%
Evidenced and Closed	0.6%	18.0%

Measurable Successes

Clinical outcomes compared to national and regional rates:

- ✓ Lower c-section rates for Robson Group 1
Nulliparous, singleton, cephalic, ≥37 weeks' gestation, in spontaneous labour

- ✓ Lower 3rd/4th degree tear rates

Key code:

- █ EKHUFT Value
- X National Average
- I LMNS Average
- ▒ Interquartile range (middle 50% of organisations)
- █ Upper and Lower Quartile (top and bottom 25% of organisations)

Risks and issues:	<ol style="list-style-type: none"> Antenatal Newborn Screening (ANNBS); an action plan has already been developed and agreed and is due a full review to measure progress and understand work outstanding. This is being led by the Public Health Matron. Bereavement guideline; the guideline was presented to, and approved by, the Women's Health Guideline Group in December 2023 and is pending publication, which is now due by April 2024. This is being led by the Head of Midwifery and Gynaecology (QEQM) Escalation pathways; the Each Baby Counts escalation toolkit was due to be adopted into practice by December 2023 but has yet to be fully implemented. The service will aim to have this rolled-out by the revised date of the end of March 2024, which means it will still be delivered in Year 1 of the programme. This is being led by the recently appointed Consultant Midwife
Escalations:	<p>MNAG is asked to note the following:</p> <ul style="list-style-type: none"> - Extension to EMC deadline from March to May 2024 - Carry-over of 'Diabetes Care in Pregnancy' to Year 2 - The three issues listed in this report, which all have mitigations in place to complete; updates will be included in April data to be shared with MNAG in May 2024
Key recommendations:	MNAG is asked to acknowledge the content of this report to recognise the achievements, and take assurance from the mitigations to complete the overdue milestones, which all have allocated clinical leads.

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff
Link to the Corporate Risk Register (CRR):	CRR118 – Organisational culture
Link to the MNIP Risk Register:	<p>MNIP RR1 - Workforce establishment and capacity might impact delivery of the milestones/recommendations in accordance with agreed timescales</p> <p>MNIP RR5 - Funding may not be adequate to deliver the full 3-year programme of work</p>
Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
Subsidiary:	N.

Implications:

Assurance route: MNAG – WHCGG – MNIP Board – MNIP Project Group – MNIP T&F Groups

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:
Workstream 4 – Listening to and working with women and families with compassion

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 4 Charter

Executive summary:

Action required:	Assurance															
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 4 from the Maternity and Neonatal Improvement Programme															
Workstream SRO:	Sarah Hayes, Chief Nursing & Midwifery Officer															
Care Group Lead:	Jo Shayler, Head of Midwifery & Gynaecology (WHH)															
Progress and successes:	<p>There are seven high level milestones (recommendations) within Workstream 4 – Listening to and working with women and families with compassion. All of these are due to complete in Year 1.</p> <p>There are 19 deliverables (actions) across the seven milestones, which set out how each milestone will be achieved.</p> <p>There are elements of this workstream that have been carried over into MNIP Year 2 as part of the redevelopment of the Postnatal Pathway for example, infant feeding. For this reason, deadlines have been extended to 31 March 2025 for improving CQC Maternity Survey 2022 scores. Equitable access to perinatal mental health and pelvic health services have also been carried into MNIP Year 2 with the same revised completion date.</p> <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #800040; color: white;"> <th style="text-align: left;">Workstream 4 Milestones (Recommendations)</th> <th style="text-align: center;">Jan 2024</th> <th style="text-align: center;">Mar 2024</th> </tr> </thead> <tbody> <tr style="background-color: #FFD700;"> <td>Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework</td> <td style="text-align: center;">Off track</td> <td style="text-align: center;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce </td> <td style="text-align: center;">Off track</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> Implementation of the NHSE Personalised care and support planning guidance </td> <td style="text-align: center;">Off track</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and </td> <td style="text-align: center;">Off track</td> <td style="text-align: center;">Off track</td> </tr> </tbody> </table>	Workstream 4 Milestones (Recommendations)	Jan 2024	Mar 2024	Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework	Off track	Off track	<ul style="list-style-type: none"> Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce 	Off track	Complete	<ul style="list-style-type: none"> Implementation of the NHSE Personalised care and support planning guidance 	Off track	Complete	<ul style="list-style-type: none"> With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and 	Off track	Off track
Workstream 4 Milestones (Recommendations)	Jan 2024	Mar 2024														
Implementation of Personalised Care and Support Plans (PCSPs), aligned to the Core20PLUS5 Framework	Off track	Off track														
<ul style="list-style-type: none"> Sharing of PCSP Information with, and completion of Personalised Care Institute training by, the maternity workforce 	Off track	Complete														
<ul style="list-style-type: none"> Implementation of the NHSE Personalised care and support planning guidance 	Off track	Complete														
<ul style="list-style-type: none"> With their midwife or obstetrician, service users will consider and discuss their life, family situation, health and wellbeing, and 	Off track	Off track														

	preferences, so that their care reflects their needs and wishes		
	<ul style="list-style-type: none"> Through the eLearning for healthcare (eLfH) Cultural Competence programme the workforce responds to the needs of our diverse population through an understanding of the key issues relating to culture and how this may influence the uptake of health care and treatment options 	Off track	Off track
	<ul style="list-style-type: none"> 'Intentional rounding' ensures regular checks that fundamental care needs of service users are met, as recorded in their PCSP (pain, placement, personal needs, positioning) 	Complete	Complete
	<ul style="list-style-type: none"> Care outside guidance pathway 	Off track	Off track
	Improved results of indicators from the CQC Maternity Survey	On track	Complete
	<ul style="list-style-type: none"> Delivery of local CQC Maternity Survey action plan to address results from 2022, focused on identified areas for improvement 	On track	Carried over to Yr. 2 MNIP
	<ul style="list-style-type: none"> Ensuring the availability of bereavement services 7 days a week for families who sadly experience loss 	On track	Complete
	MNIP Communications Plan	On track	On track
	<ul style="list-style-type: none"> Collaborative development of an Engagement Framework including, but not exclusive to: <ul style="list-style-type: none"> Maternity and Neonatal Voices Partnership (MNVP) Local Maternity and Neonatal System (LMNS) Integrated Care System (ICS) EKHUFT Patient Participation and Action Group (PPAG) EKHUFT Maternity service user feedback EKHUFT Maternity workforce feedback 	On track	On track
	The workforce and service users feel involved in the improvement of Maternity and Neonatal services through coproduction	On track	On track
	<ul style="list-style-type: none"> Collaborative working with local and regional stakeholder groups opens opportunities for sharing learning from service user experiences, and for involvement with service redesign through implementation of NHS South East Clinical Delivery and Networks Maternity and Neonatal Co-Production Resource Pack 	On track	On track
	<ul style="list-style-type: none"> Support and promotion of opportunities for engagement with service developments are provided through multiple platforms including the Professional Midwifery Advocate (PMA) team 	On track	On track
	Improved equity and equality in maternity and neonatal care	On track	On track
	<ul style="list-style-type: none"> Alignment to the NHSE Equity and Equality guidance for local maternity systems 	On track	On track
	<ul style="list-style-type: none"> Equitable access to perinatal mental health (MH) services 	On track	Carried over to Yr. 2 MNIP
	<ul style="list-style-type: none"> Equitable access to perinatal pelvic health services 	On track	Carried over to Yr. 2 MNIP
	<ul style="list-style-type: none"> Alignment to NHS Accessible Information Standard (AIS) ensures information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss are met 	On track	On track

<ul style="list-style-type: none"> Increased diversity of the East Kent Maternity and Neonatal Voices Partnership (MNVP) to reflect the local community 	On track	On track
Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience	On track	On track
<ul style="list-style-type: none"> Consistent, structured and timely information is shared and received between maternity and neonatal services, its workforce, service users and regional partners through an agreed communications plan, which includes multiple formats such as: <ul style="list-style-type: none"> o Patient stories o Newsletters o Surveys o Infographics Platforms for sharing messages include: <ul style="list-style-type: none"> o Workshops o Meetings / forums o Social media o Email o Videos / podcasts o Patient information screens 	On track	On track
<ul style="list-style-type: none"> Maternity Patient Voices Model collates feedback from all formal sources into a central point for analysis of response rates, satisfaction measures, themes and trends. Learning is shared through the communications plan and identifies areas for improvement; areas for improvement are collated into a central point for oversight and triangulation 	On track	Complete
<ul style="list-style-type: none"> 'Little Voices are Heard' local initiative for children and young people to raise concerns in a safe space to a trusted person 	On track	Superseded

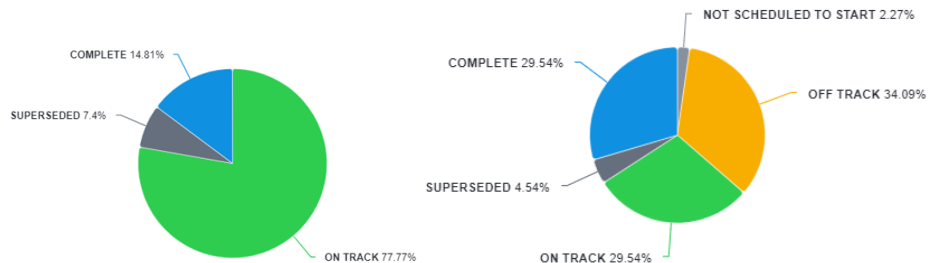
Additional successes for March 2024 have been:

- Development of MNIP Booklet for sharing the objectives of the 3-year coproduced improvement programme
- Equity and equality in access to services and outcomes have been identified and are being developed for monitoring through maternity dashboards by a local MNIP EDI Task & Finish group with MDT representation, including service users.
- Cultural Allyship training resourced and scheduled for April and May

Overall Workstream Progress

Jan 2024

Mar 2024

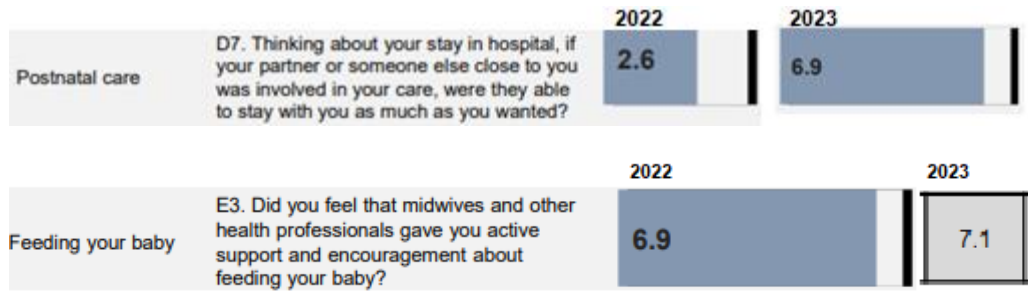


Key Code	Jan 2024	Mar 2024
Not scheduled to start	0.0%	2.3%
Superseded	7.4%	4.5%
Off track	0.0%	34.1%
On track	77.8%	29.5%
Complete	14.8%	29.6%
Evidenced and Closed	0.0%	0.0%

Measurable successes:

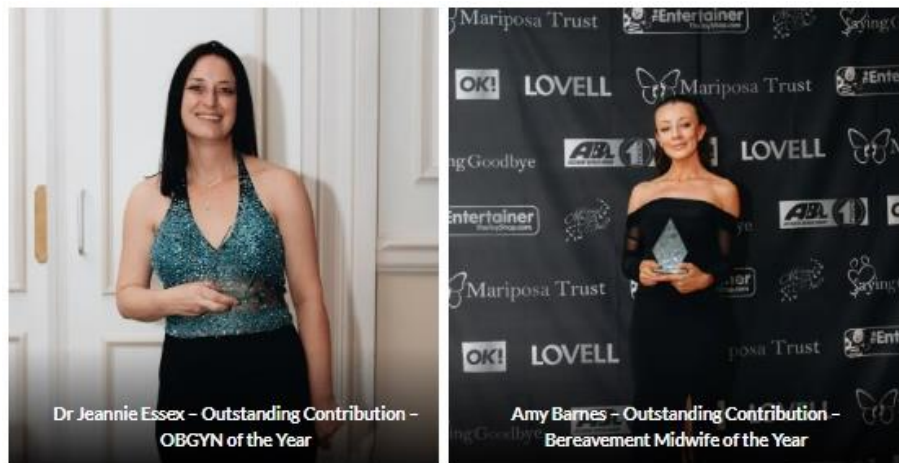
CQC Maternity Survey improved scores (2022 v 2023)

Two areas of concern have improved, particularly the response to D7:



Two other areas for improvement remained comparable and one had been removed as a question from the 2023 survey (B5) as it related to information provision regarding covid-19 precautions.

Mariposa Awards for members of the Small Steps team. In addition to Dr Essex and Amy Barnes, Emma Barritt also received a Special Recognition Award; nominations for these awards are made by families:

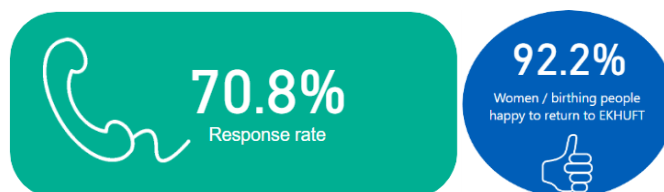


All elements of the NHS Staff Survey results had improved for maternity, comparing 2022 v 2023:



Your Voice is Heard:

Achieved the 70% Response Rate target for March 2024, and exceeded the 90% target for people being happy to return to EKHUFT for their maternity care:



Risks and issues:	<p>There is a risk that although Personalised Care and Support Plans have been disseminated, whilst we work to embed the use of these plans under leadership of the recently appointed Consultant Midwife, we cannot access the training completion rates held by the Personalised Care Institute and figures are only available as an amalgamated regional completion rate via the national dashboard.</p> <p>The 'Care outside of guidance' pathway had stalled but following the appointment of the Consultant Midwife this is within the remit for that role and a progress update will be shared in the next MNIP report to MNAG.</p> <p>It should also be recognised that the benefit of achieving some of the milestones within this workstream will be realised over a period of time so the Trust will need to allow time for new ways of working to have an impact on e.g. themes and trends, and survey results.</p>
Escalations:	MNAG is asked to acknowledge the deliverables to be carried over into MNIP Year 2 along with the mitigations in place for the 'off track' deliverables listed as risks and issues.
Key recommendations:	<ol style="list-style-type: none"> 1. MNAG is asked to note the achievements within this workstream alongside the escalations and take assurance from the clinical leadership in place to complete the current 'off track' elements of the plan.

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff
Link to the Corporate Risk Register (CRR):	CRR118 – Organisational culture
Link to the MNIP Risk Register:	<p>MNIP RR1 - Workforce establishment and capacity might impact delivery of the milestones/recommendations in accordance with agreed timescales</p> <p>MNIP RR5 - Funding may not be adequate to deliver the full 3-year programme of work</p>
Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
Subsidiary:	N.

Implications:

Assurance route:

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:

Workstream 5 – Growing retaining and supporting our workforce

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 5 Charter

Executive summary:

Action required:	Assurance																				
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 5 from the Maternity and Neonatal Improvement Programme																				
Workstream SRO:	Sarah Hayes, Chief Nursing & Midwifery Officer																				
Care Group Lead:	Hannah Horne, Head of Midwifery & Gynaecology (WHH) Karen Costelloe, Managing Director for Women’s, Children’s and Young People																				
Progress and successes:	<p>There are seven high level milestones (recommendations) within Workstream 5 Growing retaining and supporting our workforce, and four of these are due to complete in Year 1, with three to complete in Year 2.</p> <p>There are 27 deliverables (actions) across the seven milestones, which set out how each milestone will be achieved.</p> <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #800040; color: white;">Workstream 5 Milestones (Recommendations)</th> <th style="background-color: #008000; color: white;">Jan 2024</th> <th style="background-color: #FFA500; color: white;">Mar 2024</th> </tr> </thead> <tbody> <tr> <td>Implementation of a structured framework for supporting the local workforce</td> <td style="background-color: #008000; color: white;">On track</td> <td style="background-color: #FFA500; color: white;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance </td> <td style="background-color: #D9EAD3;">On track</td> <td style="background-color: #FFDAB9;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> A dedicated Professional Midwifery Advocate (PMA) team to support local needs and priorities through restorative clinical supervision, aligned to a formalised clinical supervision model such as A-QUIP </td> <td style="background-color: #D9EAD3;">On track</td> <td style="background-color: #ADD8E6;">Complete</td> </tr> <tr> <td>Implementation of 3-year Training Needs Analysis (TNA), and Annual Training Plan (ATP)</td> <td style="background-color: #008000; color: white;">On track</td> <td style="background-color: #FFA500; color: white;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Training Needs Analysis (TNA) identifies annual and 3-yearly statutory and mandatory training requirements by grade and clinical / non-clinical roles, including Internationally Educated Midwives (IEMs) and preceptors/preceptees </td> <td style="background-color: #D9EAD3;">On track</td> <td style="background-color: #FFDAB9;">Off track</td> </tr> </tbody> </table>			Workstream 5 Milestones (Recommendations)	Jan 2024	Mar 2024	Implementation of a structured framework for supporting the local workforce	On track	Off track	<ul style="list-style-type: none"> Implementation of a medical clinical supervision model aligned to Royal College of Obstetricians and Gynaecologists (RCOG), and British Association of Perinatal Medicine (BAPM) guidance 	On track	Off track	<ul style="list-style-type: none"> A dedicated Professional Midwifery Advocate (PMA) team to support local needs and priorities through restorative clinical supervision, aligned to a formalised clinical supervision model such as A-QUIP 	On track	Complete	Implementation of 3-year Training Needs Analysis (TNA), and Annual Training Plan (ATP)	On track	Off track	<ul style="list-style-type: none"> Training Needs Analysis (TNA) identifies annual and 3-yearly statutory and mandatory training requirements by grade and clinical / non-clinical roles, including Internationally Educated Midwives (IEMs) and preceptors/preceptees 	On track	Off track
Workstream 5 Milestones (Recommendations)	Jan 2024	Mar 2024																			
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<ul style="list-style-type: none"> The TNA, in line with clinical competency framework, also includes thematic learning from patient-safety related activities and feedback from the workforce and service users where improvements for knowledge and skills are identified 	On track	Complete
<ul style="list-style-type: none"> A funded programme of training and education is collated into an Annual Training Plan (ATP) with opportunities including Continued Professional Development (CPD) shared through a Maternity and Neonatal prospectus 	Off track	Off track
Improved provisions for student development	On track	Off track
<ul style="list-style-type: none"> Reintegration of student midwives into EKHUFT 	Complete	Complete
<ul style="list-style-type: none"> A multi-professional 'student plan' will form part of the over-arching recruitment / workforce plan for Maternity and Neonatal Services, at local and regional levels 	On track	Off track
<ul style="list-style-type: none"> Recruitment hubs will promote new opportunities across Maternity and Neonatal services, including international recruitment, and a suite of unique selling points (USPs) will set EKHUFT apart from, but remain complimentary to and considerate of, national peers, to establish the Trust as a preferred choice of employment 	On track	Off track
<ul style="list-style-type: none"> Students will spend the necessary time for their education programme in clinical practice with direct contact with service users. This could be at home, in the community, on midwifery-led units, in specialist clinics, and in other hospital-based settings supported by a team of qualified practice education facilitators 	On track	Complete
<ul style="list-style-type: none"> Learning resources, time and spaces will ensure compliance with regulatory and educational frameworks 	On track	Off track

Year 2 (2024/25)

Workstream 5 Milestones (Recommendations)	Jan 2024	Feb 2024
Agreed Maternity and Neonatal Succession Plan using a recognised NHS talent management toolkit	On track	On track
<ul style="list-style-type: none"> Alignment to the NHS People Plan 	On track	Complete
<ul style="list-style-type: none"> Medical job plans reflective of demand and capacity 	On track	Complete
<ul style="list-style-type: none"> Maternity and Neonatal workforce, recruitment and retention plan(s) 	On track	On track
<ul style="list-style-type: none"> Clearly defined local and regional career pathways to provide guidance and options to the workforce when making career choices 	On track	On track
An effective 'Safe Staffing' model to meet local and regional service needs	On track	On track
<ul style="list-style-type: none"> Embedded use of an activity/acuity-based workforce assessment and planning tool to identify daily and long-term establishment needs, such as Birthrate Plus (BR+) 	On track	Complete
<ul style="list-style-type: none"> Implementation of a process for RCOG Certificate of Eligibility for short-term locums providing middle-grade cover 	Complete	Complete

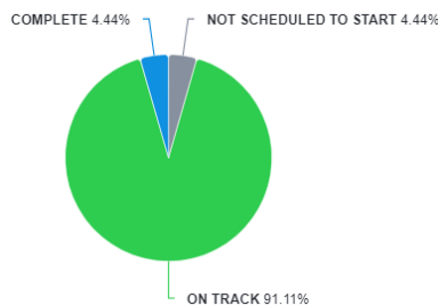
<ul style="list-style-type: none"> Alignment to 3-Year Single Delivery Plan for Maternity and Neonatal Services Theme 2: Growing, retaining and supporting our workforce 	Complete	Complete
<ul style="list-style-type: none"> Rotas that reflect and provide the appropriate skill mix required for each shift, including e.g. anaesthetics, neonatal services, sonography 	On track	On track
Sustained levels of improved staff satisfaction	On track	On track
<ul style="list-style-type: none"> Access to a full suite of wellbeing support, which includes mental health services, and return to work meetings to support people coming back into the workplace following a period of absence 	Complete	Complete
<ul style="list-style-type: none"> 'Check in / Check out' opportunities at the beginning and end of each shift support safe spaces to have conversations about any personal worries or concerns 	Not yet started	On track
<ul style="list-style-type: none"> Promotion of, and equal opportunities for, flexible working 	Complete	Complete
<ul style="list-style-type: none"> Routine stay / exit interviews to understand the reasons that people remain in post / leave the EKHUFT Maternity Service to enable identification of the what could be improved or done more consistently well to retain the workforce 	On track	On track
A workforce reflective of the service demographic	On track	On track
<ul style="list-style-type: none"> Established Maternity and Neonatal Equality, Diversity and Inclusion (EDI) network 	On track	Complete
<ul style="list-style-type: none"> Representation of Maternity and Neonatal services at the Trust's Ethnic Diversity Engagement Network (EDEN) 	Off track	On track
<ul style="list-style-type: none"> Alignment to NHS People Plan, recruitment and retention hubs supported by targeted and accessible recruitment campaigns with diverse recruitment panels 	Not yet started	On track

Additional successes for March 2024 have been:

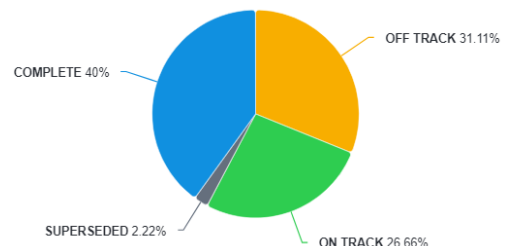
- Appointment of substantive Head of Governance
- Incentive payment agreed by Trust Board for substantive staff to support workforce challenges
- Planning for initial recruitment 'Open Day' in April
- Joint working with LMNS on EDI agenda
- Establishment of Community Lone Working Task & Finish Group
- First meeting of the Women's Health People and Culture, Performance and Finance meeting, as required of the Trust-level and care group level, Quality and Safety Framework

Overall Workstream Progress:

Jan 2024



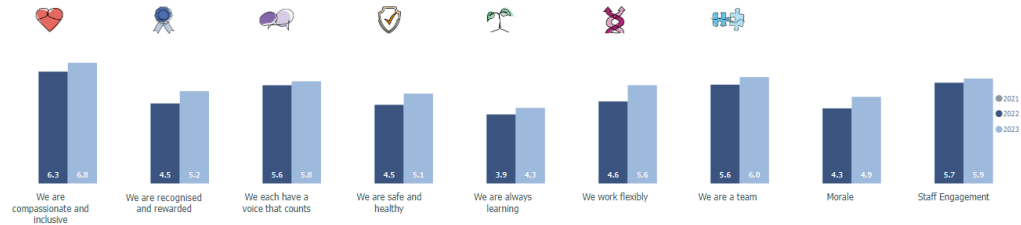
Mar 2024



Key Code	Jan 2024	Mar 2024
Not scheduled to start	4.4%	0.0%
Superseded	0.0%	2.2%
Off track	0.0%	31.1%
On track	91.2%	26.7%
Complete	4.4%	40.0%
Evidenced and Closed	0.0%	0.0%

Measurable successes:

Maternity scores from the NHS Staff Survey 2023 have increased compared to 2022 scores:



Staffing metrics have either improved or remained consistent / within target in March, compared to February 2024:

	Feb ...	Mar 24
Sickness Rate %	7.4%	7.3%
Appraisal Rate %	86.2%	85.1%
Statutory Training Compliance %	91.8%	91.2%
Mandatory Training Compliance %	90.8%	90.1%
Turnover Rate %	11.9%	11.9%
Vacancy Rate %	9.2%	8.4%

EKHUFT was compliant with all CNST Safety Actions but specifically for this workstream, EKHUFT met the requirements of:

- Safety Action 4 - an effective system of clinical workforce planning to the required standard, and
- Safety Action 5 - an effective system of midwifery workforce planning to the required standard

Risks and issues:

There are several 'off track' deliverables reported this period that have impacted the completion of the overall milestones for Year 1. However, there are mitigations and plans in place to progress the outstanding work with designated specialist Leads for example, the care group's previous People & Culture Business Partner left the Trust but recently this post has been recruited to which will enable the team to take forward recruitment and retention / career pathway plans. In addition, the Head of Midwifery (QEQM) is leading on the Birthrate Plus workforce review for safer staffing. Then, in April there will be a TNA stakeholder event to review and refresh the education programme and this will have service user involvement. Work also continues on the 7 outstanding HEE Quality Intervention requirements with Medical Education, which will close the deliverables relating to training space, facilities and resources.

Escalations:

There has been one episode of whistleblowing to the CQC regarding workforce concerns

Key recommendations:

MNAG is asked to note the content of this progress report; acknowledge the achievements, and take assurance from the mitigations to address the issues.

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff
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Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
Subsidiary:	N.

Implications:

Assurance route:

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

REPORT TO MATERNITY AND NEONATAL ASSURANCE GROUP

Report title: Maternity and Neonatal Improvement Programme – Progress Report:
Workstream 6 – Infrastructure and Digital

Meeting date: 09 April 2024

Board sponsor: Sarah Hayes, Chief Nursing and Midwifery Officer

Paper Author: Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

Appendices:

MNIP Workstream 6 Charter

Executive summary:

Action required:	Assurance																													
Purpose of the Report:	The paper provides an update on progress against the priorities of Workstream 6 from the Maternity and Neonatal Improvement Programme																													
Workstream SRO:	Ben Stevens, Director of Strategic Development and Partnerships																													
Care Group Lead:	Cherrie Knight, Head of Operations																													
Progress and successes:	<p>There are four high level milestones (recommendations) within Workstream 6 – Infrastructure and Digital, and one of these is due to complete in Year 1, two are to complete in Year 2, and one in Year 3.</p> <p>There are 11 deliverables (actions) across the four milestones, which set out how each milestone will be achieved.</p> <p>The table below provides a comparison to the previous month’s progress to demonstrate in-month improvements.</p> <p>Year 1 (2023/24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #C0392B; color: white;"> <th style="text-align: left;">Workstream 6 Milestones (Recommendations)</th> <th style="text-align: center;">Jan 2024</th> <th style="text-align: center;">Mar 2024</th> </tr> </thead> <tbody> <tr style="background-color: #34495E; color: white;"> <td>Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management</td> <td style="text-align: center; background-color: #34495E; color: white;">Complete</td> <td style="text-align: center; background-color: #F1C40F; color: white;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Alignment to national Managing Medical Devices guidance </td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement </td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Off track</td> </tr> <tr> <td> <ul style="list-style-type: none"> Escalation process for ‘failed’ medical devices </td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Complete</td> </tr> <tr> <td> <ul style="list-style-type: none"> ‘Stop the clock’ assurance process of daily equipment safety checks </td> <td style="text-align: center;">Complete</td> <td style="text-align: center;">Complete</td> </tr> </tbody> </table> <p>Year 2 (2024/25)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #C0392B; color: white;"> <th style="text-align: left;">Workstream 6 Milestones (Recommendations)</th> <th style="text-align: center;">Jan 2024</th> <th style="text-align: center;">Mar 2024</th> </tr> </thead> <tbody> <tr style="background-color: #27AE60; color: white;"> <td>Implementation of Maternity and Neonatal Digital Strategy</td> <td style="text-align: center; background-color: #27AE60; color: white;">On track</td> <td style="text-align: center; background-color: #27AE60; color: white;">On track</td> </tr> <tr style="background-color: #27AE60; color: white;"> <td>Implementation of regional Maternity and Neonatal Information System</td> <td style="text-align: center; background-color: #27AE60; color: white;">On track</td> <td style="text-align: center; background-color: #27AE60; color: white;">On track</td> </tr> </tbody> </table>			Workstream 6 Milestones (Recommendations)	Jan 2024	Mar 2024	Sustained compliance with Planned Preventative Maintenance (PPM) schedule, and equipment management	Complete	Off track	<ul style="list-style-type: none"> Alignment to national Managing Medical Devices guidance 	Complete	Complete	<ul style="list-style-type: none"> Effective processes and collaborative working to undertake routine equipment safety checks with agreed arrangements for service, repair and replacement 	Complete	Off track	<ul style="list-style-type: none"> Escalation process for ‘failed’ medical devices 	Complete	Complete	<ul style="list-style-type: none"> ‘Stop the clock’ assurance process of daily equipment safety checks 	Complete	Complete	Workstream 6 Milestones (Recommendations)	Jan 2024	Mar 2024	Implementation of Maternity and Neonatal Digital Strategy	On track	On track	Implementation of regional Maternity and Neonatal Information System	On track	On track
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<ul style="list-style-type: none"> Coproduction with internal and external stakeholders will ensure that objectives within the Digital Strategy are realistic and achievable and consider the needs of people using digital systems for accessing, recording, assessing, monitoring and managing information 	On track	On track
<ul style="list-style-type: none"> Engagement with the WGLL Hub and Integrated Care System (ICS) for support regarding digital health information and good practice examples of technology-enabled healthcare, standards, guides and policies, useful tools and templates and networking information 	On track	On track
<ul style="list-style-type: none"> The multi-professional workforce is able to access electronic patient records at the point of care throughout each stage of the maternity and neonatal journey to improve timeliness and effectiveness of clinical assessment, decision-making, and management 	Off track	Off track
<ul style="list-style-type: none"> Service users are able to access their digital records, patient information leaflets and Personalised Care and Support Plans (PCSPs) through the Patient Portal 	On track	On track

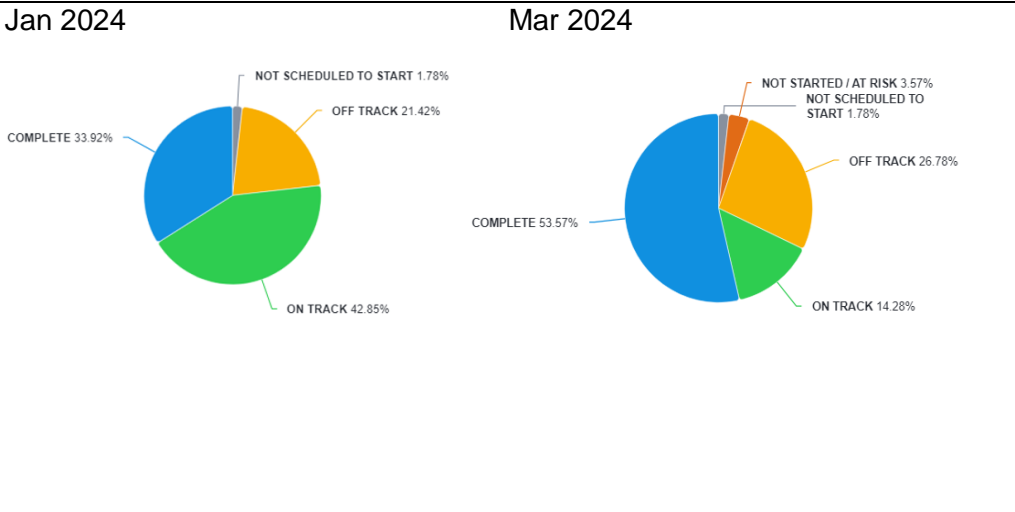
Year 3 (2025/26)

Workstream 6 Milestones (Recommendations)	Jan 2024	Mar 2024
Improved provisions for student development	On track	On track
<ul style="list-style-type: none"> Coproduction with service users to understand preferences for room design to enable choice and control over their labour and birth 	On track	On track
<ul style="list-style-type: none"> Collaboration with key interfaces to ensure appropriate facilities are available for intervention when complications occur 	On track	On track
<ul style="list-style-type: none"> Provision of dedicated training spaces 	On track	On track

Additional successes for March 2024 have been:

- EKHUFT Wi-Fi installed at KCC Children’s Centres used by community midwives for antenatal appointments
- E3 investigations to understand current issues impacting on management of / access to patient records
- Established Task & Finish Group to review management of equipment checks in the community
- Scavenging units on Labour Wards recovered to become compliant with Health & Safety standards
- Uplighters in labour rooms, and replacement of blinds across units
- Exploration of EMC digital form in Sunrise to monitor usage of EMC pathway and clinical outcomes

Overall Workstream Progress:



Key Code	Jan 2024	Mar 2024
Not scheduled to start	1.8%	0.0%
Superseded	0.0%	0.0%
At risk	0.0%	3.6%
Off track	21.4%	26.8%
On track	42.9%	16.0%
Complete	33.9%	53.6%
Evidenced and Closed	0.0%	0.0%

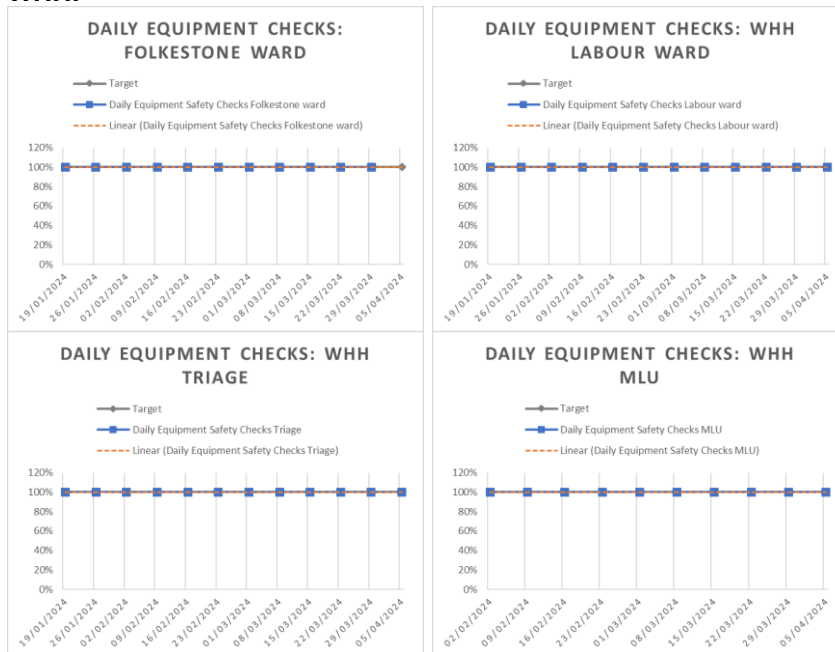
Measurable Successes:

Compliance with Planned Preventative Maintenance (PPM) schedules for medical devices in hospital sites above 80% national recommendation:

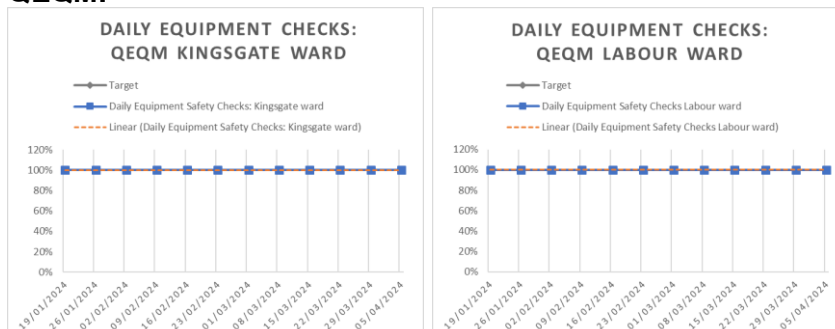
QEQM – 350 Devices			WHH – 632 Devices		
Level of Risk	No. Devices	PPM Compliance	Level of Risk	No. Devices	PPM Compliance
High Risk	36	97.3%	High Risk	28	96.4%
High Risk	60	96.7%	High Risk	75	86.7%
Med Risk	74	90.5%	Med Risk	184	89.7%
Low Risk	180	93.9%	Low Risk	345	90.4%
TOTAL	94.6%		TOTAL	90.8%	

100% compliance across WHH and QEQM with daily equipment safety checks monitored through Stop the Clock:

WHH:



QEQM:



	<p style="text-align: center;">DAILY EQUIPMENT CHECKS: QEQM TRIAGE</p>	<p style="text-align: center;">DAILY EQUIPMENT CHECKS: QEQM MLU</p>	
Risks and issues:	<p>PPM compliance was reported as ‘complete’ in the previous period but the team has since identified that although PPM has sustained compliance in the hospital settings there are process issues to be improved in community settings. <u>in some ways it isn’t off track in that this feels like a new element that wasn’t included? I would think it is green as these things all all very iterative and we can then say from our monitoring another element has been added or words to that effect</u> Management of medical devices in the community managed through EME at WHH follows a ‘swap in / swap out’ process but this is not in place at QEQM so to implement standard ways of working discussions are being led by Community Matrons with EME to consider how this process can be applied to all community ‘hubs’ to ensure consistent compliance with PPM schedules.</p> <p>Whilst procurement of a new Maternity Information System (MIS) is underway, a new risk of reports of E3 (Euroking) ‘glitches’ have been reported by the workforce, which has been escalated to IT for investigation.</p>		
Escalations:	<p>There is an urgent need for a second obstetric theatre at QEQM. MNAG is asked to support this requirement and escalate for agreement of funding and commencement of works.</p> <p>The Charitable Funds Committee agreed to fund the relocation of the Bereavement suite at WHH so, work can now begin on planning for commencement of the works with Estates and IT.</p>		
Key recommendations:	<p>MNAG is asked to note the content of this progress report; acknowledge the achievements, take assurance from the mitigations to address the issues, and support the need to raise funds for the second obstetric theatre at QEQM</p>		

Links to ‘We Care’ Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF35 - There is a risk of failure to recruit and retain high calibre staff
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Resource:	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
Legal and regulatory:	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
Subsidiary:	N.

Implications:

Assurance route:

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

The Maternity and Neonatal Independent Senior Advocate (ISA)

pilot follows an immediate and essential action in the Ockenden report into the investigation of maternity services at Shrewsbury and Telford NHS Trust in 2020.

Kent and Medway LMNS have recruited 2 ISAs. The NHSE pilot includes 22 ICBs across England.

During the pilot year, the ISA will support women, birthing parents and families who have faced particular distressing events (sometimes called adverse outcomes) to have their voices heard whilst reducing the psychological burden and feelings of isolation commonly described by families.

The role will:

Be independent from the trusts where Maternity & Neonatal care is provided.

Spend time with individuals and families to understand what matters to them.

Provide consistent support for families helping them navigate complex internal & external processes including:

- **Trust processes** - Serious Incident review/PSIRF, complaints process, PMRT, meetings with clinicians
- **External organisations** – Child Death Overview Process, MNSI, NHS Resolution, Parliamentary and Health Ombudsman
- **Regulators/Professional Bodies:** NMC/GMC (related professional groups), CQC
- **Legal** – Coroner, solicitors

Open doorways for further action or response.

Provide consistent and compassionate support and signposting.

Break down barriers, amplifying the voices of those who face inequalities in health.

Ensure that voices of women, birthing parents and families are heard, influencing change at all levels.

Report to LMNS and Trust boards monthly, highlighting emerging patient safety and patient experience themes, work with safety champions to escalate cases.

Criteria for referral during the pilot phase is:

- Stillbirth (after 24 weeks of pregnancy)
- Neonatal death (within 28 days)
- Maternal death (within 12 months)
- Unplanned hysterectomy (6 weeks)
- Admission to critical/intensive care
- Suspected or diagnosed neonatal brain injury

It does not matter when this happened.

Lead for EKHUFT is Juliette Wales



To find out more, refer someone, or request an advocate:

visit [Maternity and neonatal independent senior advocates :: NHS Kent and Medway \(icb.nhs.uk\)](https://www.icb.nhs.uk).

Email or call Juliette.wales@nhs.net - 07385 399517

How can I get support?

Email: kmicb.mnisa@nhs.net

Phone Juliette Wales on 07385 399517

Advocate covering Darent Valley, QEQM and William Harvey hospitals, plus community births.

Phone Carole Whittaker on 07766 997930

Advocate covering Medway and Pembury hospitals, plus community births.

You can contact the advocates yourself or ask a healthcare professional, such as your midwife or health visitor, to help you.

Scan the QR code to fill out a self-help referral form.



Support is free of charge and interpreters can be made available, if needed.

For more information and the privacy notice, visit www.kentandmedway.icb.nhs.uk/your-health/maternity-and-neonatal-independent-senior-advocates

Leaflet produced by NHS Kent and Medway Communications and Engagement Team. April 2024.

Maternity and Neonatal Independent Senior Advocates



Support for you after an adverse outcome during your maternity and neonatal care

Independent senior advocates can support you to make sure your voice is listened to, heard and acted on if you have experienced any of the following in Kent or Medway's local maternity or neonatal services.

- After 24 weeks of pregnancy, your baby died (stillbirth).
- Your baby died within 28 days of being born.
- Your partner, or close family member, died within a year of pregnancy or birth.
- You had an unexpected hysterectomy (removal of your womb) within six weeks of giving birth.
- You were cared for on the intensive/critical care unit and you did not expect this to happen.
- You were told your baby had or might have a brain injury.

How can an advocate support you?

- help you to be listened to and heard by your maternity and neonatal care services
- attend meetings with you, or on your behalf
- support you to find out more about what happened
- help you if you want someone to know you are unhappy with your care
- support you through investigation and complaints processes.

If the advocate is not the right person to support you, they will tell you about other support available. They can give information about other services, if they think they are better placed to help you. You do not have to use the advocate if you do not want to, and you can stop contact at any time without giving a reason.

How are advocates independent?

The independent senior advocates don't work for hospitals. This means they are independent from them.

Everything you say to an advocate is confidential. This means they will not share anything you tell them, unless you say they can. The only exception is if they are worried about your safety or the safety of others, which they would talk with you first.

Who are the Kent and Medway maternity and neonatal independent senior advocates?

**Juliette
Wales**



**Carole
Whittaker**



Juliette and Carole have worked in advocacy for a long time and really care about supporting women, birthing people and families through difficult times.

They understand how hard it is to share your experiences. They can help you understand things, feel listened to and heard, and improvements can be made.