

Cover Sheet
Trust Board Meeting in Public: Wednesday 13 July 2022

TB2022.057

Title: Maternity Service Update Report

Status: For Discussion

History: New Paper

Board Lead: Chief Nursing Officer

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Confidential: No

Key Purpose: Assurance

Executive Summary

1. The purpose of this paper is to provide an update to the Trust Board on the following maternity related activities:
 - Ockenden Assurance Visit
 - Midwifery Led Unit (MLU) status
 - Maternity dashboard development status
 - Perinatal Quality Surveillance Model Report
 - Saving Babies Lives Care Bundle Version 2
 - CQC inspection action plan update
 - Ibex Gale Culture Survey report
 - OUH compliance with the [NHS Resolution \(NHSR\) Maternity Incentive Scheme \(MIS\) Year Four](#).
2. It is also intended to highlight to the Board areas of risk to compliance, facilitating discussion as to how the Trust Board could most effectively support the Maternity and Neonatal units with proposed mitigations.
3. The Trust were notified on the 23 December 2021 that in recognition of the current pressure on the NHS and maternity services, the majority of reporting requirements relating to demonstrating achievement of the Maternity Incentive Scheme's (MIS) 10 safety actions were paused with immediate effect for a minimum of 3 months. Work towards these Safety Actions have continued unabated, and on the 6 May 2022 the revised MIS was announced. This paper reflects the new standards and reporting requirements.
4. The amended deadline for the Board declaration to reach NHS Resolution (NHSR) is **12 noon on the 5 January 2023**.

Recommendations

5. The Trust Board is asked to:
 - Receive and note the contents of the update report.
 - Discuss how the Board may continue to support the Divisional Teams with overcoming the challenges to compliance which have been identified.

Maternity Service Update Report

1. Purpose

- 1.1. The purpose of this paper is to provide an update to the Trust Board on the following maternity related activities:
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 - OUH compliance with the [NHS Resolution \(NHSR\) Maternity Incentive Scheme \(MIS\) Year Four](#).
- 1.2. This paper highlights areas of risk to compliance in relation to the Maternity Incentive Scheme (MIS), facilitating discussion as to how the Trust Board could most effectively support the Maternity and Neonatal units with proposed mitigations.
- 1.3. As part of the Trusts commitment to the provision of high quality safe and effective care to maternity service users, there are a variety of different maternity governance requirements that the Board are required to receive and discuss.
- 1.4. These requirements include reporting against regulatory and professional standards each of which have a range of different reporting deadlines.
- 1.5. For simplicity, a summary of each of the items listed in section 1.1 above will follow.

2. Ockenden Assurance visit

- 2.1. On the 10 June 2022, the chair on behalf of the Trust welcomed a team of reviewers from the Southeast (SE) Regional midwifery team. The purpose of the visit was to review progress against the seven immediate and essential actions (IEAs) identified from the original Ockenden report, published in December 2020.
- 2.2. The visit comprised information requests (pre and post visit), multidisciplinary team presentation, and focus group interviews with a range of maternity and neonatal staff including the Non-executive Director (NED) as a maternity safety champion, maternity voices partnership (MVP) and student midwife representation.
- 2.3. The Trust received reassuring high-level feedback on the day which was disseminated to local teams. The reviewing team anticipate sharing the draft report within eight weeks.

2.4. Governance around the meetings and report should follow local, regional, and national processes: The report will be taken:

- Internally to the Executive Board.
- LMNS will have to report to ICS – system level & Regional Maternity & Neonatal Safety Concerns Group.
- Regional Maternity & Neonatal Safety Concerns Group to report into the Regional System Quality Governance Committee.
- Nationally - through the MTP Insights Group.

2.5. Information about the Ockenden Assurance visit has been reported through existing governance processes which include Maternity Clinical Governance Committee (MCGC), SUWON Divisional Clinical Governance Committee and the Trust Clinical Governance Committee as part of the quality reports.

3. Midwifery Led Unit (MLU) status

3.1. An update was provided to the Care Quality Commission (CQC) on the status of the temporary closure of Chipping Norton and Wantage Midwifery Led Units (MLUs). A refreshed statement was published on the Trust internet site on the 17 June 2022 and shared with staff. This information was also shared with the BOB LMNS and the MVP.

4. Maternity dashboard development status

4.1. The Chief Digital and Partnership Officer is working with the Director of Performance and Accountability and the maternity team to develop a new maternity dashboard to inform a refreshed Integrated Maternity Performance Report. An initial draft was reviewed at MCGC on the 27 June 2022 and further work is required in relation to the dashboard development which will be discussed at MCGC on the 25 July 2022.

5. Perinatal Quality Surveillance Model Report

5.1. In part fulfilment of the requirements from Ockenden actions the Board is asked to note that the Perinatal Quality Surveillance Model (PQSM) report is reported monthly to MCGC. A bi-monthly paper is received by the confidential Trust Board prior to it being sent to the Berkshire, Oxfordshire and Buckingham (BOB) Local Maternity and Neonatal System (LMNS) meeting.

6. Saving Babies' Lives Care Bundle Version 2

6.1. The Saving Babies' Lives Care Bundle version 2 (SBLCB v2) survey is administered by the South-East midwifery team and is undertaken by each Trust. This is the 6th survey the Trust has participated in. The purpose of this survey is to gather information on how much of current standard practice aligns with the interventions that make up the SBLCB v2. Each intervention is

made up of improvement activities. Improvement activities are the actions that make up the elements of the care bundle.

6.2. The OUH position at the end of April 2022 was reported through MCGC in May 2022. This information was submitted to the SE maternity team as requested and it is a requirement is for it to be noted by the Trust Board. The paper demonstrated that OUH maternity services are either compliant or expecting to be compliant with each element (see summary table below).

	Aim	Reported Status
Reducing stillbirths	Aim is to reduce the stillbirth rate from 5.2 per 1000 births to 4.0 per 1000 births by the introduction of the five elements recommended in the 'Saving Babies' Lives' Care Bundle:	OUHT's stillbirth rate per 1000 births is currently meeting the target set out in SBLCBv2. 2021/2022 data is recorded up to Quarter 4 ending 31/03/2022. This data represents an overall reduction in the numbers of families who have not had to live through the devastation of stillbirth. We continue to work towards all elements of SBLCBv2 to further improve in this area – Fully Compliant
Element 1	Reducing smoking in pregnancy.	Working towards compliance
Element 2	Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction.	Expected to be compliant
Element 3	Raising awareness of reduced fetal movement.	Expected to be compliant
Element 4	Effective fetal monitoring during labour.	Expected to be compliant
Element 5	Reducing the number of preterm births.	Working towards compliance

7. CQC inspection action plan update

7.1. An update on the progress of the CQC inspection action plan is provided as part of the PQSM report that is on the agenda for the confidential Trust Board in July 2022.

7.2. Progress against this action plan is reported through existing governance processes which include Maternity Clinical Governance Committee (MCGC), SUWON Divisional Clinical Governance Committee and the Trust Clinical Governance Committee (CGC) as part of the quality reports. In addition, progress has been reported to the CQC as part of the Trust's routine quarterly engagement meetings.

8. Ibex Gale Culture Survey Report

- 8.1. The Trust commissioned Ibex Gale to undertake a culture survey in January 2022. The report has been received by the Trust and the results shared with staff on the 14 June 2022.
- 8.2. Through stakeholder engagement an action plan and key workstream will be created and progress against this will be reported to the Board, where necessary.

9. Maternity Incentive Scheme

- 9.1. The ten safety actions for year four of the scheme were first published by NHSR on 9th August 2021 but were subject to changes to extend deadlines and support trusts during Covid-19. Revised documents were released on 12th October 2021, and 6th May 2022.
- 9.2. In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHSR by the revised date of 12 noon on **5th January 2023**. The form declaring compliance with all ten maternity safety actions must be accompanied by a joint presentation detailing the maternity safety actions by the Head of Midwifery and the Clinical Director for Maternity Services.
- 9.3. The last Trust Board meeting prior to this date is **9th November 2022**. Any outstanding evidential requirements after that date would need to be considered either at an extraordinary meeting or by Chair's action.
- 9.4. This paper provides a summary of the revised standards for each of the ten safety actions along with the current evaluation of the compliance status and perceived level of risk for each standard (see appendix 1). Many of the safety actions have had the compliance period restarted from the re-launch and this is reflected in the evidence table. The full detailed assessment has been provided in the Board reading room for this meeting.
- 9.5. Since May 2022 the following changes in risk level have taken place:

The following Safety Action points have been raised from 'compliant' or 'expecting to be compliant' to 'moderate risk of non-compliance':

- Safety Action 2, point 1
- Safety Action 3, point (c)

The following Safety Action points have been raised from 'moderate risk of non-compliance' to 'high risk of non-compliance':

- Safety Action 3, point (b)
- Safety Action 3, point (g) (Previously point (f) prior to MIS re-launch)

The following Safety Action point has been downgraded from 'high risk of non-compliance' to 'moderate risk of non-compliance':

- Safety Action 8, point (d)

The following Safety Action element has been downgraded from 'high risk of non-compliance' to 'expecting to be compliant':

- Safety Action 6, element 1

The following Safety Action points have been downgraded from 'moderate risk of non-compliance' to 'expecting to be compliant' or 'compliant':

- Safety Action 2, point 3
- Safety Action 8, point (b)
- Safety Action 8, point (c)

9.6. The information and grading of compliance in the report are accurate at the time of publishing and have been ratified by the Maternity Clinical Governance Committee.

10. Recommendations

10.1. The Trust Board is asked to:

- Receive and note the contents of the update report.
- Discuss how the Board may continue to support the Divisional teams with overcoming the challenges that have been identified.

Maternity Incentive Scheme – Year 4			
Summary of Risks – May-June 2022			
		May	June
Safety Action 1:	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?		
Safety Action 2:	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		
Safety Action 3:	Can you demonstrate that you have transitional care services to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?		
Safety Action 4:	Can you demonstrate an effective system of clinical workforce planning to the required standard?		
Safety Action 5:	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		
Safety Action 6:	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle V2?		
Safety Action 7:	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?		
Safety Action 8:	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years; and can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in-house' one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?		
Safety Action 9:	Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity, neonatal and quality issues?		
Safety Action 10:	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch and to NHS Resolution's Early Notification Scheme for 2021/22?		