

Cover Sheet

Trust Board Meeting in Public: Wednesday 9 November 2022

TB2022.097

Title: Maternity Service Update Report

Status: For Discussion

History: Previous paper presented to Trust board 28th September 2022

Board Lead: Chief Nursing Officer

Author: Niamh Kelly, Clinical Governance Lead – Maternity
Susan Thomson, Maternity Incentive Scheme Lead
Milica Redfearn – Acting Director of Midwifery

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
 - Maternity Development Programme
 - 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 Maternity Incentive Scheme Year 4 was amended on 11 October 2023 with some amendments, and an amended deadline for the Board declaration to reach NHS Resolution (NHSR) of **02 February 2023**.
4. The declaration form will be submitted to Trust Board in January 2023 with an accompanying joint presentation detailing maternity safety action by the Head of Midwifery and Clinical Director for Maternity Services.

Recommendations

5. The Trust Board is asked to:
 - Receive and note the contents of the update report.
 - Note the changes to the requirement for Continuity of Carer (Safety Action 9).
 - 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:
 - 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
 - Maternity Development Programme
 - 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. Following on from the Ockenden Assurance insight visit that took place on the 10 June 2022, the Trust has received their final report on the 18 August 2022.
- 2.2. The Trust are partially compliant with four out of the seven immediate and essential actions (IEA) and an action plan for strengthening midwifery leadership. This was aligned to our self-assessment.
- 2.3. The Chief Nursing Officer advised at the September 2022 Maternity Safety Champion Meeting that the results remain subject to a national embargo, however findings may be communicated internally. A summary of the report will be presented at NHSE meetings; however, trusts have been requested not to share the Ockenden Visiting reports widely until all Ockenden visits have concluded at the end of September 2022.

- 2.4. The action plan is being monitored through the Maternity Clinical Governance Committee (MCGC) in November.
- 2.5. Governance around the meetings and report should follow local, regional, and national processes: The report will be taken:
- The Trust Board Seminar in November.
 - LMNS will have to report to ICB – 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.

3. Midwifery Led Unit (MLU) status

- 3.1. Chipping Norton Midwifery Led Unit (MLU) and Wantage MLU have remained closed to intrapartum care during September and October 2022, due to unavailability of staff and insufficient on-call cover. Unavailability of Midwives has affected the whole Maternity service, necessitating midwives and support staff being redeployed to meet the demands of the service and to maintain safety. Staffing is reviewed each shift by the bleep holder and reported to the Trust Safe Staffing meeting. The Service is currently undertaking a formal risk assessment to consider the reopening of these units.
- 3.2. Homebirths and intrapartum care at Wallingford MLU were suspended on eight occasions overnight and on one occasion in the daytime due to acuity and staffing numbers in September. Intrapartum care was suspended at the Horton MLU overnight on one occasion in September.
- 3.3. There were 4 women who were affected by these closures who wished to give birth in one of these centres. This did not contribute to any patient safety factors.

4. Maternity dashboard development status

- 4.1. The Board maternity safety champions have seen a draft of the proposed dashboard that will be shared in advance of the planned board seminar with the Trust Board in November

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.

5.2. The BOB LMNS have requested they receive this paper quarterly, with quarter 2 for this financial year (2022-23) to be received in January 2023. A copy of quarter two is on the agenda at the Confidential Trust Board in November 2022. The quarter 2 data was noted at the Maternity Clinical Governance Committee (MCGC) in October 2022.

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. 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. Following triangulation against the SBLCBv2 survey 6 submitted in May 2022, OUHT received notice from NHS England in August 2022 that the majority of organisations, including OUHT, had their position downgraded from self-declared position of partially compliant to non-compliant for Q36 of the Ockenden review. A meeting has been arranged with the Regional Maternity Quality Lead on 8th November, a representative from NHSE, the Chief Nursing Officer, and members of the Maternity leadership team to fully understand the rationale for the approach NHSE have taken.
- 6.3. OUHT submitted the SBLCBv2 Survey 7 on 26th October 2022 to the Southeast (SE) Maternity team as requested. This outlined OUHT's position against the requirements of the Care Bundle. OUHT's compliance has improved in terms of data capture for carbon monoxide (CO) monitoring in pregnancy, small for gestational age (SGA) fetuses and instances of reduced fetal movements;
- 6.4. The survey demonstrates that OUH maternity services is fully compliant in all elements except element 2, outlined below:
- Element 2-point h: OUHT do not advocate IOL at 39/40 weeks for 3rd to 10th centile fetuses with no comorbidities (currently assessed on a case by case basis up to 41 weeks). This outlier will be submitted through local governance processes to the ICB to seek approval to act outside of recommendations.
- 6.5. OUHT's position was reported through MCGC on 24th October 2022 and submitted to the South-East (SE) maternity team. There is a requirement for it to be noted by the Trust Board.

7. Maternity Development Programme

- 7.1. 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.
- 7.2. Through stakeholder engagement an action plan and key workstreams have been created and progress against this will be reported to the Board, where necessary.
- 7.3. This has been renamed as the Maternity Development Programme and scoping meetings commenced in August 2022 for the different workstreams.
- 7.4. The process identified eight workstreams and the initial scoping exercises for the key workstreams were completed by the end of September and a paper submitted to the confidential Trust Board in September.
- 7.5. There have been 27 different scoping events with staff to look at ideas and solutions aligned to the Ibex Gale findings with 225 staff engaged at different levels. The work stream leads met on the 07 October to look at the findings together. Further meetings are planned to create an action plan.

8. Maternity Incentive Scheme

- 8.1. The ten safety actions for year four of the scheme were first published by NHR 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, 6th May 2022 and 11th October 2022.
- 8.2. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by the revised date of the **2nd February 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. This is due to be presented at the Trust Board meeting in **January 2023**.
- 8.3. This paper includes a summary of the ten safety actions along with the current evaluation of the compliance status and perceived level of risk for each standard. A detailed assessment has been provided in the Board Reading Room for this meeting.

9. MIS Summary Table

- 9.1 The following risk ratings were agreed at the Maternity Clinical Governance Committee meeting on 24th October 2022. Points of note are outlined below.

Safety actions		RAG rating/month			Actions/Comments
		Aug	Sept	Oct	
SA 1	PMRT				<p>Work is being undertaken to make the PMRT process more robust, ensuring that through a multi-disciplinary approach organisational learning is maximised. The statistics are as follows for each element:</p> <p>Notification – 88%</p> <p>Surveillance – 100%</p> <p>PMRT <2m – 100%</p> <p>Draft report– 75%</p> <p>Complete – 60%</p> <p>Parents informed + questions asked – 89%</p> <p>Compliance for this Safety Action cannot be declared prior to the deadline of 5th December 2022.</p>
SA 2	MSDS				<p>Safety Action 2, point 1 relates to the Digital Strategy for Maternity Services which is written and approved at MCGC. This was signed off at LMNS level (Reduced from ICB level nationally) on the 14th September. This has also been ratified by the BOB LMNS Executive Board. The July data submission to the Maternity Services Data Set has passed. This Safety Action is now compliant.</p>
SA 3	Transitional care services				<p>The action plan relating to Transitional Care (TC) was passed in June 2022, and work on this continues to put these improvements to TC in place (specifically nasogastric tube feeding). Point (c) relates to the requirement for a data recording process to be in place for capturing all term babies transferred to the neonatal unit, regardless of the length of stay. This audit is in progress and will be reported to MCGC in November 2022.</p>
SA 4	Clinical workforce planning				<p>This relates to clinical workforce planning. Anaesthetic workforce planning has been evidenced and is compliant. A monthly audit has been commissioned capturing situations where a consultant MUST attend (RCOG 2021) and a test run was completed in May. It is planned to capture this data by 'exception' reporting – this will make it more robust. In the meantime, audits will continue but some data may be missed. Neonatal nursing workforce requires a review and liaison with the Neonatal Safety Champion continues to deliver on this element. August and September 2022 data will be reported to MCGC in November 2022.</p>
SA 5	Midwifery workforce planning				<p>This relates to midwifery workforce planning. The safe-staffing paper was approved by MCGC 'Chair's Action' in August and was presented to Trust Board in September</p>

					<p>2022. This covers Q3 and Q4 2021/2022 (bi-annual requirement). The Safe Staffing paper for Q1 and Q2 will be submitted to Trust Board in January 2022. 1:1 labour care – currently compliant, but an action plan can be completed if this is deemed non-compliant.</p> <p>Supernumerary status for Band 7 coordinator on DS – if this occurs regularly then non-compliance would need to be declared as MIS doesn't allow for an action plan. This paper will include an update around Continuity of Carer (see SA9 below).</p>
SA 6	SBLCBv2				<p>The 'At a Glance' for CO monitoring was disseminated in August 2022. Point 4 is now underway regarding the more complex data. OUHT are fully compliant with this element due achieving 80% compliance over four months and submitting an action plan to achieve 95% compliance. Compliance at booking and 36 weeks has fallen in October and this is being addressed. It is currently 83% at booking and 88.7% at 36 weeks (this includes women captured in the Ultrasound Department), but in reality, community midwives' compliance is currently only 61%.</p> <p>The Saving Babies Lives Care Bundle Survey 7 was submitted on 26th October 2022. OUHT's position has improved in terms of data capture for CO in pregnancy, SGA fetuses and instances of reduced fetal movements; OUHT do not advocate IOL at 39/40 weeks for 3rd to 10th centile fetuses with no comorbidities (currently assessed on a case by case basis up to 41 weeks). This outlier will be submitted to the ICB to seek approval to act outside of recommendations. This remains at Green as the risks within MIS have been mitigated. Audits around use of Antenatal steroids and Magnesium Sulphate are underway and will be reported at the November MCGC. So far MgSO4 is 90% within 24 hours of delivery, and steroids within 7 days of delivery are at 70% - this is similar to regional data where a larger cohort is audited, but differing parameters are used which is why a hand audit is required.</p> <p>The SBLCBv2 is currently being reviewed to identify any gaps that are not covered by the requirements of SA6 MIS.</p>
SA 7	Service user feedback				<p>This relates to co-production of maternity services with the Maternity Voices Partnership (MVP). Work continues to build on the excellent relationship OUHT has with the MVP. There is a raft of good evidence towards this Safety Action detailing guidelines and Patient Information Leaflets, Facebook Live for 'infant feeding' and 'Ask the</p>

					Midwife' etc. This is in line with their annual workplan agreed in March 2022. OMVP have a standing invitation to MCGC where there is an opportunity for discussion of agenda items, and also for service-user feedback to be discussed and actioned. OMVP are also actively involved in the Maternity Development Programme. A cross check of evidence has been carried out with the Chair of MVP and this is now fully compliant.
SA 8	In-house MDT Training & Core competency framework				This relates to Training. This safety action is compliant with >90% in all categories for PROMPT and Fetal Monitoring (ratified at the July 2022 MCGC), and NLS Training (ratified at the October 2022 MCGC).
SA 9	Safety Champions				This relates to maternity and neonatal safety. Work continues towards evidencing all elements of this Safety Action, such as the Perinatal Quality Surveillance report, maternity dashboard and the Maternity Development Plan. Staff walkarounds at Board level have been planned: JR: 2 nd November 1000-1100; 1 st December 0900-1000; Horton General Hospital (HGH): 17 th November 1200-1300; 2 nd December 1000-1100; A review of the Trust's claims scorecard is being progressed and a meeting is scheduled for November 2022. An action plan was submitted to Trust Board in July 2022 outlining plans to implement Continuity of Carer (CoC) as the default model of care by 2024, and therefore prove compliance with MIS Year 4. This target date has now been removed and the emphasis is to target areas that would most benefit from this model, and also move forward in a more measured approach in line with workforce capacity. Following a letter of recommendation from NHS England (Appendix A), MIS now requires that a review of COC is carried out against the safe staffing model. The Board Level Safety Champion has agreed that this be considered within the Safe Staffing paper which will be submitted to Trust Board in January 2022.
SA 10	HSIB cases & NHSR ENS				This Safety Action relates to HSIB. The Trust are currently 100% Compliant. The reporting period since the relaunch of MIS is now 1 st April 2021 – 5 th December 2022.

Key:

- Dark Green – Fully Compliant

- Green – Expecting to be compliant
- Amber – Moderate risk of non-compliance
- Red – High risk of non-compliance

10. Recommendations

10.1. The Trust Board is asked to:

- Receive and note the contents of the update report.
- Note the changes to the requirement for Continuity of Carer (Safety Action 9).

Appendix A:

Classification: Official

Publication reference: PR2011



- To:
- Trust chief nurses
 - Trust directors of midwifery
 - Trust COO
 - Trust CEO
 - Trust medical directors
 - Trust clinical directors for obstetrics

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

21 September 2022

- cc.
- Regional directors
 - Regional chief nurses
 - Regional medical directors
 - Regional chief midwives
 - ICB chief nurses
 - LMNS Chairs

Dear colleagues

Midwifery Continuity of Carer

We are writing to you to set out essential and immediate changes to the national maternity programme in the light of the continued workforce challenges that maternity services face. There will no longer be a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services will instead be supported to develop local plans that work for them.

Over the past two years staff have had to work in ways that they never imagined, in difficult circumstances and we know that maternity services are experiencing stress and strain. The top priority for maternity and neonatal services must continue to be ensuring that the right workforce is in place to serve women and babies across England.

At the heart of the MCoC model is the vision that women should have consistent, safe and personalised maternity care, before, during and after the birth. It is a model of care provision that is evidence-based. It can improve the outcomes for most women and babies and especially women of Black, Asian and mixed ethnicity and those living in the most deprived neighbourhoods. This model of care requires appropriate staffing levels to be implemented safely.

There is no longer a national target for MCoC. Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.

We know trusts have submitted their MCoC plans and will have considered safe staffing levels in submitting their plans. Thank you for your work on these and your efforts to implement MCoC to date

We expect you to continue to review your staffing in the context of Donna Ockenden's final report. Your local LMNS, regional and national colleagues are here to support you with this including how to focus MCoC on those women from vulnerable groups who will benefit the most from this care.

As we have said previously:

1. Trusts that can demonstrate staffing meets safe minimum requirements can continue existing MCoC provision and continue to roll out, subject to ongoing minimum staffing requirements being met for any expansion of MCoC provision.
2. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC, but can meet the safe minimum staffing requirements for existing MCoC provision, should cease further roll out and continue to support at the current level of provision or only provide services to existing women on MCoC pathways and suspend new women being booked into MCoC provision.
3. Trusts that cannot meet safe minimum staffing requirements for further roll out of MCoC and for existing MCoC provision, should immediately suspend existing MCoC provision and ensure women are safely transferred to alternative maternity pathways of care, taking into consideration their individual needs; and any midwives in MCoC teams should be safely supported into other areas of maternity provision.

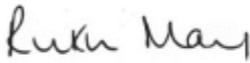
Trusts are not expected to deliver against a target level of MCoC, and this will remain in place until maternity services in England can demonstrate sufficient staffing levels to do so.

Approved educational institutions (AEI's) educating pre-registration midwifery students will continue the implementation of the future midwifery standards of the NMC. It is

expected that midwifery students will be taught the MCoC model, alongside other approaches to safe, high-quality care for women. The NMC has written to education providers to confirm that this remains a requirement of registration and to suggest how this can be achieved when students are placed in those organisations that are not able to fully implement MCoC at this time. Where this is the case, students will still benefit from practice supervisors and assessors being able to explain and discuss the concept and we would ask for your support to encourage this to happen.

With the advice of the independent working group established after the final Ockenden report, we will publish a national delivery plan for maternity services this winter which will bring together actions for maternity services, including next steps for improving continuity across all professional groups.

Yours sincerely,



Dame Ruth May
Chief Nursing Officer,
England



Prof Jacqueline Dunkley-Bent OBE
Chief Midwifery Officer
National Maternity Safety
Champion
NHS England



Dr Matthew Jolly
National Clinical Director for
Maternity and Women's
Health
National Maternity Safety
Champion
NHS England