

**Cover Sheet**  
**Trust Board Meeting in Public: Wednesday 28 September 2022**

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**Title:                    Maternity Service Update Report**

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**Status:                 For Discussion**

**History:                Previous paper presented to Trust board in July 2022**

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**Confidential:        No**

**Key Purpose:         Assurance**

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## 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 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 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 **02 February 2023**.
5. The declaration form is submitted to Trust Board with an accompanying joint presentation detailing maternity safety action by the Head of Midwifery and Clinical Director for Maternity Services.

## Recommendations

6. 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:
  - 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. 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 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 July and August 2022 this was due to staffing unavailability and insufficient on-call cover. The level of unavailability of Midwives has affected the whole Maternity service therefore midwives and support staff are redeployed rather than transferred to meet the demands of the service and to maintain safety.

3.2. Births were suspended at Wallingford MLU on 12 occasions during July and August, once at Banbury MLU and the homebirth service was suspended on 15 occasions during this time. This was due to acuity and staffing numbers.

3.3. There were 8 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 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, with a proposal to optimise the suite of resources available within newly purchased software. An initial draft was reviewed at MCGC on the 27 June 2022, however further developmental work to integrate the new system reporting capability is required in relation to the dashboard development. 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

## **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 1 for this financial year (2022-23) to be received in October 2022. A copy of quarter one will be presented to the Trust Confidential Board in September 2022. The Maternity Safety Champions are aware of this change of reporting as is the membership of the Maternity Clinical Governance Committee (MCGC).

## **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 was the 6<sup>th</sup> 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. Currently awaiting to undertake the 7<sup>th</sup> survey which has not been published at the time of this report.
- 6.2. The OUH position at the end of April 2022 was reported through MCGC in May 2022. This information was submitted to the South-East (SE) maternity team as requested and a requirement is for it to be noted by the Trust Board. The paper demonstrated that OUH maternity services are either compliant or working towards compliance with each element.
- 6.3. OUHT received notice from NHS England in August 2022 that upon review of surveys, the majority of a range of organisations had their position downgraded from self-declared position of partially compliant to non-compliant for Q36 of the Ockenden review. This was following triangulation against the SBLCBv2 survey 6. A meeting has been arranged with the Regional Maternity Quality Lead, 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. This survey, submitted in May 2022, detailed non-compliance in the following areas: data capture for carbon monoxide (CO) in pregnancy, small for gestation age (SGA) fetuses and instances of reduced fetal movements; and induction of labour (IOL) at 39/40 weeks for 3<sup>rd</sup> to 10<sup>th</sup> centile fetuses with no comorbidities (currently assessed on a case-by-case basis up to 41 weeks). These outliers are being investigated and may require outcomes to be assessed via audit and

submission to the commissioners to seek approval to act outside of recommendations.

## 7. CQC inspection action plan update

7.1. There are currently three overdue actions in relation to the CQC inspection action plan from September 2021. These are:

Must Do	CQC concern	Update
5.	The service must ensure they always use systems and processes to record and store medicines safely and in line with the provider's medicine policy / PGD	<p><b>Overdue</b> since the 01/05/2022. Staff are allocated time during the training weeks and reminders have been sent to staff. The number of midwives who are:</p> <ul style="list-style-type: none"> <li>• <b>Fully compliant 61.44% (previous months May 46.18%, June 52.62%, July 54.01%, August 58.36%)</b></li> <li>• Managers signature 71.16% (previous month 68.45%)</li> <li>• Completed quiz only 91.22% (previous month 90.85%)</li> <li>• We anticipate full training compliance by 31/10/2022</li> </ul>
Should Do	CQC concern	Update
12	The service should ensure there is a dedicated room on labour ward for women and families who have experienced a bereavement. They should consider this environment to meet their needs.	<p><b>Overdue:</b> The quote for the internal doors to make them quieter is c£7000 which is over the capital threshold of £5000. The OSM is following up with the estates team and the Divisional team to find out if the service can access small works capital funding. The matron is applying to Charitable funds for funds to decorate the bereavement rooms on Delivery Suite.</p>
16	The service should consider displaying safety information.	<p><b>Overdue</b> This was due by the 31/03/2022. We have reviewed examples from around the Trust and from other Trusts and are in the process of putting together a version for all of maternity. Work continues on this and working with the maternity voices partnership (MVP). We anticipate completion of this action by 31/10/2022</p>

7.2. Progress against the CQC 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. The CQC team have closed this as an active enquiry from their perspective, acknowledging that work is in train and will be monitored through discussions about maternity services during the quarterly engagement

meetings with the Executive Team and through their scrutiny of performance metrics and patient feedback.

## **8. Maternity Development Programme**

- 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 workstreams have been created and progress against this will be reported to the Board, where necessary.
- 8.3. This has been renamed as the Maternity Development Programme and scoping meetings have commenced in August 2022 for the different workstreams.
- 8.4. There are eight workstreams and the initial scoping exercises have commenced and are expected to be completed by the 30 September 2022. A paper is being prepared for the Confidential Trust Board in September.

## **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. Feedback from the National Maternity Safety Conference on the 22 September is the Maternity Incentive Scheme will be republished.
- 9.2. 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 **2<sup>nd</sup> 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**.
- 9.3. 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. Many of the safety actions have had the compliance period restarted from the re-launch in May 2022 and this is reflected in the evidence table. A detailed assessment has been provided in the Board reading room for this meeting. 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.
- 9.4. Since July 2022 the following changes in risk level have taken place:

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

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

## 10. MIS Summary Table

The information and grading of compliance in the summary table are accurate at the time of publishing and have been ratified by the Maternity Clinical Governance Committee (MCGC) on 22<sup>nd</sup> August 2022.

Key is required for colour coding if fully compliant make this a darker green

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

Safety actions		RAG rating/month			Current actions/Update
		JUN	JUL	AUG	
SA 1	PMRT	Green	Green	Green	The risk around this Safety Action remains where the investigation is sent to another Trust for review – if there is a delay in the report coming back to OUHT then there remains a risk that the draft report will not be created within the 4 month time frame. At the end of August OUHT were 33% compliant. The standard is 50% compliant (equating to a further 2/5 cases) which the Trust are still on-track to meet. The quarter 1 Perinatal Mortality Review paper will be submitted to the Confidential Trust board in September 2022.
SA 2	MSDS	Amber	Amber	Amber	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 14 <sup>th</sup> September. The July data submission to the Maternity Services Data Set has passed. This action will become green at the September MCGC.
SA 3	Transitional care services	Red	Amber	Amber	The action plan relating Transitional Care (TC) point (b) and (g) was presented to TME on 30 <sup>th</sup> June 2022 and was passed without amendment. Work will continue to put these improvements into TC in place, but this Safety Action was changed to Amber at MCGC in July 2022. 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. The MIS Lead and Consultant Neonatologist have agreed a plan to capture this data monthly which will be reported at MCGC.

SA 4	<b>Clinical workforce planning</b>				This relates to clinical workforce planning. Anaesthetic workforce planning has been evidenced (for noting at September MCGC). A monthly audit has been commissioned capturing situations where a consultant MUST attend (RCOG 2021). Data are being captured through a variety of sources to build a meaningful picture following liaison with the Maternity Safety Champion. Work is ongoing to make this process more robust. The problems with neonatal recruitment have been highlighted and are improving.
SA 5	<b>Midwifery workforce planning</b>				The safe-staffing paper was approved by MCGC 'Chair's Action' in August and will be presented to Trust Board in September 2022. This covers Q3 and Q4 2021/2022 (bi-annual requirement). Other points within this action are currently being captured and will be presented at the October MCGC.
SA 6	<b>SBLCBv2</b>				This relates to the Saving Babies Lives (SBL) Care Bundle v2. The SBL Survey which was submitted in May has found that OUHT are non-compliant with some elements; data capture for CO in pregnancy, SGA fetuses and instances of reduced fetal movements; and IOL at 39/40 weeks for 3 <sup>rd</sup> to 10 <sup>th</sup> centile fetuses with no comorbidities (currently assessed on a case-by-case basis up to 41 weeks). These outliers are being investigated and may require outcomes to be assessed via audit and submission to the commissioners to seek approval to act outside of recommendations. This remains at Green as we have mitigated the risks within the Maternity Incentive Scheme. Audits around use of Antenatal steroids and Magnesium Sulphate are underway and will be reported at the Sept MCGC. An overarching paper for this Safety Action will be presented to the October MCGC.
SA 7	<b>Service user feedback</b>				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. The MVP Chair or Deputy now attend MCGC monthly and engage in debate; the Acting DOM also has regular meetings with the MVP Chair. MVP continue to co-produce maternity services through service-user feedback and improvements, contribute to guidelines and Patient Information Leaflets, and Facebook Live for 'infant feeding' and 'Ask the Midwife'. This is in line with their annual workplan agreed in March 2022. OMVP are also involved in Maternity Development Programme.
SA 8	<b>Core competency framework</b>				This relates to Training. With the exception of Newborn Life Support (NLS), this safety action is compliant with >90% in all categories for PROMPT and Fetal Monitoring and this was ratified at the July MCGC. Regarding NLS, maternity staff compliance now exceeds 90%. It has been agreed by the Neonatal Safety Champion that Neonatal staff will self-certify compliance during this reporting year, and they are currently at 79% compliance. A targeted approach is now

					being taken to target those individuals who remain non-compliant, and this action should go Green at the September MCGC.
SA 9	<b>Maternity and Neonatal Safety</b>				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, progressing the Continuity of Carer action plan (passed in June 2022) and the Maternity Development Plan. Staff walkarounds at Board level and completion of the review of the Trust's claims scorecard are being progressed.
SA 10	<b>HSIB cases</b>				This Safety Action relates to HSIB. The Trust are currently 100% Compliant. The reporting period since the relaunch of MIS is now 1 <sup>st</sup> April 2021 – 5 <sup>th</sup> December 2022.

## 11. Recommendations

11.1. 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.