Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Maternity Self- Assessment Tool- Sherwood Forest Hospitals Trust- March 2022

Executive Summary

The Maternity Safety Self-assessment tool has been designed for NHS maternity services and private maternity providers to allow them to self-assess whether their operational service delivery meets national standards, guidance, and regulatory requirements. Organisations can use the tool to inform the trust's maternity quality improvement and safety plan and so keep the Trust Board and Commissioners aware of their current position.

The tool has been developed in response to national review findings, and recommendations for good safety principles within maternity services. This version of the tool, version 6 July 2021, has been further influenced by the findings of the Ockenden review, 7 features of safety culture and the emerging themes from services on the safety support programme, the Kirkup Report (2015) and the areas CQC found to be outstanding in other maternity services across England.

This version of the tool includes additions from the previous tool presented to Trust Board in February 2021, reflecting the increase in evidential requirements and subsequent additional actions from areas highlighted amber.

Findings

Out of the evidential requirements below, 131 (86.2%) have been rated green with the ability to provide supporting evidence. A further 21 (13.8%) have been rated Amber and a subsequent action plan has been provided to support the progression of these evidential requirements. One requirement has been rated not applicable-which is in relation to Trust which cannot declare 100% compliance to the 10 steps to Maternity Safety, Maternity Incentive Scheme. It was confirmed by NHS Resolution in February 2022 that Sherwood Forest Hospitals had met the conditions of the scheme for year 3.

Recommendations

The Board of Directors is asked to note the action plan with specific focus around strengthening the evidence for the Maternity Voice Partnerships (MVP) relationship and quality improvement approach.

1. Sherwood Forest Hospitals response to the Maternity Self-Assessment tool

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
Directorate/care group infrastructure and leadership	**Clinically-led triumvirate**	Trust and service organograms showing clinically led directorates/care groups		Organogram
		Equal distribution of roles and responsibilities across triumvirate to discharge directorate business such as meeting attendance and decision-making processes		Organogram/ Divisional Structure
	Director of Midwifery (DoM) in post **(current registered midwife with NMC)**	DoM job description and person specification clearly defined		Chief Nurse currently has role of DoM and is a RM
		Agenda for change banded at 8D or 9		
		In post		
	Direct line of sight to the trust board	Lines of professional accountability and line management to executive board member for each member of the triumvirate		Organogram/ Divisional Structure
		Clinical director to executive medical director		Organogram/ Divisional Structure
		DoM to executive director of nursing		Head of Midwifery report directly to the Chief Nurse
		General manager to executive chief operating officer		Organogram/strucutre

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Maternity services standing item on trust board agenda as a minimum three- monthly Key items to report should always include: SI Key themes report, Staffing for maternity services for all relevant professional groups Clinical outcomes such as SB, NND HIE, AttAIN, SBLCB and CNST progress/Compliance. Job essential training compliance Ockenden learning actions		Monthly Perinatal Scorecard Monthly Maternity Safety Champions Paper Quarterly Board Reports
		Monthly review of maternity and neonatal safety and quality is undertaken by the trust board [Perinatal quality surveillance model]		Monthly Perinatal Scorecard Monthly Maternity Safety Champions Paper
		Monthly review of maternity and neonatal safety and quality is undertaken by the trust board [Perinatal quality surveillance model]		Monthly Perinatal Scorecard Monthly Maternity Safety Champions Paper
		There should be a minimum of three PAs allocated to clinical director to execute their role		Job description and work plan

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Collaborative leadership at all levels in the directorate/ care group	Directorate structure and roles support triumvirate working from frontline clinical staff through to senior clinical leadership team		Organogram/ Divisional Structure
		Adequate dedicated senior human resource partner is in place to support clinical triumvirate and wider directorate Monthly meetings with ward level leads and above to monitor recruitment, retention, sickness, vacancy and maternity leave		JD of W&C HRBP Monthly People and Performance
		Adequate senior financial manager is in place to support clinical triumvirate and wider directorate		JD of W&C FM
		Monthly meetings with all ward level leaders and above to monitor budgets, ensure updated and part of annual budget setting for each area		Meeting plan
		Adequate senior operational support to the delivery of maternity services in terms of infrastructure and systems that support high quality service delivery aligned with national pathways		W&C business structure, noting DGM, DDGM and AGM
		From governance and senior management meetings that all clinical decisions are made collaboratively by multiprofessional groups		ToR for meetings
		Forums and regular meetings scheduled with each professional group are chaired by the relevant member of the triumvirate, eg senior midwifery leadership assembly		ToR, meeting minutes from relevant meetings such as Maternity Forum
		Leadership culture reflects the principles of the '7 Features of Safety'.		
		Trust-wide leadership and development team in place		

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Leadership development opportunities	Inhouse or externally supported clinical leadership development programme in place		Evidence available from Director of Culture and Improvement evidence
		Leadership and development programme for potential future talent (talent pipeline programme)		
		Credible organisations provide bespoke leadership development for clinicians/ frontline staff and other recognised programmes, including coaching and mentorship		
	Accountability framework	Organisational organogram clearly defines lines of accountability, not hierarchy		Trust Organogram
		Organisational vision and values in place and known by all staff		CARE values
		Organisation's behavioural standards framework in place: Ensure involvement of HR for advice and processes in circumstances where poor individual behaviours are leading to team dysfunction. [Perinatal Surveillance model]		CARE values and HR Policies
	Maternity strategy, vision and values	Maternity strategy in place for a minimum of 3–5 years		LMNS Strategy
		Strategy aligned to national Maternity Transformation Programme, local maternity systems, maternity safety strategy, neonatal critical care review, National Ambition for 2025 and the maternity and children's chapter of the NHS Long Term Plan		LMNS Strategy

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Maternity strategy, vision and values that have been co-produced and developed by and in collaboration with MVP, service users and all staff groups.	🟧	MVP support required, LMNS risk raised around resource- SFH action taken
		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 [Ockenden Assurance]		
		Maternity strategy aligned with trust board LMNS and MVP's strategies	🟩	LMNS Strategy
		Strategy shared with wider community, LMNS and all key stakeholders	🟩	LMNS Strategy
	Non-executive maternity safety champion	Non-executive director appointed as one of the board level maternity safety champions and is working in line with national role descriptor	🟩	Board level Safety Champion JD and ToR
		Maternity and neonatal safety champions to meet the NED and exec safety champion to attend and contribute to key directorate meetings in line with the national role descriptor	🟩	Evidence of monthly walk round and Meetings (minutes and Midwifery Matters)
		All Safety champions lead quality reviews, eg 15 steps quarterly as a minimum involving MVPs, service users, commissioners and trust governors (if in place)	🟧	Awaiting COVID changes and resource from MVP
		Trust board meeting minutes reflect check and challenge on maternity and neonatal services from non-executive safety champion for maternity services	🟩	Board Minutes

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions share safety intelligence from floor to Board and through the local maternity system (LMS) and MatNeoSIP Patient Safety Networks. [MIS]	🟩	Visual boards within Clinical Areas
Multiprofessional team dynamics	**Multiprofessional engagement workshops**	Planned schedule of joint multiprofessional engagement sessions with chair shared between triumvirate, ie quarterly audit days, strategy development, quality improvement plans	🟧	Under develop- delay due to recent COVID related staffing pressures and recover on Mandatory training trajectories
		Record of attendance by professional group and individual	🟧	
		Recorded in every staff member's electronic learning and development record	🟧	
	Multiprofessional training programme	Annual schedule of job essential maternity-specific training and education days, that meet the NHS England and NHS Improvement Core Competency framework as a minimum published and accessible for all relevant staff to see	🟩	On track- noted on Perinatal scorecard shared with Board and LMNS
		A clear Training Needs analysis in place that identifies the minimum hours of training required for each professional group and by grade/ seniority	🟩	TNA
		All staff given time to undertake mandatory and job essential training as part of working hours	🟩	Roster evidence
		Full record of staff attendance for last three years	🟩	Training records
		Record of planned staff attendance in current year	🟩	Training records

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Clear policy for training needs analysis in place and in date for all staff groups		Trust TNA Policy
		Compliance monitored against training needs policy and recorded on roster system or equivalent		TNA and Roster
		Education and training compliance a standing agenda item of divisional governance and management meetings		Agendas
		Through working and training together, people are aware of each other's roles, skills, and competencies (who does what, how, why and when) and can work effectively together, thus demonstrating "collective competence". [7 Steps]		PROMPT training slides and records
		Individual staff Training Needs Analysis (TNA) aligned to professional revalidation requirements and appraisal		TNA
	Clearly defined appraisal and professional revalidation plan for staff	All job descriptions identify individual lines of accountability and responsibility to ensure annual appraisal and professional revalidation		JD
		Compliance with annual appraisal for every individual		COVID recovery plan on place
		Professional validation of all relevant staff supported by internal system and email alerts		Emails from ESR
		Staff supported through appraisal and clearly defined set objectives to ensure they fulfil their roles and responsibilities		COVID recovery plan in place

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Schedule of clinical forums published annually, eg labour ward forum, safety summit, perinatal mortality meetings, risk and governance meetings, audit meetings	🟩	Poster evidence
	Multiprofessional clinical forums	HR policies describe multiprofessional inclusion in all processes where applicable and appropriate, such as multiprofessional involvement in recruitment panels and focus groups	🟩	HR policies
	Multiprofessional inclusion for recruitment and HR processes	Organisational values-based recruitment in place	🟩	VBR training and plan
		Multiprofessional inclusion in clinical and HR investigations, complaint and compliment procedures	🟩	HR policies and examples of HR and complaint investigations
		Standard operating procedure provides guidance for multiprofessional debriefing sessions following clinical incidents or complaints	🟩	SOP in place, supported by PMA service
		Debriefing sessions available for all staff groups involved following a clinical incident and unusual cases in line with trust guideline and policy	🟩	SOP in place, supported by PMA service
		Schedule of attendance from multiprofessional group members available	🟩	Poster
	Multiprofessional membership/ representation at Maternity Voices Partnership forums	Record of attendance available to demonstrate regular clinical and multiprofessional attendance.	🟩	SFH MDT attendance and engagement continues at MVP board
		Maternity Voice Partnership involvement in service development, Quality Improvement, recruitment and business planning through co-production and co-design	🟧	MVP resource limited, SFH action for 2022-23 in place

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Quality improvement plan (QIP) that uses the SMART principle developed and visible to all staff as well as Maternity Voice Partnership/service users	🟧	MVP resource limited, SFH action for 2022-23 in place. QIP will be first priority with engagement from service users.
	Collaborative multiprofessional input to service development and improvement	Roles and responsibilities in delivering the QIP clearly defined, ie senior responsible officer and delegated responsibility	🟧	
		Clearly defined and agreed measurable outcomes including impact for women and families as well as staff identified in the QIP	🟧	
		Identification of the source of evidence to enable provision of assurance to all key stakeholders	🟧	
		The organisation has robust repository for collation of all evidence, clearly catalogued and archived that's has appropriate shared access	🟧	
		Clear communication and engagement strategy for sharing with key staff groups	🟧	
		QIP aligned to national agendas, standards and national maternity dataset and national maternity quality surveillance model requirements	🟧	
		Weekly/monthly scheduled multiprofessional safety incident review meetings	🟩	Evidence of "trigger" meetings, minutes and attendance
		Schedule in place for six-monthly organisation-wide safety summit that includes maternity and the LMNS	🟩	Currently hold fortnightly to support LMNS

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Multiprofessional approach to positive safety culture	Positive and constructive feedback communication in varying forms		Minutes from LMNS meeting and shared communication
		Debrief sessions for cases of unusual or good outcomes adopting safety 2 approach		SOP in place, supported by PMA's and Maternity Safety Team
		Senior members of staff make sure that more junior staff have opportunities to debrief and ask questions after experiencing complex clinical situations, and that they learn from theirs and others' experience. [7 steps to safety]		SOP in place, supported by PMA's and Maternity Safety Team
		Schedule of focus for behavioural standards framework across the organisation		Trust values and Behaviours, Culture collaborative meetings
	Clearly defined behavioural standards	Application of behavioural standards framework in trust-wide and directorate meetings, with specific elements the focus each month		Trust values and Behaviours, Nursing, Midwifery and AHP strategy
		Unsafe or inappropriate behaviours are noticed and with HR support corrected in real time, so they don't become normalised. [7 steps]		HR policies and examples if occur
		All policies and procedures align with the trust's board assurance framework (BAF)		
Governance infrastructure and	**System and process clearly defined and**	Governance framework in place that supports and promotes proactive risk management and good governance		Maternity Risk Management Policy

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
ward-to-board accountability	**aligned with national standards**	Staff across services can articulate the key principles (golden thread) of learning and safety		Right person, right place, right skill reinforce through 2022-23 TNA
		Staff describe a positive, supportive, safe learning culture		Staff survey results, feedback from study days
		Robust maternity governance team structure, with accountability and line management to the DoM and CD with key roles identified and clearly defined links for wider support and learning to corporate governance teams		Maternity Risk Management Policy

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Maternity governance structure within the directorate	Maternity governance team to include as a minimum: Maternity governance lead (Current RM with the NMC) Consultant Obstetrician governance lead (Min 2PA's) Maternity risk manager (Current RM with the NMC or relevant transferable skills) Maternity clinical incident leads Audit midwife Practice development midwife Clinical educators to include leading preceptorship programme Appropriate Governance facilitator and admin support		Matron for Maternity Governance (RM, governance lead) Obstetric Governance Lead (2PA's) Clinical Governance Midwife (RM, Risk Manager) Clinical Audit Midwife (1WTE) Practice Development and Clinical Education Midwife (2 WTE) W&C Governance Admin support (0.6 WTE)
		Roles and responsibilities for delivery of the maternity governance agenda are clearly defined for each team member		Maternity Risk Management Policy
		Team capacity able to meet demand, eg risk register, and clinical investigations completed in expected timescales		In place, support from W&C Governance Support Lead- within central Trust team.
		In date maternity-specific risk management strategy, as a specific standalone document clearly aligned to BAF		Maternity Risk Management Policy (June 2021)

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Maternity-specific risk management strategy	Clearly defined in date trust wide BAF	🟩	Within the Risk Management and Assurance Policy (V. 9Jan, 2021)
	Clear ward-to-board framework aligned to BAF	Perinatal services quality assurance framework supported by standardised reporting requirements in place from ward to board	🟩	Perinatal score card, developed ward level and shared through Division with Board and LMNS
		Mechanism in place for trust-wide learning to improve communications	🟩	Multiple in place at Trust, such as Icare, governance dashboards
	Proactive shared learning across directorate	Mechanism in place for specific maternity and neonatal learning to improve communication	🟩	Divisional examples, LIMS, LIPS and CHIPS
		Governance communication boards	🟩	Board in place, between Maternity and Neonates
		Publicly visible quality and safety board's outside each clinical area	🟧	Action taken to completed with support from PMA's and service representative
		Learning shared across local maternity system and regional networks	🟩	LMNS meeting minutes
		Engagement of external stakeholders in learning to improve, eg CCG, Strategic Clinical Network, regional Director/Heads of Midwifery groups	🟩	Evidence of attendance

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Well-developed and defined trust wide communication strategy to include maternity services in place and in date. Reviewed annually as a minimum.		Healthier Communities, Outstanding care Strategy (2019)
		Multi-agency input evident in the development of the maternity specification		SFH engagement with the Maternity Service Specification
Application of national standards and guidance	**Maternity specification in place for commissioned services**	Approved through relevant governance process		LMNS Maternity Service Specification
		In date and reflective of local maternity system plan		LMNS plan
		Full compliance with all current 10 standards submitted		Compliance noted 2021-22, rebate awarded- evidence of this
	Application of CNST 10 safety actions	A SMART action plan in place if not fully compliant that is appropriately financially resourced.		N/A
		Clear process defined and followed for progress reporting to LMS, Commissioners, regional teams and the trust board that ensures oversights and assurance before formal sign off of compliance		In place, through MAC with LMNS attendance
		Clear process for multiprofessional, development, review and ratification of all clinical guidelines		Clinical guideline tracker, reviewed through MGCG

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	Clinical guidance in date and aligned to the national standards	Scheduled clinical guidance and standards multiprofessional meetings for a rolling 12 months programme.		Rota dates of MGCG
		All guidance NICE complaint where appropriate for commissioned services		MGCG minutes and GSU paper
		All clinical guidance and quality standards reviewed and updated in compliance with NICE		MGCG minutes and GSU paper
		All five elements implemented in line with most updated version		MGCG minutes and GSU paper
	Saving Babies Lives care bundle implemented	SMART action plan in place identifying gaps and actions to achieve full implementation to national standards.		Note SFH have a regional approved deviation for 2 actions with a supporting action plan.
		Trajectory for improvement to meet national ambition identified as part of maternity safety plan		Developed as part of the action plan.
		All four key actions in place and consistently embedded		Evidence of four actions and related training agendas
	Application of the four key action points to reduce inequality for	Application of equity strategy recommendations and identified within local equity strategy		SFH are working with the LMNS in regards to the local plan- on track

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
	BAME women and families	All actions implemented, embedded and sustainable		Delay in implementation due to COVID due to delay in plan.
	Implementation of 7 essential learning actions from the Ockendon first report	Fetal Surveillance midwife appointed as a minimum 0.4 WTE		JD and example of rota
		Fetal surveillance consultant obstetrician lead appointed with a minimum of 2-3 PAs		JD and examples of rota
		Plan in place for implementation and roll out of A-EQUIP		PMA model and plan
	A-EQUIP implemented	Clear plan for model of delivery for A-EQUIP and working in collaboration with the maternity governance team		PMA model and plan, including Maternity Safety team.
		Training plan for transition courses and succession plan for new professional midwifery advocate (PMA) A-EQUIP model in place and being delivered		PMA model and plan, noting on-going training for 2022-23
		Service provision and guidance aligned to national bereavement pathway and standards		Aligned and on-going work continues utilising support groups
	Maternity bereavement services and support available	Bereavement midwife in post		JD and example of rotas
		Information and support available 24/7		Numbers for SBU and external support

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Environment available to women consistent with recommendations and guidance from bereavement support groups and charities	🟩	Evidence of bereavement suite
		Quality improvement leads in place	🟩	Staff with relevant QI training support improvements
	Quality improvement structure applied	Maternity Quality Improvement Plan that defines all key areas for improvement as well as proactive innovation	🟧	Awaiting final part from the MVP input
		Recognised and approved quality improvement tools and frameworks widely used to support services	🟩	Trust QI support
		Established quality improvement hub, virtual or otherwise	🟩	Trust intranet and improvement hub
		Listening into action or similar concept implemented across the trust	🟩	PTE- shared governance
		Continue to build on the work of the MatNeoSip culture survey outputs/findings.	🟩	SCORE plans
	MatNeoSip embedded in service delivery	MTP and the maternity safety strategy well defined in the local maternity system and quality improvement plan	🟩	LMNS Strategy
	Maternity transformation programme (MTP) in place	Dynamic maternity safety plan in place and in date (in line with spotlight on maternity and national maternity safety strategy)	🟧	Develop stand-alone plan
		Standing agenda item on key directorate meetings and trust committees	🟩	MNSC and MAC meeting

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
Positive safety culture across the directorate and trust	**Maternity safety improvement plan in place**	FTSU guardian in post, with time dedicated to the role	■	In post
	Freedom to Speak Up (FTSU) guardians in post	Human factors training lead in post	■	In post within the Head of Patient Safety Role
	Human factors training available	Human factors training part of trust essential training requirements	■	Link with Trust T&ED lead
		Human factors training a key component of clinical skills drills	■	PROMPT slides
		Human factors a key area of focus in clinical investigations and formal complaint responses	■	Maternity Risk Management Policy (June 2021)

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Multiprofessional handover in place as a minimum to include Board handover with representation from every professional group: • Consultant obstetrician • ST7 or equivalent • ST2/3 or equivalent • Senior clinical lead midwife • Anaesthetist And consider appropriate attendance of the following: • Senior clinical neonatal nurse • Paediatrician/neonatologist? • Relevant leads form other clinical areas eg, antenatal/postnatal ward/triage.		Evidence of attendance, handover sheets and spot audit
	Robust and embedded clinical handovers in all key clinical areas at every change of staff shift	Clinical face to face review with relevant lead clinicians for all high-risk women and those of concern		Case note audit

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		A minimum of two safety huddles daily in all acute clinical areas to include all members of the MDT working across and in maternity services as well as the opportunity to convene an urgent huddle as part of escalation process's	🟩	Safety audit attendance sheets
	Safety huddles	Guideline or standard operating procedure describing process and frequency in place and in date		SOP to be ratified March 22 MGCG
		Audit of compliance against above		Audit
		Annual schedule for Swartz rounds in place		Trust dates and evidence of attendance
	Trust wide Swartz rounds	Multiprofessional attendance recorded and supported as part of working time		Trust dates and evidence of attendance
		Broad range of specialties leading sessions		Trust dates and presenter job titles
		Trust-wide weekly patient safety summit led by medical director or executive chief nurse	🟩	In place, Scoping/ Sign off minutes
	Trust-wide safety and learning events	Robust process for reporting back to divisions from safety summit	🟩	In place, LMNS actions, MGCG minutes, Governance board
		Annual or biannual trust-wide learning to improve events or patient safety conference forum	🟧	Paused, reinstating post COVID recovery

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Trust board each month opened with patient story, with commitment to action and change completed in agreed timeframes		Public board minutes and patient story slides
		In date business plan in place		Business plan
Comprehension of business/ contingency plans impact on quality. **(ie Maternity Transformation plan, Neonatal Review, Maternity Safety plan and Local Maternity System plan)**	**Business plan in place for 12 months prospectively**	Meets annual planning guidance		Business plan
		Business plan supports and drives quality improvement and safety as key priority		Business plan
		Business plan highlights workforce needs and commits to meeting safe staffing levels across all staff groups in line with BR+ or other relevant workforce guidance for staff groups		Business plan
		Consultant job plans in place and meet service needs in relation to capacity and demand		Job plans
		All lead obstetric roles such as: labour ward lead, audit lead, clinical governance lead and early pregnancy lead are in place and have allocated PAs in job plans		Job plans
		Business plans ensures all developments and improvements meet national standards and guidance		Business plan

Area for improvement	Description	Evidence	Self-assessed compliance (RAG)	Evidence for RAG rating
		Business plan is aligned to NHS 10-year plan, specific national initiatives and agendas.		Business plan
		Business plans include dedicated time for clinicians leading on innovation, QI and Research		Business plan
		That service plans and operational delivery meets the maternity objectives of the Long Term Plan in reducing health inequalities and unwarranted variation in care. Note the Maternity and Neonatal Plans on Pages 12 & 13.		
Meeting the requirements of Equality and Inequality & Diversity Legislation and Guidances.	**That Employment Policies and Clinical Guidances meet the publication requirements of Equity and Diversity Legislation.**	Assess service ambitions against the Midwifery 2020: Delivering expectations helpfully set out clear expectations in relation to reducing health inequalities, parts 3.1, 4.1 and 4.3 of the documents.		Noted in Trust-wide EDI policy
		Refer to the guidance from the Royal College of Midwives (RCM) Stepping Up to Public Health, (2017). Utilise the Stepping up to Public Health Model, Table 10 as a template.		Able to evidence the 13 key areas frequently discussed in table 10 through current Maternity records

Key lines of enquiry	Kirkup recommendation number
Leadership and development	2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18

Governance: Covers all pillars of Good governance	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
Quality Improvement: application of methodology and tools	5, 6, 9, 12, 13, 15, 16, 17, 18
National standards and Guidance: service delivery	2, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
Safety Culture: no blame, proactive, open and honest approach, Psychological safety	2, 3, 4, 5, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
Patient Voice: Service user involvement and engagement through co-production and co-design. MVP and wider	6, 9, 11, 12, 13, 15, 17, 18
Staff Engagement: Harvard System two leadership approach, feedback and good communication tools	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18
Business Planning: aligned with LMNS plans and the National Maternity Transformation agenda, Maternity safety strategy and the Long term plan	8, 9, 10, 14, 15, 16, 17, 18

2. Sherwood Forest Hospitals Maternity Self-Assessment Tool Action Plan 2022-23

Area for improvement	Action	By Whom/ When	Evidence for RAG rating
Maternity strategy, vision and values	• Maternity strategy, vision and values that have been co-produced and developed by and in collaboration with MVP, service users and all staff groups.	• Divisional Head of Nursing and Midwifery May 2022	Strategy document
	• 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	• Consultant Midwife and Professional Midwifery Advocate team May 2022	Current have mechanism, needs MVP involvement- MVP papers
Non-executive maternity safety champion	• All Safety champions lead quality reviews, eg 15 steps quarterly as a minimum involving MVPs, service users, commissioners and trust governors	• Consultant Midwife, Q2 2022	Evidence of 15 steps
Multiprofessional engagement workshops	• Planned schedule of joint multiprofessional engagement sessions with chair shared between triumvirate, ie quarterly audit days, strategy development, quality improvement plans	• Divisional triumvirate, Q2 2022	Meeting minutes
	• Record of attendance by professional group and individual	• Divisional triumvirate, Q2 2022	Attendance record
	• Recorded in every staff member's electronic learning and development record	• Divisional triumvirate, Q2 2022	ESR notes

Clearly defined appraisal and professional revalidation plan for staff	• Compliance with annual appraisal for every individual • Staff supported through appraisal and clearly defined set objectives to ensure they fulfil their roles and responsibilities	• Maternity Matrons, March 2022 • Maternity Matrons, March 2022	Action plan Action plan, objectives sheet
Multiprofessional membership/ representation at Maternity Voices Partnership forums	• Maternity Voice Partnership involvement in service development, Quality Improvement, recruitment and business planning through co-production and co-design • Quality improvement plan (QIP) that uses the SMART principle developed and visible to all staff as well as Maternity Voice Partnership/service users	• Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022	QIP QIP
Collaborative multiprofessional input to service development and improvement *linked with MVP	• Roles and responsibilities in delivering the QIP clearly defined, ie senior responsible officer and delegated responsibility • Clearly defined and agreed measurable outcomes including impact for women and families as well as staff identified in the QIP • Identification of the source of evidence to enable provision of assurance to all key stakeholders • The organisation has robust repository for collation of all evidence, clearly catalogued and archived that's has appropriate shared access • Clear communication and engagement strategy for sharing with key staff groups • QIP aligned to national agendas, standards and national maternity dataset and national maternity quality surveillance model requirements	• Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022 • Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022	QIP QIP QIP QIP QIP QIP
Proactive shared learning across directorate	• Publicly visible quality and safety board's outside each clinical area	• Maternity Safety Team, April 2022	Email confirmation

Application of the four key action points to reduce inequality for BAME women and families	• All actions implemented, embedded and sustainable	• Consultant Midwife & LMNS	Action plan
Quality improvement structure applied	• Maternity Quality Improvement Plan that defines all key areas for improvement as well as proactive innovation	• Divisional Head of Nursing and Midwifery & Quality Improvement team, May 2022	QIP
Maternity transformation programme (MTP) in place	• Dynamic maternity safety plan in place and in date (in line with spotlight on maternity and national maternity safety strategy)	• Divisional Head of Nursing and Midwifery &Maternity Safety Team, May 2022	Plan
Human factors training available	• Human factors training part of trust essential training requirements	• Corporate HoN and Training and Development, Q3 2022	TNA
Learning events	• Annual or biannual trust-wide learning to improve events or patient safety conference forum	• Head of Patient Safety, Q3 2022	Event dates

3. Key supporting documents and reading list

- NHS England National Maternity review: Better Births. February 2016; https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf
- Royal College of Obstetricians and Gynaecologists Maternity Standards 2016; https://www.rcog.org.uk/globalassets/documents/guidelines/working-party-reports/maternitystandards.pdf
- NHS England NHS Long Term Plan: January 2019; https://www.longtermplan.nhs.uk/
- Report of the Investigation into Morecambe Bay March 2015; https://www.gov.uk/government/publications/morecambe-bay-investigation-report
- Royal College of Midwives. Birth-rate plus tools; https://www.rcm.org.uk/media/2375/working-with-birthrate-plus.pdf
- Royal College of Midwives State of Maternity Services 2018; https://www.rcm.org.uk/media/2373/state-of-maternity-services-report-2018-england.pdf
- NHS England. Spotlight on Maternity: Safer Maternity care. 2016; https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2015/11/spotlight-on-maternity-guide.pdf
- Department of Health Safer Maternity care. The National Ambition. November 2017; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560491/Safer_Maternity_Care_action_plan.pdf
- NHS Resolution. Maternity Incentivisation Scheme 2019/20; https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/
- NHS staff survey. (2018); https://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Results/
- Maternity Picker Survey. 2019; https://www.picker.org/wp-content/uploads/2014/10/Maternity-4-pager-for-website-ARe-V2-18122018.pdf
- National Maternity Perinatal Audit. (NMPA) report; https://www.hqip.org.uk/resource/national-maternity-and-perinatal-audit-nmpa-clinical-report-2019/#.XdUiX2pLFPY
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK. (MBRACE) report; https://www.npeu.ox.ac.uk/mbrrace-uk
- Organisations Monthly Maternity Dashboards; https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set/maternity-services-dashboard
- Organisational Maternity and Neonatal Cultural Score Survey; https://improvement.nhs.uk/documents/5039/Measuring_safety_culture_in_matneo_services_qi_1apr.pdf
- NHS England Saving babies lives Care bundle. V2 March 2019; https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf

- 7 Features of safety in maternity services framework; https://for-us-framework.carrd.co/
- Ockendon Report: investigation into maternity services at Shrewsbury and |Telford NHS hospitals 2020; https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust
- Perinatal Surveillance Model; https://www.england.nhs.uk/wp-content/uploads/2020/12/implementing-a-revised-perinatal-quality-surveillance-model.pdf
- Maternity Incentive Scheme; https://resolution.nhs.uk/wp-content/uploads/2021/03/Maternity-Incentive-Scheme-year-3-March-2021-FINAL.pdf