

Sherwood Forest Hospitals Trust- Kirkup Report (2015) Gap Analysis

February 2022

Purpose

The Morecambe Bay Investigation was established by the Secretary of State for Health to examine concerns raised by the occurrence of serious incidents in maternity services provided by what became the University Hospitals of Morecambe Bay NHS Foundation Trust, including the deaths of mothers and babies.

The review carried out a thorough and independent investigation of these events, covering the period from 1 January 2004 to 30 June 2013. The findings were stark and catalogue a series of failures at almost every level – from the maternity unit to those responsible for regulating and monitoring the Trust. Bill Kirkup, the report author noted that the nature of these problems was serious and shocking, and that it was important for the lessons of these events to be learnt and acted upon, not only to improve the safety of maternity services, but also to reduce risk elsewhere in NHS Systems.

Since the publication of the Kirkup report in 2015, as further investigation into Maternity Service at East Kent Hospitals has been performed. This initial investigation, led by Bill Kirkup, has raised similar themes and understandably wider concerns. Nationally, all Trusts have been required to provide assurance in regard to the recommendations provided in 2015.

Below is the detailed supporting response from Sherwood Forest Hospitals, providing further information. All areas within this report have been self-assessed as green, following review through the Maternity Assurance Committee on the 8th of March 2022.

Recommendation

This update report is read in conjunction with the Nottinghamshire Ockenden and Kirkup Response and Assurance Assessment Tool, providing further clarity on the return with details of further actions.

1. Kirkup Gap Analysis with supporting evidence

Kirkup Action no.	Relating to Kirkup Recommendation	Action	Suggested documents that may support Trust assurance.	Sherwood Forest Hospitals RAG status	Evidence
7	R2, R3	Review the skills of Band 6 midwives to identify and address any training needs to ensure a competent and motivated workforce	Develop a robust support package for new band 6 midwives		<ul style="list-style-type: none"> Competency Package- Band 6-7 and Band 7 development
			Completion of the Mentoring module		<ul style="list-style-type: none"> Mentorship competency/Aligned to SSSA- Midwives completed
			Suturing competency		<ul style="list-style-type: none"> Suturing package
			IV therapy competency		<ul style="list-style-type: none"> IV therapy package
			Care of women choosing epidural anaesthesia.		<ul style="list-style-type: none"> Epidural package and e-learning
8		Review the current induction and orientation process for midwives and nurses joining the organisation at Band 6 to ensure they are competent and confident to provide care	Practice educator reports and feedback		<ul style="list-style-type: none"> Induction package and programme <p><i>See above number 7</i></p>

9	R2	Review the current induction programme for locum doctors	Locum policies		<ul style="list-style-type: none"> • HR Policy in place
10		Review the current provision of education and training for locum doctors with the aim of introducing streamlined bespoke training for this group.			<ul style="list-style-type: none"> • HR Policy in place
11	R2	Review the provision of maternal AIMS courses and ensure that all places are allocated appropriately and staff attend the session.	Practice educator meeting notes, discussion with DoMS/HoMs		<ul style="list-style-type: none"> • Maternal AIMS attendance, training and governance minutes • Progressed to PROMPT training- April 2020
12	R2	Review the educational opportunities available for staff working in postnatal areas to increase their understanding of the compromised neonate, including consideration of bespoke educational sessions and HEI courses e.g. Care of the compromised baby module at University of Salford	Practice educator reports and feedback		<ul style="list-style-type: none"> • Evidence of training aligned to the current Core Competency Framework (NHS England, 2020).
13	R2	Improve staff knowledge, response time and escalation processes in relation to a woman's deteriorating condition	Incident review and feedback, related lessons learnt, training opportunities		<ul style="list-style-type: none"> • Midwifery Risk Management Policy • Incident reviews, learning

14	R2	Implement a process for cascading learning points generated from incidents or risk management in each clinical area e.g. email to staff, noticeboard, themed week / message of the week, core huddles, NICU news			<ul style="list-style-type: none"> • Governance Board • Shared communication tools, LIMS, CHIPS, LIPS • Safety Huddles
15	R3	Review the current process for staff rotation to ensure that a competent workforce is maintained in all clinical areas.			<ul style="list-style-type: none"> • Rostering practice • JD for Acute Midwifery, outlines rotations
16	R2, R3, R4	Review and update the Education Strategy			<ul style="list-style-type: none"> • TNA 2021-22. 2022-2023 awaiting sign off
17	R3	Review the support provided when staff are allocated to a new clinical area and what supernumerary actually means in order to manage staff expectations			<ul style="list-style-type: none"> • Orientation programme • Staff feedback
18	R3	Offer opportunities to other heads of service for staff from other trusts to broaden their experience by secondment or supernumerary status			<ul style="list-style-type: none"> • External secondments, examples within internal organisation posts, HEE and Patient Safety Collaborative
19	R5	Develop a list of current MDT meetings and events and share with staff across the directorate			<ul style="list-style-type: none"> • Annual list published on governance board- visible to all staff
20	R8	Develop and implement a recruitment and retention			<ul style="list-style-type: none"> • Recruitment and retention features as part

		strategy specifically for the obstetric directorate			of the W&C annual workforce strategy
21		Review the current midwifery staffing establishment to ensure appropriate staffing levels in all clinical areas			<ul style="list-style-type: none"> • Annual establishment review • Birthrate plus 09/2020 • Plan refreshed 04/2022
22		Ensure that all staff who leave are offered an exit interview with a senior member of staff and use the information gained from these interviews to inform changes aimed at improving retention			<ul style="list-style-type: none"> • Process in place, exit interviews supported by Trust Quality Improvement team
23		Provide Staff Forum meetings where staff are encouraged to attend and discuss concerns			<ul style="list-style-type: none"> • Monthly Midwifery Forum in place with actions circulated to all staff following
24	Only applicable to multi-site trusts.	Improve working relationships between the different sites located geographically apart but under the same organization.			Not applicable
25	R9	Reiterate to all staff via email and team meetings the roles and responsibilities of the consultant obstetrician carrying the hot week bleep.			<ul style="list-style-type: none"> • Email and confirmed in SOP for Consultant Ward rounds

26	R11, R12	Ensure that staff receive education during their induction regarding the incident reporting process including the process for reporting incidents, the incidents that should be reported and the rationale for learning from incidents.			<ul style="list-style-type: none"> Standard item on both Midwifery and Obstetric induction
27	R11, R12	Including a review of the processes for disseminating and learning from incidents			<ul style="list-style-type: none"> Maternity Risk Management Strategy
28		Ensure that staff undertaking incident investigations have received appropriate education and training to undertake this effectively	All consultants to have completed RCA training		<ul style="list-style-type: none"> All Consultants involved in Incident response have RCA
			Identified midwives to have completed RCA training		<ul style="list-style-type: none"> Register held by Governance Support Unit (GSU)
			Staff who have completed RCA training undertake an investigation within 1 year and regularly thereafter in order to maintain their skills		<ul style="list-style-type: none"> Staff competency around Human Factors and HSIB training
			Develop a local record of staff who have completed RCA training and the investigations undertaken (including dates)		<ul style="list-style-type: none"> Register held and maintained by GSU
29	R12	Ensure that the details regarding staff debriefing and support are completed on the Trust incident reporting system for all level 4 and 5 incidents			<ul style="list-style-type: none"> Maternity Risk Management Strategy

30	R12	Ensure that all Serious Incidents (SI's) are feedback to the staff			<ul style="list-style-type: none"> • Maternity Risk Management Strategy • Governance Board
31	R12	Identify ways of improving attendance of midwives at SI's feedback sessions			<ul style="list-style-type: none"> • Revised format, hybrid with virtual attendance
32	R13	Maternity Services Liaison Committee involvement in complaints	Collation of complaints reports		<ul style="list-style-type: none"> • Monthly governance report
33	R14	Review the current obstetric clinical lead structure			<ul style="list-style-type: none"> • Triumvirate
34	R15	Review past SI's and map common themes	Thematic reviews		<ul style="list-style-type: none"> • Midwifery Summit 2017 • Fetal loss review 2020 • PPH Deep Dive 2021
35	R23	Ensure that maternal deaths, late and intrapartum stillbirths and unexpected neonatal deaths are reported, reviewed and an investigation undertaken where appropriate	Maternal deaths, stillbirths and early neonatal deaths reports		<ul style="list-style-type: none"> • Compliance with reporting to HSIB • Maternity Risk Management Policy
36	R26	Ensure that all staff are aware of how to raise concerns	Whistle blowing staff policy		<ul style="list-style-type: none"> • Speaking Up Policy (Trustwide)
37	R31	Provide evidence of how we deal with complaints			<ul style="list-style-type: none"> • Complaints and Concern Policy (Trustwide)
38	R31	Educate staff regarding the process for local resolution and support staff to undertake	Identifying situations where local resolution is required		<ul style="list-style-type: none"> • Complaints and Concern Policy (Trustwide) • Current model of early phone call by Senior

		this process in their clinical area			Member of the team to understand complaint and response.
39	R32	Develop a plan to maintain a supervision system beyond the decommissioning of the LSAs once national recommendations have been agreed.	Implementation of the A-AQUIP model		<ul style="list-style-type: none"> • PMA Model and Policy
40	R38	Ensure that all perinatal deaths are recorded appropriately	Sending the completed form to the Deputy Director of Nursing/ Head of Midwifery and the Divisional Clinical Effectiveness Manager		<ul style="list-style-type: none"> • PMRT reports
41	R39	Ensure that Confidential Enquiry reports are reviewed following publication and that an action plan is developed and monitored to ensure that high standards of care are maintained	MBRRACE action plan		<ul style="list-style-type: none"> • MGCG meeting minutes and MBRRACE Action Plan.