Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet template and Guidance for all governance meetings

All reports MUST have a cover sheet

Subject:	Maternity and Neonatal Safety Champions Report	**Date:** October 2022	
Prepared By:	Paula Shore, Director of Midwifery/ Head of Nursing		
Approved By:	Phil Bolton, Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/ Head of Nursing, Phil Bolton, Chief Nurse		

Purpose		
To update the board on our progress as maternity and neonatal safety champions	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X	**X**		**X**	

Identify which principal risk this report relates to:		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Failure to achieve the Trust's financial strategy	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	
PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Maternity and Neonatal Safety Champions Meeting

Executive Summary

The role of the maternity provider safety champions is to support the regional and national maternity safety champions as local champions for delivering safer outcomes for pregnant women and babies. At provider level, local champions should:

- build the maternity safety movement in your service locally, working with your maternity clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme (MTP) and the national ambition
- provide visible organisational leadership and act as a change agent among health professionals and the wider maternity team working to deliver safe, personalised maternity care
- act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.

This report provides highlights of our work over the last month.

Update on Mandated Maternity and Neonatal Safety Champion (MNSC) work for August 2022

1. Service User Voice

Following on and strengthening the work from our Parent's Voice Representative, we are working with the LMNS to develop a systemwide survey for women using the initial 7 IEAs as a template. Further to this we will utilise the learning from our women around having this available in multiple languages. Sarah, our Parent's Voice Representative, continues with her monthly walk rounds feeding into MNSC meeting bi-monthly.

In addition to this role, the Professional Midwifery Advocate Service, which re-launched in February 2022 have also started to produce a bi-monthly update for the MNSC meetings. Within the Appendix below is the infographic which is provided through the meeting outlining the activity.
The role of a PMA is to support and guide midwives so that they can deliver consistent, high quality, safe maternity care and also to support the women and families who journey through the maternity services.

2. Staff Engagement

The MNSC Walk Round was completed on Wednesday the 3rd of August 2022. We had the opportunity to speak with different member of the team, these being our shortened course MSc Student Midwives, a retired and returned and an International Midwife. All happy with their experience and level of support at SFH but all reporting issues around pay and the abatement as an issue. Since this meeting we have had the national confirmation that the rules on abatement have been extended until March 2023, which has been communicated to the teams.

The Maternity Forums was held on the 24th of August 2022. We updated staff on the preparations for the homebirth service and its plans to re-start, which are all on track. The work around antenatal clinic, with support from our D&O colleagues has provided an additional clinic session to support the overbooking of the Tuesday Diabetic Clinic.

We have added communication to our teams around the avenues, noting the increased external pressures. A helpline has been set up for staff who may feel unable speak up through our current offers. We are having a focus Speaking up as part of the Freedom to Speak up Month in October.

3. Governance

Ockenden: out of the final 5, 14 have been peer reviewed and we are awaiting the final IEA which relates to Anaesthetics. We have the self-assessed and required this to go through MAC for peer assessment. There is no national reporting plan yet for the final 15 IEA's.

The LMNS quarterly panel meeting is planned for the 21st of September 2022, in which we have submitted the first part of the remaining two pieces of evidence. We are further working on as both an organisation and a system on how we can sustain some of the actions.

Final plans have been made for the Ockenden Quality Insight Visit on the 4th of October which will be performed by the regional team as part of one their recommendations from the report.

NHSR: The divisional working group continues to work on the delivery of the scheme, given the challenges for delivery we have moved the meeting to weekly. Following the risk, we raised last month we now have an interim agency manager supporting the delivery of this starting at the beginning of September 2022. 360 Assurance have commenced external validation process on 4 of the 10 safety actions. Key concerns remain around Safety Action 2- the Maternity Services Data

Set, all adjustment have now been made by IT. We will have the scorecard through in September to confirm if these changes have worked. Safety Action 8, particularly around the training remains amber due to the risk of delivery due to workforce loss, currently this is on track.

4. Quality Improvement Approach

The early implementor site work around smoke-free pregnancy continues to grow and features a patient story on this months Board.

5. Safety Culture

The Pathway to Excellence Survey is now live and all staff have been encouraged to engage. The SCORE survey has been delayed until Q4 2022/23 but will be using the previous results to provide a local quality improvement plans.

Sherwood Forest Hospitals
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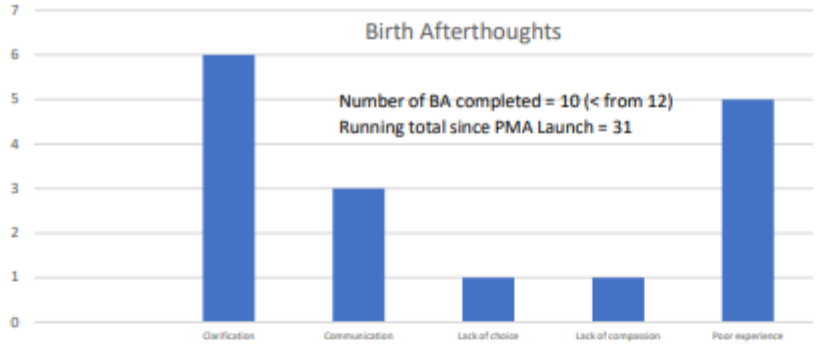
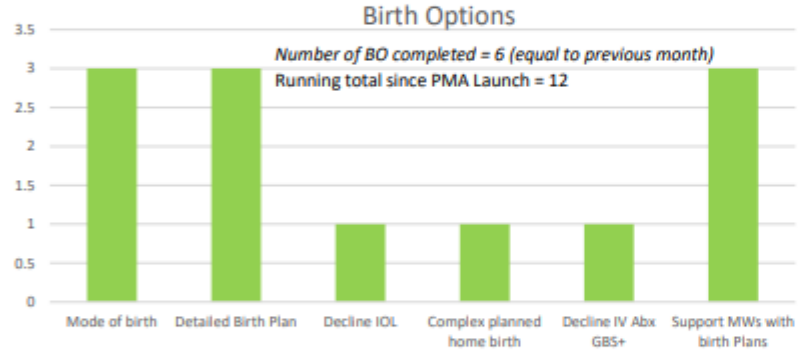


Key actions completed

Birth Afterthoughts dedicated diary slots set up
Communications to approve letters (inviting parents to self-refer for BA)
Ongoing: Daily walkabouts
Source of referrals: self via email = 2 Self via walkabout = 6
Via mental health services = 2

Key actions planned

Sarah Seddon to obtain feedback
Letter to GPs, HVs, CC/family hubs
Updated stickers for Maternity Notes
Listening Clinics w Sarah Seddon

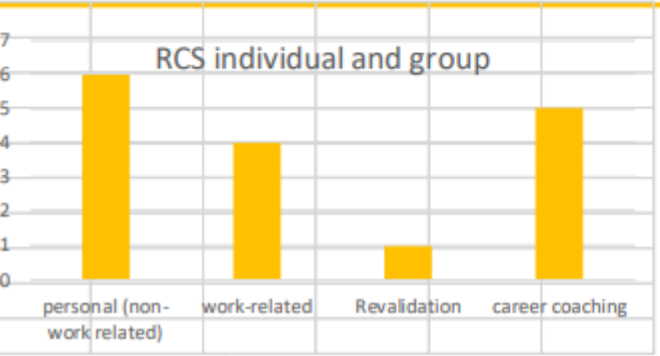


Key actions completed

Dedicated diary slots for Birth Options
Ongoing 'Facilitating Choice' guideline
Update Community MW Teams
Circulation of complex birth plans
Source of referrals: ANC/Cons =2 CMW = 4

Key actions Planned

Feedback form vs telephone call
SFH maternity website page updated
Ongoing reminders to Community MWs, PDC, ANC, Obs Team



Number of RCS individual / group completed = 7

Key actions completed

Group Reflect & Learn Sessions handed over to PDM & R&R MW
Dedicated Community MWs & PMA Days set up
Ongoing : daily walkabouts
Ongoing: liaison re incidents

Key actions Planned

Follow up Individual Invites
Work Afterthoughts sessions
PMA contact cards
Staff Survey to obtain a deeper understanding of staff needs

Key actions completed

QI/ Shared Gov. joint improvement project with Mat Ward
PDC core staff contacted re future QI project

Key actions Planned

Listening Clinics planned in various Community settings
(with Sarah Seddon)

Unable to collate in-depth data/themes due to new system installation. Total 243/4400 responses (6.1% response rate)

Delivery Risks:

- One full time PMA down = 30 hours available PMA time.
- Staff perception of RCS – hindered by delay with Comms re promotional material

Delivery Strengths:

- Increased variety of sources of referral for both BA and BO.
- Progress with Guideline
- Support network established with PMAs in LMNS & neighbouring Trusts
- Increase in staff 1-2-1s