

## Board of Directors Meeting in Public

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report	<b>Date:</b> 7 September 2023			
<b>Prepared By:</b>	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C				
<b>Approved By:</b>	Phil Bolton, Chief Nurse				
<b>Presented By:</b>	Paula Shore, Director of Midwifery, Divisional Director of Nursing W&C and Phil Bolton, Chief Nurse				
<b>Purpose</b>					
To update the Board on our progress as maternity and Neonatal Safety Champions.		<b>Approval</b>			
		<b>Assurance</b>			
		<b>Update</b>			
		<b>Consider</b>			
		<b>X</b>			
		<b>X</b>			
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		
<b>Principal Risk</b>					
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				
<b>Committees/groups where this item has been presented before</b>					
<ul style="list-style-type: none"> <li>Nursing and Midwifery AHP Committee 01/09/2023</li> <li>Maternity Assurance Committee 06/09/2023</li> </ul>					
<b>Acronyms</b>					
MNSC- Maternity and Neonatal Safety Champion MVP - Maternity Voice Champion CQC- Care Quality Commission LMNS- Local Maternity and Neonatal System					
<b>Executive Summary</b>					
<p>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:</p> <ul style="list-style-type: none"> <li>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 and the national ambition</li> <li>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</li> <li>act as a conduit to share learning and best practice from national and international research and local investigations or initiatives within your organisation.</li> </ul> <p>This report provides highlights of our work over the last month.</p>					

## Summary of Maternity and Neonatal Safety Champion (MNSC) work for August 2023

### 1. Service User Voice

This month the Maternity team presented the initial actions taken regarding the Three-Year Maternity and Neonatal Plan to the LMNS Transformation Board. Below are our actions to date regarding the system priorities identified from the Three-Year Plan.

Embedding the voice of women, birthing people and families- progress to date:

- Partners staying overnight project
- Induction of Labour working group – lead midwife in post
- MVP ‘Walking the Patch’ in July –feedback escalated and addressed
- MVP 15 Steps on 1st September
- Culture work with staff around compassionate care and civility
- Civility, supporting choice and addressing unconscious bias training now included in PROMPT
- Continuing to develop PMA service

Equity as the lens through which we view all areas of the LMNS- progress to date:

- Full cultural competency training being rolled out in October 23 over 3 years.
- Working group led by maternity commissioning to improve interpreter services
- Engaging with Social Prescriber pilot
- Strong SFH engagement with Health Inequalities Working Group in LMNS and identified key priorities to move forward including education on addressing bias in care of the neonate and scoping models of working in the community to increase support for women in highest area of deprivation and with complex needs.

Emma, our MVP volunteer, continues to support championing the parent voice, this month supporting the work on the website re-design. An update on this will be taken through the MNSC meeting.

## 2. Staff Engagement

On the 1<sup>st</sup> of August the MNSC completed their monthly walk round of Maternity and Neonatal Services. The MNSC were joined this month by Sally Brook Shanahan, Director of Corporate Affairs. We spoke to multiple members of the team who reported the positive changes to the caesarean section list, which is featured this month in the quality improvement section. Staff also spoke to the expected changes in staffing due to the increased maternity leave. The MNSC were able to report that the senior leadership team are taking appropriate actions to support this and once approved these will be shared with the teams.

The Maternity Forum ran on the 10<sup>th</sup> of August, with colleagues joining from all areas across the division. We were able to feedback the results of the recent Excellence Awards in which multiple awards had been won across the division, below is a summary of these:

### Nursing, Midwifery and AHP Team

\*Early Pregnancy Unit (Rainbow Clinic)

### Specialist Healthcare Individual

\*Jodie Prest- (Maternity Clinical Support Trainer)

### Multi-Disciplinary Team of the Year

\*Maternity and the Badgernet Project Implementation Team

### The Chair Award

\*Emily Harris Foundation (Neonates)

The Assistant General Manager also announced the winning entry for the recent competition to design a Maternity Logo to use within the services. This logo will support the recently approved strategy line, which was developed and voted for by our staff and service users. Below is a draft version of the winning design, which are communication team are supporting the amended and the official launch, planned for the 1<sup>st</sup> of October 2023.



Issues were raised around the auditing of some areas of clinical care due to the cross over between the current systems, namely Badgernet and Nervecentre, an action was taken by the Director of Midwifery to address.

### **3.Governance Summary**

#### **Three Year Maternity and Neonatal Plan:**

Identified in the service user feedback section this month is the detailed actions we have taken to date regarding the plan. We have also been provided a bespoke system workbook to provide a trust return, to identify progress and any additional support needed. This workbook will be cited through both the MNSC meeting and MAC.

#### **Ockenden:**

We have started the preparations for the planned regional Ockenden Oversight visit for October 2023, the team are continuing to collate the evidence to support the embedding of the 7IEA's. This report is viewed at the MNSC quarterly, no concerns to date have been raised regarding the embedding of the initial 7 IEA's.

#### **NHSR:**

Discussed at the MNSC meeting was the progress of the NHSR Year 5 task and finish group. All the deadlines to date have been met and the evidence collection is underway. NHSR have issued a revised document which has been factored into the plan for delivery at SFH. Regional escalation has been made around safety action 6 and 8, specifically around element 2 of saving babies lives and MDT training. We are awaiting a response.

#### **Saving Babies Lives:**

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Discussed at MNSC and shared as part of the reading room is the monthly data for the SBLCB taken from Badgernet, which is showing an improving position and is being used for governance papers through division.

#### **CQC:**

Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) an action plan has been approved by the Quality Committee on the 13<sup>th</sup> of April 2023 and the two "Must do" actions have been completed and are now being tracked through MNSC meeting and the MAC.

A focus will now move on the "should do" actions, and a subsequent action plan will be cited at MNSC and MAC in the subsequent months. These "should do" actions are:

The trust should ensure all medicines are stored safely and appropriately in line with trust policy.

The trust should continue to implement their new electronic system. To support auditing the quality of the service. When issues are identified from audits action is taken further auditing cycles are undertaken to demonstrate if improvements and changes in practice have improved patient outcomes and improved practice.

Leaders should continue to implement improvements to how they effectively communicate any changes in service provision with staff.

#### **4. Quality Improvement**

Provided in Appendix One is a slide from our first quarter review of the newly instated elective caesarean section list. The slide outlines both the quantitative and qualitative data taken over the last three months, through our systems, staff, and service users. This slide will be shared further within the teams and will be continued to be monitored through the theatre working group.

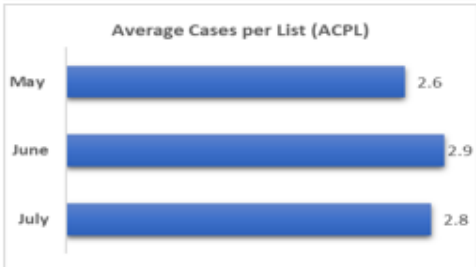
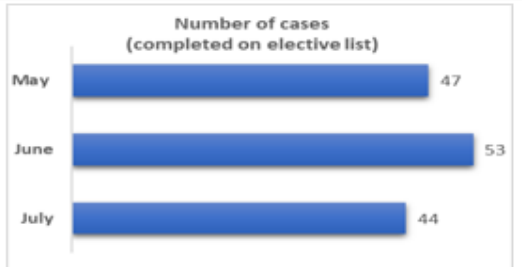
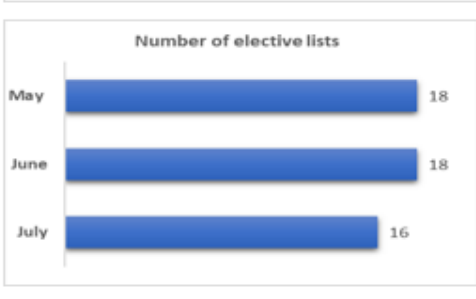

#### **5. Safety Culture**

The score survey is now closed for Maternity and Neonatal services, we are awaiting the results, which are due at the end of August. Once available we have a planned period of debriefing with the support of the operational development team.

The dates for the Perinatal Culture and Leadership 'Quad' Programme have now been released and we have a team attending. Further feedback will be provided once the quad has attended.

Appendix One

## Elective (Planned) Caesarean Section Progress to date

Key Performance Highlights May – July 2023	What is going well																																		
<ul style="list-style-type: none"> <li>• Runs 4 days per week 8:30 – 12:30 (Tuesday – Friday)</li> <li>• <b>53</b> Lists ran</li> <li>• <b>144</b> Elective cases completed</li> <li>• Average case per list <b>2.8</b> overall</li> <li>• Demand increasing with diary showing 4 ‘booked’ most days in August</li> <li>• Reduction in Length of stay hours</li> <li>• Review of process / shadowing taken place 2<sup>nd</sup> &amp; 3<sup>rd</sup> August 2023</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently completing 2 – 3 elective cases on each designated morning list</li> <li>• SOP embedded and areas of responsibility clear</li> <li>• Good communication with patients and families throughout the process</li> <li>• Reduction in Length of stay due to earlier elective sections</li> <li>• Reduction of cancellations on the day</li> <li>• No complaints or Datix received indicating improved patient experience</li> <li>• Better outcomes</li> <li>• Improved Staff morale</li> </ul>																																		
Performance visuals	Area's for further development																																		
<div data-bbox="159 831 633 1098"> <p><b>Average Cases per List (ACPL)</b></p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Average Cases per List (ACPL)</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>2.6</td> </tr> <tr> <td>June</td> <td>2.9</td> </tr> <tr> <td>July</td> <td>2.8</td> </tr> </tbody> </table> </div> <div data-bbox="640 831 1160 1098"> <p><b>Number of cases (completed on elective list)</b></p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Number of cases (completed on elective list)</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>47</td> </tr> <tr> <td>June</td> <td>53</td> </tr> <tr> <td>July</td> <td>44</td> </tr> </tbody> </table> </div>	Month	Average Cases per List (ACPL)	May	2.6	June	2.9	July	2.8	Month	Number of cases (completed on elective list)	May	47	June	53	July	44	<ul style="list-style-type: none"> <li>• Consideration of changing clinician PA's to 8.15 – 13.15 to optimise list or 5<sup>th</sup> list</li> <li>• Development of a scheduling meeting to ensure appropriate case mix, cell salvage availability and anaesthetic staffing</li> <li>• Create electronic diary, moving away from manual book so that the information is more visible and shared and any changes/cancellation are captured</li> <li>• Minor changes to current SOP</li> <li>• Collection of patient experience for learning opportunities</li> <li>• Band 7 co-ordinator role to have oversight of section list to ensure smooth flow and handover</li> <li>• Exploring the possibility of booking on BlueSpier to move with Waiting List team</li> </ul>																		
Month	Average Cases per List (ACPL)																																		
May	2.6																																		
June	2.9																																		
July	2.8																																		
Month	Number of cases (completed on elective list)																																		
May	47																																		
June	53																																		
July	44																																		
<div data-bbox="159 1102 633 1402"> <p><b>Number of elective lists</b></p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Number of elective lists</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>18</td> </tr> <tr> <td>June</td> <td>18</td> </tr> <tr> <td>July</td> <td>16</td> </tr> </tbody> </table> </div> <div data-bbox="640 1102 1160 1402"> <p><b>Average Elective C-Section LOS Hours</b></p>  <table border="1"> <thead> <tr> <th>Month</th> <th>Average Elective C-Section LOS Hours</th> </tr> </thead> <tbody> <tr> <td>Aug-22</td> <td>~40</td> </tr> <tr> <td>Sep-22</td> <td>~38</td> </tr> <tr> <td>Oct-22</td> <td>~38</td> </tr> <tr> <td>Nov-22</td> <td>~38</td> </tr> <tr> <td>Dec-22</td> <td>40</td> </tr> <tr> <td>Jan-23</td> <td>~38</td> </tr> <tr> <td>Feb-23</td> <td>~48</td> </tr> <tr> <td>Mar-23</td> <td>~38</td> </tr> <tr> <td>Apr-23</td> <td>~38</td> </tr> <tr> <td>May-23</td> <td>37</td> </tr> <tr> <td>Jun-23</td> <td>~38</td> </tr> <tr> <td>Jul-23</td> <td>~38</td> </tr> </tbody> </table> </div>	Month	Number of elective lists	May	18	June	18	July	16	Month	Average Elective C-Section LOS Hours	Aug-22	~40	Sep-22	~38	Oct-22	~38	Nov-22	~38	Dec-22	40	Jan-23	~38	Feb-23	~48	Mar-23	~38	Apr-23	~38	May-23	37	Jun-23	~38	Jul-23	~38	<p><b>Learning from shadowing sessions</b></p> <p>The two planned sessions shadowed highlight so many positives, both days 3 cases were performed although we did see delays the teams pulled together to minimise any disruption and the patient was clearly the priority. The 2<sup>nd</sup> day overrun by 30 minutes. The list ran smoothly alongside the emergency session. 4 cases were booked in the diary for both days which is not possible within the theatre time – The SOP needs to be clear and when the 4<sup>th</sup> patients is done, how this is escalated and communicated to teams and the patient. There is a clear need for extended session times and a move to a 5 day service to meet the demand. AGM spoke to one of the patients who previous day a c-section with us in very similar circumstances although ended up as an emergency, patient described this experience as ‘Lovely’ she felt cared for and respected, Dad felt involved and communicated with and both commented on the continued care from the same midwife after the procedure (prior to handover to the ward) as beneficial. Parents said the difference from last time was astounding having had a poor experience with us last time.</p>
Month	Number of elective lists																																		
May	18																																		
June	18																																		
July	16																																		
Month	Average Elective C-Section LOS Hours																																		
Aug-22	~40																																		
Sep-22	~38																																		
Oct-22	~38																																		
Nov-22	~38																																		
Dec-22	40																																		
Jan-23	~38																																		
Feb-23	~48																																		
Mar-23	~38																																		
Apr-23	~38																																		
May-23	37																																		
Jun-23	~38																																		
Jul-23	~38																																		