

**Board of Directors Meeting in Public - Cover Sheet**

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report		<b>Date:</b>	4 July 2024	
<b>Prepared By:</b>	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens.				
<b>Approved By:</b>	Philip Bolton, Executive Chief Nurse				
<b>Presented By:</b>	Paula Shore, Director of Midwifery, Divisional Director of Nursing for Women and Childrens, Philip Bolton, Executive Chief Nurse				
<b>Purpose</b>					
To update the Trust Board of Directors on our progress as Maternity and Neonatal safety champions			<b>Approval</b>		
			<b>Assurance</b>	X	
			<b>Update</b>	X	
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X		X		
<b>Principal Risk</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				
<b>PR4</b>	Failure to achieve the Trust's financial strategy				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where items has been presented before</b>					
<ul style="list-style-type: none"> <li>Maternity and Neonatal Safety Champions Meeting.</li> </ul>					
<b>Acronyms</b>					
<ul style="list-style-type: none"> <li>Data Sharing Agreement (DSA)</li> <li>Electronic Prescribing and Medicines Administration (EPMA)</li> <li>Maternity and Neonatal Safety Champion (MNSC)</li> <li>Maternity and Neonatal Voice Partnership (MNVP)</li> <li>Maternity Voice Champion (MVP)</li> <li>Multi Discipline Team (MDT)</li> <li>Neonatal Voice Champion (NVP)</li> <li>Care Quality Commission (CQC)</li> <li>Local Maternity and Neonatal System (LMNS)</li> </ul>					
<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</li> </ul>					

clinical network safety champion and continuing to build the momentum generated by the maternity transformation programme 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.

## **Summary of Maternity and Neonatal Safety Champion (MNSC) work for June 2024**

### **1. Service User Voice**

Due to the announcement of the general election on the 4<sup>th</sup> of July 2024, the MNVP are respecting the rule of purdah by exercising caution in making announcements or decisions that might affect the election campaign.

They have been able to continue with the planned programmes of work around the recruitment of an additional MVP volunteer for SFH. Noted with the governance overview, the leads from the system provider organisations, LMNS and both the MVP and NVP chair have met to agree a key action regarding safety action one within the year 6 Maternity Incentive Scheme.

The progress of the CQC maternity voice action plan was discussed through the MNSC meeting on 27 June 2024. Specific feedback from our SAS Doctors and Consultants working within anaesthetics, provided additional updates specifically within the pain relief section, noting the below points:

- Introduction of patient-controlled Remifentanil- work ongoing.
- Moving to a patient-controlled regime for labour epidurals- work also ongoing
- Increasing the amount of daytime anaesthetic staffing, supporting the additional caesarean lists

### **2. Staff Engagement**

The planned MNSC walk round took place on the 7<sup>th</sup> of June 2024. The MNSC spoke with colleagues across the MDT. A key discussion point from all areas was around the increased impact of caesarean birth. Whilst the additional lists have made an impact, staff noted further ideas around what else is required. This action point will be taken to the Perinatal Assurance Committee (was Maternity Assurance Committee) for wider discussion and action, noting the operational and cross divisional implications.

On the 14<sup>th</sup> of June 2024 the Maternity Forum was held. Chaired by the Director of Midwifery this month and attended this month by the Interim Chief Executive Officer, the meeting was well attended by divisional colleagues.

The Digital Midwife provided an update around the go live date for the EPMA within maternity services on the 26<sup>th</sup> of June 2024 including the provision of staff training prior to this date. Excellent progress has been made to date and all staff reported positively around this change.

The Maternity Clinical Support Trainer spoke about plans made for the provision of a school visit in the coming months and the work that is underway with the Trust's leads for work experience to explore what the offer for maternity services could look like if the interest is there.

### **3.Governance Summary**

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

The Maternity Safety Team continue to work with the LMNS, now the Three-Year plan is in its second year.

Discussions include how the Trust can evidence the progress so far and what needs to be prioritised moving into the third year.

#### **Ockenden:**

The action plans continue to be worked through following the annual Ockenden insight visit report from our visit in October 2023. The visit findings supported the self-assessment completed by the Trust. Areas have been identified from the visit to strengthen the embedding of the immediate and essential actions. Progress has been made as a system around the bereavement provision, notable with the counselling support available for families as a system which is a feature of the Three-Year plan. Discussions are being held with the LMNS as to the future of insight visits.

The request from the Independent Maternity Review at Nottingham, regarding a data sharing agreement (DSA), has been presented to the Digital Committee and now requires progressing to the Information Governance Board, due to be held in July 2024. Until the DSA has been approved, any requests are being taken through the Access to Health records team for review.

#### **NHSR:**

The task and finish group for the year 6 Maternity Incentive Scheme is established now and meeting fortnightly to work through the evidence upload needed.

A risk which was identified has been reviewed with the system and the MNVP Chair's and a clear plan has been provided to ensure compliance for this element. No further risks have been escalated to date from the fortnightly task and finish group.

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

SFH has continued to monitor its compliance with all elements of the Saving Babies' Lives Care Bundle (SBLCB) in Version 2 and following the uploaded evidence submitted to the regional teams, we have received confirmation that we have achieved the agreed over 70% compliance for Version 3 (SFH is currently at 87%). Work continues to ensure that we aim for full compliance within the agreed time thresholds.

A key area of focus is to support the newest element within Version 3 of the bundle which focuses upon the diabetes service.

#### **CQC:**

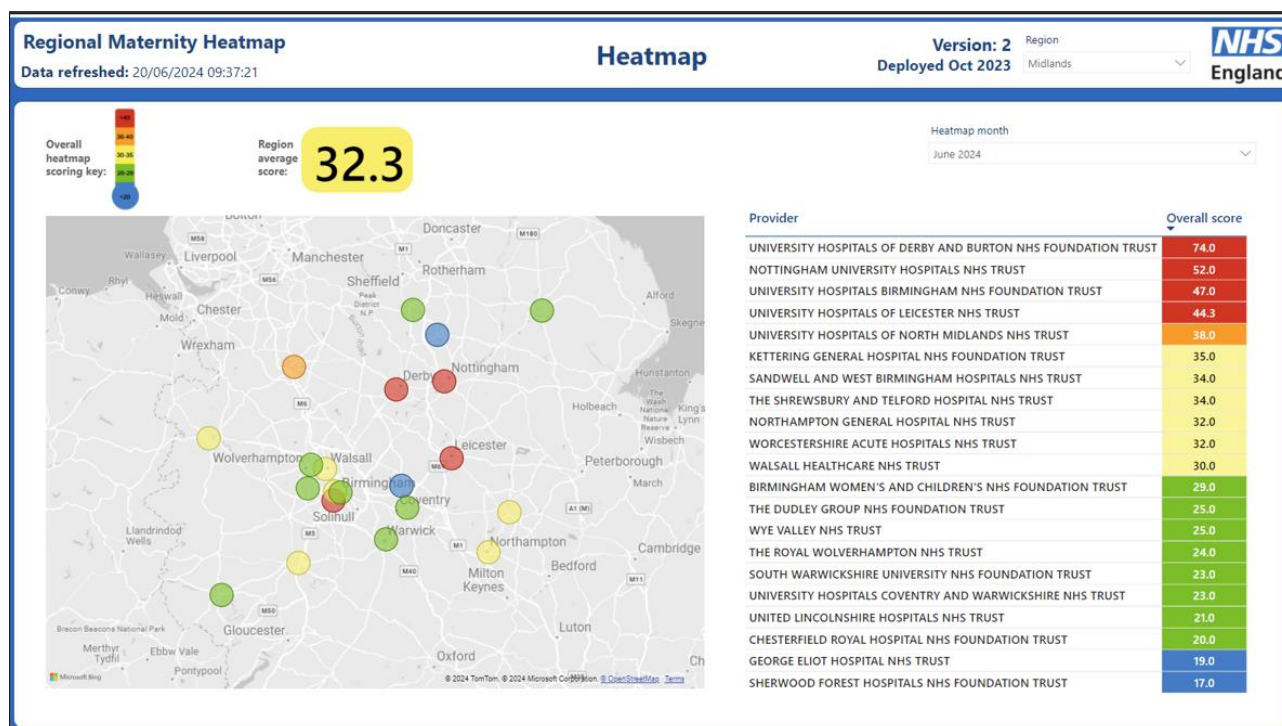
Following the "Good" rating from the planned 3-day visit from the Care Quality Commission (CQC) the evidence has been rated as "green" through the QC, further is needed for these actions to become embedded. The "Must-Do" progress will be tracked through the MNSC. The Trust Mandatory training remains above the 90% threshold and a standardised triage system is in place. The triage task and finish group continue to present through the MNSC meeting.

A revised peer review programme has been drafted to allow for unannounced visits to specific areas within maternity to review the progress to these actions.

## 4. Quality Improvement

This month at the MNSC meeting we reviewed the regional heatmap data, as below. The heatmap is a regional tool which provides a scoring system based on internal and external reportable measures.

A key part of this data is the quality improvement measures that the organisation supports, these being Saving Babies Lives Care Bundle, NHSR Maternity Incentive Scheme compliance and vacancy rates within the MDT workforce. The current position, along with additional elements, is a culmination of the team effort against the quality improvement measures and for this month we have received our first blue rating.



## 5. Safety Culture

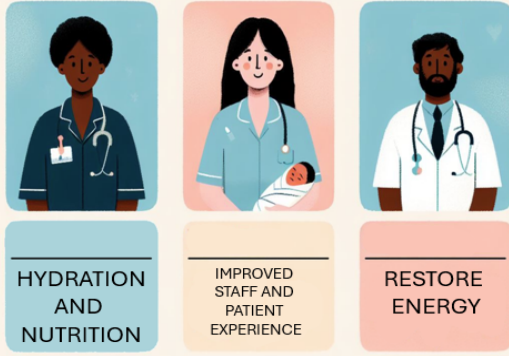
As part of the perinatal cultural workplan, drawing on the three themes of communication, leadership and health and wellbeing, we have provided below an update around the communication made available to all staff, a focus of this is to ensure that it is provided through a variety of media.

The first picture is a patient facing poster which, following the positive review of the 10@10 break system, highlights to all women and their families the concept of the break and ensures that they are aware that this is not prioritised over urgent clinical care.

The second picture explains the proposed triage relocation proposal which is the result of a focused meeting which was widely attended by staff across the MDT, allowing for great depth of discussion and ownership of the subsequent actions.

This month we also discussed and shaped the future perinatal quad report which will be present at the MNSC meetings.

## HEAD OF MIDWIFERY UPDATE APRIL 2024



At SFH we are committed to ensuring the health and well-being of our staff.

Our staff come together for a 10-minute time out on each shift at 10am/pm, known as

# 10@10

Staff are still available to provide your care during this time - please use your call bell to summon support if needed at any time.

We welcome all feedback from our women, birthing individuals, their families and visitors, as such please do not hesitate to email me direct on [sarah.ayre4@nhs.net](mailto:sarah.ayre4@nhs.net)

Thank you for your support

Sarah Ayre  
Head of Midwifery



## TRIAGE RELOCATION PROPOSAL JUNE 2024

### WHERE?

#### TRIAGE RELOCATION

We are discussing relocating to Rooms 12, 14 and 15 on the Ward. These will be 3 Ongoing Care rooms and the current office for IOL Team will become the Rapid Assessment Room. The Bay on SBU will become an ELCS / RECOVERY BAY and rooms 1 and 2 will return to SBU

### WHY?

#### YOU SAID... WE DID..

The aim to improve the experience of giving and receiving care in both Triage, our planned c section pathway and post theatre admissions. We also require additional birthing rooms to help avoid long delays for those receiving induction of labour care. Bay A and B on the Ward will become our IOL bays.

### WHEN?

#### MID JULY 2024

Once all staff have had an opportunity to share thoughts, ideas and feedback (there is a Teams meeting 19<sup>th</sup> June – have you received an invite?) we will present the proposal to the senior tri at SMT for sign off and then share plans for implementation. A SOP for escalation will be shared plus a detailed support plan provided for launch week.

**PLEASE CONTACT SARAH AYRE HEAD OF MIDWIFERY IF YOU HAVE ANY QUESTIONS OR FEEDBACK OR REQUIRE AN INVITE TO THE MEETING ON 19<sup>TH</sup> JUNE 2024 [sarah.ayre4@nhs.net](mailto:sarah.ayre4@nhs.net)**