

Board of Directors Meeting - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Update	Date: 3rd February 2022		
Prepared By:	Paula Shore, Divisional Head of Nursing and Midwifery			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Executive Board Safety Champion & Clare Ward, Non-executive Board safety champion			
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	x	
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial				
Patient Impact	x			
Staff Impact	x			
Services	x			
Reputational	x			
Committees/groups where this item has been presented before				
None				
Executive Summary				
<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.</p> <p>This report provides highlights of our work over the last month in relation to the mandated actions and our monthly feature is on the Early Implementer Site Tobacco Dependence Treatment Service.</p>				

Update on Mandated Maternity and Neonatal Safety Champion (MNSC) work for December 2021

1. Service User Voice

To help support and strengthen the current Professional Midwifery Advocacy (PMA) two full time PMA's have been recruited with a planned re-launch of the service on the 3rd of January 2022. This role will be split supporting both women and staff at SFH. The offer of support for women will include the birth outside of guidance clinic, birth after thoughts service and debriefing as required. A short report will be collated and presented through the MNSC meeting quarterly, reporting on activity and themes/ trends from this service.

2. Staff Engagement

The MNSC Walk Round was completed on the 23rd of December 2022 with the key issues escalated being around the impact of the virtual COVID ward on the acute services, immediate actions were taken. The planned Midwifery Forum in December was cancelled due to staffing pressures and acuity on the day.

3. Governance

Due to the increasing staffing and clinical pressures of Omicron during December, a joint position statement from NHSI/E mandated that all reporting for the Maternity Incentive Scheme cease for a three month period. This included all activities around Ockenden, Saving Babies Lives and Continuity of Carer. The teams allocated the safety actions will continue with the on-going work and monitoring. The working group is re-established and awaiting the revised guidance.

4. Quality Improvement Approach

Work continues on the Maternity and Neonatal Safety Improvement Programme and the Early Implementer Site Tobacco Dependence Treatment Service work is expanded below in the monthly feature.

5. Safety Culture

On-going work is underway with the Trust's quality improvement team to facilitate the SCORE survey this year.

2. Monthly Feature

The Early Implementer Site Tobacco Dependence Treatment Service – Maternity

(Linked to the Maternity and Neonatal Safety Improvement Programme)

- Commenced on the 6th of December 2021, the Early Implementer Site (EIS) Tobacco Dependence Treatment Service is a crucial part of the health and wellbeing services offered at SFH, focusing on Maternity Services. This is due to our local data on the poor mortality and morbidity outcomes for women who remain tobacco dependant during pregnancy.
- In the first 4 weeks of the service the team had 109 referrals, mostly at beginning of pregnancy, but also a significant amount at later gestations. The team of three Band 3 Tobacco Dependency Advisors (TDA) co-ordinate the clinics/telephone support from Clinic 12 and aim to contact each woman within 24 hours of referral. Following staff and service user feedback the team will be known as The Phoenix Team with a formal launch planned at the end of January.
- The TDA's support women throughout the pregnancy journey and within their first week in post have had successful outcomes. The team provided NRT patches to two women in labour, who also used them throughout their inpatient stay. Provided NRT to a pregnant woman who attended Pregnancy Day Care with a compromised fetus and on-going support, she has continued to be smoke-free and the fetus has been able to stabilise its weight gain in utero. Two babies since the start have been born to smoke free mothers during the first month, noting the various gestations women have been booked onto this pathway.
- The team have expanded the scope wider within the division supporting women on the pregnancy loss and termination of pregnancy pathway, enabling them to leave us smoke-free. Future plans to expand into early pregnancy by working with EPU and Ward 14, plus families with babies in NICU are underway.
- To support the team have secured further funding, from the LMNS Maternal Public Health group to support an incentive scheme pilot helping women to remain smoke free. Incentivisation has had proven success within greater Manchester units and aligns with the recent NICE guidance NG209.
- As the EIS site for the East Midlands, the team have been asked to present the setup of the project and initial success at the national NHSE/I Prevention Programme Board meeting on the 25th of January 2022, chaired by Professor Stephen Powis. This back ground work and initial findings have further influenced the national dashboard as SFH were the quickest EIS to go live following agreement of the programme.
- A quarterly report will be produced to go through the MNSC Meeting to show the progress and any updates.

Appendices

Appendix 1- Supporting Narrative on Mandated MNSC Activity

Service User Voice

PMA background information

The PMA is a new and fundamental leadership and advocacy role designed to deploy the A-EQUIP model. The role supports staff through a continuous improvement process that aims to build personal and professional resilience, enhance quality of care and support preparedness for professional revalidation.

The PMA role descriptor and the PMA competency framework involves:

- Deployment of the A-EQUIP model
- Supporting and developing the advocacy role of midwives
- Supporting and guiding midwives through actions that will be of benefit to women and their families
- Providing support and feedback to develop, progress and strengthen the capabilities of the midwifery workforce

The A-EQUIP model works for women in three ways:

- Advocating for women
- Providing direct support for women within a restorative approach
- Undertaking quality improvement in collaboration with women.

The model has been designed to provide all midwives via PMAs with the skills and knowledge to be able to advocate confidently for women. It also provides the flexibility for PMAs to continue to offer direct support to women if the maternity provider chooses this approach. PMAs can also use the specialist knowledge gleaned from their PMA role to contribute to making service improvements through their local Maternity Voices Partnership

Staff Engagement

Every Trust in England has named midwifery, obstetric, neonatal and board level maternity safety champions responsible for working closely with their clinical network and LMS leads to champion safety at frontline and system level. Each Trust should have developed a local pathway which describes how frontline midwifery, neonatal, obstetric and board safety champions share safety intelligence from floor to board and through the LMS and Maternity and Neonatal Patient Safety Networks.

Maternity and neonatal safety champions are responsible for:

- Supporting the provision of a seamless multidisciplinary perinatal service responsive to the needs of women, babies and their families
- Supporting implementation of the Neonatal Critical Care Review recommendations
- Supporting board safety champions to represent the safety needs of their services at board level
- Building the maternity and neonatal safety movement locally to prioritise improvement activities and adopt best practice within the organisation.
- Ensuring safe delivery of care provision with appropriate protection for staff, women and their families in light of the COVID-19 pandemic

As part of staff engagement at SFH we ensure the monthly MNSC walk round and midwifery forum, which is supported by the publication of the “Midwifery Matters” article details any issues raised and subsequent action plans.

Governance

Saving Babies Lives Care Bundle v2

The Saving Babies Lives Care Bundles 2 provides detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. The second version of the care bundle brings together five elements of care that are widely recognised as evidence-based and/or best practice:

- Reducing smoking in pregnancy
- Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)
- Raising awareness of reduced fetal movement (RFM)
- Effective fetal monitoring during labour
- Reducing preterm birth

SFH has continued to monitor its compliance with all elements of the Saving Babies’ Lives Care Bundle v2. On-going progress is reported externally quarterly to NHSE via the Midlands Maternity Clinical Network. Within Safety Action 6 of the Maternity Incentive Scheme, process and outcome measures regarding compliance have been validated. SFH are continuing to work towards compliance and are being supported through action plan, drafted by the service director and supported by the MCN and CCG. The NHSR year 4 was released on the 8th of August 2021. SFH have re-instated the divisional working group. Initial risk specifically around safety action 8 has been escalated regionally in regards to the timeframes for MDT training. The reviewed standards have are now available at Trust level and the working group are working towards these.

Ockenden and Maternity Incentive Scheme Update

The Ockenden initial submission was completed on the 30th June 2021. Progress continues to ensure compliance with recommendations from the Ockenden report. We have identified areas within maternity that require strengthening of the evidence and actions have been taken to support this, continued uploads to the portal are being made as requested by the LMNS.

The national benchmarking of this review has been completed and was returned to the trust on the 21st of October. We had the opportunity to appeal the view of our compliance with the recommendations. The outcome was supported and reflects the SFH self-assessment. Work continues to strength the areas rated as amber.

The Board declaration form for NHS Resolution has now been submitted for 2020-21, awaiting review. This release has been delayed and is now due end of October 2021. The standards for 2021-22 have been released and the working group are supporting these actions. Again it is anticipated that due to the on-going pandemic and recent increased pressures that the reporting timeframes and requirements will be amended, this will be noted within subsequent papers.

Continuity of Carer

- The term ‘continuity of carer’ describes consistency in the midwife or clinical team that provides care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period (NHS England 2017). Women who receive midwifery-led continuity of carer are 16% less likely to lose their baby, 19% less likely to lose their baby before 24 weeks and 24% less likely to experience pre-term birth and report significantly improved experience of care across a range of measures (Sandall et al 2016). Pre-term birth is a key risk factor for neonatal mortality. Continuity of carer can significantly improve outcomes for women from ethnic minorities and those living in deprived areas (Rayment-Jones et al 2015, Homer et al 2017 in RCM 2018).
- There are significant and widening health inequalities in maternity care. When compared to babies of White ethnicity: Black/Black British babies have a 121% increased risk for stillbirth and 50% increased risk for neonatal death and the gap has been widening since 2013; Asian/Asian British babies have a 66% increased risk of neonatal mortality and this risk is rising and an increased risk of stillbirth of around 55%. Babies born to mothers in the most deprived quintile have a 30% increased risk neonatal mortality and the gap between the most deprived and the least deprived quintiles is widening. At SFH Trust we currently have two Continuity of Carer (MCoC) teams that have been running for the past year as a pilot. To reflect the most high risk groups in our geographical areas and from our data, these teams are based in the Mansfield and Ashfield areas as these are the areas with highest social deprivation.
- The revised “*Delivering Midwifery Continuity of Carer at full scale: Guidance on planning, implementation and monitoring 2021/22*” was published by NHS England on the 21st of October with revised time frames for reporting. These timeframes, as below, have been mapped against the key maternity meetings with the revised plan to be submitted to Board on the 30th of December.

What	When	KLoE	How will this be assured?
Submission and agreement of plans	January 2022 (submission) Q4 (assurance)	Has the plan been signed off by the trust board and subsequently the regional maternity board?	Q3 regional LMS assurance
Delivery against plans: building blocks	Quarterly from Q4 2021	Is the LMS on track against stated deliverables and milestones?	Quarterly regional assurance (RAG rating)
Delivery against plans: provision	Quarterly from Q4 2021	Is the current level of provision on track against the planned phased implementation?	Quarterly regional assurance (latest data on level of provision)
Workforce capacity surveys	October 2021 and March 2022 and ongoing until providers are reporting provision on MSDS	What is the current establishment and caseload of MCoC teams?	Survey of maternity providers across England
Placing most Black, Asian and Mixed ethnicity women and women from deprived neighbourhoods onto MCoC pathways	March 2022	Rate eligible women reaching 29 weeks gestation in March are placed on MCoC pathways (>51%)	Analysis of rates of placements using MSDS data