Board of Directors Meeting in Public - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report and Perinatal Scorecard	**Date:**	6 February 2025
Prepared By:	Sarah Ayre Head of Midwifery, Rachael Giles Deputy Divisional Director of Nursing, Women's and Children's Division		
Approved By:	Philip Bolton, Executive Chief Nurse		
Presented By:	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Phillip Bolton, Executive Chief Nurse		

Purpose		
To update the Board of Directors on our progress as Maternity and Neonatal Safety Champions	**Approval**	
	Assurance	**X**
	Update	**X**
	Consider	

Strategic Objectives					
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**	**X**	**X**	**X**

Principal Risk		
PR1	Significant deterioration in standards of safety and care	
PR2	Demand that overwhelms capacity	
PR3	Critical shortage of workforce capacity and capability	
PR4	Insufficient financial resources available to support the delivery of services	
PR5	Inability to initiate and implement evidence-based Improvement and innovation	**X**
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 items have been presented before

- Nursing and Midwifery AHP Committee
- Perinatal Assurance Committee
- Divisional Governance Meeting
- Maternity and Gynaecology Clinical Governance
- Paediatric Clinical Governance
- Service Line
- Divisional Performance Review
- Perinatal Forum (formally Maternity Forum)
- Divisional People Committee
- Senior Management Team weekly meeting

Acronyms

MNSC - Maternity and Neonatal Safety Champion
MNVP - Maternity and Neonatal Voice Champion
PAC - Perinatal Assurance Committee
CQC - Care Quality Commission
LMNS - Local Maternity and Neonatal System
PMA - Professional Midwifery Advocate
IOL - Induction of Labour
PDC - Pregnancy Day Care
NICU - Neonatal Intensive Care Unit
MSW/MCA - Maternity Support Workers/Maternity Care Assistants
HoM - Head of Midwifery
DDoN- Deputy Director of Nursing

Executive Summary

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

- Build the maternity and neonatal safety movement in your service locally, working with your clinical network safety champions, 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 perinatal team working to deliver safe, personalised care.
- act as a conduit to share learning and best practice from national and international research and local investigations and initiatives within your organisation.

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

Maternity and Neonatal Safety Champion (MNSC) oversight December 2025

Maternity

1 Staff Engagement

The planned monthly MNSC Safety Champions Walk around took place on Friday 10th January 2025. A focus was made upon the Neonatal Unit noting the staffing concerns and actions plans in place around the Transitional Care Unit, further details of this are provided later in the paper. The MNSC spoke with members of staff across the multidisciplinary team who felt supported by the measures in place and these actions will be monitored on a daily through a huddle and the senior leadership team within division. The next MNSC walk round is planned for Monday 3rd February 2025.

The Maternity Forum is planned for the end of January 2025, an update will be provided in the next paper. It is agreed for now that this will continue as Maternity specific however the Deputy Head of Nursing and CYP Matron will review what the neonatal teams would like to embed moving into 2025 as a similar platform to aid communication and celebrating excellence through the work, they are undertaking with the Quad+3 programme.

2 Service User Feedback

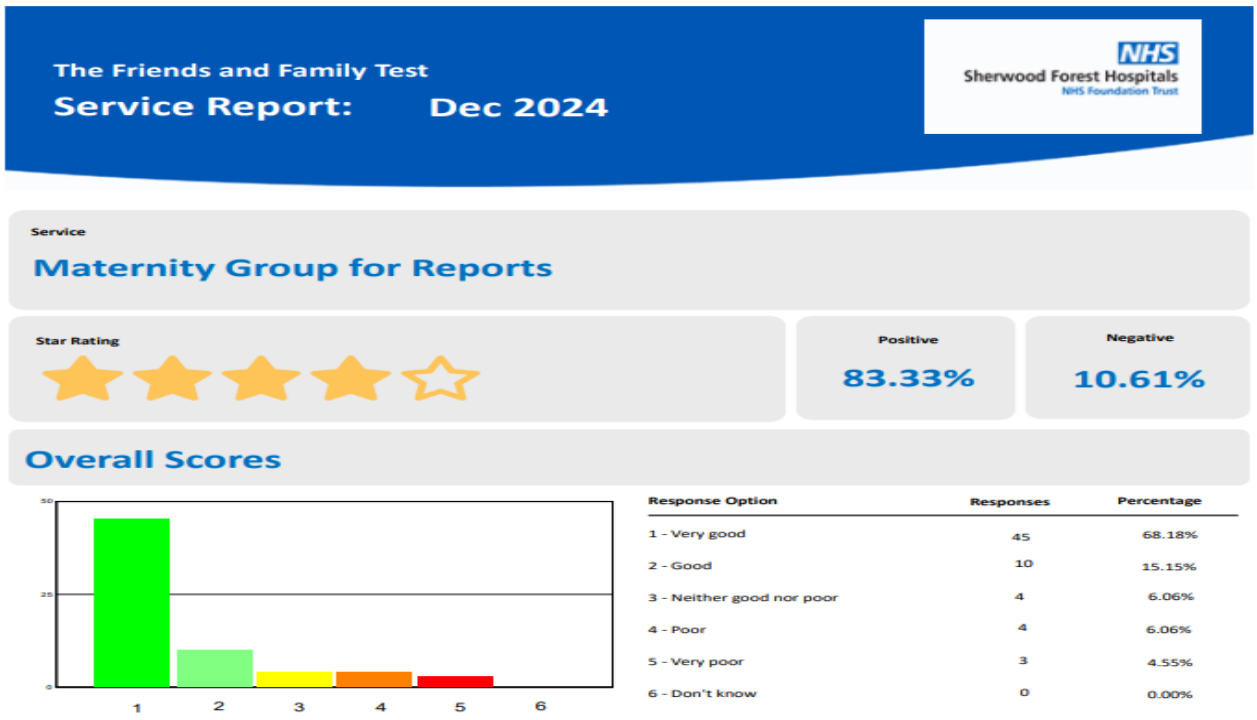
2.1 Complaints

No formal complaints have been received for Maternity this month. In addition, all outstanding actions for midwifery staff following incidents have been completed to date.

2.2 Compliments/ Concerns

This month we have received 6 compliments all praising the staff. 2 concerns have been raised, one about cleanliness on the ward and one about timing of medicine administration. These have all been shared with the appropriate staff involved.

2.3 Friend and Family Test



We are proud and are always happy to welcome the positive comments and feedback we receive around the services we provide. Overall, this data and information demonstrates we provide a good standard of care, however sadly on occasion we do not get it right and as a senior team, receiving this feedback and understanding and addressing these experiences is key to us improving and ensuring a consistent standard of care for all service users.

Working closely with the MNVP, ensuring women, birthing individuals and their families can escalate safely and effectively when not receiving the very best care, so that we can address their experience immediately, will be the focus of the senior team for 2025.

Free text comments this month include:

> My worries were heard and midwives helped me make important decisions when I didn't understand properly. And yes the midwife and student midwife who stayed with me the entire night were exceptional and made the experience entertaining and fun

> I had an elective c section and the theatre staff were amazing! I was anxious about the procedure. Our little girl had some difficulties after she was born but staff were incredible in keeping me calm and explaining what was happening.
> The maternity ward staff were also amazing, everyone involved offered great care and I cannot thank them enough.

> I felt like nobody knew what my birth plan was, had to ask for an epidurals top up because it wore off but after a shift change my midwife was the best I could ask for she was wonderful.

> Outstanding care from all health care workers even when they were seriously overstretched.

> The staff were not friendly and ruined my experience as a first time mum, I asked for pain relief 3 times after having an episiotomy which was never given. I asked for a clean down and pads to sit on as I had bled through everything and was in agony wearing knickers, I was told so many times they'd provide these and never did. I had to self discharge as I ended up having a panic attack and left alone without any help.

This feedback will be shared with all staff and a focused Ward / Team level approach will be adopted to addressing and improving any factors identified to contributing to poor service user experience.

3 Culture

3.1 PositiviTEATrolleys

We hosted a week of PositiviTEA Trolleys in November 2024, recognising the vital and varied roles that our Maternity Support Workers undertake across our Maternity Services. These daily tea trolleys were hosted by several members of the senior leadership team and have now become a monthly endeavour due to their popularity.

Christmas Eve, Head of Midwifery Sarah Ayre and Divisional General Manager Matthew Warrilow hosted a division wide tea trolley and then on New Years Eve, Director of Midwifery/Divisional Director of Nursing Paula Shore, joined by Maternity Matron Melanie Johnson and Deputy Divisional Manager Lisa Walker also undertook a Division wide tea round.

January 2025's PositiviTea Trolleys are planned for the end of the month, and we will be extending an invite to our MNVP colleagues to join us.

3.2 Collaboration

Head of Midwifery, Sarah Ayre and Clinical Lead, Miss Maddock-Khan will be working together throughout 2025 to understand and respond to the experience our Obstetric colleagues report of having worked within maternity services. This work will form part of the Quad+3 programme and will be disseminated Divisionally once established. We will report via MNSC.

3.3 Staff Council

The new Staff Council was launched in December that will be reporting into the Trust Shared Governance Council.

4 Safety Culture

4.1 NHSE Perinatal Culture and Leadership Programme

The next session chaired by Korn Ferry to ensure a thematic analysis of the data collected is planned for Tuesday 4th February 2025 and we are pleased to welcome NED Neil McDonald to this session. The programme concludes on 15th March 2025 and a paper around what we have learnt and what we have and are achieving will be required through PAC by the end of April 2025 and we will continue to update and provide assurance on the impact of our initiatives through PAC.

4.2 CQC Action Plan

The Should Do Action plan based on the CQC visit 2023 has been completed and embedded, however we will continue to monitor success and additional actions through the peer review process, and further action plans will be presented through PAC. Quality and Safety Lead Midwife Hannah Lewis has oversight for this action plan.

4.3 Three Year Maternity and Neonatal Delivery Plan

We continue to collaborate with the LMNS on the 4 main themes and 12 objectives of the 3-year delivery plan. The collaborative LMNS mapping process against this plan is currently being overseen by Sarah Ayre Head of Midwifery for SFH. Once the LMNS formally request evidence and assurance, we will fix an agenda item at PAC to share our status against the plan.

4.4 NHSR

The Task and Finish group for the Maternity Incentive Scheme (MIS) Year 6 meets fortnightly to work through the evidence upload needed to meet each of the 10 Safety Actions, chaired by Speciality General Manager Sam Cole in collaboration with Operations Manager Jess Devlin. Currently 2 of the safety actions have been presented for sign off at PAC – SA2 and SA4 and the remaining 8 are assessed as AMBER which is defined as ‘on target with evidence to be submitted and reviewed.’

4.5 Ockenden

The report received following our annual Ockenden visit in October 2023 forms the basis of the robust action plan embedded within Maternity. The visit’s findings supported the self-assessment completed by the Trust. Area’s have been identified from the visit to strengthen the embedding of the immediate and essential actions however, important to note the continuing progress as a system around bereavement care provision, specifically with the counselling support.

The plan is to revisit the maternity self-assessment tool created by NHSE in July 2021, in the new year to benchmark progress and will be undertaken by Head of Midwifery Sarah Ayre and Consultant Midwife Gemma Boyd and presented at PAC in February 2025. The National Maternity Self- Assessment Tool provides support to all trusts seeking to improve their maternity service rating from ‘requires improvement’ to ‘good’, as well as a supporting tool to support trusts looking to benchmark their services against national standards and best practice guidance.

4.6 CQC National Survey

Conducted in February 2023 - Our action plan is overseen by Consultant Midwife Gemma Boyd, and we remain in an active phase of embedding quality improvements, as reported.

Conducted in 2024 - It is noted that women and birthing individuals were asked for the first time within the national CQC survey about the care received by their GPs and the 6–8-week routine postnatal appointment. Consultant Midwife Gemma Boyd is working with Jen Moss-Langfield from the LMNS to discuss how we can collaborate share and assure these actions that sit in primary care. The results and free text are currently embargoed and so further updates, and our action plan will be shared though PAC once we can share all information.

CQC Survey 2025 - We have received the posters ready to share across the service for the next survey and we will be working as a senior team over the coming weeks to formulate and embed next steps on engaging our service users with this work, alongside our MNVP colleagues.

4.7 MBRRACE-UK:
Saving Lives, Improving Mothers' Care 2024 - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2020-22, full report can be accessed below. Quality and Safety Lead Midwife Hannah Lewis is currently benchmarking against the report and her updates will be shared via PAC once completed.

Neonatal

5 Workforce

5.1 Nursing Staffing Update
Further to critical staffing escalations and whilst ensuring the safety of our neonatal services, with immediate effect, we have redeployed the nurses assigned to Transitional Care to work within our NICU. Monday 13th January 2025 staff from both NICU and TC will be NICU staff, so the unit will be staffed at 6 registered nurses + 2 support workers. TC babies and NICU capacity will be discussed at an 08:30 huddle with NIC/ Maternity /Medical team/ Senior leadership as per the guidance attached to where they are cared for and this is huddle is support by the below guidance.


NTC update Jan 24 final version 12.12.24.


Transitional care huddle.doc

We are actively recruiting into both the NICU and NTC vacancies. Interviews are in place for 16.1.25 and 29.1.25. We have had good applications for all posts and confident we will recruit. The ongoing long-term sickness is being managed and support by our divisional people partners.

5.2 Consultant Staffing Update
The rota will be changing to a 1 in 7 rotas instead of 1 in 13 for Neonatal Consultants - first steps are to go to 9-5pm neonatal hot weeks and get all consultants onto a 1 in 13 rota so they are all doing the minimum of 4 hot weeks a year as per BAPM. Then consider moving to split rotas in the future if it is mandated / workload / skill mix requires us to - the network have suggested this however the BAPM guidance hasn't mandated currently so working towards this.

6 Engagement Activity
6.1 3D tours
The 3D tours have been funded and support by the Neonatal Operational Delivery Network (ODN) in the East Midlands. On Wednesday 8th January 2025, the ODN lead showcased the 3D tour video for both the staff and parent / family platform. 30 minutes sessions ran through the day and all staff invited to drop-in sessions. We received positive feedback from staff who attended, and this included the NVP lead. The Communication team will now ensure the final sign off is completed and then this is available for SFH to

use. The 3D tour will be accessed via a QR code that we will use on leaflets, internet, Badgernet App and notice boards throughout the trust.

6.2 Criticool machine

LMNS funding / charity to support with Therapeutic hypothermia has been shown to be of benefit in the management of neonatal hypoxic ischaemic encephalopathy. Servo-controlled management of induced hypothermia in the neonate can be facilitated using the Criticool Cooling System prior to and during the neonatal transport episode to protect from brain damage. -£19,926.00

7 East Midlands Neonatal Peer Review 2024

On 4th May 2024, NICU at SFH received a visit from the East Midlands Neonatal Network. The report was issued to the trust on 1 August 2024 and the delay in providing the report was due to unforeseen capacity within the ODN Team. The peer reviews provide the Network management team with the opportunity to benchmark the services against the national standards, to highlight any areas for improvement, and to recognise any areas of notable achievement.

Positive Achievements:

- Neonatal BFI Stage 2 and working towards Stage 3 – achieved since review.
- The Trust now have a dedicated preterm lead midwife and preterm support worker.
- The service now has a governance lead nurse in post.
- The training and development programme is enhanced from previous review.
- Additional consultant in post for paediatrics/neonates.
- Excellent links and relationships between the Trust clinical team and the management teams.
- Excellent bereavement facilities.
- ANNP recruited.
- PNA available.
- Cohesive team working
- The LMNS is involved in a daily huddle to discuss OPEL position for maternity and neonatal services.
- The Emily Harris Foundation continues to provide invaluable support to the service which is highly commendable.
- Homecare phototherapy service now in place.
- 'Bite Size' videos which detail how to deal with common scenarios and 'Bite Size' teaching after the ward round.

An action plan to support the review was presented to the Patient Safety Committee on the 13th of January 2024 to provide oversight and assurance to trust. These actions focused around the configuration of the unit and pharmacy support. Both have extensive workstream underway, have been risk assessed and mitigations are in place.

8 Cultural Conversation

As part of the ongoing Quad Programme of work, Korn Ferry held their initial session on the 12th of December 2024 with NICU and NTC staff. Informed session was well attended and staff very engaging. We are waiting for specific feedback from this.

New perinatal PMA input – session held and December 2024 Feedback –

"The teams were really engaged and enthused about the session. Ruth was able to attend to support in her first duty as our new perinatal PMA and offer some good ideas and input. Fantastic that the new PMA role

is already making a difference to our neonatal teams and am very excited to see how the partnership strengthens and continues".

This role will support the ongoing cultural work within the division.