

Board of Directors – Public Session - Cover Sheet

Subject:	Maternity and Neonatal Safety Champions Report		Date:	6 March 2025	
Prepared By:	Sarah Ayre, Head of Midwifery, and 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, Philip 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				
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					
<ul style="list-style-type: none"> • 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					
<ul style="list-style-type: none"> • BAPM. British Association of Perinatal Medicine • HoM. Head of Midwifery • LMNS. Local Maternity and Neonatal System • MIC. Midwife in Charge • MNSC. Maternity and Neonatal Safety Champion • MNVP. Maternity and Neonatal Voice Champion • MSW/ MCA. Maternity Support Workers/Maternity Care Assistants • NICU. Neonatal Intensive Care Unit • NIPE. Newborn and Infant Physical Examination • NTC. Neonatal Transitional Care • PAC. Perinatal Assurance Committee • PMA. Professional Midwifery Advocate 					

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 February 2025

Maternity

1. Staff Engagement

The planned monthly MNSC Safety Champions Walk around took place on Monday 3rd February 2025. Paula Shore reports that as part of Non-Executive Director Neil McDonald's continued orientation to the Perinatal portfolio, they spent some time walking through the bereavement services pathways, with a focus upon baby loss within mortuary services. Following a recent incident within the department they spent time looking at the actions which had been taken and discussing the new processes embedded within the service. They looked at areas which needed additional support, these focused on storage and administration boards. An action was taken by Phil Bolton as Board Level Safety Champion to feed this into the CSTO Division working group focused on improvements.

The next walkaround is planned for Friday 7th March 2025.

The Maternity Forum is planned to be remodelled and relaunched from March 2025 as our Perinatal Forum and an updated agenda and meeting series will be provided. An update from the Forum will continue from April 2025's PAC paper.

2. Service User Feedback

2.1 Patient Experience Committee

From 21st March 2025 Maternity and Neonatal representatives from the senior team will be attending the Trust wide Patient Experience Committee. We will share outcomes and learning from our attendance via this paper.

2.2 Friend and Family Test December 2024

The way in which we collect and utilise FFT data to shape improvements across maternity services is being reviewed in February 2025 by our PMA Team, under Consultant Midwife Gemma Boyd's guidance. Working alongside our MNVP and Patient Advocate Sarah Seddon we will review how best to engage our families in providing the feedback, and in turn how this shapes quality improvements. Closing the loop and sharing results will also be tracked through this assurance paper.

2.3 Complaints/Concerns

We have not received any formal complaints for midwifery services in January 2025.

2.4 Compliments

One way in which we receive positive feedback is through the monthly Envoy report compiled through the FFT feedback which names specific members of our MDT. We work hard to ensure this is shared across the teams.

For January 2025, for example:

Had the most fantastic experience throughout with Shania and Hollie my community midwives, and Daisy Burch was amazing, Daisy delivered my baby

3. Culture

3.1 QUAD +3 PROJECT

NHS England has implemented the 'Perinatal Culture and Leadership Programme' designed to support senior leaders in perinatal teams, including senior midwifery, obstetric, neonatal, and operational leads (known as the 'quad'), to create and nurture a culture of safety, compassionate and relational leadership, openness, and collaborative teamwork.

Our Quad+3 is led by HoM Sarah Ayre and has so far been instrumental in the introduction of the Staff Council and worked hard to have a positive influence over staff participation in last year's staff survey.

One of the first wellbeing strategies the Quad+3 introduced was 10@10. In April 2024 we introduced 10@10 across the acute setting for all staff to take a time out/stop moment at 10.00am and 10.00pm and have 10 minutes to have a drink and snack. Posters were shared across the Unit so women, birthing individuals and their families were all aware of this staff wellbeing initiative. The hope was to normalise stop moments and staff taking time to rehydrate. This will be reviewed in April 2025 by Pastoral Lead PMA Ruth Nanthambwe (RN).

Our initiatives to date have included:

- Tree teams
- Staff council
- Clinical facilitators
- Escalation support
- Team meetings
- Policy update board
- PMA Band 7 – PASTORAL CARE
- Welcome Boards – information for service user, visitors and staff
- SBU Band 7 Engagement days in 2025 – March June and Sept 2025 led by Andrea Clegg. Senior Team working clinically to support full attendance.
- Posivitea trolleys
- Perinatal Post
- Safe Staffing reviews and new Safe staffing models
- Civility Board

A formal report of progress and next steps for the year ahead is due to go to Trust Board in early May 2025 and will include more detail to the strategies we have been working on, and progress to date.

3.4 STAFF COMMENTS BOXES

In January 2025 our Matrons introduced Staff Comment Boxes across the Unit and are encouraging staff to comment on all and any aspects of their experience of working within our service, they are encouraged to share improvement ideas or make any suggestions on how we can improve their experience. These are collated and read monthly by the Matrons, themes identified, and a poster and email circulated, adopting the You Said We Did approach.

4. National Programmes

4.1 NHSE Perinatal Culture and Leadership Programme (QUAD+3)

The final face to face session planned for Tuesday 4th February 2025 was stood down by Kornferry. The Quad+3 alongside Neil McDonald NED will now attend the two final Teams sessions led by Kornferry, in February and March 2025.

The programme concludes on 15th March 2025 and a paper around what we have learnt and what we have and are achieving will be presented through PAC by the end of April 2025.

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. The Quality and Safety Lead Midwife 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 the Head of Midwifery. Once the LMNS formally request our evidence for meeting the 4 main themes, we will fix an agenda item at PAC to share our status and provide assurance against the plan. Overall, our current benchmarking demonstrates we are working well to meet each of the 4 themes and 2 objectives, with a Maternity and Neonatal Digital Improvement Programme being led by Clare Madon Chief Nursing Information Officer which will support objective 12.

The 4 main themes and the 12 objectives of the delivery plan are summarised below:

Theme 1: Listening to women and families with compassion which promotes safer care.

Objective 1: Care that is personalised

Objective 2: Improve equity for mothers and babies

Objective 3: Work with service users to improve care

Theme 2: Supporting our workforce to develop their skills and capacity to provide high-quality care.

Objective 4: Grow our workforce

Objective 5: Value and retain our workforce

Objective 6: Invest in skills

Theme 3: Developing and sustaining a culture of safety to benefit everyone.

Objective 7: Develop a positive safety culture

Objective 8: Learning and improving

Objective 9: Support and oversight

Theme 4: Meeting and improving standards and structures that underpin the national ambition.

Objective 10: Standards to ensure best practice

Objective 11: Data to inform learning

Objective 12: Make better use of digital technology in maternity and neonatal Services

4.4 NHSR

The Task and Finish group for the Maternity Incentive Scheme worked successfully to meet each of the 10 Safety Actions for Year 6, led by Speciality General Manager Sam Cole in collaboration with Operations Manager Jess Devlin. We now await the actions for Year 7 and the technical guidance from NHSR, anticipated

4.5 Saving Babies Live Care Bundle, Version 3

There are 6 elements of care that focus on achieving the national ambition of reducing stillbirth by 50% by the end of 2025.

Element 1 - Reducing smoking in pregnancy.

Element 2 - Fetal Growth: Risk assessment, surveillance, and management.

Element 3 - Reduced fetal movement (RFM).

Element 4 - Effective fetal monitoring during labour.

Element 5 - Reducing preterm birth.

Element 6 - Diabetes in pregnancy.

Our audits demonstrate an improvement in compliance from Q2 2023 to Q2 2024 with 5 of the 6 elements.

Trust:		Sherwood Forest Hospitals NHS Foundation Trust				
ICB:		Midlands				
		Baseline Assessment	Assessment 1	Assessment 2	Assessment 3	Assessment 4
Review Quarter		Q2	Q3	Q4	Q1	Q2
Assurance Review Date		17/10/23	15/12/23	11/03/24	15/06/24	03/10/24
% of Interventions Fully Implemented (LMNS Validated)	Element 1	60%	80%	70%	60%	80%
	Element 2	80%	95%	100%	100%	85%
	Element 3	50%	50%	50%	50%	50%
	Element 4	20%	100%	100%	100%	100%
	Element 5	81%	85%	93%	85%	96%
	Element 6	67%	83%	83%	83%	83%
	TOTAL	71%	87%	90%	86%	89%

Figure 1: LMNS Quarterly Assurance Data

Element 3, Reduced Fetal Movements (RFM); at SFH we record RFM instances at/after 26+0 weeks gestation and the SBLCBV3 audit criteria is at/after 28/40 weeks. Current action sits with the LMNS to address and advise on the different systems in place and their impact on data quality.

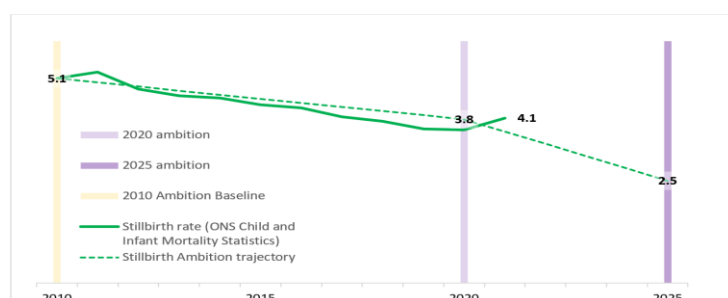


Figure 2: National maternity safety ambition – summary of progress on stillbirths

4.6 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 the Head of Midwifery and Consultant Midwife and presented at PAC once completed. 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.

4.7 CQC National Survey

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.

4.8 MBRRACE-UK:

The Trust 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 was published

Governance Lead Midwife Hannah Lewis (HL) is currently benchmarking against the report and her updates will be shared via PAC once completed in April 2025.

5 - Neonatal Services

5.1 Workforce - Nursing Staffing Update

The staffing position on NICU remains challenging with vacancies and sickness. We have recruited into the band 5 vacancies and are awaiting start dates. Band 6 recruitment was initially unsuccessful, but this has since been recruited into with 1.6 wte both external candidates. Sickness management is more effected by long term sickness at - 22% with a headroom of 3.5% allocated. Sickness policy followed and plans and support in place for all staff. Parenting leave at 6%, headroom 0.5%. The Team continues to embed the plan for transitional care service to work collaboratively with NICU.

5.2 QIS compliance

QIS compliance is now at 70%, meeting BAPM standards. It is a challenge to maintain and retain staff and support into role. We are exploring the uplift for QIS / NIC band 6 role. A paper is currently going through the approval process.

Once the finance is agreed this will require a workforce change with HR support as staff will be moved onto a NICU senior nurse job description and person specification. The uplift not only acknowledges their clinical knowledge and skills but also their leadership and staff management development. This will support two Band 6 on each shift, uplifting 1 Band 5 providing more senior clinical support on the shop floor and cover for NIC role.

Within the East Midlands Neonatal Network this approach has already been embedded at Derby and Burton and Leicester NICU and shared practice and learning from these Trusts has supported the development of this pathway.

5.3 Neonatal Transitional Care Service

The Lead nurse is fully back in post. Hours have been increased temporary to support the embedding of NTC and support staff training and pathways. The Trust are on track for full

implementation by June 2025. They continue to support the NICU staffing gap, but we are seeing less babies needing to come to NICU and TC care being delivered on maternity ward.

5.4 Neonatal Home Care service

On 27th January 2025, the TUPE process to merge our existing homecare team into the Nottingham service to provide a more equitable 7-day week services to our families was completed.

5.5 Proposal for change of room

A change is proposed to the Ward Attenders room on NNU. The change would be to make cubicle 1 into the Ward Attenders room and for the current room to become a MDT communication room, for difficult conversations, meetings, a prescribing area, and room to complete badgers/notes.

The room was originally designated a meeting room on plans, so it is changing back to the original design. Ward Attenders from the postnatal wards should now start to be screened in the TC room as the antibiotics are now being completed on TC in the day and this will increase as TC is established. However, if needed for screens, cubicle one has piped o2 and suction in case of emergency, which it currently does not have. It would be away from the main ward area, for confidentiality and privacy, especially for LPs. As there are less screens completed on NICU due to the establishment of TC, we will be able to combine the screening room with the emergency admission room. We have only needed to use the cubicles once for parent accommodation and this would be left available, we would also be able to move equipment from room 4 as we have done previously. This has been agreed with nursing and medical team and approved and supported by senior management team on 17th February 2025