

**Board of Directors - Cover Sheet**

<b>Subject:</b>	Maternity and Neonatal Safety Champions Report			<b>Date:</b>	3 April 2025	
<b>Prepared By:</b>	Sarah Ayre, Head of Midwifery, and Rachael Giles Deputy Divisional Director of Nursing, Women's and Children's Division					
<b>Approved By:</b>	Philip Bolton, Executive Chief Nurse					
<b>Presented By:</b>	Paula Shore, Director of Midwifery/Divisional Director of Nursing, Women and Childrens, Philip Bolton, Executive Chief Nurse					
<b>Purpose</b>						
To update the 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	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>	Insufficient financial resources available to support the delivery of services					
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation					X
<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 have been presented before</b>						
<ul style="list-style-type: none"> <li>• Perinatal Assurance Committee</li> <li>• Divisional Governance Meeting</li> <li>• Maternity and Gynaecology Clinical Governance</li> <li>• Paediatric Clinical Governance</li> <li>• Service Line</li> <li>• Divisional Performance Review</li> <li>• Perinatal Forum (formally Maternity Forum)</li> <li>• Divisional People Committee</li> <li>• Senior Management Team weekly meeting</li> </ul>						
<b>Acronyms</b>						
<ul style="list-style-type: none"> <li>• MNSC Maternity and Neonatal Safety Champion</li> <li>• MNVP Maternity and Neonatal Voice Champion</li> <li>• PAC Perinatal Assurance Committee</li> <li>• LMNS Local Maternity and Neonatal System</li> <li>• NICU Neonatal Intensive Care Unit</li> <li>• HoM Head of Midwifery</li> <li>• DDoN Deputy Director of Nursing</li> <li>• NED Non-Executive Director (NED)</li> <li>• SBLCBV3 Saving Babies' Lives Version Three: A care bundle for reducing perinatal mortality</li> </ul>						
<b>Executive Summary</b>						

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**

##### **1.1 Safety Champions Walk arounds**

The planned monthly MNSC Safety Champions Walk around took place on Friday 7<sup>th</sup> March 2025. Neil McDonald (NED) has now completed a full tour of the perinatal pathway our women, birthing individuals and their families experience here at SFH, as such the Safety Champions will now undertake their monthly walk arounds in focused areas. This month they reviewed Triage where they had the opportunity to see the newly improved Telephone Triage system, launched on 28<sup>th</sup> February, in action. They spoke with the Triage team members on the day who reflected that they have felt the changes are working well, but there is still work to complete which primarily led to a conversation around the movement of Triage away from SBU and how this would improve both staff and service user experience. This prompted a visit to potential areas within the Divisional footprint which could support such a relocation plan. An option appraisal paper has been requested to be presented at PAC for discussion. The Safety Champions also spent time talking to the teams which support Triage within the early pregnancy services and how the Triage task and finish group has included them to ensure, for example, the new phone service is seamless for the women and the staff working in those areas. The Task and Finish group continues fortnightly and is led by Intrapartum Services Matron Nicole Bulley.

##### **1.2 Perinatal Services Forum**

The Maternity Forum has been remodelled and relaunched from April 2025 as our new Perinatal Forum. An updated and more inclusive agenda and meeting series will be shared across all stakeholders and an update from the Perinatal Services Forum will return to PAC from May 2025.

#### **2. Service User Feedback**

##### **2.1 Patient Experience Committee**

From 21<sup>st</sup> 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 from April 2025.

##### **2.2 Maternity and Neonatal Voices Partnership**

The MNVP Quarterly Highlight Report (Dec 2024 – Feb 2025) was presented and discussed at MNVP Board meeting held on Teams on Wednesday 12<sup>th</sup> March 2025. This presented an acknowledgement of improvements in Trust wide MNVP Board attendance but a continuing concern around the team awaiting national confirmation of direction and finances for 2025/2026. The MNVP Team are actively engaging across the MDT and attend varying Divisional meetings to

ensure collaboration and communication is open and transparent, and support service user engagement with all QI projects underway and anticipated.

## 2.3 Friends and Family Test

The FFT report for SFH demonstrated for February 2025 a 16.1% response rate from 48752 eligible patients, a total of 7825 responses. Divisionally our response rates also remain proportionally low and we are working with our MNVP to understand why and how best we can work with our women and birthing individuals to support improvements in completing the tool.

Hospital Site Details			Total responses received via each mode of collection								
Division	Hospital Site name	Ward Name	1 - Very good	2 - Good	3 - Neither good nor poor	4 - Poor	5 - Very poor	6 - Don't know	Total number of people eligible to respond	Total number of responses for each Ward	Response Rate for each Ward
Womens and Childrens	Kings Mill Hospital	Maternity Ward (Touch Point 3)	3	1	0	1	0	0	221	5	2%
Womens and Childrens	Kings Mill Hospital	Community Midwives (Postnatal) (Touch Point 4)	4	1	0	1	0	0	263	6	2%
Womens and Childrens	Kings Mill Hospital	Obstetrics	11	3	0	3	2	0	1273	19	2%
Womens and Childrens	Kings Mill Hospital	Antenatal Clinic (Touch Point 1)	6	0	0	0	1	0	258	7	3%
Womens and Childrens	Kings Mill Hospital	Sherwood Birthing Unit (Touch Point 2)	24	6	0	1	2	0	229	33	14%

## 3. Quality Improvements

### 3.1 Planned Care

Planned Care Lead Midwife Hayley Hill and Intrapartum Services Matron Nicole Bulley are leading an MDT approach to embedding quality improvements in the care and experience our women, birthing individuals and their families have during planned caesarean sections. They are working closely with our Surgery colleagues on identifying space in main theatres to support equity and equality in the planned care experienced by our service users at SFH. The emergency theatre provision on SBU is not adequate to accommodate the rising rate of planned caesarean sections we are currently experiencing, with minimal dedicated recovery space, and varying concerns around privacy and dignity preoperative for our service users. Progress will continue to be reported via PAC.

### 3.2 Telephone Triage

The new centralised midwifery Triage Telephone system was launched at the end of February 2025. Existing lines have been merged to one number to make it easier for service users to know who to call. If the other numbers are called, a recorded message will signpost callers to the centralised number. All Triage staff have received training on utilising the new hardware and we have been able to improve calls being directed to the right service i.e. early pregnancy and Ward 14. The impact and progress of this service improvement will be monitored via the fortnightly Triage Task and Finish group led by Intrapartum Services Matron Nicole Bulley.

### 3.3 Security Overview

A report at RAC in January 2025 from Mark Stone Emergency Planning Officer made 7 initial recommendations to support improvements in security across the Maternity setting. HoM Sarah Ayre, working closely with DDoN Rachael Giles, is now leading a Task and Finish group that will assess, review and lead on these improvements, noting that security improvements divisionally are in scope of this working group; this will include Ward 25 on level 2 and the whole of the divisional footprint on level 1. An initial scoping exercise has been completed with Wesley Burton, Professional Lead Security Management & Violence Reduction and the first MDT is planned for early April 2025.

## 4. National Programmes

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

The programme concludes on 15<sup>th</sup> 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. On going work will now focus on relaunching the Maternity Forum as the Perinatal Services Forum and how all staffing groups have a voice at Executive level – to ensure communication Ward to Board and Board to Ward is open and transparent.

### 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 as identified. Quality and Safety Lead Midwife SS 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. 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.

**The 4 main themes of the delivery plan are summarised below:**

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

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

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

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

Overall, our current benchmarking demonstrates we are working well to meet each of the themes and the 12 objectives, with a Maternity and Neonatal Digital Improvement Programme (MNDIP) being led by Clare Madon Chief Nursing Information Officer which will support objective 12.

### 4.4 NHSR

The Task and Finish group for the Maternity Incentive Scheme (MIS) 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 NHS Resolution. NHS Resolution, working in partnership with a range of key organisations are hosting a free online event launching Year 7 of the Maternity Incentive Scheme (MIS) on 28<sup>th</sup> April and this half-day session will provide a crucial update on the scheme's changes and feature a range of expert speakers dedicated to supporting perinatal safety.

<https://www.eventbrite.co.uk/e/maternity-and-perinatal-incentive-scheme-year-7-launch-event-tickets-1242022575959?aff=ebdsoporgprofile>

### 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. The plan is to revisit the maternity self-assessment tool created by NHSE in May 2025 led by HoM Sarah Ayre, to be presented at PAC once completed.

#### 4.6 National Survey - CQC

The results from the survey conducted in 2024 have this month been published. The Trust saw higher than average scores in most areas, coming in at number 2 out of 34 Trusts surveyed for antenatal care, and scoring highly in questions relating to mental health support. We have shared these results with our teams. The 2025 Maternity survey will be launched April 2025 and those who gave birth in January or February of this year will be invited to give feedback.

#### 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. Governance Lead Midwife Hannah Lewis is currently benchmarking against the report and her updates will be shared via PAC once completed.

### 5. Maternity Perinatal Quality Surveillance scorecard

Areas of note on the scorecard for February 2025 data which record us scoring higher than the national predictors:

**PPH<1500mls (5.5%)** – all cases report and investigated through DATIX, escalated to Triggers for an MDT wider review as required. Initial findings of a previous recent review noted an increase in secondary PPH and a return to theatre.

**3<sup>rd</sup> and 4<sup>th</sup> Degree Tears (6%)** – OASI Care Bundle implemented, detection and repair improvements embedded. Current focus will now concentrate on element one of the care bundle:

- 1 **During the antenatal period, discuss OASI with women** and what can be done to reduce the risk of it occurring during birth
- 2 **Manual perineal protection** while communicating with the woman to encourage a slow and guided birth.
- 3 **If clinically indicated, mediolateral episiotomy** should be performed at an angle of 60 degrees from the midline at crowning.
- 4 **Systematic examination of the vagina and ano-rectum** even if the perineum appears intact

**Still birth (4.7/1000 ytd)** – all families supported and cases reported appropriately for February 2025. Early theme identified as preterm birth however further wider review underway with system support.

#### Saving Babies' Lives Version Three – Element Three compliance

In January 2025 Governance Lead Midwife Hannah Lewis completed a manual audit which demonstrated improved data from 56% to 83%. Clinical information not recorded accurately affects the data reported, for example those who attended with RFM but were in labour on arrival will skew the data. Element 3 is marked based on two interventions, for 3.1 we are fully compliant, for 3.2 we are partially compliant. 3.2's evidence is made up from 4 separate process indicators and we have passed 3 of them. The indicator we need to address is 3b, proportion of women who attend with recurrent RFM who had an ultrasound scan by the next working day to assess fetal growth. The LMNS set target is 80% and we will work with our Digital Lead Midwife Nicola Armstrong to improve data collection and analysis.

### Neonatal Services

#### 5.1 Workforce - Nursing Staffing Update

NICU has seen an improvement in sickness and from 1st April 25 we forecast a drop in sickness from 3.5% to 1.9%. We have successfully recruited into the vacant band 6 post and have no true

vacancies in NICU – waiting start dates and induction period for new start. In the interim we continue to review and in reach support model currently in place with the transitional care team.

## **5.2 QIS compliance**

Currently 63% - BAPM requirement 70%

2 band 6 QIS staff joining NICU, going through recruitment process and when in post will make us compliant.

3 staff planned to qualify by Sept 2025- making us 74%

3 staff will complete the Sept 25-Aug 26 QIS course- resulting in a total of 82% by Sept 2026

## **5.3 Neonatal Clinic Educator**

ODN recognise the number of staff we are supporting through the QIS training and the gap in clinical educator support for the trust. Offered support through funding availability for initially 12 months to embed QIS training into unit.

Band 6 education hours for a neonatal educator to support staff on the clinical floor to embed training and knowledge following completion of the QIS course

£19k to fund 0.6 wte Band 6 educator.

Recognise the increase skill set, and knowledge required to nurse a critical ill neonatal baby. The additional education support to gain staff confidence, embed and consolidate theory into practice will support staff through challenging times and provide emotional support and ensure around practice. This may also support sickness as often following a difficult situation, staff go off sick as they feel unsupported and are apprehensive about returning to work.

## **5.4 Neonatal Transitional Care Service**

On track for full implementation June 2025, actions to date:

- Daily huddles to discuss each TC baby to ensure the babies are in a suitable place for the care they need, using a multi-disciplinary approach.
- Recruitment of nurse to meet establishment needs.
- Recruitment of support workers to meet establishment needs.
- Training process in place to train all core midwives to complete neonatal IV antibiotics.
- Clinical office now allocated and set up.
- Excellent links and relationships the maternity staff, the Neonatal Unit and medical teams.
- Family and Friends feedback survey in place.
- Hearing screen team and NIPE team involvement to ensure efficient and timely practice.
- Homecare presence each morning at the huddle for referrals.
- Reviewing term admissions to the Neonatal Unit, for appropriateness.
- QI project in process. To prevent term admissions being admitted to the Neonatal Unit using an educational bundle.

Ongoing:

- Deployment of TC staff to NICU to be re-deployed back to TC – review of this model April 25
- TC Lead has recruited 3 FTE (4 staff members) to the TC service, which will put TC at full establishment for nurse.
- QI Project - Measures to reduce term admissions to NICU. Themes identified from the ATTAIN data, was low saturations at birth, resulting in NICU admission, often resulting in sort term monitoring and returning the parents. Visual aids placed on all resuscitators' on SBU and theatres, identifying acceptable pre-ductal saturations at 2,5 and 10 minutes after birth, as advised by the Resuscitation Council 2017.

## **5.4 3D tours**

Confirmation from ODN that this has been signed off and approved by all stakeholders and we will receive the QR codes and link week commencing 17<sup>th</sup> March (hopefully will have to showcase in this meeting)



NICU staff had been promoting and supporting the safer sleep week to educate families on the importance of safe sleep and what this looks like. They displayed very visual examples with clear explanation and provided literature for families to take home and share.

