Meeting title:	Public Trust Board	public Trust Board paper I2
Date of the meeting:	November 2022	
Title:	UHL Maternity Self-Assessment	
Report presented by:		
Report written by:	Kerry Williams, Head of Midwifery	
	Liz James, Senior Project Manager	

Action – this paper is for:	Decision/Approval	Assurance	Х	Update	Х
Where this report has been discussed previously		1	I		ı

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

The report provides an update of maternity services progress against the maternity self-assessment tool. This is an annual report in the maternity reporting schedule. This paper updates the board on progress of this year's assessment, initially completed in March 2022.

Impact assessment		
N/A		

Acronyms used:

Please see abbreviations commonly used in maternity reports

Purpose of the Report

The self-assessment tool has been designed for NHS maternity services providers to allow them to self-assess whether their operational service delivery meets national standards, guidance and regulatory requirements. Organisations can use the tool to inform the trust's maternity quality improvement and safety plan and so keep the Trust board and commissioners aware of their current position.

Executive Summary

There are 7 overarching areas for improvement, each with subsections describing the core principles of good safety standards:

- Directorate infrastructure and leadership
- Multi-professional team dynamics
- Governance infrastructure and ward-to-board accountability
- Application of national standards and guidance
- Positive safety culture across the directorate and trust
- Comprehension of business/contingency plans impact on quality
- Meeting the requirements of equality, inequality and diversity legislation and guidance

The assessment is aligned to the key lines of enquiry of the 2015 Kirkup and Ockenden reports as well as CQC findings from outstanding maternity services.

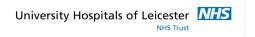
A summary of progress against each outstanding action from the March 2022 review is attached below. There are 6 areas of significant challenge:

- Maternity strategy, vision and values
- · Clearly defined appraisal and professional revalidation plan for staff
- Multi-professional approach to positive safety culture
- System and process clearly defined and aligned with national standards
- Proactive shared learning across directorate
- Maternity transformation programme (MTP) in place

Plans are in place to increase compliance with these areas and completion expected by April 2023.

Recommendation

The board of directors are asked to be assured by the progress to date and note the areas where improvement is required. Support requested from the board is assistance with a maternity strategy development and the communication strategy as highlighted in the table below.



University Hospitals of Leicester NHS Trust Maternity Self-Assessment Action Plan 2022-23

Area for improvement	Action (specified by self-assessment tool)	By Whom / When (updated October 2022)	Evidence for green RAG rating and progress update October 2022	RAG rating March 2022	RAG rating October 2022
Director of Midwifery (DoM) in post (current registered midwife with NMC)	Trust decision regarding senior midwifery structure (new Chief Nurse at UHL May 2022)	Eleanor Meldrum (interim CN), Julie Hogg (CN), May 2022	DoM JD & in post October - DoM appointed in Sept 22, will commence in post Jan 23		
Direct line of sight to the trust board	Maternity services standing item on trust board agenda as a minimum three- monthly. Trust Board decision regarding line of sight of maternity agenda	Julie Hogg (CN) June 2022	Trust Board agenda October – updated schedule for maternity reporting in place		

Area for improvement	Action (specified by self-assessment tool)	By Whom / When (updated October 2022)	Evidence for green RAG rating and progress update October 2022	RAG rating March 2022	RAG rating October 2022
Maternity strategy, vision and values	Maternity strategy in place for a minimum of 3–5 years, co-produced by the MVP, service users and all staff groups (strategy document in place, needs updating) Maternity strategy aligned with Trust Board, LMNS and MVP's strategies Strategy shared with wider community, LMNS and all key stakeholders	Mel Thwaites/Mina Bhavsar April 2022	Strategy based on NHS Operating Plan and Maternity Transformation Plan. Developing localised strategy document. August / September - Strategy development sessions held by the LMNS. Draft strategy due in November 2022. October - Quality & equity action plan moving through governance and will be included in the strategy. November LMNS focus on governance & strategy – from this working group will be established including UHL strategy team		
Clearly defined appraisal and professional revalidation plan for staff	Compliance with annual appraisal for every individual	Maternity line managers supported by Matrons & HoM, Kerry Williams January 2023	Appraisal evidence from CMG October – women's CMG appraisal rate 86% against UHL target 95%, plan in place to continue upward trajectory		

Area for improvement	Action (specified by self-assessment tool)	By Whom / When (updated October 2022)	Evidence for green RAG rating and progress update October 2022	RAG rating March 2022	RAG rating October 2022
Collaborative multi- professional input to service development and improvement	Quality improvement plan (QIP) aligned to national agendas, that uses the SMART principle developed and visible to all staff as well as Maternity Voice Partnership/service users The organisation has robust repository for collation of all evidence, clearly catalogued and archived that's has appropriate shared access.	Helen Fakoya, Consultant Midwife & Liz James, Project Manager, Az Murphy, Audit midwife August 2022	QIP is included in CMG annual plan QIP being shared with organisation Improvement Program lead with quarterly updates from CMG. Some QI projects also logged with audit team.		
Multi-professional approach to positive safety culture	Schedule in place for six-monthly organisation-wide safety summit that includes maternity and the LMNS Debrief sessions for cases of unusual or good outcomes adopting safety 2 approach	HoM Kerry Williams leading culture work, started with LRI team April 2023	Bi-annual safety summits in place (time to train in maternity services) – needs to include LMNS October - TRiM support accessed by maternity team Empowering Voices program output. Commenced at LRI, LGH and community to follow		
System and process clearly defined and aligned with national standards	Staff describe a positive, supportive, safe learning culture (action plan in place based on most recent staff survey)	Senior maternity team with UHL Freedom to Speak up Guardian April 2023 with 6 monthly review	Empowering Voices program output Staff survey & feedback		

Area for improvement	Action (specified by self-assessment tool)	By Whom / When (updated October 2022)	Evidence for green RAG rating and progress update October 2022	RAG rating March 2022	RAG rating October 2022
Maternity governance structure within the directorate	Team capacity able to meet demand, e.g. risk register, and clinical investigations completed in expected timescales Perinatal services quality assurance framework supported by standardised reporting from ward to boardboard (overview document complete for board, needs including as agenda item – see action 2 above)	Quality & Safety Manager, Jenny Russell & HoM, Elaine Broughton December 2022	Investigations need to be completed within timescales October – invested in governance team with progress evident. Band 7 due to start November. 6 outstanding SI reports and overdue formal complaints.		
Proactive shared learning across directorate	Well-developed and defined trust wide communication strategy to include maternity services in place and in date. Reviewed annually as a minimum.	HoM Kerry Williams & CD Jonathan Cusack April 2023	Communication strategy October – working with UHL communications team to inform trust strategy including maternity services		
Maternity specification in place for commissioned services	In date and reflective of local maternity system plan (plan in place, needs updating)	Mel Thwaites/Mina Begum 30 th April 2022	Maternity system plan October – system using 21/22 plans with updates for 22/23 which has been signed off		
Implementation of 7 essential learning actions from the Ockenden first report	Fetal surveillance consultant obstetrician lead appointed with a minimum of 2-3 PAs	Head of Service, Natasha Archer December 2022	Job plans October – job plans being reviewed to increase lead cover from 1PA		

Area for improvement	Action (specified by self-assessment tool)	By Whom / When (updated October 2022)	Evidence for green RAG rating and progress update October 2022	RAG rating March 2022	RAG rating October 2022
Maternity transformation programme (MTP) in place	Dynamic maternity safety plan in place and in date (in line with spotlight on maternity and national maternity safety strategy) – in place, needs updating	HoM, Elaine Broughton January 2023	Maternity safety plan October – previous safety action plan requires update. National team also leading on this work		
Safety huddles	Guideline or standard operating procedure describing process and frequency in place and in date	Eileen Cunningham, Midwife & Fiona Ford, Matron December 2022	Practice Guideline October - guideline completed awaiting roll out at LRI		
Business plan in place for 12 months prospectively	Business plans include dedicated time for clinicians leading on innovation, QI and Research That service plans and operational delivery meets the maternity objectives of the Long Term Plan in reducing health inequalities and unwarranted variation in care.	HoOP, Sue McLeod April 2022	Business Plan		