

Meeting title:	Trust Board Public Trust Board paper G					
Date of the meeting:	13 July 2023					
Title:	Maternity Assurance Committee (MAC) Highlight Report					
Report presented by:	Julie Hogg, Chief Nurse/Danni Burnett, Director of Midwifery					
Report written by:	Danni Burnett, Director of Midwifery					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously	Quality Committee – 29 June 2023					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Current W&C CMG risks indicate challenges around workforce and culture, it is important to read this report alongside these risks to consider any additional actions and mitigations
Impact assessment
<ul style="list-style-type: none"> N/A

Purpose of the Report

The purpose of this paper is to brief NMAHPC members on the key discussions at the UHL Maternity Assurance Committee (MAC).

Summary

The second MAC focused on Safe Care, Workforce, intentions around the Maternity & Neonatal Improvement Programme, and Ockenden assurance and compliance. MAC shared insights into perinatal and neonatal surveillance and papers were presented highlighting areas of progress and risks to delivery of the key national and regional drivers for change and improvement. This included:

- A discussion on the draft maternity and neonatal workforce plan
- Progress reports on the implementation of the Maternity Incentive Scheme (MIS) Safety Actions
- An update on Saving Babies Lives Care Bundle (SBLCB)
- Action plan to support ATAIN

Further work on the audit programme was suggested and agreed this would be reviewed and signed off at the next MAC meeting.

An update on the JanamApp was received and MAC members confirmed their agreement to support utilisation and implementation at UHL.

Recommendation

Board members are asked to receive and note the update from the Maternity Assurance Committee. There are no items for escalation.

Maternity Assurance Committee (MAC) Chair's Highlight Report to Trust Board

Subject:	Maternity Assurance Committee (MAC) Highlight Report	Date: 11 July 2023	
Prepared By:	Julie Hogg, Chief Nurse/Danni Burnett, Director of Midwifery		
Approved By:	Julie Hogg, Chief Nurse		
Presented By:	Julie Hogg, Chief Nurse/Danni Burnett, Director of Midwifery		
Purpose			
Brief Trust Board on the key discussions at the UHL Maternity Assurance Committee (MAC)		Assurance	Trust Board asked to receive and note the update from MAC

Matters of Concern or Key Risks to Escalate	Major Actions Commissioned / Work Underway
<ul style="list-style-type: none"> No items for escalation 	<ul style="list-style-type: none"> Draft Workforce Plan for Maternity & Neonatal Services out for discussion with key stakeholders, final version to be presented at next MAC Plans are in place to achieve full compliance with Ockenden Immediate & Essential Actions: workforce planning to close the gap on midwifery vacancies and full achievement of consultant-led MDT Ward Rounds (Day & Night) UHL are now compliant with 4/10 standards as part of NHSR/ CNST Maternity Incentive Scheme (MIS) with current focus on Safety Action 3 (transitional care), Safety Action 4 (workforce planning), Safety Action 6 (Saving Babies Lives Care Bundle), Safety Action 7 (Maternity & Neonatal Voices Partnership/Service User Engagement), Safety Action 8 (MDT Training Plans), and Safety Action 9 (Board Assurance). Focus is on ensuring actions are in place for these standards with the leads to ensure compliance and to meet evidential requirements Compliance has continued to be achieved with the 3 of the 5 standards for Saving Babies Lives Care Bundle (SBLCBv2), focus on implementation of a transitional care pathway and workforce. Version 3 of the bundle to be incorporated into plans; includes diabetes and specialist roles.
Positive Assurances to Provide	Decisions Made
<ul style="list-style-type: none"> Parent education and empowerment programme (STORK) includes 	<ul style="list-style-type: none"> Agreement to roll-out the JanamApp to support utilisation and

<p>education around the risks of smoking and alignment with the new Leicester Public Health Maternity CURE programme</p> <ul style="list-style-type: none"> • April 2023 zero Serious Incidents (SIs) had been reported for Maternity or Neonates and zero cases met the HSIB criteria for referral. 3 stillbirths occurred and Rapid Reviews have been undertaken to identify learning with no immediate concerns identified • Actions taken to progress Empowering Voices (culture programme), including: <ul style="list-style-type: none"> ○ Complete review of the Elective Caesarean Section pathway ○ Increasing the number of Band 7 Midwife Coordinators to ensure sufficient leadership and support out of hours ○ Embedding of twice daily tactical oversight meeting to ensure risks are escalated and actions agreed across the multi-disciplinary team ○ Investment in IT and equipment across all clinical areas • Positive separation of Telephone Triage from the Maternity Assessment Unit 	<p>implementation at UHL. An information resource to support women in making informed decisions about their perinatal care supporting multiple South Asian languages commonly spoken by the target South Asian patient population (English/Hindi/Punjabi/Urdu/Bengali, and Gujarati)</p>
<p>Comments on Effectiveness of the Meeting</p>	
<p>The 2nd MAC meeting focused on Safe Care, Workforce, intentions around the Maternity & Neonatal Improvement Programme, and Ockenden assurance and compliance. MAC shared insights into perinatal and neonatal surveillance and papers were presented highlighting areas of progress and risks to delivery of the key national and regional drivers for change and improvement.</p>	
<p>MAC attendees included a Director of Midwifery from a Provider in the Northwest of England, this offered critical insights particularly around the progress of the addressing differential maternal experiences and outcomes of Black, Asian and Minority Ethnic Women.</p>	
<p>Recommendation</p>	
<p>Board members are asked to receive and note the update from the Maternity Assurance Committee. There are no items for escalation</p>	

MATERNITY ASSURANCE COMMITTEE (JUNE 2023) HIGHLIGHT REPORT

Maternity Assurance Committee (MAC) meets bi-monthly reporting into UHL Quality Committee with exception reports into UHL Public Trust Board and LLR Local Maternity & Neonatal System (LMNS). An operational assurance group is to be established within Women & Children's CMG which the LMNS will be invited to as part of the new approach to assurance and compliance.

1. Perinatal & Neonatal Surveillance

The [Perinatal Scorecard](#) for April 2023 was presented to MAC ahead of submission to Trust Board. The focus for Q1 is to review metrics to ensure there is a shift to outcomes rather than outputs, drawing in benchmarking intelligence and review local targets to align with national ambitions.

[Learning from Incidents and Complaints](#) report provided an update on the UHL Perinatal Mortality data, including recently published data from MBRRACE-UK, along with the work being undertaken to understand the perinatal mortality rate and to provide assurance on actions being taken to reduce it. In April 2023 zero Serious Incidents (SIs) had been reported for Maternity or Neonates and zero cases met the HSIB criteria for referral. 3 stillbirths occurred and Rapid Reviews have been undertaken to identify learning with no immediate concerns identified. Exception reports were received for noting progress to date and further work to triangulate activity, performance, and quality. This includes incorporation of workforce and experience.

2. Supporting Delivery of Safer Care

MAC was presented with the draft [Maternity and Neonatal Workforce Plan](#) to allow for discussion. Progress has been made to fully identify and articulate current position and areas for improvement. Work continues with People Services to strengthen recruitment processes i.e. exploring joint/combined adverts for obstetric colleagues. A further detailed discussion will also take place at the Maternity and Neonatal Staffing Summit on 23 June 2023 and feedback will be presented at MAC in August 2023.

An update on the [Maternity Incentive Scheme](#) (MIS) was received for assurance. UHL had previously declared compliance with 2 out of the 10 actions in February 2023, 52% of Trusts nationally declared full compliance. UHL are now compliant with 4/10 standards with current focus on Safety Action 3 (transitional care), Safety Action 4 (workforce planning), Safety Action 6 (Saving Babies Lives Care Bundle), Safety Action 7 (Maternity & Neonatal Voices Partnership / Service User Engagement), Safety Action 8 (MDT Training Plans), and Safety Action 9 (Board Assurance). Focus is on ensuring actions are in place for these standards with the leads to ensure compliance and to meet evidential requirements. It should be noted that the Year 5 standards were published on 31 May 2023 with technical guidance to follow. An update on progress towards the new standards to be presented at the August MAC.

A verbal update on the [Saving Babies Lives Care Bundle \(SBLCBv2\)](#) gave assurance to MAC members noting that compliance has continued to be achieved with the 3 of the 5 standards for two consecutive months. Version 3 of the standards is now available, and work has taken place to add sections

to the action plan to include the new elements: diabetes and the effectiveness of specialist roles. It was noted that an area of risk and focus will be transitional care and the appointment of workstream lead will assist progress.

The **ATAIN Action Plan** update advised that the total number of babies who fit into the category of being born after 37 weeks and requiring admission to neonatal units was 410, 103 of these cases have been identified for review. To date 55 of these cases have been reviewed, with 2 being identified to have avoidable admissions. It should be noted that there are challenges accessing case notes due to both electronic and paper notes systems being in place which is delaying the review of the outstanding cases. Discussions are taking place with colleagues on the best way forward to access these notes in the short term and longer term, as this has been identified as a recurrent theme when needing to review case notes.

MAC received an assurance report on the comprehensive **Quality Improvement Programme** in place which is generated based on priorities identified in the review of the neonatal audit programme metrics as well as including audits which are required by the Trust or part of the Maternity Incentive Scheme and MatNeoSIP. Current audits underway include:

- LocSSIPs audit-Initiative to improve checklist documentation
- Nutrition Audit
- Parent experience to inform quality improvement initiatives and improve coproduction
- Total parenteral nutrition (TPN) standards and compliance with NICE
- Badgernet documentation audit
- PERIPrem ongoing QI project to improve compliance with the 10 indicators of the PERIPrem bundle
- Transitional care audit an ongoing QI project to improve compliance with antibiotic and blood cultures to inform future transitional care

Work continues to align with the national **Maternity and Neonatal Safety Improvement Programme** encompasses 5 areas of focus. Activities include:

- Improve the proportion of smoke-free pregnancies: Through a well-established parent education and empowerment programme (STORK). This includes education around the risks of smoking and signposting to smoking cessation services via the STORK app and also 1:1 sessions where required. Alignment is planned with the new Leicester Public Health Maternity CURE programme and associated task and finish group.
- Improve optimisation and stabilisation of the very preterm infant. PERIPrem Project and improved detection and Management of diabetes in pregnancy.
- Improved detection and management of neonatal hypoglycaemia
- Improve the recognition and management of deterioration during labour and the post-partum period. UHL early warning NEWTT chart in use for all at-risk babies
- Improve diabetes management in pregnancy

As part of quality control and assurance MAC received the draft [Audit Programme](#). It was noted that there are some challenges with the vast number of audits associated with QI projects, however changes are being made to increase the number of staff within the audit team. It was agreed that the final audit programme will be presented at the August MAC meeting.

3. Responding to National Investigations

MAC received an information pack which was a stocktake on UHLs position on the recommendations from [Donna Ockenden \(2020\) Interim Report, and Final Report \(2022\)](#). Where compliance is reduced, this reflects the work in progress to strengthen compliance rather than indicating a need for additional actions. Full compliance is expected by 30 September 2023. Focus continues on:

- Developing a perinatal surveillance framework
- Developing relationships with the new Maternity & Neonatal Voice Partnership (MNVP)
- Consultant Led MDT Ward Rounds; Day and Night
- Establishing the Maternal Medicine pathways
- Implementation of SBLCB
- Personalised Care and Support Plans
- Ensuring accessible information
- Workforce Planning
- Transitional Care Pathway

4. Responding to National & Regional Strategy

The Director of Health Equality and Inclusion attended the meeting to provide an update on the work of the [LLR Addressing Differential Maternal Experiences and Outcomes of Black, Asian and Minority Ethnic Women Task and Finish Group](#). A draft framework was shared which covers work that is already taking place as well as proposed future work. The Task and Finish Group has met fortnightly since October 2022 and is working towards a consensus agreed framework for defining action to tackle race related disparities in maternal experiences and outcomes across LLR. The work of this group will influence the aim to achieve equitable delivery of maternity services for expectant mothers in LLR and will also work to address patient access, experienced and outcomes and workforce disparities and therefore encompass aspects of workforce EDI and health equality and inclusion.

Angie Doshani, Consultant Obstetrician spoke with the group to seek support in the rollout and utilisation of the [JANAMApp](#). The JANAMApp is an intuitive, comprehensive, singular information resource to support women in making informed decisions about their perinatal care. The contents are co-designed with patients, community representatives and healthcare professionals (primary and secondary care) based on the most recent evidence, guidelines, and expertise. The app interface supports multiple South Asian languages commonly spoken by the target South Asian patient population (English/Hindi/Punjabi/Urdu/Bengali, and Gujarati). Users can easily switch between languages to access content in their preferred language. The App is

available to download, and women will be given a code to access and log in to the full app by a fully trained healthcare professional. Senior midwives and obstetricians will provide support through the app. Analytics from the app will be provided quarterly for data evaluation to take place to review which aspects of the app are being used the most and to ensure information is targeted to patient requirements. Following the full explanation of how the app will work, MAC were assured by the proposals and supported:

- Rollout and utilisation of the JANAMApp to all UHL-booked South Asian mothers, this will include an active communication plan to promote and develop awareness campaigns in healthcare facilities and community organisations
- The commissioning of an evaluation to monitor the impact on patient activation and outcomes.
- oversight will be through W&C CMG governance (Women's and Maternity Board) with exception reporting into MAC and LMNS
- The vision of developing further content within the app, supporting the delivery of the new 3-Year Maternity & Neonatal Plan and specifically focusing on:
 - Perinatal mental health
 - Bereavement services
 - Vaccination
 - Postnatal care

5. Strengthening the Voice

Empowering Voice Progress Report was shared for information and included an update on the current position in relation to the LRI and LGH Maternity Action Plan feedback. As a result of the EVADP action plan recommendations, some of the changes made include:

LRI:

- IT mandatory training as part of essential to job role training for midwives and maternity support workers (MSWs), which commenced in April.
- A complete review of the Elective Caesarean Section (ELCS) pathway and implementation of a new process in April, through which the ELCS full list goes to Wards 5 & 6 on designated days instead of Ward 5 alone.
- A complete change to breakfast for the women. Since March, only individually wrapped cold breakfast is served and the former breastfeeding room on Ward 6 is now fully stocked with food, snacks and drinks all day for the women and their families.
- A newly recruited Band 7 ward coordinator in April, which would help to increase Band 7 leadership presence, support on the ward and the delivery suite.

LGH:

- Twice daily tactical meetings, at which emergencies are flagged. In addition, theatre staff scrub for any emergencies, instead of midwives, which was the previous practice.
- More Matron visibility and senior leadership presence at all times within the department.
- A designated Head of Midwifery (HoM) for LGH and an additional HoM to support safe staffing; the Heads of Midwifery drop in 2 - 3 times a week to support staff.

- More investment into IT, equipment, clinical and non-clinical staffing.

6. Hot Operational Issues

The [MAU Telephone Triage Risk Assessment](#) was brought to MAC at the request of the Risk Committee to ensure that exception reports are discussed with relevant colleagues. The risk was initially rated at 16. It was noted that many of the actions have already been enacted or are waiting review and evaluation. MAC recommended that the risk rating remains at 16 and is discussed at a future meeting when an update on mitigating actions are available.