

Meeting title:	Public Trust Board	Public Trust Board paper C2			
Date of the meeting:	12 th October 2023				
Title:	National Thematic Review - Maternity CQC Inspection (including S29a Warning Notice) Update				
Report presented by:	Julie Hogg, Chief Nurse				
Report written by:	Danni Burnett, Director of Midwifery & Julie Hogg, Chief Nurse				
Attachments	None				
Action – this paper is for:	Decision/Approval		Assurance	X	Update
Where this report has been discussed previously	Patient Safety Committee Quality Committee				

Purpose of the Report

The purpose of this paper is to brief the board of directors on the outcome of the CQC inspection of maternity services. The inspection formed part of a national thematic review of maternity services.

Summary

The CQC carried out focussed inspections of UHL’s maternity services in February and March 2023, looking at the ‘safe’ and ‘well-led’ domains.

The CQC published its findings on 20 September, rating the overall service as ‘Requires Improvement’, a move down from ‘Good’. Services at the LGH and LRI were rated inadequate for the ‘safe’ domain.

We take the report and its findings very seriously and will use them to drive further improvements for women and families.

While the service is not yet at the standard we want or need it to be, we had already identified many of the challenges raised prior to the CQC visits, with plans in place to tackle them. These changes – including a significant strengthening of our maternity leadership and staffing - are now embedding.

Not having enough people to safely staff our units is the golden thread running through the CQC’s report – and it’s a challenge we share with Trusts across the country. We have made real improvements on this over the last 12 – 18 months and are working hard to attract and retain the colleagues we need to provide an exceptional service in the future.

Since April last year, 35 new neonatal nurses have joined us, with 25 new midwives joining us from January. Another 24 midwives will join us in November, and we have strengthened the maternity leadership team, bringing in a new Director of Midwifery this year. The CQC report notes the progress we have made in this area.

We have also made a number of improvements to the way the service is run, to reduce delays and improve safety. This includes improvements to our triage systems, daily safety checking of our equipment, and progressing plans to separate the theatre space we use for planned and emergency caesareans at the Leicester General.

Overall, we are in a very different place today than we were in February and March and have invited the CQC back to see the impact of the changes we have made.

We are encouraged by the positives in the report, not least recognition for our dedicated maternity staff who continue to put the needs of women and birthing people at the centre of everything they do.

Leicester remains a safe place for people to give birth, and anyone with concerns is encouraged to raise them – we promise to listen to you and take your concerns seriously.

The Inspection and Outcome

The CQC conducted a planned inspection to maternity services; the visit excluded Gynaecology, Termination of Pregnancy Services, and Neonatal Services and was as follows:

- Leicester General Hospital 28 February 2023 (team of 8)
- Leicester Royal Infirmary 1 March 2023 (team of 8)
- St Mary's Birth Centre 2 March 2023 (team of 4)

In line with normal practice, we received immediate feedback on 3 areas for improvement and 3 areas of good practice. These were as follows:

1. 3 improvement areas which require attention:
 - a. Staffing medical and midwifery
 - b. Triage – staffing and processes
 - c. Oversight of systems and processes
2. 3 areas of good practice
 - a. Development of the JANAM app
 - b. Empowering Voices programme
 - c. Leadership - receptive and responsive to concerns raised by the CQC team during the visit

On 12th June 2023 the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement and a regulation 29A (warning notice) was issued to UHL. The warning notice covered the following areas:

- a. Governance systems are not operating effectively to ensure risk and performance issues are identified, escalated appropriately, and addressed with timely action. *Significant Improvement Required by 30 September 2023*
- b. Delays in treatment including induction of labour were evident. This meant some service users experienced delayed inductions and some did not receive induction of labour as planned for clinical reasons. *Significant Improvement Required by 30 November 2023*
- c. There were not enough midwives to provide safe care and treatment to service users. *Significant Improvement Required by 30 November 2023*
- d. Some equipment, safety checks, and documentation were out-of-date or not fit for purpose, and daily checks were not always completed. *Significant Improvement Required by 31 July 2023*
- e. Staff did not adequately document and respond to ongoing risks to the safety of service users, in line with national guidance *Significant Improvement Required by 30 September 2023*

The final report was published on 20th September 2023 the overall rating for UHL remains at requires improvement. The overall rating for maternity reduced to requires improvement with site breakdown as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
LRI	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
LGH	Requires Improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
St Mary's	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Good 2023	Domain Not Inspected			Requires Improvement 2023	Good 2023

Response - progress made to date

Progress has been over the last 7 months and whilst we have more to do it is important to recognise the significant improvements so far, these include:

1. Improving access to Maternity Assessment Unit (MAU) services:
 - a. Separation of MAU and telephone triage helpline, now known as single point of contact (SPOC)
 - b. Implementation of NetCall digital, which diverts unanswered calls to the MAU to a new Telephone Triage team, with protected staff to answer calls.
 - c. Monitoring of call volume in place including average time to answer and number of abandoned calls, to ensure adequate cover is in place, managed via eRostering.
 - d. A crib sheet has been developed with a pathway showing to whom external calls should be diverted.
 - e. Daily tactical Women's and Maternity Calls to include SPOC and MAU activity are in place, with checks to confirm that the MAU / TT is discussed three times per day.
 - f. Development of NerveCentre reports into the Daily Tactical calls and the Trust has fully implemented BSOTS and conducted subsequent audits to check it remains embedded.

2. Effective governance systems.
 - a. Maternity & Neonatal Improvement Programme Launched September 2023 supported by new Quality Improvement team including 2 New Lead Midwives for Quality Improvement commencing August 2023
 - b. Executive-Led Maternity Assurance Committee (MAC) in place May 2023
 - c. Perinatal Mortality Deep Dive & Peer Review (NHSE Public Health input August 2023)
 - d. External Independent Review of Governance arrangements commissioned May 2023; Governance Team Development Session June 2023 & September 2023
 - e. Plans in place to transition complaint function to Corporate Team (October 2023) and increase capacity for PMRT
 - f. Obstetric Consultant job plan review to ensure dedicated input into quality and safety (August 2023)
 - g. Audit Programme refreshed and approved August 2023
 - h. Implementation of 2x Daily Tactical Operational Calls (7 Days a Week)

- i. Refreshed Daily SitReps to encompasses all parts of the service
 - j. Implementation of refreshed Escalation Policy to improve oversight of risks and performance
 - k. New Perinatal Surveillance Scorecard
 - l. Safe Staffing Policy updated March 2023
 - m. 3 New Safety Champions recruited (July 2023)
 - n. Quality Improvement Projects- Post-partum Haemorrhage / Perineal Trauma / Induction of Labour (IOL) Working Group re-established
 - o. Introduction of Surgical Site surveillance programme
 - p. Utilisation of Microsoft Forms for ultrasound scan referrals
3. Safer staffing
- a. Workforce Plan focused on recruitment, retention, and wellbeing
 - b. Safe Staffing Matron in post
 - c. Recruitment, Retention, and Pastoral Midwives x 3 in post, and 1 for Maternity Support Workers, International Recruit Pastoral Midwife in post to support onboarding
 - d. Staffing Summit (December 2022 and June 2023)
 - e. Leadership Development Opportunities –e.g., LEO, Connect, RCN Leadership, Chief Nurse Fellowships
 - f. Recognition –e.g., Long Service, Daisy Award
 - g. Launch of the Microsite to support recruitment
 - h. BirthRatePlus Awareness and Education
 - i. Twice-Weekly Skill-Mix Reviews led by Heads of Midwifery
 - j. Launch of Self Rostering Pilot
 - k. Incentive Schemes
 - l. Collaboration with Universities to improve conversion rate and support packages
 - m. Empowering Voices Culture Programme
 - n. RCM/RCOG Professional Behaviour & Safety Pilot
 - o. Strengths & Motivators Profiling for Labour suite Coordinators
 - p. Preceptorship programme for Band 2-8 and updated Career pathways
4. Reduce delays to the induction of labour pathway
- a. Induction of Labour (IOL) Working Group re-established
 - b. Manager on Call (MoC) onsite presence 7 days per week
 - c. Recruitment to increase the number of Labour Suite / Maternity Coordinators 24/7
 - d. Change in process in relation to communication with women on day of IOL
 - e. IOL prioritisation tool developed for use within unit and on tactical huddles
 - f. Decision made to book IOLs using gestational ranges; notable increase in the number of IOLs during July and August 2023 in response to a change in guidance for Post Dates IOL following HSIB recommendations
 - g. New QI Lead Midwife initiated IOL project (August 2023) working with Regional QI NHSE Team - sharing of resources, tools and guidance in relation to successful IOL QI projects across the region
 - h. Working with Birmingham Womens Hospital to gain insight regarding successful IOL service project
 - i. Engagement - Walkarounds completed across both sites to gain staff insight and feedback including meeting with delivery suite coordinators. Meeting held with MNVP (23 August) to discuss IOL project and to gain service user involvement. Patient feedback survey relating to IOL developed in multiple languages and UHL's

- Engagement Officer has commenced daily walk-arounds at both sites (from 11/09/23) to collate completed surveys
- j. Formal review of the current IT systems used for monitoring IOL referrals, bookings and on-going IOLs has taken place. Online digital prioritisation tool developed
 - k. Audit of all IOLs performed in July 2023, to create a baseline for improvement
 - l. Review of the IOL pathway coordinator role providing recommendations to improve effectiveness and flow
 - m. Draft SOP in development in relation to delayed IOL to enable knowledge of clear process/escalation routes to provide safety and effectiveness
 - n. Pop-up' DAU in place since June 2023 to ensure safety and monitoring of delayed IOLs
5. Improve equipment, safety checks and documentation
- a. Daily Assurance Ward Checks integrated into Tactical Calls
 - b. Scoped automated and digital solutions for ward level checks, interim solution in development
 - c. Matron Weekly Spot checks
 - d. A customised Microsoft Power App developed (30 August 2023) currently undergoing testing in live environments, specifically the Maternity Assessment unit at the Leicester Royal Infirmary and the neonatal service. Aim is for go live by 1 November 2023
 - e. Trust-Wide scoping audit tools for potential purchase and implementation across the entire organisation to support the ward Exemplar programme and consistent safety checks
 - f. Communication Campaigns with teams
 - g. Head of Clinical Engineering work programme to service all equipment, 100% compliance achieved by 31 July 2023 with future plan under development for monitoring
 - h. Invested in new IT equipment (laptops, iPads and phones) for staff working in the community and upgraded IT systems and processes
 - i. Maternity EPR Options Appraisal complete and funding identified
 - j. Immediate attention and resolution of all equipment issues / concerns identified by CQC
6. Responding and documenting ongoing risks
- a. Mobile phones delivered to both sites and are in use, NerveCentre alerting is built and in LIVE environment and alerts in place for Medical Baton phones
 - b. NerveCentre permissions adjusted (30 August) to allow midwifery sign off of results; live dynamic blood results lists in place for ward areas
 - c. Neonatal observations: Audit proforma designed, plans to integrate as part of the ATAIN program. Latest evidence reviewed and unit decision made to move to the latest tool - new guideline being produced with plans to adopt NEWTT2 with appropriate training to support
 - d. Maternal observations Observations collected in NerveCentre for >18 months in Maternity, tracker developed. Digital system has been implemented, optimisation is key
 - e. UHL Fetal Monitoring in Labour Guidelines (May 2021) suggests where stickers are not available all elements of pneumonic DRCBRAVADO are used and completed - Deep Dive Audit commenced around fresh eyes/ classification and embedding of the stickers in practice. Spot check audit from yearly fetal monitoring audit currently ongoing to monitor baseline.

- f. Sepsis: eAssessments Live (July 2023), amendment to rules requested, data extraction underway, once testing has been produced this will provide a daily report. SBAR Maternity Sepsis Action Tool disseminated 31 May 2023
- g. Review & Update of Guidelines: Latent Phase, Caesarean Section, Fetal Monitoring, Water Birth (particular focus on evacuation), and a SOP for babies who are not medically fit for discharge
- h. Plans to increase infrastructure to support guidelines and audit team – greater scrutiny around derogations and best practice

Response – governance structure, workstreams and action plan

The maternity and neonatal improvement programme has been developed and is included in appendix 1. The bring together compliance actions for CQC, Maternity Incentive Scheme, Ockenden immediate and essential actions and the NHS England 3 year plan.

A ‘three lines of defence’ assurance process is being established within the CMG to ensure actions are delivered, embedded and checked robustly. The first line of defence is workstream level; these meet weekly for planning as well as confirm and challenge sessions. These report to the programme group (second line of defence), which examines the completion evidence and decides whether the action has been delivered or assured or needs further work. Those that pass scrutiny are presented to the Maternity Assurance Committee, which has final say on whether the action has been delivered and assured to an acceptable level.

The CMG plans to introduce a ‘reverse RAG’ (red, amber, green) method to ensure that the CQC actions have been delivered and assured in full. All CQC recommendations have been marked as ‘not yet delivered’ (red) by default, until sufficient evidence has been produced to prove otherwise. Once concrete action has been taken to deliver the recommendation, and evidence

Typical delivery evidence might be the installation of new software or processes, an update to an SOP, or co-produced information improvements made in partnership with the MNVP. Typical assurance evidence would be audit or survey findings which prove (to pre-agreed parameters) that the changes are having the desired effect and are resulting in significant improvement.

The forum that takes the decision as to whether an action has been delivered and then assured is the Maternity Assurance Committee. This group will also provide guidance and direction for follow-up audits (sample size, regulatory of repetition and standards to be achieved) to ensure that the standard remains embedded.

The CMG has set up a fully resourced QI team who will be responsible for updating the CQC response plan. The CMG is also forming the four workstreams mentioned above, each of which have clinical leadership and triumvirate representation and are assigned specific tasks from the plan.

Response - Next Steps

- Progress Actions to address Significant Improvement Requirements as per S29A Warning Notice
- Action Plan being developed to address Must & Should Do’s from the CQC findings aligning with MNIP / MIS / 3 Year Plan / Ockenden / Empowering Voices
- Proactive Engagement & Staff Support as part of publication
- Engage in Post-Inspection Survey

Recommendation

The board of directors are asked to:

1. Receive and note the feedback from CQC and confirmation of S29a and final reports
2. To be assured by the significant progress to date
3. To be assured by the maternity & neonatal improvement plan that has been developed
4. To approve Maternity assurance committee as the lead committee providing oversight of the necessary actions to address the s29a with a plan to update Quality Committee and Trust Board accordingly

Appendix 1

UHL MATERNITY AND NEONATAL IMPROVEMENT PROGRAMME Q1 2023

Governance Rebekah Calledine Frances Hills	Quality & Safety Rebekah Calledine Frances Hills Head of Service (Neonates)	All workstreams aim to review and improve or implement the themes described. Priority Actions include CQC must-dos & are updated Quarterly	Workforce & Staffing McParland Penelope Kerry Williams Head of Service (Neonates)	Partnerships & Engagement Rebekah Calledine Natasha Archer Head of Service (Neonates)
<ul style="list-style-type: none"> Robust risk management Appropriate Datix/Incident reporting Audit HSIB & PMRT Duty of Candour processes Investigative processes Governance team function, support and development Risk review process Governance structure & reporting Floor to board reporting Family liaison and engagement Clinical effectiveness & guidelines Training and education Sharing of learning Board level safety champions Saving Babies Lives Care Bundle v2 	<ul style="list-style-type: none"> Clarity & visibility of Maternity and Neonatal Outcome Measures Safety Culture Maternal record Management Capacity and demand matching Digital transformation Continuity of Carer Perinatal mental & pelvic health Personalised Care Plans Risk assessments Continuous Glucose Monitoring Safety Training Neonatal collapse Huddles and Handovers Emergency Equipment Infection prevention and control Prescription of medication Care of the deteriorating patient 	Leadership & Culture Jonathan Cusack Danni Burnett Head of Operations	<ul style="list-style-type: none"> Midwifery Establishment Midwifery rotations between clinical areas & locations Monitoring, reporting and escalations of Midwifery establishment Forward facing Midwifery establishment planning Neonatal workforce Medical workforce MDT training - technical & relational Workforce well-being Sickness absence management and support Retention planning Talent management and succession planning 	<ul style="list-style-type: none"> Maternity Voices Partnership working Effective staff engagement & ensuring staff feel they have a voice Working in partnership with our LMNS ICB Mutual Aid Development of Professional Midwifery Advocate role Development of OGN SharePoint site Improving our estate Maternity Star Awards Communication strategy Cultural development work – NHSE/I Civility & Respect Toolkit Psychological safety
CQC Well-Led, Safe, Effective & 2023 Must-Dos	Kirkup 2022	Leadership & Culture	Kirkup 2022	Kirkup 2022
Ockenden 1,2,3,4,5,9,14,18	HSIB/Other	Roles & responsibilities of the Senior Midwifery Team	CQC Safe, Effective & 2023 Must-Dos	HSIB/Other
CNST: 1,3,4,5,6, 7,8,9,10	CQC Well-Led, Safe, Effective, Responsive & 2023 Must-Dos	<ul style="list-style-type: none"> Roles & responsibilities of the Senior Midwifery Team Effective appraisal processes Development packs for all Band 7 and above midwives Leadership Development – coaching and leadership training Triumvirate Leadership development Improved meeting and communication Development of UHL maternity website Equality, Diversity, & Inclusion PROUD Behaviours Improvement culture Culture of Compassion Excellence in team working and shared aims, perspectives & trust 	Ockenden 1,3,7	Ockenden 1,3,7
Saving Babies Lives v2	Ockenden all actions	CNST: 3,4,5,8,9	HSIB/Other	CNST: 7,8
Priority Actions for Q1 <ul style="list-style-type: none"> Focus on PMRT reports & process improvements Improve Risk Register review process Improve on lessons learnt from incidents amongst staff Improve timelines of responses to complaints Improve accuracy and analysis of audit information Review of guidelines and policy process 	Priority Actions for Q1 <p>Auditing and improving risk assessments & shared decision making</p> <p>Improve safety training compliance</p> <p>Improve monitoring of outcomes of care</p> <p>Undertake regulatory audits</p> <p>Improve infection control monitoring</p> <p>Improve epidural waiting times and consultant availability</p> <p>Reduce delays to induction of Labour</p> <p>Compliance with prescribing processes</p>	Priority Actions for Q1 <ul style="list-style-type: none"> Development of Improvement Hubs in conjunction with Staff Engagement work Consultant led Maternity Improvement programmes workstream monthly updates to be introduced Maternity Service Manager action plan and on-going recruitment. 	Priority Actions for Q1 <ul style="list-style-type: none"> Agree future Maternity establishment Continue with recruitment programme Improve training and performance appraisals in line with national guidance Sickness absence prevention and support action planning with new Maternity HR Business Partner Improve agency staff induction process Complete Core Competency Framework Training Needs Analysis 	Priority Actions for Q1 <ul style="list-style-type: none"> Spread of accessible and interesting OGN SharePoint site 2022 Maternity Survey action plan to be signed off and incorporated into MIP Wider engagement activities planned to include community staff Q4 focus on well-being launch