East Suffolk and North Essex NHS Foundation Trust

Board of Directors (Public)

4 November 2021

Report Title:	Every Birth Every Day Improvement Programme (Maternity Services) – programme update
Executive/NED Lead:	Giles Thorpe, Chief Nurse
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Previously considered by:	N/A

☐ **Approval** ☐ **Discussion** ☑ **Information** ☑ **Assurance**

Executive summary

The 'Every Birth Every Day' Maternity Improvement Programme forms the governance framework through which the Trust has oversight of all improvement work relating to maternity services.

The paper provides an update to the Board of the actions being taken to support the Trust's response to external reports and the CQC recommendations following the inspection carried out in March and April 2021.

Action Required of the Board

To note the outputs of the 'Every Birth Every Day' maternity improvement programme from October 2021, gaining assurance that the Trust has robust oversight of the key work streams which focus on the delivery of improvements across maternity services in the Trust.

Link to Strategic Objectives (SO)		**Please tick**
SO1	Keep people in control of their health	☑
SO2	Lead the integration of care	☐
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☐

Risk Implications for the Trust *(including any clinical and financial consequences)*	A failure to ensure that Maternity Services are not compliant with all Fundamental Standards of Care as outlined in the Health and Social Care Act 2008 Regulated Activities (Regulations) 2015 may lead to increased scrutiny of services, and associated regulatory and reputational risk to the Trust overall.
Trust Risk Appetite	The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so.
Legal and regulatory implications *(including links to CQC outcomes, Monitor, inspections, audits, etc)*	A failure to evidence improvements against the Must and Should Dos as outlined in the CQC report, in addition to the findings of Trust commissioned external reviews may lead to further sanctions being placed upon the Trust's registration.

Financial Implications	Consideration of the Trust as being an organisation that can expand and deliver increased services, through bids for capital and increased revenue, may be affected if the Trust cannot evidence the delivery of safe and effective care across all its services.
Equality and Diversity	Due to the nature of maternity services it is recognised that any gaps in service provision will negatively affect pregnant people and their families, and any detriments to their healthcare must be addressed as an urgent priority.

Every Birth Every Day – Maternity Improvement Programme Update

1. Background

1.1. In line with the Trust's philosophy that 'Time Matters', and with the restart of the Time Matters Board, the Every Birth Every Day (EBED) transformation programme was launched, delivering improvements against national, regional and local priorities.

1.2. The Programme Board is chaired by the Chief Executive, supported by the Maternity Board Safety Champion (Chief Nurse).

1.3. The key work streams that form the key focus areas of the EBED programme board are:

- Organisational Development,
- Staffing/Workforce
- Governance, and
- Safety Culture
- Maternity Services Development Group (MDSG)

1.4. In addition, to ensure that the voices of pregnant people and their families are heard, the Maternity Voices Partnerships for North East Essex and Ipswich and East Suffolk are represented at the programme board.

2. Meeting Output – October 2021

2.1. During September Workforce, Organisational Development and MDSG programmes presented an update against performance.

2.1.1. Workforce – conversation held regarding lack of visibility surrounding medical workforce and obstetric leadership – this was addressed by being presented as a deep-dive at the next EBED (November 2021). Confirmation of position of achieving Birthrate+© maternity staffing, with two volunteer Continuity teams planned to be placed within areas where greatest level of deprivation identified..

2.1.2. Organisational Development – evidence of progression against key actions (with green RAG status). Focus on delivery of emotional health & safety training to be undertaken and commenced beginning November 2021. Ongoing away days planned to support team cohesion with maternity leadership (including obstetric attendance) planned for November).

2.1.3. MSDG – a proposal for the Ipswich maternity services shared with the programme board. This was in the long list of options, with a line secured within the capital funding stream for 23/24. This option would address the issues pertaining to colocation of theatres and delivery unit. Interim works underway to secure fire safety of lifts to meet requirements of CQC review.

2.2. Stakeholder feedback was provided from NHSEI and MSSP Engagement. The Trust has been appointed a new MIA (Suzanne Cunningham), who will liaise with the Trust's Director of Midwifery to continue the diagnostic phase.

2.3. CQC actions – there has been minimal movement in month against actions. The programme board requested a trajectory at the next month to identify expected timescale for proposed closure of actions, following review of evidence to show sustainability of improvements.

2.4. Ockenden – the Director of Midwifery presented a brief update against the review of Ockenden evidence. Positively it was noted that the majority of standards were evidenced as Green (compliant) with only two areas identified as 'Red'. Both areas already had actions taken to support evidence of completion of required actions.

2.5. Triage – the change to triage services within maternity on both sites will be commenced on 4 November 2021. A full relaunch of triage services is now planned for January 2022, with full involvement of MVP.

2.6. An update was provided regarding the Trust's progress against the CQC 'must do' actions with many of those being completed. An update against the 'should dos' was also shared with the programme board as per plan.

2.7. No staff based issues were raised as part of the MatNeo feedback sessions to the Chief Nurse or DoM during the reporting period.

3. Recommendation

3.1. To note the outputs of the 'Every Birth Every Day' maternity improvement programme, gaining assurance that the Trust has ongoing robust oversight of the key work streams which focus on the delivery of improvement across maternity services in the Trust.