Maternity Update

East Suffolk and North Essex NHS Foundation Trust

Maternity Update to QPS

October 2023

Amanda Price-Davey – Director of Midwifery

Purpose of Report

East Suffolk and North Essex NHS Foundation Trust

CNST

NHS Resolution is operating year 5 of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. This report will

- Give detail of the declaration the Trust and ICB are required to sign
- Overview of current status including reports that are required to have Board oversight, including Perinatal Mortality Review Tool (PMRT) quarterly report, Avoiding Term Admissions into Neonatal units (ATAIN) quarterly report and Saving Babies Live Care Bundle (SBLCBv3) compliance and the implem,entation plan for the Core Competency Framework v2
- **Workforce Review**
- Progress update form Acuity Review
- Proposed new leadership structure update
- Challenges in delivery

CQC Inspection

- Update for the action plan following the visit to Colchester
- Report following the visit to Clacton stand alone Birth Centre

Year 5 Submission

East Suffolk and North Essex NHS Foundation Trust

- Trusts must submit their completed Board declaration form by **12 noon on 1 February 2024.**

- The evidence to demonstrate compliance will be presented to Trust Board on 4th January 2024, this is due to the reporting period which means we have to include December data.

- The Trust Board declaration form must be signed by the Trust's Chief Executive Officer (CEO) and the CEO for the ICB. Meetings are being held with the ICB to ensure they have oversight of the evidence being collated (first one on 31st October)

- This year the declaration form has been published well in advance and can be found here

CNST update

East Suffolk and North Essex NHS Foundation Trust

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Q1 PMRT report went to Board in July and Q2 is attached as **appendix 1**
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	We won't receive the Scorecard until later this month which will evidence completion Preliminary results for July data are currently showing us as fully compliant
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	ATAIN reports are reviewed monthly through Divisional governance and the most recent reports are attached for oversight at Trust Board as **appendix 2** **Clarification is being sought from LMNS around specific detail being included in ATAIN reports, following this the report may be required to be represented to QPS for approval in December.**
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	Clinical Workforce paper will be submitted to QPS this month, including audit data, to demonstrate compliance. No concerns with this safety action
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Acuity review completed and results feeding into Birthrate plus review and refresh Workforce paper including red flag data and action plans presented to QPS and Trust Board in June and plans to present again in December.
Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	LMNS and Trust Quarterly Meeting Gantt Charts are attached as appendix 3 The Validated submission data using the SBLCBv3 implementation tool are included as evidence of current compliance position **Lead Roles:** Trust Board assurance is required that lead roles are appointed to – this evidence went to Patient Safety Group October 2023
Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users	This is an area of risk for us as a Trust, however, we are working closely with the LMNS to support Two new MVP chairs are in place but have significant training needs
Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Training implementation plan for the core competency framework was reviewed as part of the patient safety report to PSG including current trajectories. Due to industrial action the doctors compliance is a risk, the division are working very hard to ensure compliance
Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Approval from Wendy Matthews (Regional Chief Midwife) to demonstrate that the perinatal clinical quality surveillance review meets the required standard and this has been discussed at LMNS. Claims score card has been discussed at extraordinary Mat Neo meeting within the required timescale Further evidence in collation at this time Caution with this SA due to noncompliance last year
Safety action 10: Reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHSRs Early Notification (EN) Scheme	Evidence being collated, this is an externally validated safety action, no concerns with compliance

Safety Action 6

ICB validated Saving Babies Lives 3 implementation tool

East Suffolk and North Essex NHS Foundation Trust

Version three of the Saving Babies' Lives Care Bundle (SBLCBv3) published on 31 May 2023, aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. The third version of the care bundle brings together six elements of care that are widely recognised as evidence-based and/or best practice:

1. Reducing smoking in pregnancy
2. Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)
3. Raising awareness of reduced fetal movement (RFM)
4. Effective fetal monitoring during labour
5. Reducing preterm birth
6. Management of diabetes in pregnancy

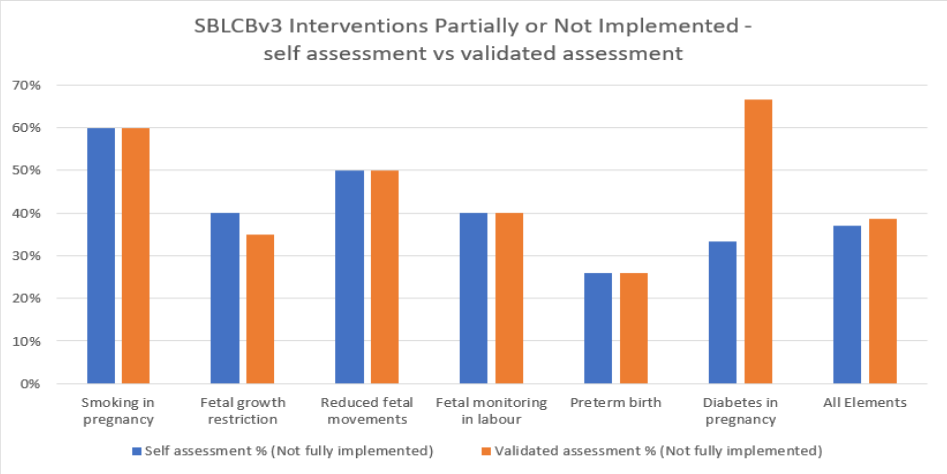
The Care Bundle is now a universal innovation in the delivery of maternity care in England and continues to drive quality improvement to reduce perinatal mortality. It has been included for a number of years in the NHS Long Term Plan, NHS Planning Guidance, the Standard Contract and the CNST Maternity Incentive Scheme, with every maternity provider expected to have fully implemented SBLCBv2 by March 2020.

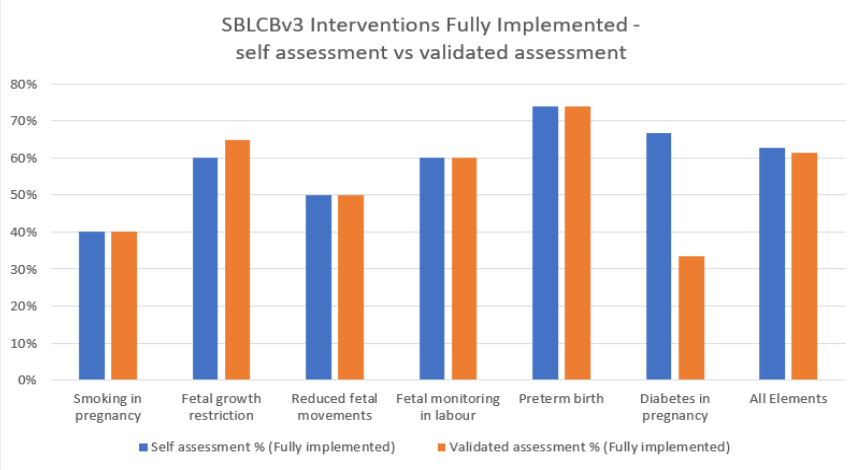
ONS and MBRRACE-UK data demonstrate the urgent need to continue reducing preventable mortality. Developed 4 years after SBLCBv2, Version 3 of the Care Bundle (SBLCBv3) has been developed through a collaboration of frontline clinical experts, service users and key stakeholder organisations. All existing elements have been updated, incorporating learning from the Clinical Negligence Scheme for Trusts: Maternity Incentive Scheme (CNST MIS) and insights from NHS England's regional maternity teams. SBLCBv3 aligns with national guidance from NICE and the RCOG Green Top Guidelines where available but it aims to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide guidance. SBLCBv3 also includes a new element on optimising care for women with pregnancies complicated by diabetes.

As part of the Three Year Delivery Plan for Maternity and Neonatal Services, all NHS maternity providers are responsible for fully implementing SBLCBv3 by March 2024.

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)
Element 1	Smoking in pregnancy	Partially implemented	40%	Partially implemented	40%
Element 2	Fetal growth restriction	Partially implemented	60%	Partially implemented	65%
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%
Element 4	Fetal monitoring in labour	Partially implemented	60%	Partially implemented	60%
Element 5	Preterm birth	Partially implemented	74%	Partially implemented	74%
Element 6	Diabetes	Partially implemented	67%	Partially implemented	33%
All Elements	TOTAL	Partially implemented	63%	Partially implemented	61%

ICB validated Saving Babies Lives 3 implementation tool (continued)





Work required for all elements.

Element 1: Need to improve compliance with 36-week CO and CO at every appointment. Currently no prompt in Ipswich paper notes re: smoking status, so 'stamp' ordered until update of paper notes completed – looking at volunteer hours to support. Training compliance needs to improve to be compliant with element 1. Guideline with minor amendments going through governance approval process in October.

Element 2: Wider discussions required re: digital BP monitors – concerns about lack of monitors validated for use in pregnancy (may need to be added to the risk register). Improvements needed re: SFH measurements commencing prior to 28+6 weeks. Guidance being updated in relation to methods of fetal surveillance in Ipswich (ceasing fundal height measurements when serial scans commence).

Element 3: Guideline going through governance approval process (RFM's definition agreed across SNEE). Will require embedding into practice and re-audit.

Element 4: Significant concern around training compliance for staff on delivery suite and requirement for 85% competency pass mark (currently set at 80%) – being added to risk register. Pathway being agreed to monitor that staff working within a birth setting have up to date compliance.

Element 5: Neonatal team reviewing NNAP brain injury data for Colchester. QI project starting soon to improve early administration of maternal breast milk. PREDICT AN discussion form in the process of being embedded into practice. Preterm birth lead roles, with Board assurance that staff are in place.

Element 6: System-wide discussion re: tertiary centre input. Confirmed by national team that we are able to utilise CGM and iCGM predicted HbA1C results for the 28 week result. Guideline being updated.

Please see details below as evidence to Trust Board that roles are appointed to and leads are in post in relation to Safety Action 6

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Lead Roles for Element 4; Effective Fetal Monitoring during Labour:		
Designation:	Name:	Requirement:
Lead Consultant; Colchester site	Shane Bandara	Minimum 0.1 WTE with demonstrated fetal monitoring expertise to focus on and champion best practice in fetal monitoring on each site
Lead Consultant; Ipswich site	Ruta Gada	
Dedicated Lead Midwife; Colchester site	Kate Prazsky (interim)	Minimum 0.4 WTE with demonstrated fetal monitoring expertise to focus on and champion best practice in fetal monitoring on each site
Dedicated Lead Midwife; Ipswich site	Jillian Hart	
Lead Roles for Element 5; Reducing Preterm Birth:		
Designation:	Name:	Requirement:
Lead Obstetric Consultant; Colchester site	Neeraja Yeddula	Obstetric Consultant delivering care through a specific preterm birth clinic on each site
Lead Obstetric Consultant; Ipswich site	Jo Cook	
Lead Midwife; ESNEFT	Rosie Bates (QI Lead Midwife)	Identified preterm birth / perinatal optimisation Midwife lead for the Trust
Lead Neonatal Consultant; Colchester site	Ramona Onita	Neonatal Consultant Lead for preterm perinatal optimisation on each site
Lead Neonatal Consultant; Ipswich site	Prathiba Pai	
Lead Nurse; Colchester site	Laura Grover	Identified Neonatal Nursing Lead for preterm perinatal optimisation on each site
Lead Nurse; Ipswich site	Scarlet Fleming	

LMNS and Trust Quarterly Meeting Gantt Charts are attached as evidence of current compliance position **appendix 3**

CCFv2

ESNEFT - Saving Babies Lives' & Audit Day Programme

NHS
East Suffolk and North Essex
NHS Foundation Trust

2022-2023	2023-2024	2024-2025 (TBC)
Fetal Monitoring Masterclass	GAP e-learning (completed on e-lfh)	GAP e-learning (completed on e-lfh)
Reducing Smoking in Pregnancy	Reducing Smoking in Pregnancy	Reducing Smoking in Pregnancy
Fetal Growth Surveillance	Reducing Preterm Birth	Preterm Birth (including Optimisation)
Reducing Preterm Birth	Induction of Labour	Fetal Growth Surveillance
Reduced fetal movements	Fetal Growth Surveillance	Reduced Fetal Movements
Governance half day	Reduced Fetal Movements	Care of diabetic women in labour
	Screening/Fetal Medicine Update	
	Perinatal Morbidity & Mortality meeting	Perinatal Morbidity & Mortality meeting
	Governance half day	Governance half day
	New requirement: • e-flh Saving Babies' Lives Module every 3 years • Annual requirement for frontline staff to be trained to deliver 'Very Brief Advice' to women and their partners to NCSCT standards	
Attended by Midwives and Obstetricians		

Content of programme has been aligned Cross-site since 2022-2023.
There are local differences within the individual presentations.

CCFv2

ESNEFT - Maternity Statutory Training Day Programme. Pt 1

East Suffolk and North Essex NHS Foundation Trust

2022-2023	2023-2024	2024-2025 (TBC)
Infant Feeding	Infant Feeding	Infant Feeding
Safeguarding Update	Safeguarding Update: CGH: • Learning Disability pathways • Substance misuse and Domestic Abuse • Using system one • Learning from reviews	Safeguarding Update: Content TBC
Equality, equity, and personalised care: • Bereavement update • Perinatal Mental health • Case Studies (Premature birth & Previous EMCS with mental health complexities) • Caring for families with babies in NNU	**Equality, equity, and personalised care:** • Perinatal Mental Health	**Equality, equity, and personalised care:** • Perinatal Mental Health • Ongoing antenatal and intrapartum risk assessment and risk communication • Equality and diversity with cultural competence • Personalised care and support planning (including plans when in use locally) • Informed decision making, enabling choice, consent, and human rights • Bereavement care

Content of programme has been aligned Cross-site since 2022-2023.
There are local differences within the individual presentations.

CCFv2

ESNEFT - Maternity Statutory Training Day Programme. Pt 2

East Suffolk and North Essex NHS Foundation Trust

2022-2023	2023-2024	2024-2025 (TBC)
Care during labour and immediate postnatal period: VBAC including Uterine Rupture	**Care during labour and immediate postnatal period:** • GBS in pregnancy and Labour • Care after GA	**Care during labour and immediate postnatal period:** • Management of labour including latent phase • Operative vaginal birth • Pelvic health and perineal trauma – prevention of and OASI pathway and pelvic floor muscle training (PFMT) • ATAIN • Multiple pregnancy
Student Learning update	Practice Learning Update	Practice Learning Update
Screening Update	Diabetes (GDM)	Screening/Fetal Medicine Update
Local topics: • Continuity of Care Model – then replaced by Medway Update on Colchester site • PMA update • Stall wellbeing – EMDR • Continuity of Carer Update	E-learning	
Attended by Midwives, Nurses, Support Staff and Obstetricians		

Content of programme has been aligned Cross-site since 2022-2023.
There are local differences within the individual presentations.

CCFv2

ESNEFT – PROMPT Programme

East Suffolk and North Essex NHS Foundation Trust

2022-2023		2023-2024	2024-2025 (TBC)
Colchester	**Ipswich**	**ESNEFT**	**ESNEFT**
Introduction and Ice breaker activity	Introduction and Ice breaker activity	Introduction & Ice Breaker	Introduction & Ice Breaker
Multi-professional Team working & Human Factors	Multi-professional Teamwork and Human Factors	Teamworking /Human Factors/Communication	Teamworking/Human Factors/Communication
COVID-19 Case discussion and SUDEP	COVID 19	Epidural in Labour	Civility and workplace behaviour
Diabetic Emergencies and DKA	APH Uterine Rupture	Maternal Critical Care	Maternal collapse and escalations, including difference in approach to resuscitation (see module 3)
Maternal Sepsis	Maternal Sepsis	Shoulder Dystocia	Emergency Scenario – Learning from excellence case study
	Impacted fetal Head	Sepsis and AKI	Sepsis and AKI
	Maternal Critical Care	Hypoxic Ischaemic Encephalopathy	NNU Scenario TBC
		Impacted Fetal Head	
Simulations /Workshops • Anaesthetic Emergency (PPH in theatre) • Shoulder dystocia • Basic Life Support • Newborn Life Support	Simulations/Workshops: • Anaesthetic Emergency: Failed Intubation • Shoulder Dystocia • Twins/Breech • Newborn Life Support • Basic Life Support	Simulations/Workshops • Neonatal Life Support • PPH • Anaesthetic Emergency (High block) • Eclampsia	Simulations/Workshops • APH/PPH • Cord Prolapse • Breech • Uterine Rupture • Neonatal Life Support
Attended by Midwives, Nurses, Neonatal Nurses (CGH from July 2022), Support Staff, Obstetricians and Anaesthetists. Occasional attendance from recovery nurses (CGH)			

Content of programme has been aligned Cross-site since 2023-2024. Facilitated face to face on both sites

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ESNEFT – Fetal Monitoring Day Programme

East Suffolk and North Essex NHS Foundation Trust

2022-2023	2023-2024	2024-2025 (TBC)
Stand-alone study day from April 2023 Previously incorporated into the Saving Babies Lives Study day	Fetal circulation Placental flow & reserves Fetal response to reduced oxygen	Fetal circulation Placental flow & reserves Fetal response to reduced oxygen
	CTG features: - Group work (4 CTG cases) - fresh eyes, HIL tool - variations of hypoxia Escalation, learning conversations, human factors surrounding CTG's (Incorporated in with the group work)	CTG features: - Group work (4 CTG cases) - fresh eyes, HIL tool - variations of hypoxia Escalation, learning conversations, human factors surrounding CTG's (Incorporated in with the group work)
	Focus on MLC and IA	Focus on MLC and IA
	CTG competency update (not fully implemented)	CTG competency update
	HSIB case study	HSIB case study
	K2 e-learning	K2 e-learning
Attended by Midwives and Obstetricians		

Face-to-face study day introduced from cross site from April 2023

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Current plans to achieve full compliance include

East Suffolk and North Essex NHS Foundation Trust

- Clinical leads and educational supervisors supporting medical staff to attend the remaining training days before the upcoming deadlines
- Additional training sessions and dates have been arranged – awaiting staff to be booked on
- Staff from both sites can access and attend training at either site
- Discussion around cancellation of planned/routine clinical activity to attend training
- Specialist midwives providing drop-in sessions with the medical team for ad-hoc training (SBLCBv3 element 1; smoking in pregnancy and element 2; fetal growth restriction)

Future Plans

- Rota co-ordinator for medical staff across both sites to liaise with midwifery training team for advance planning of MDT training sessions. For monthly meetings to be facilitated to ensure an even distribution of staff throughout the 12 months. This will also ensure that all relevant training days are MDT.
- Review induction period for new cohort of medical staff to ensure that training days and e-learning are prioritised – historically challenging due to timing of rotation within a period of high annual leave

Midwifery Workforce Review

East Suffolk and North Essex NHS Foundation Trust

As discussed in relation to Safety Action 5, there is an ongoing review of the midwifery workforce. This is to ensure we have the right people with the right skills in the right place to deliver safe and compassionate care.

Challenges

- Midwifery recruitment and retention is proving challenging nationwide. There is ongoing work within the region and system to support, which ESNEFT is fully engaged with.
- Frequent and historic changes to leadership team has created some instability, impacting on direction of travel and impeding necessary changes from being made.
- Midwives redeployed into non-clinical roles but sit in clinical cost centres
- Skill mix not utilised efficiently
- Historical rostering errors are continuing to impact on data accuracy

Actions

- Leadership and senior team structure proposed and confirmed
- Acuity review completed, including a review of all specialist posts within midwifery and review of skill mix across the MDT
- Costings reviewed to establish what further investment, if any, is required.

Next steps

- Consultation paper being drafted to implement changes required (first draft due 31st October) starting with leadership team (band 8a and above), then moving to specialist midwifery team (band 7)
- Acuity information and revised data sets have been fed back to BirthRate Plus for review and refresh – due back to Trust early November
- Work closely with HR to support implementation of change

CQC update

Action plan form the Colchester maternity visit remains on track with 3 of the actions completed and in the benchmarking process prior to sign off and completion. 5 remain in progress with good traction.

Visit to Clacton Birthing Unit Visit 26th July 2023

The final report due to be published on the 18th October has rated us as **Good** in both domains that are inspected in Maternity inspections, **Safe and Well Lead**.

Points of good practice included

- Excellent facility for care to be delivered close to women and their families
- Undertaking risk assessments in a timely manner
- Appropriate recognition of deteriorating patient and timely escalation
- Vision and Strategy

The report did also highlight 4 areas of Should Do action – action plan being drafted

- Ensure all appropriate clinicians undertake Cardiotocograph (CTG), fetal growth and fetal monitoring training within trust time frames.
- Ensure that all maternity support workers receive their basic life support training within trust time frames.
- Ensure all actions highlighted in environmental audits are completed
- Ensure incidents can be identified by location they occur at when submitting trust wide National Reporting Live System (NRLS) incident reporting, to make it clear to regulators at which site incidents occur.