

A blue hexagonal shape with rounded corners containing the text 'Maternity update' in white.

Maternity
update

Maternity Update

Amanda Price-Davey – Director of Midwifery

December 2023



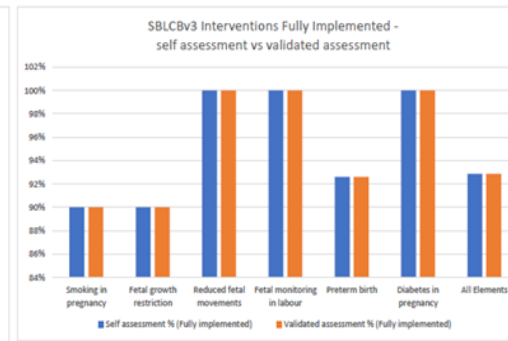
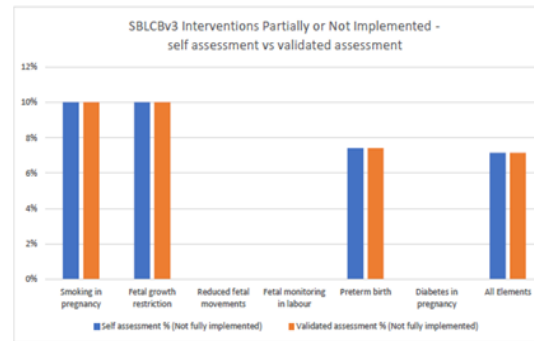
Maternity Assurance Report – Maternity Dashboard, SBL & CNST updates

Our overall position at this time is as below

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	This standard is externally verifiable, we have met this standard
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	This standard is also externally verifiable, we have met this standard
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	We are confident we have met this standard and have the required evidence
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	We are confident we have met this standard and have the required evidence
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Following the approval of the workforce paper from QPS today and Trust Board in January we will have met this pathway
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?	This standard is met by working collaboratively with the LMNS and having quarterly sign off meetings for all the evidence collated for each of the 6 elements. It has been validated and we have met this criteria. The standard was 70% compliance and we achieved 93%
Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users	With support from the LMNS we have worked collaboratively with multiple service users groups as well as the MNVP and have met this standard.
Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	This has been challenging to meet and in recognition of the industrial action this year, NHSR has reduced the compliance rate from 90% to 80% with an agreed action plan to get to 90% within 12 weeks of the end of the reporting period. This standard has been met
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?	Good level of confidence with this standard with evidence being reviewed in readiness for approval at the extraordinary QPS 20 th December 2023
Safety action 10: Reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHSRs Early Notification (EN) Scheme	This is an externally verifiable standard which has been met.

Implementation Progress

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)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	90%	Partially implemented	90%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	90%	Partially implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	93%	Partially implemented	93%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	93%	Partially implemented	93%	CNST Met



SBLCB v3

Minimum target standards exceeded.

Element 1: Improvement noted in compliance with 36-week CO and CO at every appointment. Currently no prompt in Ipswich paper notes re: smoking status, so 'stamp' in use until update completed.

Element 2: Wider discussions required re: digital BP monitors – concerns about lack of monitors validated for use in pregnancy. Feedback from digital team confirms that the updated risk assessment for FGR can be added onto Careflow.

Element 3: 100% compliant

Element 4: 100% compliant

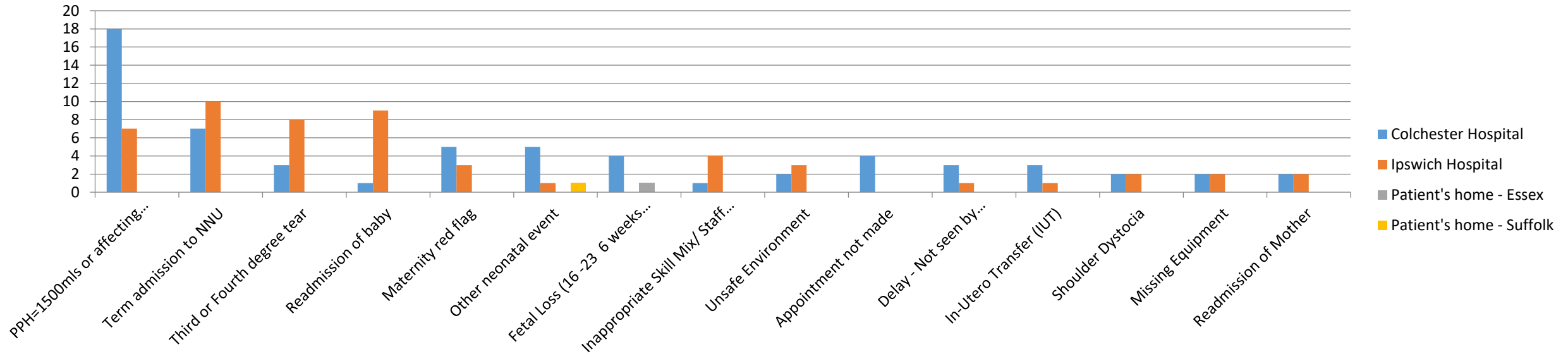
Element 5: Neonatal team reviewing NNAP brain injury data for Colchester - recommendation for deep dive added into LMNS Safety Forum agenda. QI project starting soon to improve early administration of maternal breast milk.

Element 6: 100% compliant

Indicator	Green	Amber	Red							
				Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	
Numbers										
Pre term Births (<37 weeks) annual rolling rate	<6%		>=6%	8.45%	8.40%	8.40%	8.42%	8.18%	8.03%	
Smoking										
% of Women Smoking at Delivery	<=10%	10-11%	>=11%	7.28%	6.70%	6.55%	4.42%	6.31%	7.55%	
Mode of Delivery										
% of Non operative vaginal deliveries	>=58%		<58%	51.65%	54.68%	52.93%	57.04%	51.69%	51.03%	
Maternal Morbidity and										
% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	2.83%	3.44%	2.98%	4.13%	2.40%	4.31%	
Neonatal Morbidity and Mortality										
HIE Grades 2 & 3	0		>=1	1	0	0	0	0	0	
Term Admissions to NNU as a % of babies born	<=6%		>6%	8.09%	6.47%	5.86%	5.48%	8.02%	6.36%	
APGAR at 5 min <7 at term (% of Births)	<1.2%	1.2%-2%	>2%	1.65%	0.85%	0.59%	0.55%	2.14%	1.12%	
Number of Stillbirths	0	1-2	>=3	1	0	5	2	2	2	

Maternity Assurance Report – Governance update (November data)

Incidents last month



ESNEFT top three Maternity incidents:

1. Postpartum haemorrhage ≥1500mls / affecting woman's health
2. Term Admissions to the Neonatal Unit
3. Third or fourth degree tear

ITU Admissions:

None

PSII and MSNI (formerly HSIB) investigations:

- No new PSII's raised in November.
- Currently open – 2 x Open PSII's: 1 x hysterectomy and 1 x Delay in recognising a Deteriorating Patient (also formal complaint raised by patient).
- No new or open cases with MNSI.

Unit Diverts

- CGH – 1

Risk Register

- No new risks approved.
- Ongoing regular reviews of Ipswich Maternity lift related risks, these are happening alongside Deben theatre task and finish group.
- 1 risk closed in November:
 - 1117 CGH: Pregnant people will be unable to use the facilities at Clacton unit for labour care in event of lift failure or maintenance. Mitigation score has been reached – no incidents reported in October.

New Complaints

- ✓ Call-back – **100%** compliant
- ✓ Due for Closure – 6/6 completed within timeframe
- ✓ Extended – N/A none extended
- ✓ Reopened – N/A none reopened

3 x Low (IPH)

1. Concerns regarding midwifery support worker who was caring for the complainant whilst on the ward.
2. Staff did not take the complainants situation into consideration and she felt that she was being treated like a first-time mum who was worrying unnecessarily.
3. Staff did not take the complainants situation into consideration and she felt that she was being treated like a first-time mum who was worrying unnecessarily.

4 x Medium (2 CGH, 2 IPH)

1. Patient has raised several concerns regarding the care and treatment they received on Deben ward following their C-Section.
2. Patient has raised several concerns regarding the care and treatment they received on Deben ward following their C-Section.
3. Patient received inadequate care from midwifery & maternity services during pregnancy.
4. Patient was concerned following private scan showed low fluid level, tried to contact midwife twice but did not receive a response. Unfortunately, baby was diagnosed with bilateral renal agenesis and the patient chose to terminate the pregnancy. Patient tried contacting the midwife again to query why she had been ignored and again did not receive a response.

Maternity – Quarterly reporting to Trust Board (CNST)

REGULATORY BODIES

CQC DOMAINS	Rating (last inspection)							
	Unit	Date of last inspection	S (Safe)	E (Effective)	C (Caring)	R (Responsive)	W (Well led)	Action Plan Status
Colchester	March/April 2021							
Ipswich	April 2021							

CQC DOMAINS	
Outstanding	
Good	
Requires improvement	
Inadequate	

CQC Action plan status	
To commence	
Progressing	
Completed	

Maternity Safety Support Programme (MSSP)

Maternity Services is still being supported by Maternity Improvement Advisors (MIA) who have been working with the senior leadership team to aid improvements with service delivery, staffing levels and governance. The Trust has been part of this programme for over a year and is now working with the MIA's on an exit plan that will ensure the supportive work has been put in place can continue once the MIA's have left.

Requests/concerns raised by external bodies

We have not received any external concerns, but we continuing to meet regularly to review the actions arising from the unannounced CQC visit at Colchester hospital in March 2023, and we also had a visit in July 2023 at Clacton, we have subsequently been graded as 'good' at Clacton. The action plan from 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.

Coroner Regulation 28 reports made directly to the Trust

None received in the reporting period

Midwifery staffing

We have an establishment that exceeds the revised BR+ report. We have 275.9 WTE midwives in our establishment with 273 required, we have 26.6 WTE band 3 working in postnatal care and have a requirement for 26.7 WTE across site

Current vacancy to date:

Colchester				Ipswich			
Vacancies RM	New Starters RM	Vacancy MSW	New starters MSW	Vacancies RM	New Starters RM	Vacancy MSW	New Starters MSW
2.34 WTE	4 new starters due in next quarter	WTE	0 new starters at this time – out to advert	0%	6 new starters due in next quarter	0	Out to advert

Claims scorecard

2022 data shared previously this year, quarterly claims and litigation reports are provided by the legal team and discussed within Divisional Governance.

Maternity – Quarterly reporting to Trust Board (CNST)

ESNEFT Training compliance			
ESNEFT FETAL MONITORING COMPLIANCE			
	Total trained	Percentage	Total Eligible Compliance
Midwives	279	90.58%	308
Consultants	23	92%	25
Doctor	31	93.93%	33

PROMPT	Col		Ips		Combined
Overall	0.912088				
	Total trained	Percentage	Total trained	Percentage	combined percentage
Midwives	141	99.3	156	93.98	96.64
Nurses	5	100	4	100	100
Support Workers	55	98.21	38	95	96.605
Consultants	12	92.31	11	91.67	91.99
Doctors	27	96.43	17	94.44	95.435
Anaesthetic Consultant	16	88.89	9	90	89.445
Anaesthetic Doctor	23	92	14	87.5	89.75

NLS	
Pediatric Consultants	100%
Neonatal Doctors	96.50%
ANNP	100%
Nurses	98.50%
Midwives	96.64%

Service user feedback

Orwell ward –

- “I had a very positive experience. When I had my first baby it was during Covid and my experience was very scary however this time even though I had more complications and was more poorly I have had such a positive birth experience and cannot thank the staff enough.”
- “Lots of breastfeeding support, very friendly and helpful staff all round.”
- “My midwives during birth were incredible and got me through my Labour. Sarah, Emily, Helena and Anne. Service after birth has also been amazing. Constant care and feel safe.”
- “Felt very supported and well looked after.”

Deben ward –

- “All the midwives were fantastic! So supportive and caring. At all times they were really encouraging and confident which reflected on my birth. My midwife that delivered my baby was unbelievable! She gave clear instructions and support during me giving birth which is exactly what I needed. After birth she continued to provide support despite being busy, she didn't make me feel I was worrying over nothing. There was nothing that could be improved. I actually enjoyed the experience!”
- “Throughout my labour I felt very supported by all staff. I was fully informed about all aspects of my care and I was able to ask questions if I was unsure of anything. Even when urgent intervention was required, everything was explained so I was able to understand what was happening.”
- “Staff were amazing, couldn't fault them, I was made to feel so at ease and confident. Thank you.”

Role specific training met the 90 % standard in all cases apart from anaesthetics, so an action plan to recover position has been developed

Action No.	Area of Practice for Review	Aim	Smart Action	Responsible Lead	Proposed completion date	Comments/progress	BRAG status	Date closed	Assurance	Supporting Documents
1	Esneft CCF Compliance	Ensure minimum of 90% training compliance in all areas within maternity over and maintained	To routinely monitor compliance and ensure once above 90% in all areas a reduction in compliance does not occur.	James Borthwick	Feb-24	We are currently above 90% training compliance in all areas except PROMPT			PDM to report into CDG monthly	Esneft Maternity training planner
			Forecast and project out dates made available to all workgroups to ensure compliance with CCF	James Borthwick	Feb-24	All dates are already forecast, need a robust process in place to capture nominations and ensure a healthy turnover of staff is distributed across the year.			PDM to report into CDG monthly	Esneft Maternity training planner
			Nominations to be collated 1 month prior to training delivery and allocated to the rota to ensure a steady flow of Multi Disciplinary Training across all required workgroups.	James Borthwick	Monthly forecast	It is essential to ensure true MDT that each work group nominates between 8-12% each month			PDM to report into CDG monthly	Esneft Maternity training planner
			Early rotation through training to avoid peak time and mass loading towards then end of the training year.	James Borthwick	Monthly forecast	It is essential that MDT is spread out across the year to ensure compliance and the the best possible training is offered. This will require training to be repeated within the compliant year but will set the conditions for a smoother pathway in CNST year 7+			PDM to report into CDG monthly	Esneft Maternity training planner

Lexden ward –

- “We had trouble with breastfeeding at the start, however the staff were very helpful, especially Magdalena, and we got there in the end”
- “After care has been amazing with friendly staff”
- “Everything was perfect, the staff were fantastic and incredibly hardworking.”
- “Everyone was very kind and helpful, I couldn't have asked for more.”

Delivery Suite –

- “Professional service, Caring staff, Organised system”
- “The midwives looking after me were all great and made it the best experience”

Staff feedback from frontline champions and walkabouts

Midwifery and Board level safety champions undertake regular walkabouts in addition to monthly “safety counts” feedback sessions for all maternity and neonatal staff. Recent feedback has included:-

- Estates concerns about Ipswich Maternity Tower – An Estates action plan is being monitored through MSDG.
- Lifts in Maternity tower – Closely monitoring any incidents and reviewing risk regularly.
- Temporary theatre of Deben - Meeting with anaesthetist team 8th Nov 2023 to discuss.

Staffing at Colchester – Workforce over recruitment, acuity review and BR+ refresh, business case to Board and LMNS

Maternity Assurance Report – Ockenden Action Plan update

Section	Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
Section 1: Workforce Planning and Sustainability	11	0	0	2	9	81.8%
Section 2: Safe Staffing	10	0	1	1	8	80.0%
Section 3: Escalation and Accountability	5	0	0	1	4	80.0%
Section 4: Clinical Governance Leadership	7	0	0	0	7	100.0%
Section 5: Clinical Governance - Incident Investigation and Complaints Handling	7	0	0	0	7	100.0%
Section 6: Learning from Maternal Deaths	3	0	0	0	3	100.0%
Section 7: Multidisciplinary Training	7	0	0	0	7	100.0%
Section 8: Complex Antenatal Care	5	0	0	0	5	100.0%
Section 9: Preterm Birth	4	0	0	0	4	100.0%
Section 10: Labour and Birth	6	0	1	0	5	83.3%
Section 11: Obstetric Anaesthesia	8	0	0	0	8	100.0%
Section 12: Postnatal Care	4	0	0	0	4	100.0%
Section 13: Bereavement Care	4	0	0	0	4	100.0%
Section 14: Neonatal Care	8	0	0	3	5	62.5%
Section 15: Supporting Families	3	0	0	0	3	100.0%
Total	92	0	2	7	83	90.2%
Blue Action complete and signed off						
Green Status updated and on track within timescale						
Amber Status not updated/completed and the deadline passed						
Red Status not updated/completed and deadline passed by more than one month						

Highlights and exceptions

The overall compliance position has improved from the previous month for the Ockenden actions and we only have 9 actions to complete. We have completed a positional review in line with our newly designed 3 year delivery plan and we provide updates on the delivery plan to Trust Board.

We have amalgamated a number of the Ockenden actions into the maternity and neonatal services 3 year delivery plan, but the new plan does not account for some of the existing (incomplete) actions from Ockenden, and therefore we have taken the decision to continue to complete the Ockenden actions, so we will continue to report progress through this group.

We hope that a compliance update for section 14 will enable us to sign off on those remaining actions – these further reviews are planned for the end of December.

Maternity Assurance Report – 3 year delivery plan

Our three year delivery plan for Maternity and Neonatal services sets out how we will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families.

NHS England engaged a wide range of stakeholders who supported the development of this plan, which we have implemented for use within ESNEFT.

The plan concentrates on four themes, and we have created 44 actions across these four themes :-

1. Listening to and working with women and families, with compassion
2. Growing, retaining, and supporting our workforce
3. Developing and sustaining a culture of safety, learning, and support
4. Standards and structures that underpin safer, more personalised, and more equitable care.

Delivering this plan will continue to require the dedication of everyone working in maternity and neonatal services across ESNEFT, and within our LMNS.

Regular updates around our performance against the action plan are provided via the EBED programme, and the Maternity and Neonatal services leadership teams have oversight and responsibility for delivery against the actions, and for updating the plan. Areas of concern will be escalated via the Divisional Management Team (DMT), and performance updates will be provided to the DMT as part of the EBED programme.

The overall position on the 44 actions is shown below. Within our scoping work, before starting to implement this plan, we reviewed our Trust responsibilities alongside existing work plans, including Ockenden and East Kent recommendations, and we have seen some symmetry - which we have highlighted on the plan.

The majority of the responsibilities that were outlined by NHS England were things did required newly created actions, and they will now work together with the existing Ockenden work plan. Many of the responsibilities align with Trust processes that are already in place, or they work alongside CNST safety requirements, and these have also been recognised within the individual actions on the action plan.

As part of the cross over work with previous delivery plans, we have already been able to sign off 8 actions, and we have plans in place for 31 other actions. Some of the larger projects like EPR delivery will be in progress for a large part of the 3 years, but some of the other areas that come within the delivery of the CNST Safety Actions, like working with the MNVP and HSIB reporting can be assessed through our year five compliance.

Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
44	0	5	31	8	18.2%

Blue Action complete and signed off

Green Status updated and on track within timescale

Amber Status not updated/completed and the deadline passed

Red Status not updated/completed and deadline passed by more than one month