



Ashford and St. Peter's Hospitals  
NHS Foundation Trust

TRUST BOARD  
28 July 2022

<b>AGENDA ITEM NUMBER</b>	15.2	
<b>TITLE OF PAPER</b>	Maternity and Neonatal Update Report (covering reporting period April – May 2022)	
Confidential	N	
Suitable for public access	Y	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S) OR MEETINGS WHERE THIS PAPER HAS BEEN VIEWED</b>		
Quality of Care Committee July 2022		
<b>STRATEGIC OBJECTIVE(S):</b>		
Quality of Care	<input type="checkbox"/>	Y
People	<input type="checkbox"/>	Y
Modern Healthcare	<input type="checkbox"/>	Y
Digital	<input type="checkbox"/>	Y
Collaborate	<input type="checkbox"/>	Y
<b>EXECUTIVE SUMMARY</b>		
	<p>ASPH Women's Health and Paediatric division is wholly committed to developing an outstanding maternity and neonatal service and embedding the learning from the Ockenden Report and any subsequent maternity or neonatal reviews.</p> <p>This report details the current position of the maternity and neonatal services and contains the following updates:</p> <p><b>Workforce</b></p> <p>The midwifery workforce continues to have an increasing vacancy rate, which is further exacerbated by maternity leave, fixed term vacancy (to support development opportunities into specialist and leadership roles) and short term sickness. An increase in staff submitting resignation reason as cost of living has started to be seen from those who travel longer distances to work at ASPH. An action plan is in place to mitigate workforce risks and workforce remains on the Corporate Risk register.</p> <p>Several work streams are taking place at the moment including international recruitment, rolling substantive and bank adverts, recruitment to a workforce recruitment and retention lead for a fixed term period as well as other measures to grow our own workforce. Neonatal</p>	

nursing also continues to experience challenges with recruitment and retention which impacts on capacity to accept in utero – transfers. This is reflective across many neonatal units in the South East network. The medical workforce across both specialties requires review of establishments across all grades and rotas to ensure it meets the needs to provide adequate cover across a 24/7 period. The obstetric junior, middle grade and consultant workforce review is an action that is sitting within the Trust board action plan that is within the reading room. Progress with this action plan is summarised in the body of this report.

Following the NHS EI letter to organisations about the roll out of continuity of carer (CoC), on the 4<sup>th</sup> July 2022 the Trust paused the continuity of carer teams that were in place as safe staffing could not be evidenced on every shift. An options paper to address this issue can be found in the reading room. During this period of reporting and whilst pausing all CoC teams, the maternity service has also had to provide a paper to the regional and national team detailing the Trust plan to roll out CoC to 100% of women. An extension to submission was requested to ensure the Trust had received the birth rate plus report to inform the workforce requirements and to ensure due diligence of internal governance processes. This was declined and therefore with the agreement of the chief nurse, a draft proposed plan with the caveat that there may be significant changes to the plan and paper once the Trust Birth rate plus report and internal governance processes have been completed was submitted by the deadline of the 15<sup>th</sup> June 2022. The plan will require Trust Board approval.

**The Ockenden Report**

The Trust continues to work towards full compliance with the recommendations of the Ockenden Report. Progress on the immediate essential actions has not changed significantly since the last update, due to ongoing diversion of activity to maintain safe staffing. There is no significant risk with our current position in relation to Ockenden. Elements of incomplete compliance are immediate and Essential Actions 1 and 4. The Trust will be having an Ockenden Insight external visit from the SE regional team on 21<sup>st</sup> July to assess progress with the recommendations. The Trust presentation for this visit can be found in the reading room.

**CNST**

NHS Resolution launched the fourth year of the CNST Maternity Incentive Scheme, with updated Technical Guidance including a range of additional requirements that needed to be met. The pause initiated in December 2021 for a 3 month period has now ended, and the new submission date is currently now January 2022. Elements of incomplete compliance with CNST are safety actions 5 and 8 and further assessment of compliance with the PMRT publication of reports is being validated.

**Estates**

The plans for Abbey Wing redevelopment have unfortunately not progressed as the funding resource required is in excess of available monies within both the organisation and ICS. To achieve the plan a national capital business case would be required however a national cap on capital spend is in place. In April, an Estates action plan was agreed to address some of the more immediate issues. Progress with this is detailed in the body of the report and the action plan is within the reading room.

<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	Y
Patient Impact	Y
Employee	Y
<b>AUTHOR</b>	Gemma Puckett, Head of Midwifery

<b>PRESENTED BY DIRECTOR</b>	Gemma Puckett, Head of Midwifery
<b>DATE</b>	2 <sup>nd</sup> July 2022
<b>BOARD ACTION</b>	For assurance

## Workforce

HSIB have published two draft reports that reference the impact of staffing shortages on the delivery of safe care.

As part of the routine Maternity Safety Champion engagement process, a visit by the Non-Exec Director Maternity Safety Champion to the Maternity unit on 29th March 2022 offered staff an opportunity to a drop-in session where issues could be raised. The issues raised were as follows:

- Staffing support
- Leadership support
- Information Technology
- Staff wellbeing
- Operational Overview
- Capacity to undertake QI projects and embed learning
- Estates
- Communication

The Divisional team produced a mitigation plan, and this was shared with Trust Board on the 8<sup>th</sup> April 2022. An update to this action plan is contained within the reading room.

The midwifery workforce continues to have an increasing vacancy rate, which is further exacerbated by maternity leave, fixed term vacancy (to support development opportunities into specialist and leadership roles) and short term sickness. An action plan is in place to mitigate workforce risks and workforce remains on the Corporate Risk register.

Following the publication of the Ockenden report NHS EI wrote to organisations and asked them to complete an options appraisal and select one of three options in relation to safe staffing and the continuation / further roll out of continuity of carer (CoC). The department produced a paper assessing the current position against options 1 (continuation of roll out), 2 (continuation of existing teams but pause any further roll out) and 3 (pause all continuity teams and redeploy back into traditional working models). As the Trust cannot evidence safe staffing on every shift as per the requirement of the letter from NHS EI this has required alignment with option 3. This has been approved by the chief nurse and the redeployment of staff following informal consultation supported by HR and the development of a geographically based community team for the area of highest deprivation and including the HMP B population. This is in progress with an anticipated go live date of 4<sup>th</sup> July 2022. This will support as much continuity to women in the antenatal and postnatal period as possible to safeguard the increased risks within this cohort whilst working in a traditional community model of care. The options appraisal paper can be found in the reading room.

During this period of reporting and whilst pausing all CoC teams, the maternity service has also had to provide a paper to the regional and national team detailing the Trust plan to roll out CoC to 100% of women. An extension to submission was requested to ensure the Trust had received the birth rate plus report to inform the workforce requirements and to ensure due diligence of internal governance processes. This was declined and therefore with the agreement of the chief nurse a draft proposed plan with the caveat that there may be significant changes to the plan and paper once the Trust Birth rate plus report and internal governance processes have been completed was submitted by the deadline of the 15<sup>th</sup> June 2022. The full paper and associated data and roll out plan can be found in the reading room and will require Trust Board approval.

Several work streams are taking place at the moment including international recruitment, rolling substantive and bank adverts, recruitment to a workforce recruitment and retention lead for a fixed term period, as well as other measures to grow our own workforce. Neonatal nursing also continues to experience challenges with recruitment and retention which impacts on capacity to accept in utero – transfers. This is reflective across many neonatal units in the South East network. The medical workforce across both specialties requires review of establishments across all grades and rotas to ensure it meets the needs to provide adequate cover across a 24/7 period. The obstetric junior, middle grade and consultant workforce review is an action that is sitting within the Trust board action plan that is within the reading room. Progress with this action plan is summarised in the body of this report.

Workforce continues to be reflected as a risk on the Corporate Risk Register with associated action plans to take account of the current challenges across Women's Health and Paediatrics. The action plan is being supported by the Deputy Chief Nurse and Maternity Safety Champion.

It is important to note that senior staff are working clinically to preserve safe clinical care. Therefore, the capacity lead on the necessary assurance and quality improvement workstreams required by the LMNS, Ockenden and the Regional Team is limited.

We have invested significant efforts to recruit to a variety of both clinical and non-clinical support posts whilst awaiting fruition on longer term midwifery recruitment efforts. This is with a view to release midwives to undertake direct midwifery clinical care that cannot be replaced by another registered or non-registered member of staff. Efforts to recruit midwives and nurses with midwifery experience continue. Temporary nursing lines of work and a 'Safe Care Team' has been implemented to support the midwifery shortfalls.

A Birthrate Plus review, which is the only officially recognised midwifery workforce planning tool has been undertaken and a draft report is in production with the final report anticipated to be available by August 2022.

Work is underway to improve the student midwife experience. Five of the 11 students due to qualify this year have expressed an interest in employment at the Trust. The department is engaging with the Universities to improve mechanisms to support real time feedback and improvement. We are recruiting substantively to a Learning Environment Lead who will lead this work. We have linked with Kingston University to support registered nurses who are commencing the conversion to midwifery course. A very successful application process was run and several internationally educated nurses working at ASPH applied and scored highly. Unfortunately, these successful applicants have visa restrictions that are preventing them from joining the course. This has been raised both internally within the Trust and via the regional workforce and chief midwifery team. We have four ongoing midwifery apprentices and have advertised and interviewed for a further two places.

The department continues to discuss the progress with recruitment and retention at staff unit meetings, alongside other actions taking place to manage shortfalls in the rota templates. A schedule of listening sessions will also invite staff to feedback and participate in improvements.

The recent Staff survey highlighted some decline in staff morale. A Trust wide culture programme has included Maternity Services.

## **Obstetrics**

A demand and capacity exercise is to be undertaken and a business plan is required for Obstetrics & Gynaecology Consultants to ensure prospective cover for Labour Ward and Elective Caesarean section sessions, as per the CNST recommendations. This also needs to ensure adequate job planned activity time for improvement / leadership work across the Division.

In response to the last GMC survey, a workforce gap analysis is planned to establish the medical resource required to fully cover the service and allow adequate training time (including mandatory training) along with

any financial investment required, this has not yet been completed and has identified a deeper dive is required and underway.

### **Obstetric Anaesthesia**

We have a full complement of obstetric anaesthetic Consultants a full junior rota (staffed by trainees and SASs) compliant with CNST recommendations.

### **Ockenden progress:**

The Trust continues to work towards full compliance with the recommendations of the Ockenden Report. Progress on the immediate essential actions has not changed significantly since the last update, due to diversion of all activity to maintain safe staffing. There is no significant risk with our current position in relation to Ockenden. A summary of progress with the outstanding actions can be found in appendix one. Further narrative can be seen in the ASPH Regional Ockenden submission report in the reading room alongside a detailed RAG rating of all the components within each of the recommendations.

The Trust will be having an Ockenden Insight assurance visit from the regional chief midwifery office team on 21<sup>st</sup> July 2022 who will be assessing progress against the original 7 IEA's only. A presentation that will be delivered by the Trust at the start of the visit has been submitted and can be found in the reading room.

Elements of incomplete compliance with Ockenden are as follows:

- IEA1: The LMNS SOP process for securing external specialist input for PMRT/SI panels needs review with the LMNS programme manager. This will include job planning with the Divisional Director to ensure the Consultants have dedicated capacity to deliver this service.
- IEA4: Risk assessment at every antenatal contact is not yet embedded. The Maternity Transformation Lead will focus on embedding systematic risk assessment and audit of every antenatal contact. Clear pathways exist for referral of women to Obstetric antenatal clinics, and pathways for clinical review and ongoing management where new risks have developed in pregnancy.
- Personalised care plans on the electronic clinical record Badgernet do not currently meet national requirements. Clevermed (BadgerNet provider) will review the system to meet these requirements, with roll out once completed.
- The service is currently benchmarking its position against the final Ockenden Report recommendations released on 30<sup>th</sup> March 2022 and an initial exercise is completed which is now in validation process. A detailed update will be given at the next committee and the progress against the interim initial 7IEA and the final report recommendations is being combined into one overarching action plan.

**CNST:** Year 4 was paused for a period of 3 months, due to the covid surge however this has now ended. We continue to work towards the safety actions and a summary of our progress can be found in the CNST scorecard in the reading room.

Elements of incomplete compliance with CNST are as follows:

- **Safety action 8:** MDT training. 90% compliance with all staff groups attending training will not be met due to the requirement to maintain safe clinical care. Cancellation of training is only actioned as a last resort.
- The department has mapped the requirement for midwives to attend CNST mandatory training and this currently total circa 50 hours of training per midwife per year. The department believe that the 3% allowance for training that sits within uplift is not sufficient to cover the release of staff to complete all that is required. This consideration has formed part of the BirthRate Plus review.

- **Safety action 5:** Supernumerary status of the labour ward shift leader has not been achieved 100% of the time, due to the staffing challenges experienced in the last 6 months.

The department has utilised some external funding from HEE to create a fixed term band 7 supernumerary role to support preceptorship and clinical skills development, along with pastoral wellbeing. They will be part of escalation when there are staffing challenges. This will in turn support the labour ward shift leader to maintain supernumerary status. This supernumerary helicopter role is recommended by HSIB and as a result of the BirthRate Plus review.

Validation of PMRT report publication is taking place to ensure we remain compliant.

### **Estates:**

The plans for Abbey Wing redevelopment have unfortunately not been as comprehensive as planned, due to a national cap on capital spend rising costs.

The estate issues include:

- Non-compliant Maternity theatres.
- Joan Booker and Labour ward refurbishments are required, and provision of appropriate and improved space & facilities upgrade is needed.
- Access to main theatres requires improvement.
- Ground floor access to the Early Pregnancy Unit, Blanche Heriot Unit and antenatal clinic requires improvement, with more space and facilities.
- NICU has non-compliant cot spacing, lack of storage and lack of isolation space

In April 2022, an Estates action plan was agreed so that some of the initial estates issues that could be addressed. A long-term solution for the larger and more complex Abbey Wing works detailed above is still in progress.

### **Digital:**

The Trust has now rolled out Surrey safe care (SSC) and both maternity and NICU are using the patient administration functions and some of the clinical functions such as blood requesting and results, prescribing / drug charts (not in NICU as there is not a neonatal module for this). The roll out has been challenging across the organisation with significant impact on outpatient services resulting in a back log of appointments. Some functionalities such as a ward attended function for labour ward triage is not yet available and the system has a higher administrative requirement from clinical staff. All issues have been reported and escalated via the Trust hornbill system and silver SSC meetings. The division now has a dedicated SSC work stream for WHP and this will be led by the divisional ADO. SSC and BadgerNet do not interface, and SSC and Viewpoint do not interface – both have been raised as issues and the impact of having to administer different digital systems.

Maternity BadgerNet contract is due for renewal in 2024. This has been highlighted to the Trust leads including digital and finance. This is a LMNS wide system as was introduced as part of the early adopter work following better births therefore there will need to be consideration given to whether we should move to a Cerner maternity module to support interface but break away from the LMNS digital system or remain with BadgerNet and renew the contract. The Division is awaiting guidance on next steps in relation to this.

Rotageek remains challenging for both staff and for rostering purposes. There continue to be issues with the interface between Rotageek and Locums' Nest, and it continues to be challenging to administer the system and have oversight of annual leave total allowances approved, as an example. These issues have been highlighted and escalated but remain unresolved.

### **Neonatal Update**

Neonatal Intensive Care (NICU) currently has 3 main risks identified. These are associated with the infrastructure and staffing, and include damaged equipment due to lack of storage, room utilisation for isolation blocking 5 special care cot's which is a risk to delivery of the commissioned intensive care service, and a potential impact to quality of care with the existing number of junior doctors whose contracts impact on weekend working.

A review of progress against the Neonatal Intensive Care Strategy 2021/2022 identified a number of strengths and challenges within the service as outlined in the below table.

Strengths	Challenges
<ul style="list-style-type: none"> <li>• Excellent outcomes for our patients</li> <li>• Recognition of good practice in terms of non-invasive care, optimal cord clamping, 2 year follow up from national perspective</li> <li>• A good number of allied health professionals supporting clinical care</li> <li>• A good number of permanent staff members within the junior doctor team including ANNPs, specialty doctors and clinical fellows.</li> <li>• Ongoing active contribution to policy and guidance within WHP, the LMNS and Neonatal Network</li> <li>• Expanding our network of contacts and relationships with other tertiary centres</li> <li>• Continuing to challenge the status quo, and look for ways to improve our offering</li> <li>• We have good insight into our challenges and plans to try and improve these</li> </ul>	<ul style="list-style-type: none"> <li>• Need to share our positive progress and challenges at trust level.</li> <li>• The estate remains a physical challenge in terms of storage of expensive equipment, safe preparation of medicines, isolation impacting on patient flow, provision of family integrated care, nosocomial infection in vulnerable patients. The estate does not adequately reflect our excellent patient care.</li> <li>• There is a need to invest in better non-clinical support for both data entry, clinical governance, and administrative tasks (such as junior doctor rotas and induction), as these are currently largely supported by consultant input, to the detriment of other output.</li> <li>• The nursing establishment is hampered by a proportionate decrease in QiS nurses, impact of maternity and sick leave. In addition, the daily number of nurses scheduled is likely to need to increase given review of this calculation, but without the establishment to support it.</li> <li>• Weekend staffing is not 'safe' as per weekday safe staffing for the medical junior rotas, with no provision for personal development days on a 9 person SHO rota. A move to a 12-person rota is not possible in the 22-23 financial year but should be planned from April 2023.</li> </ul>

St Peter's Hospital participates in the National Neonatal Audit Programme (NNAP) which monitors aspects of the care that has been provided to babies on neonatal units in England and Wales.

Nursing staffing within the NICU unit is challenged and at times this has impacted on the ability to receive babies from within the network and also labour ward resulting in restricted access to both the maternity and neonatal service. A system wide discussion was requested by ASPH as this picture is being replicated across the South East and London and impacting on repatriating babies to local units.

**Appendix 1**

The seven immediate and essential actions from the Ockenden report	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 100%; height: 15px; background-color: #0056b3; margin-bottom: 5px;"></div> <div style="width: 100%; height: 15px; background-color: #0056b3; margin-bottom: 5px;"></div> <div style="width: 100%; height: 15px; background-color: #92d050; margin-bottom: 5px;"></div> <div style="width: 100%; height: 15px; background-color: #ffc107; margin-bottom: 5px;"></div> <div style="width: 100%; height: 15px; background-color: #dc3545;"></div> </div>	Actions/Mitigations:
Enhanced Safety	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 100%; height: 15px; background-color: #ffc107; margin-bottom: 5px;"></div> <div style="width: 100%; height: 15px; background-color: #92d050;"></div> </div>	<p>The Trust has not been able to secure consistent external panel members for all PMRT. ASPH has asked for a review of the SOP with the new LMNS PMO, to clarify where and who makes the request for an external expert and where this can be sourced from.</p> <p>The Perinatal Quality Surveillance tool is now in full usage and shared with perinatal governance, the LMNS, safety champions at board level and QOCC as part of the update paper.</p>
Listening to women and families	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 100%; height: 15px; background-color: #ffc107; margin-bottom: 5px;"></div> </div>	<p>Trusts remain unable to progress on the implementation of an Independent Senior Advisor Role as job clarification and funding is still required.</p> <p>Monthly 'Walk the Patch' have been initiated to inform improvements and service user representatives are invited to join the QI project working groups.</p>
Staff Training and Working Together	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 100%; height: 15px; background-color: #92d050; margin-bottom: 5px;"></div> </div>	<p>Twice a day 7 day a week consultant led ward rounds implemented.</p> <p>PROMPT (multi-professional emergencies training) training agenda has undergone review to incorporate MDT simulation in the clinical area, and a training schedule is in place. There is evidence to demonstrate that external funds are used to support training, however this has yet to be submitted.</p>
Managing Complex Pregnancy	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 100%; height: 15px; background-color: #92d050; margin-bottom: 5px;"></div> </div>	<p>Complex care continuity team is in place with a named consultant and early specialist involvement and management plans agreed. Test of effectiveness will be ongoing audit to ensure that appropriate and timely referrals are occurring, and management plans are in place.</p>

<p><b>Risk Assessment Throughout Pregnancy</b></p>		<p><b>Interim mitigation:</b> risk assessment is supported by Badgernet at multiple touchpoints, including mandated risk assessments at booking, labour, postnatal and at every antenatal clinic and ward round. Clear pathways exist for referral of women to Obstetric antenatal clinics, and pathways for clinical review and ongoing management where new risks have developed in pregnancy. <b>Action:</b> Transformation to lead on embedding systematic risk assessment completion and audit of this at every antenatal contact - September 2022.</p> <p>Women who present out of guidance are risk assessed and referred to consultant midwife and a co-produced plan is circulated to the MDT.</p> <p><b>Action:</b> Formal pathway for women expressing a preference for out of guidance care – Consultant Midwife. End of Q1 2022/2023.</p> <p>Birth planning is undertaken at antenatal visit by Continuity of Carer and Community midwives.</p> <p><b>Action:</b> timing and place of Birth assessments will be embedded as part of the Tommy’s risk assessment and decision support tool at 36-37 weeks, for all women who are on an ultrasound surveillance pathway. Led by Fetal Wellbeing Midwife.</p> <p>Personalised care Plans on Badgernet do not currently meet national requirements. Clevermed have agreed to review their functionality to meet requirements. Once the personalised care plans meet the national requirements, these will be rolled out for widespread use led by Transformation Lead.</p>
<p><b>Monitoring Fetal Wellbeing</b></p>		<p>Substantive fetal wellbeing midwife is in post and a lead consultant with job planned time allocated to focus on and champion best practice in fetal monitoring. ASPH has met compliance to for all 5 elements of Saving Babies Lives Care bundle version 2.</p>
<p><b>Informed Consent</b></p>		<p>Non-clinical resource secured to support the re-design our website and strengthen this to include standardised pathways of care and patient information leaflets. Transformation Midwife has worked with the MVP Chair on a co-produced plan. Information will be formally reviewed by MVP. Birth options leaflet is available in electronic and paper versions. Consultant midwife is to amend to include maternal request for caesarean section.</p>