Meeting title:	Public Trust Board	Paper H1
Date of the meeting:	8th August 2024	
Title:	Maternity Care Quality Commission (CQC)	
Report presented by:	Julie Hogg, Chief Nurse & Andrew Furlong, Medical Director	
Report written by:	Danni Burnett Director of Midwifery and Deputy Chief Nurse	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	Findings of the CQC Report discussed Maternity Assurance Committee (3 July 2024) and ICB facilitated Quality Review Meeting (1 July 2024)					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations

1. PURPOSE OF THE REPORT

This report provides the Board of Directors with an overview of the recently published CQC report following the announced follow-up focused inspection of Maternity Services at the Leicester Royal Hospital (LRI) and Leicester General Hospital (LGH) on 10 and 11 January 2024. The report will also detail the actions being taken by UHL in response to the inspection findings.

2. SUMMARY

On 14 June 2024 CQC published the follow-up inspection report into Maternity Services at UHL. CQC noted improvements which led to the Trust no longer subject to a Section 29a Warning Notice and a change in rating for 'Safe' from Inadequate to Requires Improvement. The report summarised the findings identifying 3 Must and 2 Should Do's. Actions required further focus on staffing, strengthening adoption of Maternity Early Obstetric Warning System (MEOWS), incident reporting, separation of data, and clean clutter free environments during internal works.

Findings from the CQC inspection report have been rapidly incorporated into the Perinatal Safety Improvement Programme (PSIP) and overarching improvement plan. Since the inspection UHL have made further progress welcoming 29 midwives with 51 more due to start by the end of Quarter 2 (2024/2025) in addition to recruiting three new consultant obstetricians alongside nine speciality doctors. There has also been investment in Estates & Facilities including a new maternity theatre and day case assessment unit set to open in September 2024 at the Leicester General Hospital, and investment in technology to improve care during induction, many aspects of our improvement plans are already delivering positive results.

Since publication a series of engagement sessions have been conducted to ensure the actions required are cocreated with staff and families to ensure measurable change. An open letter to families was issued acknowledging that UHL have much more to do to ensure our services are of the standard we want them to be and that our families have a right to expect.

UHL are committed to ensure that every family receives high quality and safe care which incorporates a positive experience. Making improvements across the maternity and neonatal services is a priority for UHL and we will endeavour to make the necessary and sustainable improvements for our communities and for our staff.

3. UHL RESPONSE TO THE CARE QUALITY COMMISSION (CQC) MATERNITY INSPECTION

As part of the CQC National Maternity Inspection Programme[i] inspectors undertook a visit late February early March 2023 focusing on the safe and well-led domains. UHL was issued with a Warning Notice under Section 29A of the Health and Social Care Act 2008 in June 2023 to focus the trust's attention on rapidly making the necessary improvements to how they were managing each maternity service.

The inspection report was subsequently published in September 2023 indicating an overall rating of 'Requires Improvement' and no change to the overall Trust's rating. St Mary's Birth Centre remained rated as Good however both LRI and LGH ratings moved. The well-led rating moved from Good to Requires Improvement and the safe domain moved from Requires Improvement to Inadequate.

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services well-led?	Requires Improvement

A warning notice can only be lifted by an onsite inspection. CQC returned to UHL on 10 and 11 January 2024 noting improvement which led to the Trust no longer being subject to a Section 29a Warning Notice and a change in rating for 'Safe' from Inadequate to Requires Improvement.

CQC 2024 Maternity Services Report Key Headlines

CQC reported that they saw *a service that was making improvements to enhance the quality of care* and treatment being provided for women and birthing people and that *leaders understood the risks and prioritised actions to reduce delays in discharges and staffing levels to prevent perinatal deaths*.

- Improving effectiveness of systems and processes - guidance & policies are updates
- Overisght of actions and performance now alinged to trust's overall objectives
- Staff understood how to protect women from abuse and the service worked well with other agencies
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks
- Staff identified and quickly acted upon women at risk of deterioration
- Whilst the service did not always match the planned numbers, managers mitigated risk appropriately
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction
- Most staff had training in key skills
- Staff felt respected, supported and valued
- Service engaged well with women and the community to plan and manage services and all staff were committed to improving
- Leaders were visible

CQC reported on the implementation of an enhanced telephone triage service and UHLs use of a nationally recognised tool [BSOTS] to identify women and birthing people who were at risk of deterioration, as well as action taken to keep women and birthing people safe including the use of an induction of labour (IOL) pathway.

Maternity services were recognised for **outstanding practice** for the development of their Induction of Labour (IOL) app[ii].

At the April 2024 Board of Directors, a paper was presented setting out the progress on maternity and neonatal care. Through the establishment of a Perinatal Safety Improvement Programme (PSIP) a framework for responding to CQC in addition to the NHS 3-Year Delivery Plan has been created. The Board of Directors were briefed on the progress being made on recruitment, strengthening of governance arrangements and care pathways, plus the introduction of a new leadership team which has enabled the Trust to refresh the support offers and focus on sustainable change.

CQC 2024 Maternity Services Areas for Improvement

CQC noted that the service did not always have enough nursing and midwifery staff; and that service leaders had commenced a detailed and ongoing recruitment programme, working with the national challenges of midwife vacancies. There was recognition that at the time of inspection the service had a positive pipeline for recruitment and that leaders took appropriate action to prioritise filling vacant shifts and staff absences.

The inspection concluded 5 key actions:

Must Do

- The trust must ensure that the use of MEOWS is consistently implemented across the service in line with the policy. Regulation 12 (2) (a)
- The trust must ensure there are always enough suitably qualified and skilled staff on duty. Regulation 18 (1)
- The trust must ensure staff report all incidents in line with the incident reporting policy. Regulation 12 (2) (b)

Should Do

- The trust should consider further separation of its maternity data for all sites
- The trust should ensure all areas are clean and free from clutter and obstruction during internal works

Actions have been rapidly incorporated into the PSIP and overarching improvement plans, these will be overseen by the maternity assurance committee. Further detail is included in appendix 1.

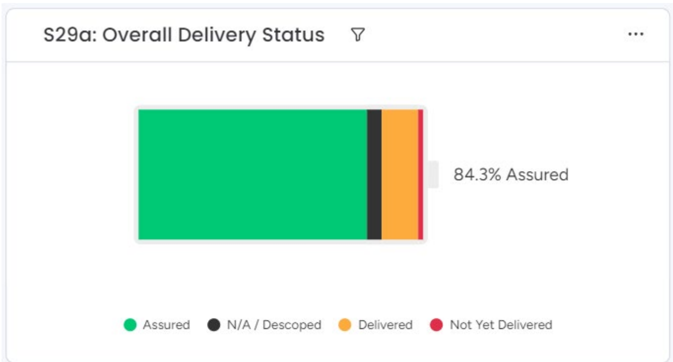
4. PROGRESS IN RESPONDING TO THE CONCERNS RAISED IN THE 2023 CQC REPORTS (S29A AND MUST / SHOULD DO ACTIONS)

The service continues to work on implementing the response plan to address concerns raised by the CQC in their Section 29a Warning Notice (12 June 2023) and subsequent inspection report, which set out a series of 'Must-Do' and 'Should-Do' actions.

The PSIP's Three Lines of Defence assurance groups have been prioritising the confirmation and challenge of Section 29a completion evidence to date with. The service remains on track to achieve its target of >90% of the actions reaching 'assured' status before the end of December 2024.

Section 29a Action Plan Progress Update

The below chart shows the level to which actions from the Section 29a response plan have been implemented and assured (84% implement and assured with the remaining delivered pending assurance review before the end of July 2024):



Areas for assurance include:

- Governance and Oversight of the Service - New and Updated Policy Requirements: 94% assured. All policies noted by CQC as requiring update or introduction have been resolved. One outstanding action remains in relation to targeted training for individuals based on the

results of a survey to test the level of understanding of pulse oximetry guidelines in the context of pre-and post-ductal measurements in the newborn.

- Governance and Oversight of the Service - Oversight of Safety Recommendations identified in STEIS Action Plans or HSIB Reports to Ensure they are Translated into Practice: This section is 77% assured due to one outstanding action which is to review the level of compliance of BSOTS (Birmingham Symptom Specific Obstetric Triage System). An audit was completed in July 2024 and the results are currently under review with obstetrics and midwifery leads.
- Governance and Oversight of the Service - Effective process to monitor policies: A rolling programme is in place to ensure policies requiring review maintain a >90% compliance rate.
- Governance and Oversight of the Service - Systems to ensure that Risk and Performance Issues are Identified, Escalated and Addressed: 63% assured with outstanding actions to work towards:
    - full implementation of Newborn Early Warning Track and Trigger 2 (NEWTT2) in September 2024 (training underway)
    - completion of the interim work is to optimise NerveCentre to ensure all MEOWS observations are entered correctly (as outlined in the 2024 CQC report); and
    - completion of an updated red flags sepsis audit for both sites
- Tackling Delays in Induction and Augmentation of Labour: 67% assured with further work to evaluate and monitor the quality improvement work ongoing.
- Ensuring there are Enough Midwives to Provide Safe Care and Treatment for Service Users on Labour Wards: 91% assured, whilst acuity rates have also improved, an action remains to ensure that reporting of high acuity events, including red flags, is accurate and appropriate, and to support this, specialist acuity training has been booked for co-ordinators from the BirthRate Plus organisation.
- Effective Systems to Ensure the Safe Design, Maintenance and Use of Facilities, Premises and Equipment: 90% assured with evidence of electrical testing and equipment servicing now collated and awaiting signoff. Service compliance is more than 80% with actions in place to address non-compliance. Trust's inventory for two service cycles as per local procedures in place (governed by accredited quality management system) and the introduction of MyKitCheck has been extremely successful with plan for wider roll out across both main hospital sites.

5. OVERSIGHT & ASSURANCE

The Perinatal Safety Improvement Programme (previously referred to as Maternity & Neonatal Improvement Programme) will take the lead on oversight and monitoring within UHL reporting into the Maternity Assurance Committee (MAC).

Since the publication of the 2023 CQC report external scrutiny and support has been in place to closely monitor required improvements. NHS England Midlands Chief Nurse facilitated a Rapid Quality Review Meeting with regulators, professional bodies, and commissioners on 15 May 2024 where a progress report was presented, and attendees agreed for oversight to continue with the LLR ICB through monthly Quality Review Meetings (QRM) to ensure improvements are sustained and embedded.

Two QRMs have taken place since (3 June 2024 and 1 July 2024) whereby progress reports on the CQC action plans have been presented and deep dives have been conducted on the improvement work relating to Induction of Labour (IOL) and Workforce.

The Maternity Assurance Committee on 3 July 2024 approved the proposed oversight and monitoring arrangements in addition to the engagement plans with key stakeholders to develop tangible and meaningful actions.

6. RECOMMENDATION

Board of Directors are asked to receive the update on the CQC report published on 14 June 2024 supporting the plans for MAC to monitor the progress of improvement and actions required in response to the inspection findings.

Appendix 1 – Oversight of must do and should do actions

MUST DO: Ensuring MEOWS are used consistently.

A new Maternity Electronic Patient Record (EPR) programme has commenced working towards launch Quarter 4 (2024/2025), this will remove paper and ensure there is a consistent approach to documentation.

In the interim work is in place to optimise NerveCentre to ensure all observations are entered:

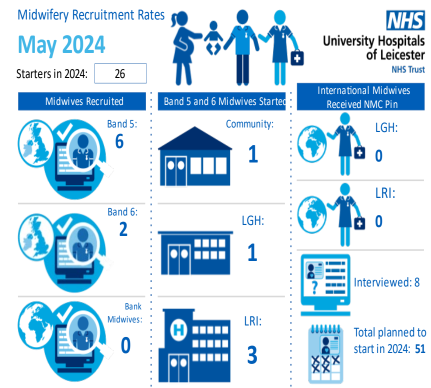
- Communications through team meetings and newsletters to staff to reinforce the need to document on NerveCentre in addition to partogram
    - Engagement with teams to understand barriers to utilising NerveCentre working with maternity digital champions and leads
    - As part of the eHospital Programme a SOP has been created for MEOWS
    - Audit to monitor compliance and identify areas for focus
    - SBAR issued to staff introducing sepsis alerts when using MEOWS (either in maternity or non-maternity areas) which align with the rules used by NEWS2 in the rest of the hospital

PSIP Workstream 4 (Standards and Structures that underpin Safer, more Personalised, and more Equitable Care) will take the lead on the actions required.

MUST DO: Ensuing enough suitably qualified and skilled staff on duty.

Since the visit in January 2024 workforce gaps continue to significantly close with the service working towards zero vacancies for midwifery and consultant by the end of Quarter 3 (2024/2025). Midwifery vacancies have dropped by 10% with the June position at 5.8%. All Consultant posts have been successfully recruited.

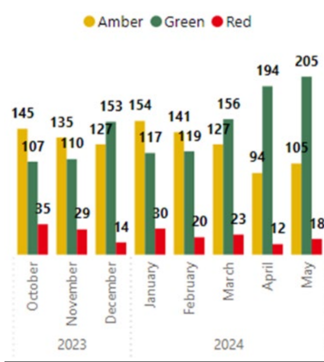
- Over 230 Student Midwives are currently in training.
- No. of registered midwives leaving the UHL, and turnover rate has reduced to below the national and regional rate.
- Sickness rates for the whole service were an average of 5.7% for 2023/2024 having reduced from 6.95% in 2022/2023
- Recruitment of 9 additional specialty doctors plus 3 new Consultants. Temporary staffing solutions in place in interim.
- Staffing analysis against Birthrate plus with 20.6 WTE increase in budgeted establishment agreed for 2024/25.



9 additional Band 7 Maternity / Labour Ward Coordinators have been introduced working towards 2 per shift to provide additional leadership and support particularly out of hours. Matron of the Day has also been introduced with amendments to the bleep holder function to provide increased leadership and tactical support.

Temporary spend is now on a downwards trajectory reflecting an improved position for planned v's actual staffing. A robust preceptorship and pastoral package are in place with student conversions

rates improving. Significant investment has been made in the leadership across senior operational roles. Since January 2024 redeployment across clinical areas and improvements in the episodes of ‘green’ acuity[iii] has been reported.



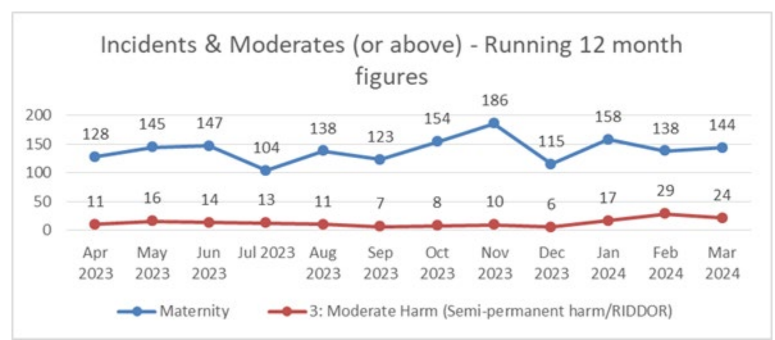
PSIP Workstream 2 (Growing, Retaining, and Supporting our Workforce) is taking the lead on additional actions to address the workforce challenges:

- Review and update workforce plan for Maternity and Neonates with a focus on staff retention utilising the staff survey results to inform this (Q3 2024/2025)
- Continue to build impact metrics to triangulate workforce and outcomes (perinatal surveillance insights dashboard in development)
- Implement BirthRate® Plus recommendations and UHL full business case (end of Q3 2024/2025)
- Focus on MSW recruitment to reduce vacancy rate and implement MSW competency Framework.
- Preparing for the Midwifery / Nursing Bi-Annual Establishment Reviews (due Q3 2024/2025)
- Reviewing the Professional Midwifery Advocate (PMA) / and Professional Nursing Advocate (PNA) model (effectiveness and capacity)
- Implement NHS England Safe Learning Environment Charter (Q3 2024/2025)
- Work to achieving Pathway to Excellence ® standards across Maternity Services (Leicester General 2025/2026 and Leicester Royal Infirmary 2026/2027)
- Continue roll out of self-rostering across the whole of maternity.
- Continue to recruit into Band 7 clinical leadership roles to strengthen leadership (specifically out of hours)
- Roll out the Labour Ward Coordinator (LWC) Competency Framework and launch the aspiring LWC programme
- Continue to roll out Strengths Based Recruitment for LWC and Matrons
- New Safe Staffing Matron to work with Matrons and Ward Leaders on rostering with weekly skill-mix confirm and challenge.
- BirthRate® Plus Acuity Training (Q2 2024/2025)

Actions to address medical workforce include review of job plans and rota’s, buddy and mentoring system in place, a new head of service for anaesthetics in obstetrics, and additional recruitment as part of the new elective pathway for LGH.

MUST DO: Ensuing staff report all incidents.

The average number of incidents reported within this reporting period is 146 per month, this reflects consistent reporting culture. There was a notable rise in reporting during November 2023 (increasing to 186 reportable incidents in the month). The increase correlated with challenges in staffing during this reporting period; the increase was reportable 'no harm' and 'low harm' cases with no impact to moderate reporting rates at this time.



It is recognised that more focus is required to ensure staff report all incidents. Recent engagement with teams indicates 4 key areas for focus to ensure: 1) staff have time to report incidents 2) staff know what to report 3) staff receive feedback; and 4) staff can navigate the incident reporting systems.

There has been successful recruitment to key roles in the Quality, Risk & Safety (QRS) Team including increase capacity for Perinatal Mortality Review with a specialist midwife commencing role January 2024 and 2 new Patient Safety Coordinators during Q4 (2023/2024).

Governance and reporting structures have been reviewed adopting a comprehensive perinatal surveillance model and full adoption of the Patient Safety Incident Response Framework (PSIRF) which was launched April 2024. Staff have been trained and PSIRF deliverables specifically for perinatal services have been included as part of the UHL Corporate Safety priorities (focusing on Major Obstetric Haemorrhage and equity of care). Learn from Patient Safety Events (LFPSE) is now in use with the decommissioning of the National Reporting and Learning System (NRLS) on 30 June 2024. LFPSE should:

- make it easier for staff to record safety events, with automated uploads from local systems to save time and effort
- make data on safety events easier to access, to support local and specialty-specific improvement work
- support higher quality and more timely data, machine learning, and provide better feedback for staff

PSIP Workstream 3 (Developing a Culture of Safety, Learning and Support) will take the lead on actions required:

- PSIRF in person workshops are in progress and available to staff across all areas
- Tea-trolley PSIRF training is being rolling out to all clinical areas
- PSIRF tool-kit available to all staff which contains templates of all PSIRF documentation
- Weekly reviews of incidents by QRS team which is open attendance and staff are encouraged to join the team
- Datix training in progress to support LFPSE

- Work in progress regarding how we can strengthen support for students who are involved, or witness an event; regular engagement meetings with Practice Leads and Universities
- Live weekly PSIRF Check-ins available to all staff (booking via HELM required) commenced April 2024
- QRS team to increase visibility in the operational areas to support staff with reporting.
- Quality Improvement Team Roadshows showcasing learning actions/initiatives.
- Monitor the effectiveness of Team of the Shift which has been implemented (Q1 2024/2025) as per RCOG to encourage a culture of learning and psychological safety
- Introduction of digital screens in the clinical areas to improve learning cascade

SHOULD DO: Consider further separation of data for all sites.

A new Perinatal Surveillance Analyst commenced post in January 2024 to increase business intelligence capacity to ensure decision makers and clinicians have the required access to real time data that presents a clear picture of safety and intelligence across the service. Work is underway adopting PowerBI to analyse and visualise data differently. Initial work has been targeted on the development of dashboards for Induction of Labour, Triage and Workforce with plans in place to evolve current dashboards to allow greater data interrogation and separation. *PSIP Workstream 4 will monitor the progress.*

SHOULD DO: Ensure all areas are clean and free from clutter and obstruction during internal works

At the time of the inspection estate work was underway to improve the safety of babies in our care with the installation of X-tag at the LRI site (LGH has been completed December 2023) to provide real-time location tracking for newborns. At the same time the fire safety systems were being upgraded. UHL was able to evidence that clinical areas are being kept clean, organised, and free from clutter as well as compliance with keeping fire doors closed. However, the cleaning regimes during the time of multiple estates work was insufficient. Alongside Estate and Facilities and Infection Prevention Control (IPC) teams work has taken place to strengthen protocols during these occasions. *PSIP Workstream 4 alongside IPC governance meetings will monitor the progress and compliance of the protocols.*

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[i] The programme aims to provide an up-to-date view of the quality of hospital maternity care across the country, and a better understanding of what is working well to support learning and improvement at a local and national level.

[ii] The app works by stratifying the woman's clinical risk, considering the pregnancy history and current clinical picture, including but not limited to 2 'presence of meconium', pre-eclampsia, post maturity. As each woman progresses along the pathway, regardless of whether she has commenced clinical intervention, the application automatically updates and escalates the case to the clinical team, using red. Amber and green indicators.

[iii] Acuity App assesses real time staffing based on the clinical needs of women and babies for intrapartum and ward areas. This enables service leaders to determine whether their unit is adequately and safely staffed throughout the day and night.