LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE: 18 DECEMBER 2023

NATIONAL THEMATIC REVIEW - MATERNITY CARE QUALITY COMMISSION INSPECTION UPDATE

(including S29a Warning Notice)

REPORT OF THE CHIEF NURSE AND DIRECTOR OF MIDWIFERY

Purpose of the Report

1. The purpose of this report is to brief the committee on the outcome of the Care Quality Commission (CQC) inspection of maternity services at University Hospitals of Leicester (UHL). The inspection formed part of a national thematic review of maternity services.

Summary

2. The CQC carried out focussed inspections of UHL's maternity services in February and March 2023, looking at the 'safe' and 'well-led' domains.

3. The CQC published its findings on 20 September, rating the overall service as 'Requires Improvement', a move down from 'Good'. Services at the LGH and LRI were rated inadequate for the 'safe' domain.

4. We take the report and its findings very seriously and will use them to drive further improvements for women and families.

5. The service is not yet at the standard we want or need it to be, but prior to the CQC visits we had already identified many of the challenges raised, with plans in place to tackle them. These changes – including a significant strengthening of our maternity leadership and staffing - are now embedding.

6. The golden thread running through the CQC's report is not having enough people to safely staff our units – and this is a challenge we share with Trusts across the country. We have made real improvements on this over the last 12-18 months and are working hard to attract and retain the colleagues we need to provide an exceptional service in the future.

7. A total of 57 Midwives have now commenced working with us during 2023, which included, during November, 17 x Band 5 and Band 6 Midwives and the arrival of four international midwives. A further 15 midwives are due to start by Spring 2024. Since April last year, 35 new neonatal nurses have joined us.

8. We have strengthened the maternity leadership team, bringing in a new Director of Midwifery this year. Our turnover rate remains low and below the national average. We will therefore see a real reduction in the vacancy rate when these colleagues join. The CQC report notes the progress we have made in this area.

9. We have also made improvements to the way the service is run, to reduce delays and improve safety. This includes improvements to our triage systems, daily safety checking of our equipment, and progressing plans to separate the theatre space we use for planned and emergency caesareans at the Leicester General.

10. Overall, we are in a very different place today than we were in February and March and have invited the CQC back to see the impact of the changes we have made.

11. We are encouraged by the positives in the report, not least recognition for our dedicated maternity staff, who continue to put the needs of women and birthing people at the centre of everything they do.

12. Leicester remains a safe place for people to give birth, and anyone with concerns is encouraged to raise them. We promise to listen to you and take your concerns seriously.

The Inspection and Outcome

13. The CQC conducted a planned inspection to maternity services; the visit excluded Gynaecology, Termination of Pregnancy Services, and Neonatal Services and was as follows:
    - Leicester General Hospital 28 February 2023 (team of eight);
    - Leicester Royal Infirmary 1 March 2023 (team of eight);
    - St Mary's Birth Centre 2 March 2023 (team of four).

14. In line with normal practice, we received immediate feedback on three areas for improvement and three areas of good practice. These were as follows:

    1. three improvement areas which require attention:
        a. Staffing medical and midwifery;
        b. Triage – staffing and processes;
        c. Oversight of systems and processes;

    2. three areas of good practice:
        a. Development of the JANAM app (a mobile phone application which provides information on pregnancy, labour and postnatal care including looking after a baby in the first few weeks of birth);
        b. Empowering Voices programme;
        c. Leadership - receptive and responsive to concerns raised by the CQC team during the visit.

Warning Notice

15. On 12th June 2023 the Trust was notified that the CQC had formed the view that the quality of health care provided by the maternity services required significant improvement and a regulation 29A (warning notice) was issued to UHL. The warning notice covered five areas. The subsequent section outlines the measures already taken or underway to address these notices.

Effective governance

16. Governance systems are not operating effectively to ensure risk and performance issues are identified, escalated appropriately, and addressed with timely action. *Significant Improvement Required by 30 September 2023*

Treatment delays

17. Delays in treatment including induction of labour were evident. This meant some service users experienced delayed inductions and some did not receive induction of labour as planned for clinical reasons. *Significant Improvement Required by 30 November 2023*

Staffing levels

18. There were not enough midwives to provide safe care and treatment to service users. *Significant Improvement Required by 30 November 2023*

Equipment checks

19. Some equipment, safety checks, and documentation were out-of-date or not fit for purpose, and daily checks were not always completed. *Significant Improvement Required by 31 July 2023*

Risk documentation

20. Staff did not adequately document and respond to ongoing risks to the safety of service users, in line with national guidance *Significant Improvement Required by 30 September 2023#*

Overall report breakdown

21. The final report was published on 20th September 2023 the overall rating for UHL remains at requires improvement. The overall rating for maternity reduced to requires improvement with site breakdown as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
LRI	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
LGH	Requires Improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
St Mary's	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Good 2023	Domain Not Inspected			Requires Improvement 2023	Good 2023

Response - progress made to date

22. We have made progress over the last seven months and, while we have more to do, it is important to recognise the significant improvements so far, these include:

Effective governance

1. Maternity & Neonatal Improvement Programme Launched September 2023 supported by new Quality Improvement team including 2 New Lead Midwives for Quality Improvement commencing August 2023;
2. Executive-Led Maternity Assurance Committee (MAC) in place May 2023;
3. Perinatal Mortality Deep Dive & Peer Review (NHSE Public Health input August 2023);
4. External Independent Review of Governance arrangements commissioned May 2023; Governance Team Development Session June 2023 & September 2023;
5. Plans in place to transition complaint function to Corporate Team (October 2023) and increase capacity for PMRT;
6. Obstetric Consultant job plan review to ensure dedicated input into quality and safety (August 2023);
7. Audit Programme refreshed and approved August 2023;
8. Implementation of 2x Daily Tactical Operational Calls (seven days a week);
9. Refreshed Daily SitReps to encompasses all parts of the service;
10. Implementation of refreshed Escalation Policy to improve oversight of risks and performance;
11. New Perinatal Surveillance Scorecard;
12. Safe Staffing Policy updated March 2023;
13. 3 New Safety Champions recruited (July 2023);
14. Quality Improvement Projects- Post-partum Haemorrhage / Perineal Trauma / Induction of Labour (IOL) Working Group re-established;
15. Introduction of Surgical Site surveillance programme;
16. Utilisation of Microsoft Forms for ultrasound scan referrals.

Treatment delays

Reduce delays to the induction of labour pathway:

1. Induction of Labour (IOL) Working Group re-established;
2. Manager on Call (MoC) onsite presence seven days per week;
3. Recruitment to increase the number of Labour Suite / Maternity Coordinators 24/7;
4. Change in process in relation to communication with women on day of IOL;
5. IOL prioritisation tool developed for use within unit and on tactical huddles;
6. Decision made to book IOLs using gestational ranges; notable increase in the number of IOLs during July and August 2023 in response to a change in guidance for Post Dates IOL following HSIB recommendations;
7. New QI Lead Midwife initiated IOL project (August 2023) working with Regional QI NHSE Team - sharing of resources, tools and guidance in relation to successful IOL QI projects across the region;
8. Working with Birmingham Women's Hospital to gain insight regarding successful IOL service project;
9. Engagement - Walkarounds completed across both sites to gain staff insight and feedback including meeting with delivery suite coordinators. Meeting held with MNVP (23 August) to discuss IOL project and to gain service user involvement. Patient feedback survey relating to IOL developed in multiple languages and UHL's Engagement Officer has commenced daily walk-arounds at both sites (from 11/09/23) to collate completed surveys;
10. Formal review of the current IT systems used for monitoring IOL referrals, bookings and on-going IOLs has taken place. Online digital prioritisation tool developed;
11. Audit of all IOLs performed in July 2023, to create a baseline for improvement;
12. Review of the IOL pathway coordinator role providing recommendations to improve effectiveness and flow;
13. Draft SOP in development in relation to delayed IOL to enable knowledge of clear process/escalation routes to provide safety and effectiveness;
14. Pop-up' DAU in place since June 2023 to ensure safety and monitoring of delayed IOLs.

Staffing levels

1. Workforce Plan focused on recruitment, retention, and wellbeing;
2. Safe Staffing Matron in post;
3. Recruitment, Retention, and Pastoral Midwives x three in post, and one for Maternity Support Workers, International Recruit Pastoral Midwife in post to support onboarding;
4. Staffing Summit (December 2022 and June 2023);
5. Leadership Development Opportunities –e.g., LEO, Connect, RCN Leadership, Chief Nurse Fellowships;
6. Recognition –e.g., Long Service, Daisy Award;
7. Launch of the Microsite to support recruitment;
8. BirthRatePlus Awareness and Education;
9. Twice-Weekly Skill-Mix Reviews led by Heads of Midwifery;

10. Launch of Self Rostering Pilot;
11. Incentive Schemes;
12. Collaboration with Universities to improve conversion rate and support packages;
13. Empowering Voices Culture Programme;
14. RCM/RCOG Professional Behaviour & Safety Pilot;
15. Strengths & Motivators Profiling for Labour suite Coordinators;
16. Preceptorship programme for Band 2-8 and updated Career pathways.

Equipment checks and documentation

1. Daily Assurance Ward Checks integrated into Tactical Calls;
2. Scoped automated and digital solutions for ward level checks, interim solution in development;
3. Matron Weekly Spot checks;
4. A customised Microsoft Power App developed (30 August 2023) currently undergoing testing in live environments, specifically the Maternity Assessment unit at the Leicester Royal Infirmary and the neonatal service. Aim is for go live by 1 November 2023;
5. Trust-Wide scoping audit tools for potential purchase and implementation across the entire organisation to support the ward Exemplar programme and consistent safety checks;
6. Communication Campaigns with teams;
7. Head of Clinical Engineering work programme to service all equipment, 100% compliance achieved by 31 July 2023 with future plan under development for monitoring;
8. Invested in new IT equipment (laptops, IPads and phones) for staff working in the community and upgraded IT systems and processes;
9. Maternity EPR Options Appraisal complete and funding identified;
10. Immediate attention and resolution of all equipment issues / concerns identified by CQC.

Risk documentation:

1. Mobile phones delivered to both sites and are in use, NerveCentre alerting is built and in LIVE environment and alerts in place for Medical Baton phones;
2. NerveCentre permissions adjusted (30 August) to allow midwifery sign off of results; live dynamic blood results lists in place for ward areas;
3. Neonatal observations: Audit proforma designed, plans to integrate as part of the ATAIN program. Latest evidence reviewed and unit decision made to move to the latest tool - new guideline being produced with plans to adopt NEWTT2 with appropriate training to support;
4. Maternal observations. Observations collected in NerveCentre for >18 months in Maternity, tracker developed. Digital system has been implemented, optimisation is key;
5. UHL Fetal Monitoring in Labour Guidelines (May 2021) suggests where stickers are not available all elements of pneumonic DRCBRAVADO are used and

completed - Deep Dive Audit commenced around fresh eyes/ classification and embedding of the stickers in practice. Spot check audit from yearly fetal monitoring audit currently ongoing to monitor baseline;

6. Sepsis: eAssessments Live (July 2023), amendment to rules requested, data extraction underway, once testing has been produced this will provide a daily report. SBAR Maternity Sepsis Action Tool disseminated 31 May 2023;
7. Review & Update of Guidelines: Latent Phase, Caesarean Section, Fetal Monitoring, Water Birth (particular focus on evacuation), and a SOP for babies who are not medically fit for discharge;
8. Plans to increase infrastructure to support guidelines and audit team – greater scrutiny around derogations and best practice.

Improving access to Maternity Assessment Unit (MAU) services

1. Separation of MAU and telephone triage helpline, now known as single point of contact (SPOC);
2. Implementation of NetCall digital, which diverts unanswered calls to the MAU to a new Telephone Triage team, with protected staff to answer calls;
3. Monitoring of call volume in place including average time to answer and number of abandoned calls, to ensure adequate cover is in place, managed via eRostering;
4. A crib sheet has been developed with a pathway showing to whom external calls should be diverted;
5. Daily tactical Women's and Maternity Calls to include SPOC and MAU activity are in place, with checks to confirm that the MAU / TT is discussed three times per day;
6. Development of NerveCentre reports into the Daily Tactical calls and the Trust has fully implemented BSOTS and conducted subsequent audits to check it remains embedded.

Response – governance structure, workstreams and action plan

23. The maternity and neonatal improvement programme has been developed and is included in appendix 1. This brings together compliance actions for CQC, Maternity Incentive Scheme, Ockenden immediate and essential actions and the NHS England 3 year plan.

24. A 'three lines of defence' assurance process is being established within the CMG to ensure actions are delivered, embedded and checked robustly. The first line of defence is workstream level; these meet weekly for planning as well as confirm and challenge sessions. These report to the programme group (second line of defence), which examines the completion evidence and decides whether the action has been delivered or assured or needs further work. Those that pass scrutiny are presented to the Maternity Assurance Committee, which has final say on whether the action has been delivered and assured to an acceptable level.

25. The CMG plans to introduce a 'reverse RAG' (red, amber, green) method to ensure that the CQC actions have been delivered and assured in full. All CQC recommendations have been marked as 'not yet delivered' (red) by default, until

sufficient evidence has been produced to prove otherwise. Once concrete action has been taken to deliver the recommendation, and evidenced, this will move to green.

26. Typical delivery evidence might be the installation of new software or processes, an update to an SOP, or co-produced information improvements made in partnership with the MNVP. Typical assurance evidence would be audit or survey findings which prove (to pre-agreed parameters) that the changes are having the desired effect and are resulting in significant improvement.

27. The forum that takes the decision as to whether an action has been delivered and then assured is the Maternity Assurance Committee. This group will also provide guidance and direction for follow-up audits (sample size, regulatory of repetition and standards to be achieved) to ensure that the standard remains embedded.

28. The CMG has set up a fully resourced QI team who will be responsible for updating the CQC response plan. The CMG is also forming the four workstreams mentioned above, each of which have clinical leadership and triumvirate representation and are assigned specific tasks from the plan.

Response - Next Steps

29. The next steps are as follows:
    - Progress Actions to address Significant Improvement Requirements as per S29A Warning Notice
    - Action Plan being developed to address Must & Should Do's from the CQC findings aligning with MNIP / MIS / 3 Year Plan / Ockenden / Empowering Voices
    - Proactive Engagement & Staff Support as part of publication
    - Engage in Post-Inspection Survey

Background papers

Care Quality Commission reports 20 September 2023: https://www.cqc.org.uk/press-release/improvements-needed-university-hospitals-leicester-nhs-trusts-maternity-services

Persons to contact

Julie Hogg – Chief Nurse, UHL
Julie.hogg@uhl-tr.nhs.uk

Danielle Burnett – Director of Midwifery, UHL
Danielle.burnett@uhl-tr.nhs.uk

NHS
University Hospitals of Leicester
NHS Trust

Appendix 1

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