

Plymouth Health and Adult Social Care Scrutiny Panel - December

meeting

Maternity & Neonatal Improvement
Programme

A graphic of a heart shape with a rainbow-colored border. Inside the heart, the NHS values are listed in white text on a blue background.

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Maternity Safety Support Programme

- April 2024 formally invited and entered programme in response to NOF 4
 - Diagnostic review of Maternity services
 - Staff engagement / feedback

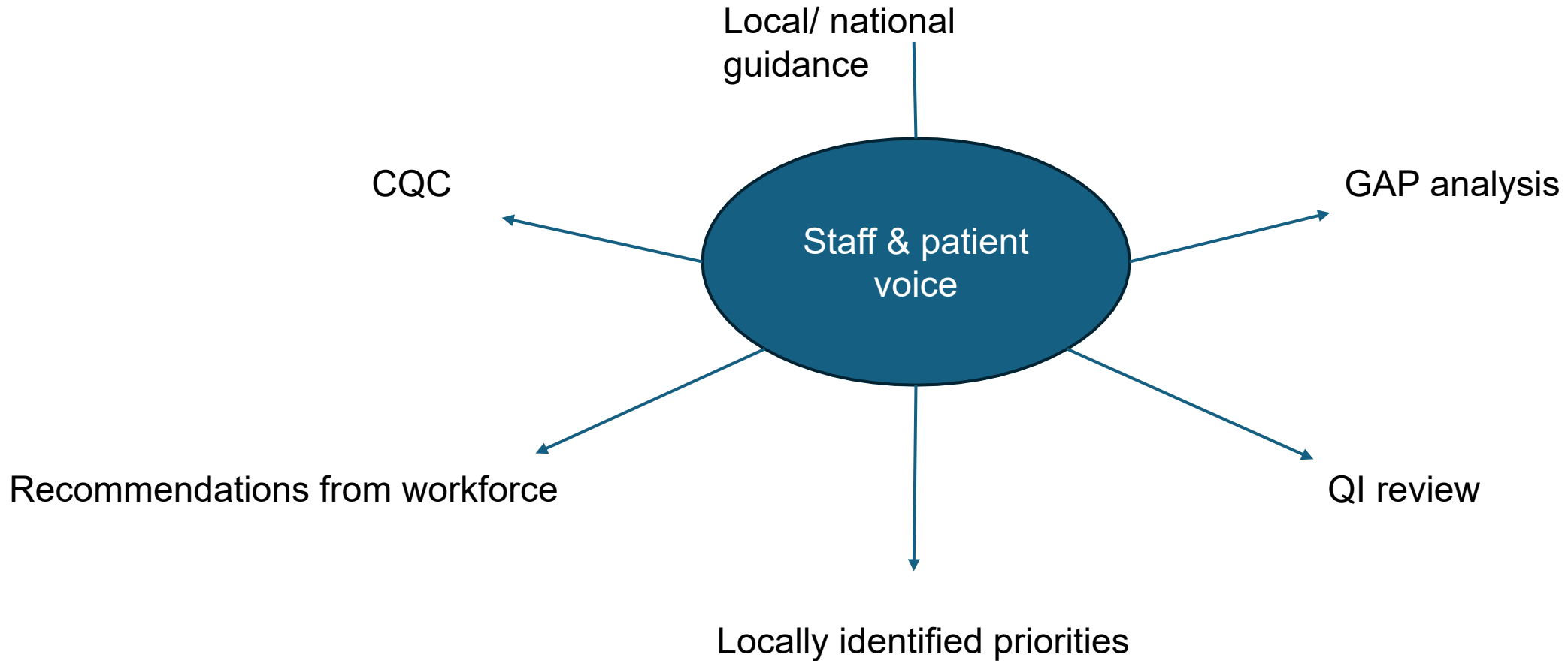


GAP analysis

Workforce review

MNIP

(Maternity & Neonatal Improvement Programme)



Thematic analysis to identify 5 workstreams



Working equitably with Women & Families

Developing a positive learning safety culture

Infrastructure (Digital & Estates)

Growing, retaining & supporting our workforce

Developing, embedding and sustaining a positive culture



Key Priorities

Workstream 1: Working equitably with Women & Families

Ensure consistency & equity of care that is accessible for all service users, specifically recognising vulnerable groups. Listening to and working with service users to compassionately inform a personalised care journey

- **Sonography & Fetal Medicine**
- **Community Services**
- **Maternity Triage**
- **Exploration of MLU**
- **Transitional Care Services**
- **Bereavement Services**
- **Service user feedback**
- **MNVP workplan**

Workstream 2: Developing a positive learning safety culture

Developing & sustaining a positive culture of safety, learning from practice to ensure continued oversight and accountability

- **Maternity governance structure & reporting**
- **W&C Risk Register**
- **PMRT**
- **Saving Babies' Lives version 3**
- **Clinical Quality dashboard**
- **Repository of evidence**
- **Quality Improvement**

Key Priorities:

Workstream 3: Infrastructure (Digital & Estates)

To optimise and maintain an IT infrastructure that is reliable and well embedded, with assurance of staff education and onward reporting. Supported by an estates infrastructure that allows for the maximisation of effective and safe utilisation.

- **Digital infrastructure**
- **Trust wide information integration**
- **Neonatal Estates**
- **Community Midwifery estates**
- **Maternity theatre 2**

Workstream 4: Growing, retaining & supporting our workforce

Workforce review to ensure we have the right people, in the right place at the right time

- **Maternity workforce**
- **Obstetric medical workforce**
- **Neonatal workforce**
- **Administration & Clerical workforce**
- **Training & development**
- **Staff retention**

Key Priorities:

Workstream 4:
Developing, embedding
and sustaining a positive
culture

To ensure a culture of equity and psychological safety for all. Embedding processes to speak up and influence service provision.

Compassionate and visible leadership that advocates high quality care and empowerment of our valued staff

- **Measuring culture**
- **Staff satisfaction**
- **Staff retention**
- **Staff wellbeing**

Workstream 1 – Lead: Charlotte Wilton, Head
of Midwifery

Working equitably with Women & Families

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Workstream 2 – Lead: Sam Rafferty, Associate
Chief Nursing Officer

Developing a positive learning safety culture

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Workstream 3 – Lead: Stef Glanville, Cluster
Manager

Infrastructure (Digital & Estates)

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Workstream 4 – Lead: Helen Harling, Head of
Nursing W&C Care Group

Growing, retaining & supporting our workforce

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Workstream 5 – Lead: Sarah Saxby,
Transformation Midwife

Developing, embedding and sustaining a positive
culture

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MNIP- A snapshot

| Longform Work |  | Method - Care groups to set a series of actions / interventions they are going to undertake that will incrementally meet the Goal. | Outcome - Outcomes to be linked to the Method and should be measurable | KPI/ Measure - Measures to link to the Goal and form Part of assurance dashboard |
|---------------|---|---|--|--|
| | Specialist Services | Complete the educational training for the three recently appointed sonography trainees, to be qualified and practicing by March 2025. Recruit two further trainees to commence educational training thereafter | *3 midwifery sonographers trained and working within establishment by March 2025 *An additional 2 midwifery sonographer trainees undertaking education and working within establishment | * Appropriate staffing levels to meet service delivery standards * 100% of women identified as at risk of fetal growth restriction in pregnancy receive umbilical artery doppler scans prior to 24wks * Compliance with SBL Element 2 * Percentage completion of module reported through MAG * Reduction in overtime pay by INSERT * Reduction in repeat scans by INSERT * Increased scanning capacity, meeting KPI for timely AN dating/anomaly USS ? what is average repeat rate? KPI |
| | Sonography & Fetal Medicine | Complete 5-year workforce planning for sonography service. | Workforce plan in place and evidence contained within folder. | |
| | | Signed off trainer to cascade training to all sonography staff to undertake uterine artery dopplers (currently only undertaken by Fetal Medicine Consultants). | Suitably trained workforce to deliver full expectation of antenatal scanning provision. | |
| | | To develop a training package to support staff education and competencies in uterine artery dopplers. This will ensure an upward trajectory that will be closely monitored to ensure continued increased percentage compliance, to meet screening KPI by the end of November. | *Three sonographers trained as 'train the trainers' to deliver uterine artery doppler training by November 2024 *Identified suitably trained sonographers trained, in-house, to perform umbilical artery doppler scans to meet ask of SBLv3 | |
| | | Replace outdated equipment to ensure: 1) Image quality, reducing the re-scan rate 2) The ability to offer all antenatal ultrasound screening across all rooms with all scanners | * Two new ultrasound scanners set up and utilised in clinic * Increase full scanning capability from 4 -6 fully equipped rooms utilised Monday - Friday 08:00-17:00 | |
| | | Adopt a "twice on the couch" approach to first trimester screening to avoid repeat scan rate | Reduction in re scan rate which will increase ultrasound capacity | |

| K | L | M | N | O | P | Q | R | S | T | U | V |
|-----------------|-----------|-------------------------|---|--------|-------------|---|-------|------|------|-------|-----|
| Workstream Lead | Goal Lead | Timeframe | Progress | GrARGB | Improvement | Evidence Location (Include hyperlinks to Trust compliance docs) | SCORE | CNST | 3YDP | SBLv3 | CQC |
| CW | BO | March 2025 & March 2026 | 2.8 WTE trainees on track for course completion. 2 newly appointed trainees to commence training December 2024 | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM | | ✓ | | ✓ | |
| CW | BO | 01/12/2024 | Review underway | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan | | ✓ | | ✓ | |
| CW | BO | 11/11/2024 | Training booked in Bristol for 11/11/2024 for three assigned sonographers | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM | | ✓ | | ✓ | |
| CW | BO | 01/12/2024 | Training course confirmed in Bristol 11/11/2024 for three assigned staff to cascade training -Roll out of designated clinics with | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM | | ✓ | | ✓ | |
| CW | SG | 01/11/2024 | Equipment procured, to be placed and in use by Monday 7th October | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM | | ✓ | | ✓ | |
| CW | RN | Complete | | | | G:\Maternity\Compliance\01 - Maternity & Neonatal Improvement Plan (MNIP)\Evidence\Work with Women & Families\Sonography & FM | | | | | |



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Reporting & oversight



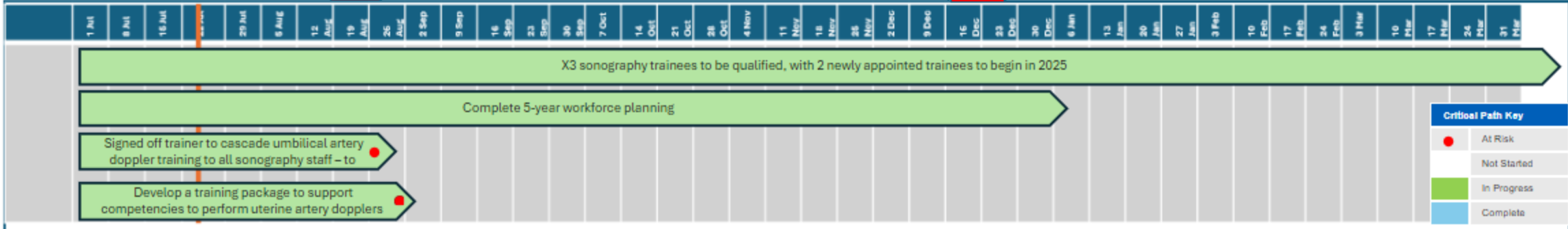
Working equitably with women & families

Goal 1

All women who are identified to be at risk of fetal growth restriction in pregnancy should be offered umbilical artery dopplers by 24 weeks gestation and increased surveillance where indicated. Percentage compliance from 16% to 100% implemented by November 2024

Updated: XX/XX/XX

| | | | |
|---------------|------------------|-------------------------------------|----------------------------|
| SRO | | PROJECT DELIVERY Status and reason. | BENEFITS Status and reason |
| Clinical lead | Charlotte Wilton | | |
| Action Lead | Ben O'Neill | | |



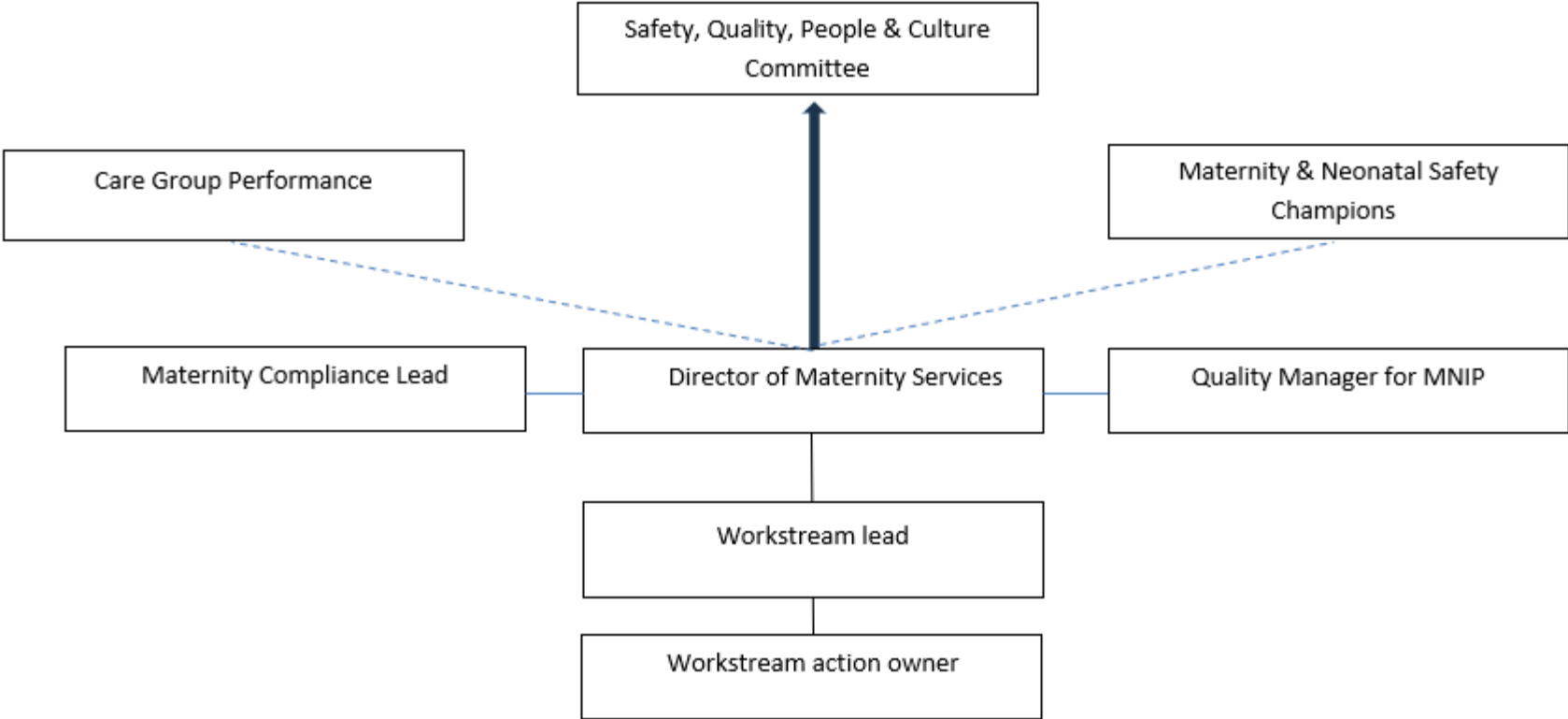
| |
|---|
| Core KPI |
| 100% of women identified as at risk of fetal growth restriction in pregnancy receive umbilical artery doppler scans prior to 24wks |
| Percentage completion of module reported through MAG |
| ... Current percentage |
| KPIs: Compliance with SBL Element 2 Appropriate staffing levels to meet service delivery standards (x3 trainees qualified, 2 in training) |

| | | |
|---|--|--|
| Interdependencies, target completion date & status | | |
| Completion of element 2 of SBLv3 & SA.... CNST | | |
| | | |

| | |
|-----------------------------------|--------------------------------------|
| Achievements in last month | Key priorities for next month |
| | |

| Risks/Issues/Escalation – with mitigations (risks) or actions (issues) plus support required | | | |
|---|---|---------------------------------|------------------|
| # | Risk/Issue/Escalation | Mitigation/Action | Support Required |
| 1 | (I) Inability to source accredited training module | DOM – Out to region for support | |
| 2 | (R) Failure to meet CNST compliance within reporting period | | |
| 3 | (E) | | |

Maternity & Neonatal Improvement Plan reporting structure





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Thank you & Questions

