





# Reading the Signals Oversight Group

Tue 12 March 2024, 11:40 - 13:30

Boardroom, Kent and Canterbury Hospital, Ethelbert Road CT1  
3NG and via Webex

## Agenda

11:40 - 11:40 0 min	<b>66. Welcome, Introductions and Apologies</b> <i>To Note</i> <i>Claudia Sykes, Chair/Non-Executive Director</i>
11:40 - 11:40 0 min	<b>67. Minutes from the last meeting held on the 16 January 2024</b> <i>Approval</i> <i>Claudia Sykes, Chair/Non-Executive Director</i>  23. 067 - Draft Reading the Signals Minutes 16.01.2024 v4.pdf (6 pages)
11:40 - 11:40 0 min	<b>68. Matters Arising from the Minutes</b> <i>Discussion</i> <i>Claudia Sykes, Chair/Non-Executive Director</i>  23.068 - Reading the Signals Oversight Group Action LogV2.pdf (1 pages)
11:40 - 11:40 0 min	<b>69. Maternity Update</b> <i>Discussion</i> <i>Michelle Cudjoe, Director of Midwifery</i>  23.069 - RTSOG Pack 12.03.24 (003) (0031).pdf (14 pages)
11:40 - 11:40 0 min	<b>70. Team Working Across Disciplines - Changing the culture and - Medical education</b> <i>Discussion</i> <i>Andrea Ashman, Chief People Officer</i>  23.070 - 1 MNAG MNIP Workstream 1_Feb 2024 v3.pdf (6 pages)
11:40 - 11:40 0 min	<b>71. Family Representative Views</b> <i>Discussion</i> <i>Claudia Sykes, Chair/Non-Executive Director</i> Verbal discussion
11:40 - 11:40 0 min	<b>72. Any Other Business</b> <i>Discussion</i> <i>Claudia Sykes, Chair/Non-Executive Director</i>

Date of next meeting: Tuesday 14 May 2024

**UNCONFIRMED MINUTES OF THE READING THE SIGNALS OVERSIGHT MEETING  
TUESDAY 16 JANUARY 2024 CORPORATE MEETING ROOM, 2<sup>ND</sup> FLOOR, TRUST  
OFFICES KENT AND CANTERBURY HOSPITAL  
VIA WEBEX TELECONFERENCE**

**PRESENT**

Claudia Sykes	Non-Executive Director (Chair)	CS
Tracey Fletcher	Chief Executive Officer	TF
Michelle Cudjoe	Director of Midwifery	MC
Adaline Smith	Deputy Director of Midwifery	AS
Sarah Hayes	Chief Nursing and Midwifery Officer	SHa
Andrea Ashman	Chief People Officer	AA
Ben Stevens	Chief Strategy and Partnerships Officer	BS
Des Holden	Chief Medical Officer	DH
Natasha Curtiss	Obstetric & Gynaecology Consultant QEOM	NC
Zoe Woodward	Obstetric & Gynaecology Consultant QEOM & Associate Medical Director for Women's Health	ZW
Stuart Baird	Trust Chairman	SB
Moirra Durbridge	NHSE Improvement Director	MD
Adam Littlefield	Patient Involvement Lead	AL
Bernie Mayall	Lead Governor/Elected Public Governor - Dover	BM
Carl Shorter	Deputy Lead Governor/Elected Public Governor - Folkestone & Hythe	CPI
Alex Ricketts	Elected Governor - Canterbury	AR
Derek Richford	Family Representative	DR
Tanya Linehan	Family Representative	TL
Linda Dempster	Family Representative	LD
Helen Gittos	Family Representative	HG
Caroline Potter-Edwards	Family Representative	CPE
Kaye Wilson	Regional Chief Midwife for South East Region	KW
Raymond Anakwe	Non-Executive Director and Maternity Champion	RA
Lucy De-Pulford	Doula and Community Representative	LDP
Jen Essex	Perinatal Mental Health Obstetrician	JE
Sally Densham	Mental Health Midwife	SD
Fay Corder	South East Regional Maternity Governance Lead	FC
Jackie Huddleston	Locality Director NHS Regional Team Kent & Medway & South East	JH
Jenny Hamilton	Co-production and Engagement Lead Kent & Medway LMNS	JHa
Rebecca Buckingham	Mental Health Midwife	RB

**AGENDA  
ITEM NO**

**ACTION**

**23/058 WELCOME AND INTRODUCTIONS AND APOLOGIES**

Apologies were received from: Natalie Yost - Director of Communication and Engagement, Phil Linehan - Family Representative, Lyn Richardson - Family Representative, Sarah Collins - MVP and Kaye Wilson -

**23/059 MINUTES FROM THE LAST MEETING HELD ON THE 31 OCTOBER 2023**

The minutes from the previous meeting were **APPROVED**.

**23/060 MATTERS ARISING FROM THE MINUTES**

**RSOG/07 - Your Voice is Heard Feedback - The Trusts' target needed to be changed to reflect the national average FFT percentage** - Update 19.09.23 - MC informed there had been a conversation regarding this at the Maternity & Neonatal Assurance Group (MNAG) and it was felt that the regional average would be looked at. BC was to look at other organisations within the LNMS and come to an agreement for the region. The trust was at 11% which was positive, however,

the trust needed to be ambitious around this. BC commented this would be discussed at a Performance and Quality meeting during this week and it was hoped an agreement would be made across Kent and Medway by the next meeting. **Update 31.10.23** - MC updated on this action in BC's absence - It was not possible for this to be discussed at the LMNS meeting as planned and the team were undertaking a piece of work to review the differing reporting of this important metric across the four maternity services in K&M with a view to aligning the reporting and agreeing targets and thresholds. To remain OPEN. **Update 16.01.2024** - MC informed the Regional team were discussing what the regional average would look like and feedback was awaited, however, 12% was the national average. JHa was now dealing with the FFT for a system wide agreement on an improvement projectory - a meeting was being arranged - To remain OPEN

**RSOG/10 - Communications Update - MC to follow up LR's question in regards to the percentage of mothers who at the point of discharge, or after 28 days were assessed as having some form of mental health symptoms - Update 16.01.2024** - On agenda for today's meeting - To CLOSE.

**RSOG/11 - Family Representative Feedback - The trust to take feedback received by family reps and look at how these could be addressed - Update 16.01.2024** - The Chair advised this would remain open as there was a lot of work still to be done by the trust.

**RSOG/12 - Family Representative Feedback - TF to follow up issues regarding the legal process - Update 16.01.2024** - SH commented on the comment made at the last meeting by PL in regards to the "win" over his family was that was used as an advert. This had been looked at, and was visible on a related company website in New York. Work was being done with Katy White - Director of Quality Governance to try and get this removed. SH apologised to the family involved, and an apology had also been issued by the company who were also working to try and resolve this. The Chair asked if there was any way the trust could stop this happening again. SH responded it would be very difficult as this had been picked up by a search engine, however, the trust was monitoring this with the help of Comms & Engagement. AA asked if the company was a sister company. SH responded, it was a different entity. To remain OPEN.

The Chair commented, there had been previous discussion around the 1 year from Your Voice is Heard (YVIH) surveys and whether the questions needed to be updated. AS commented the MNVP was working with the YVIH care team leader and the plan was for the questions to be reviewed and guest questions to be introduced.

23/061

## **MATERNITY UPDATE**

BS and MC provided an update and explained the paper included in the meeting pack. The following was highlighted:

- The Midwifery Led Unit (MLU) had reopened at the William Harvey Hospital.
- The Values video had been launched across the trust.
- There was support around Baby Loss Awareness week.
- A Governance Lead had been appointed, who was a senior midwife. The individual would start her position in a few weeks' time.
- Maternity and Newborn Safety Investigation (MNSI - previously HSIB) visited the organisation on the 15<sup>th</sup> January 2024. 10 cases were presented, 7 met the lower threshold, 4 cases were returned and within

these, there were two safety recommendations and these had already been actioned.

- Approximately 60 staff had been met with, including Obstetricians, Midwives and staff from the region to review progress against the improvement plan and confirm priorities for the next year.
- Attitudes and behaviours remained an area for concern. A score survey had been implemented which would be independently facilitated and the results would be known by the end of January 2024.
- 47.7% of women who book for maternity services are registered as having had some form of mental health issue at some point in their lives according to their health record. The lower figure of 25% refers to the women who were actively being supported with their mental health during or immediately after their pregnancy. This answered a question raised by Lyn Richardson - Family Representative, before the meeting.

SH commented the restorative work and moving forward from the investigation was important, but never forgetting what had happened. DR agreed and felt now was a good time. LD raised in the chat comments, the report did not always explain in full what abbreviations meant eg; XMR, MNSI, TRIM, PMRT - BS to amend the report to explain/remove the jargon used - **ACTION**

BS

SB asked in regards to the Friends and Family Test (FFT), were the trust giving patients every opportunity to give feedback. MC explained there were four touch points - antenatal, at birth, before being transferred to the community and post-natal and these sometimes were reflected in the overall score figures. The Chair asked what the best score was nationally around recommendation to maternity so the trust could compare to others. MC would follow this up - **ACTION**

HG commented around the independent reviews and explained how she was informed she would not be offered an independent review as her case was reviewed by Kirkup. SH clarified the independent reviews were offered to families outside of the Kirkup review and this process was almost complete. There would be a restorative process, in which families included in the Kirkup report would be offered a restorative conversation so people had the choice to come forward should they wish. HG asked what the external nature of input of the restorative process was. MC responded an independent Senior Midwife had been approached to help with this. SH commented once the individual had been agreed, this would then be discussed with members of this group and the individual was a retired Director of Midwifery. MC commented the team were keen to work with/co-produce this process with individuals who would like to influence it and welcomed the opportunity to discuss this further with them. MC suggested a follow-up meeting for the individuals who were interested. HG and LD offered their support with this. SH would follow-up outside of this meeting.

The Chair asked what was happening around staff engagement and appraisals. MC responded more than 85% of staff had their appraisals and more than 90% of staff were compliant with training, including safeguarding training. AA commented the way the information had been presented in the papers was based on quarterly pulse surveys and an annual staff survey report - the last quarter data is what had been presented in the papers for this meeting. The staff survey results were not yet known, and there was another quarterly pulse survey out for completion.

SB suggested a deep dive could be done around particular themes. MC informed these conversations had taken place and were ongoing.

MD asked how the trust were learning from peer trusts. MC responded regional score cards were being developed to help compare regionally as well as nationally. There had also been two 'Sharing Events' where the trust shared from a regional and national perspective the learning that was coming out of the key reports.

HG asked what were the priorities. MC commented the priorities were focusing on culture, clinical pathways, diabetes, multiple pregnancy, fetal medicine pathway, maternity care for the deteriorating patient and the referral for obstetric care to ensure a woman is referred at the correct gestation and seen by the correct obstetrician.

23/062

## MENTAL HEALTH UPDATE

JE and SD presented this paper and the following questions were asked:

- BM asked if there was any specific work done around neuro-divergent patients in maternity care. JE responded a guideline and pathway for people with complex needs was being developed. Sensory wellbeing birth plans were also done, which were specific to neuro-divergent patients. Multi-disciplinary team meetings, which adult autism services would be invited to, if needed, to ensure a robust plan was in place. BM also asked if there was any training for frontline staff around autism and neuro-divergent patients. JE confirmed there was online training, which was mandatory for staff. SD commented mental health midwives would offer additional support alongside the women's own midwife if there were complex mental health needs or neuro-divergent patient needs. There was more work to do in the trust around this.
- RA asked how the need, or the risk assessment of a woman with mental health problems was communicated across different professions - was there a dataset that was linked to primary care. JE commented there were lots of different ways to share information, however, there was not one system where this information was shared. SD commented there was good working relationships and the mental health midwives acted as liaison and a point of contact into maternity services from external services. MC commented the trust were working within the region to look at a system-wide solution.
- CPE asked if booking appointments would be carried out by a midwife. SD responded this was correct and the risk assessment would always be carried out by a midwife. Patients may be seen by a Maternity Care Assistant for a pre-booking appointment, however, a booking appointment should always be carried out by a registered midwife. CPE also asked, at the booking appointment, were patients asked about their previous birth experience. SD responded she would like to see this question asked at the 16-week appointment, however, if it was raised by the woman then it would need to be discussed and not be put-off. CPE commented this was really important to a woman who may have had previous birth trauma or birth loss - they needed to feel safe in order to raise this and have it acknowledged and acted on in an informed way. JE informed that women who had experienced a previous loss who had contact with the bereavement midwives are advised that upon having a positive pregnancy test, they can reach out to them, who would then offer the small steps programme.
- LDP felt there was an issue about how services were presented as being open and how accessible they were. There were ways in which the service was not supporting. MC commented how this was captured was being looked at and also the escalation process in this regard. If service was being suspended, this should be escalated to the manager on-call and this was being monitored. On a daily basis, the previous 24 hours were reviewed - this was put into place 2 weeks ago. ZW acknowledged the discrepancies.
- HG asked what training was ongoing for doctors to understand how they should respond to mental health issues by women. MC confirmed all staff received multi-disciplinary training.
- TL asked how staff would be looking out for high functioning depression, for mothers who can hide their struggles and how far beyond birth would this be looked at. SD responded the mental health midwives had a remit of up

to 6 weeks after birth to stay involved with the women known to them. In terms of ongoing surveillance for mums who may be struggling, Health Visitors took over from approximately 10 days post birth and would also speak to women and birth partners about their emotional wellbeing. When women were discharged they were encouraged to book an appointment with their GP. JE commented women who were high risk could be kept under the care of the community midwife post-natally.

23/063

## FAMILY REPRESENTATIVE VIEWS

The Chair commented at the previous meeting there had been discussions on what family representatives would like to see at these meetings going forward. The Chair opened up for comments from family representatives.

DR commented he recognised the progress that had been and was being made. This needed to continue and the families needed to be the conscience of the trust. DR was interested most in the bottom number in regards to the FFT - the trust needed to be ambitious to make this number as high as possible. BS commented, different methods of feedback had been implemented, however, there were so many routes, that many people decline a method because they may have fed-back in a different forum and this needed to be balanced to be looked at. MC had looked at how other trusts nationally had implemented this and how this trust could improve. There were other options that could be trialled, such a text messages and reminder messages but more was needed to helps streamline this.

HG commented the following points:

- Reputational management - HG would like to see the current version of the Root Cause Analysis (RCA) or how the Serious Incident (SI) form was used - reassurance was needed that this was now different to how it was. MC responded many of the SI's fit under the MNSI criteria so they would fall under that type of review. The trust had aligned its own template, so from a family perspective there were pictures etc to support some of the clinical discussions. SH commented she would ensure HG had sight of the RCA template - **ACTION**
- Families would like assurance the complaints process had changed. SH commented there was a huge amount of work being done around complaints. Transparency was central, work was ongoing and there was a clear trajectory around this.
- Oversight and direction of clinicians - HG would like the new Chief Medical Officer's perspective on things and what he felt the priorities were. DH commented the discussion at this meeting was encouraging. One of the things he felt had to happen was the board needed assurance at every meeting. Some of the key points highlighted DH would like to have a better understanding of were:
  - What surveys and audits were being done in maternity
  - FFT
  - Mental Health - DH was surprised at the statistic around this, and would like to understand more around this.
  - Growth and Gap

MC/AS

DH commented he chose to apply to this trust in the context of what had happened and remained excited to be contributing to this and other agendas.

- Team working and embedding care within continuing education - More information was needed around establishing common purpose - what was happening to try and achieve this - To be discussed at the next meeting - **ACTION**
- How was the trust thinking about its various roles in educating all of its staff and how was the trust thinking about embedding compassionate care. To be discussed at the next meeting - **ACTION**
- More discussion was needed around legalities - If NHS Resolution did not accept the findings of the Kirkup report it would be hard for families to

believe the trust accepted the findings. Reassurance was needed the trust were trying to take action for organisations who were acting on their behalf. TF commented SH had been working closely with the trusts legal department, and one thing that was being looked at as part of the Corporate Governance position was employing a candidate who had legal experience. Conversations with NHS Resolution would continue and TF would like to work more closely with them, rather than further apart. The trust needed to take responsibility in terms of the tone on how some of the interactions took place. SH commented a new Director of Quality Governance would be joining the trust who would be working closely with herself and the legal team.

- Inquests - Regarding the behaviour of lawyers acting on behalf of the trust at inquests - more was needed to be seen at this meeting about how the trust was having conversations with its own legal department and how with those people who were commissioned to act on their behalf.

23/064      **ANY OTHER BUSINESS**

The Chair acknowledge two questions which was received by Lyn Richardson - Family Representative - One has been addressed during this meeting, the other to be actioned outside of this meeting.

23/065      **DATE OF NEXT MEETING - 12 March 2024**

**Date of Next Meeting – 12 March 2024**

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST READING THE SIGNALS OVERSIGHT GROUP ACTION LOG

RSOG/07	08.08.2023	23/032	Your Voice is Heard Feedback	The Trusts' target needed to be changed to reflect the national average FFT percentage	19.09.2023	MC	Open	Update - MC to email the Regional Chief Midwife for her perspective. <b>Update 19.09.23</b> - MC informed there had been a conversation regarding this at the Maternity & Neonatal Assurance Group (MNAG) and it was felt that the regional average would be looked at. BC commented this would be discussed at a Performance and Quality meeting during this week and it was hoped an agreement would be made across Kent and Medway by this next meeting. <b>Update 31.10.23</b> - MC updated on this action in BC's absence - It was not possible for this to be discussed at the LMNS meeting as planned and the team were undertaking a piece of work to review the differing reporting of this important metric across the four maternity services in K&M with a view to aligning the reporting and agreeing targets and thresholds. To remain OPEN. <b>Update 16.01.2024</b> - MC informed the Regional team were discussing what the regional average would look like and feedback was awaited, however, 12% was the national average. JHa was now dealing with the FFT for a system wide agreement on an improvement projectory - a meeting was being arranged - To remain OPEN <b>Update 02/02/2024</b> - Email sent on behalf of MC to support this action.
RSOG/11	31.10.2023	23/054	Family Representative Feedback	The trust to take feedback received by family reps and look at how these could be addressed	jan-24	CS	Open	<b>Update 16.01.2024</b> - The Chair advised this would remain open as there was a lot of work still to be done by the trust.
RSOG/12	31.10.2023	23/054	Family Representative Feedback	TF to follow up issues regarding the legal process		TF	Open	<b>Update 16.01.2024</b> - SH commented on the comment made at the last meeting by PL in regards to the "win" over his family was that was used as an advert. This had been looked at, and was visible on a related company's website in New York. Work was being done with Katy White - Director of Quality Governance to try and get this removed. SH apologised to the family involved, and an apology had also been issued by the company who were also working to try and resolve this. The Chair asked if there was anyway the trust could stop this happening again. SH responded it would be very difficult as this had been picked up by a search engine, however, the trust were keeping a close eye on things with the help of Comms & Engagement. AA asked if the company was a sister company. SH responded, it was a different entity. To remain OPEN.
RSOG/13	16.01.2024	23/061	Maternity Update	BS to amend the IPR report to explain/remove any jargon used.	mar-24	BS	Open	
RSOG/14	16.01.2024	23/061	Maternity Update	MC to follow up on what the best score was nationally around recommendation to maternity services, so the trust could compare to others.	mar-24	MC	Open	
RSOG/15	16.01.2024	23/063	Family Representative Views	MC to send HG the Root Cause Analysis (RCA) template	mar-24	MC	Open	<b>Update 23/02/2024</b> - MC sent RCA template to HG
RSOG/16	16.01.2024	23/063	Family Representative Views	Team working and embedding care within continuing education - More information was needed around establishing common purpose - AA to bring a presentation to the next meeting	mar-24	AA	Open	
RSOG/17	16.01.2024	23/063	Family Representative Views	How was the trust thinking about its various roles in educating all of its staff and how was the trust thinking about embedding compassionate care - AA to bring presentation to the next meeting	mar-24	AA	Open	
RSOG/18	16.01.2024	23/064	Any Other Business	Question raised by Lyn Richardson outside of the meeting regarding whether the re-opening of MLU has reduced caesarean rates to be answered	mar-24	MC	Open	



# East Kent Hospitals University NHS Foundation Trust

## Reading the Signals Oversight Group

12 March 2024



# Contents

Slide 3	Comms and Engagement Update
Slide 4	Statistical Control Process Definitions
Slide 5	Maternity Integrated Improvement Plan Metric Summary
Slides 6-14	Metric Performance Detail

**Key progress during last period:**

- Engagement event with multi-disciplinary teams to share progress over first six months of Maternity and Neonatal Improvement Programme (MNIP) and develop next steps, January.
- Ministerial forum chaired by women's health minister Maria Caulfield MP, East Kent MPs, ICB and NHSE colleagues, 30 January
- Visit from National Maternity Safety Support Programme run by NHS England.
- Reading the signals included in Executive Team welcome at Trust Welcome day for all new staff held every two weeks.
- The University of Greenwich celebrated maternity students joining East Kent and other Trusts in Kent and Medway.
- Patient Voice and Involvement team engaged with a number of VCSE organisations and individual patients about their maternity experience.
- Used maternity specific social media channels to promote information on domestic abuse, details of who people can talk to if they have concerns or need advice, shared a week-by-week pregnancy resource, smoke-free information, whooping cough vaccine due to a rise in cases, promoted Your Voice is Heard and monthly maternity statistics.
- Used our maternity social media channels to share resources from our infant feeding specialist team.
- Designed new 'crib cards' have useful information and are given to all new parents, and as a keepsake.
- Promotion of Freedom to Speak up Guardians through internal communications.

**Plan for next period:**

- Working with critical care team to review Call 4 Concern comms and align with Martha's law
- Incorporating Values video into Trust induction
- Scoping of staff engagement programme linked to Vision and Values
- Working with local media and families on broadcast package following Reopening of Midwifery Led Unit at WHH.
- Continue to link patient and staff stories to improvement plan and use campaign approach to engage all staff in individual projects

# Statistical process control (SPC)

## What is statistical process control (SPC)?

- Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and guides us to take the most appropriate action.
- The main aim is to understand what is different and what is normal, so we know where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

## Key Facts about an SPC Chart

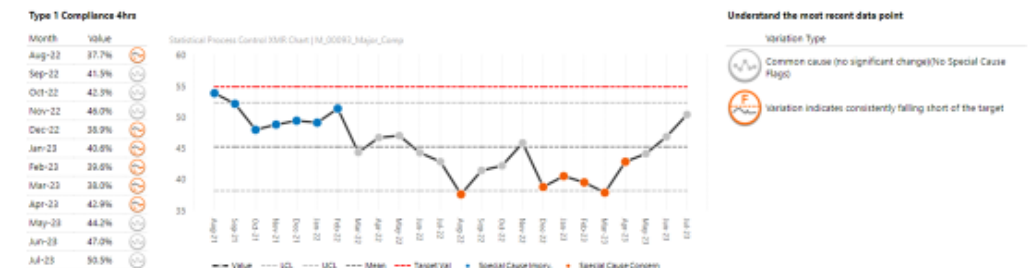
- An SPC chart has three reference lines that help you appreciate variation in the data, they are:
  - centre reference line: the average line (often represented by the mean, sometimes the median)
  - upper and lower reference lines: the process limits, also known as control limits.
- A minimum of 15-20 data points is needed to have meaningful insight, the process limits are defined by the how the data varies. You can expect approximately 99% of data points to fall within the process limits. If a data point falls outside these levels, an investigation would be triggered.
- It contains two types of trend variation: Special Cause (Concerns or Improvement) and Common Cause (i.e. no significant change).
- Special cause variation occurs when one (or more) of these things are happening;
  - A single data point falls outside the process limits
  - A run of consecutive data points is above or below the mean
  - Six consecutive data points follow an increasing or decreasing trend
  - Two out of three data points are close to the process limits










## NHSE Improvement Icons and where to find them

As an organisation we use the NHSE Improvement Icons to signify the variation demonstrated in all of our scorecard reporting. These icons are outlined in the table below;

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values		
			Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

You will routinely see these icons displayed against our data packs, an example of which is shown below;



Domain	Nat	Flag	KPI	SPC	Thres.	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Maternity	IIP		Serious Incidents Maternity		Sigma	4	4	4	1	3	2	0	2	2	1	2	2
	IIP		Maternity Incidents Moderate / Severe		Sigma	5	6	0	3	2	0	1	1	4	0	2	1
	IIP		Maternity Complaints		Sigma	12	8	11	8	4	6	2	17	5	9	6	13
	IIP		Maternity Complaint Response		90.0%	0.0%	75.0%	25.0%	16.7%	38.9%	50.0%	66.7%	60.0%	0.0%		0.0%	0.0%
	IIP		Extended Perinatal Mortality		5.87	4.53	4.44	4.62	4.47	3.87	3.40	3.58	3.11	2.62	2.29	2.81	2.99
	IIP		FFT Maternity Response Rate		15.0%	16.5%	12.9%	13.4%	15.0%	14.5%	15.6%	13.6%	10.9%	13.1%	15.9%	14.2%	13.3%
	IIP		FFT Maternity Recommended		90.0%	91.6%	92.2%	93.7%	92.1%	92.3%	91.6%	88.8%	90.8%	96.2%	92.9%	91.0%	93.5%
	IIP		FFT Maternity (IP) Recommended		90.0%	91.7%	96.2%	95.1%	92.6%	94.3%	94.3%	89.3%	90.7%	96.7%	93.7%	92.8%	94.1%
	IIP		WH Engagement Score		6.90	5.45	5.45	5.87	5.87	5.87	6.15	6.15	6.15				6.35

## February Performance Summary

**Incidents:** There were 0 serious incidents reported in February in Women's Health for Maternity.

**Complaints:** 8 Stage 1 complaints were received in February for Maternity. This is a decrease on the previous month.

**Patient Involvement:** FFT Response rate 13.3% - 93.5% extremely likely or likely to recommend

**Staff Engagement:** Score 6.35

# Maternity Serious Incidents

## Integrated Improvement Plan

This metric measures any maternity incident recorded on Datix that has subsequently been reported to STEIS (Strategic Executive Information System). Any maternity incidents that are subsequently downgraded are removed retrospectively therefore this number is subject to change. Serious Incidents are reported by the date the investigation started and not the date the incident occurred or was reported.

### Serious Incidents Maternity

Timescale	Value	SPC
Feb-23	4	📉
Mar-23	4	📉
Apr-23	4	📉
May-23	1	📉
Jun-23	3	📉
Jul-23	2	📉
Aug-23	0	📉
Sep-23	2	📉
Oct-23	2	📉
Nov-23	1	📉
Dec-23	2	📉
Jan-24	2	📉

### XMR Run Chart



### Understanding the most recent data point

#### Performance



2

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation

Special cause of improving nature or lower pressure due to lower values

Flags

Below Mean Run Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
There were 0 serious incidents reported in February for Maternity.				
At month end there are 8 open SI's in Maternity.	For all SI investigations to be completed within agreed timeframes.	Interim Head of Gov.	Monthly – ongoing	All Maternity open SI's under investigation are within agreed timeframes. There are no SI breaches within Maternity
Closure of actions from SI's on the datix actions module.	<ul style="list-style-type: none"> <li>Focussed work to close open actions on datix module with action owners</li> <li>Weekly progress reporting of original June backlog and current position</li> </ul>	Interim Head of Gov.	31/03/24	The number of overdue actions from the original backlog (June) has reduced from 345 to 6 at 01/03/24. The overall current overdue actions has decreased to 94. There is additional agency resource focussing on open actions from October-February and further sprint days with NHSE Maternity Improvement Advisor in December and January. Patient Safety Matron vacancy is backout to advert. Substantive Head of Governance appointed.

# Maternity Incidents Causing Harm

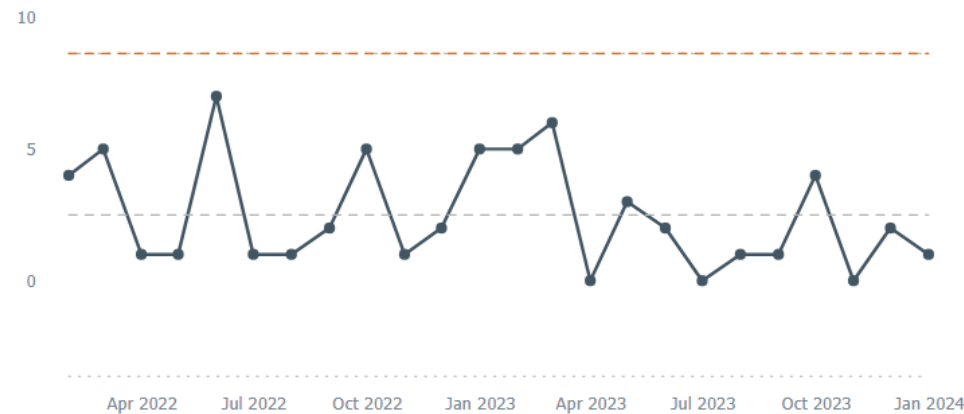
## Integrated Improvement Plan

*This metric measures the number of maternity incidents where the harm status was moderate or above.*

### Maternity Incidents Moderate / Severe

Timescale	Value	SPC
Feb-23	5	⊖
Mar-23	6	⊖
Apr-23	0	⊖
May-23	3	⊖
Jun-23	2	⊖
Jul-23	0	⊖
Aug-23	1	⊖
Sep-23	1	⊖
Oct-23	4	⊖
Nov-23	0	⊖
Dec-23	2	⊖
Jan-24	1	⊖

### XMR Run Chart



### Understanding the most recent data point

#### Performance



1

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Rapid review of moderate incidents and other incidents on maternity trigger list.	<ul style="list-style-type: none"> <li>Rapid review process reviewed</li> <li>MDT attendance</li> <li>Learning identified</li> </ul>	Interim Head of Governance	Monthly - ongoing	<ul style="list-style-type: none"> <li>Rapid Review SOP updated and now live on Policy Centre</li> <li>Themes and learning identified from rapid reviews disseminated via Message of the Week and Safety Threads.</li> <li>Team Brief introduced for Ward Managers and Matrons to summarise key messages for the week with teams</li> </ul>
Closure of datix open more than 6 weeks	<ul style="list-style-type: none"> <li>Focussed work to close open actions on datix module with action owners</li> <li>Weekly progress reporting of backlog and current position</li> </ul>	Interim Head of Governance	31/03/2024	The number of open datix from the original June backlog for Maternity has reduced from 686 to 16 at 01/03/2024. The overall current overdue datix is 196 within Maternity which is a slight increase from the previous month. This is a priority for the Patient Safety Team to close these open datix, all of which have had an initial review at the time of reporting.



# Maternity Complaints

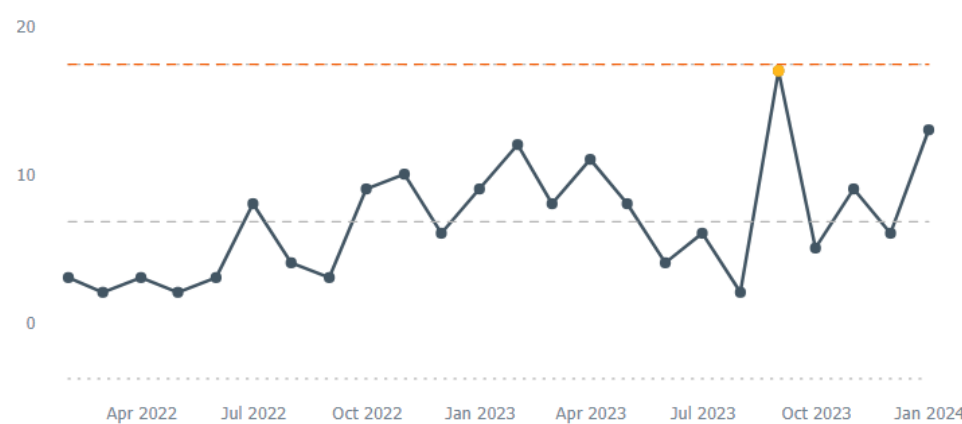
## Integrated Improvement Plan

This metric measures the number of complaints made to Obstetrics, Midwifery or New-born Hearing Screening Services.

### Maternity Complaints

Timescale	Value	SPC
Feb-23	12	🟢
Mar-23	8	🟢
Apr-23	11	🟢
May-23	8	🟢
Jun-23	4	🟢
Jul-23	6	🟢
Aug-23	2	🟢
Sep-23	17	🔴
Oct-23	5	🟢
Nov-23	9	🟢
Dec-23	6	🟢
Jan-24	13	🟢

### XMR Run Chart



### Understanding the most recent data point

#### Performance



13

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
8 Stage 1 complaints received in February 2024 for Maternity	Decrease from the number of complaints received in previous month.	Patient Experience and Complaints Coordinator	Monthly reporting	<ul style="list-style-type: none"><li>Submitted a total of 9 DDoM approved drafts to CPBS in Feb</li><li>A total of 27 cases were closed in February by sending the final Exec letters to patients.</li><li>At the end of February there are 32 open complaints in Maternity</li></ul>
Recurrent themes	The main themes are: Women reporting their Birth Preferences Document has not been read. Lack of communication about 'complicated' births, or when babies need 'assistance' at birth – lack of debrief. Limited antenatal support for HG sufferers. Post-natal ward – busy, attitude of staff, discharge delays. Delays in antenatal referrals; mental health, physio.	Adaline Smith DDOM	Monthly	We have commenced leave your troubles at the door initiative and posters can be seen at every entry point to support immediate response and action of any concerns.



# Maternity Complaints Response Rate

## Integrated Improvement Plan

*This metric measures the proportion of complaints which were responded to within the agreed timescale of the complaint being received. This includes both 30 and 45 working day timescale targets.*

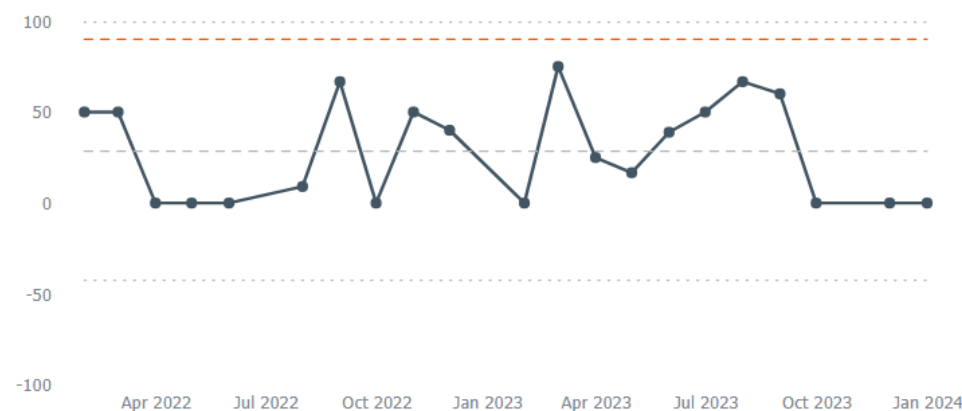
*Complaint Types included are Formal, External and MP Formal that have not been rejected.*

*Complaint Stages included are extensions 1,2,3 and extensions agreed by Chief Nurse, Local Resolution, On Hold and Withdrawn.*

### Maternity Complaint Response

Timescale	Value	SPC
Dec-22	40.0%	⊖
Feb-23	0.0%	⊖
Mar-23	75.0%	⊖
Apr-23	25.0%	⊖
May-23	16.7%	⊖
Jun-23	38.9%	⊖
Jul-23	50.0%	⊖
Aug-23	66.7%	⊖
Sep-23	60.0%	⊖
Oct-23	0.0%	⊖
Dec-23	0.0%	⊖
Jan-24	0.0%	⊖

### XMR Run Chart



### Understanding the most recent data point

#### Performance



0.0%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation

Common cause (no significant change)

Flags

No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Competing priorities of clinical staff cause delays in case reviews and providing the Complaint Coordinator with comments for content	Complaint Coordinator has set up weekly 'huddle' meetings with HOMs and newly appointed Clinical Lead to try and spotlight urgent cases .	Patient Experience and Complaints Coordinator	<ul style="list-style-type: none"> <li>Weekly and</li> <li>Bi-Weekly meetings</li> </ul>	<ul style="list-style-type: none"> <li>Care group has robust process in place for ensuring quality of responses within timeframes.</li> <li>Positive feedback has been received on the quality of the complaint responses.</li> <li>At 05/03/2024 there were 43 open first complaints of which only 1 breached complaint responses all with CPBS.</li> </ul>

# Extended Perinatal Mortality

## Integrated Improvement Plan

Extended perinatal mortality refers to all stillbirths and neonatal deaths, MBRRACE methodology is used, which excludes births <24+0 weeks gestation and terminations (even if over 24+0w). The rate is per 1000 total births.

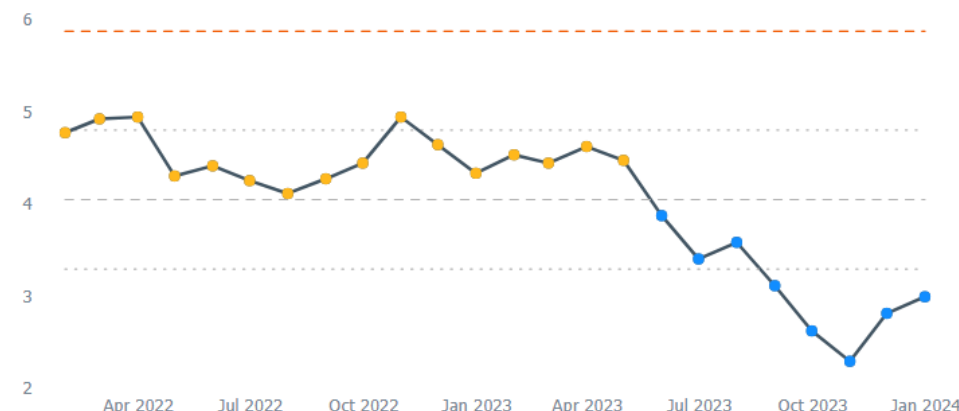
Datasource: Euroking & PAS

Threshold based on the average of the Trust's comparator group (Trust with level 3 NICU) from the 2021 MBRRACE report.

### Extended Perinatal Mortality

Timescale	Value	SPC
Feb-23	4.53	
Mar-23	4.44	
Apr-23	4.62	
May-23	4.47	
Jun-23	3.87	
Jul-23	3.40	
Aug-23	3.58	
Sep-23	3.11	
Oct-23	2.62	
Nov-23	2.29	
Dec-23	2.81	
Jan-24	2.99	

### XMR Run Chart



### Understanding the most recent data point

#### Performance

2.99



Variation indicates consistently passing the target

#### Variation



#### Variation

Special cause of improving nature or lower pressure due to lower values

#### Flags

Below Mean Run Group  
Astronomical Point  
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
In February there was 1 neonatal death reportable to MBRRACE: – 22/02/2024 NND at 3 days old on NICU, this is an out of area lady.	As of February the 12m rate is 1.23. The rate remains below the threshold of 1.96 deaths per 1000 livebirths, which is set at the average of the Trust's comparator group from the most recent MBRRACE data	PMRT Lead Midwife	Monthly	1. To be reviewed through the Rapid Review Process.
In February there were no stillbirths reportable to MBRRACE.	The rolling 12 month rate for stillbirths is 1.23 which remains lower than both the threshold.	DDoM	Monthly	
Perinatal Mortality Review Tool	All neonatal deaths and stillbirths are reviewed through the Perinatal Mortality Review Tool by a multidisciplinary panel and external attendees (If over 22weeks gestation)	PMRT Lead Midwife	Monthly	100% of perinatal mortality reviews include an external reviewer

# Maternity Friends & Family Test: Response Rate

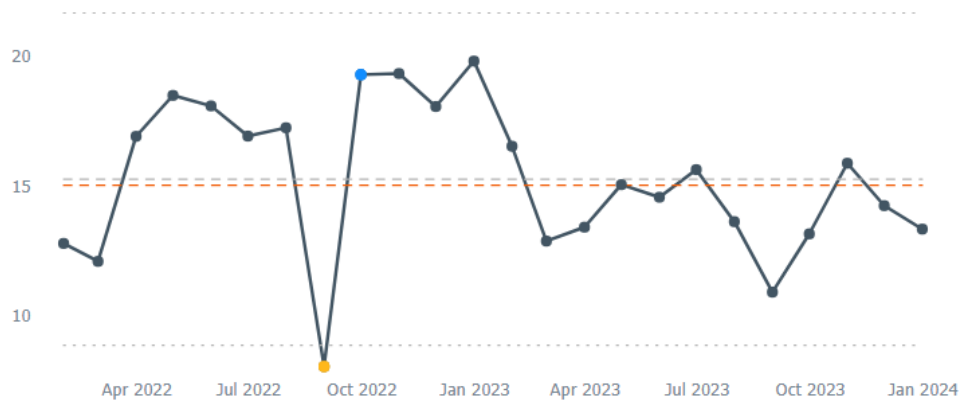
## Integrated Improvement Plan

This metric measures the number of responses to the maternity friends and family questionnaires and displays as a % of the total questionnaires sent.

### FFT Maternity Response Rate

Timescale	Value	SPC
Feb-23	16.5%	⊖
Mar-23	12.9%	⊖
Apr-23	13.4%	⊖
May-23	15.0%	⊖
Jun-23	14.5%	⊖
Jul-23	15.6%	⊖
Aug-23	13.6%	⊖
Sep-23	10.9%	⊖
Oct-23	13.1%	⊖
Nov-23	15.9%	⊖
Dec-23	14.2%	⊖
Jan-24	13.3%	⊖

### XMR Run Chart



### Understanding the most recent data point

#### Performance



13.3%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Response rates are typically low for FFT therefore only reflect a minority of women, birthing people and their families, and their experiences	Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience	Patient Experience Midwives	March 2024	<ul style="list-style-type: none"><li>This is a milestone within the Maternity and Neonatal Improvement Plan presented to Trust Board for approval in September 2023</li><li>The 2023/2024 work plan has now been finalised with next steps including walking the patch and 15 steps.</li><li>Feedback is being continually gathered through YVIH and FFT.</li></ul>

# Maternity Friends & Family Test: Recommended

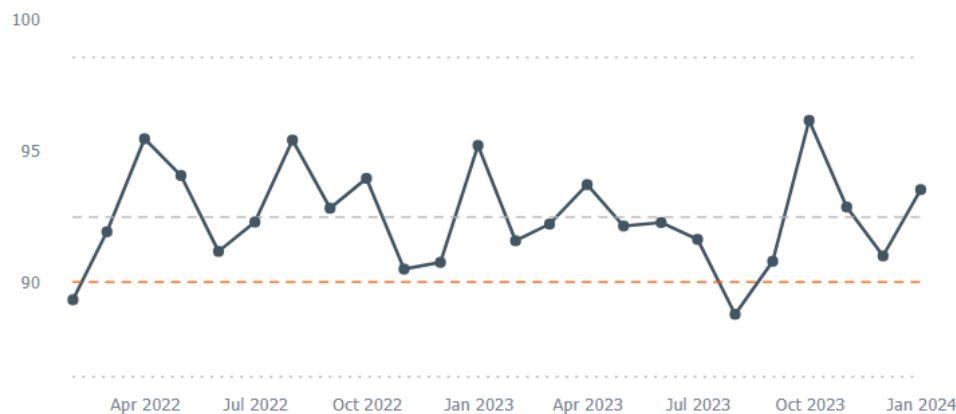
## Integrated Improvement Plan

This metric is a summary of all Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.

### FFT Maternity Recommended

Timescale	Value	SPC
Feb-23	91.6%	
Mar-23	92.2%	
Apr-23	93.7%	
May-23	92.1%	
Jun-23	92.3%	
Jul-23	91.6%	
Aug-23	88.8%	
Sep-23	90.8%	
Oct-23	96.2%	
Nov-23	92.9%	
Dec-23	91.0%	
Jan-24	93.5%	

### XMR Run Chart



### Understanding the most recent data point

#### Performance

93.5%



Variation indicates inconsistently passing and falling short of the target

#### Variation

Variation  
Flags



Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
The responses show 91.0% extremely likely or likely to recommend which is a decrease in month.	<p>PEM feedback to staff on a regular basis via personalised email and update posters on the units/community offices and in the monthly newsletter.</p> <p>The top 3 areas to improve are:</p> <ol style="list-style-type: none"><li>1. Communication and Information- the way things are explained in tone and what is happening- this is even across both sites</li><li>2. Staff Attitude- this has been seen more about the doctors and midwives on the PN ward at night at – across both sites</li><li>3. Quality of treatments (majority being about the Postnatal ward at WHH specifically)</li></ol>	PEM	Monthly	<ul style="list-style-type: none"><li>• There is now a PN steering groups which has led on from the discharge steering group to look at PN care</li><li>• Exploring a NIPE rota for midwives to increase the NIPES and speed up discharges.</li><li>• Redecoration of both units.</li><li>• There are now two Hubs on the wards- which are in 2 of the bays, this is to ensure and increase viability of the staff looking after the families in those bays.</li><li>• Increase in comments concerning the attitude and communication of doctors will be reported back to the lead consultants of each site.</li></ul>

# Maternity Friends & Family Test: Inpatient Recommended

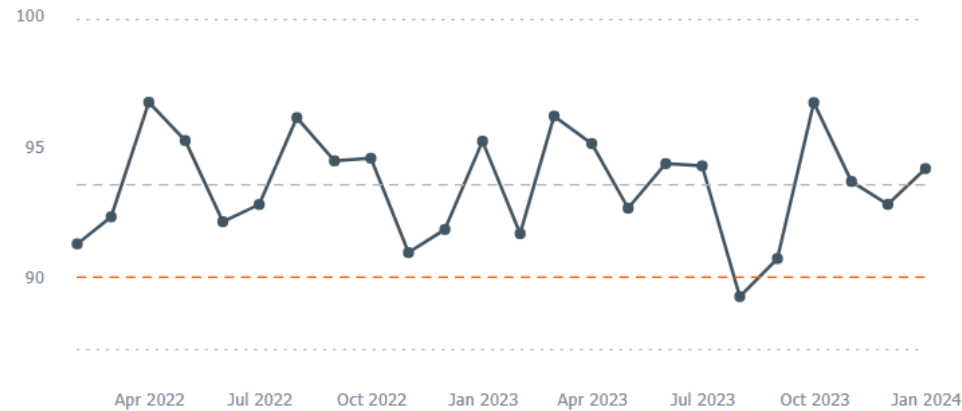
## Integrated Improvement Plan

*This metric is a summary of Inpatient Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.*

### FFT Maternity (IP) Recommended

Timescale	Value	SPC
Feb-23	91.7%	
Mar-23	96.2%	
Apr-23	95.1%	
May-23	92.6%	
Jun-23	94.3%	
Jul-23	94.3%	
Aug-23	89.3%	
Sep-23	90.7%	
Oct-23	96.7%	
Nov-23	93.7%	
Dec-23	92.8%	
Jan-24	94.1%	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



94.1%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
The responses show 94.1% extremely likely or likely to recommend which is a decrease in month.	<ul style="list-style-type: none"><li>Embedding in discharge process with the introduction of the new post natal discharge process .</li><li>Increase awareness via Maternity Voice Partnership</li><li>Include in Walking the Patch and standard work for the Discharge coordinators</li><li>Explore use of link to QR code</li><li>Matron worked clinically for 2 weeks in November to embed good practice.</li></ul>	Liane Ashley	December 23	This is a milestone within the Maternity and Neonatal Improvement Plan presented to Trust Board for approval in September 2023 LMNS undertaking further exploration of national data and opportunities to improve response rates

# Women's Health Staff Engagement Score

Integrated Improvement Plan

National annual staff survey results provided by Picker March each year.

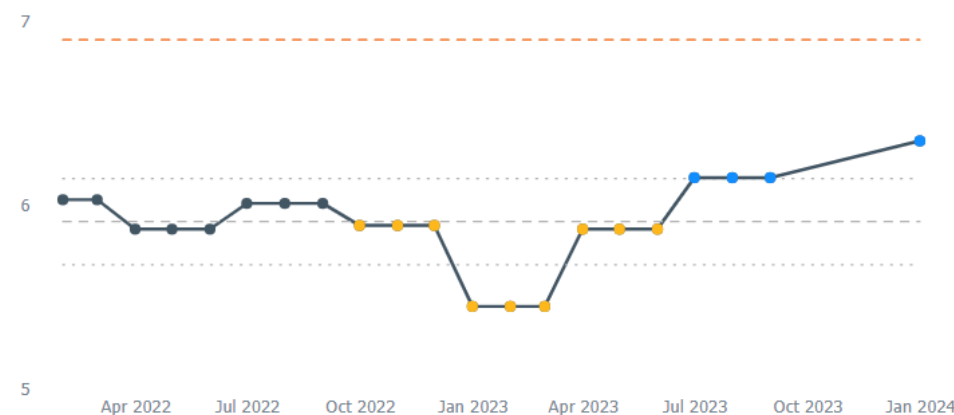
Staff engagement questions added to Staff Friends and Family quarterly surveys commencing March 2021.

9 questions in staff survey and replicated in quarterly staff FFT (3 x motivation, 3 x involvement and 3 x advocacy) which provide the overall engagement score.

## WH Engagement Score

Timescale	Value	SPC
Nov-22	5.89	
Dec-22	5.89	
Jan-23	5.45	
Feb-23	5.45	
Mar-23	5.45	
Apr-23	5.87	
May-23	5.87	
Jun-23	5.87	
Jul-23	6.15	
Aug-23	6.15	
Sep-23	6.15	
Jan-24	6.35	

## XMR Run Chart



## Understanding the most recent data point

### Performance



6.35

Variation indicates consistently falling short of the target

### Variation



Variation

Special cause of improving nature or lower pressure due to higher values

Flags

Astronomical Point  
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Opportunities for Staff Engagement	<ul style="list-style-type: none"> <li>• Introduction of " We Hear You " providing platform for feedback</li> <li>• Embedding Safety Champions Forum</li> <li>• Band specific Meetings /away days</li> <li>• Increase Appraisal rates and SMART objectives</li> <li>• Promoting Freedom to Speak Up Guardians and arrange dedicated walkarounds</li> <li>• Embedding retention conversations</li> <li>• Compassionate attendance at work conversations following absences</li> </ul>	Adaline Smith DDOM	March 24	Score survey results now available . Facilitated sessions are in progress sharing the results with the team , encouraging reflection and opportunities for improvement

## REPORT TO READING THE SIGNALS OVERSIGHT GROUP

**Report title:** Maternity and Neonatal Improvement Programme – Progress Report:

### Workstream 1 – Developing a positive culture

**Meeting date:** 12 March 2024

**Board sponsor:** Sarah Hayes, Chief Nursing and Midwifery Officer

**Paper Author:** Leane Jeffrey, Maternity Improvement and Transformation Programme Manager

### Appendices:

#### MNIP Workstream 1 Charter

#### Executive summary:

<b>Action required:</b>	Assurance														
<b>Purpose of the Report:</b>	The paper provides an update on progress against the priorities of Workstream 1 from the Maternity and Neonatal Improvement Programme														
<b>Workstream SRO:</b>	Andrea Ashman, Chief People Officer														
<b>Care Group Lead:</b>	Michelle Cudjoe, Director of Midwifery														
<b>Progress and successes:</b>	<p>There are <b>five</b> high level milestones (recommendations) within Workstream 1 – Developing a positive culture. Two of these are due to complete in Year 1, and three in Year 2.</p> <p>There are 17 deliverables (actions) across the five milestones, which set out <b>how</b> each milestone will be achieved. Progress made against the milestones and deliverables between June-December 2023 (Q1-Q3) is shared in the tables below. All work is either in progress and on track, or complete.</p> <p><b>Year 1 (2023/24)</b></p> <table><tr><th>Workstream 1 Milestones (Recommendations)</th><th>Status</th></tr><tr><td><b>Implementation of Inclusion and Respect Charter</b></td><td><b>On track</b></td></tr><tr><td><ul style="list-style-type: none"><li>Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member</li></ul></td><td>On track</td></tr><tr><td><ul style="list-style-type: none"><li>Alignment to Trust-level Inclusion and Respect Charter once published</li></ul></td><td>Complete</td></tr><tr><td><ul style="list-style-type: none"><li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li></ul></td><td>On track</td></tr><tr><td><b>Completion of the SCORE survey</b></td><td><b>On track</b></td></tr><tr><td><ul style="list-style-type: none"><li>Identified areas for quality improvement through gap analysis of SCORE results</li></ul></td><td>On track</td></tr></table>	Workstream 1 Milestones (Recommendations)	Status	<b>Implementation of Inclusion and Respect Charter</b>	<b>On track</b>	<ul style="list-style-type: none"><li>Cohesive team working and safe spaces based on common goals, and a shared understanding of the individual and unique contribution of each team member</li></ul>	On track	<ul style="list-style-type: none"><li>Alignment to Trust-level Inclusion and Respect Charter once published</li></ul>	Complete	<ul style="list-style-type: none"><li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li></ul>	On track	<b>Completion of the SCORE survey</b>	<b>On track</b>	<ul style="list-style-type: none"><li>Identified areas for quality improvement through gap analysis of SCORE results</li></ul>	On track
Workstream 1 Milestones (Recommendations)	Status														
<b>Implementation of Inclusion and Respect Charter</b>	<b>On track</b>														
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<ul style="list-style-type: none"><li>Values-based recruitment and achievement reviews inclusive of requirements for demonstrable adherence to Trust Values</li></ul>	On track														
<b>Completion of the SCORE survey</b>	<b>On track</b>														
<ul style="list-style-type: none"><li>Identified areas for quality improvement through gap analysis of SCORE results</li></ul>	On track														

Additional successes of Year 1 so far have been:

- MNIP coproduction and engagement events held in June 2023 and January 2024; feedback from both events has been extremely positive and underpins the 'positive culture' ethos of working better together
- Frontier Leadership – 'Strength of the Pack' – culture and leadership session focused on teamwork, and introduced the concept of 'followership'. Delegate feedback was very positive with self-identified learning to implement into daily practice
- Civility Saves Lives; two sessions delivered in May 2023 by external provider in addition to a local session delivered by HoM and Consultant Obstetrician about understanding the impact of our own behaviour on others. Further dates planned for B7 managers during 2024
- Band 7 Awaydays with focus on leadership and teamworking
- Matron Awaydays with focus on leadership and teamworking
- Procurement of coaching for Heads of Midwifery & Gynaecology
- Senior team attending 'Leading with Kindness' facilitated by external provider at a session arranged by CEO

## Year 2 (2024/25)

Workstream 1 Milestones (Recommendations)	Status
<b>Delivery of NHSI Culture and Leadership Programme (CLP)</b>	On track
<b>Delivery of Trust-level leadership development programme for those recruited into leadership posts</b>	
<ul style="list-style-type: none"> <li>• A programme based on nationally recognised workforce culture assessment tools / frameworks e.g. NHSI CLP</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Perinatal Quality Leadership Programme for Care Group Quad</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Alignment to Royal College of Obstetricians &amp; Gynaecologists (RCOG) Leadership and Management Framework</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Use of acquired skills and learning to demonstrate compassionate leadership and nourish a safe working environment</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Improved capacity of resources to deliver services due to improved workforce morale</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Implementation of the Trust-level Leadership Behaviours Framework once published; linked to a re-launch of the Trust values</li> </ul>	Complete
<ul style="list-style-type: none"> <li>• Wider workforce opportunities through statutory and mandatory training programme to include values and behaviours of leaders across the service</li> </ul>	On track
<ul style="list-style-type: none"> <li>• Embedded process and practice for managing behaviours that do not meet Trust values</li> </ul>	On track
<b>Structured escalation processes for raising concerns for the workforce and service users outside of clinical situations*</b>	On track
*Clinical escalation in Workstream 3 – Clinical pathways	



	<ul style="list-style-type: none"> <li>Freedom to Speak Up (FTSU) Guardians listen to, act upon and respond openly and effectively to concerns</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Workforce access to FTSU training</li> </ul>	On track
	<ul style="list-style-type: none"> <li>Clear, available and accessible processes of escalation for the workforce and service users</li> </ul>	Complete
	<ul style="list-style-type: none"> <li>Visible leadership and presence in the clinical setting</li> </ul>	
	<ul style="list-style-type: none"> <li>Evidence of 'you said, we did' in relation to staff concerns and patient concerns</li> </ul>	On track
	Submission of annual Freedom to Speak Up data is being progressed by the FTSUG and is due to be shared with the National Guardian's Office (NGO) in-line with their escalation criteria.	
<b>Risks and issues:</b>	<p>This workstream is on track and has exceeded expectations for Year 1 in what has been achieved however, we recognise that it takes considerable time to harness trust to lead a change a culture to reverse the impact of historical negative experiences. Therefore, improvements will take time to be reflected in every day practice.</p> <p>It should also be recognised that some measures such as the NHS Staff Survey, and CQC Maternity Survey are annual events so the results will always be reporting the previous year's position.</p>	
<b>Escalations:</b>	<b>There are no matters for escalation</b>	
<b>Key recommendations:</b>	<ol style="list-style-type: none"> <li>The Group is asked to familiarise itself with the content of this report, as it provides information about the MNIP, which answers questions being presented in many high-level forums such as Reading the Signals Oversight Group, Strategic Improvement Committee, Quality and Safety Committee and Trust Board.</li> </ol>	

<b>Links to 'We Care' Strategic Objectives:</b>	<ul style="list-style-type: none"> <li>Our patients</li> <li>Our people</li> <li>Our future</li> <li>Our sustainability</li> <li>Our quality and safety</li> </ul>
<b>Link to the Board Assurance Framework (BAF):</b>	BAF35 - There is a risk of failure to recruit and retain high calibre staff
<b>Link to the Corporate Risk Register (CRR):</b>	CRR118 – Organisational culture
<b>Link to the MNIP Risk Register:</b>	<p>MNIP RR1 - Workforce establishment and capacity might impact delivery of the milestones/recommendations in accordance with agreed timescales</p> <p>MNIP RR5 - Funding may not be adequate to deliver the full 3-year programme of work</p>
<b>Resource:</b>	Y. Programme Lead, Executive SRO, Senior Care Group Leads, milestone clinical Leads. Future requirements under constant review.
<b>Legal and regulatory:</b>	Y. Much of the work contained within MNIP addresses regulatory and mandatory requirements, as identified in the workstream charters.
<b>Subsidiary:</b>	N.

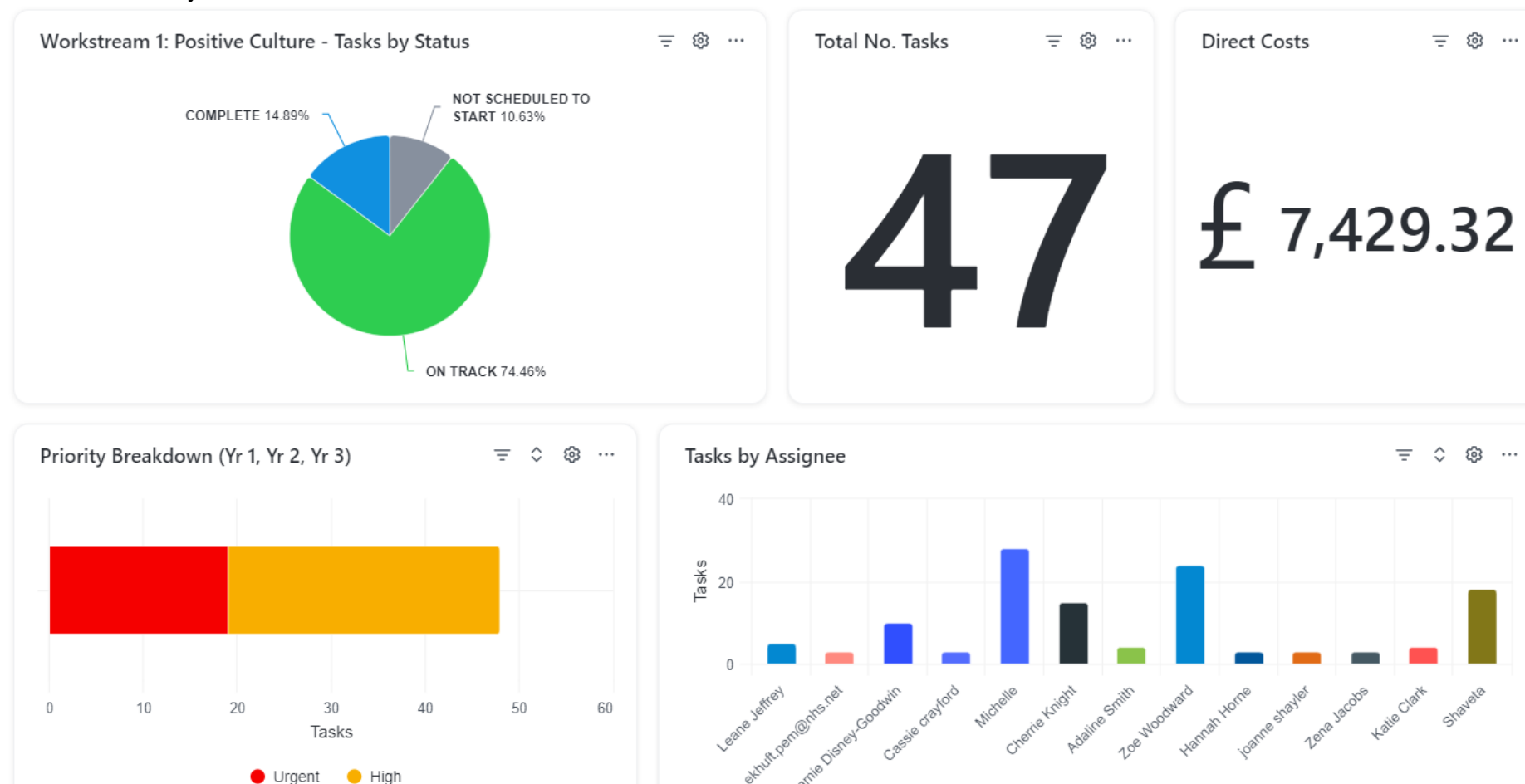
**Implications:**

**Assurance route:**

Previously considered by: *NHSI Maternity Improvement Advisor, Director of Midwifery*

## MNIP Workstream 1 – Positive culture - Dashboard

The MNIP deliverables are managed through productivity software called ClickUp. Within the five milestones and 17 deliverables of Workstream 1 are 47 tasks to complete; the progress against those tasks is presented in the ClickUp dashboard below. The dashboard also includes a sum of direct costs associated with the delivery of the workstream. At the bottom of the dashboard are bar charts to show how many tasks make up Year 1 / Year 2 MNIP priorities and how they have been allocated across the workforce.



### Priority key code

MNIP Yr. 1

MNIP Yr. 2

**Objective:** To build an inclusive culture where staff feel safe, valued, listened to and supported to deliver kind and compassionate, person-centred care

Associated Document: Reading the Signals, October 2022 – Dr Bill Kirkup CBE	
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High-level Milestones What?	Timeframes When?	Outcomes (objectives/improvements) Why?	Outputs (deliverables) How?	Progress Notes Updated 17/01/2024	Measurable Benefits (results) Our achievements will show through...	Current measure
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