London Borough of Enfield

Report Title	North Middlesex University Hospital Maternity Service- CQC Update
Report to	Healthy & Safe Communities Scrutiny Panel
Date of Meeting	27th November 2024
Cabinet Member	Cllr Alev Cazimoglu- Cabinet Member, Health & Social Care
Executive Director / Director	Tony Theodoulou, Executive Director, People
Report Authors	Heather Gallagher, Interim Director of Midwifery. H.gallagher@nhs.net Dhruv Rastogi, Divisional Clinical Director WCCD. d.rastogi@nhs.net
Ward(s) affected	All
Classification	Part 1 Public
Reason for exemption	N/A

Purpose of Report

1. The purpose of this report is to provide the Healthy & Safe Communities Scrutiny Panel an update on the actions taken in response to the Maternity Services Care Quality Commission (CQC) inspection in May 2023, carried out in at North Middlesex Hospitals. The report was received in December 2023, in which the service was rated inadequate for the domains of Safe and Well Led, following the focused review.

2. The Committee is asked:

a) To note the progress made on the actions taken in response to the CQC 'Must and Should Do' recommendations.

b) If it wishes to make any comments or recommendations in response to the report; and

c) if it considers that any further scrutiny of the issue is required (and to identify the focus and timescales).

Background

3. The Trust received 26 Must Do's and 8 Should Do actions from the CQC. The themes being;

    - Mandatory training and appraisal compliance
    - Lack of equipment
    - Failure to complete risk assessments
    - Staffing levels
    - Poor documentation. No digital IT system.
    - Medicines Management
    - Governance processes; management of risk, monitoring of performance, learning from incidents
    - Leadership
    - Lack of vision and strategy staff could articulate
    - Poor Culture
    - Engagement of the staff

4. Representatives of North Middlesex attended the Healthy & Safe Communities Scrutiny Panel meeting on April 24th 2024 to discuss the CQC findings and the actions being planned and taken to address them.

5. The maternity services were onboarded into NHS England's Maternity Safety Support Programme (MSSP) 29th July 2023 for intensive support, in response to the CQC report.

6. The MSSP maternity Improvement Advisor (MIA) began supporting the services on 1st March 2024. The MIA has been visiting monthly to offer on-going improvement support.

7. There are multiple streams of improvement work on-going; Obstetric Triage, Fetal Surveillance, Maternity Experience, Risk Assessment, Governance, Wellbeing and Culture. All the workstreams and action plans are being complied into one large overarching Perinatal Improvement Action.

Leadership and Culture

8. The Maternity Service has had a change in senior leadership, having been without a Divisional Director of Midwifery since July 2024; however, a new interim Director of Midwifery with significant maternity improvement experience has been appointed and started in post at the beginning of November. The CQC improvement workstreams have already been taken over by the Director of Midwifery.

9. Local perinatal leaders have attended the national Perinatal Cultural Leadership Programme, which incorporates service wide cultural assessment and supports targeted improvement activity.

10. New Professional Midwifery Advocates are supporting cultural improvement activities and wellbeing initiatives for staff. A suite of cultural improvement training has been and continues to be offered; bystander training, incivility training etc.

11. Further work is planned around fostering psychological safety for staff, working collaboratively with Freedom to Speak Up Guardians and the Maternity and Neonatal Safety Champions through their engagement activities. The service is exploring options for a dedicated Freedom to Speak Up Guardian for maternity services, in additional to existing Trust-wide roles, to further embed a culture where staff feel able to speak up when they have concerns. The role would provide confidential advice and would support staff to raise concerns and with closing the loop ensuring that concerns raised are handled effectively and timely.

12. A communication strategy has been developed and implemented to improve staff engagement, feedback and staff involvement in co-designing improvements.

Equipment

13. There are improved processes in place for monitoring equipment. Additional Dawes Redman CTGs have been purchased and a full new digital 'Badgernet' IT maternity and neonatal electronic patient record (EPR) system is being procured with expected early 2025 roll out, this will enable improved data quality and access, improve the services ability to audit at pace, and better monitor performance and compliance than mixed paper and electronic systems.

Midwifery Staffing

14. A Birthrate Plus (BR+) establishment review was commissioned and completed. The Trust has the funded establishment for more midwives than the BR+ review recommended for clinical activity, this allows support to the improvement journey and enables additional training.

15. There is an improving position for midwifery recruitment and key specialist midwifery posts have been agreed and are being recruited to.

16. Midwifery red staffing flags are more effectively monitored such as 1 to 1 care in labour. The Birthrate Plus acuity tool/app is being purchased to allow improvements to real time monitoring of clinical activity and therefore staffing requirements across the inpatient areas. The tool will also allow more robust recording and monitoring of delays in care and mitigation. The service has implemented daily staffing huddles, clear escalation policies in place and

17. Some key specialist midwifery posts remain interim or vacant due to still being recruited to. Challenges around some difficulty in recruitment for some specialist posts needed in the improvement journey.

Governance

18. The Director of Midwifery is currently reviewing the maternity governance structure, processes, key performance indicators, reporting and risks within the service. There are plans for a deep dive into governance, the MSSP have advised that this is undertaken once the post of Lead Midwife for Quality and Safety is appointed and in post. This new post reflects best practice standard as per Ockenden and the Maternity Safety Self-Assessment Tool.

19. A reconfigured maternity Board meeting has been introduced which is chaired by the Chief Nursing Officer and reports directly to the Board on delivery of the Trust's CQC actions, to ensure improvement actions are embedded as business as usual. The Board includes oversight and monitoring of the CQC actions, key performance indicators and risks within the service, ongoing audits of completed improvement actions, triangulating feedback from complaints, incidents, compliments and service user feedback through Maternity Voices Partnership (MVP) and Safety Champion to ensure actions delivered have the required impact on patient safety and experience, progress against recommendations from external reports e.g. Ockenden and CQC, impact of the Perinatal Cultural Leadership Programme and cultural improvements, GEMBAs, progress against the Clinical Negligence Scheme for Trusts maternity incentive scheme, or any reports provided by the Local Maternity System

Maternity and Neonatal Voices Partnership (MNVP)

20. A new chair of the local Maternity and Neonatal Voices Partnership (MNVP) has been appointed following a vacancy. The chair is proactively working alongside the maternity services in seeking and hearing women's voices and experiences, and using feedback to inform, shape and improve services and the experiences of women and families.

21. The service is beginning to triangulate women and families feedback from complaints, incidents, compliments and now service user feedback through the MNVP. Embedding women's and families feedback within everyday business is integral to the perinatal improvement plan and sustainability of improvement.

Perinatal Improvement Action Plan

22. The CQC action plan contains detailed description of the improvement activities that are taking place. This plan is monitored by the Senior Quadrumvirate in a weekly meeting and there is dedicated project management support to capture the evidence to support completion of the actions.

23. The Chief Nurse is sighted on progress through attendance at the weekly meeting and is in contact with the CQC to update on continued improvements. Progress against the Maternity CQC action plan continues. The newly appointed Director of Midwifery is currently reviewing the CQC action plan and evidence being collected, ensuring any challenges and risk of slippage have mitigations put in place along with a trajectory for recovery.

24. A wider perinatal improvement plan is currently drafted, this is to support further ongoing improvements which are wider than the CQC actions, to ensure progress against national recommendations from external reports e.g. progress against the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (MIS), Saving Babies Lives, MBRRACE perinatal mortality as examples. This will aid sustainability in the maintenance of improvement and to become business as usual.

25. Progress of the perinatal improvement plan will be monitored by the MIA until the MSSP are assured of continued progress and delivery.

26. MSSP Bi-monthly progress reports are provided by the MIA to the Trust executives, Deputy Chief Midwifery officer for England for Quality, Safety and Improvement, the Regional Chief Midwife and Obstetrician, Integrated Care Board Chief Nurse and Local Maternity and Neonatal Senior Responsible Officer.

27. The exit criteria for the MSSP are yet to be agreed.

28. In summary, Maternity Services have progressed against the Should and Must Do CQC actions, with notable advancements in leadership, cultural improvement, staffing, governance, and patient engagement. The appointment of an experienced interim Director of Midwifery and enhanced cultural initiatives, such as bystander and incivility training, have supported staff well-being and a positive workplace culture. Improvements in equipment procurement, including Dawes Redman CTGs and the planned rollout of the digital EPR system, are addressing documentation and performance monitoring issues. Governance has been strengthened with the introduction of a Maternity Board chaired by the Chief Nursing Officer, ensuring oversight of action plans and embedding improvements into business as usual. Enhanced engagement with the Maternity and Neonatal Voices Partnership demonstrates a commitment to integrating patient feedback into service development. While challenges such as specialist midwifery recruitment remain, the structured Perinatal Improvement Action Plan and ongoing support from the Maternity Safety Support Programme ensure continued progress and sustainable improvements across the service.

Report Authors: Heather Gallagher
Interim Director of Midwifery
h.gallagher@nhs.net

Dhruv Rastogi
Divisional Clinical Director
WCCD
d.rastogi@nhs.net

Appendices

n/a

Background Papers/ Published documents referred to in compiling this report

RAPNM North Middlesex University Hospital

Departmental reference number, if relevant: