



## **'To Follow' Agenda Items**

**This is a supplement to the original agenda and includes reports that were initially marked as 'to follow'**

### **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday 24 October 2024

**Time:** 9:30am

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

**Scrutiny and Audit Support Officer:** Adrian Mann

**Direct Dial:** 0115 876 4353

#### **Agenda**

#### **Pages**

**4 Nottingham University Hospitals NHS Trust - Inclusion**  
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## Health and Adult Social Care Scrutiny Committee 24 October 2024

### Nottingham University Hospitals NHS Trust - Inclusion

#### Report of the Statutory Scrutiny Officer

#### **1 Purpose**

- 1.1 To scrutinise how the Nottingham University Hospitals NHS Trust's (NUH's) Workforce Inclusion Strategy has been embedded and the progress made in ensuring that NUH is a safe, inclusive and open environment for patients and staff, as part of the wider work to bring about improvements in Maternity Services.

#### **2 Action required**

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to NUH's report on its embedding of the Workforce Inclusion Strategy and the ongoing work to improve the patient experience within Maternity Services; and
- 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

#### **3 Background information**

- 3.1 In December 2020, the Care Quality Commission (CQC) published an inspection report that re-rated the maternity services provided by NUH from 'Requires Improvement' to 'Inadequate'. In September 2021, the CQC then published an additional report giving an overall position of 'Requires Improvement', but with an 'Inadequate' rating for whether services were well-led. NUH representatives attended a number of Committee meetings during this period. The Committee also heard from the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (as the then local commissioner) and, separately, gathered additional evidence from NHS England and the Trade Unions representing NUH employees.
- 3.2 The CQC carried out a return inspection in March 2022 and the Ockenden Maternity Review was established by NHS England in May 2022 to consider all cases of serious and potentially serious concern within NUH maternity services. The NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) submitted a report to the Committee meeting on 15 September 2022 (as the new local commissioner) to set out the details of the assurance and oversight arrangements that it had put in place. The NHS Nottingham and Nottinghamshire Integrated Care System (ICS) also provided its overarching perspective. As a result of concerns raised by the Committee in relation to the

CQC's identification of a culture of bullying and potential racial discrimination, NUH representatives attended the Committee meeting on 16 February 2023 to discuss the steps being taken to ensure a safe and inclusive workplace.

- 3.3 The CQC carried out a further inspection in April and June 2023. NUH representatives attended the Committee's meeting on 16 November 2023 to present the key findings of these inspections, the action being taken and the future next steps. An outcome of the discussions was that the Committee requested further information on the development of the new Workforce Inclusion Strategy, which was brought to the Committee meeting on 15 February 2024 – where the Committee explored with NUH how the Strategy would approach overcoming barriers in the context of intersectionality, grow inclusivity in the context of gender identity and develop positive action initiatives.
- 3.4 Following its engagement with the Committee at its meeting on 15 February 2024, NUH has provided a new report as an update on how the Workforce Inclusion Strategy has been implemented to date and how it is being embedded. An update is also included on the current progress and improvement within Maternity Services, in the context of the recommendations made by the Committee at its meeting on 16 November 2023 and the ongoing Ockenden Review.
- 3.5 Although the Committee is not directly scrutinising the activity of the Council, this item does relate to the partnership delivery of the 'Living Well in Our Communities' and 'Serving People Well' outcomes of the Strategic Council Plan.

#### **4 List of attached information**

- 4.1 Report: Creating a safe and inclusive workplace at NUH - an update on progress
- 4.2 Appendix 1: Progress from the 2023 CQC inspection and the Independent Maternity Review

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 None

#### **6 Published documents referred to in compiling this report**

- 6.1 [NUH CQC Inspection Reports](#)
- 6.2 [The Ockenden Maternity Review](#)
- 6.3 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny meetings held on:
  - [14 January 2021](#)

- [15 July 2021](#)
- [11 November 2021](#)
- [13 January 2022](#)
- [17 February 2022](#)
- [17 March 2022](#)
- [19 May 2022](#)
- [15 September 2022](#)
- [15 December 2022](#)
- [16 February 2023](#)
- [16 November 2023](#)
- [15 February 2024](#)

## **7 Wards affected**

7.1 All

## **8 Contact information**

8.1 Adrian Mann, Scrutiny and Audit Support Officer  
[adrian.mann@nottinghamcity.gov.uk](mailto:adrian.mann@nottinghamcity.gov.uk)

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**Title: Creating a safe and inclusive workplace at Nottingham University Hospitals NHS Trust (NUH) – an update on progress**

**Report for: Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date: 24 October 2024**

**Report prepared by: Clive Clarke, Director of Inclusion and Dr Elizabeth Calderbank Senior PMO and WRES Expert at Nottingham University Hospitals NHS Trust**

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## 1. Introduction

In February 2024, we presented a report to the Committee outlining the ongoing work to improve the culture at NUH, including the experience of staff and patients from different backgrounds.

The Committee made the following recommendations.

## You Said, We Did (Scrutiny Committee)

We have reviewed the recommendations made by the Nottingham City Council Health and Adult Social Care Scrutiny Committee and based on feedback provided, we've acted upon it...

### You said...

1. To request that the Workforce Inclusion Strategy's (WIS) Inclusion Maturity Matrix is circulated to members, for information
2. To request that case studies and representative individual feedback are used as part of future reporting on the WIS, to illustrate how it is progressing and being delivered.
3. To recommend that the WIS makes clearer reference to the importance of intersectionality and the detail of the particular communities from which NUH staff are drawn, and how overcoming barriers to full inclusivity and belonging will be approached on an appropriately individualised basis
4. To recommend that the WIS further draws out what inclusivity and belonging means to NUH in terms of gender identity.
5. To recommend that the NUH Board is able to review the metrics and feedback from staff on how the WIS is being implemented and delivered on a suitably regular basis.
6. To recommend that appropriate positive action continues to be developed with disadvantaged communities within Nottingham to show that NUH is an accessible and inclusive local employer, with employment opportunities available across a wide range of areas.

### In response to this, we did...

1. We circulated the WIS to the committee members as requested.
2. Please refer to the figure on page 2 within this report.
3. We incorporated intersectionality in the WIS and we are working to develop and share staff stories and journeys that highlight how intersectionality has shaped individuals' experiences, both positive and negative, within the Trust. These stories will be promoted through various communication channels to enhance awareness and understanding.
4. Since February 2024, significant work has been carried out through initiatives, collaborations, and education programs led by the NUH LGBTQIA+ Network, with the aim of fostering a more inclusive and supportive environment for all staff and patients, particularly around gender identity and expression.
5. We have developed the first draft of the inclusion Performance and Assurance dashboard that will be presented at the People and Culture Committee and People Management Committee on 18<sup>th</sup> October.
6. Please refer to the update provided for priority No. 4 of the seven Board priorities on page 3.

Following extensive engagement and consultation, the NUH Trust Board signed off the Workforce Inclusion Strategy (WIS) in January 2024. This paper provides an update on delivery of the WIS.

The 2024-25 WIS priority areas are as follows:

1. Embed the WIS implementation plan (Inclusion Maturity Matrix)
2. Deliver the seven Board priorities
3. Design and roll out the Inclusion Ambassadors programme, recruit and train ambassadors and support them
4. Relaunch the existing inclusion staff networks (BAME, LGBTQ+, Staffability (disability)), and launch two new networks: Neurodiversity network and the Women's network by May 2024, including the development of a work program
5. Develop and implement the inclusive maternity work programme

Data and feedback show that the culture at NUH is improving, as demonstrated by the latest National Staff Survey results, recent CQC inspections ratings (improved rating for well-led) and national mandated standards reports, such as the Workforce Race Equality Standards, Workforce Disability Equality Standards and Gender Pay Gap.

## 2. WIS progress update

As a result of the 2024-25 WIS work programme, we have seen some positive changes:

# How's it feel to work here?

- NHS Staff Survey
- Workforce Disability Standard
- Workforce Race Standard
- Gender Pay Gap
- Freedom To Speak Up Guardians
- Compliments, Complaints, Concerns

**Positive results and sustainable improvements**, which recognised our **progression in leadership and culture**, while also **improving the ratings for our maternity services**

**Freedom to Speak Up Guardian**  
 www.nhs.uk/freedom-to-speak-up

**Your voice matters**

My voice was heard and I wasn't invalidated for speaking about how I have been made to feel in this environment. I have been made to feel in this environment.

The Guardians were wonderful and their kindness a great support to navigate an extremely difficult time. It was so important to be heard and believed

Fantastic service, make you feel relaxed from the get go, I felt they went the extra mile to help me gather information for my current problems.

It made me feel valued worthy, believed and that I had a voice

### Inclusion for All

*Everyone is Welcome Here Campaign*

Everyone is welcome here.

*An open letter from Chief Executive Anthony May*

Our colleagues come from more than 130 different countries and bring a wealth of knowledge, experience and skills.

These colleagues contribute to every aspect of our services. These colleagues book appointments, greet patients, deliver meals, provide care, keep us safe through our security services and they are an intrinsic part of the leadership and operational management of the Trust...

The average hourly pay gap is now **20.7% (£4.76)**, a decrease in the average hourly pay gap on the previous year by 1.83%

• NUH is representative of the community it serves 26.3% of the workforce are from a BME background.

• Positive outcome for 8 out of 9 indicators.

• Third year in a row we see a reduction in both BME and White staff reporting experiencing harassment, bullying or abuse - NUH remains below the Midlands and national percentages in this category.

WRES Indicators		2023	2022	2021	2020	2019	Performance
Indicator	Year	2023	2022	2021	2020	2019	
Indicator 1: Percentage of BME staff in each of the Agency for Change (AC) bands 2 and 3 (Senior Manager/OD) including Executive Board members (compared with the percentage of staff in the overall workforce)	Overall	21.94%	21.53%	26.6%	26.6%	26.6%	✓
	White	7.2%	6.2%	13.2%	13.2%	13.2%	✓
Indicator 2: Relative likelihood of white applicants being appointed from shortlisting across agencies compared to BME applicants	White	0.78	0.71	0.54	0.54	0.54	✓
Indicator 3: Relative likelihood of BME staff entering formal disciplinary process, as measured by entry into formal disciplinary management	BME	1	0.54	1	1	1	✓
Indicator 4: Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	White	1	1.3	1	1	1	✓
Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public, in the last 12 months	BME	24.6	31.8	31.1	27.5	27.5	✓
	White	23.9	28.8	27.4	24.3	24.3	✓
Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.5	26.3	29.1	24.8	24.8	✓
	White	22.2	26.2	23.8	22.3	22.3	✓
Indicator 7: Percentage of staff reporting that the organisation provides equal opportunities for career progression or promotion	BME	47.3	58.0	46.7	47.9	47.9	✓
	White	47.2	56.2	56.0	56.7	56.7	✓
Indicator 8: Percentage of staff who have experienced discrimination at work from their manager, team leader or other colleagues in last 12 months	BME	17.0	22.8	19.5	17.9	17.9	✓
	White	6.0	7.9	6.5	6.3	6.3	✓
Indicator 9: BME Board membership	BME	22%	0%	22.0	22.0	22.0	✓

- ✓ The 2024 Workforce Race Equality Standard (WRES) report shows a positive outcome for eight out of nine indicators. The workforce at NUH is representative of the communities we serve
- ✓ For a third year in a row we have seen a reduction in both BME and white staff reporting experiences of harassment, bullying or abuse. NUH remains below the Midlands and national averages in this category



- ✓ The Workforce Disability Standard report shows improvement in most indicators
- ✓ The 2024 Gender Pay Gap report shows that the average hourly pay gap is now 20.7% (£4.76), a decrease on the average hourly pay gap on the previous year by 1.83%
- ✓ We hosted the second Inclusion Conference in May 2024 and formally launched the WIS. 200+ delegates attended and we received positive feedback from delegates.

We have also aligned our strategic priorities and internal reporting and assurance to the Board Assurance Framework and Integrated Performance Report. This has improved visibility of progress at Board level, as well as the risks to delivery, giving a single strategic framework for decision-making.

### 3. WIS priorities progress (Q1 and Q2)

#### Priority 1. Embed the WIS implementation plan (Inclusion Maturity Matrix) by the end of 2025

100% take up of inclusion objectives by six clinical divisions and the Estates and Facilities management.

#### Priority 2. Deliver the seven Board priorities by the end of 2025

The seven Board priorities were launched following a request from Chief Executive Anthony May at the Black History Month event in October 2023. This request was made to expedite the implementation of the WIS and improve the culture at NUH as a priority.

The seven Board priorities are:

- ✓ Agreement in principle that current capacity is maintained. **Achieved**
- ✓ Embed the Inclusion Maturity Matrix (IMM) model. **Embedded in clinical areas and Facilities and Estates**
- ✓ Establish a shadow Board within Digital Services. **Achieved**
- ✓ By March 2025, send the interview questions in advance to all candidates at the discretion of the appointing manager. **Achieved**
- ✓ Increase the number of people applying to be participants for the Nursing and Midwifery Midlands Aspirant Leaders Programme. **Continues**
- ✓ By March 2025, all direct reports (people who report to the Executive team) to have an inclusion objective. **Ongoing – all Executives Directors now have an inclusion objective**
- ✓ Agreement in principle of the development and implementation of an action plan, in collaboration with the Widening Participation team. **Being undertaken**

#### Priority 3. Design and roll out the Inclusion Ambassadors programme, recruit and train ambassadors and support them

NUH now has 84 Inclusion Ambassadors across all divisions. Three cohorts of training have been delivered.

**Priority 4. Relaunch the existing inclusion staff networks (BAME, LGBTQ+, Staffability (disability)), and launch two new networks: Neurodiversity network and the Women's**

- Five staff networks are now in place. Two new networks launched this year - the Women's network and Neurodiversity network
- We developed an annual plan of work for the REACH, LGBTQIA+ and Staffability networks
- Conducted a consultation and engagement process to rebrand the BAME network from August to October 2024. The network has been renamed to REACH (Race Ethnicity and Cultural Heritage)
- Call for greater intersectional collaboration between networks, supported by all chairs and co-chairs with the first intersectional meeting hosted on 25 September
- Neurodiversity and the Staffability networks hosted sessions from Working Well East Midlands in July and August 2024 to support employees in need of adjustments. This will run co-currently with the Access to Work Scheme
- Network chairs offered diverse expertise and voices in enhancing decision making by participating in the Senior Leadership Forum and Sexual Safety Task and Finish Group
- LGBTQIA+ network delivered education sessions to the Trust Leadership Team and Surgery division's people committee with an ask to support NUH's commitment to be inclusive for the queer community
- Neurodiversity network and the University of Nottingham conducted research projects to support neurodiverse staff at NUH in August 2024
- Project support officer/admin officers promoted the networks at divisional study days, Trust events and engagements

**Priority 5. Develop and implement the inclusive maternity work programme by April 2025**

The inclusive maternity work programme was launched in September 2023. The programme objectives were developed following a review of national maternity reports relating to equality diversity and inclusivity, local intelligence through patient experience data, Whose Shoes events and feedback from the ongoing Independent Review of Maternity Services.

Objectives	Key initiatives launched
1. Improving interpreting services and accessibility in maternity	<ul style="list-style-type: none"> <li>• CardiacMedic and Pockettalk pilot extended to Urdu</li> <li>• Maternity linguistic group now in place</li> <li>• Bilingual antenatal classes - early feedback from booking enquiries suggests a community class is more accessible</li> <li>• Awaiting approval to launch Good Things Foundation initiative, which will allow NUH to become a data hub where women can access data SIM cards</li> </ul>
2. Develop cultural awareness training for the maternity workforce	<ul style="list-style-type: none"> <li>• One hour introduction into cultural awareness being delivered on existing mandatory IMPACT training (cultural awareness) day for midwifery and maternity support workers. All IMPACT days have now been completed. A regional event was rolled out on 7 October</li> </ul>
3. Increasing engagement with BME + GRT groups with a view to expand to all protected characteristics	<ul style="list-style-type: none"> <li>• Established proactive programme of community engagement events. The first event was held with the Muslim Women's Network, which was positive and enabled discussion regarding birth experiences and service improvement. The next one is planned with the Mojatu Foundation, which is a charitable incorporated organisation that works to empower and support Black, Asian and minority ethnic (BAME) communities in Nottingham at risk from ongoing prejudice</li> </ul>

	<ul style="list-style-type: none"> <li>• Specialist clinics, including support for diabetes and female genital mutilation, are being moved from our hospitals into the community to improve attendance and access</li> <li>• Maternity and Neonatal Voices Partnership engagement lead for NUH has commenced in post and working collaboratively with the inclusive maternity team</li> </ul>
4. Increase diversity in the workforce at all levels	<ul style="list-style-type: none"> <li>• Family Health EDI action plan in development focused on addressing bullying, harassment, racism and discrimination, inclusive leadership, equal opportunities and facilitating social mobility through the communities that we serve</li> <li>• Ongoing collaborative work with universities</li> <li>• Our recruitment of midwives from global majority communities has increased</li> </ul>
Next Steps:	<ul style="list-style-type: none"> <li>• Work towards on call interpreting model</li> <li>• Launch Inclusive Maternity Study Day</li> <li>• Continued programme of engagement</li> </ul>

#### 4. Conclusion

The WIS work programme is a major contributor to help NUH create a culture where staff, patients and the communities we serve feel safe, supported and included, where diversity is valued and where staff have equal access to opportunities.

This year NUH launched a new set of values (Kind, Inclusive, Ambitious, One Team), which was followed by a wide ranging campaign ([Everyone is welcome here](#)) to recognise and celebrate the diverse workforce at NUH.



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**Title: Progress from the 2023 CQC inspection and the Independent Maternity Review**

**Report for: Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date: 24 October 2024**

**Report prepared by: Tracy Pilcher, Chief Nurse and Hannah Lomas, Head of Quality Assurance and Compliance at Nottingham University Hospitals NHS Trust**

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## **1. Purpose**

To review the progress from the Care Quality Commission (CQC) inspection of maternity services at Queen's Medical Centre and Nottingham City Hospital on 25 and 26 April 2023 and inspection of the 'well-led' question assessing leadership, culture and governance.

To review progress and improvement to date with the Independent Maternity Review, expected timescales and oversight arrangements.

## **2. Progress against the Trust-wide 'must-do' to ensure that it complies with its statutory responsibilities for duty of candour**

When reviewing performance against statutory duty of candour (DoC), the CQC found that the Trust was not consistently meeting the timescales of both verbal and written disclosure creating 'a risk of potential fines, patient dissatisfaction, and negative publicity.'

Since then a Trust-wide duty of candour improvement action plan has been underway with a total of nine actions to improve the quality of interactions with patient, families and carers and ensure an open, honest and transparent approach to engaging with patients, families and carers, particularly when care does not occur as planned. This is overseen at the Trust-wide Quality, Safety and Oversight Group and Quality Assurance Committee.

There has been clear progress against individual actions in the DoC action plan, however Q3 KPIs and quality audits have identified complexities and variability in Divisional support and oversight which is causing delays in the delivery of timely statutory DoC. Six of the nine actions on the plan are assessed as providing high or very high assurance and there are two actions rated as medium demonstrating that gaps in assurance remain. One remaining action has been stood down.

### **3. Timetable for monitoring and updates is agreed with NUH to provide assurance:**

#### **3.1 The progress made towards achieving an overall 'Good' rating for maternity services from the CQC within the next 3 years;**

Progress continues to achieve the 'Good' rating in the next 3 years and sustain the improvements made in 2023 when all warning notices and conditions on the Trust's provider license were removed. Since then, the CQC undertook an unannounced inspection of maternity services on 18 June 2024 at the Queen's Medical Centre and on the 19 June 2024 at the City Hospital. Subsequent follow up visits also occurred on both sites on 3 July 2024.

The verbal feedback after inspection site assessments found there were no immediate safety concerns raised by the CQC.

A comprehensive action plan has been provided to the CQC that specified immediate actions taken and subsequent follow-up actions that need to be completed. This action plan will be monitored and overseen monthly by the new Perinatal Improvement, Assurance and Oversight Group internally, which reports to the Quality Assurance Committee.

A draft report is expected from the CQC towards the end of the calendar year.

#### **3.2 The outcomes of the planned further improvements to patient experience within maternity services over the next 12 months**

A number of projects have been underway to improve patient experience within maternity services. This includes:

- A re-launch of the Home Birth service which continues to experience good engagement - there have been 25 Homebirths and eight intrapartum transfers (NUH in 2023 supported a total of 11 births) since March 2024
- A new quality improvement project to develop a clear pathway for women leaving NUH with complex wound care
- Numerous engagement developments working with underrepresented communities through the Inclusive Maternity Work Programme
- Investment in new digital health records allowing women to access their maternity notes on a tablet phone or PC at any time
- New fetal medicine unit opened providing women and families with personalised care in a purpose-built facility

In addition to this, a deep dive review has been commissioned into community services to review current systems and processes, with a view to understand

how the service is currently operating and make recommendations of sustainable improvements led by those impacted, the clinical workforce.

### **3.3 The development of the current Maternity Improvement Plan into a live system of continuous improvement over the next 12 months.**

The NUH Maternity Improvement Programme has been functioning under phase 2 since April 24. Phase 2 aims to improve the quality, safety and experience of maternity services by concluding the original action plan, whilst developing a culture of continuous improvement where opportunities for learning and improvement are identified and progressed. This will be provided by mechanisms which support robust service insight including the maternity dashboard, operational performance, the maternity QRS framework and national improvement priorities.

As of 30 September 2024, there are 26 ongoing projects spread across four different pathways; Service redesign and safe practice, governance, culture and engagement and workforce development. Progress against each of these projects is overseen and monitored at the MIP DLT and through the recently established Perinatal, Improvement, Assurance and Oversight Group (PIAOG). Any escalations or concerns raised would be escalated to the Trust's Quality Assurance Committee (QUAC).

#### **4. To recommend that further support is provided to staff to ensure that they have the skills and capacity to engage effectively with patients in writing in relation to any problems or complaints, following their discharge from hospital.**

Additional resource has been added to the maternity team to address complaints in a timely manner, particularly those received via the independent review.

NUH is participating in an NHS England project to pilot the Maternity and Neonatal Independent Senior Advocate role which is hosted by the Nottingham and Nottinghamshire ICB. This role helps make sure women and families' voices are listened to, heard, and acted upon by their care teams after experiencing adverse outcomes in maternity and/or neonatal care.

The maternity service is also expanding the listening service for birth planning and birth reflections with the introduction of a Family Liaison Officer to address any issues or complaints locally, reducing escalation to formal complaint processes.

- 5. To recommend that the learning and improvement within maternity services in terms of the duty of candour, addressing complaints, workplace culture, and equality, diversity and inclusion are applied effectively to all other services provided by NUH, as appropriate.**

A quarterly review of the Trust's claims scorecard alongside incident and complaint data is undertaken and discussed with the maternity service. Analysis of 2023-24 scorecard and quarter 1 data has highlighted key themes, learning and a high level summary of actions against key learning. Further review and discussion is also discussed via the Safety Champions meeting to identify improvement needs and support prioritisation.

Learning and improvement projects for maternity is covered within the duty of candour Trust-wide action plan. Projects to improve workplace culture and equality diversity and inclusion are central to the Inclusive Maternity Work Programme.

- 6. To recommend that the effectiveness of standard operating processes (such as regular equipment testing and the proper storage of expressed breast milk and medication) should not be overlooked as part of the wider improvement journey.**

Regular equipment testing has been strengthened by regular spot checks to ensure compliance is monitored and there is oversight by the daily co-ordinator and Matron following the 2024 CQC inspection. Further improvements are planned by building in more routine critical safety checks via quality reviews, quality visits and audits involving a range of multi-disciplinary colleagues to ensure there is a wide breadth of learning and improvement.

In May 2023, digilocks were placed on all milk storage fridges to ensure formula and breast milk is safely stored. In addition to this, a fridge temperature instruction standard operating procedure (SOP) has been developed alongside spot checking sheets used by staff. Oversight of the checks are reported through the directorate performance report into the Infection, Protection Control Committee (IPCC) to ensure any escalations are made and support is provided if needed.

- 7. To recommend that the cultural improvements achieved in engaging internally with staff must also be replicated in the engagement with patients, to ensure that they feel safe and able to speak out if needed.**

The Inclusive Maternity Work Programme promotes inclusivity within maternity services, by recognising and respecting the diverse needs and experiences of women/birthing people, staff and the communities to be able to reduce Health Inequalities and make maternity services inclusive by 2025. The Culture and Engagement work pathway aims to create opportunities for the voices of women,



families and staff from all backgrounds to be heard and their ideas to be shared. The projects underway in this pathway promote inclusivity and a sense of belonging, physical and psychological safety and mutual respect and kindness in a service that commits to listen, and to collectively own and respond to issues and feedback raised.

A one hour introduction into cultural awareness has been delivered on existing mandatory IMPACT training day for Midwifery and Maternity Support Workers. Positive feedback evaluation of the one hour session along with multiple requests to extend the training has allowed the approval of a one full day Cultural Awareness training day. Representatives from Maternity Neonatal Voices Partnership (MNVP) and community engagement from women will also help to shape the content.

#### **8. To review progress and improvement to date with the Independent Maternity Review, expected timescales and oversight arrangements.**

The Independent Maternity Review (IMR) was established in September 2022 following preparatory work, including the development of Terms of Reference (ToR) and early engagement with families and NUH from June 2022. It is led by Donna Ockenden as the independent Chair supported by a multidisciplinary team, including clinicians and administrators. The final report is expected to be published in September 2025 with cases being accepted into the review up to the end of May 2025.

Systems and processes within NUH were established to collate and transfer patient and corporate data to the external IMR team. This commenced in February 2023 and continues with regular refreshes to the cases identified via the 'open book' process and requests for supplementary information from the clinical review team.

As at 16 October 2024 the NUH IMR team have processed and transferred to the external IMR team:

- 1,964 clinical records and associated governance information for 1,964 women (and associated babies)
- 469 supplementary requests
- 110 requests for action, intervention or information from the Chair of the IMR

The work within the NUH IMR team has evolved over time and resulted in an increased number of requests for information or intervention from the Chair of the IMR on behalf of a range of families. There has also been a rise in the volume and complexity of supplementary requests from the clinical reviewers.

An internal NUH IMR Oversight Group, (IMROG) ensures delivery of the requirements of the IMR and meets monthly. This is chaired by the Chief Nurse

and is accountable to the Quality Assurance Committee (QuAC). Progress updates are also overseen and assured through the NUH Improvement, Oversight and Assurance Group co-chaired by NHSE and the ICB.

A bi-monthly Learning and Improvement meeting is held with Donna Ockenden to receive feedback, raise areas of concern and share learning from the case reviews and engagement with women and families so the Trust can take immediate actions and shape improvements. For example, after listening to feedback at the Annual Public Meeting and other forums, a new family liaison service is to be launched to develop a single point of access, contact and support after a distressing experience or bereavement during their maternity and/or neonatal care.