



North East and North Cumbria  
Local Maternity and Neonatal System

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**Post Ockenden Assurance Visits (2023) Collaborative Learning &  
Improvement Event**

**2 February 2024 at Ramside Hotel, Durham**



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## 1. Overview

On 2 February 2024, the North East and North Cumbria (NENC) Local Maternity and Neonatal System (LMNS) held a multi-stakeholder event to share the learning and opportunities for improvement following the Ockenden assurance visits which took place in 2023.

The aim of the event was to:

- Bring together colleagues from across the North East and North Cumbria who have been involved in the recent Ockenden assurance visits
- Share themes and learning from the visits
- Enable each Trust to showcase areas of outstanding practice to support collaborative learning and improvement across the NENC
- Chance for reflection and to identify solutions to the challenges we face
- To celebrate, listen and learn as a NENC maternity and neonatal community

115 people attended the event, drawn from all areas of our geography including the 8 Provider Trusts, MNVP Leads, LMNS Service User Voice Representatives, LMNS PMO & Clinical Leadership team, NENC LMNS Board, NENC Maternity & Neonatal Alliance Board, NENC Integrated Care Board and other stakeholders.

The Post Ockenden Assurance Visits (2023) Learning & Improvement Event enabled Trusts to show case several different examples of outstanding practice that were seen as exemplars throughout the visits and to also identify our system wide 'tricky issues' and to consider how we might start to address those issues together.

There was a comprehensive programme for the day, this report will now summarise the presentations that took place throughout the day.

## 2. Keynote Headlines

**Keynote Headline:** National & NENC ICB Maternity & Neonatal Perspective  
**Presenter:** Samantha Allen, Chief Executive, NENC ICB and Chair, NHS England Maternity & Neonatal Board

Sam Allen started her presentation with a quote by Ivan Illich "most learning is not the result of instruction, it is rather the result of unhampered participation in a meaningful setting" which set the tone for the rest of the day. This was followed by an overview of new ways of working including the need for system work to be productive, innovative, adaptive, and agile which in turn is more likely to deliver the outcomes it seeks.

Sam then went on to talk about the Three-Year Delivery Plan for Maternity and Neonatal Services that sets priorities to deliver safer, more personalised, more equitable care; and brings together actions from Ockenden, East Kent, NHS Long-Term Plan, and the Maternity Programme. Sam gave an overview of maternity and neonatal services in NENC and highlighted our strong track record of working in partnership with other.

Sam finished her presentation talking about how we go about making change happen and the stages of maturity in a learning and improvement community. Sam encouraged everyone to join the NENC Learning and Improvement Community – Boost to support our collective ambition "to be the best at



getting better". To become a Boost member, visit [www.boost.org.uk](http://www.boost.org.uk). The presentation ended with a discussion around "the fearless organisation" and the need for all of us to work within an environment of psychological safety.



**Keynote Headline:** Leaving Individual Team Jerseys at The Door  
**Presenter:** Steve Cram OBE

At the start of the presentation, some of the audience may have been wondering why a former Great British middle-distance runner was speaking at a maternity and neonatal event. Steve spoke so passionately about the culture change that had happened in UK sport which later led onto amazing success at the London 2012 Olympics and beyond. He spoke about how the twenty-six different sporting disciplines had come together in the late 1990's and together agreed to make changes and improve high performance in sport using a system wide team approach.

Together the Great British team looked at strategy, behavioural psychology, and continuous improvement. There was also a constant focus on Great Britain's position on the Olympic medal table which included going from 36<sup>th</sup> on the medal table at the Atlanta Olympic Games in 1996 to setting a goal of becoming 4<sup>th</sup> in London. This goal was reached four years early at the Beijing Olympic Games. There was a great deal we can all take away from Steve's points, about how sharing skills, knowledge, and expertise in one area, can vastly improve and help another area. A question we can also ask ourselves is, "if there was a maternity and neonatal medal table, what position would we be and who would be above us" and if we were to set a goal, "where would we like to be on that maternity and neonatal medal table and what are we going to do to get there?".



### 3. Ockenden Assurance Visits – "Our Approach"

In 2023, the responsibility of obtaining assurance that providers were compliant in all areas of the Ockenden Immediate and Essential Actions (IEAs) was passed to LMNSs (ICBs) from NHS England. The Ockenden IEAs were developed as part of the response to the independent review of maternity services at The Shrewsbury Telford Hospital NHS Trust in 2020. The assurance compliance specifically needed providers to demonstrate:

- Evidence of how areas of compliance are embedded into practice
- Action plan of all areas of non-compliance with a clear timeline of when compliance will be achieved

The visits also provided an opportunity to seek assurance about other national and local areas of work within maternity and neonatal services.

Right from the outset of planning our 2023 visits, it was decided that the visits would be planned to be supportive in nature with an aim of sharing areas of good practice which could be disseminated across the NENC and enable providers to highlight areas of concern. We introduced a "Peer Review team" for each visit, utilising the "fresh eyes" approach.

Every provider of maternity and neonatal services in England now has a QUAD. The QUAD consists of the Head of Midwifery, Obstetric Clinical Lead, Neonatal Clinical Lead, and the General Manager. Therefore, each of the peer review teams consisted of the 'maternity quadrumvirate' from a different trust within the NENC.

**Case Study :** Benefits of using the peer view approach and progress across 12 months (from 2022 Ockenden visit to 2023 visit)  
**Trust:** North Tees & Hartlepool NHS Foundation Trust  
**Presenters:** Dr Elaine Gouk, Clinical Director for Women & Children's Services  
 Steph Worn, Associate Director for Midwifery  
 Janice Atkinson, Matron Special Care

Dr Elaine Gouk, Steph Worn and Janice Atkinson who are all part of the North Tees QUAD spoke about the improvement journey the Trust had been on over the last 12 months. Michael Butler, General Manager who is the fourth member of the QUAD was unable to present due to annual leave. It was very apparent at the North Tees Ockenden Assurance Visit that the Trust had embraced the QUAD way of working and how it was having a positive impact on culture, leadership, and service delivery.

Elaine, Steph and Janice talked about the different elements of their improvement journey which included governance, leadership, workforce and the perinatal QUAD which was unpinning by continuous improvement with the aim of sustainable safer perinatal care. The 2022 and 2023 Ockenden Assurance Visits had enabled the Trust to highlight progress which included honest self-reflection. The emphasis was on embedding processes into everyday work, and it wasn't just about meeting minimum compliance. Challenges have been around workforce and culture. However, several specialist midwives have been recruited recently and there has been a positive improvement around culture which has included working with 'Aqua' on the provision of psychological safety sessions.

The QUAD has valued taking part in the national Perinatal Culture and Leadership Programme and the Peer Review approach during the Ockenden Assurance Visits.



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## 4. Listening To and Working with Women and Families with Compassion

**Case Study:** Bereavement Rooms  
**Trusts:** Gateshead NHS Foundation Trust  
 South Tees Hospital NHS Foundation Trust  
**Presenters:** Karen Parker, Head of Midwifery (Gateshead)  
 Debbie Bezance, Labour Ward Manager (South Tees)

Gateshead Trust has recently invested in the development of a new Bereavement Room called the "Butterfly Suite". The development has been supported by the charity 4Louis. The Butterfly Suite has its own private entrance with a car park space outside. The room has been refurbished to the highest of standards with sound proofing, double bed, non-clinical furniture and soft comforting décor. There is a kitchen area, private bathroom and range of beautiful resources including a cuddle cot, memory boxes for child loss, memory making resources, sibling packs and message books.

South Tees Trust shared how the story of a young women who had experienced a maternity bereavement, raised enough money by motivating and connecting the local community together, including bereaved parents, NHS staff and the public to create a beautiful, private bereavement space at James Cook Hospital. This was a fantastic example of how people can come together and make a huge difference. In the words of Debbie who told the story "give staff and patients a tiny drop of something and they won't just create ripples, they will make huge positive waves".

The bereavement room at South Tees is beautiful, the furniture and gorgeous decoration are non-clinical, the planning and attention to detail has been meticulous to support an extremely difficult time in the lives of the families who use this room. By the end of the presentation, there wasn't a dry eye in the room.

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**Case Study:** Indigo Vulnerabilities Team and Role of The Consultant Midwife  
**Trust:** South Tees Hospital NHS Foundation Trust  
**Presenters:** Rosie Dawson, Consultant Midwife  
 Rachel Fairbairn, Indigo Team Leader

Role of the Consultant Midwife – includes strategic oversight of maternity services and provides support with a particular focus on training and recruitment. The Consultant Midwife assists with bids and financial applications and is the Service User MNVP Professional Lead. The role also involves linking with community projects, education, research, service user voice and the public health teams. The role reports to the Maternity Board/Senior Leadership team and wider Trust Boards.



Indigo Vulnerabilities Team – is a specialist team for vulnerable women. Middlesborough is the most deprived area in the NENC and is higher than the UK average. The team focuses on promoting emotional wellbeing and parent-infant attachment with families who have complex social needs. There are 2.2 wte specialist Midwives and 5 Enhanced Maternity Support Workers. The team delivers the start for life offer and is linked with the family hubs. The Trust has developed its own screening tool to support identifying which women will be cared for by the Indigo team.

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**Case Study: Health Inequalities & International Pregnant Students**

**Trust: South Tyneside and Sunderland NHS Foundation Trust**

**Presenters: Melissa Letouze, Antenatal and Community Matron**

**Nina Wilkinson, Health Inequalities Midwife**

International Pregnant Students - The Trust noticed a marked increase in women arriving in the advanced stages of pregnancy, mostly from Nigeria. These women were identified as students/partners of students at Sunderland University. Women were presenting un-booked, with little knowledge of the NHS and how to access Maternity care in the UK. This was further delaying their access to care. The Trust met with the University and the Local Authority as all partners were increasingly worried regarding the associated risks.

The Maternity Senior Team have worked closely with Sunderland University to develop a maternity pathway of care for pregnant students/partners of students. The University has secured a space where pregnant women can self-refer for care. A webinar is now available for new students regarding how to access Medical Care/Maternity Care on arrival into the UK.

Health Inequalities – The Trust recognised the need to invest in Midwifery hours to reduce inequalities in experience and outcomes for women and babies, including neonatal and maternal mortality. They took direct learning from recent cases that had occurred within the service which supported the development of a robust localised pathway of care. Trust staff have worked closely with the MNVP to understand what women want and to find out what will have the greatest impact on their experience.

The Trust currently have 2 Midwives, 1.6 wte, who work as Health Inequalities Midwives, they started in May 2023. The Midwives are based in the community, accepting referrals from 5 GP Practices within the Sunderland area. They have developed strong links with GP Practices and the surgeries are working in partnership with one another, providing the best pathway of care for women.

Women can present at any of the surgeries and gain access to Maternity care without having to wait for completion of their registration. Women can be seen at any of the 5 GP practices across the area, breaking down historical geographical boundaries. Midwives can devote more time to booking appointments and longer antenatal appointments, ensuring women are getting the personalised care they need. The team have established good links with local charities, supporting women in preparing for baby's arrival. The midwives have set up antenatal education classes within a local charity building. They are also able to provide 1:1 antenatal education for women where English is not their first language.



The midwives have now been in post for 6 months. They have gathered data pre and post implementation, reviewing the same GP caseloads. They have seen improvements in a range of measurable outcomes.

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**Launch of Learning Disability Standards**

**Organisation: Learning Disability Network**

**Presenters: Judith Thompson, Learning Disability Network Manager  
Kirsty Greenwell, Network Facilitator**

In December 2023, the NENC Learning Disability Maternity Diamond Standards were launched. They have been developed to support maternity services to deliver high quality, reasonable adjusted maternity care to women with a learning disability. The aims are to:

- Improve experiences of parents with a learning disability
- Improve communication for parents with a learning disability
- Improve use of reasonable adjustments
- Promote seamless care and reduce disparity of service

The Learning Disability Diamond Standards consist of a set of reasonable adjusted maternity care pathways: 1) Antenatal, 2) Labour and 3) Postnatal (up to 10 days). They are underpinned by a core set of values and principles and have been co-developed across the system and with experts with lived experience. They can also be localised. To support the pathways a workforce education package was developed. This can be delivered as an e-learning package or face to face. It is designed to raise awareness and increase knowledge of learning disability across the maternity workforce. A range of supporting easy read accessible information has been produced.

All resources can be downloaded from the North East and North Cumbria Learning Disability website: [Learning Disability Network \(neclidnetwork.co.uk\)](http://neclidnetwork.co.uk)

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## 5. Growing, Retaining and Supporting our Workforce

**Case Study: Workforce Strategy**

**Trust: Northumbria Healthcare NHS Foundation Trust**

**Presenters: Katie Lissaman, Head of Midwifery  
Angela Stringfellow, Matron for Safety, Quality & Risk  
Mike Smith, General Manager**

Workforce Strategy - aims to recruit and retain staff with the right skills, and in the right numbers to meet the increasing demand and complexity of the maternity service. The maternity service uses a comprehensive and long-term approach to workforce planning. The maternity workforce steering group focuses on workforce growth, recruitment, and retention. Retaining staff is just as big a challenge as recruitment. The workforce plan focuses on:





- Train: Increased Student Capacity, Northumbria Academy, Shortened Midwifery Programme
- Retain: Staff Experience Programme, Project Joy & People Promise Initiatives, Psychological Safety & Culture Initiatives, Service Away Days
- Reform: Maternity Support Work (MSW) Apprenticeship, Advanced Clinical Practitioners, Midwifery Sonographers

Midwifery Support Workers (MSW) - In 2022, the Trust was successful in a bid to receive specific funding from NHS EI to offer pastoral support and career progression for MSW. The aim of the project was to improve retention, enhance clinical support registered midwifery staff whilst improving quality of care across maternity services for all women, babies and their families. A MSW development programme was designed and developed in conjunction with the Trust Apprenticeship Team, to support current Band 2 MSW cohort to successfully uplift and enhance their role to Band 3. Band 3 Health Care Assistants were also supported to transition with the MSW role. A MSW Apprenticeship was launched in January 2023.

Advanced Clinical Practitioners (ACPs) – The Trust has 5 ACPs in Obstetrics and Gynaecology, 3 in obstetrics and 2 in gynaecology/early pregnancy. The trainee ACPs are paid at Band 7 (annex 20) and follow a 3 year MSc Programme which includes 3 days clinical time and 2 days study time. Once qualified the ACPs are paid at Band 8A. The ACPs follow 4 pillars of advanced practice which includes clinical practice, leadership, education, and research. Health Education England provide funding for each course place plus £10,000 to the trust for educational supervision. The ACP job plans are:

- Obstetrics: antenatal clinics, elective LSCS, pregnancy assessment unit, PROMPT Faculty
- Obstetrics & Gynaecology: education and training, research, clinical audit, and clinical governance
- ANNP: expert specialist SCBT care, ANNP led service, NLS responder

Looking After Northumbria Maternity Workforce – the aim of this work is to improve the wellbeing of the maternity workforce and positively impact recruitment and retention. A recent Royal College of Midwives survey found that 57% of midwives plan to leave the NHS in the next year, therefore measures to improve retention of staff are vital. Research shows that investing in staff wellbeing has a positive correlation to workforce retention, therefore Project Joy was born! The project started by securing £42,525 and underpinning it by an evidence base consulted and staff engagement. The health and wellbeing needs of staff were listened to and acted upon which has resulted in 62% of staff reporting that Project Joy has improved their wellbeing at work. The governance around Project Joy is via staff, Staff Council, Workforce Steering Group and Obstetrics Governance Board and will shortly move into year three of implementation.

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**Case Study: Medical Workforce Planning from a General Manager Perspective**  
**Trust: Gateshead Health NHS Foundation Trust**  
**Presenter: Kate Hewitson, Service Line Manager**

Gateshead Maternity Service has 1800 births per year, with an increasing number of high-risk bookings and deliveries and a significantly increased intervention rate (LSCS/IOL rates). The



maternity service is in a separate building from CCU, main theatres, paediatrics and anaesthetics. It has shared out of hours cover for all three medical rotas.

It is acknowledged that obstetric and gynaecology job planning is hard! In 2022 the Trust used a 'blank page' approach to whole team job planning process. There was an agreement from the full team to do this, all historic agreements were deleted, all schedules re-drawn from scratch and equal allocations for the same sessions. This included, twice daily ward rounds, 08:00 – 17:00 Monday to Friday hot weeks, increased consultant on site hours at evenings and weekends, increased ANC capacity from 4 to 5 clinics a week, dedicated ELSCS team three times per week and cross cover for all these sessions 52 weeks per year. This new way of working was 'owned' by the full team with the manager setting the red lines and managing disagreements and the full team designing the new schedule.

There are increased Anaesthetic hours in maternity with a dedicated weekly high risk Anaesthetic Obstetric Clinic, in Women's Health Clinic, dedicated ELSCS team and CCU link role. There has been a review of shared out of hours cover with clearer guidance on prioritisation for onsite trainees. There are improved lines of communication out of hours with non-resident Consultants.

The benefits of this work include a re-focus of available departmental capacity on the critical Obstetric sessions. A review in 2023 using the same process has allowed the consultant compensatory rest MIS requirement to be built in the new rota from September 2023, and to recruit another Consultant to address gaps. The major benefit is Consultant recruitment and retention.

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**Case Study: Preceptorship & International Recruitment**  
**Trust: South Tyneside and Sunderland NHS Foundation Trust**  
**Presenters: Amy Dowling, Recruitment and Retention Lead Midwife**  
**Kirsty Trotter, Practice Development Midwife**

International recruitment - South Tyneside and Sunderland have met their target to have 15 internationally educated midwives (IEM) by end of January 2024. 14 IEMs have all passed their Objective Structured Clinical Examination (OSCE) and have a Nursing and Midwifery Council (NMC) pin registration. 7 are now working independent on Delivery Suite, Antenatal and Postnatal Ward and in the Community. 7 are working their initial supernumerary period.

The support programme for the international midwives includes regional team support, boot camp and OSCE, Trust Workforce Team Support, International Recruitment Trust wide, peer support Groups, 2 to 3 Midwives Clinical Buddies and Trust international induction and training. There is support from the Recruitment and Retention Lead Midwife with orientation to a variety of clinical areas. There is a minimum of 12 weeks supernumerary on labour ward once the NMC pin is received. A preceptorship package and support in place once the international midwives are independent. Specialist midwives deliver bespoke training sessions including CTG and fetal monitoring, perineal repair and OSCE preparation sessions.

Preceptorship – In September 2022, the Trust employed 5 newly qualified midwives who had all been students at the Trust. All commenced in post and remain as midwives at South Tyneside and Sunderland. In September 2024, The Trust employed 15 newly qualified midwives, 12 had been students at the Trust. 11 started in September and went straight onto the initial Preceptorship



Training programme for two weeks. 3 were delayed in starting and were provided with a bespoke preceptorship package and 1 is still to start.

The initial two weeks of the Preceptorship Programme incorporates elements of the Trust Maternity Mandatory Training Programme. Feedback from the September 2022 cohort has been used to strengthen the programme in 2023. The full Preceptorship Programme lasts 12 months. After the initial two weeks of the training programme, the preceptorship midwives become supernumerary, and the length of time is dependent on the area of work. Once independent, they rotate to alternative areas at 6 months.

The preceptorship competencies were developed using national and local preceptorship guidance and reviewing other local Trusts preceptorship packs. A South Tyneside and Sunderland preceptorship handbook and competency pack has been developed, including evidence and patient and staff feedback sections. The focus is on competencies for skills which were not required as a student but needed as a newly qualified midwife.

The newly qualified midwife support includes practical support, Band 5 preceptorship forum, bespoke training sessions and clinical buddies and preceptors.

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## 6. Developing, Sustaining & Culture of Safety, Learning and Support

**Case Study: Midwifery Practice Development**  
**Trust: North Cumbria Integrated Care NHS Foundation Trust**  
**Presenter: Sarah Lowe, Practice Development Midwife**

The Practice Development Team in North Cumbria consists of a full-time Band 7 Practice Development Midwife, part-time Band 6 Clinical Support Midwife and two full-time Band 4 Practice Development Maternity Support Workers who are 50% clinical and 50% developmental and administrative support. The team work right across the multi-disciplinary maternity and neonatal team including two obstetric units, a midwifery led birth centre and the community, supporting the training requirements of the core competency framework, saving babies' lives and the maternity incentive scheme - year 5.

The team have tailored training and development opportunities around a range of issues including community: homebirth, North West Ambulance Service, transfers; PPH Outliers: Theatres PROMPT, MOH, blood transfusion, SOP/Guideline development; Neonatal Resuscitation: Trust mandated NLS, in-house NNR course, RCUK instructors; Suturing Skills: lack of confidence amongst staff, NQMs lacking in experience, cycle of insufficient training and commissioned Peri Health workshops; and Students; Trust competency frameworks for clinical skills and enhanced preceptorship experience.

There has been a practice development focus on MSWs which has involved developing a Scribing Workshop to discuss MSWs experiences and expectations of scribing and preparing for their role as scribe in an emergency situation. Other support includes an orientation package, skills audit, skills competencies, bespoke training, confidence building clinical supervision and meeting the Health Education England MSW Framework.



Future plans include development of an orientation programme which supports all new starters to the Trust. Using skills appropriately, responding to service needs, improved recording and reporting systems and MDT training provision

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**Case Study: Role of The Non-Executive Maternity Safety Champion**  
**Trusts: Gateshead NHS Foundation Trust and North Cumbria Integrated Care NHS Foundation Trust**  
**Presenters: Teresa Griffiths CBE ARRC, Non-Executive Director (North Cumbria) and Anna Stabler, Non-Executive Director (Gateshead)**

Teresa Griffiths, CBE ARRC, Non-Executive Director (NED) Maternity Safety Champion in North Cumbria and Anna Stabler, NED Maternity Safety Champion in Gateshead gave an overview of what staff should expect from the role of the NED.

The NED should be approachable, curious, visible, available, and contactable. This is an assurance role that should focus on safety, patient experience, and effectiveness by reviewing themes, trends, risk and emerging issues. The NED Maternity Champion should focus on assurance not reassurance, building trusting relationships, challenging as necessary, providing perspective and encouragement, connecting the dots to resolve issues, celebrating the small and big wins, asking the right questions and advocating as an advocate.

The top tips for the NED Maternity Safety Champion are:

- You are the barometer
- Be the helicopter
- Stay out of the maze
- Welcome letters for new staff introducing the safety champions and their roles including contact details
- Write blogs and be visible on social media
- Hold informal drop in sessions
- Visit the units and community sessions both as an individual and with other safety champions
- Invite other Trust NEDs to visit the service to bring "fresh eyes"
- Key questions to ask women are:
  - Did you feel involved in planning your care?
  - Did you feel safe when you were in labour?

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**Case Study : Safeguarding Simulation in Maternity**

**Trust: County Durham and Darlington NHS Foundation Trust**  
**Presenter: Kate Abbot, Lead Midwife for Practice Development**  
**Emma McBeth, Named Midwife Safeguarding**



Maternity safeguarding training - the trust includes level 3 traditional training methods, simulation, collaboration with the Practice Development Team and a new focussed simulation programme. Simulation training covers maternity obstetrics, paediatric and neonatal simulation. There is a live simulation suite where different scenarios can be experienced followed by debriefs. This is also supported by table-top simulation.

Virtual reality technology within maternity training – 360 simulation uses 360-video which is part of an emerging and new technology with healthcare education called virtual reality (VR). VR is a training solution that provides immersive learning, enabling educators to conduct and control a lesson in 360 VR to a group of learners using a set of synchronised headsets. The mobile classroom is easy to transport, houses all the hardware and does not require an internet connection, only a power source. The use of VR in the Trust has created excitement and engagement of staff and has had a positive impact on standardisation and sharing of materials around several different scenarios including cord prolapse in hospital, post-partum haemorrhage in hospital, shoulder dystocia at home and a safeguarding issue at home.

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## 7. Standards and Structures that Underpin more safer Personalised and Equitable Care

**Case Study: Gateshead Diabetes in Pregnancy Quality Improvement Work**

**Trust: Gateshead Health NHS Foundation Trusts**

**Presenter: Sophie Condon, Diabetes Specialist Midwife**

The Gateshead Diabetes in Pregnancy Quality Improvement Work is based on qualitative feedback received from women which highlighted issues around communication with staff and feeling unsupported and isolated when managing gestational diabetes mellitus (GDM). Findings from investigations and audits highlighted issues around timely initiation of medical therapy for GDM, poor management of blood glucose during steroid administration and failing to facilitate appropriate screening pathway for women with a history of GDM. Maternity staff highlighted difficulties contacting the diabetes team for advice and knowledge gaps around managing hypos/steroids.

The Trust now support pregnant women with GDM by having a clear division of workload between the nursing and midwifery team. The Diabetes Midwives co-ordinate the care of GDM, screening, diagnosis and treatment with full-time cover Monday to Friday. There is protected time for a Diabetes Specialist Nurse managing women with pre-existing diabetes. There are group education sessions for all newly diagnosed women with GDM, weekly email/text informing women of blood glucose review, enhanced communication with women via a GDM-specific mobile number, ratification of Metformin PGD and Insulin PGD, twice weekly blood glucose reviews where required and teaching women to self-titrate insulin to enable ownership of treatment.

The Trust held 3 focus groups with the diabetes MDT and service users with experience of GDM pregnancy between June and September 2023. This has led to revision of home blood glucose monitoring written information (translations also produced), facilitating opportunity for GDM 'peer support' by creating bespoke waiting area for women attending antenatal clinic and creation of a care schedule detailing nature of hospital appointments and what will happen at each.



There are quarterly diabetes MDT meetings, teaching sessions for new medical staff detailing screening pathways and Badger referral process. There are new contact detail posters and Microsoft teams 'Diabetes Q&A' chat for community midwives and office based within the antenatal clinic with an 'open-door policy'.

The Gateshead CQC inspection 2023 feedback stated, we found the following outstanding practice *"the lead midwives for diabetes had developed a Gestational Diabetes Mellitus (GDM) education session and offered individual sessions to women and birthing people who were non-English speaking and required interpreting services. Diabetes antenatal clinics provided a waiting area for women with GDM to provide health snacks and support and education from dietician"*.

**For further information contact:**

**Sophie Condon, Diabetes Specialist Midwife, email: [sophie.condon@nhs.net](mailto:sophie.condon@nhs.net)**

**Case Study:** Pre-term Birth Optimisation Including Breast-feeding Initiation Rates  
**Trust:** Newcastle Upon Tyne Hospitals NHS Foundation Trust  
**Presenter:** Rachel Donothey, Preterm Birth Specialist Midwife

Newcastle Hospitals Pre-term Birth MDT comprises of an Obstetric Consultant lead for preterm birth, delivering care through a specific preterm birth clinic; an identified local preterm birth/perinatal optimisation Midwife lead; a Neonatal Consultant Lead for preterm perinatal optimisation and an identified Neonatal Nursing lead for preterm perinatal optimisation. This dedicated team work collaboratively together to meet element 5 of Saving Babies Lives. The team meet to discuss optimisation results and identify any potential issues including what has gone well and any areas to improve.

The Perinatal Team discussions above focus on the prediction of pre-term birth, antenatal optimisation and peripartum optimisation. The preterm perinatal optimisation care pathway/bundle includes antenatal optimisation: place of birth, antenatal steroids, magnesium and antibiotics, and peripartum optimisation: optimal cord management, normothermia and maternal breast milk.

The Trust performs above the NENC average across the pre-term birth performance metrics and have identified some small changes around staff education, antenatal/intrapartum counselling, resources available and presence of pre-term staff within the maternity services. These small changes have made a significant impact around staff training, 100% success rate in neonatologists attending for pre-delivery counselling either on antenatal ward or on the delivery suite; stock hand expression kits available on the antenatal ward for planned preterm deliveries and visibility of pre-term birth staff on the delivery suite and antenatal ward available to answer questions.

**For further information contact:**

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**Case Study:** Digital Inclusion  
**Trust:** South Tees Hospitals NHS Foundation Trust  
**Presenter:** Grace Murray, Digital Midwife

There approximately 5,000 births per year in South Tees. 38% of all bookings for newly pregnant women per month are from those living in the most deprived postcodes base on the IMD Decile. In



addition to the significant areas of deprivation, there are high levels of unemployment and low levels of good quality housing in the local area. Communities experiencing health inequalities are more likely to be digitally excluded.

The NHS Long Term plan recommends, "by 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices". This is only obtainable if all women can access a device, data and have the skills and confidence to use digital apps. The Trust therefore asked the question "so, what about the women that don't?" It was recognised that by only offering women personalised information via an app that they can access, how can the Trust be sure all women are receiving health messages. If the Trust doesn't tackle digital inclusion, it will further exacerbate health inequalities for this group of women.

The challenges have been identified as: access to devices and data, cost of living crisis, identifying those in need, awareness, digital skills and confidence, motivation, design of the app and staff capability and capacity. As a result, the Trust under the leadership of the Digital Midwife has developed a digital inclusion project working with several different partners to enable Midwives in South Tees to be able to offer a free device and data to women who are digitally included. Further information can be found in a short film which is available to view at:

<https://northernlms.org/south-tees-midwife-improves-digital-inclusion/>

**For further information contact:**

**Grace Murray, Digital Midwife, email: [grace.murray@nhs.net](mailto:grace.murray@nhs.net)**



## 8. System Wide Quality Improvement Projects

Following the completion of all 8 Ockenden Assurance Visits, the NENC Maternity and Neonatal Alliance Board tasked the Operational Group to review the system wide "tricky issues" that had been identified during the visits. Seven "tricky issues" have been identified and the proposal is to develop seven quality improvement projects to ensure there is a systematic and coordinated approach to solving these problems using evidence-based methods and tools with the aim of bringing about measurable improvements.

Delegates were given an overview of each of the proposed quality improvement (QI) projects which are summarised in the table below.



Quality Improvement Project	Descriptor of Quality Improvement	Three Year Delivery Plan Theme
Bereavement	This QI project is intended to achieve an LMNS-wide commitment to develop a multi-disciplinary approach which will involve coproducing and implementing a <i>What Good Looks Like</i> (and what is not ok) framework informed by the National Bereavement Pathway for <b>bereavement support services</b> including estates, multidisciplinary standards and structures across perinatal mental health, maternity and neonatal services. Key question - how can we enhance the existing bereavement midwifery Community of Practice using a multi-disciplinary approach?	Theme 1
BSOTS & Triage	This QI project is intended to achieve an LMNS-wide commitment to ensure appropriate triage tools are implemented, with consistent data collection to measure success in terms of triage times, clinical outcomes and service user experience. This work has commenced under the leadership of the NENC MatNeopSip Programme.	Theme 4
Informed consent	This QI project is intended to address the co-produced terms of reference, making recommendations regarding system education and training. Consider how to prospectively promote that all care is opt in, rather than opt out and links with personalised care. This work has commenced under the leadership of the NENC LMNS Personalised Care Task & Finish Group.	Theme 1
Medical Workforce Modelling & Planning	This QI project is intended to develop a system wide approach to medical workforce modelling and planning which will include establishing a baseline for the number of PAs allocated to each of the medical clinical lead roles across NENC Provider Trusts. Development of this baseline will support in appropriate workforce medical planning to be undertaken, whilst ensuring consistent role descriptors and remuneration across the NENC for the individuals undertaking these lead clinical roles.	Theme 2
Oversight of NLS Training (GIC Courses & NLS Courses)	This workstream is to ensure all providers have access to skilled trainers to provide neonatal life support training and fulfil the requirements of the CCFV3, linking in with the NENC Training Faculty.	Theme 4
Patient literature	This QI project is intended to seek an Alliance-wide commitment towards accessible and inclusive patient literature, and coproduce guidance setting out standards and responsibilities for leaflets e.g., coproduction, easy read, dissemination, health literacy, readability, understandability, translation.	Theme 4
Transitional care	This QI project would seek an LMNS-wide commitment to coproduce and implement a <i>What Good Looks Like</i> (and what is not ok) framework for transitional care, building on TS/LP work across Trusts, with consistency of measurement, audit, and experience.	Theme 4







There was consensus in the room to proceed with these seven improvement projects using a system wide approach. There was also an appetite to commission LMNS-wide quality improvement training to support our "best at getting better" approach.

Next steps will involve taking a more detailed report to the April meeting of the NENC Maternity & Alliance Board to ensure implementation of the seven quality improvement projects.

## 9. Launch Of North East and North Cumbria 'Project Promise'

During the Northumbria Healthcare NHS Foundation Trust Ockenden Assurance visit, the Trust showcased a staff health and wellbeing offer named 'Project Joy'. Project Joy is a wellbeing initiative which centres around physical and emotional wellbeing. The project works on the premise that staff within maternity services can suggest potential ideas which improve their wellbeing both in and outside of the work place.

Examples of improvements relate to enhanced of staff rest areas, access to health and wellbeing initiatives and the opportunity for staff to socialise outside of work. After the first 12 months, a survey was undertaken with the maternity staff; 62% of respondents confirming that Project Joy had improved their wellbeing at work.

The NENC LMNS want to build on this excellent work and as a result launched Project PROMISE: '**PRO**moting a **M**ultidisciplinary and **I**nclusive **S**taff **E**xperience'.



There will be an opportunity for the eight NENC Provider Trusts to submit an expression of interest for funding to replicate this offer within their own Trusts. There will be the ability to tailor the offer to the health and wellbeing needs of maternity and neonatal staff within their own organisation.

Funding will be made available from April 2024, and ongoing reporting/development will feed into the NENC LMNS Workforce Multi-Disciplinary Steering Group. The impact of the NENC Project PROMISE funding will be reviewed at the 2024 Trust Ockenden Assurance visits and a review of individual projects to understand the benefits and challenges and sustainability will take place during quarter four of 2024/25.

**For further information contact:**

**Michael Dunn, NENC LMNS Programme Co-ordinator, email: [nencicb-cu.lmns@nhs.net](mailto:nencicb-cu.lmns@nhs.net)**



## 10. Market Stalls

The event was supported by a number of market stalls where organisations showcased a wide variety of work that supports maternity and neonatal services across the NENC.

Thank you to:

- County Durham & Darlington NHS Foundation Trust – 360 Simulation
- Learning Disability Network
- NENC LMNS PMO Team
- NENC Maternity Clinical Network
- Northern Neonatal Network
- Perinatal Mental Health
- Public Health Prevention in Maternity Group



## 11. Event Evaluation

A survey monkey questionnaire was shared following the event. At the time of writing this report 75% of respondents strongly agreed that "the event was very useful and was a good use of my time" with the remaining 25% agreeing. 75% of respondents strongly agreed that "I learned things that will impact on my area of work" with the remaining 25% agreeing. 94% of respondents thought the event was well organised with the remaining 6% agreeing.

A sample of the comments shared via survey monkey are highlighted below.

*"The event was really well organised and showed the innovation across the NENC Mat/Neo systems. Enabling networking and collaboration across all stakeholders to promote and sharing best practice for both the benefit of women and babies but also the staff delivering these services".*

*"Well thought out programme, speakers and presentations, thank you".*

*"The event was very well organised. It was wonderful to watch peoples faces smile with pride as they heard people speak. We need more events likes this to share good practice outside the LMNS too".*

*"Absolutely fantastic day, really enjoyed, hope for more like it".*

*"I thoroughly enjoyed the day and feel professionally energised after the exposure to so much fabulous work in the LMNS."*



*"We all thoroughly enjoyed the day, what a fantastic idea to share all the great work going on across the NENC. I've come away with lots of notes and ideas".*

*"Steve Cram's session about 'Leaving individual team jerseys at the door' was incredibly interesting and very relatable. The other stand out talk was Debbie from South Tees and the amazing charity work they have done with their bereaved families; I don't think there was a dry eye in the house!"*

*"Looking forward to hearing what waves the event leads to, hey, why stop at a wave aim for a tsunami!!!!!!"*

## 12. Next Steps

The enthusiasm and sharing of outstanding practice during the event must be harnessed and further galvanised so that we continue to build on our peer review approach, involve more people, unleash more energy and opportunity, and build good momentum to carry us forward. Our immediate steps must be thoughtful and enacted expeditiously. For this to happen, we must implement our seven quality improvement projects and continue to find ways to embed peer review, so it becomes "just the way we do things round here".

Our next steps include socialising the learning from the event by:

- Sharing the case studies across the NENC
- Sharing this report with all event participants and with a wide range of stakeholders
- Web information
- Use of videos and clips from the event
- Supporting wider engagement of staff and stakeholders to continue to learn from each other

Progress from the event will be monitored by the NENC Maternity and Neonatal Alliance Board via the Alliance Operational Group.

## 13. Conclusion

The work we have done together is another step in our journey to achieve our shared vision of future services and ways of working together, that are fundamentally better than now, bringing benefit: to our people, women, babies and families; to our current and future staff; and to our organisations and wider system.

Our quality improvement projects will likely span several months and years and continue to shape and flex over time so that they remain meaningful at all levels.

What lies ahead is a tremendously exciting challenge for everyone, in every Trust, at every level of our service and every level of our system. At times the journey may prove difficult, at times it may be uncertain but if our event on the 2 February 2024 demonstrated anything, it is that by working together and 'leaving our team jerseys at the door' we are far stronger, far more knowledgeable, far more resourceful, and far better positioned to deliver a better future for us all.



**For further information, please do contact us.**

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