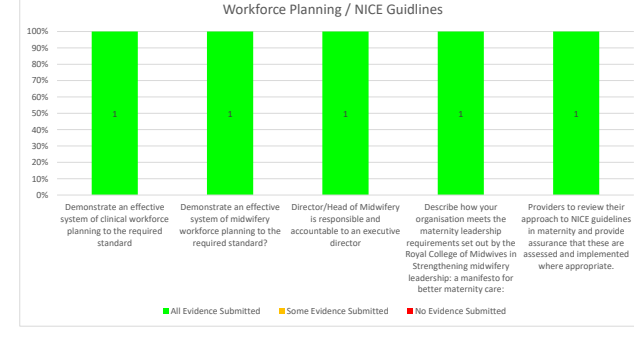
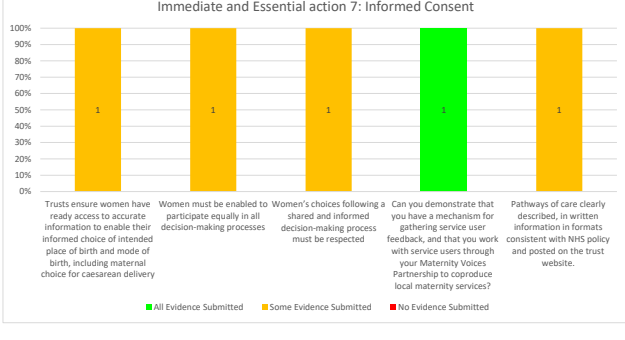
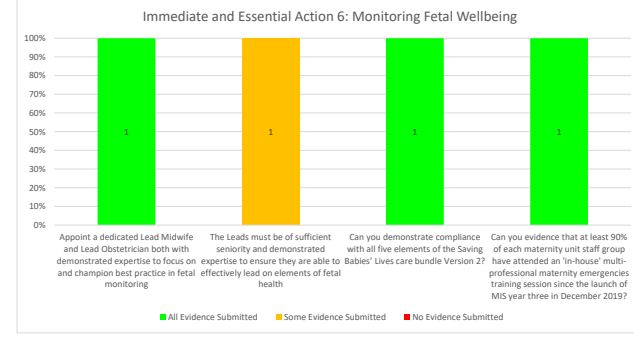
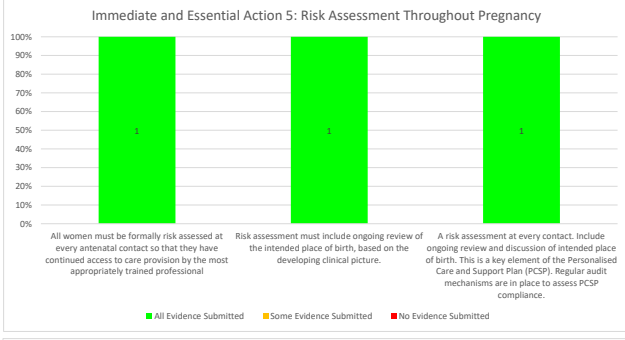
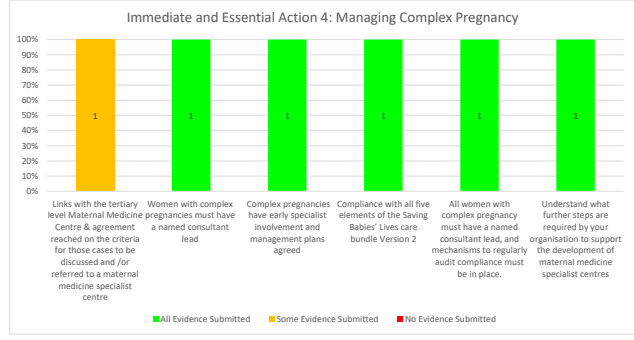
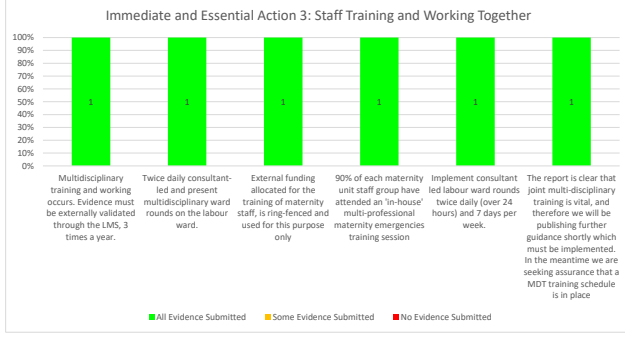
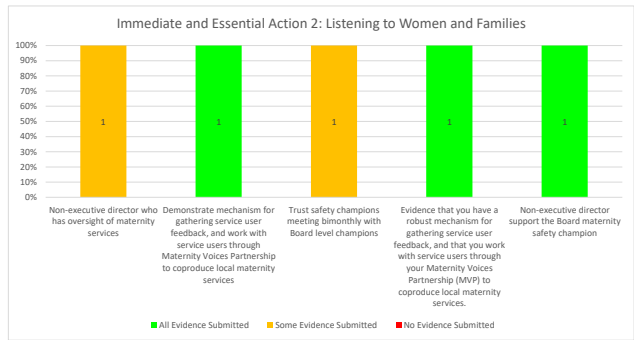


Question Number	Category	Question Number	All Evidence Submitted	Some Evidence Submitted	No Evidence Submitted
IEA1	Q1	Maternity Dashboard to LMS every 3 months	1		
IEA1	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	1		
IEA1	Q3	Maternity SI's to Trust Board & LMS every 3 months	1		
IEA1	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	1		
IEA1	Q5	Submitting data to the Maternity Services Dataset to the required standard	1		
IEA1	Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	1		
IEA1	Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	1		
IEA2	Q11	Non-executive director who has oversight of maternity services		1	
IEA2	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to	1		
IEA2	Q14	Trust safety champions meeting bimonthly with Board level champions		1	
IEA2	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your	1		
IEA2	Q16	Non-executive director support the Board maternity safety champion	1		
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	1		
IEA3	Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	1		
IEA3	Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	1		
IEA3	Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	1		
IEA3	Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	1		
IEA3	Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which m	1		
IEA4	Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine sp		1	
IEA4	Q25	Women with complex pregnancies must have a named consultant lead	1		
IEA4	Q26	Complex pregnancies have early specialist involvement and management plans agreed	1		
IEA4	Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	1		
IEA4	Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in	1		
IEA4	Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centr	1		
IEA5	Q30	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the m	1		
IEA5	Q31	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	1		
IEA5	Q33	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Pe	1		
IEA6	Q34	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice	1		
IEA6	Q35	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health		1	
IEA6	Q36	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	1		
IEA6	Q37	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity eme	1		
IEA7	Q39	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choi		1	
IEA7	Q41	Women must be enabled to participate equally in all decision-making processes		1	
IEA7	Q42	Women's choices following a shared and informed decision-making process must be respected		1	
IEA7	Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users throug	1		
IEA7	Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.		1	
WF	Q45	Demonstrate an effective system of clinical workforce planning to the required standard	1		
WF	Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	1		
WF	Q47	Director/Head of Midwifery is responsible and accountable to an executive director	1		
WF	Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strength	1		
WF	Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented	1		



Results of Phase 2 Audit

Leeds Teaching Hospitals NHS Trust

IEA	Question	Action	Evidence Required	Leeds Teaching Hospitals NHS Trust	
IEA1	Q1	Maternity Dashboard to LMS every 3 months	Dashboard to be shared as evidence.	100%	
			Minutes and agendas to identify regular review and use of common data dashboards and the response / actions taken.	100%	
				SOP required which demonstrates how the trust reports this both internally and externally through the LMS.	100%
				Submission of minutes and organogram, that shows how this takes place.	100%
		Maternity Dashboard to LMS every 3 months Total		100%	
	Q2	External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death	Audit to demonstrate this takes place.	100%	
			Policy or SOP which is in place for involving external clinical specialists in reviews.	100%	
		External clinical specialist opinion for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death Total		100%	
	Q3	Maternity SI's to Trust Board & LMS every 3 months	Individual SI's, overall summary of case, key learning, recommendations made, and actions taken to address with clear timescales for completion	100%	
			Submission of private trust board minutes as a minimum every three months with highlighted areas where SI's discussed	100%	
			Submit SOP	100%	
		Maternity SI's to Trust Board & LMS every 3 months Total		100%	
	Q4	Using the National Perinatal Mortality Review Tool to review perinatal deaths	Audit of 100% of PMRT completed demonstrating meeting the required standard including parents notified as a minimum and external review.	100%	
			Local PMRT report. PMRT trust board report. Submission of a SOP that describes how parents and women are involved in the PMRT process as per the PMRT guidance.	100%	
		Using the National Perinatal Mortality Review Tool to review perinatal deaths Total		100%	
	Q5	Submitting data to the Maternity Services Dataset to the required standard	Evidence of a plan for implementing the full MSDS requirements with clear timescales aligned to NHSR requirements within MIS.	100%	
				100%	
	Submitting data to the Maternity Services Dataset to the required standard Total		100%		
Q6	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme	Audit showing compliance of 100% reporting to both HSIB and NHSR Early Notification Scheme.	100%		
			100%		
	Reported 100% of qualifying cases to HSIB / NHS Resolution's Early Notification scheme Total		100%		
Q7	Plan to implement the Perinatal Clinical Quality Surveillance Model	Full evidence of full implementation of the perinatal surveillance framework by June 2021.	100%		
		LMS SOP and minutes that describe how this is embedded in the ICS governance structure and signed off by the ICS.	100%		
		Submit SOP and minutes and organogram of organisations involved that will support the above from the trust, signed off via the trust governance structure.	100%		
			100%		
	Plan to implement the Perinatal Clinical Quality Surveillance Model Total		100%		
IEA1 Total				100%	
IEA2	Q11	Non-executive director who has oversight of maternity services	Evidence of how all voices are represented:	0%	
			Evidence of link in to MVP; any other mechanisms	0%	
			Evidence of NED sitting at trust board meetings, minutes of trust board where NED has contributed	0%	
			Evidence of ward to board and board to ward activities e.g. NED walk arounds and subsequent actions	100%	
			Name of NED and date of appointment	100%	
			NED JD	0%	
		Non-executive director who has oversight of maternity services Total		33%	
	Q13	Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services	Clear co-produced plan, with MVP's that demonstrate that co production and co-design of service improvements, changes and developments will be in place and will be embedded by December 2021.	100%	
			Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps)	100%	
			Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%	
		Demonstrate mechanism for gathering service user feedback, and work with service users through Maternity Voices Partnership to coproduce local maternity services Total		100%	
	Q14	Trust safety champions meeting bimonthly with Board level champions	Action log and actions taken.	100%	
			Log of attendees and core membership.	100%	
			Minutes of the meeting and minutes of the LMS meeting where this is discussed.	100%	
			SOP that includes role descriptors for all key members who attend by-monthly safety meetings.	0%	
		Trust safety champions meeting bimonthly with Board level champions Total		75%	
	Q15	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Clear co produced plan, with MVP's that demonstrate that co-production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021.	100%	
			100%		
	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services. Total		100%		
Q16	Non-executive director support the Board maternity safety champion	Evidence of participation and collaboration between ED, NED and Maternity Safety Champion, e.g. evidence of raising issues at trust board, minutes of trust board and evidence of actions taken	100%		
		Name of ED and date of appointment	100%		
		Role descriptors	100%		
	Non-executive director support the Board maternity safety champion Total		100%		
IEA2 Total				71%	
IEA3	Q17	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year.	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%	

		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data.	100%
		Submit evidence of training sessions being attended, with clear evidence that all MDT members are represented for each session.	100%
		Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100%
		Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
	Multidisciplinary training and working occurs. Evidence must be externally validated through the LMS, 3 times a year. Total		100%
Q18	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward.	Evidence of scheduled MDT ward rounds taking place since December, twice a day, day & night. 7 days a week (e.g. audit of compliance with SOP)	100%
		SOP created for consultant led ward rounds.	100%
	Twice daily consultant-led and present multidisciplinary ward rounds on the labour ward. Total		100%
Q19	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only	Confirmation from Directors of Finance	100%
		Evidence from Budget statements.	100%
		Evidence of funding received and spent.	100%
		Evidence that additional external funding has been spent on funding including staff can attend training in work time.	100%
		MTP spend reports to LMS	100%
	External funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only Total		100%
Q21	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		Attendance records - summarised	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation describes as checking the accuracy of the data. Where inaccurate or not meeting planned target what actions and what risk reduction mitigations have been put in place.	100%
	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session Total		100%
Q22	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.	Evidence of scheduled MDT ward rounds taking place since December 2020 twice a day, day & night; 7 days a week (E.G audit of compliance with SOP)	100%
	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. Total		100%
Q23	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place	A clear trajectory in place to meet and maintain compliance as articulated in the TNA.	100%
		LMS reports showing regular review of training data (attendance, compliance coverage) and training needs assessment that demonstrates validation described as checking the accuracy of the data.	100%
	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented. In the meantime we are seeking assurance that a MDT training schedule is in place Total		100%
IEA3 Total			100%
IEA4			
Q24	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre	Audit that demonstrates referral against criteria has been implemented that there is a named consultant lead, and early specialist involvement and that a Management plan that has been agreed between the women and clinicians	0%
		SOP that clearly demonstrates the current maternal medicine pathways that includes: agreed criteria for referral to the maternal medicine centre pathway.	100%
	Links with the tertiary level Maternal Medicine Centre & agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre Total		50%
Q25	Women with complex pregnancies must have a named consultant lead	Audit of 1% of notes, where all women have complex pregnancies to demonstrate the woman has a named consultant lead.	100%
		SOP that states that both women with complex pregnancies who require referral to maternal medicine networks and women with complex pregnancies but who do not require referral to maternal medicine network must have a named consultant lead.	100%
	Women with complex pregnancies must have a named consultant lead Total		100%
Q26	Complex pregnancies have early specialist involvement and management plans agreed	Audit of 1% of notes, where women have complex pregnancies to ensure women have early specialist involvement and management plans are developed by the clinical team in consultation with the woman.	100%
		SOP that identifies where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the teams.	100%
	Complex pregnancies have early specialist involvement and management plans agreed Total		100%
Q27	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2	Audits for each element.	100%
		Guidelines with evidence for each pathway	100%
		SOP's	100%
	Compliance with all five elements of the Saving Babies' Lives care bundle Version 2 Total		100%
Q28	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place.	SOP that states women with complex pregnancies must have a named consultant lead.	100%
		Submission of an audit plan to regularly audit compliance	100%
	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. Total		100%
Q29	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres	Agreed pathways	100%
		Criteria for referrals to MMC	100%
		The maternity services involved in the establishment of maternal medicine networks evidenced by notes of meetings, agendas, action logs.	100%
	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres Total		100%
IEA4 Total			93%

IEA5	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional	Q30	How this is achieved within the organisation. Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above. Review and discussed and documented intended place of birth at every visit. SOP that includes definition of antenatal risk assessment as per NICE guidance. What is being risk assessed.	100% 100% 100% 100% 100%
	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional Total			100%
	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.	Q31	Evidence of referral to birth options clinics Out with guidance pathway. Personal Care and Support plans are in place and an ongoing audit of 1% of records that demonstrates compliance of the above. SOP that includes review of intended place of birth.	100% 100% 100% 100%
	Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture. Total			100%
	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance.	Q33	Example submission of a Personalised Care and Support Plan (It is important that we recognise that PCSP will be variable in how they are presented from each trust) How this is achieved in the organisation Personal Care and Support plans are in place and an ongoing audit of 5% of records that demonstrates compliance of the above. Review and discussed and documented intended place of birth at every visit. SOP to describe risk assessment being undertaken at every contact. What is being risk assessed.	100% 100% 100% 100% 100%
	A risk assessment at every contact. Include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PCSP). Regular audit mechanisms are in place to assess PCSP compliance. Total			100%
IEA5 Total				100%
IEA6	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring	Q34	Copies of rotas / off duties to demonstrate they are given dedicated time. Examples of what the leads do with the dedicated time E.G attendance at external fetal wellbeing event, involvement with training, meeting minutes and action logs. Incident investigations and reviews Name of dedicated Lead Midwife and Lead Obstetrician	100% 100% 100% 100%
	Appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring Total			100%
	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health	Q35	Consolidating existing knowledge of monitoring fetal wellbeing Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported e.g clinical supervision Improving the practice & raising the profile of fetal wellbeing monitoring Interface with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. Job Description which has in the criteria as a minimum for both roles and confirmation that roles are in post Keeping abreast of developments in the field Lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. Plan and run regular departmental fetal heart rate (FHR) monitoring meetings and training.	0% 0% 0% 0% 100% 0% 0% 0%
	The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on elements of fetal health Total			13%
	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	Q36	Audits for each element Guidelines with evidence for each pathway SOP's	100% 100% 100%
	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2? Total			100%
	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Q37	A clear trajectory in place to meet and maintain compliance as articulated in the TNA. Attendance records - summarised Submit training needs analysis (TNA) that clearly articulates the expectation of all professional groups in attendance at all MDT training and core competency training. Also aligned to NHSR requirements.	100% 100% 100%
	Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? Total			100%
IEA6 Total				61%
IEA7	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery	Q39	Information on maternal choice including choice for caesarean delivery. Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	0% 100%
	Trusts ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery Total			50%
	Women must be enabled to participate equally in all decision-making processes	Q41	An audit of 1% of notes demonstrating compliance. CQC survey and associated action plans SOP which shows how women are enabled to participate equally in all decision making processes and to make informed choices about their care. And where that is recorded.	0% 100% 100%

	Women must be enabled to participate equally in all decision-making processes Total		67%
Q42	Women's choices following a shared and informed decision-making process must be respected	An audit of 5% of notes demonstrating compliance, this should include women who have specifically requested a care pathway which may differ from that recommended by the clinician during the antenatal period, and also a selection of women who request a caesarean section during labour or induction. SOP to demonstrate how women's choices are respected and how this is evidenced following a shared and informed decision-making process, and where that is recorded.	100%
	Women's choices following a shared and informed decision-making process must be respected Total		0%
Q43	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	Clear co produced plan, with MVP's that demonstrate that co production and co-design of all service improvements, changes and developments will be in place and will be embedded by December 2021. Evidence of service user feedback being used to support improvement in maternity services (E.G you said, we did, FFT, 15 Steps) Please upload your CNST evidence of co-production. If utilised then upload completed templates for providers to successfully achieve maternity safety action 7. CNST templates to be signed off by the MVP.	100%
	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services? Total		100%
Q44	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website.	Co-produced action plan to address gaps identified Gap analysis of website against Chelsea & Westminster conducted by the MVP Information on maternal choice including choice for caesarean delivery. Submission from MVP chair rating trust information in terms of: accessibility (navigation, language etc) quality of info (clear language, all/minimum topic covered) other evidence could include patient information leaflets, apps, websites.	100%
	Pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. Total		100%
IEA7 Total			75%
WF Total			71%
Q45	Demonstrate an effective system of clinical workforce planning to the required standard	Consider evidence of workforce planning at LMS/ICS level given this is the direction of travel of the people plan Evidence of reviews 6 monthly for all staff groups and evidence considered at board level. Most recent BR+ report and board minutes agreeing to fund.	100%
	Demonstrate an effective system of clinical workforce planning to the required standard Total		100%
Q46	Demonstrate an effective system of midwifery workforce planning to the required standard?	Most recent BR+ report and board minutes agreeing to fund.	100%
	Demonstrate an effective system of midwifery workforce planning to the required standard? Total		100%
Q47	Director/Head of Midwifery is responsible and accountable to an executive director	HoM/DoM Job Description with explicit signposting to responsibility and accountability to an executive director	100%
	Director/Head of Midwifery is responsible and accountable to an executive director Total		100%
Q48	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care:	Action plan where manifesto is not met Gap analysis completed against the RCM strengthening midwifery leadership: a manifesto for better maternity care	100%
	Describe how your organisation meets the maternity leadership requirements set out by the Royal College of Midwives in Strengthening midwifery leadership: a manifesto for better maternity care: Total		100%
Q49	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate.	Audit to demonstrate all guidelines are in date. Evidence of risk assessment where guidance is not implemented. SOP in place for all guidelines with a demonstrable process for ongoing review.	100%
	Providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Total		100%
WF Total			100%