

Kirkup report recommendations
Regional Update 31st December 2021

Those that are greyed out are superseded by Ockenden and do not need completing on this tab.

				Leicestershire
Kirkup Action no.	Relating to Kirkup Recommendation (see Kirkup Recommendations tab for further information)	Action	Suggested documents that may support Trust assurance.	UNIVERSITY HOSPITAL LEICESTER
1	R1, R13, R24	Ensure that an open and honest approach is taken to any incident	Critical friend is allocated for every level 4/ 5 incident (SI's) Women and their families are kept informed of the progress of the Women and their families are invited to contribute to the investigation Offering an apology Ensure that all nurses and midwives are aware of their responsibilities in	
2	R1, R13	Review the current processes for obtaining feedback from the public to increase the information received	Offering women and their families the opportunity to make suggestions Ensuring that national/ local awareness opportunities are utilised Continue to support the LSA in the feedback mechanism to staff from Share patient stories	
3	R2	Review the current skills and drills programme across the directorate to ensure that a wide range of scenarios are included across all clinical settings, including bespoke skills drills for different clinical areas	Ensure a high quality training scheme is delivered	
4		Foster a culture of shared learning between clinical departments that supports effective communication and practice development	Minutes of meetings showing MDT working	
5	R2	Review the current preceptorship programme	Midwives/ Nurses are allocated a buddy in each clinical area and that this is supported by the clinical team. The buddy midwife is allocated time to support the preceptee Midwives are supported throughout the programme, progress is monitored and there is a clear plan developed for any midwife that is Midwives are confident and competent to go through the gateway within the agreed timeframe	Green
6	R2	Obtain feedback from midwives and nurses who have recently completed a preceptorship programme to identify any improvements that can be made to the programme	This is now in progress and will be completed May 2022	Amber
7	R2, R3	Review the skills of Band 6 midwives to identify and address any training needs to ensure a competent and motivated workforce	Develop a robust support package for new band 6 midwives Completion of the Mentoring module Suturing competency IV therapy competency Care of women choosing epidural anaesthesia.	Green
8		Review the current induction and orientation process for midwives and nurses joining the organisation at Band 6 to ensure they are competent and confident to provide care	Practice educator reports and feedback	Green
9	R2	Review the current induction programme for locum doctors	Locum policies	Green

10		Review the current provision of education and training for locum doctors with the aim of introducing streamlined bespoke training for this group.		Green
11	R2	Review the provision of maternal AIMS courses and ensure that all places are allocated appropriately and staff attend the session.	Practice educator meeting notes, discussion with DoMS/HoMs	Green
12	R2	Review the educational opportunities available for staff working in postnatal areas to increase their understanding of the compromised neonate, including consideration of bespoke educational sessions and HEI courses e.g. Care of the compromised baby module at University of Salford	Practice educator reports and feedback	Green
13	R2	Improve staff knowledge, response time and escalation processes in relation to a woman's deteriorating condition	Incident review and feedback, related lessons learnt, training opportunities	Green
14	R2	Implement a process for cascading learning points generated from incidents or risk management in each clinical area e.g. email to staff, noticeboard, themed week / message of the week, core huddles, NICU news	The service completes most of these, there is a SOP been developed to describe what is in place, to ensure we use every possible way to share learning	Amber
15	R3	Review the current process for staff rotation to ensure that a competent workforce is maintained in all clinical areas.		Green
16	R2, R3, R4	Review and update the Education Strategy		
17	R3	Review the support provided when staff are allocated to a new clinical area and what supernumerary actually means in order to manage staff expectations		Green
18	R3	Offer opportunities to other heads of service for staff from other trusts to broaden their experience by secondment or supernumerary status		
19	R5	Develop a list of current MDT meetings and events and share with staff across the directorate		
20	R8	Develop and implement a recruitment and retention strategy specifically for the obstetric directorate	This is in progress	Amber
21		Review the current midwifery staffing establishment to ensure appropriate staffing levels in all clinical areas		
22		Ensure that all staff who leave are offered an exit interview with a senior member of staff and use the information gained from these interviews to inform changes aimed at improving retention		Green
23		Provide Staff Forum meetings where staff are encouraged to attend and discuss concerns		Green
24	Only applicable to multi-site trusts.	Improve working relationships between the different sites located geographically apart but under the same organization.		Green
25	R9	Reiterate to all staff via email and team meetings the roles and responsibilities of the consultant obstetrician carrying the hot week bleep.		
26	R11, R12	Ensure that staff receive education during their induction regarding the incident reporting process including the process for reporting incidents, the incidents that should be reported and the rationale for learning from incidents.		Green
27	R11, R12	Including a review of the processes for disseminating and learning from incidents		
28		Ensure that staff undertaking incident investigations have received appropriate education and training to undertake this effectively	All consultants to have completed RCA training	Green
			Identified midwives to have completed RCA training	Green

			Staff who have completed RCA training undertake an investigation within 1	Amber
			Develop a local record of staff who have completed RCA training and the	Amber
29	R12	Ensure that the details regarding staff debriefing and support are completed on the Trust incident reporting system for all level 4 and 5 incidents		
30	R12	Ensure that all Serious Incidents (SI's) are fed back to the staff		
31	R12	Identify ways of improving attendance of midwives at SI's feedback sessions		
32	R13	Maternity Services Liaison Committee involvement in complaints	Collation of complaints reports	
33	R14	Review the current obstetric clinical lead structure		
34	R15	Review past SI's and map common themes	Thematic reviews	
35	R23	Ensure that maternal deaths, late and intrapartum stillbirths and unexpected neonatal deaths are reported, reviewed and an investigation undertaken where appropriate	Maternal deaths, stillbirths and early neonatal deaths reports	
36	R26	Ensure that all staff are aware of how to raise concerns	Whistle blowing staff policy	Green
37	R31	Provide evidence of how we deal with complaints		Green
38	R31	Educate staff regarding the process for local resolution and support staff to undertake this process in their clinical area	Identifying situations where local resolution is required	Green
39	R32	Develop a plan to maintain a supervision system beyond the decommissioning of the LSAs once national recommendations have been agreed.	Implementation of the A-AQUIP model	
40	R38	Ensure that all perinatal deaths are recorded appropriately	Sending the completed form to the Deputy Director of Nursing/ Head of Midwifery and the Divisional Clinical Effectiveness Manager	
41	R39	Ensure that Confidential Enquiry reports are reviewed following publication and that an action plan is developed and monitored to ensure that high standards of care are maintained	MBRRACE action plan-there is not a specific action plan the actions for each	Green