The Shrewsbury and Telford Hospital NHS Trust

Maternity Assurance Committee Key Issues Report

Report Date: 25 September 2020		**Report of: Maternity Assurance Committee**
Date of last meeting: 14 September 2020		**Membership Numbers:** 10 Quoracy met = 100% attendance including the Chair or Deputy Chair
1	**Agenda**	• Terms of Reference • Update on Independent Maternity Review (IMR) • Maternity Quality Operational Committee (MQOC) - Key Issues • Maternity Improvement Plan (MIP) • Maternity Services Transformation Plan • Maternity Dashboard Exception Report • Patient Experience update • Risk Register Exception Report • Serious Incidents • Midwifery staffing report
2a	**Alert**	• **Induction of Labour (IOL)** - A detailed report was received and noted - a further presentation is expected at the October meeting • **Resources** to support MIP and Maternity Transformation - progress was reported with 2 key posts being filled. Some remaining posts remain open. Full status report expected October.

2b	**Assurance**	• The **MQOC** provided Assurance to the MAC on the following:
		  ○ Compliance met with Perinatal Mortality review Tool (PMRT) reporting requirements
		  ○ Delivery Suite achieved target positive acuity
		  ○ No outstanding SI reports
		  ○ Obstetric emergency simulation drills are taking place regularly with the multi-disciplinary team
		  ○ Positive feedback received regarding online antenatal education classes
		  ○ 100% positive recommendation via FFT (12 responses received)
		
		• **Maternity Improvement Plan (MIP)**
		  ○ A new Enhanced MIP report is in place to coordinate actions and themes from all reports (SBL, IMR, RCOG, CNST, Deloitte Audit, Midwifery staffing, MBBRACE, PMRT, CQC). Continued improvement in quality of document to monitor progress and status of items
		  ○ Further work required to embed completed items
		  ○ Includes 400+ items, 55 off track or not started not started and 15 on 'Covid Pause' which is under review. MQOC confirmed they have also reviewed this MIP
		  ○ The implementation of Badgernet, due in Mar / April '21 will enhance CNST and other reporting

2b	**Assurance (continued)**	• **The Maternity Clinical Dashboard** - July data, the main areas of note being: o An increase in births overall during July (an increase of 53 on Consultant Unit) o Overall a YTD decreasing birth rate (In line with national trend) o DS achieved 85.6% positive acuity (meets target) o 13 red flags (due to IOL) o Breast feeding rates Initiation rates (72%) above the national average; however breast feeding at discharge from hospital is just below national average (59.6%) o Bookings have Increased slightly during July o IOL rate has increased–(further review of IOL on going) o Decreased CO recording (in line with pandemic recommendations) o Smoking rate at birth has reduced despite the pandemic (14.7%) **Serious incidents (SI)** - July data - o One SI reported, no outstanding SI's. Issue of a lack of investigators within the Care Group has been raised and Trust Case Review training is now planned to take place. o Of the incidents reported in Datix, the top 3 categories were *Neonatal (23),* one of which was escalated to an SI, and a further case will be escalated to an SI in August, *Comms between staff and teams (16)* which were assigned to the relevant ward manager for action and 10 incidents were reported under the *Intrapartum category*, 9 of these detailed postpartum haemorrhages. The number of postpartum haemorrhages has increased and reporting encouraged. A task and finish group has been set up to review these incidents and weekly skills drills are being run. **Midwifery staffing** - July data - the main findings of this report are: o Midwife to Birth ratio is positive at 1:25 o Delivery Suite is continuing to achieve the required level of positive acuity. o Red flags -13 reported in July, an increase on prior months related to IOL. Work ongoing in this area o All areas except AN ward achieved at least 90% fill rate for midwifery staffing o The Birthrate Plus assessment is in progress and once reported, will provide accurate data to determine the required staffing levels for the current configuration of maternity services. **Expert Advisory Panel** - this panel is still in its early stages - held 2 meetings and have agreed Terms of reference
2c	**Advise**	• **IMR** The Trust continues to support the review, working with DO and her team , to provide information as required • **Patient Experience Report** o FFT was 100%. The majority of responses classed the services as very good /good o The Maternity Unit received 6 complaints in July 2020 (themes were around communication, visiting, appointments, values and behaviours.

2d	**Review of Risks**	

a) The Committee reviewed the Board Assurance Framework for Assurance on the following risks:

- BAF 1204 - IF our maternity services do not evidence learning and improvement THEN the public wil not be confident that the service is safe.
  Level of assurance provided: ***Moderate***

b) In considering these risks, the Committee can confirm:

		Check box to confirm
1	**The BAF risks are up-to-date - not discussed in detail at meeting as a separate meeting convened 5th October**	☐
2	**The direction of travel stated is current and correct**	☒
3	**The current risk rating is correct**	☒
4	**There is no additional/updated content (controls/assurances) or new risk(s) that needs to be added?** not discussed in detail at meeting as a separate meeting convened 5th October	☐

If there are changes to content or new risks identified the Committee recommends to the Board

BAF 1204 - IF our maternity services do not evidence learning and improvement THEN the public wil not be confident that the service is safe.

Recommendation:
It was agreed further work was required on the BAF risk 1204 and the maternity team undertook to complete this (now anticipated at a separate meeting on Oct 5th)

3	**Actions to be considered by the Board**	• Note the report		
4	**Report compiled by**	**Tony Bristlin, Non-Executive**	**Minutes available from**	**Louise Allmark EA to Chief Nurse**