

Maternity Assurance Committee Key Issues Report

Report Date: 23 October 2020	Report of: Maternity Assurance Committee
Date of last meeting: 20 October 2020	Membership Numbers: Quoracy met. 15 in attendance including the Chair
1	Agenda <p>The Committee considered an agenda which included the following:</p> <ul style="list-style-type: none"> • Review of Settled Legal Maternity Cases • Governance Process Changes • Independent Maternity Review Update • Maternity Transformation Plan • Maternity Quality Oversight Committee Key Issues • Maternity Improvement Plan: • CNST Exception Report <ul style="list-style-type: none"> • Staffing Report • PMRT Report • Quality Metrics: <ul style="list-style-type: none"> • Dashboard Exception Report • Patient Experience Update/Complaints Update • Patient Safety/Serious Incident Report
2a	Alert <p>The Committee wish to alert members of the Board that:</p> <ul style="list-style-type: none"> • Three external reports (including settled Legal Maternity cases) recently been belatedly received by the maternity team. The reports have a number of actions that needed to be taken. The team is checking whether these are in hand or require adding to current plans. The maternity team described the process as sufficiently robust to minimise the possibility of such reports not being acted on promptly going forwards • Identified a Risk to CNST compliance – Safety actions 2 & 5. Actions in hand to address action 2 related to systems, and discussions taking place with respect to action 5. The scheme has recently been updated and the care group are reviewing the new document as changes have been made to the scheme • An increase in numbers of post-partum haemorrhage has been reported – a task and finish group is reviewing • The availability of tier 2 level doctors has declined for a number of reasons and is a nationally recognised problem. The experience of replacement staff is limited hence the need to utilise resident consultants presence throughout the 24hr period. Short term this is mitigated by agency locum doctors, later this year the target is to have appointed consultants to cover all the night shifts. • The midwifery staffing report was received which noted the following: <ul style="list-style-type: none"> ○ Delivery Suite achieved 81% positive acuity (4% below target) ○ Red flags continue to be reported with 19 reported in August which has risen slightly from the previous month. The increase being driven by Induction of Labour which has been subject to a detailed review which will be presented to QSAC in October ○ Labour ward coordinator was not supernumerary once ○ All areas (excl. WMLU) had 90%+ fill rate for midwifery staffing ○ 1:1 care in labour was 100%

2b	Assurance	<p>The Committee wish to assure members of the Board that:</p> <ul style="list-style-type: none"> • Given the upcoming changes in the Trust assurance committee structure this was the last meeting of the MAC. Assurances are to be provided going forward through QSAC or directly to the main board. • The Care Group Medical Director advised that whilst anaesthetic cover for the maternity unit was not currently in line with RCA guidance, it is partly mitigated by cover being in place from experienced staff grade anaesthetists. Scheduled care (SC) who are responsible for this cover continue to actively recruit and have recently appointed a new anaesthetic CD who is focusing on this issue. • All action plans included in the MIP have shown an improved status in month with the exception of the Early notification scheme which has remained static, the Midwifery staffing audit and CNST which have declined slightly. This plan summarises progress on 14 separate action plans. The status of the 452 actions as at September were classified as following: Embedded 6, Complete 157, On track 231, Off track 32 Not yet started 11 and 15 have been paused due to Covid. In October the care group is focusing on moving actions to an embedded status and reducing the off track items further. • Compliance with PMRT and Early notification scheme reporting requirements was met • 100% recommendations from the FFT • Continuity of Carer teams implemented and making positive impact – 9% women booked onto pathway. National target is 35% by March 2021 and further work is in hand to achieve this. • The Clinical dashboard was reviewed and main areas for noting are: <ul style="list-style-type: none"> • An increase in births overall during August (an increase of 16 on Consultant Unit and 11 on the Wrekin Midwife Led Unit). • Overall a YTD decreasing birth rate (In line with national trend) • Breast feeding rates Initiation rates remain above the national average (at or above 72% YTD; 72.7% for August) however breast feeding at discharge from hospital remains at just below national average at 59.4%. • Bookings have continued to increase slightly with a more significant increase from July to August (increase of 37). • Decreased CO recording (in line with pandemic recommendations) • Smoking rate at birth is continuing to drop (from 14.7 in July to 11.5% in August), this has reduced despite the pandemic.
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2c	Advise	<p>The Committee wish to advise members of the Board that:</p> <ul style="list-style-type: none"> • The trust continue to work positively with the Independent Maternity Review Team and we are meeting their information requirements. It was noted a new system to send information was being deployed, MESH, and is working satisfactorily at the trust. Awaiting confirmation that this is the case for the IMR team • Lines of communication continue to remain satisfactory with the police investigation. • Sufficient resources are in place to support the IMR and police investigation including a new lead for this area • Following the closure of the Independent Maternity Review to new cases, a dedicated email address has been created for families who have concerns about their maternity care to raise these directly with the Trust. A robust process is in place to respond, track and independently evaluate these concerns.
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2c	Advise (continued)	<ul style="list-style-type: none"> • The Maternity Transformation Programme is in place and workstreams are up and running. The required PMO support has been recruited and will be in place in November. • There are a number of authorised midwifery posts yet to be recruited to support the various ongoing maternity programmes and additionally a further business case is being developed by the care group for additional posts • The maternity external advisory group is expected to hold a further meeting prior to the end of the year and has requested an update on the Maternity Transformation Plan • A Maternity Safety Champions team has been set up to meet safety action 9 of the CNST requirements - including NED and Exec 'champions' 		
2d	Review of Risks			
The review of BAF risks was deferred to the next meeting which will be within QSAC.				
3	Actions to be considered by the Board	<ul style="list-style-type: none"> • Report to be noted • Note the limited number of embedded actions within the MIP and the current focus on improving this position 		
4	Report compiled by	<i>Tony Bristlin, Non-Executive Director</i>	Minutes available from	<i>Committee Support Louise Allmark, EA to Director of Nursing</i>