

## Board of Directors September 2024

<b>Agenda item</b>	CNST INFORMATION PACK <b>Appendix 24</b>		
<b>Report Title</b>	Minutes of the First Quad/Safety Champions Quarterly Meeting Q4		
<b>Executive Lead</b>	Hayley Flavell, Executive Director of Nursing		
<b>Report Author</b>	Kim Williams Head of Midwifery		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	Our patients and community	√	<b>Trust Risk Register id:</b>
Effective	Our people	√	
Caring	Our service delivery	√	
Responsive	Our governance	√	
Well Led	Our partners	√	
<b>Consultation Communication</b>	Maternity Governance Committee, July 2024 W&C Divisional Committee Meeting, July 2024 Quality and Safety Assurance Committee, July 2024 LMNS/PNQSG TBC		
<b>Executive summary:</b>	These are the minutes from the quarterly Safety Champions/W&C Quad meeting as per Safety Action 9.		
<b>Recommendations for the Board:</b>	The Board is asked to:  Receive the report in line with CNST Safety Action 9.		
<b>Appendices:</b>	None		

**Perinatal Quad / Board Safety Champions Quarterly Meeting**  
**Monday 1<sup>st</sup> July 2024 09:30 – 10:30**  
**MS Teams**  
**MINUTES**

	Carol McInnes	Divisional Director of Operations
	Mei-See Hon	Obstetric Clinical Director
	Julie Plant	Divisional Director of Nursing
	John Jones	Executive Medical Director
	Kim Williams	Head of Midwifery
<b>Apologies</b>	Sarah Dunnett	Non-Exec Director
	Annemarie Lawrence	Director of Midwifery

<b>2024/01</b>	<b>Welcome and apologies</b>
	<p>Welcome and apologies were noted as above. KW verbally ran through what was discussed in the previous meeting and advised that the same agenda will be followed this quarter. This meeting has been set up to satisfy the ask of Safety Action 9.</p>
<b>2024/02</b>	<b>Declarations of Conflicts of Interest</b>
	No declarations made.
<b>2024/03</b>	<b>Perinatal Culture and Leadership Development Programme (PCLDP)</b>
	<p>CMc advised that the quad have had meetings with their coaches and the programme has now been completed. Improvement work has been incorporated as part of the Culture Improvement Plan managed within WS2. A paper was shared with the Trust Board outlining the learning from the SCORE survey.</p>
<b>2024/04</b>	<b>Understanding Local Culture</b>
	<p>JP advised culture within neonates has improved significantly. The SLT was lacking due to vacancies, matrons interviews are scheduled and due to take place in the coming weeks.</p> <p>CMc highlighted the work reviewing and refreshing the MTP going into 24/25 and the work underpinning MTP Phase 2 implementation with the inclusion of the culture work into WS3. The culture plan will continue in terms of delivery to maintain fresh eyes within the Division. Neonates have been incorporated into the transformation programme, drawing the neonatal improvement work into the plan. The SCORE survey plan is to be incorporated into the transformation programme.</p>

	There was a brief discussion relating to the principles pertaining to guest speakers and review of the process involved.
<b>2024/05</b>	<b>Cultural Score Survey</b>
	CMc advised that a piece of work is going to be done following the Culture Score Survey results. KW advised that a meeting took place with Neonatal and Maternity Senior Leadership Team to review the results of the SCORE survey. A follow up meeting will take place to produce an action plan with oversight maintained via governance processes. JP raised concerns relating to the rich data within the SCORE survey, joint work is underway between neonatal and midwifery teams to devise an action plan and subsequent improvement work.
<b>2024/06</b>	<b>Safety Champions Dashboard</b>
	<p>The Maternity and Neonatal Locally Agreed Dashboard was shared during the meeting.</p> <p>KW explained that this dashboard gives us an opportunity to assure the Safety Champions and provides the overarching position of the division. This works well as it is an opportunity to escalate concerns and review quarterly.</p> <p>KW re-iterated that the team are looking at introducing a 'hold the line' process for staff when they are involved in a serious incident. This is being looked at as the team need a way of introducing a process that's restorative, gives staff time out and a period for the necessary process to be introduced without being received as punitive. The criteria for this will need discussing widely.</p> <p>PSIRF training day was held for Maternity and Neonatal staff, the afternoon was successful addressing learning and challenges with the new model. It also encouraged discussion aligning HR processes to PSIRF and challenges relating to the increased number of moderate incidents and Duty of Candour.</p>
<b>2024/07</b>	<b>Triangulation of the NHS Scorecard</b>
	KW discussed the quarterly triangulation report, this report is reviewed through the relevant governance meetings. Discussion pertaining to 10 years of litigation claims, current incident trends, complaints, PMRT, external visits/publications, MNSI, ATAIN reporting and subsequent triangulation. Themes, trends and QI projects following triangulation was discussed with encouragement to feedback on improvement work.
<b>2024/08</b>	<b>Closing remarks/AOB</b>

	Meeting closed.
<b>2024/09</b>	<b>Date of Next Meeting</b>
	Monday 29 <sup>th</sup> July 2024 11:00 – 12:00