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Bi-Monthly Maternity Safety Champions Meeting

Date: 03/08/2021

Present: Karen Dawber (Exec), Selina Ullah (Non-exec director), Sara Hollins (Midwifery), Nicola Cawley (Obstetrics), Catriona Firth (Neonatal)

Issue	Progress/Action required
Midwifery/Obstetric/Neonatal/Neonatal Nurse Staffing	<p>Midwifery and Obstetric:</p> <p>Midwifery and Obstetric staffing bid submitted to national team in May. Awarded 33.6 WTE Midwives and 1.9 WTE Obstetricians. (Includes some back fill for MDT training, non-recurrent). BR+ paper revised following the bid and will be re-submitted August/September. 10 WTE vacancies on current establishment. Have just appointed 1 band 5 and 2 x band 6. Central LMS recruiting has yielded less than our previous solo recruitments. Currently expecting 19.36 WTE to start in October, but this may drop if consensus is to allow students to change to their 1st choice Trust if vacancies are available. We currently have approx. 22.24 WTE to recruit between now and the end of the financial year. Looking at bespoke posts as ways of attracting external applicants.</p> <p>Staffing challenges at present due to covid related issues. Has been positive uptake of the enhanced rate shifts. Daily regional maternity sitrep is being collected until further notice to collate regional picture.</p> <p>Obstetricians</p> <p>1.9 + business case to take it to 3.5 WTE obstetricians. Currently agreeing how to advertise the posts. Have 2 candidates from the last recruitment round which we are able to offer to. SU asked if the increase to the consultant body would improve the experience of junior doctors. NC did feel that more learning/operating opportunities would be easier to facilitate.</p> <p>Risk and Governance Lead midwife has raised concerns regarding the lack of time the risk lead is currently able to provide due to clinical pressures and</p>

	<p>Cerner workload. Contributing to delay in 72 hour reviews.</p> <p>Neonatal:</p> <p>Same nurse staffing challenges as for midwives.</p> <p>Network wide pressures with lack of NICU capacity and EMBRACE transfer pressures. Has improved slightly this week.</p> <p>3 staff have signed up for QIS course. Some NQN starting in the autumn, but this won't achieve the full establishment. Work going on to improve the culture on NNU to try and improve recruitment and retention. Recognised that nursing team is not as cohesive as it should be. Opportunities for feedback and raising concerns. New Matron having 1:1's with all staff to try and understand issues.</p> <p>Neonatal medical staffing improved. 2 NNANP appointed Trainee rota- 2 x T1 appointed so will improve weekend postnatal ward cover.</p>
Stillbirths/NND/HIE Cases	<p>1 Stillbirth since last meeting. 26/40 low risk pregnancy, 1st episode of reduced fetal movements. Initial notes review has not revealed any lapses in care. Delay in completion of 72 hour reviews at the moment due to Consultant pressures.</p> <p>1 x NND in June- non Bradford baby. 3 x NND in July, 1 at 26 days old on ward 30. All 3 babies had Butterfly team input (Trisomy 13, Trisomy 18, and 25+4 with anhydramnios following ROM at 17/40). Deep dive on NND presented to QA by Catriona Firth in July- provided good level of assurance.</p> <p>2 x HIE in July. 1 x term baby, low risk pregnancy and labour. Midwifery review of case should possible failure to appropriately manage a delay in the first stage of labour. Case referred to and accepted by HSIB. The other case does not meet HSIB reporting criteria 35+6 LSCS for pathological CTG. Awaiting clinical review.</p> <p>Trust notified of HSIB case referred by Oldham This is an HIE case from August 2020. The mother received care from</p>

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	<p>BTHFT between booking and 33 weeks and DNA'd her 35 week appointment as she had moved to Oldham. Review of her antenatal care revealed gaps between 11 and 31 weeks. However, this did not affect the outcome. Care and risk assessment were appropriate at 31 and 33 weeks. The identified gaps in care relate to the diabetic pathway and are being urgently reviewed by the OMS workstream..</p>
ATAIN update	<p>3 monthly rolling average rates remain around between 3 and 4. Review of last 6 months (Jan-Jun 2021) to share poster (will attach). CF went through the poster with the team. Trends identified – CTG interpretation and still some suboptimal temperatures (although primary reason for admission not hypothermia). SU asked a bit more about cold babies and reasons. CF shared that there is room for improvement in making sure that babies don't get cold. Hoping that CERNER and NEWT chart will improve management and identification of cold babies. ATAIN e-learning programme being reviewed and hopefully will feed into PROMPT. Possibility that ATAIN target may be reduced again. CTG interpretation picked up by Fetal monitoring leads.</p>
Internal investigations/ SI's/HSIB cases	<p>2 x HSIB/SI cases as mentioned 3x Neonatal Unit SI's which were shared with Board in the April maternity update paper. Investigations are ongoing. A NNU Transfusion incident that was initially an Internal Investigation has been upgraded to SI as it was felt to be a Never Event. This is where the wrong FFP was released by the lab for a neonate. Neonates didn't realise it was wrong. Most of the actions are with Transfusion although there was some education / guideline modification.</p>
CQC compliance action plan	<p>All Must Do actions are completed. 2 x ongoing should do but no safety concerns. Ockenden assurance and actions has been added to the overarching improvement plan.</p>
Assurance e.g. safety checks/audits	<ul style="list-style-type: none"> • Red flags are now becoming

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	<p>embedded in daily practice. Reviewed every day prior to sit rep submission.</p> <ul style="list-style-type: none"> Some gaps in Birth Centre CD book due to occasions when BC is closed.
<p>Safety concerns raised by staff</p> <p>Maternity and Neonatal Dashboards</p>	<p>Action log commenced in June. Staff raising concerns outside of meetings which are also added to the log to monitor and action.</p> <p>June:</p> <ul style="list-style-type: none"> Sonicaid/equipment issues NNU Isolation room Environment risk issues in ANC/MAC waiting area <p>July:</p> <ul style="list-style-type: none"> Privacy & dignity transferring women from MAC to LW/BC Lack of air con in LW office/poor working conditions CS rates increased 3/4th degree tear increase with instrumentals in June ? increase LBW babies at term
Unit diverts	<p>2 diverts/attempted in July and numerous Amber risk assessments completed due to current staffing pressures. Regional Midwifery Team receiving daily sit rep as situation is not unique to Bradford, to try and collate position across the region.</p>
Good News stories	<ul style="list-style-type: none"> National funding bid OMS 6 month review Pop-up vaccination hub
Any other issues?	<p>Gynaecology nurses continue to express concerns regarding the need to move them to other areas, leaving gynae women to miscarry without the appropriate nursing team. This is also affecting AED flow as the gynae SHO is having to review alone and needs to find chaperones. Ties into the wider ward 25/EPAU environment conversations and Trust wide staffing pressures.</p> <p>New NED- John Prasher to join the team</p>

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	Final NHSI/E MSSP visit planned for 23/08 KD thanked Selina for her input and contribution as maternity safety champion and wished her well in her new role. Echoed by the rest of the group.
Issues for KD to escalate to Board	Nothing additional to the monthly maternity update paper.

Maternity Safety Champion Action Log

Date	Issue	Action Required	By	Update/Closed
08/06/2021	Selina Ullah leaving NED role at the end of August.	To raise at Board planning day on 10/06/21	KD	John Prasher will take over the NED role
08/06/2021	Premium rate being used to mitigate need for additional Consultant time.	KD to raise with Saj Azeb re use of a locum as a more cost effective option	KD	Remains under discussion
08/06/2021	7 X NND in 2 months, higher than expected	Deep dive of 12 months NND to be added to the monthly maternity update. To go to July Board/QA	CF	CF presented at July QA as requested. High level of assurance. To go back in November.
08/06/2021	Lack of privacy and dignity for women miscarrying on general surgical wards.	KD to discuss with Saj Azeb as part of ward reconfiguration plans.	KD	Ongoing discussion
03/08/2021	Risk and Governance Lead midwife has raised concerns regarding the lack of time the risk lead is currently able to provide due to clinical pressures and Cerner workload. Contributing to delay in 72 hour reviews.	New Consultant appointments will hopefully improve this situation. CD has looked at releasing time for other consultants in the interim.	Carolyn Robertson	
03/08/2021	NN Nursing culture raised. Suggested having ADN/NN Matron join this meeting	To invite Kay Rushforth/ Ruth Tolley to be the Neonatal Nursing Safety Champions and attend this meeting.	CF/SH	