

Maternity Governance Meeting: March 2025

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| Agenda item | CNST INFORMATION PACK Appendix | | |
| Report Title | Minutes of the Quad/Safety Champions Quarterly Meeting | | |
| Executive Lead | Paula Gardner, Director of Nursing | | |
| Report Author | Kim Williams Interim Director of Midwifery | | |
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| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | Our patients and community | √ | Trust Risk Register id: |
| Effective | Our people | √ | |
| Caring | Our service delivery | √ | |
| Responsive | Our governance | √ | |
| Well Led | Our partners | √ | |
| Consultation Communication | Maternity Governance Committee, February 2025 W&C Divisional Committee Meeting, February 2025 Quality and Safety Assurance Committee, February 2025 LMNS/PNQSG march 2025, BoD March 2025. | | |
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| Executive summary: | These are the minutes from the quarterly Safety Champions/W&C Quad meeting as per Safety Action 9. | | |
| Recommendations for the Board: | The Board is asked to: Receive the report in line with CNST Safety Action 9. | | |
| Appendices: | None | | |

Perinatal Quad / Board Safety Champions Quarterly Meeting
12th February 2025
MS Teams
MINUTES

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| In Attendance | Kim Williams | Interim Director of Midwifery |
| | Mei-See Hon | Obstetric Clinical Director |
| | John Jones | Executive Medical Director |
| | Wendy Nicholson | Non-Exec Director |
| | Julie Plant | Divisional Director of Nursing |
| | Zain Siddiqui | Deputy Director of Operations |
| Apologies | Carol McInnes | Divisional Director of Operations |
| | Annemarie Lawrence | Director of Midwifery |
| | Andrew Sizer | Divisional Medical Director |

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| | Welcome and apologies |
| | Welcome and apologies were noted as above. This meeting has been set up to satisfy the ask of Safety Action 9. |
| | Declarations of Conflicts of Interest |
| | No declarations made. |
| | Perinatal Culture and Leadership Development Programme (PCLDP) |
| | A meeting to review progress with the Perinatal Culture improvement Plan took place identifying themes and trends across Neonatal and Maternity Services. An update on progress will be shared with Board of Directors via the Integrated Maternity Report in March 2025 via a robust action plan. Culture remains an important element of the MNTTP. The next phase of planning is a workshop focussing on culture. Perinatal Culture plan is in place, external discussions have taken place to support services to enact the plan. |
| | Understanding Local Culture |
| | KW highlighted that looking at complaints, Incidents and recent CQC feedback, we are exploring how we improve the culture aligned to behaviours and communication. There are areas for development within maternity including Wrekin Community who have had instability in leadership over the past 3 years. The team have a new Matron and Ward Manager, and the Deputy Head of Midwifery and Interim Director of Midwifery held focus groups with the teams to lead the improvements. Maternity services are in the process of implementing quality improvement programmes. The Community Review undertaken was shared with all |

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| | <p>community teams, the feedback from clinical staff was that they did not have a voice in the review. On this basis, staff engagement has commenced before a Management of Change is undertaken to develop and enhance community services.</p> <p>Staff survey results remain embargoed, JP was pleased with the uptake from neonatal staff. JP is happy with the improved culture on the neonatal unit. High level feedback is planned pertaining to the staff survey. WN asked what 3 areas of focus relating to the staff survey would have an impact to shift a change in culture. KW discussed development from a clinical and managerial element however, specialist development was identified as a gap with clear development needed. JP discussed hierarchy, the use of FTSU and Insight visits and how staff have highlighted an improvement in culture. JP also highlighted a shift towards Band 7 development, establishment and adequacy in skills. Working together with staff members, JP stated it enabled a clearer understanding of their experience, this has helped to move things forward. Subsequently, securing positions in leadership roles.</p> |
| | Cultural Score Survey |
| | <p>JP advised that a meeting took place in October to provide appropriate action planning following the Culture Score Survey results. Both maternity and neonatal services provided representation with robust action plans developed.</p> |
| | Safety Champions Dashboard |
| | <p>The Maternity and Neonatal Locally Agreed Dashboard was discussed during the meeting. KW explained that this dashboard gives us an opportunity to assure the Safety Champions and provides the overarching position of the division. Following MNSC meeting and agreed as part of the perinatal Quad meeting to remove Eclampsia from the Dashboard and add oversight and monitoring of neonatal care including supernumerary status of the neonatal coordinator and monitoring of antibiotics administration upon admission to the neonatal unit.</p> |
| | AOB |
| | <p>KW to send JJ recent CQC feedback and discuss/support KW with the concerns raised.</p> |
| | Closing remarks |
| | <p>Meeting closed.</p> |
| | Date of Next Meeting |
| | TBC |

