Person repsonsible key

AB	Ashwini Bilagi
CC	Clare Cheatham
HB	Hannah Bowden
HH	Helen Hurst
JH	Jade Hellier
JO	Jade Osbourne
LK	Lakshmi Thirumalaikumar
LW	Louise Wilde
MG	Mausumi Ghosh
NS	Neil Shah
PB	Penny Broggio
PBid	Posy Bidwell
RK	Randeep Kaur
RT	Rachel Tennant
SF	Sarah Figg
ZS	Zulekha Samsodien

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	3
Some progress in this area	1
Significant work to do	3
National action - unable to rate	2
TOTAL	11

	1: WORKFORCE PLANNING AND SUSTAINABILITY		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
WPS1	**Essential action – financing a safe maternity workforce** The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented.	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Near complete	Review spending	? Amount received. Spent on: 2 Clinical Educators, Consultant PA for fetal monitoring 9? time), 7 Triage Midwives (refresh this advert to rotational midwives)	LW / NS	30-Apr-22
WPS2		Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements	Some progress in this area	Esclation policy for community needs to be updated.	Birthrate plus currently being used. Have same staffing levels as LMNS - Opel status (Esclation policy). This is input every day	Matrons	30-Apr-22
WPS3		Minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave.	Near complete	Need to speak to finance to confirm that uplift has occurred	Check that this was changed from 21% to 25 % uplift as part of ? Ockenden 1	LW / HH	30-Apr-22
WPS4		The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH.	National action - unable to rate	Not a local action			
WPS5	**Essential action – training** We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented	All trusts must implement a robust preceptorship programme for newly qualified midwives (NQM), which supports supernumerary status during their orientation period and protected learning time for professional development as per the RCM (2017) position statement for this.	Near complete	Continue to review preceptorship programmes. Obtain feedback from NQM (Band 5 Forum minutes). Work towards towards 2 hours / bimonthly PMA support	Continue to review	Matrons / Education Team	30-Apr-22
WPS6		All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.	Significant work to do	Look at preceptorship rotation	Currently not in place	JH / SF	30-Apr-22
WPS7		All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.	Significant work to do	Need to explore what courses are available (RCM LW Leaders workshop, working together for safer care - HEE safety catalogue). 17 LW Coordinators	Currently not in place. Human Factors course (Baby Life Line) has been booked for 40 staff	JH / SF	30-Apr-22
WPS8		All trusts to ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs. This must encompass opportunities to be released from clinical practice to focus on their personal and professional development.	Complete	Orientation packs to be sent as evidence	No actions as in place, but packs to be sent as evidence	JH	30-Apr-22
WPS9		All trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.	Complete	Competency Pack to be sent as evidence	There is somebody on every shift who can work on HDU	JH	30-Apr-22
WPS10		All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.	Significant work to do	Need to develop a maternity workforce strategy		LW / NS	30-May-22
WPS11		The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.	National action - unable to rate	national action			

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	6
Near complete	0
Some progress in this area	1
Significant work to do	2
National action - unable to rate	0
TOTAL	**9**

	2: SAFE STAFFING		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
SS1	**Essential action** All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals.	When agreed staffing levels across maternity services are not achieved on a day-to-day basis this should be escalated to the services' senior management team, obstetric leads, the chief nurse, medical director, and patient safety champion and LMS.	Complete	No actions required at present	Currently done through Opel reporting - since by Trust. Continue discussions about bank rates. May need to revisit local Escalation Policy.	Matrons	
SS2		In trusts with no separate consultant rotas for obstetrics and gynaecology there must be a risk assessment and escalation protocol for periods of competing workload. This must be agreed at board level.	Complete	No actions required	Not applicable. There is a separate rota for Obs & Gynae. Rotas provide evidence for this	NS	
SS3		All trusts must ensure the labour ward coordinator role is recognised as a specialist job role with an accompanying job description and person specification.	Some progress in this area	Need to review job desciptions are accurate	JDs will be reviewed	JH	30-Apr-22
SS4		All trusts must review and suspend if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain.	Complete	Do not currently run any CoC, that met the definition as set out by Better Births	Will review as required	LW	No actions
SS5		The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction.	Complete	Not applicable as we do not run any CoC teams	Will review as required	LW	No action
SS6		The required additional time for maternity training for consultants and locally employed doctors must be provided in job plans. The protected time required will be in addition to that required for generic trust mandatory training and reviewed as training requirements change.	Complete	No actions required	Training is done in SPA time	LK / NS	No action
SS7		All trusts must ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings.	Complete	No actions required	4 clincial eductors - their JDs provide evidence for this	PBid	No action
SS8		Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles.	Significant work to d	Will be part of maternity workforce strategy	Not currently in place. Will be incorporated as part of the maternity workforce strategey	LW	30-May-22
SS9		All trusts must develop strategies to maintain bi-directional robust pathways between midwifery staff in the community setting and those based in the hospital setting, to ensure high quality care and communication.	Significant work to d	Look towards developing a rotational system for community and inpatient staff. Will be part of maternity workforce strategy	Not currently in place. Will be incorporated as part of the maternity workforce strategey	LW	30-May-22
SS10		All trusts should follow the latest RCOG guidance on managements of locums. The RCOG encourages the use of internal locums and has developed practical guidance with NHS England on the management of locums. This includes support for locums and ensuring they comply with recommended processes such as pre-employment checks and appropriate induction.		Check with Maggi		PBid	30-Apr-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	3
Near complete	1
Some progress in this area	0
Significant work to do	1
National action - unable to rate	0
TOTAL	**5**

	3: ESCALATION AND ACCOUNTABILITY		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
E&A1	**Essential action** Staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times. If not resident there must be clear guidelines for when a consultant obstetrician should attend.	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.	Significant work to do	Need to develop this	Not currently in place	NS / RK / RT / HB	30-May-22
E&A2		When a middle grade or trainee obstetrician (non-consultant) is managing the maternity service without direct consultant presence trusts must have an assurance mechanism to ensure the middle grade or trainee is competent for this role.	Complete	No actions required at present	Evident on rota	NS	no actions required
E&A3		Trusts should aim to increase resident consultant obstetrician presence where this is achievable.	Complete	No actions required at present	Already in place - see rota	NS	no actions required
E&A4		There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit.	Near complete	Need to check which guideline this is	This is in place - but need to check which guideline it is in and make sure everyone aware of this	LK / PBid	30-May-22
E&A5		There must be clear local guidelines detailing when the consultant obstetrician and the midwifery manager on-call should be informed of activity within the unit.	Complete	No actions required at present	This is in escalation policy	LW / NS	no actions required

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	3
Near complete	1
Some progress in this area	1
Significant work to do	2
National action - unable to rate	0
TOTAL	**7**

	4: CLINICAL GOVERNANCE - LEADERSHIP		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
CGL1	**Essential action** Trust boards must have oversight of the quality and performance of their maternity services. In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems.	Trust boards must work together with maternity departments to develop regular progress and exception reports, assurance reviews and regularly review the progress of any maternity improvement and transformation plans.	Complete	Already embedded	Already embedded Regularly report (monthly) through Q&S	LW / HH / NS	no actions required
CGL2		All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board.	Complete	LW to send to PBid to provide evidence for this	Already done.	LW	30-Apr
CGL3		Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services.	Complete	Need to ensure that this post is retained	RT in post	LW	30-Apr-22
CGL4		All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities.	Near complete	JD and action plan for LK	LK is risk lead, but need to ensure this is reflected in JD	NS	30-Apr-22
CGL5		All trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis and family engagement.	Significant work to do	CC to do a session on listening to women in July 22 QIHD. R&G team to attend BabyLife life Investigation Training over coming months	Human Factors training has been booked, Causal analysis training has been booked. Need to explore 'family engagement'	LW / NS / PBid	30-Jul-22
CGL6		All maternity services must ensure there are midwifery and obstetric co-leads for developing guidelines. The midwife co-lead must be of a senior level, such as a consultant midwife, who can drive the guideline agenda and have links with audit and research.	Some progress in this area	Need to explore CM role with guidelines	Check PCEG committee required attendees	CC / PBid	30-May-22
CGL7		All maternity services must ensure they have midwifery and obstetric co-leads for audits.	Significant work to do	Need to explore Consultant Midwife role with audits	No current midwifery co-lead for audits	CC / MG / AB (Research Lead)	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	2
Some progress in this area	2
Significant work to do	1
National action - unable to rate	0
TOTAL	**7**

	5: CLINICAL GOVERNANCE - INCIDENT INVESTIGATION AND COMPLAINTS		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
CGI1	**Essential action** Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner.	All maternity governance teams must ensure the language used in investigation reports is easy to understand for families, for example ensuring any medical terms are explained in lay terms.	Some progress in this area	Lay terms to be included with SI / local investigation reviews	Work in this area underway following recent debriefs. Lay terms always used in debrief sesssions	PBid	30-Apr-22
CGI2		Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	Complete	No actions required as this is embedded within the unit	Trolley dashes. Incorporate lessions learned form incients in different ways etc	Education Team	No actions
CGI3		Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred.	Some progress in this area	Check with MG what audits have been conducted and the results of these	Need to demonstrate this	PBi	30-May-22
CGI4		Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred.	Near complete	Revisit action plans to ensure these are up do date	HSIB reprots can take over 6 months	PBid	30-May-22
CGI5		All trusts must ensure that complaints which meet SI threshold must be investigated as such.	Complete	no actions required at present	Continual review of complaints.	LW	No actions
CGI6		All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.	Significant work to do	Take compliants process to MVP and ask for their input	MVP not currently involved with complaints process	CC	30-May-22
CGI7		Complaints themes and trends must be monitored by the maternity governance team.	Near complete	Formalise Compliants working group to iinclude all areas (currently inpatients only). Develop action plans	Complaints working group recently established	JH	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	0
Some progress in this area	0
Significant work to do	0
National action - unable to rate	1
TOTAL	**3**

	6: LEARNING FROM MATERNAL DEATHS		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
MD1	**Essential action** Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies. In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings..	NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that this is provided in any case of a maternal death	National action - unable to rate	Not local action			
MD2		This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required.	Complete	No actions - embedded in practice	All maternal deaths reported to HSIB / MBBRACE	LW / NS	No actions
MD3		Learning from this review must be introduced into clinical practice within 6 months of the completion of the panel. The learning must also be shared across the LMS.	Complete	No actions - embedded in practice	Q&S meeting minutes	PBid	No actions

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	0
Some progress in this area	2
Significant work to do	3
National action - unable to rate	0
TOTAL	**7**

	7: MULTIDISCIPLINARY TRAINING		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
MDT1	**Essential action** Staff who work together must train together Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend. Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training	All members of the multidisciplinary team working within maternity should attend regular joint training, governance and audit events. Staff should have allocated time in job plans to ensure attendance, which must be monitored.	Some progress in this area	CC to discuss QIHD with MG and how to increase midwife attendance	MDT training in place (PROMPT). MDT governance meetings. Audit event lacking in MDT attendance. Midwives are not able to attend QIHD events.	CC / MG	30-May-22
MDT2		Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.	Significant work to do	Need to incorporate local handover tools into training programmes	SBAR audited, but not currently on training programme	Education Team	30-May-22
MDT3		All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS.	Significant work to do	Need to incorporate this. Human Factors course needs to be put on ESR mandatory training programme	Human Factors is shown in PROMPT. To explore Team Steps training package to train 'train the trainers'	LW / JH	30-May-22
MDT4		There must be regular multidisciplinary skills drills and on-site training for the management of common obstetric emergencies including haemorrhage, hypertension and cardiac arrest and the deteriorating patient.	Complete	No actions as this is embedded in practice		Education Team	No actions
MDT5		There must be mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level, recognising that well supported staff teams are better able to consistently deliver kind and compassionate care.	Significant work to do	Need to Review PMA process. Embed AQUIP model. Embed 'Just Culture'. Freedom to speak up. Mental health first aid	Need to revisist this	LW	30-Jun-22
MDT6		Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills.	Complete	No further actions as systems in place for Midwives	Bank bans if training not valid / MWs not able to work on LW if not CTG trained	Matrons	30-May-22
MDT7		Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory.	Some progress in this area	Check doctors are up to date		NS / Matrons	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	3
Near complete	0
Some progress in this area	1
Significant work to do	1
National action - unable to rate	0
TOTAL	**5**

	8: COMPLEX ANTENATAL CARE		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
CANC1	**Essential action** Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care. Trusts must provide services for women with multiple pregnancy in line with national guidance. Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy.	Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.	Significant work to do	Protected time required. Need to work with Primary Care	No preconception care	NS	30-Jun-22
CANC2		Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.	Some progress in this area	Explore possibility of dedicated midwife for this service - ? Business Case written	Dedicated Consultant, but no dedicated MW	JH	30-May-22
CANC3		NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.	Complete	No actions required as embedded in practice	Systems in place - Guideline	NS	No actions
CANC4		When considering and planning delivery for women with diabetes, clinicians should present women with evidence-based advice as well as relevant national recommendations. Documentation of these joint discussions must be made in the woman's maternity records.	Complete	No actions required as embedded in practice	Systems in place for this	NS	No actions
CANC5		Trusts must develop antenatal services for the care of women with chronic hypertension. Women who are identified with chronic hypertension must be seen in a specialist consultant clinic to evaluate and discuss risks and benefits to treatment. Women must be commenced on Aspirin 75-150mg daily, from 12 weeks gestation in accordance with the NICE Hypertension and Pregnancy Guideline (2019).	Complete	No actions required as embedded in practice	Systems in palce - Guideline in place	NS	No actions

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	1
Some progress in this area	0
Significant work to do	1
National action - unable to rate	0
TOTAL	**4**

	9: PRETERM BIRTH		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
PTB1	**Essential action** The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth. Trusts must implement NHS Saving Babies Lives Version 2 (2019)	Senior clinicians must be involved in counselling women at high risk of very preterm birth, especially when pregnancies are at the thresholds of viability.	Complete	No actions as embedded in practie	Pre-term clinic. Pre term labour guideline. 22 week pathway in place	NS	no actions
PTB2		Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	Near complete	Check guideline that this is there.	In pratice, but need to check was is written in guideline	PBid	30-Apr-22
PTB3		Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	Complete	No actions as embedded in practie	Covered on 27 week pathway	NS / PB	no actions
PTB4		There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit.	Significant work to do	Continuous audit to be put in place with Audit lead and Labour Ward Manager	Ad hoc audits conducted, need to put in place continuous ones	MG / ZS	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	0
Some progress in this area	2
Significant work to do	2
National action - unable to rate	0
TOTAL	**6**

	10: LABOUR AND BIRTH		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
L&B1	**Essential action** Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary. Centralised CTG monitoring systems should be mandatory in obstetric units	All women must undergo a full clinical assessment when presenting in early or established labour. This must include a review of any risk factors and consideration of whether any complicating factors have arisen which might change recommendations about place of birth. These must be shared with women to enable an informed decision re place of birth to be made.	Complete	No actions required as embedded in practice	Women have full clinical assessment when present in early / established labour. Can audit Triage / BSOTS if required	LW / NS	No actions
L&B2		Midwifery-led units must complete yearly operational risk assessments.	Significant work to do	Need to explore this further. D/w LMNS to find out what this involves	Not currently taking place	SF / LW	30-Jun-22
L&B3		Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan.	Complete	No actions required as embedded i	Skills drills undertaken, esepcially in response to any incidents that have taken place	Education Team	No actions
L&B4		It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust.	Some progress in this area	CC to look at Home Birth Guideline	Home births have birth plans written by Consultant Midwife. She liaises with Ambulance Trust to understand time critical transfers	CC	30-May-22
L&B5		Maternity units must have pathways for induction of labour, (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing.	Some progress in this area	Add high activity / short staffing	IOL guideline currently under review to change post dates induction to T+10. Can add this requirement on	PBid	30-May-22
L&B6		Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.	Significant work to do	Aim is to launch in May. MWs need to be trained	CTG monitoring systems have been arrived	JH	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	0
Near complete	2
Some progress in this area	2
Significant work to do	0
National action - unable to rate	0
TOTAL	**4**

	11: OBSTETRIC ANAESTHESIA		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
OA1	**Essential action** In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm. Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events. Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed.	Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.	Near complete	Need to have this documented as SOP	Already in place. High risk obstertric clinic once a weekly when women who have had issues with labour are seen.	HB	30-Apr-22
OA2		Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences.	Near complete	To be encorporated as part of SOP outlined in action above	Already in place as part of routine follow up. Ward Rounds are conducted. SOP to demonstrate evidence	HB	30-Apr-22
OA3		All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC.	Some progress in this area	An audit will need to be done of documentaton	Currently use BadgerNet	HB	30-May-22
OA4		Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance. Obstetric anaesthesia staffing guidance to include: *- The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.* *- The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.* *- The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments.* *- Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report.*	Some progress in this area	First paragraph relates to national bodies. Local actions are to raise awareness about 'others present' function on BadgerNet to indicate anaesethestic presence	Well protected by rota team, to ring fence Delivery Suite for cover. Avoid pulling people from DS. Labour ward consultant of the day. Designed consultant for elective list. Bleep holder 24/7. Gaps in rota are pulled from other areas, rahter than not having. Evidence of rotas from last six months to demonstrate. this. On call consultants are obstetric. To include in the maternity strategy. Clinic also consultant lead. PROMPT attendance- need to explore MDT further. Consultant attends PRIMe meetings. MDT ward rounds, on morning ward round Mon-Friday. Trainees are encouraged to go at the weekend. Need to improve documentation that they are there. Change on BN to have 'others present'. Anaesthestist presence can then be captured. Need to raise awareness about this.	HB / PBid	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	3
Near complete	1
Some progress in this area	0
Significant work to do	0
National action - unable to rate	0
TOTAL	**4**

	12: POSTNATAL CARE		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
PNC1	**Essential action** Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review. Postnatal wards must be adequately staffed at all times.	All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a non-maternity ward.	Near complete	Embedded into practice, but would be benefical to have reminder that if Red Meows on postnatal that review required within the timeframe (following recent experience on the ward)	Check medical outliers guideline	JH	30-May-22
PNC2		Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.	Complete	No actions needed as embedded into practice		NS	no actions
PNC3		Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.	Complete	No actions needed as embedded into practice	Guideline provides evidence for this	NS	no actions
PNC4		Staffing levels must be appropriate for both the activity and acuity of care required on the postnatal ward both day and night, for both mothers and babies.	Complete	No actions needed as embedded into practice	Rotas provide evidence for this	JH	no actions

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	0
Some progress in this area	2
Significant work to do	0
National action - unable to rate	0
TOTAL	**4**

	13: BEREAVEMENT CARE		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
BC1	**Essential action** Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services**.**	Trusts must provide bereavement care services for women and families who suffer pregnancy loss. This must be available daily, not just Monday to Friday.	Some progress in this area	BCP for out of hours services / or have Midwives who are upskilled to provide bereavement care	Bereavement MW only available Mon-Friday. Obstericians should be able to do PM consent	JH	30-Jun-22
BC2		All trusts must ensure adequate numbers of staff are trained to take post-mortem consent, so that families can be counselled about post-mortem within 48 hours of birth. They should have been trained in dealing with bereavement and in the purpose and procedures of post-mortem examinations.	Some progress in this area	Upskilling of current core staff	need to upskill core staff so there is always bereavement support available	JH	30-Jun-22
BC3		All trusts must develop a system to ensure that all families are offered follow-up appointments after perinatal loss or poor serious neonatal outcome.	Complete	No actions as embedded into practice	Preganncy Loss clinic. Currently reviewing bereavement care pathway pack	JH	no actions
BC4		Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway.	Complete	No actions as embedded into practice	in place	LW	no actions

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	2
Near complete	0
Some progress in this area	3
Significant work to do	3
National action - unable to rate	0
TOTAL	**8**

	14: NEONATAL CARE		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
NC1	**Essential action** There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families. This work must now progress at pace.	Neonatal and maternity care providers, commissioners and networks must agree on pathways of care including the designation of each unit and on the level of neonatal care that is provided.	Complete	No actions as embedded into practice	Level 2 unit. Pathways already in place - Evidence can be provided of these. Can audit pathways to ensure that they have been followed.	RT / PB	no actions
NC2		Care that is outside this agreed pathway must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network. The activity and results of the reviews must be reported to commissioners and the Local Maternity Neonatal Systems (LMS/LMNS) quarterly.	Significant work to do	Need to understand this process.	who is sending to ODN? Then need to to Best Start through Ops & Delivery	RT	30-Apr-22
NC3		Maternity and neonatal services must continue to work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite NICU.	Some progress in this area	Pathway in place. Audit to determine whether it is 85%. Check ODN figures to see what the levels are. Look at narrative around babies that are born here	Audit to asses levels. Need to understand rationale for why babies are born less than 27 weeks. Look to see if this should go on the Risk Register	RT / NS / PB	30-Apr-22
NC4		Neonatal Operational Delivery Networks must ensure that staff within provider units have the opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example senior medical, ANNP and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.	Some progress in this area	Explore what is feasible within the unit. Liaise with local units to see if they can accommodate.	Nursing staff spend time at BWH and Heartlands. ANNPs do not spend time at other units.	PB	30-Apr-22
NC5		Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Significant work to do	Find out from network what report they require	Unclear what this involves	RT	30-Apr-22
NC6		Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required.	Some progress in this area	Need to check guideline / SOP and hands-free phone availability	? Access to a hands free phone on Labour Ward / Serenity. Pathway is in place for oncall consultants to be called for resus. They are called. Check that it is in the guideline / SOP	RT	30-Apr-22
NC7		Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point more clearly in the NLS algorithm.	Complete	No actions as embedded into practice	Already in guideline. Local simulations will be conducted to raise awareness - Ian Clarke	RT	30-Apr-22
NC8		Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs) and nurses are available in every type of neonatal unit (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	Significant work to do	Need to f/up business case for more tier 2 staff	Middle Grade currently Red on Risk register, as staff shortages on rota. Business case that has been developed by PB	PB / JO	30-May-22

First reviewed 06-Apr-22

Next reviewed

RAG Summary	RAG Count
Complete	3
Near complete	0
Some progress in this area	0
Significant work to do	0
National action - unable to rate	0
TOTAL	**3**

	15: SUPPORTING FAMILIES		RAG STATUS	ACTIONS	COMMENTS	PERSON RESPONSIBLE	DATE
SF1	**Essential action** Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision.	There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	Complete	No actions required as embedded in practice	Consultant Midiwfe and Phoneix team in place	LW	no actions
SF2	Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care.	Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	Complete	no actions	Consultant Midiwfe and Phoneix team in place	LW	no actions
SF3		Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care.	Complete	no actions	Clinical Psychologist. Perinatal mental health clinic in place. CC debriefs	LW	no actions