Sheffield Teaching Hospitals NHS Foundation Trust

Executive Summary

Report to the Board of Directors

Being Held on 25 May 2021

Subject	Governance Framework
Supporting TEG Member	Professor Chris Morley, Chief Nurse
Author	Professor Chris Morley, Chief Nurse
Status[1]	A

PURPOSE OF THE REPORT

The Maternity Services Governance Framework is being presented to the Board of Directors for ratification on recommendation from TEG.

KEY POINTS

Under the Trust's Scheme of Delegation, the Board of Directors reserves unto itself the approval and monitoring of the Trust's policies and procedures for the management of risk.

The Maternity Services Governance Framework sets out the local implementation of the Trust's Framework for Risk Management and the Trust's Healthcare Governance Arrangements Policy and Framework for Delivery.

TEG reviewed and supported the approach set out in the Maternity Governance Framework on 7th April 2021. The final version was noted by TEG on 14th of April 2021.

On ratification of the Maternity Services Governance Framework the document will serve as a Board approved template for the ongoing development of local governance frameworks for each of the Trust's Clinical and Corporate Directorate.

These further documents will be approved by TEG as local enactment of Board approved policy and procedures.

IMPLICATIONS[2]

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	✓

RECOMMENDATIONS

That the Board of Directors ratify the Maternity Services Governance Framework and the approach of using this framework as a Board approval template for the ongoing development of local governance frameworking.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	14 April 2021	Y
Board of Directors	25 May 2021	

[1] Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

[2] Against the five aims of the STHFT Corporate Strategy 2017-20

Sheffield Teaching Hospitals
NHS Foundation Trust

Policy Name

Maternity Services Governance Framework

Contents

Introduction

The Governance Framework for Maternity Services extends to the provision of neonatal care within the Sheffield Teaching Hospital NHS Foundation Trust (STH). The Framework clearly describes the governance structures in place, defines roles and responsibilities and sets out the reporting relationships both within the Maternity Services Directorate and the key committees external to it.

The Framework has been developed to comply with legal and statutory requirements, to assist in the compliance with national standards, to promote proactive management of risk and to continually improve the safety, experience and quality of patient care. This Framework is to be used in conjunction with the STH Healthcare Governance Arrangements Policy and Framework for Delivery.

The Directorate's primary aim is to ensure that patients receive the highest possible quality of care. Robust governance systems enable the Directorate Triumvirate to examine the services provided in clinical directorates to ensure that services are capable of delivering safe and high quality services and, identify and implement changes to drive improvement.

This Framework aligns with the NHS National Maternity Transformation Programme (Better Births, 2016) and the STH Strategy and PROUD Values.

Good governance is about having structures and processes to lead, direct and control the quality of services. This includes focusing on experiences and learning while identifying assessing, eliminating or minimising risk. In order to improve clinical outcomes and the working environment, investigating and responding to sub-standard performance will drive quality improvement and the sharing of best practice (STH Framework for Risk Management).

Scope and exceptions

This document applies to all members of staff (temporary and substantive) who work within Maternity Services.

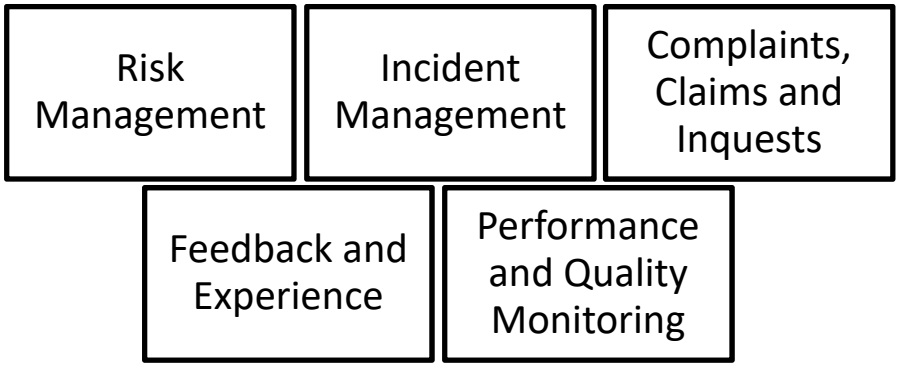
It is also applicable to all staff contracted to provide services within Maternity Services, including honorary contract holders and all workers visiting the Directorate in the course of their employment or studies.

It is available on the Trust Intranet and on MicroGuide.

Policy – main body

The STH Quality Governance Framework outlines the systems and processes designed to assess, monitor and improve the quality and safety of the services provided. It aims to help staff understand why we have these processes in place and what happens to the information they collect. Careful monitoring of the outcomes of these processes enables the Trust and all Directorates to take action to continuously drive improvement.

This Maternity Services Governance Framework is consistent with the framework described above and provides further information to support local implementation, focusing on key areas of delivery.



1. Risk Management

The risk assessment and management process within Maternity Services follows the STH Framework for Risk Management including grading of risks and development of action plans in order to reduce or eliminate risks.

Risks should be identified both proactively and reactively. The risk assessment process enables a review of whether systems and processes are in place to reduce risk and improve safety for the future. Risks are identified through the following:

- Clinical and non-clinical incident / near miss reporting which includes serious incidents (SI's) via the STH Datix incident reporting system, utilising Healthcare Safety Investigation Branch (HSIB) and Maternity Services Trigger List, via the Rapid Review meetings
- Themes identified from local investigations, and by external agencies including NHS Resolution (NHSR), Healthcare Safety Investigation Branch (HSIB), Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE) and Perinatal Mortality Review Tool (PMRT).
- Complaints and patient feedback
- Communication with staff, patients and the public

- National reports
- Workplace assessments
- Audits

Formal Risk Assessments are undertaken in line with Trust guidance and using the Trust's Risk Assessment template. Risks are identified and graded using the STH risk grading matrix in accordance with the STH Framework for Risk Management.

These are entered onto the Directorate's Risk Register via the Datix Risk Management Module.

All risks logged on the Directorate Risk Register are required to have an accompanying action plan developed to manage the risk within the Directorate.

The Directorate Risk Register is monitored and reviewed monthly by OGN Directorate Governance Group. This routine review of risks enables:

- new risks and actions to be discussed
- actions/risk status to be updated
- risks to be closed / transferred to a 'tolerate' status based on completion of action plans
- overdue risk reviews / actions to be monitored

Those risks which score higher than 8 on the risk grading matrix, are reported to the Risk Validation Group via the Datix Risk Management Module after approval by the OGN Directorate Governance Group.

The STH Framework for Risk Management outlines the risk reporting, escalation and assurance process which demonstrates how validated risks with a score of 15 or above are reported to the Board of Directors and Board Committees via the Safety and Risk Committee.

2. Incident Management

All Maternity Services incidents and near misses will be managed in line with the STH Incident Management Policy.

All incidents or near misses must be reported on the Datix incident reporting system. A trigger list of all clinical incidents which must be reported is included in Appendix A and is displayed in clinical areas.

2.1 Management of maternity incidents with immediate risks identified

Where issues are such that immediate risks are identified, the following process is initiated:

In-hours (8am-4pm) inform (As appropriate)	**Out-of-hours inform** (As appropriate)
• Ward Manager • 2902 Bleep Holder • On-call/Duty Consultant • As required: - Governance Team - Matron for relevant area - Clinical Director or Medical Director Or Deputy - Head of Midwifery/Deputy - Chief Nurse or Deputy - Directorate Operations Manager or Deputy	• Midwife/Nurse in Charge • 2902 Bleep Holder • Duty Matron (First on-call) • As required: - Head of Midwifery/Deputy (Second on-call) - Email to Governance Team - Trust First on call - Trust Executive on call

The following must occur:

- Datix completed
- Quarantine any medical devices pertinent to incident
- Individuals involved informed and Datix recorded in medical records
- Review commenced in a timely manner
- Duty of Candour is upheld
- Copy records (if applicable)
- If a criminal incident secure the incident site to prevent contamination of investigations
- Consider debriefing for staff involved
- Follow the Incident Management Policy

Fig 1: Management of maternity incidents with immediate risks identified

2.2 Maternity process for moderate incidents and serious incident (SI's) / incidents requiring escalation

Those incidents classified as moderate and above have a detailed investigation undertaken and will be managed in line with STH Incident Management Policy.

In addition, any incident that meets the NHS Resolution Early Notification criteria will be escalated by the Maternity Governance Team to STH Legal Department for onward reporting to NHS Resolution.

All incidents that are classified as Serious Incidents or meet the Healthcare Safety Investigation Branch (HSIB) referral criteria must be managed as detailed in the flow chart outlined below.

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Flow Chart for Potential Maternity Serious Incidents (SI)

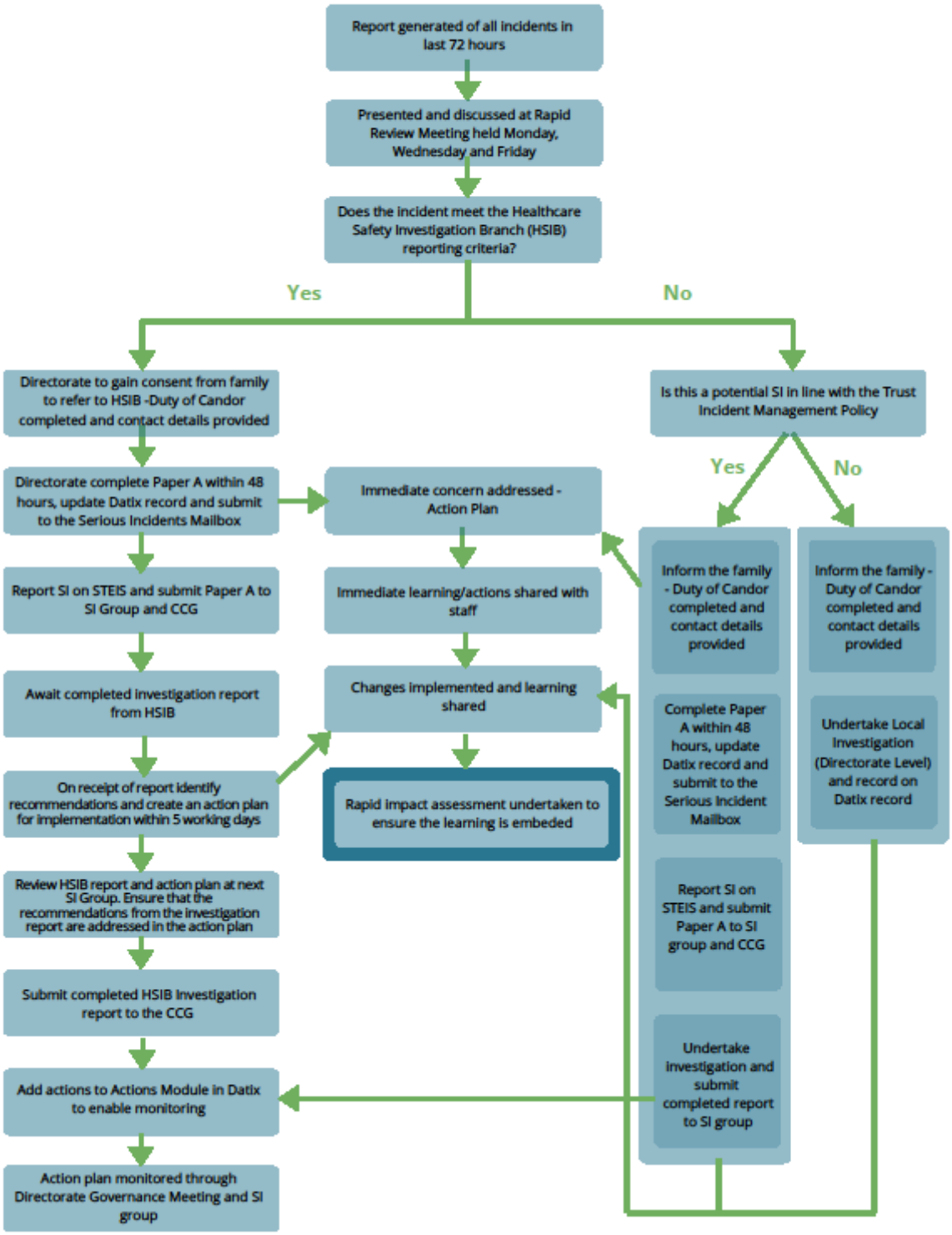

Fig 2: Management of moderate maternity incidents and serious incident (SI's) / incidents requiring escalation

The OGN Governance Team will log a Serious Incident on Datix, complete a Serious Incident Paper A and submit to the Directorate Executive Team. The completed Paper A requires logging on Datix and reporting on the Strategic Executive Information System (StEIS) within two working days of the Rapid Review Meeting.

Those incidents that meet the HSIB criteria will be investigated by HSIB. Should the family not consent to Healthcare Safety Investigation Branch (HSIB) investigation then staff within Maternity Services will undertake the investigation.

2.3 Process of managing non-immediate risk incidents

Where issues are such that non-immediate risks are identified, the following process is initiated:

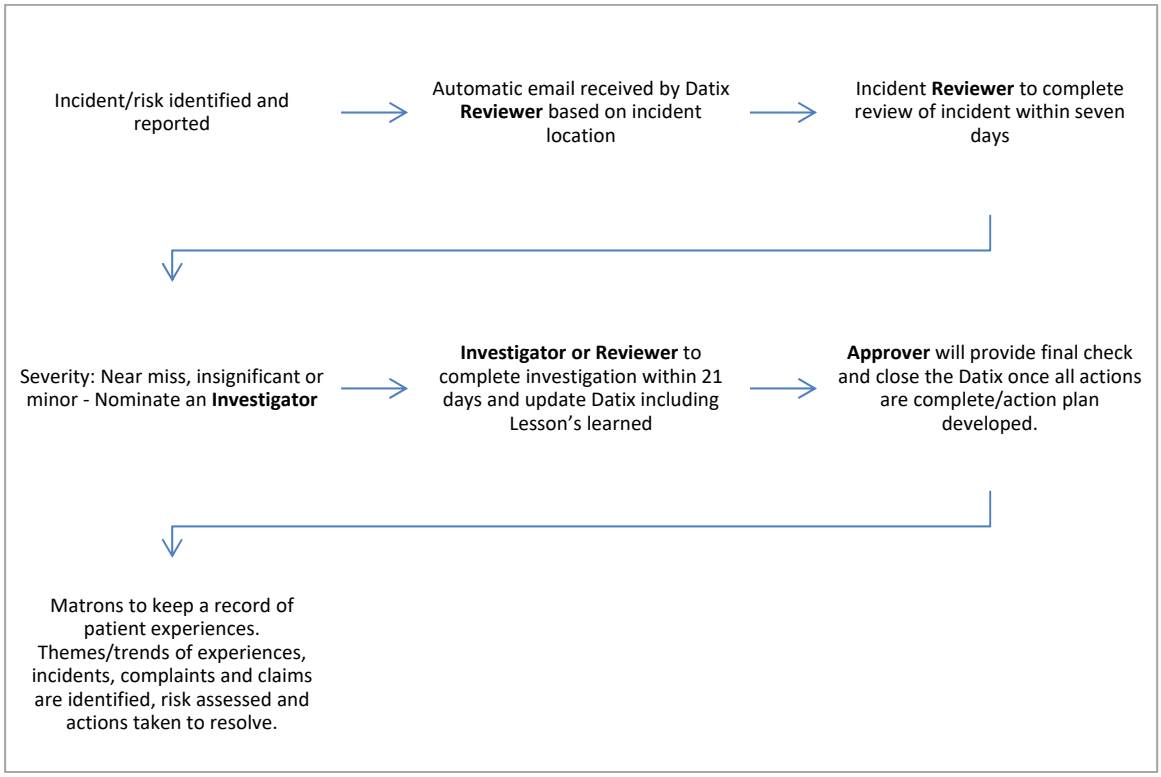

Fig 3: Management of maternity incidents with non-immediate risks identified

The OGN Governance Team review the incidents submitted via Datix daily (Monday to Friday) to ensure correct locality coding and incident grading. Three times a week the Governance team will provide the Rapid Review Meeting attendees with a report of all Maternity incidents submitted since the previous report. Any incidents which have resulted in an adverse outcome, unplanned admission to the Neonatal Unit or meeting HSIB criteria will be highlighted for review at the Rapid Review meeting. The

Rapid Review Meeting provides a multidisciplinary forum to review adverse incidents and near misses within 72 hours.

This multi-disciplinary Rapid Review Meeting will identify any immediate actions, direct and escalate appropriately to the Clinical Director, Trust Serious Incident (SI) Panel and external agencies.

Serious Incidents will be declared as soon as possible to establish the facts and ensure patient, staff and service user safety. The Rapid Review Meeting has delegated authority from the Trust wide Serious Incident Group to directly report all incidents that meet the criteria for external reporting (e.g. Healthcare Safety Investigation Branch (HSIB), Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE) and Perinatal Mortality Review Tool (PMRT) to enable notification within the specified timeframes.

Any other incident will be discussed through the Maternity Governance Group where risks from themes and trends will be identified, assessed and actions agreed to minimise harm.

All staff involved in any incidents will be offered debrief outside of the rapid review meeting in order to address any issues, trauma or concerns following the incident**.**

3. Complaints, Claims and Inquests

All Maternity Services complaints will be managed in line with STH Concerns and Complaints Policy.

Claims and Inquests will be managed in accordance with STH Claims Management Guidelines.

Complaints, claims and inquests are monitored monthly by OGN Directorate Governance Group.

4. Feedback and Experience

The Friends and Family Test survey is utilised to enable feedback into the service of women's experience. Responses are requested from women at several points throughout the maternity pathway. Collated feedback is received monthly via the Patient Experience Co-ordinator and is reviewed by the Matrons and Senior Management Team. Immediate actions required are recognised and resolved wherever possible. Themes are collated and an action plan created where required. The action plan is monitored through the Maternity Governance Group.

Annually the Care Quality Commission (CQC) Maternity Survey is completed by women receiving maternity care during a defined time period The Survey Coordination Centre for Existing Methods (SCCEM), based at Picker, manages and coordinates the NHS Patient Survey Programme (NPSP) at a national level, on behalf of the CQC. Like other surveys in the NPSP, the Maternity Survey uses a postal survey mode whereby questionnaires are sent to patients' home addresses. Feedback is received by the Trust via the Patient Experience Co-ordinator. The format of the feedback enables comparisons to be made with other maternity providers. An action plan is then developed and monitored through the OGN Directorate Governance Meeting. The action plan is also submitted to the IQSR (Integrated Quality and Safety Report) and presented at the Patient Experience Committee and subsequently the Healthcare Governance Committee of the Board.

5. Performance and Quality Monitoring

5.1 Maternity Dashboard

The Maternity Dashboard is updated and monitored weekly by the OGN Governance Team and any concerns are escalated to the Obstetric Gynaecology and Neonatal Matron for Governance for action. Monthly, the Dashboard is presented to the OGN Directorate Governance Group to provide clinical oversight and identify any improvement actions required.

The Maternity Dashboard is supplemented by a suite of maternity key performance indicators within the Trust's Integrated Performance Report (IPR) which is presented to the Board of Directors each month. The IPR therefore provides a mechanism for 'ward to board' reporting.

The LMNS Quality Assurance Tool is submitting monthly to the Local Maternity and Neonatal System (LMNS). Any areas of concern are managed in line with the approach taken for the Maternity Dashboard.

Roles and Responsibilities

Responsibilities and accountability arrangements relating to risk and governance at Board and Executive level and responsibilities of relevant STH specialist staff are described within specific policy documents, including the Framework for Risk Management.

The duties and responsibilities of those with management responsibility for risk and governance within the maternity service are set out in the following section, alongside a description of the meeting structure within the service.

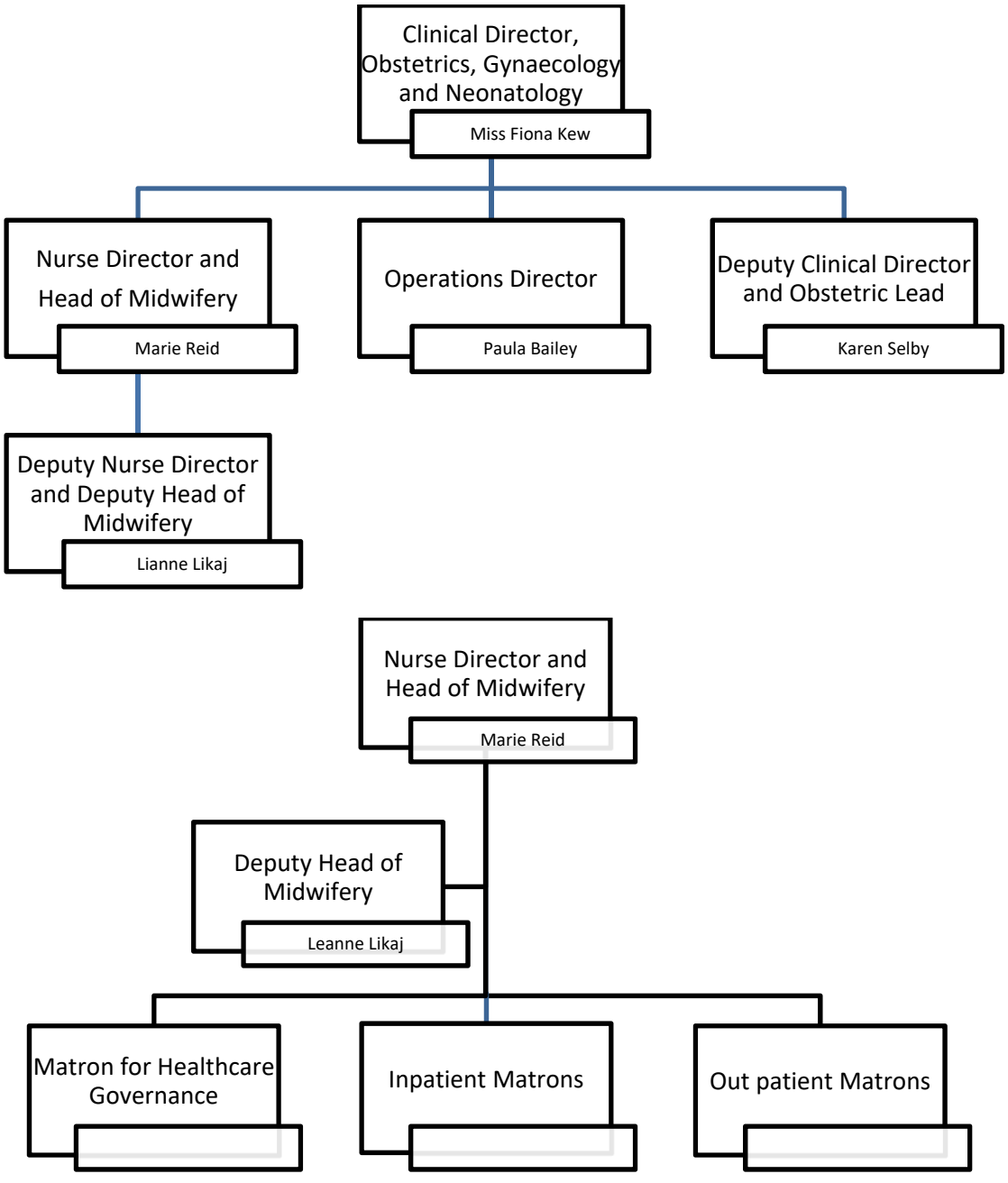

Fig 4: Management structure for Maternity Services as at April 2021

The key roles and responsibilities for these individuals are detailed below. For a more comprehensive overview of each role reference can be made to individual Job Descriptions.

Position	Key Roles and Responsibilities
Clinical Director	• Direct communication with the Medical Directors on maternity issues. • Implementation of the Maternity Services Governance Framework • Ensure all relevant policies, procedures and guidelines are implemented within the Directorate. • Ensure that an effective OGN Directorate Governance group is in place and that overarching principles of Healthcare Governance and relevant standards are managed within the service. • Ensure that risks are reported in accordance with the Framework for Risk Management. • Ensure medical staff are afforded the appropriate support during and after an incident investigation. • Act as a Maternity Safety Champion. The Clinical Director is supported in the execution of their duties by Clinical Leads for Obstetrics, Gynaecology and Neonatology.
Nurse Director and Head of Midwifery	• Direct communication with the Chief Nurse (Board Maternity Safety Champion) and Chief Operating Officer on maternity issues. • Implementation of the Maternity Services Governance Framework. • Chair the OGN Directorate Governance Group. • Ensure all relevant STH policies are implemented within the Directorate. • Ensure that an effective OGN Directorate Governance group is in place. • Ensure that the overarching principles of Healthcare Governance and relevant standards are managed within the service. • Ensure that risks are reported to the Trust in accordance with the STH Framework for Risk Management. • Ensure nursing and midwifery staff are afforded the appropriate support during and after an incident investigation. • Act as a Maternity Safety Champion. The Nurse Director and Head of Midwifery is supported in the execution of her duties by the **Deputy Nurse Director and Deputy Head of Midwifery**.
Operations Director	• Direct communication with the Trust via the Chief Operating Officer's office on Maternity matters. • Ensure all relevant STH and other policies, procedures and guidelines are effectively communicated and implemented within the Directorate.

	• Ensure risks are identified, reported and mitigated. • Ensure that OGN medical staff are fully supported in order to maintain the highest levels of operational and clinical standards. • Ensure that staff have the resources and the skills required to fulfil their healthcare duties safely. • Ensure that the Directorate works effectively and efficiently within the agreed Trust Business Plan.
Obstetric Gynaecology and Neonatal Matron for Governance	• Direct communication with the Clinical Director and Nurse Director and Head of Midwifery in relation to maternity governance matters. • Chair the Maternity Governance meeting. • Ensure that incidents, complaints and claims are managed and monitored in line with policy. • Receive reports and items for escalation to OGN Directorate Governance group; from the chair of the meetings set out in the Reporting Structure and provide feedback to the meeting chairs • Ensure that the Directorate Risk Register is reviewed on a quarterly basis. • Ensure that Confidential Enquiries and other national reports and guidelines are reviewed and acted upon where necessary. • Ensure that any governance issues, including risks that cannot or should not be managed at Directorate level are incorporated into a Directorate Governance action plan and escalated to the relevant body within the Trust. • Ensure local implementation of the policy and procedures on incident reporting. • Raise the profile of Governance across the Directorate. This role is supported operationally by the OGN Governance Team.
Obstetric Consultant Lead for Risk Management	• Raise the profile of the Maternity Services Governance Framework with medical staff. • Chair the weekly Maternity Governance meeting. • Undertake timely case note reviews. • Ensure notable cases are discussed at the Maternity Governance Meetings and action plans put in place where necessary and implementation monitored. This role is supported by the OGN Governance Team.
Neonatal Consultant Lead for Risk Management	• Raise the profile of the Maternity Services Governance Framework with medical staff. • Attend monthly Neonatal Governance Meeting. • Undertake timely case note reviews. Ensure notable cases are discussed at the Maternity Governance Meetings and action plans put in place where necessary and implementation monitored. This role is supported by the OGN Governance Team.

Labour Ward Lead Consultant Obstetrician	• Provide clinical leadership for all obstetric medical staff working on the labour ward. • Work with the Matron for labour ward to ensure that relevant policies, guidelines, procedures and recommendations are implemented. • Contribute to the mandatory obstetric emergency skills drills training. • Undertake timely case note reviews. • Liaise with the OGN Governance Team regarding all aspects of governance involving labour Ward.
Matrons for Labour ward, Antenatal services, postnatal (Inpatient), Community midwifery and Neonatal services and the **Safeguarding Lead Midwife**	• Actively participate in incident reporting and risk investigations, including pro-active identification of clinical and non-clinical risks and their management. • Liaise with the OGN Governance Team regarding all aspects of governance involving their specific area. • Provide representation at all meetings specific to their area.
OGN Governance Team	• Be responsible for operationalising all governance and risk policies and supporting the implementation of this Framework. • Ensure notable cases are discussed at the Maternity Governance Meetings and action plans put in place where necessary and implementation monitored. • Actively participate in incident reporting and risk investigations, including pro-active identification of clinical and non-clinical risks and their management. • Liaise with the Maternity Matrons regarding all aspects of governance involving their specific area. • Ensure that incidents, complaints and claims are managed and monitored in line with policy. • Receive reports and items for escalation to OGN Directorate Governance group; from the chair of the meetings set out in the Reporting Structure and provide feedback to the meeting chairs. • Ensure that the Directorate Risk Register is reviewed on a quarterly basis. • Ensure that Confidential Enquiries and other national reports and guidelines are reviewed and acted upon where necessary. • Ensure that any governance issues, including risks that cannot or should not be managed at Directorate level are incorporated into a Directorate Governance Action Plan and escalated to the relevant body within the Trust. • Ensure local implementation of the policy and procedures on incident reporting. • Raise the profile of Governance across the Directorate.

Jessop Wing Clinical Education Team	• Ensuring appropriate and evidence based training and education of maternity staff. • Maintain attendance records and report non-attendance to appropriate line managers. • Actively participate in incident reporting, including pro-active identification of clinical and non-clinical risks and their management. • Liaise with the Matrons and Consultants regarding all aspects of training and education involving their specific area. • Ensure staff have the skills to implement guidelines and procedures within their practice. • Facilitate the development of high standards of clinical skills in all staff groups. • Actively participate in the development and delivery of clinical skills education and simulation training as part of Multi-disciplinary team. • Actively participate in the development of in-service education that meets the changing needs of the service and clinical practice utilising innovative and evidence based methods. • Assist in the development of guidelines. • Facilitate the development of care based on national guidance.

Meeting structure (abridged)

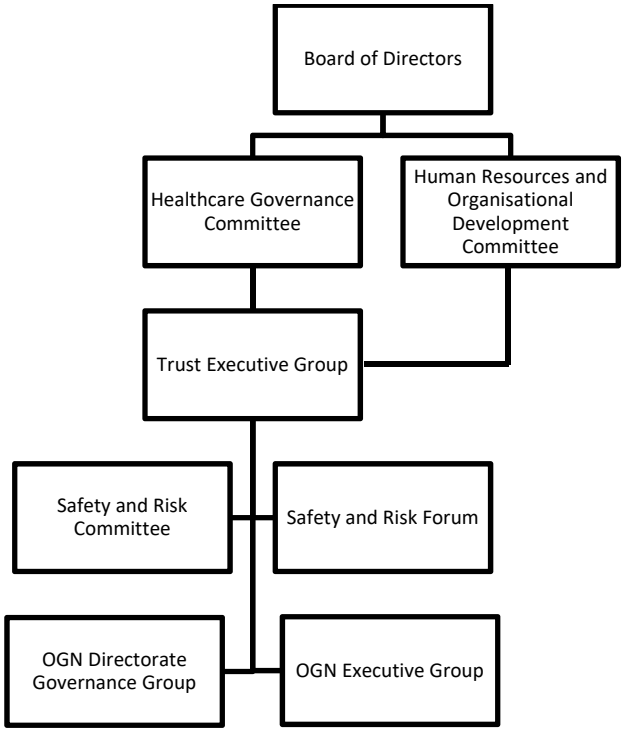

Fig 5: Meeting structure (abridged)

Groups reporting into the OGN Directorate Governance Group

Maternity Governance Group	Neonatal Governance Group	Benchmarking Meeting	Labour Ward Forum
Antenatal Forum	Nursing and Midwifery Management Meeting	Antenatal and Newborn Screening Meeting	Perinatal Mortality Review Group
Maternal Mortality and Morbidity Meeting	Neonatal Guideline Group	Rapid Review Meeting	Neonatology Mortality Review Meeting
Audit Activity	Obstetric Guideline Group	Avoiding Term Admissions into Neonatal Units (ATAIN)	

Fig 6: OGN Directorate governance group reporting structure

The key roles and responsibilities of these groups are detailed below. For a more comprehensive overview of the role and responsibilities of each reference can be made to the Terms of Reference for each group.

Group	Key Roles and Responsibilities
OGN Directorate Governance Group	• The main group responsible for overseeing and steering effective management of Maternity Services risks is the OGN Directorate Governance Group. Terms of reference provide the structure for the function of this group. • The group is chaired by the Nurse Director/Head of Midwifery and is supported in this role by the Governance Co-ordinator for Maternity services. • The OGN Directorate Governance Group is supplied information from subgroups and intelligence sources within the Directorate; these are listed in the Reporting Structure above (Fig 6). • The group monitors clinical governance activities within the Directorate, including internal and external investigation reports, recommendations and action plans and disseminates this information at both local and Trust level. • The group has oversight responsibility for the Maternity Dashboard.
Rapid Review Meeting	• This is a multidisciplinary meeting whose function is to identify and review untoward /adverse obstetric and neonatal incidents to determine if harm has occurred. • The group meets three times a week to ensure any incidents which have resulted in an adverse outcome, unplanned admission to the Neonatal Unit or meeting HSIB criteria are reviewed within 72 hours. Incidents graded moderate and above are reviewed within 72 hours. • Should this fall on a bank holiday weekend an extraordinary meeting may be required. • Following review any serious incident that requires escalation to the Trust and Clinical Commissioning Group will be added to StEIS within 48 hours of the review.
Perinatal Mortality Review Group	• The group consists of a multidisciplinary review team, consisting of senior obstetricians, senior neonatologists, senior midwives, nurses, bereavement staff and the maternity governance team. • The group meets weekly to review all late pregnancy losses, stillbirths and neonatal deaths. • Each appropriate case will be reviewed using the national Perinatal Mortality Review Tool (PMRT). • Where learning outcomes are identified an action plan will be developed. • Learning outcomes and action plans are summarised and presented at the Directorate Governance meeting.

Maternity Governance Group	• This group consists of a multidisciplinary team which is responsible for reviewing all incidents and near misses where there is a potential for significant learning within maternity. • The Maternity Governance Group is chaired by the Consultant Obstetric Risk Lead, who is supported in this role by the Maternity Governance Team. • The group has the specific remit to ensure a planned and systematic approach to managing and minimising risk across the Directorate. This includes highlighting issues requiring consideration for inclusion on the Risk Register and Directorate training. • The group produces a quarterly report with action plans which is forwarded to the Directorate Governance Group.
Labour Ward Forum	• The Labour Ward Forum is a multidisciplinary meeting whose function is to share and debate information on contemporary labour ward issues. • The group is chaired by the Lead Consultant Obstetrician who is supported in this role by the Labour Ward Matron. • A named Consultant Obstetric Anaesthetist, and Consultant Paediatrician and obstetric theatre representation are members of this group. • The group reviews practices, procedures and systems of working pertinent to Labour Ward issues which have been highlighted through the incident reporting system. • The Labour Ward forum is consulted as part of the guideline development process on all new and updated guidelines relevant to Labour Ward. • The group provides a forum at which to debate national guidelines relating to best practice principles and agrees plans for implementation within the Labour Ward. • Action points and learning is disseminated to the relevant medical and midwifery staff. The actions are monitored via this meeting.
Obstetric Guideline Group	• The Obstetric Guideline Group has the responsibility to ensure that best practice principles are upheld through the creation and dissemination of evidence based guidelines. • The group is chaired by a Consultant Obstetrician. • The group provides a consistent and comprehensive review of clinical guidelines and policies, supported by contemporary research evidence and national guidance e.g. NICE, Royal College of Obstetricians and Gynaecologists (RCOG), Association of Anaesthetics of Great Britain and Ireland (AAGBI) / Obstetric Anaesthetics Association (OAA). • The group is responsible for ensuring that all new and updated guidelines are circulated to relevant stakeholders for consultation and discussion. • The group contributes to the risk management process through the review of clinical guidelines and policies which have been highlighted through the incident reporting system.

Neonatal Guideline Group	• The Neonatal Guideline Group has the responsibility to ensure that best practice principles are upheld through the creation and dissemination of evidence based guidelines. • The group is chaired by a Consultant Neonatologist. • The group provides a consistent and comprehensive review of clinical guidelines and policies, supported by contemporary research evidence and national guidance e.g. National Institute of Clinical Excellence (NICE), British Association of Perinatal Medicine (BAPM), Association of Anaesthetics of Great Britain and Ireland (AAGBI) / Obstetric Anaesthetics Association (OAA). • The group is responsible for ensuring that all new and updated guidelines are circulated to relevant stakeholders for consultation and discussion. • The group contributes to the risk management process through the review of clinical guidelines and policies which have been highlighted through the incident reporting system.
Audit Activity	• Audit activity supports the risk management process through the examination of practice and provides the tool for ensuring improvements in the quality of clinical care. • Directorate clinical audit activity is undertaken in partnership with the STH Clinical Effectiveness Unit (CEU). The Directorate has a named 'facilitator' contact in the Clinical Effectiveness Unit. The audit programme is overseen and identified by the Audit Leads through a review of national guidance & reports, the local risk process and service development reviews. • Obstetric, Gynaecology and Midwifery audit activity is co-ordinated by the Midwifery and Consultant Obstetrics and Gynaecology Audit Leads, who are supported in their role by the Governance Team and the CEU. • Neonatal audit activity is co-ordinated by the Consultant Neonatal Audit Lead who is supported in this role by the Governance Leads and the Neonatal Clinical Governance Nurse. • There is a bi-annual multidisciplinary audit presentation at the Jessop Wing and audit results are disseminated to clinical staff via email communication and at relevant departmental meetings. • The CEU Facilitator sends a report to the Directorate Governance Group on Directorate audit activity on a quarterly basis. The Audit Leads review and action the report to assist with managing their portfolio of work and to co-ordinate audit activity across the Directorate. • Audit Leads oversee submission of completed reports and action plans to the CEU. They provide data as required for the STH Annual Clinical Audit Report.
Antenatal and Newborn Screening Governance sub group	• Multi-disciplinary group that meets every six weeks, attended by all key stakeholders involved with the provision of antenatal and newborn screening and immunisation services within Sheffield. Alternate meetings are key performance indicator (KPI) data checking meetings. • The meeting is chaired by the OGN Matron for Governance

	• Function is to oversee the provision of screening services that are compliant with NHS England's national programme standards and service specifications. • The group is responsible in ensuring that the submission of national data returns occurs in a timely manner.
Neonatal Mortality Review Meeting	• The group consists of a multidisciplinary review team, consisting of senior neonatologists, senior nurses, bereavement staff and the maternity governance team. • The group meets weekly to review all neonatal deaths. • Each case will be reviewed using the national Perinatal Mortality Review Tool (PMRT). • Where learning outcomes are identified an action plan will be developed. • The learning outcomes and action plans are summarised and presented at the Directorate Governance meeting • Following Child Death Statutory and Operational Guidance (published 2018) the relevant Child Death Overview Panel (CDOP) is provided with the outcome of the meeting.
Maternity Mortality and Morbidity Meeting	• Meeting twice a year, this group reviews learning from unexpected maternal outcomes or maternal deaths that have occurred. • The meeting is coordinated by a consultant obstetrician. • Actions points and learning is disseminated to the relevant medical and midwifery staff. The actions are monitored via this meeting.
Antenatal Forum	• A monthly meeting to discuss issues arising within the antenatal service, including Antenatal Clinic, Feto-maternal medicine, Antenatal ultrasound Service, the Antenatal Ward and administration and clerical. • The Antenatal Forum is a multidisciplinary meeting whose function is to share and debate information on contemporary antenatal issues. • The group is chaired by the Lead Consultant Obstetrician who is supported in this role by the Antenatal services Matron. • The group reviews practices, procedures and systems of working pertinent to Antenatal Clinic issues which have been highlighted through the incident reporting system. • The Antenatal Forum is consulted as part of the guideline development process on all new and updated guidelines relevant to Antenatal Clinic. • The group provides a forum at which to debate national guidelines relating to best practice principles and agrees plans for implementation within the Antenatal Clinic. • Actions points and learning is disseminated to the relevant medical and midwifery staff. The actions are monitored via this meeting.

Nursing and Midwifery Management Meeting	• The Nursing and Midwifery Management Meeting is the group which ensures that the operational issues relating to maternity and neonatal services are implemented. • The group has a collective responsibility for clinical safety and quality. • The group is chaired by the Nurse Director and Head of Midwifery or deputy. • The group review staffing levels, skill mix, workload capacity and new systems of working. • The group monitor the compliance with STH Framework for Risk Management, mandatory training and appraisal rates, pressure ulcer rates and reduction strategies and Infection Control Accreditation process.
Benchmarking Meeting	• The group is chaired by the Deputy Head of Midwifery or nominated deputy. • The group meets monthly. • The group provides a consistent and comprehensive review of National clinical guidelines and policies e.g. NICE, RCOG, NHS England, HSIB • The group is responsible for ensuring that actions are identified to ensure that the service meets the recommendations of National Guidance and National audit reports and that these are communicated and appropriate guidelines are updated. • Action plans are reported to Directorate Governance meeting for discussion, approval and monitoring.

Training

The Directorate Induction and the annual governance update session for all staff include an objective to promote an awareness and understanding of this Maternity Services Governance Framework and associated policies.

All new staff attend a Trust wide induction programme that includes risk management issues. At Directorate level, all midwives, nurses and healthcare assistants must undergo a period of preceptorship and/or receive written induction / orientation packs which include local governance information. Medical staff must also have attended the Trust induction programme and a local induction programme which includes governance information. Locum medical and NHS Professionals (NHSP) nursing and midwifery staff receive departmental information prior to commencing work.

References

NHS England (2016) Better Births - Improving outcomes of maternity services in England. A Five Year Forward View for maternity care

Associated Trust Documents

STH Quality Governance Framework

Framework for Risk Management

Incident Management Policy

Claims Management Guidelines

Healthcare Governance Arrangements Policy and Framework for Delivery

Sheffield Teaching Hospitals
NHS Foundation Trust

Policy Template – Document Control

Document Control

Reference	Tbc
Version	1.0
Status	Final
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Approval Body	Trust Executive Group
Date Approved	7 April 2021
Ratification Body	Board of Directors
Date Ratified	25 May 2021
Issue Date	Tbc
Review Date	May 2022

Version History

Version	Date issued	Brief summary of amendments	Author
V1.0	tbc	New document	Michelle Glave, Governance Coordinator – Maternity Services

Consultation & Review

Groups / persons consulted	Maternity Services Governance Group, Patient and Healthcare Governance Team and Corporate Governance Team

Intended Recipients

Essential reading for:	Maternity Services Triumvirate, Service Managers and Governance and Risk Leads
Awareness of by:	Members of staff who work within Maternity Services (temporary, substantive and all honorary contract holders)

Appendix A: Maternity Services - Trigger List for reporting incidents

Specific Obstetric Triggers

Unsuccessful ventouse or forceps delivery

PPH over 1500mls

Misinterpretation of CTG

Second stage of labour greater than 3 hours

Extensive perineal trauma 3rd / 4th degree tear

Incontinence since obstetric intervention

Shoulder dystocia

Cord prolapse

Eclamptic fit / collapse

Unexpected collapse

Uterine rupture

Undiagnosed breech

Any stillbirth

Unplanned homebirth / BBA

Anaesthetic complication

Diagnosis of venous thrombosis or pulmonary embolism

FGM Concern

Incorrect pathway of care (e.g. midwifery led rather than consultant led)

Medication Related Incidents

Prescribing error

Administration error

Dispensing error

Calculation error

Adverse reaction

Incorrect labelling of fluids/lines

Incident related to transfusion of blood products including Anti-D

Abnormal maternal serum levels for gentamicin/vancomycin

Any other drug/fluid related incident

Communication

Poor documentation/record keeping

Failure to follow guidelines

Confidentiality Issues

Lack of availability of medical records

Conflict over case management

Unable to gain an interpreter

Diagnostic

Hyperbilirubinaemia >500u/mol

Laboratory/ sample errors

Grade III hypoxic ischaemic encephalopathy (HIE)

Concerns at / following birth

Unexpected full-term admission to NNU

Apgar less than 6 at 5 minutes with low cord pH

Arterial Cord PH less than 7.1

Neonatal seizures

Fetal laceration at LSCS

Birth trauma/injury

Outcomes – Obstetrics and Neonatal

Hysterectomy

Maternal death

Undiagnosed fetal anomaly

Readmission of the mother

Review of women with problems related to perineal repair

Unplanned transfer to AOCU or critical care

Return to theatre

Neonatal death

Readmission of baby within 7 days

Missed diagnosis of congenital anomaly

Missed retinopathy screening

Dropped/fallen baby

Neonate therapeutically cooled

Emergency

Problem with resuscitation

Unexpected collapse

Unplanned extubation

Tissue Viability

All extravasation injuries

Epidermal stripping

Pressure sores

Burns/scalds injury

Operational

Staffing issues/skill mix

IT problems including PACS/ ICE

Admission to the neonatal unit when there are no available cots

Equipment failure/unavailable

Delay in responding to call for assistance

Unacceptable delay at emergency LSCS

Equipment failure/unavailable

Laboratory samples errors

Antenatal & Newborn Screening Incidents

Any missed screening (excluding those due to multiple DNA's)

Missed or delayed screen due to Health Professional error

Delayed screen – outside of parameters

Failure to offer screening

Screening test taken without patients/parents' consent

Positive screen result not acted upon

Repeat screen request not acted upon or not acted upon in timely manner

Security

Baby abduction

Loss of ward keys

Incorrect ID labels on patient

Threatening /abusive/violent behaviour

Theft of personal belongings

Potential service user complaint

Sepsis

All maternal 'healthcare acquired' infection

Readmission with wound infection

Retained swab or instrument

Any woman Triggering Sepsis Red Flag markers

Maternal long-line sepsis