Document Control

Title **Risk Management Strategy Maternity Services**			
Author	Author's job title Lead Obstetrician, Delivery Suite Lead Midwife for Public Health & Maternity Outpatients		
Directorate Women's, Children's & Mental Health Interface		**Department** Maternity Services	
Version	**Date Issued**	**Status**	**Comment / Changes / Approval**
0.1	August 2017	Final	Approved by the Maternity Services Guideline Group and the Maternity Services Patient safety Forum. Approved by the Trust's Risk Management Committee.
1.0	January 2018	Final	Minor amendment made. Re-published.
Main Contact North Devon District Hospital Raleigh Park Barnstaple, EX31 4JB			
Lead Director Director of Nursing			
Superseded Documents Maternity Services Risk Management Strategy v5.1, Aug 2013			
Issue Date January 2018	**Review Date** January 2021	**Review Cycle** Three years	
Consulted with the following stakeholders: • Divisional Director of Women's, Children's & Mental Health Interface • Head of Midwifery • Consultant Obstetricians • Staff Grade Obstetricians • Lead Midwife for Normal Birth and Maternity In-Patients • All Midwives			
Approval and Review Process • Maternity Services Guideline Group • Maternity Services Patient Safety Forum			
Local Archive Reference G:\OBSGYNAE\Risk\Guideline Development\2017 **Filename** Risk Management Strategy Maternity Services			

Policy categories for Trust's internal website (Bob)	Tags for Trust's internal website (Bob)
Maternity Services	Risk, Strategy, Maternity, Midwifery, Obstetrics, Ladywell, Clinical, Governance

CONTENTS

1 Purpose

The purpose of this document is to detail the processes for the Maternity Services Risk Management Strategy. It provides a robust framework to ensure a consistent approach within Maternity Services to provide safe care.

1.1. This policy must be read in conjunct with the Trust's Risk Management Strategy and Policy http://ndht.ndevon.swest.nhs.uk/risk-management-policy/

which sets out the Trust wide arrangements for risk management. The Maternity Services Operational Policy is aligned with this strategy. This policy applies to all staff within the Maternity Services.

Implementation of this policy will ensure that:

- A framework is provided for risk management in maternity services.
- The local risk management process fits with the wider trust approach.
- A positive risk management culture is supported.
- All maternity staff make a positive contribution to risk management.

2 Definition of Risk Management

A comprehensive definition of risk management is provided by the joint Australia/New Zealand Standard: 'the culture, processes and structures that are directed towards realizing potential opportunities whilst managing adverse effects'. When applied to the healthcare setting, this definition helps to dispel some misconceptions regarding risk management:

I. Risk management is not primarily about avoiding or mitigating claims; rather, it is a tool for improving the quality of care. Poor-quality care may lead to litigation, so risk management should reduce outcomes that induce claims but this is not its sole or primary purpose. Risk management is also as much about learning from claims as it is about mitigating claims.

II. Risk management is not simply the reporting of patient safety incidents. Incident reporting is only one aspect of the identification of risk. There are other ways of identifying risk and identified risks have to be analysed, treated and monitored. In one sense, incident reporting is on the reactive side of risk management. More emphasis needs to be placed on the proactive side, as risk management is more effective when resources are used to minimise the occurrence of patient safety incidents instead of 'fire fighting' after things have gone wrong. Scenario training ('fire drill') is one example of proactive risk management.

III. The misconception is that risk management is the business of service managers and of little concern to working clinicians. Risk management is actually the business of all stakeholders in the organisation, clinicians and non-clinicians. It sits well with the clinicians' exhortation, primum non nocere (firstly, do no harm) and will be a critical element in the recertification of specialists.

Table 1. Basic questions addressed by risk management (*taken from* RCOG:2009)

Basic Questions addressed by risk management	
What could go wrong?	Risk identification
What are the chances of it going wrong and what would be the impact?	Risk analysis and evaluation
What can we do to minimise the chance of this happening or to mitigate Risk treatment damage when it has gone wrong?	The cost of prevention is compared with the cost of getting it wrong
What can we learn from things that have	Risk control; sharing and learning

gone wrong?	

3 A holistic view of patient safety

The term 'clinical risk management' is sometimes used to refer to the application of risk management in the clinical setting but it is more helpful to take a holistic view of patient safety. The demarcation between clinical and non-clinical risk is not always clear-cut and sometimes an adverse event is the culmination of clinical as well as non-clinical failures. Whether the patient suffers harm as a result of a medication error (clinical risk) or as a result of falling from a trolley (non-clinical risk), the factors, such as organisational culture or poor staffing levels that allowed this incident to happen may be the same.

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4 Roles and Responsibilities

Within maternity services the Divisional Director of Women's, Children's & Mental Health Interface, Lead Clinician and Head of Midwifery are the professional leads and share overall responsibility for Clinical Risk Management throughout the Maternity Service. These roles are supported by:

- Consultant Obstetrician Gynaecologist (Lead for Delivery Suite)
- Consultant Aneasthetist for Obstetrics
- Lead Midwife for Public Health and Maternity Outpatients
- Lead Midwife for Normal Birth and Maternity In-patients
- Maternity Services Clinical Risk Midwife

These staff are collectively and individually are responsible for:

- On-going development and review of the Risk Management Strategy

- Acting as role models to help further a positive culture toward patient safety and risk management in general.

- Implementing the Risk Management Strategy in areas of direct responsibility and provision of advice to the rest of specialty on its use.

- Co-ordinating clinical risk activities within Maternity Services.

- Ensuring risk management education/ training needs are identified.

- Areas of responsibility include all those in which women and their babies are cared for, to include, the Community setting, Antenatal Clinical, Day Assessment Unit, Labour Ward and the Antenatal/Postnatal ward.

Lead Clinician for Women's Services

- Jointly shares responsibility for clinical risk management for the maternity service with the Divisional Director of Women's, Children's & Mental Health Interface and the Head of Midwifery.
- Responsible for the provision and delivery of safe maternity services.
- Contributes to the effective management of risk within Maternity Services personally and by appropriate delegation.
- Ensure that risk issues within the maternity services are considered at executive level within the Trust.
- Contributes to the production and implementation of corporate policies and procedures locally and ensures that staff are provided with appropriate training and information to fulfil their responsibilities.
- To advise consultant colleagues on their responsibility for the supervision of junior medical staff and ensure adherence to the principles of the risk management strategy.
- Undertake informal/formal discussions with staff when risk issues have been identified.

Divisional Director of Women's, Children's & Mental Health Interface

- Jointly shares responsibility for clinical risk management for the maternity service with the Head of Midwifery and the Lead Consultant Obstetrician.
- Ensures that all staff working within the maternity service understands, and carry out their individual responsibilities for the management of risk.
- Ensures risk issues within the maternity service are considered at executive level within the Trust via the Northern Devon Healthcare NHS Trust's risk management arrangements.
- Is accountable to the Director of Operations.

Consultant Obstetrician Lead for Labour Ward

- Obstetric Lead for clinical risk management within Maternity
- Jointly shares responsibility for clinical leadership in relation risk management for the maternity service with the Lead Midwives and Maternity Risk Midwife.
- Provides Obstetric Clinical Expertise to the incident review team
- Works collaboratively with the lead Consultant Obstetrician to deliver learning & development to the multi-disciplinary team, identified from incident reviews, complaints and claims.
- Work collaboratively with the lead Obstetrican for clinical audit: identify focus for clinical audit and quality improvement from thematic analysis of incidents, complaints and claims.
- Is a member of the Maternity Services Patient Safety Forum.
- Provides feedback to Medical colleagues all recommendations arising from risk management and the Maternity Services Patient Safety Forum.
- Participates in the production and updating of obstetrics and gynaecology policies and procedures.
- The development, review and monitoring of NDDH Maternity guidelines.
- The development of and participation in local, regional and national audit including national reporting systems such as UKOSS.

Consultant Obstetricians

- Support the Directorate General Manager, the Lead Consultant Obstetrician and Head of Midwifery in developing and delivering an effective program of risk management. This will include;
    - reporting incidents, trends and issues of concern in keeping with Trust guidance,
    - identifying and responding to areas of risk that need to be notified to the risk management team and if appropriate, go onto the Risk Register.
    - analysis and investigation of incidents promptly and in keeping with Trust guidance for Datix review, 72 hour reports, SEA and SIRI investigations, and action plan completion.
    - raising awareness and ensuring lessons are learned following incident reviews.
- Support Lead Obstetrician for Labour ward in delivering the risk management agenda.
- Undertake delegated responsibility relating to risk management function in absence of Lead Obstetrican for Labour ward
- Provide Clinical and educational supervision of junior and staff grade medical staff.
- Provide support to junior and staff grade medical staff involved in clinical incidents, and facilitate their reflection on the event.

- Provide explanations and apologies to patients involved in clinical incidents events in line with Duty of Candour Trust 'Being Open' Policy.
- Participate in obstetric emergency skills drills training.
- The development, review and monitoring of NDDH Maternity guidelines.
- The development of and participation in local, regional and national audit including national reporting systems such as UKOSS.

Staff Grade Obstetricians

- Support the Lead Consultant Obstetrician and Head of Midwifery in developing and delivering an effective program of risk management. This will include;
  - reporting incidents, trends and issues of concern in keeping with Trust guidance,
  - identifying and responding to areas of risk that need to be notified to the risk management team and if appropriate, go onto the Risk Register.
  - analysis and investigation of incidents promptly and in keeping with Trust guidance for Datix review, 72 hour reports, SEA and SIRI investigations, and action plan completion.
  - raising awareness and ensuring lessons are learned following incident reviews.
- Support Lead Obstetrician for Labour ward in delivering the risk management agenda.
- Undertake delegated responsibility relating to risk management function in absence of Lead Obstetrican for Labour ward
- Provide Clinical and educational supervision of junior grade medical staff.
- Provide support to junior grade medical staff involved in clinical incidents, and facilitate their reflection on the event.
- Provide explanations and apologies to patients involved in clinical incidents events in line with Duty of Candour Trust 'Being Open' Policy.
- Participate in obstetric emergency skills drills training.
- The development, review and monitoring of NDDH Maternity guidelines.
- The development of and participation in local, regional and national audit including national reporting systems such as UKOSS.

Head of Midwifery

- Jointly shares responsibility for clinical risk management for the maternity service with the Divisional Director of Women's, Children's & Mental Health Interface and the Lead Consultant Obstetrician
- The Head of Midwifery will assist the Directorate General Manager and the Lead Consultant Obstetrician in ensuring that risk management systems and processes are embedded within Maternity Services.

- The Head of Midwifery will ensure that all staff working within Maternity Services understand and carry out their individual responsibility for the management of risk.
- Manage clinical and environmental risk related issues arising out of Trust's risk management systems such as incidents, complaints, claims, risk assessments, audits and information received from other agencies.
- Ensures that all incidents and near misses within maternity services are investigated in accordance with Trust Policy and that an investigation is completed for serious incidents in accordance with the Trust's Incident Management and Investigation Policy
- Review complaints, claims, incident summaries and trend analysis to ensure issues are discussed, action plans produced, implemented and monitored.
- Monitor staff attendance at mandatory risk training in accordance with the Training Needs Analysis (TNA).
- Provide advice on Trust wide policies and protocols.
- Ensure that the Corporate Risk Register is reviewed and updated and identify related resource issues.
- Ensure effective communication links on risk related issues within Maternity Services and feedback to the Risk Team.
- Undertake informal/formal discussions with staff when risk issues have been identified

- Accountable to the Executive Director and professionally accountable to the Director of Nursing.

Lead Midwives

- Assist the Head of Midwifery, Directorate General Manager, and the Lead Consultant Obstetrician in developing and delivering a program of risk management.
- Has delegated responsibility in the absence of the Head of Midwifery.
- Provide clinical leadership and operational management of each area.
- Core members of Maternity Services Patient Safety Forum, reporting on management issues, incidents and events.
- Monitors trends of clinical incidents within maternity services.
- Prioritises known risks within the Maternity Services and the use of resources to minimise these risks.

Lead Consultant Obstetric Anaesthetist (Professional Lead)

- Responsible for all aspects of anaesthetic provision in Maternity services.

- Responsible for the production and review of relevant policies and guidelines.
- Responsible for the coordination and organisation of anaesthetic services within maternity services.
- Provides a pivotal role in providing pathway of communication between the anaesthetic and maternity teams.

Maternity Services Clinical Risk Midwife

- Completes the initial opening and noting of the datix within 24hrs of submission in keeping with Trust policy (within standard working hours)
- Undertakes initial review of all maternity incidents as reported via DATIX system, informing other members of the Multi-disciplinary team (MDT) where relevant expertise is indicated by the nature of the incident.
- Works in partnership with the MDT to complete 72hour reports, and Significant Event Audits (SEA's) where incidents are escalated.
- Prepares and coordinates the fortnightly Maternity Incident Review meeting
- Provides feedback from incident reporting, complaints and litigation to staff. This includes individual feedback on cases as a DATIX handler, as well as thematic analysis from periodic review to the MDT.
- Reports trends of incidents, analyses and provides statistical information to MDT as required.
- Provides regular reports to the Maternity Services Patient Safety Forum
- Distributes Device and Medical Alerts and NPSA alert notices ensuring the completion of baseline assessment and that action taken is appropriate and provide feedback to the Corporate Governance Team.
- Undertakes appropriate clinical and non-clinical risk assessments for maternity and produces action plans to minimise levels of risk.
- Supports individual risk assessors in each area.
- Produces a monthly "Risky Business" newsletter to the department
- Work in partnership with the Head of Midwifery and Lead Midwives, to ensure the Trust wide incident reporting process is adhered to.

Practice Development Midwife

- Underpins the provision of safe and effective care through education and support of emergency skills training, and training days.
- Supports Midwives and Medical staff in enhancing skills in labour ward practices and plays a pivotal role in educating, training and the development of staff in the multidisciplinary team.
- Contributes to the department clinical audit programme.
- Provision of additional training or education programmes for individuals as identified by the risk process.

All Staff

Includes Medical staff, Midwives, Maternity Care Assistants, Ward Clerks any other member of staff working within the Maternity Services
Risk management is everyone's responsibility and as such, is a fundamental requirement of all staff to carry out their duties effectively.
All staff have a responsibility to identify and assess risk, taking appropriate action to reduce risks to an acceptable level.
All staff have a responsibility to inform managers or a member of the risk management team of any unacceptable levels of risk outside their sphere of responsibility or authority.
All staff have a responsibility to report clinical and non-clinical risks and to complete incident reporting forms in accordance with the Trust Incident Management and Investigation Policy.

Directorate Management Team

The Directorate Management Team retains responsibility for ensuring that:

- All risks and relevant information are documented on the Trust's Corporate Risk Register.
- The Trust system for incident management is implemented and monitored.
- A specialty specific Maternity Services Patient Safety Forum exists and appropriate members attend.
- There is a system for ratification of specialty guidelines and that a system for review exists.
- They actively lead risk management within the specialty and that they show a positive management commitment.
- Staff are trained in the relevant aspects of risk management.
- Specific responsibilities for risk management are allocated along with specific work projects arising from National Health Service Litigation Authority, Risk Management standards, high level enquiries and confidential reports e.g. Maternity Matters and MBRRACE.

Incident Reporting and Review

All incidents are reported electronically, accessed by staff on the homepage of the Trust's intranet BOB. All staff within maternity have access to the electronic reporting system 'Datix'.

A trigger list of all clinical incidents which must be reported is displayed in each clinical area. (See Appendix B).

Staff report all incidents where there is a risk or potential risk of harm to patients; visitors; staff or to the Trust.
The Datix system electronically notifies the following as soon as a Maternity related incident is reported:

- Head of Midwifery
- Lead Clinician
- Consultant Obstetrician Lead for Labour Ward
- Lead Midwife for Public Health and Maternity Outpatients & Public Health
- Lead Midwife for Normal Birth & Maternity Inpatient
- Maternity Services Clinical Risk Midwife

Risks and incidents are reviewed in real time, as well as jointly by the multidisciplinary team at the fortnightly Maternity Incident Review meeting which reports to the Maternity Services Patient Safety Forum.

Investigations are escalated as appropriate to SBAR 72 hour report and SEA investigations by the Maternity Services team or the Corporate Governance team.

The SIRI Review Panel may designate an incident to be investigated using the Serious Incident Requiring Investigation (SIRI) process as described in the 'Significant Event Audit (SEA) Guidance'. In this instance Operational Leads will be identified and a root cause analysis will be undertaken.

Immediate Escalation of Risks to Trust Board
Where issues are such that immediate escalation to Trust Board is required e.g. maternal death, the following process is initiated:-

1. A telephone call is made:
During the working day to Head of Midwifery or Deputy/Director of Nursing and Medical Director.
Out of Hours to Head of Midwifery/Consultant Obstetrician on Call/Duty Manager and the on call Trust Executive Director.

2. An email is sent to:
The Director of Nursing and Medical Director.

E-mails will also be sent to senior Directorate staff within North Devon Maternity Services.

Maternity Services Incident Review meeting

The Maternity Services Incident Review meeting takes place fortnightly. The purpose of the meeting is to ensure coordinated, MDT overview and timely management of all reported incidents, and to advice the Trust Governance department when escalation of an incident is indicated. This meeting reports to the Maternity Patient Safety Forum

The core membership comprises:
Maternity Clinical Risk midwife
Lead Obstetrician for Delivery Suite
Middle Grade Obstetrician
Trainee Doctor
Lead Midwife for Normal Birth and Maternity In-patients
Lead Midwife for Public Health and Maternity Outpatients
Practice Development Midwife

Other members of the MDT, including Peadiatrician, Lead Nurse for SCBU, Consultant Aneasthestist or other specialists will be invited to review specific reported incidents as relevant to their specialism.

The meeting considers all current *Obstetric & Midwifery 'Awaiting review & Investigation underway' incidents (@incident date prompt)* on Datix:
Datix incident reports
SBAR 72 hour investigation reports
Significant Event Audits (SEAs)
Serious Incidents Requiring Investigation (SIRIs)
Complaints & Local Resolution Meetings
Thematic analysis of all risk activity
Risk Management Action Plans

Risk Assessment

Formal Risk Assessments are undertaken in line with the organisation wide 'Risk Management Policy', using the Trust Risk Assessment forms available on 'Bob' and rated using the Risk Matrix. These are entered onto the Trust's Corporate Risk Register at the appropriate level based on the risk score, and action plans are developed to manage the risk within the department/Directorate.

Complaints

All Complaints regarding the maternity services are dealt with in line with the 'Management of Complaints, Concerns and Comments' by the Trusts Customer Services department. Complaints are entered into the DATIX system. Monthly reports are sent to the Maternity Services Patient Safety Forum for information, discussion and appropriate action.

Maternity Services Patient Safety Forum

The role of the Maternity Services Patient Safety Forum is to act as a central point for the coordination of maternity services issues and also will address clinical risk and governance issues throughout the maternity services for Northern Devon Health Care Trust.

The group will accept, review and monitor Obstetric and Midwifery reports from external bodies such as the Care Quality Commission (CQC) , NICE and MBRRACE (Mothers and Babies : reducing risk through audit and confidential enquiries across the UK), it will also consider those generated within the Trust.

The forum shall act as a communication point between key healthcare professionals and service users/ Maternity Services Liaison Committee.

It is a specialist advisory group for and accountable to the Quality Assurance Committee.

5 Consultation, Approval and Ratification Process

Consultation Process

The author consulted widely with stakeholders, including:

- Head of Midwifery
- Divisional Director of Women's, Children's & Mental Health Interface
- Obstetricians
- Midwives
- Supervisors of Midwives
- Maternity Services Patient Safety Forum
- Head of Corporate Governance
- Corporate Governance Team

Strategy Approval Process

Approval of the strategy will be sought from the Maternity Services Guideline Group and the Maternity Services Patient Safety Forum.

Final ratification will be sought from the Risk Management Committee.

6 Monitoring Compliance with and the Effectiveness of the Guideline

Compliance with this strategy will be reviewed annually by the Maternity Services Patient Safety Forum. The annual report of the Operational Risk Forum will be presented to the Maternity Services Patient Safety Forum. Where shortfalls have been identified, recommendations will be made, an action plan will be developed and monitored by the Maternity Services Patient Safety Forum, where shortfalls impose a risk; these will be formally identified and entered onto the Corporate Risk Register. The minutes of the Maternity Services Patient Safety Forum are routinely presented to the Quality Assurance Committee, together with an annual committee compliance report.

Standards/ Key Performance Indicators

Key performance indicators comprise:

- Care Quality Commission reporting (CQC)
- National Health Service Litigation Authority (NHS LA)
- Confidential Enquiries into Maternal and Child Health (MBRRACE)
- Reduction of adverse incidents
- Reduction in number of complaints.
- Achievement of national targets from the Department of Health

7 References

Department of Health (2007) Maternity Matters: choice, access and continuity of care in a safe service. London: Department of Health

http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH073312

RCOG Improving Patient Safety: risk management for maternity and gynaecology Royal College of Obstetricians and Gynaecologists 2009.

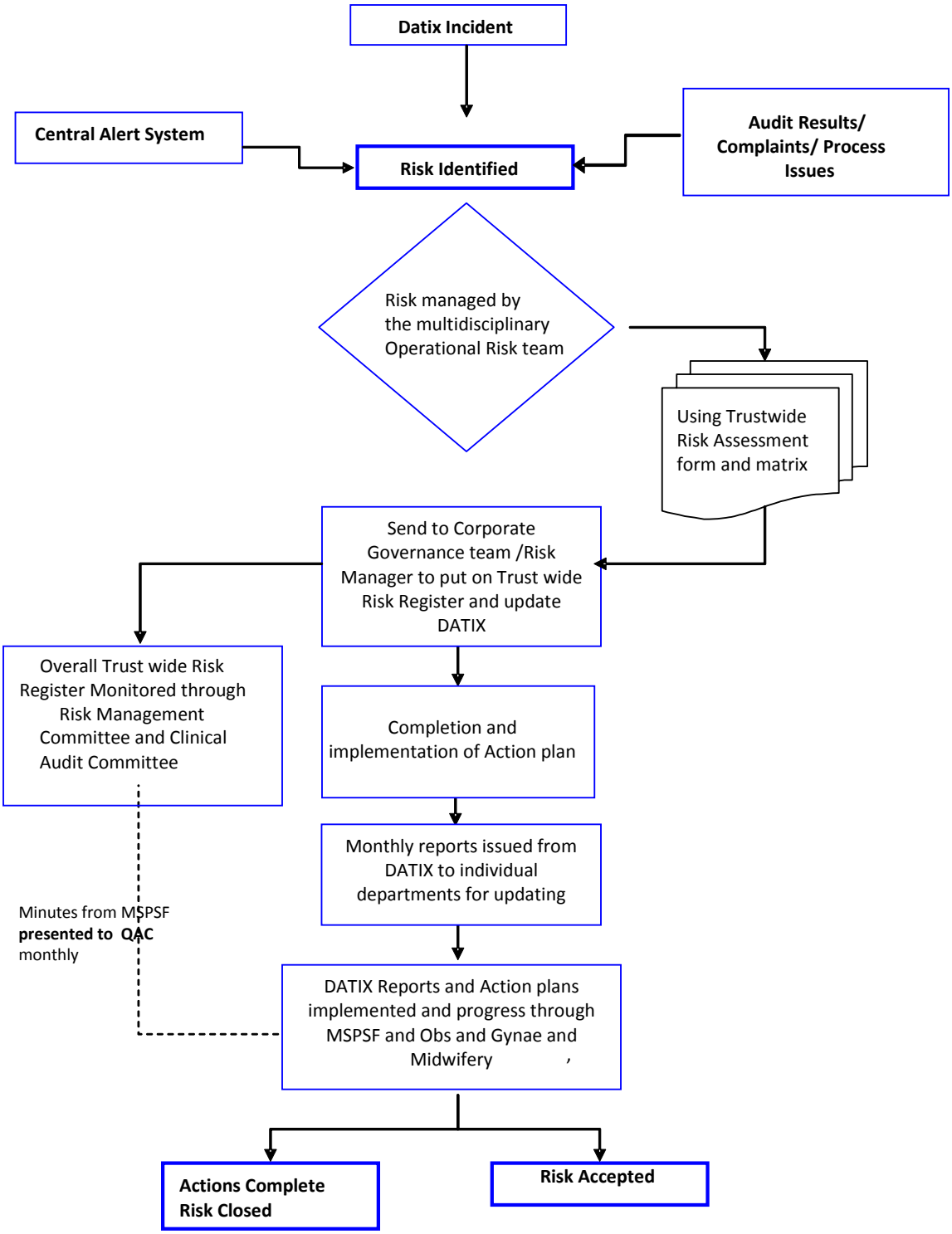
https://www.rcog.org.uk/globalassets/documents/guidelines/clinical-governance-advice/cga2improvingpatientsafety2009.pdf

8 Associated Documentation

- Incident Management and Investigations Policy

- Maternity Services Operational Policy
- Raising Concerns and Complaints Policy
- Risk Management Strategy
- Root Cause Analysis Guidance
- Significant Event Audit (SEA) Guidance

Appendix A: Risk Identification, Management and Reporting



Appendix B: Trigger List of Incidents to report 2016

Maternal incident	Fetal/neonatal incident	Organisational incident
Maternal death Undiagnosed breech in labour Shoulder dystocia Manual Removal of Placenta Blood loss >1000 ml Return to theatre Eclampsia Hysterectomy/laparotomy Medication error Anaesthetic complications Retained swab or instrument Intensive care admission Venous thromboembolism Pulmonary embolism Third-/fourth-degree tears Unsuccessful forceps or ventouse Uterine rupture Readmission of mother Significant infections – maternal Unplanned home birth Born before arrival Maternal resuscitation Trauma to bladder or other organs Cord accident / cord prolapse / presentation	Stillbirth Neonatal death Apgar score ⍰6 or below at 5 minutes Birth trauma Fetal laceration at caesarean section Cord pH <7.05 arterial or <7.1 venous Neonatal seizures Term baby admitted to neonatal unit Undiagnosed fetal anomaly Significant infections – neonatal Re-admission of baby	Unavailability of health record Delay in responding to call for assistance Faulty equipment Conflict over case management Potential service user complaint Hospital-acquired infection Inoculation injury Violation of local protocol Loss of clinical waste e.g., swabs, needle OR surgical foreign body left in-situ Unavailability of any facility or equipment (including neonatal unit cots) Temporary closure of maternity beds/units Unavailability of medication Staffing levels Sustained staffing deficits Issues relating to CTG interpretation Sustained and persistent team conflict that has the potential to impact on service provision Any incident that may generate media attention Antenatal & newborn screening not offered or not completed within the correct timeframe

This list is not exhaustive. Please report any issue that you are concerned about on BOB http://ndht.ndevon.swest.nhs.uk/

Appendix C: Maternity Services Patient Safety Forum Terms of Reference

Document Control Report

Title			
Maternity Services Patient Safety Forum			
Authors Toby Cooper. Head of Midwifery and Children's Nursing Services.			
Version	**Date Issued**	**Status**	**Comment**
1.0	01.05.06	Final	Approved at Clinical Governance Committee.
1.1	01.08.08	Review	Updated to reflect arrangements and reviewed membership. Presented to Maternity Services Patient Safety Forum for amendment and approval on 21.08.08.
1.2	01.09.08	Review	Amendments made to reflect discussions and comments. Presented to Clinical Governance Committee 11.09.08. for noting.
2.0	11.09.08	Final	Approved at Clinical Governance Committee.
2.1	20.08.09	Review	Updated to reflect arrangements and reviewed membership. Presented to Maternity Services Patient Safety Forum for approval on 20.08.09. Presented to Clinical Governance Committee 08.09.09. for noting.
2.2	30.04.10	Revise	Updated to reflect additional monitoring of Antenatal Screening Governance Group
3.0	20.05.10	Final	Presented and approved at the Maternity Services Patient Safety Forum on 17.06.10 Presented to the Clinical Governance Committee 13.07.10 for noting.
3.1	30.06.11	Revise	Annual Revision
4.0	Sept 11	Final	Presented and approved at the Aug Maternity Services Patient Safety Forum Presented to Clinical Governance Committee September for noting
4.1	Dec 11	Revise	To include recommendations from Clinical governance committee made Nov 2011.
5.0	Feb 12	Final	Approved at MSPSF. Presented to Patient Safety Operational Group March 2012 for noting.
5.1	Dec 2012	Revise	Approved at MSPSF December 2012 For presentation at QAC January 2013.
6.0	March 2014	Revise/ Final	Approved at MSPSF March 2014 Presentation QAC with Compliance Report October 2014 Revised change in Author
7.0	May 2016	Final	Approved at MSPSF 13th April 2016. Presented to QAC May 2016.

Main Contact Toby Cooper Head of Midwifery Maternity Services North Devon Healthcare Trust Raleigh Park Barnstaple EX31 4JB **Lead Director** Director of Nursing	Tel: Direct Dial – 01271 314127 Tel: Internal – 4127 Fax: : 01271 311605 Email: toby.cooper1@nhs.net
Document Class Terms of Reference	**Target Audience** Members of Forum
Distribution List Members of Forum	**Distribution Method** Forum meeting
Superseded Documents Labour Ward and Clinical Risk Forum	
Issue Date May 2016	**Review Date** May 2017
Archive Reference Labour Ward and Clinical Risk Forum **Path** Maternity Services Patient Safety Forum/2014 **Filename** Maternity Services Patient Safety Forum ToR 2014	

MATERNITY SERVICES PATIENT SAFETY FORUM

1. Purpose of the Committee

The role of the **Maternity Services Patient Safety Forum** is to act as a central point for the coordination of maternity services issues and also will address clinical risk and governance issues throughout the maternity services for Northern Devon Health Care Trust.

The group will accept, review and monitor Obstetric and Midwifery reports from external bodies such as the Care Quality Commission (CQC) , NICE and MBRRACE (Mothers and Babies : reducing risk through audit and confidential enquiries across the UK), it will also consider those generated within the Trust.

The group shall act as a communication point between key healthcare professionals and service users/ Maternity Services Liaison Committee.

It is a specialist advisory group for and accountable to the Quality Assurance Committee.

2. Main Functions

2.1 Strategic Direction

- **The members of the forum will agree and monitor progress of maternity services Annual Plan/Compliance report**

- Specifically, the members of the Forum will monitor progress of the assessment process needed to achieve and maintain CNST/NHSLA safety standards..

2.2 Development of Maternity Services.

- The Forum will review recommendations from external agencies with regard to the impact they will have on Maternity Services in North Devon.

2.3 Risk Management

- The members of the Forum will review and monitor:
- DATIX Incident Analysis
- Risk Assessment and Management of Risk Register
- Reports arising from clinical audits, SEA's and SIRI Information with regards to complaints and litigation claims

2.4 Policy & Guideline Approval

- The Maternity Services Guideline group will send the recommended approved version to the Maternity Services Patient Safety Forum for final ratification.
- The members of the Forum will provide final ratification for all policy and guideline documents for maternity services.

2.5 Training

The forum will monitor training needs analysis and attendance via the maternity dashboard to ensure clinical skills are maintained.

3. Membership

Membership shall comprise:

Role	Organisation
Head of Midwifery and Children's Nursing Services (CHAIR)	NDHT
Lead Midwife for Normal Birth and In-patients	NDHT
Lead Midwife for Public Health, Community Midwifery and ANC	NDHT
Clinical Risk Manager	NDHT
Lead Consultant Obstetrician for Labour Ward	NDHT
Consultant Obstetrician/SAS grade obstetrician	NDHT
Lead Consultant Anaesthetist for Labour Ward	NDHT
Lead Consultant Paediatrician/Neonatal Lead	NDHT
Practice Development Midwife	NDHT
Supervisor of Midwives	NDHT
SCBU Manager/senior Nurse for Paediatrics	NDHT
Lay representatives	NDHT

The following were agreed as joint memberships, with one or both in attendance:

- The Lead midwives for normal birth / Public Health
- The Practice Development Midwife
- The Supervisor of Midwives shall act as joint members
- The Lead Consultants for Anaesthetists shall act as joint members
- Service User Representatives shall act as joint members

Other staff may be invited to attend as appropriate including other medical staff, midwifery staff including a representative from Labour Ward antenatal/postnatal ward/ antenatal clinic ,Day Assessment Unit and the Community Midwifery Team, Maternity Care Assistants and Student midwives, medical students are also included by invitation

Members are expected to attend at least 75% of meetings. Where a joint member attends, this will count towards the joint members' attendance. Where a deputy attends in a members place, this will count towards the member's attendance.
Attendance will be monitored by the Chair of the Maternity Services Patient Safety Forum.

4. Meetings and Conduct of Business

The quorum will compromise of five members and include :

- the Chair or their deputy,
- an obstetrician,
- a clinical manager and
- two other members.

Meetings of the committee will be formal and agendas and minutes produced.

Agendas and papers will normally be distributed up to two weeks before the meetings.

The Chair will be responsible for organising the administrative arrangements; this will include room booking, raising an Agenda, Minute taking and distribution.

Decisions will normally be reached by the agreement of the members present, including nominated deputies. If, however agreement cannot be reached, a vote may be held at the discretion of the Chair. The outcome of the vote will be held on the basis of a simple majority. If the votes are tied, the presiding Chair will have a second or casting vote.

The Terms of Reference will be reviewed annually.

Additional meetings may be convened at the discretion of the Chair of the Maternity Services Patient Safety Forum, to ensure that new guidance, changes to existing guidance and any changes resulting from learning (SEA, SIRI or complaints) received from the Guideline group can presented for ratifying as soon as possible. This may be from National, Regional, Local or Professional bodies.

5. Reporting Arrangements

5.1 Reports provided

Minutes of the Maternity Services Patient Safety Forum will be received by

- Quality Assurance Committee to note.

5.2 Reports received

- Bi-weekly operational risk management meeting
- Multi-Disciplinary Team meeting monthly meeting notes

- All Guidelines recommended for approval by the Maternity Services Guideline Group will be received on alternate months for ratifying.
- Routine reports on all incidents entered onto the Datix System including the outcome of any investigation.
- Reports on the new risks added to the Corporate Risk Register and those risks that have now been closed for the previous month.
- Routine reports on any SEA reviews or Serious Incident Requiring Investigation (SIRI) investigations.
- New complaints arising and any existing complaints that have been closed for the previous month.
- Maternity Dashboard
- Progress against NHSLA/CNST standards
- Minutes of the Policy and Guidelines Group
- Minutes from Maternity Services Screening Governance Committee.
- The Annual Plan for updating the strategic direction.
- The Terms of Reference for updating
- Committee compliance report.

5.3 Reporting Schedule

The reporting schedule is shown in Appendix 1

Strategy & Supporting Policies and Procedures

DOCUMENTS	TYPE	REVIEW FREQUENCY	REVIEW DATE
Terms of Reference	Procedure	Annual	May 2016
Maternity Services Patient Safety Forum	Plan	Annual	April 2016
Compliance Report	Report	Annual	May 2016
Protocol for Approval of Policies and Guidelines	Procedure	Annual	April 2016

1. In Attendance

Job Title	Organisation
Directorate Management Secretary	NDHT

2. Standing Agenda Items

1. **Present / Apologies**
2. **Minutes of the last meeting**
3. **Matters arising**
4. **Incidents / Maternity Dashboard**

    Monthly Incident Reports
    Serious Event Audits
    Serious Incident Requiring Investigations
    Complaints
    Claims

5. **Risk register**
6. **Annual Compliance Report**
7. **NHSLA / Clinical Guidelines / Policies for Approval**
8. **Anaesthetics**
9. **Neonatal**
10. **Obstetrics**
11. **Midwifery**
12. **Education and training**
13. **Any other business**
14. **Date and time of next meeting**

Other agenda items may be added as required.

3. Papers copied for information to

Job Title	Organisation
Clinical Risk Lead for Obstetrics	**NDHT**
Head of Midwifery and Childrens nursing service	**NDHT**

4. Administrative contact for Group

Job Title	Organisation
Secretary to the Head of Midwifery and Children's Services	**NDHT**

5. Abbreviations

Abbreviation	Full Name
NDHT	Northern Devon Healthcare NHS Trust
SCBU	Special Care Baby Unit
NICE	National Institute for Clinical Excellence
NHSLA	National Health Service Litigation Authority
SIRI	Serious Incident Requiring Investigations

APPENDIX 1

REPORTING SCHEDULE

Report	Freq.	Action	A	M	J	J	A	S	O	N	Dec	Jan	Feb	Mar
Terms of Reference	Annual	Approve		**X**										
Maternity Services Patient Safety Forum Compliance Report	Annual	Approve		**X**										
Incident Reporting	Monthly	Note / Action Point	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**
New Risk Reports	Monthly	Note	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**
Closed Risk Reports	Monthly	Note	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**