

Agenda Item:

**ACTION LIST - BOARD OF DIRECTORS MEETING IN PUBLIC  
WEDNESDAY 24 APRIL 2019**

| Action No | Details  | Agenda Item No | First Raised | Action by  | Progress Update & Status  | Lead                                     |
|-----------|--|----------------|--------------|------------|---|--|
| PB513     | <b>Patient Story</b><br>The Chief Executive requested that an action plan be brought to the Board in a couple of month's as part of the quality report to provide assurance on the learning from Emma's experience and how we ensure new mothers who are re-admitted to different wards receive the appropriate level of care. | BD/19/02/06    | Feb 2019     | April 2019 | Item included on agenda.<br><b>Closed</b>   | <b>Director of Nursing and Midwifery</b> |
| PB515     | <b>Quality Report</b><br>The Chief Executive requested a further discussion about the FFT and whether it was still an appropriate measure of patient experience and the Interim Board Secretary will add this wider Board review to the early part of next year's programme.   | BD/19/02/07    | Feb 2019     | April 2019 | 2019 programme is in the process of being discussed and established. <b>Open</b>  | <b>Interim Board Secretary</b>           |
| PB519     | <b>Patient Story</b><br>Consider ways to make the process of accessing funds easier  | BD/19/03/06    | March 2019   | April 2019 | The Innovation Panel will ensure clarity is provided on the process for each business case, but we are unable to influence the decision making process of the League of Friends.<br><b>Closed</b> | <b>Director of Finance</b>               |
| PB520     | As Chair of the Charities Committee ensure small investments were being facilitated correctly  | BD/19/03/06    | March 2019   | April 2019 | Added to the agenda for the next Charities Committee.<br><b>Closed</b>  | <b>Jeremy Boss, Non-Executive</b>        |

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|-----------|--|----------------|--------------|------------|--|--------------------------------|
|           |  |                |              |            |  | <b>Director</b>                |
| PB521     | <b>Quality Report</b><br>Provide the Board with assurance once the investigation into the second never event had been completed                  | BD/19/03/07    | March 2019   | May 2019   |  | <b>Medical Director</b>        |
| PB522     | <b>Operational Performance Report and 4 Hour report</b><br>Consider the layout and narrative to show connectivity for the April Report           | 19/03/10&11    | March 2019   | April 2019 | A revised report has been submitted. <b>Closed</b>           | <b>Chief Operating Officer</b> |
| PB523     | Provide further assurance at the April meeting on the medical staffing rota  | 19/03/10&11    | March 2019   | April 2019 | A verbal update will be provided at the meeting. <b>Open</b> | <b>Chief Operating Officer</b> |
| PB524     | <b>Charities Committee Report</b><br>Include the full title for ICA (Incorporated Charitable Organisation) within the Charities Committee report | 19/03/15       | March 2019   | April 2019 | Completed. <b>Closed</b>                                     | <b>Executive Assistant</b>     |

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| <b>Report to:</b>       | <b>Public Board of Directors</b> | <b>Agenda item:</b> | <b>5.1</b> |
| <b>Date of Meeting:</b> | <b>24 April 2019</b>             |                     |            |

|                         |   |
|-------------------------|---|
| <b>Title of Report:</b> | <b>Patient Story Action plan and Update</b>   |
| <b>Status:</b>          | <b>For information</b>  |
| <b>Board Sponsor:</b>   | <b>Lisa Cheek, Director of Nursing and Midwifery</b>  |
| <b>Author:</b>          | <b>Di Dorrington, Matron<br/>Amanda Gell, Matron<br/>Sarah Merritt, Head of Nursing and Midwifery</b> |
| <b>Appendices</b>       |   |

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| <b>1.</b> | <b>Executive Summary of the Report</b> |
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A variety of ways to capture patient, carer and family feedback is essential and in order to develop and create a responsive, caring and compassionate service, family and patient stories are encouraged and shared in many forums including the board of Directors. In response to the family story, feedback and learning shared in February 2019 the maternity services have developed an action plan in order to improve the service and share the learning.

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| <b>2.</b> | <b>Recommendations (Note, Approve, Discuss)</b> |
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To note progress and maternity services response to feedback

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| <b>3.</b> | <b>Legal / Regulatory Implications</b> |
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Nil

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| <b>4.</b> | <b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b> |
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Nil

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| <b>5.</b> | <b>Resources Implications (Financial / staffing)</b> |
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Nil

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| <b>6.</b> | <b>Equality and Diversity</b> |
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Ensures compliance with the Equality Delivery System (EDS).

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| <b>7.</b> | <b>References to previous reports</b> |
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NA

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| <b>8.</b> | <b>Freedom of Information</b> |
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Public.

## Action Plan: Response to family feedback – Maternity Services (Feb 2019)

| Issues raised   | Action required  | Responsible Lead & title | Due date   | Status (RAG)   | Date achieved  |
|---|--|--------------------------|------------|----------------|--|
| Imperforate anus not diagnosed until baby 11 weeks old                              | <ul style="list-style-type: none"> <li>Updating of all staff regarding the expected level of clinical examination in newborn babies by highlighting in maternity weekly newsletter</li> <li>Sharing of experience and lessons learnt at all maternity areas safety brief.</li> <li>Report of incident to be shared with lead screening paediatrician in order to liaise with neonatal/paediatric staff to share the feedback</li> <li>To ensure all NIPE (Newborn and infant physical examination) trained staff are aware of the importance of completing full 'top to toe' examination as well as specific detailed screening for eyes, heart, hips and testes.</li> </ul> | D Dorrington             | March 2019 | Green/achieved | 29-03-19   |
|   |  | Band 7s in all areas     | March 2019 | Green/achieved | February 2019  |
|   |  | Natasha Zurick           | March 2019 | Green/achieved | February 2019  |
|   |  | D Dorrington             | March 2019 | Green/achieved | 29-03-19<br>In addition regular 6 monthly update in place for NIPE trained staff |
| When advised to attend paediatric ward for assessment - lack of communication about | <ul style="list-style-type: none"> <li>DD to liaise and feedback concerns to paediatric matron in order to share with teams and discuss how improvements can be made with communication pathways and ensuring waiting families have access to</li> </ul>   | Di Dorrington            |            | Green/achieved | 28-03-19   |

|  |  |                                   |   |  |   |
|--|--|-----------------------------------|---|--|---|
| delays in review and whilst waiting mother not offered or aware of access to food or drink | food and drink   |                                   |   |  |   |
| Mother did not feel supported when readmitted whilst exclusively breast feeding her baby   | <ul style="list-style-type: none"> <li>To share mothers experiences at Trust weekly matron meeting</li> <li>Review and update the current policy for supporting breastfeeding mothers whilst an inpatient</li> </ul> | <p>D Dorrington</p> <p>A Gell</p> | <p>Feb 2019</p> <p>To be completed and ratified by May 2019</p> | <p>Green/achieved</p> <p>Amber – in progress</p> | <p>15-02-19</p> <p>Policy shared 22-02-19</p> <p>Updated draft sent 08-03-19</p> <p>Final draft sent to matrons/HON/Ms 02-04-19</p> <p>17-04-19<br/>Awaiting clinical lead and author signature. Then to be sent for ratification prior to publishing and dissemination</p> |