

CNST Action Log PMRT - Safety Action 1					Appendix 1	
Blue	Completed and will be removed from Action Log before next meeting					
Green	Status updated and on track within the timescale					
Amber	Status not updated/completed and the deadline passed					
Red	Status not updated/completed and deadline passed by more than one month					
No.	Recommendation	AGREED ACTION POINT	RESPONSIBLE OFFICER	DEADLINE	PROGRESS UPDATE	RAG STATUS
1	Ensure any breaches to the CNST compliance timeframe is escalated to the Divisional Management team as well as the wider MDT involved and responsible for Safety Action 1.	Governance Managers to contact the Director of Midwifery of breached timeframes	Sarah Carter & Zoe Gentry - Maternity Governance Managers	Immediate	Both cases were immediately communicated to the Director of Midwifery and wider MDT once identified by the Governance Managers.	Blue
2	Ensure all elements of the FQ (factual questions) have been completed following identification of the breached timeframes	Governance Managers to complete the FQ sections on the breached cases	Sarah Carter & Zoe Gentry - Maternity Governance Managers	Immediate	Both cases had the FQ sections completed immediately by the Governance Managers once breaches were identified	Blue
3	Review of failsafe in place to ensure CNST set timeframes are visible by the MDT including PMRT Lead Consultants, Clinical Director and Divisional Management Team	Process for failsafe to be amended by sending the caseload report (generated directly off the PMRT website) to the wider team for shared responsibility and senior oversight within the Division	Sarah Carter & Zoe Gentry - Maternity Governance Managers	Immediate	Failsafe report previously was pulled by the Governance Manager and deadlines communicated between only the governance managers and the bereavement team. Process changed to ensure that the wider MDT and Divisional Management team have oversight of the timeframes. Escalation trigger to notify DMT if there are any concerns with meeting deadlines so that mitigations can be implemented. Since the changes have been made, no breaches have occurred and there is vast improvement of overall engagement and responsibility for compliance. There is no single point of failure for the failsafe process as two Governance Managers and a Divisional Co-ordinator are tasked with ensuring the failsafe process is followed as indicated within the SOP (Document No: 3876).	Blue
4	Reviewed and finalised process for PMRT and failsafe to ensure compliance with CNST to be formalised within an SOP.	SOP for "Review process for Perinatal Morbidity and Mortality cases HSIB, MBRRACE and PMRT" to be finalised and published on the Intranet page	Sarah Carter & Zoe Gentry - Maternity Governance Managers	30/11/2022	16/12/2022: Finalised SOP approved by Clinical leads on both sites and by Clinical Divisional Director for publication. Document reference number: 3876 on the Trust's intranet page.	Blue