

Clinical Division - Maternity

Representatives at meeting: Simon Pitts
Tarang Majmudar
Nicky Griffin

Date of meeting:

CQC action plan compliance

Core Service	Actions	Evidence demonstrates action implemented Green (G)	Evidence demonstrates the action is mostly met and within timescales Yellow (Y)	Evidence demonstrates the action is mostly met but not within timescales Amber (A)	Evidence in place demonstrates the action has not been met Red (R)
Maternity HH 2018	MUST and SHOULD recommendations	1	0	0	0
	Overall actions (including high level feedback)				
Maternity PCH 2019	MUST and SHOULD recommendations	28	9	5	0
	Overall actions (including high level feedback)	10	4	1	0

Actions completed in the last 4 months	
Well Led	New Maternity Service Director and General Manager appointed on 1 st July 2020.
Well Led	New Head of Midwifery appointed and to commence in January 2021.
Safe	New recruitment strategy resulting in 5.9 WTE Band 7, 25.9 WTE Band 5&6 midwives
Well Led	Staff engagement sessions running monthly for all maternity staff.
Safe	Service escalation and BCP utilised to keep maternity services safe when staffing is poor and acuity is high.
Well Led	Key Lines Of Enquiry desktop exercise for Safety and Well Led domains completed with the team.
Responsive / Well Led	Engagement sessions commenced with the Maternity Voices Partnership

Actions completed in the last 4 months	
Well Led	Baseline assessment against CNST year three completed
Caring / Responsive	Co-production to commence in November – Human factors with family involved in an incident.
Caring / Responsive	NWAFT maternity services were an early adopter of extended / adjusted visiting hours for birthing partners.
Effective	146 out of the 148 guidelines now merged with the remaining 2 waiting pharmacy review and approval at Drugs and Therapeutic Committee.
Safe	Triage documentation audit 100% for September showing all women were triaged and seen within the expected timeframe.

Actions completed in the last 4 months	
Responsive / Safe	Live run of the baby abduction BCP at HH completed on 1 st October 2020.
Well Led / Safe	Monthly report created for Community Services regarding smoking at booking and birth to ensure compliance of gaining this information following national suspension of the CO2 monitoring. Awaiting compliance level information from Community Team Leaders.
Responsive / Effective / Safe	Mandatory MEOWS on K2. Wizard will not allow completion of MEOWS scoring unless all elements are completed or a text box is completed to say why a full set is not required (ie epidural top up observations).
Responsive / Effective / Safe	K2 successfully installed and in use at Hinchingsbrooke.
Responsive / Effective / Safe	Virtual skills drills in place for Community Midwifery Team, alongside 6 monthly live skills drills.
Responsive / Effective / Well Led / Safe	Birth rate plus work commenced to review midwifery workforce.

Good news stories and / or lessons learnt in the last 4 months	
Well Led / Safe	Bi-monthly Maternity Safety Champions meetings arranged. Safety Champion walkabouts commenced pan-site with Chief Nurse and Non Executive Director.
Effective / Responsive / Safe	Primrose re-launched at HH with the new patient pathway in place.
Responsive / Well Led	Positive patient feedback from different platforms shared with staff. Staff who have been named personally emailed with thanks.
Responsive / Well Led / Safe	Lessons learnt – Risky Business and point of the week continues to be shared with all staff looking at lessons learnt from serious incidents and complaint themes.

Actions looking forward for the next 4 months	
Responsive / Well Led / Safe	Continued recruitment of staffing.
Caring / Responsive / Effective / Safe	Continue to deliver and progress all elements of the Saving Babies Lives Bundle V2, reviewing the action plan on a monthly basis at the Maternity Strategic Board.
Responsive / Well Led / Safe	Review and continue to collect evidence for Clinical Negligence Scheme for Trusts (CNST). Monthly meetings in place to discuss actions and evidence with leads for all ten safety actions.
Responsive / Effective / Well Led / Safe	Organisational development work to begin on the culture within maternity.

Challenges / concerns and actions to be taken

(1)

Concern:	Infection Control – Cleaning of Inpatient areas
Action to be taken:	Weekly walkabout with Medirest and Facilities. Continue to highlight concerns around exit cleans
By whom:	Senior Maternity Management Team / Medirest / Facilities
Timescale for completion:	November 2020

(2)

Concern:	Identifiable patient information – Computer terminal screens left open
Action to be taken:	Staff reminded to close, ad hoc walkabouts completed. Noted to be improving.
By whom:	Senior Maternity Management Team
Timescale for completion:	November 2020

Challenges / concerns and actions to be taken

(3)

Concern:	Completion of MPA's for maternity staff, completed MPA's need to be assigned on ESR
Action to be taken:	Completion of MPA and placement on ESR
By whom:	Ward Managers
Timescale for completion:	End November 2020

(4)

Concern:	Multidisciplinary mandatory training
Action to be taken:	To ensure training is multidisciplinary and future sessions are planned
By whom:	Practice Development Midwives / Obstetric Leads / Anesthetic Leads
Timescale for completion:	December 2020

Divisional CQC governance CQC action plan

<p>Divisional committees / CBU meetings (including evidence) where CQC action plan has been discussed:</p>	<p>Maternity Strategic Board Maternity Leadership Board</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>SI where a baby received a fracture skull - Documentation was poor. Lessons learnt of lack of escalation of a patient with a suspicious CTG. Sharing of Risky Business, tea at 10, band 6 meetings, SI tracker by Acute Service Lead ED. Sharing of Risky Business, band 7 meetings by Acute Service Lead GH</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>ID103074 – High – Potential risk to maintaining safe staffing levels in maternity services due to vacancies and maternity leave. Other risks awaiting review at Maternity Leadership Board.</p>

Divisional CQC governance (cont.)

Self-assessment against CQC fundamental standards

<p>Are departmental CQC self-assessments up to date?</p>	<p>Yes all areas in maternity submitting monthly self assessment.</p>
<p>Divisional committees / CBU meetings (including evidence) where CQC self-assessments against fundamental standards have been discussed:</p>	<p>Monthly self-assessment reds and ambers discussed at Maternity Strategic Leadership Board</p>
<p>What are the high level compliance rates against the fundamental standards?</p>	<p>Maternity staffing – High Leadership Capacity – High Culture within the service – High Continuity of Carer – Significant CNST – Significant CREWS Assessments – No new assessments</p>