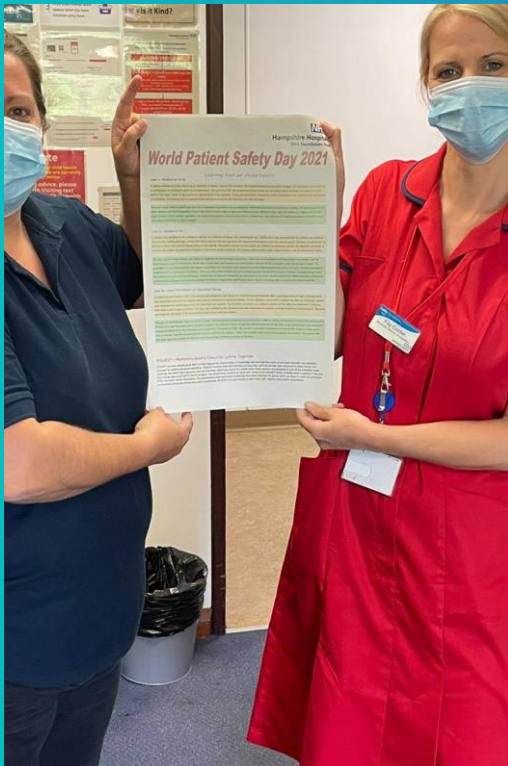


# Hampshire Hospitals Maternity CQC presentation West Berkshire HASC meeting



# Current maternity service provision from Hampshire Hospitals to West Berkshire women



Hampshire Hospitals  
NHS Foundation Trust

Midwives in 2 surgeries: Falkland and Burdwood practice

86 women currently booked in to birth at Basingstoke (as of 25/3/22)

Thatcham practice ( Antenatal and postnatal provided by RBH) 23 Out of Area women opt to birth at BNHH in Jan, 18 in Feb and 18 booked to birth at BNHH in March, over the year this total 236 annually.

Plans to recruit 2 out of area midwives, this would fit the 1:110 annually that we need to work towards.



# West Berkshire Healthwatch report

## March 2020



Hampshire Hospitals  
NHS Foundation Trust

**Basingstoke hospital** - 67% 14/46 rated their overall maternity experience as excellent or good. A further 17% rated it ok, whilst 9% rated it poor (4/46) and another 6% traumatic (3/46)

**Basingstoke Hospital** - 63% of mothers got all or most of their physical needs met.

### You said we did:



Updated our website to provide improved communications



Introduced electronic patient information leaflets on badgernet



Facebook and Instagram health promotion pages



Complex care plans are printed for women that are having their babies at Royal Berkshire to ensure good communication

# Positive feedback from CQC

The service took account of the views of women through the Maternity Voices Partnership (MVP)

Multidisciplinary staff working well together

Medicines management

Culture change programme

No blame culture across the service

Inclusive culture – families and partners involved in pregnancy journey

Staff adhered to Infection control measures, specifically covid 19

100% compliance with Practical Obstetric Multi Professional Training (PROMPT)

# Summary of improvements required

## Must dos

Sepsis

Environment and cleaning

Emergency checks

Security

Domestic violence

Call bell on DAU RHCH

Red flag reporting and risk

Learning from incidents

Staffing levels

## Should dos

COVID risk – BAME

Clinical guidelines

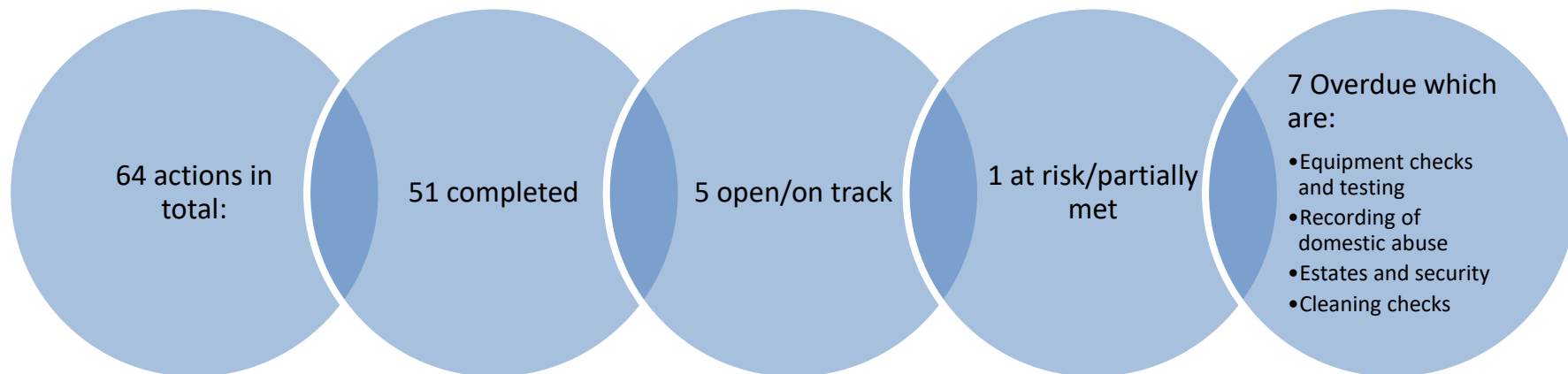
Appraisal

M&S training

Competencies



# Latest CQC action plan status – as of 25/3/22



	Jan 2022	Feb 2022	March 2022	April 2022
Overdue	6	8	7	
At risk/partially met	7	5	1	
Open/On track	22	11	5	
Complete	29	40	51	
<b>Total number of actions</b>	64	64	64	

# Sepsis

Targeted month long education - training videos

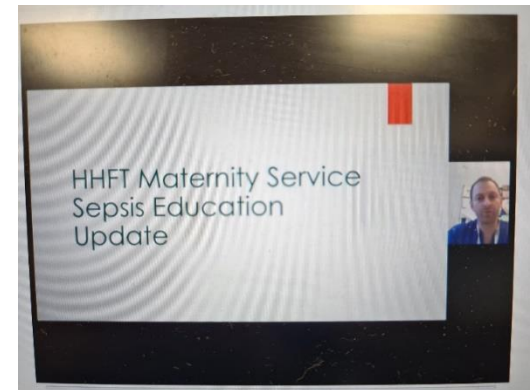
Newsletter, posters

Updated clinical drills

Facebook post

Sepsis audit template and plan

80% women had the appropriate sepsis care



# Environment - Basingstoke

Floors replaced on  
delivery suite  
(before and after  
pictures)

Corridors have  
been painted and  
replastered



Awaiting  
contractors for sink  
and splashback  
replacement

Regular walkabouts  
with Estates and  
Infection  
prevention





# Security

Reviewed security – access to Maternity (Sherborne) building, digi locks on staff changing rooms, theatres corridor, notices to remind staff.

Infant abduction policy devised and ratified at December Maternity Governance



Live drills taken place for both acute sites

Maternity security spot checks – staff and visitors challenged every time



# Emergency equipment

**New Standard Operating Procedure** to ensure the process for maternity daily equipment safety checks and staff briefings is robust

**Individual check and stock list for each piece of equipment or trolley** requiring daily, twice daily or weekly check

**Matron sends weekly compliance report** to be collated by Governance

**Compliance report** to continue until 12 weeks of continual 100% compliance has been achieved. To date we have achieved 8 weeks with 100% compliance



# Domestic Abuse

**Domestic abuse flowchart** created, this includes how to ask, information gathering, referrals, follow up actions and useful contacts i.e out of hours Children's Services

**New Domestic Abuse policy - Maternity guidelines** have been updated

**Review of electronic notes** has been conducted every routine appointment has domestic abuse questions built in, all staff reminded to create opportunity to ask, ability to add as a reminder "to do" if staff are still unable to ask.

**Written guide and training video** produced for all colleagues.

**90% forms are completed but of those forms, 35% could not ask**

## Domestic Abuse Flowchart for Maternity

**Domestic abuse screening: every contact is an opportunity for a person to disclose:**

Use open questioning i.e. "how are things at home?" Never apologise for asking about domestic abuse. Talk to your patient only if safe to do so; not in front of others, or children over the age of 2. Assess immediate danger AND consider children in the home and the unborn.

**Information:**

**Type of abuse?** Types of abuse may include psychological, physical, sexual, financial, forced marriage, emotional abuse.

**Pattern/frequency of admission?** Have an honest conversation with your patient discussing the context, understanding, believe them and do not judge.

**Where is the alleged abuser now?** Is the woman safe where she is? Does she need immediate refuge? Encourage patient to consider if it is safe for them to return home. If not, can they stay with family?

**Offer referral to the DA Advocates:**(requires consent) Ask the woman how would be safest for them to be contacted i.e., certain time/location. If declined, offer contact details of support services i.e., Hampshire Integrated Domestic Abuse Service.

**Complete Maternity Safeguarding Children Liaison form** via Badgernet. Copy to HV, GP & named Midwife Safeguarding Children.

**Contact Safeguarding Children's team/named midwife/community manager or matron of the day/night** if supervision required.

**Complete online Inter Agency Referral form.** Copy Named Midwife Safeguarding Children. If out of hours and urgent call Hampshire Children's services out of hours team.

**Ensure full documentation on Badgernet, go to social tab:**

**Is this a high-risk domestic situation?** i.e. Threats to attempts to strangle, sexual assault, poisoning, or drown, sexual use of weapons, severe injury or assault?

**If so, call community matron on-call** (out of hours) discuss referral to police before the woman leaves setting or safe location.

**If there is an immediate danger**

# Ensuring data is managed and up to date - Red flag reporting and risk

Red flag reporting revisited to include locally appropriate criteria (diversion of service, suspension of homebirths)

Red flag posters displayed throughout the unit

Monday message giving video instruction of how to complete the Datix red flags and what to report

Manual cross check process introduced to assure accurate data being reported via Safer Staffing report to Board

Weekly red flag reports reviewed

Red flag criteria included in matron on-call sitrep for added capture of triggers

## DATIX RED FLAGS

Delay of 2 hours or more between admission for induction and beginning of process

Midwife unable to provide 1:1 care to a woman in established labour

Delay of 30 minutes or more between presentation and triage

Missed or delay of more than 30 mins for medication when admitted to hospital (for example diabetes medication)

Delay of 30 minutes or more in providing pain relief

Delayed recognition of and action on abnormal vital signs (for example sepsis or urine output)

Delayed or cancelled time critical activity

Missed or delayed care (for example delay of 60 minutes or more in washing or suturing)

Full clinical examination not performed when presenting in labour

Unable to provide out of hospital birth

Less than 9 midwives at start of shift

Specialist midwives required to support the service

Continuity of carer teams required to support the unit

Divert in place from RHCH to BNHH

Divert in place from BNHH to RHCH

# Learning from Events

Band 7 Training – safety huddle board posters

Monthly learning agreement devised for midwifery and medical staff highlighting three learning themes from incidents for the previous month and learn from SI's

Risk register displayed in all clinical areas

Band 7 midwives given 1:2:1 presentation on their responsibility to disseminate learning from incidents



# Staffing levels

## Current vacancies

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
Total Funding Incl Add Posts	191	203	203	203	203	203	219	219	219	219	219
In Post FTE (contracted)	188	187	188	189	189	191	196	197	199	200	195
Vacancy Rate	1.6%	8.0%	7.4%	7.2%	7.3%	6.3%	10.3%	9.97%	8.95%	8.33%	10.84%

Daily and weekly compliance checks

Process for reviewing staffing gaps 24 hours ahead of shift

Birthrate plus table top review of all areas carried out

Updated health rosters to reflect staff allocations

## Recruitment plan

9 x new starters in March
4 x RTP midwives qualifying September
10 x international midwives July
1 x nurses on shorten conversion course 2 years
20 students qualify end of September 2022
Total of 42 midwives by end of October 2022.

# Leadership and Culture

Improvement Director, Improvement Manager and NHSI/E to support with CQC improvements

Cultural change programme - Behavioural framework, cultural workshops and staff development programmes

Medical Leadership - job plans, coaching & workshops

Multi-disciplinary Team Governance meeting

Band 7/Midwife in charge focused leadership sessions and development programme

Q&A sessions, Listening events, regular walkabouts - 'temperature' checks with all maternity staff (multi-disciplinary)



# Challenges

Covid, staffing challenges  
(releasing staff for training,  
appraisals, staff morale)

Joint engagement with  
medical staffing

3 sites, ensuring consistent  
change across all sites

Badgernet, local changes  
not easily made, as change  
requests needed through  
ship (process can take  
several months before  
implementation).

Environment





# Should Dos

Clinical guidelines - updated and approved at governance meetings

Competencies/uniform/badges/PD team reminder re: preceptorship what to wear when awaiting pin/handbook

Appraisals, change to 1 page appraisal – 79% - plan to 90% by April 2022

Covid 19 risk to ethnic minorities women, leaflet updated, vitamin D reminder, SOP, risk assessment

Mandatory training – 60% of our training is above 90% compliant



# Ockenden compliance

Immediate and Essential Action	Compliance Level following initial evidence submission 28/6/21	Progress in Compliance Level following appeal of evidence submission. 12/21	Additional evidence available for submission to achieve 100% compliance April 22.
1: Enhanced Safety	Partial 81% achieved 10 of 13 elements met	Partial 94% achieved 15 of 16 elements met	Evidence that all cases are referred to HSIB as per requirement
2: Listening to Women and Families	Partial 88% achieved 15 of 17 elements met	Partial 94% achieved 16 of 17 elements met	Evidence of NED walkarounds available
3: Staff Training and Working Together	Partial 83% achieved 15 of 18 elements met	Partial 88% achieved 16 of 18 elements met	Audit of Doctors ward round available, action required to achieve 100% implemented.
4: Managing Complex Pregnancy	Partial 57% achieved 8 of 14 elements met	Partial 93% achieved 14 of 15 elements met	SOP written by Clinical director for use of Wessex pathways.
5: Risk Assessment Throughout	Partial 93% achieved 14 of 15 elements met	100% achieved 15 of 15 elements met	
6: Monitoring Fetal Wellbeing	Partial 50% achieved 9 of 18 elements met	Partial 61% achieved 11 of 18 elements met	All evidence available: competency assessment document. Evidence of fetal monitoring midwife clinical presence. Agenda and evidence of attendance at FM meetings.
7: Informed Consent	Partial 79% achieved 11 of 14 elements met	Partial 79% achieved 11 of 14 elements met	Both required audits now available to meet the criteria
8: Maternity Workforce Planning	Partial 70% achieved 7 of 10 elements met	Partial 90% achieved 9 of 10 elements met	Work continues to bring all guidelines up to date. Our website is currently being updated.

# QI plan

