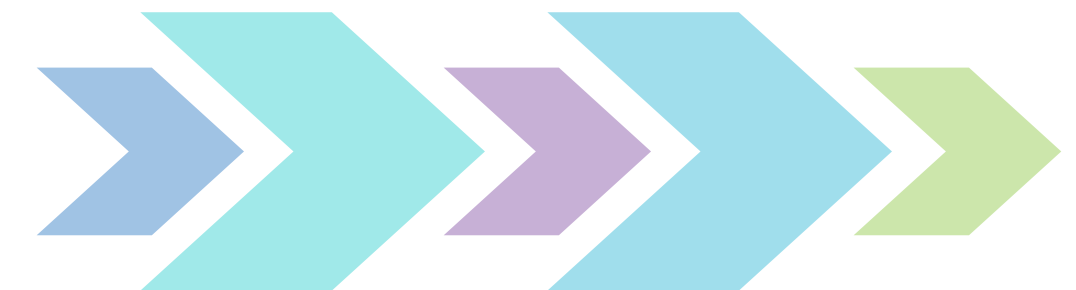


HAMPSHIRE HOSPITALS

MATERNITY CQC HASC MEETING

29 November 2022



MUST DO

- Recognition and escalation of Sepsis pathways
- Environment and cleaning
- Emergency checks
- Security
- Domestic violence
- Call bell on DAU RHCH
- Red flag reporting and risk
- Learning from incidents
- Staffing levels

SHOULD DO

- Covid risk - BAME
- Clinical guidelines
- Appraisal
- Mandatory and Statutory training
- Competencies



OUR MATERNITY JOURNEY



Hampshire Hospitals
NHS Foundation Trust

COMPLIANCE OF SEPSIS PATHWAY

COMPLETE

41

OPEN/ ON TRACK

20

AT RISK/ PARTIALLY MET

3 – remaining actions will be monitored through the maternity improvement plan

Mandatory & statutory training

Sepsis data

Appraisal data

OVERDUE

2 – remaining actions – fixing of the roof (anticipated completion by March 2023) and consistently meet 100% compliance with emergency equipment checks in all areas.

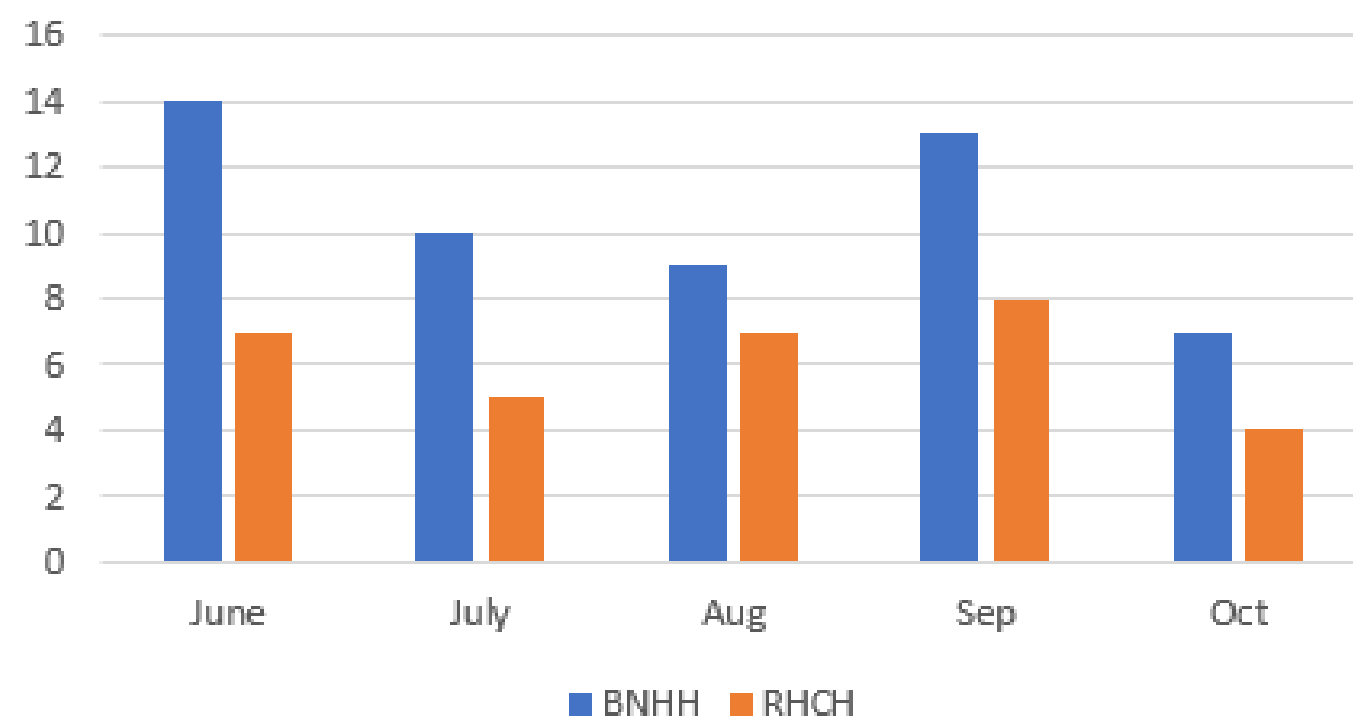
Estates issues

Emergency equipment safety checks

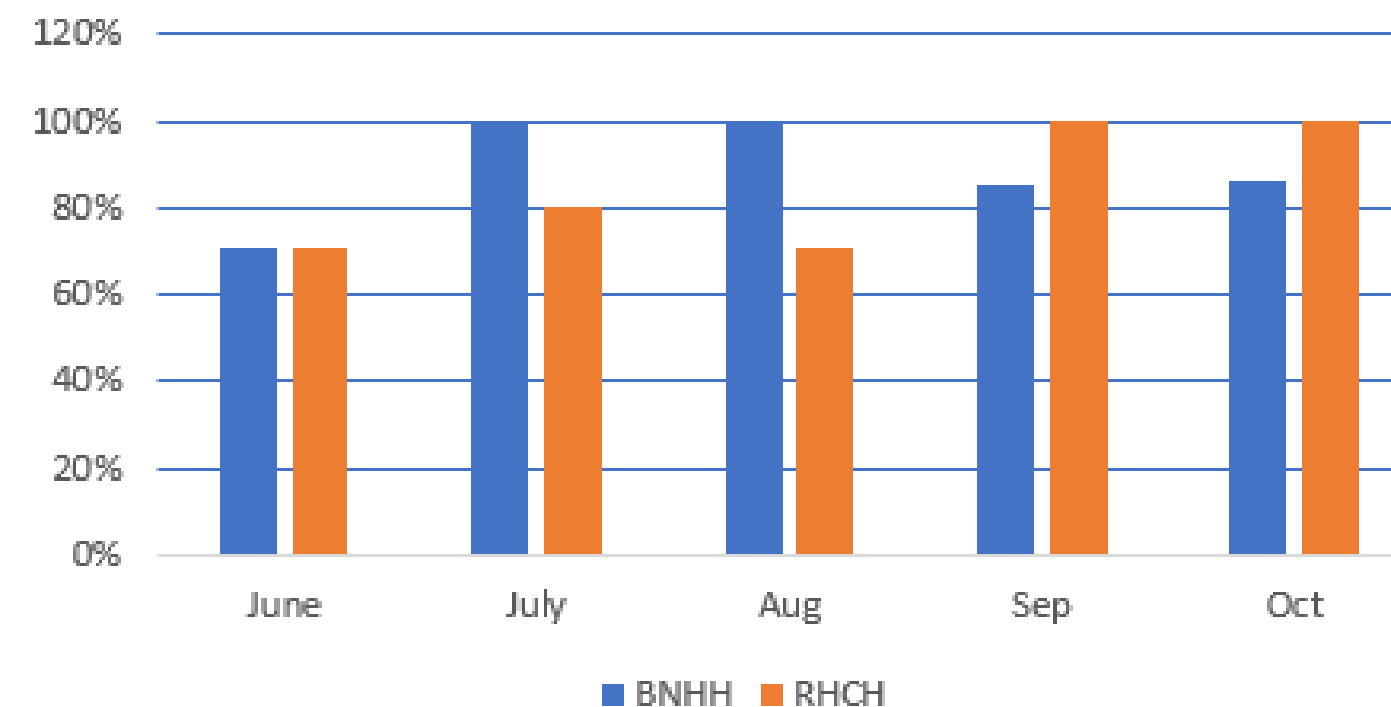
ACTIONS BEING MONITORED

COMPLIANCE OF SEPSIS PATHWAY

No of women on sepsis pathway



% Compliance antibiotics received within 1 hour



- **All women received their antibiotics within 1.5 hours and it was clearly documented with a clinical reason why the antibiotic was not administered within 1 hour.**
- **Examples include delays due to awaiting antibiotics to be prescribed on EPMA as doctor delivering at the same time. One was waiting pharmacy to review medication allergy for a patient and difficult cannulation.**

ACTIONS BEING MONITORED



Hampshire Hospitals
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SEPSIS E LEARNING COMPLIANCE (NOVEMBER 2022)

Staff Group	Compliance
Basingstoke (Midwives, Maternity Support Workers, Registered Nurses & Nursery Nurses)	100%
Winchester (Midwives, Maternity Support Workers, Registered Nurses & Nursery Nurses)	100%
Community All Areas (Midwives & Maternity Support Workers)	100%
ANC/DAU (Midwives, Maternity Support Workers)	94%
Specialist Midwives	100%
Sonography Team	95%
Consultants	100%
Middle Grades	100%
Junior Doctors	100%

ACTIONS BEING MONITORED

MANDATORY & STATUTORY EDUCATION

- Team leaders are encouraged to regularly meet and have 1:1s to discuss training compliance with members of their team

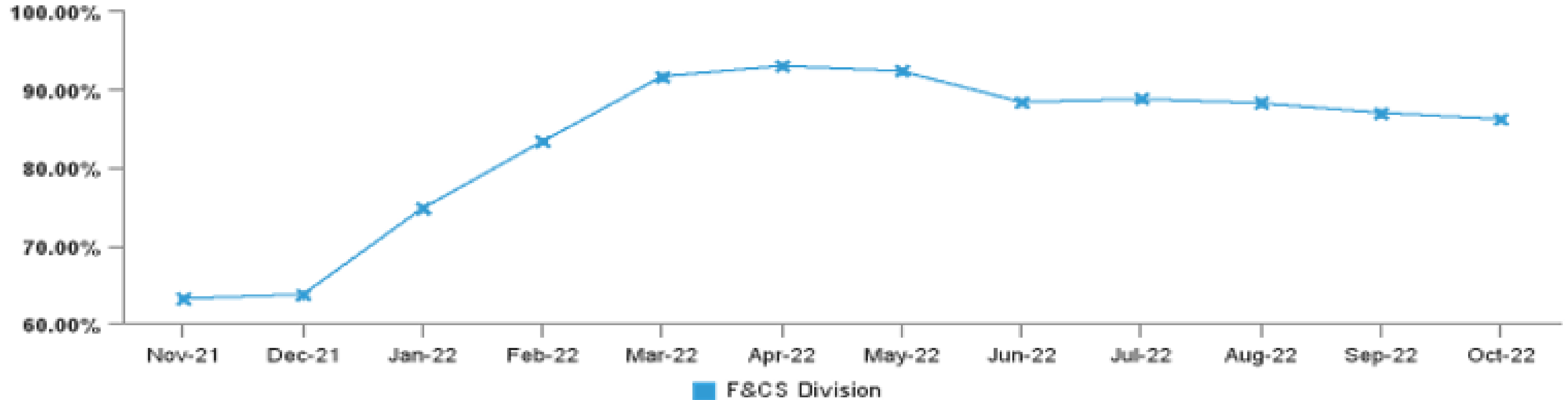
- Education compliance is monitored monthly by clinical matrons
- The practice development team update annually the midwifery training passport so all midwives are aware of what they need to complete for their specific job roles.

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
BLS	69%	85%	85%	87%	88%	90%	86%	87%	86%
Conflict	98%	97%	97%	96%	95%	95%	96%	100%	97%
Counter Fraud	94%	95%	95%	96%	93%	94%	94%	86%	97%
Dementia	95%	99%	100%	100%	99%	98%	99%	96%	98%
Equality & Diversity	94%	93%	94%	96%	93%	95%	95%	91%	96%
Fire	92%	90%	90%	91%	88%	86%	90%	95%	92%
Health & Safety	95%	94%	95%	96%	94%	94%	95%	85%	95%
Infection Control clinical	88%	88%	87%	86%	82%	81%	83%	78%	86%
Manual Handling Full	65%	77%	87%	77%	80%	82%	82%	78%	76%
Safeguarding adults*	47%	65%	65%	67%	70%	73%	75%	78%	78%
Safeguarding children Level 3	74%	76%	77%	79%	92%	94%	79%	96%	82%
IG	87%	Not reported	35%	35%	55%	74%	82%	88%	92%
MCA	76%	missing	missing	missing	84%	85%	84%	88%	86%

- There is also a maternity support worker education passport that was created this year. These passports accompany individuals to their yearly annual appraisals

ACTIONS TO BE MONITORED

APPRAISALS



Actions currently being undertaken with weekly compliance monitoring by the Heads of Midwifery.

ACTIONS TO BE MONITORED

DOMESTIC ABUSE SCREENING

- Over the last 10 months, 3973 ladies delivered with us, and we screened for domestic violence in all but one of them in Winchester (99.97%)
- We have enhanced the opportunities to ask about domestic violence to our women multiple times during their pregnancy
- We have provided additional training for all community staff from the domestic abuse advocates within the trust to support these conversations regularly

HHFT Jan - Oct 22 deliveries							
Women delivered	Not screened at booking	Screened at booking	Not screened again by 34 weeks	Screened again by 34 weeks	Screened at any point	Screened after delivery	Total % Screened at any point
3973	144	3829	151	3822	3972	3900	99.97%

In October 2022 we carried out a pilot whereby we dedicated 5 minutes of time at the end of every antenatal appointment for women only to ask about domestic abuse. During this time 95% of this caseload had been asked.

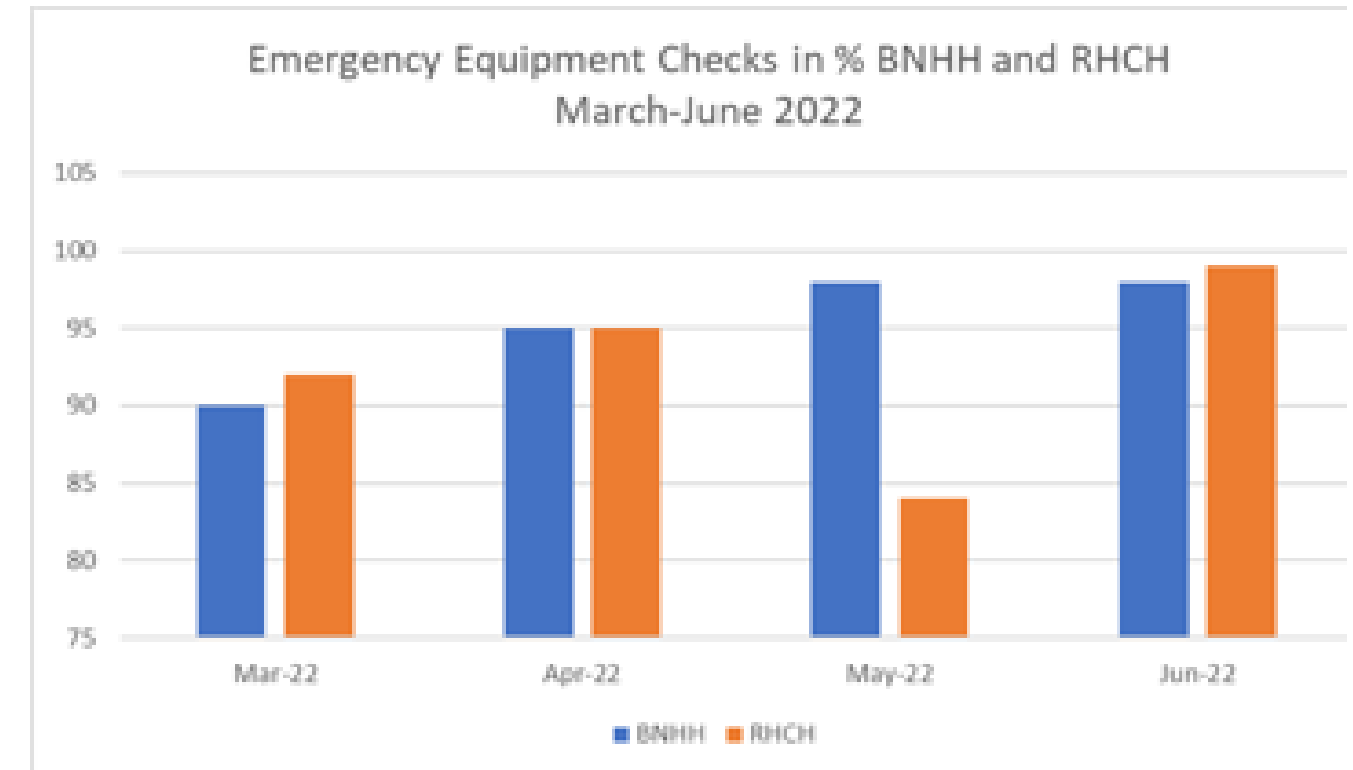
There was no increase in disclosure and women's feedback to us was that they appreciated this time with their midwife.

WHAT'S CHANGED? ➔

LEARNINGS

- Newly created SOP for medical equipment testing

Maternity Department Standard Operating Procedure		Hampshire Hospitals NHS Foundation Trust	
Maintaining an oversight of all equipment in the maternity Department to give assurance that it had been checked as working and fit for purpose. - Reference Number			
Replaced documents:	New January 2022	Number of pages:	2
Author (Owner):	Hayley Jones	Signature:	
Expiry Date:	31/12/23	Authorised by:	Maternity Governance
Review Date:	30/11/23	Date Authorised:	18/02/22
Amendment	20/05/22		
This SOP is not valid unless, or until the master copy is appropriately authorised			



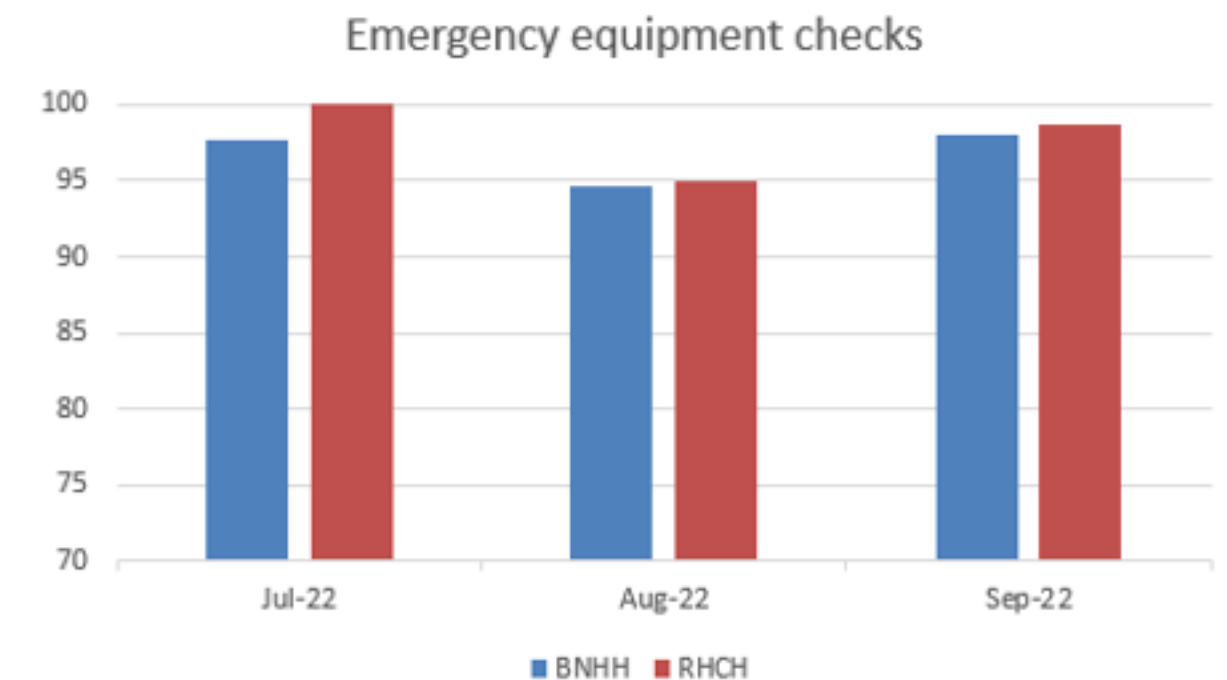
- New compliance report check list

COMPLIANCE REPORT
EMERGENCY EQUIPMENT CHECKS

Reporting for week commencing: 04/07/2022

Area	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Notes
BNHH	100%	100%	100%	100%	100%	100%	100%	100%	
RHCH	92%	90%	95%	90%	95%	100%	100%	93%	
Overall	100%	100%	100%	100%	100%	100%	100%	100%	
Overall	100%	100%	100%	100%	100%	100%	100%	100%	
Overall	92%	90%	95%	90%	95%	100%	100%	93%	

Report of person completing:



WHAT'S CHANGED? ➔

LEARNINGS

- **Domestic cleaning audits are reviewed monthly by the clinical matrons and compliance of cleaning standards are shared at the transformation meetings**
- **Regular meetings with clinical matrons in each area and Domestic Supervisor on each site are carried out to address any concerns**



WHAT'S CHANGED? ➔

SAFE STAFFING - TURNOVER & RECRUITMENT

- Full establishment by Oct 2022 on both sites achieved.
- Over recruited by 9.52wte which will account for leavers over next 3-4 months
- Maternity leave back-filled
- Midwife to birth ratio 1:24 in the last 6 months aim is to reach 1:23

October 2022	BNHH	RHCH	Community	Other	Total
Vacancy (wte) RM	+1.0	1.08	0.9	1	1.98
Vacancy (wte) RN	0	0	0	0	0
Leavers	.8	0	0	1	1.8
Starters	4.5	3.5	1.2	.6	9.8
Awaiting start date	4.0	4.9	1.6	1	11.5
Remaining vacancy	Over by 5.0	Over by 3.82	Over by 0.7	0	9.52 over recruited
Recruitment Plan	International Recruitment Plan: 10wte, increased to 16 (further funding March 2023) offered 10wte (1 started, 3 induction) . To note start dates vary between September 2022/January 2023 included in above numbers. It is recognised that the department has approximately 2-3wte leavers each month, therefore the over recruitment will equate to the number of leavers over the next 6 months when the international midwives are included in the above figures.				

WHAT'S CHANGED? >

SAFE STAFFING - TURNOVER & RECRUITMENT

CONTROLS IN PLACE

- Robust recruitment plan
- Monthly Monitoring of starters/leavers
- Fair flexible working agreements
- Confirmation of vacancy with ESR
- More consideration of skill mix when writing rosters.
- Support midwives in post to provide Student placement support.
- Increased clinical support for preceptees

GAPS IN CONTROLS

- Exit interviews
- Understand why students move on

ACTIONS (OWNER & DATE)

- Increase Community/Continuity allocation (HJ, LB, HT by Nov 22)- under review
- Reallocation of midwives to support specialist services (HJ by Nov 22) in progress
- Birth ratio 1:23 Dec 22 (HJ) on target to achieve

ACTIONS TO BE MONITORED

RED FLAG REPORTING

RED FLAGS CRITERIA - DATIX REPORTING





- Delay of 2 hours or more between admission for IOL or EL CS and beginning
- Midwife unable to provide 1:1 care in established labour
- Delay of 30mins or more between presentation & triage
- Unable to provide out of hospital birth
- Missed or delayed medication by more than 30 mins (inc intrapartum analgesia)
- Delayed or cancelled time critical activity
- Missed or delayed care for >60 mins eg washing/suturing
- No full clinical examination when presented in labour
- Delayed recognition & action on abnormal vital signs eg. signs of sepsis/urine output



ACTIONS TO BE MONITORED

RED FLAG REPORTING

Winchester

Number & % of Red Flags Recorded		
From 01/10/2022 to 31/10/2022		
 RF1	Delayed or cancelled time critical activity	0
 RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	3
 RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0
 RF4	Delay in providing pain relief	0
 RF5	Delay between presentation and triage	0
 RF6	Full clinical examination not carried out when presenting in labour	0
 RF7	Delay between admission for induction and beginning of process	2
 RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0
 RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
 RF10	Coordinator unable to maintain supernumerary status	0

Basingstoke

Number & % of Red Flags Recorded		
From 01/10/2022 to 31/10/2022		
 RF1	Delayed or cancelled time critical activity	2
 RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0
 RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0
 RF4	Delay in providing pain relief	0
 RF5	Delay between presentation and triage	0
 RF6	Full clinical examination not carried out when presenting in labour	0
 RF7	Delay between admission for induction and beginning of process	0
 RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0
 RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
 RF10	Coordinator unable to maintain supernumerary status	2

ESTATES IMPROVEMENTS ➤

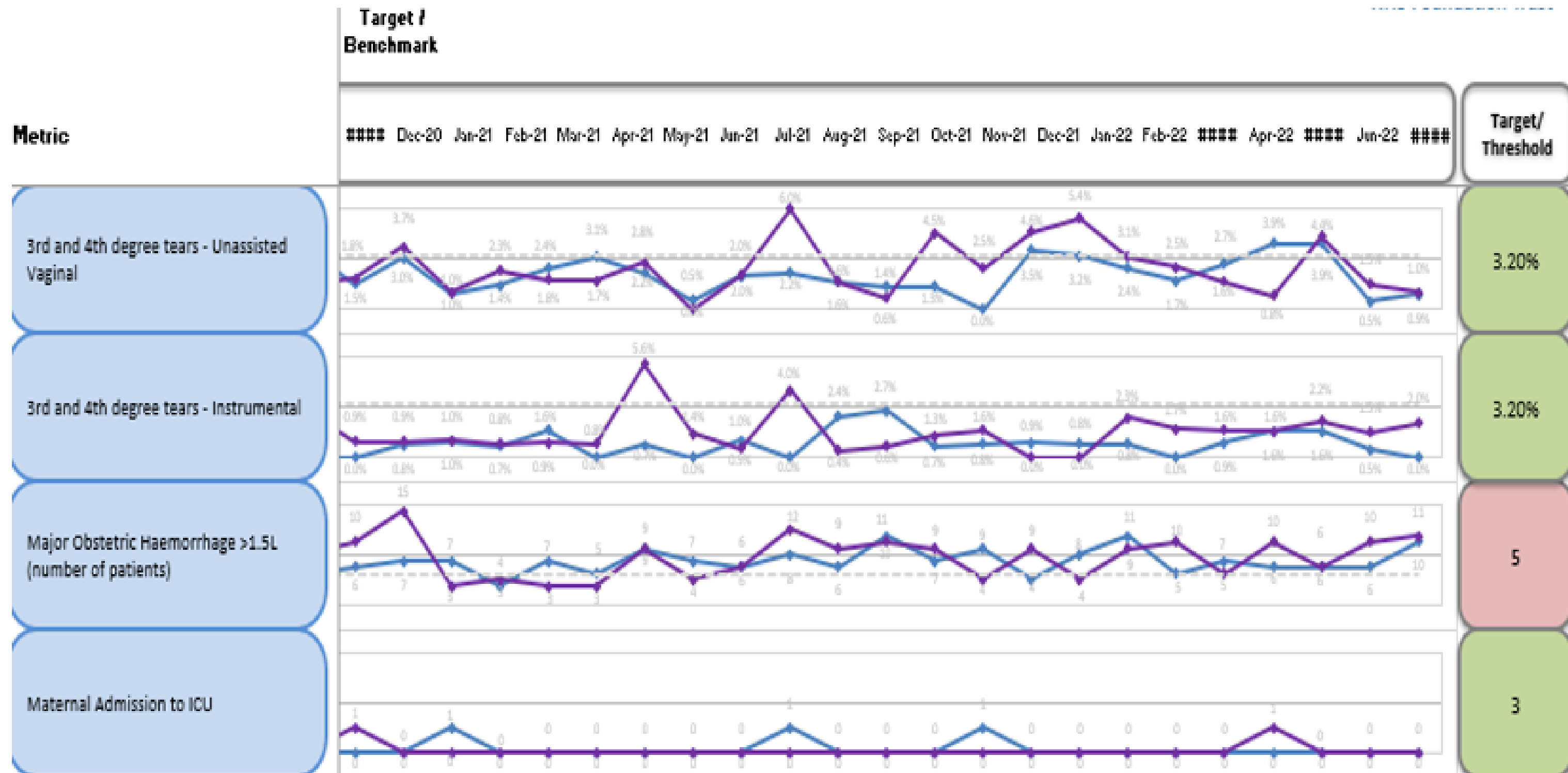
- **Newly decorated rooms and corridors**
- **Roof repairs - phase 1 to start end of September 2022**
- **New security doors into maternity theatres in place**
- **New sinks**
- **Implementation of estate monthly walk rounds with operational service manager for maternity, clinical matrons and lead nurse for patient support services**



SUSTAINABLE IMPROVEMENT



Hampshire Hospitals
NHS Foundation Trust



All improvements aligned to metrics so we can demonstrate the impact of actions we undertake

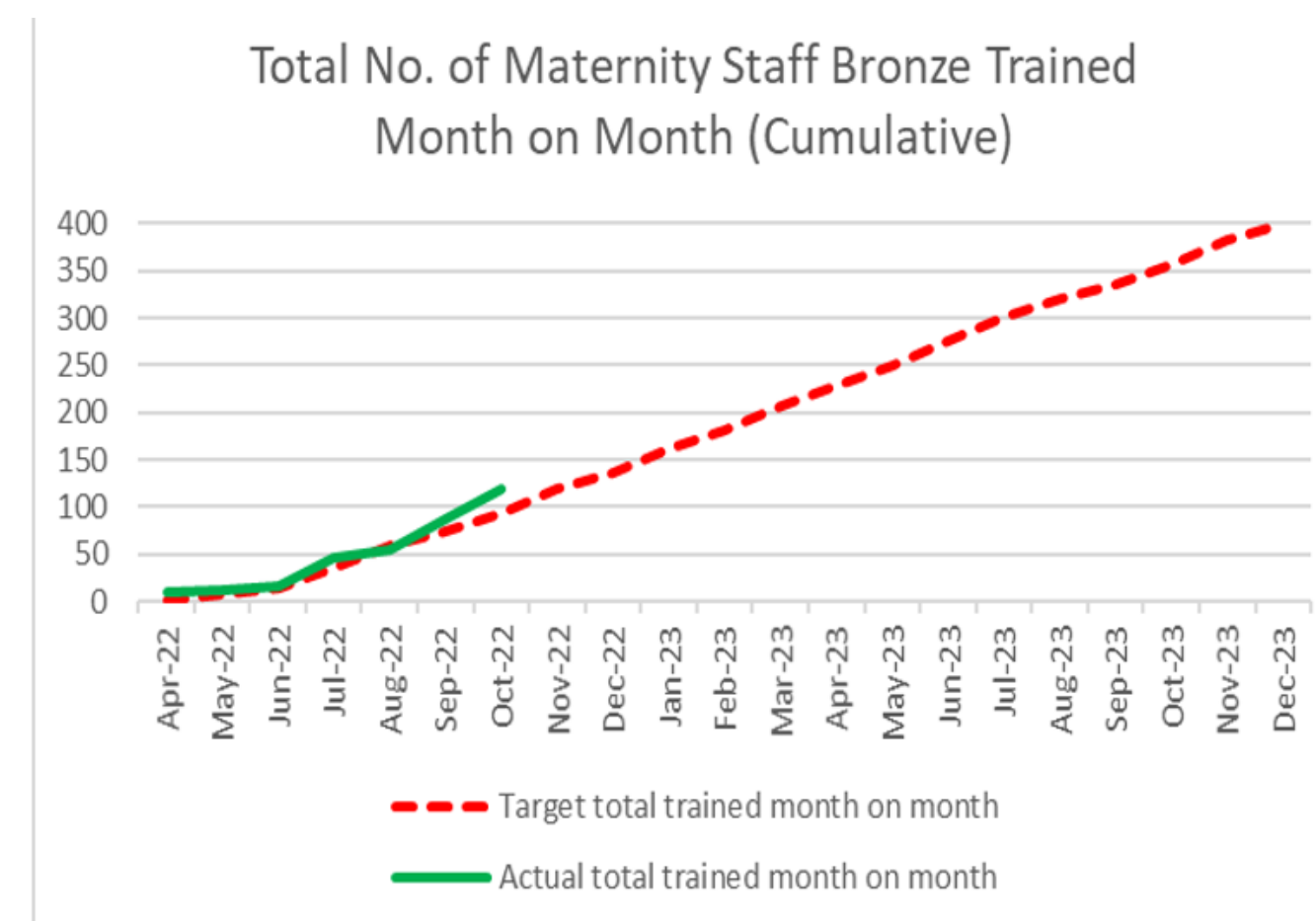
DEVELOPING QI SKILLS ➔

HHFT QI ACADEMY



For all improvement work within Maternity Services to be using the HHFT Improvement approach and following the Improvement Principles by December 2023.

Level	Aim	Skills outcome
Coaches	4	Champion QI methods and provide support to QI practitioners to maximise benefits and improvement outcomes.
Practitioners	40	Develop and use QI skills and knowledge to lead improvement at a service/divisional level
Improvers	400	Introductory understanding of QI to actively participate in improvement work across the Trust. <i>#EveryoneIsAnImprover</i>



LEARNING FROM EVENTS

- Weekly safety bulletins from the maternity safety & quality team.
- Ensures learning from events is current and widely distributed amongst maternity staff
- Monthly bulletin get included as a summary refresher in the monthly maternity newsletter
- The risk team compiled 3 safety messages to be included at every handover of staff



SAFETY BULLETIN

Please empty the bladder when there is a delay delivering the placenta or bleeding concerns.

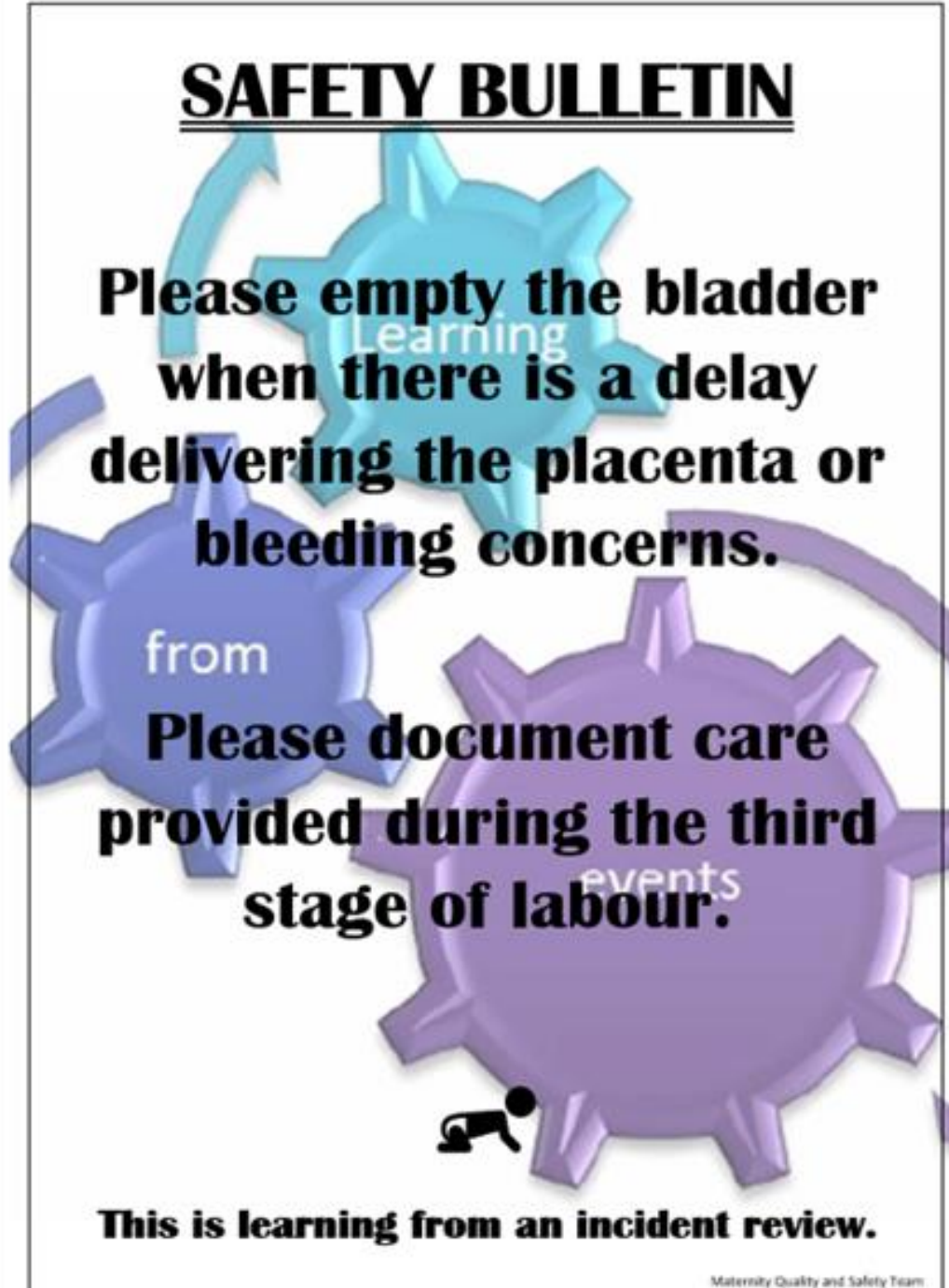
from

Please document care provided during the third stage of labour.

events

This is learning from an incident review.

Maternity Quality and Safety Team
November Week 1



EQUALITY & EQUITY (STAFF) ➔

- Cultural training session sent to Matrons & Consultants
- Team meetings introduced for International nurses
- Head of Midwifery signed up to reverse mentoring scheme
- Gap analysis in progress against Capital Midwife anti-racism plan
- Interview questions reviewed to ensure asking the correct diversity questions
- Enhanced staff training and education with diagnosing jaundice in different skin colours
- Cultural focus displays for those countries that we are welcoming International Midwives from
- Skin assessment form and pressure area damage information updated to reflect the changes in skin with colour
- Initiated a pool of people with protected characteristics to attend interview panels for positions within maternity
- Obstetric consultants agreed to review guideline with an equity lens; a statement of inclusion if no changes
- Head of Midwifery completed 6 week Future Learn course on Inclusive Leadership in Healthcare. Bitesize teaching sessions planned i.e. deficit thinking, microaggressions, affinity bias
- Cultural reading area to be implemented in both sites staff areas with books and articles available for browsing



EQUALITY & EQUITY (PATIENTS) ➔

- Launched 2 continuity of carer teams, 1 in Eastleigh and 1 in Basingstoke for vulnerable women and families
- Encouraging women to have covid vaccinations as part of all conversations at each clinic appointment
- Increased the number of leaflets in a variety of languages on Badgernet and our website
- Implemented a new standard operating process for women with protected characteristics to ensure easy access to maternity service
- Clevermed requested to order ethnicity categories alphabetically in the Badgernet system
- Editing of ward accreditation to ensure diversity and equality are met and measured within Maternity
- Ongoing work with Maternity Voice Partnership to encourage co-production and service improvements with women and families from different ethnic backgrounds
- Modernising Our Hospital Health Services working group to include a variety of staff and service-users from ethnic background
- Women with protected characteristics prioritised on matron pledge walkaround and feedback collared for Pareto analysis

I've had my Covid 19 vaccine - have you?

- ➔ The vaccine is effective in preventing Covid-19 infection
- ➔ You cannot get Covid-19 from the vaccination
- ➔ It is safe in pregnancy
- ➔ You can have the vaccination at any stage of pregnancy
- ➔ It will always be free of charge

Contact your midwife or hospital to arrange an appointment

For more information see rcog.org.uk/covid-vaccine

Logos for University Hospital Southampton, Hampshire Hospitals, Isle of Wight, and Portsmouth Hospitals University are visible at the top of the leaflet. The Royal College of Obstetricians & Gynaecologists logo is at the bottom right.

OPPORTUNITIES & CHALLENGES



Hampshire Hospitals
NHS Foundation Trust

EQUITY & EQUALITY

- Aligned with the Trust strategy to ensure inclusivity for all to meet their cultural needs

COMMUNITY HUBS

- More community hubs in all areas to support and engage our women locally at a financial saving from current premises

FINAL OCKENDEN

- Ockenden gives us opportunity to expand services with funding

AGING ESTATE

- Constant repairs
- Can not expand further on footprint
- Old décor fixtures and fittings

EMBEDDING & SUSTAINING

- **One maternity improvement plan**
- **Improvement Director support to move further faster**
- **Excellent patient experience**
- **Leadership and culture – visibility and behaviours**
- **Education and training – development programme**
- **Optimising learning across Maternity**
- **Environment – monitoring estate and IPC issues**
- **Excellent governance**



PROPOSED MATERNITY MODEL

