

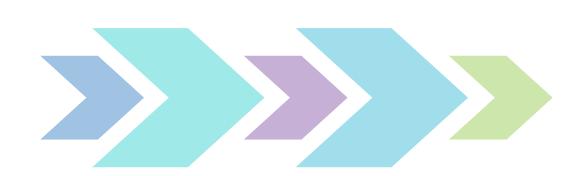
HAMPSHIRE HOSPITALS MATERNITY CQC HASC MEETING



CONTENTS SUMMARY



- Review of CQC actions
- Progress in sustaining improvement (Sepsis, Education, Appraisals, Domestic Abuse screening)
- Safe Staffing
- Monitoring Red Flags
- Key Performance Indicators
- Quality Improvement Culture
- Embedding and Sustaining Improvement
- Learning from Events
- Listening to Patients and Staff
- Equity and Equality
- Perinatal Culture and Leadership Survey
- Strategic Overview







Our last CQC inspection, 2 years ago in Nov 2021, advised a list of Must Do and Should Do actions. The only incomplete action relates to upgrading the aging estate. We continue to monitor performance against the other actions in our monthly maternity report.

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

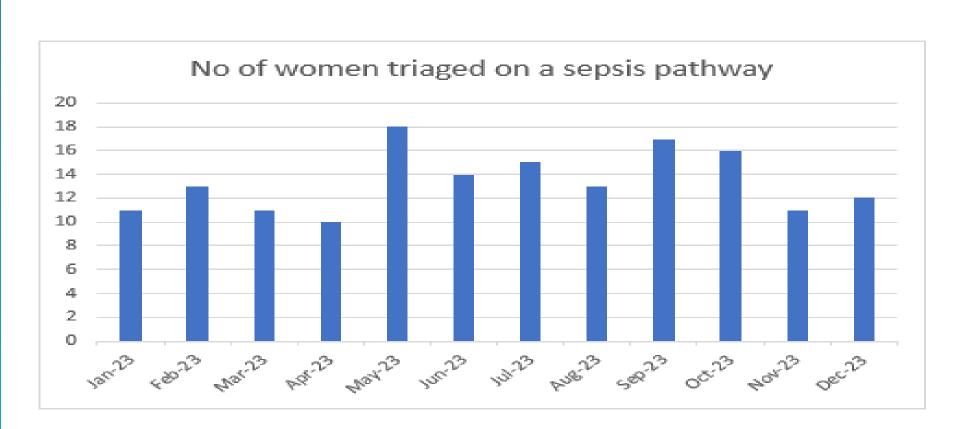
- Covid risk BAME
- Clinical guidelines
- Appraisal
- Mandatory and
 Statutory training
 competencies

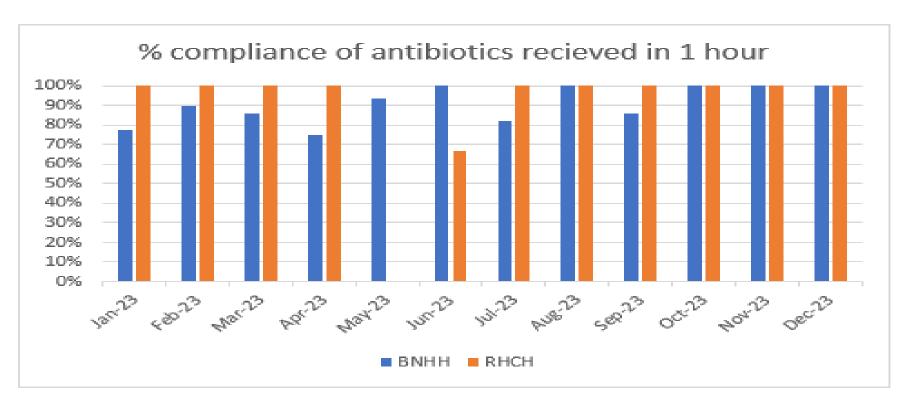


ACTIONS BEING MONITORED



COMPLIANCE WITH SEPSIS PATHWAY





 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. The last 3 months show improvements.

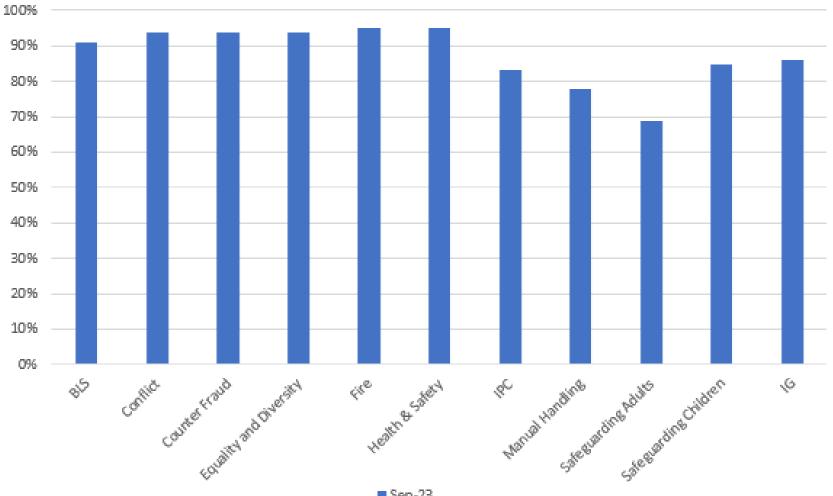
ACTIONS BEING MONITORED



MANDATORY & STATUTORY EDUCATION

- New Maternity Education policy which includes Training Needs Analysis in line with the National Core Competency Framework (CCF v2)
- Compliance with maternity specific mandatory training >90% for all staff groups.
- Additional training introduced to meet compliance with new CCFv2 modules.
- Education passports available for all staff groups.



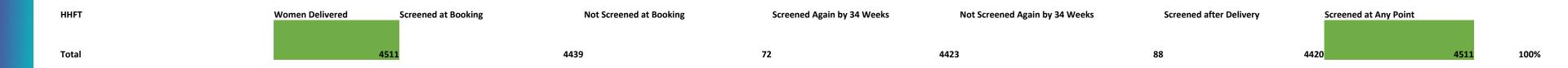


ACTIONS TO BE MONITORED



DOMESTIC ABUSE SCREENING

- In 2023 5336 birthing people booked to receive maternity care at HHFT.
- 100% were asked at least once about domestic abuse.
- 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



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. We have been nominated for awards Regionally and Nationally for this innovation.

ESTATES IMPROVEMENTS



- Newly decorated rooms and corridors
- Roof repairs completed at Basingstoke May 2023.
- Swipe access doors placed on theatres, drug cupboards and sluices
- Maternity ultrasound in new diagnostics centre at Andover
- New call bell system at Basingstoke & Winchester.
- Theatre upgrade completed in Basingstoke.
- Funding approved for theatre upgrade in Winchester.



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



THEMES AND ACTIONS FROM RED FLAGS:

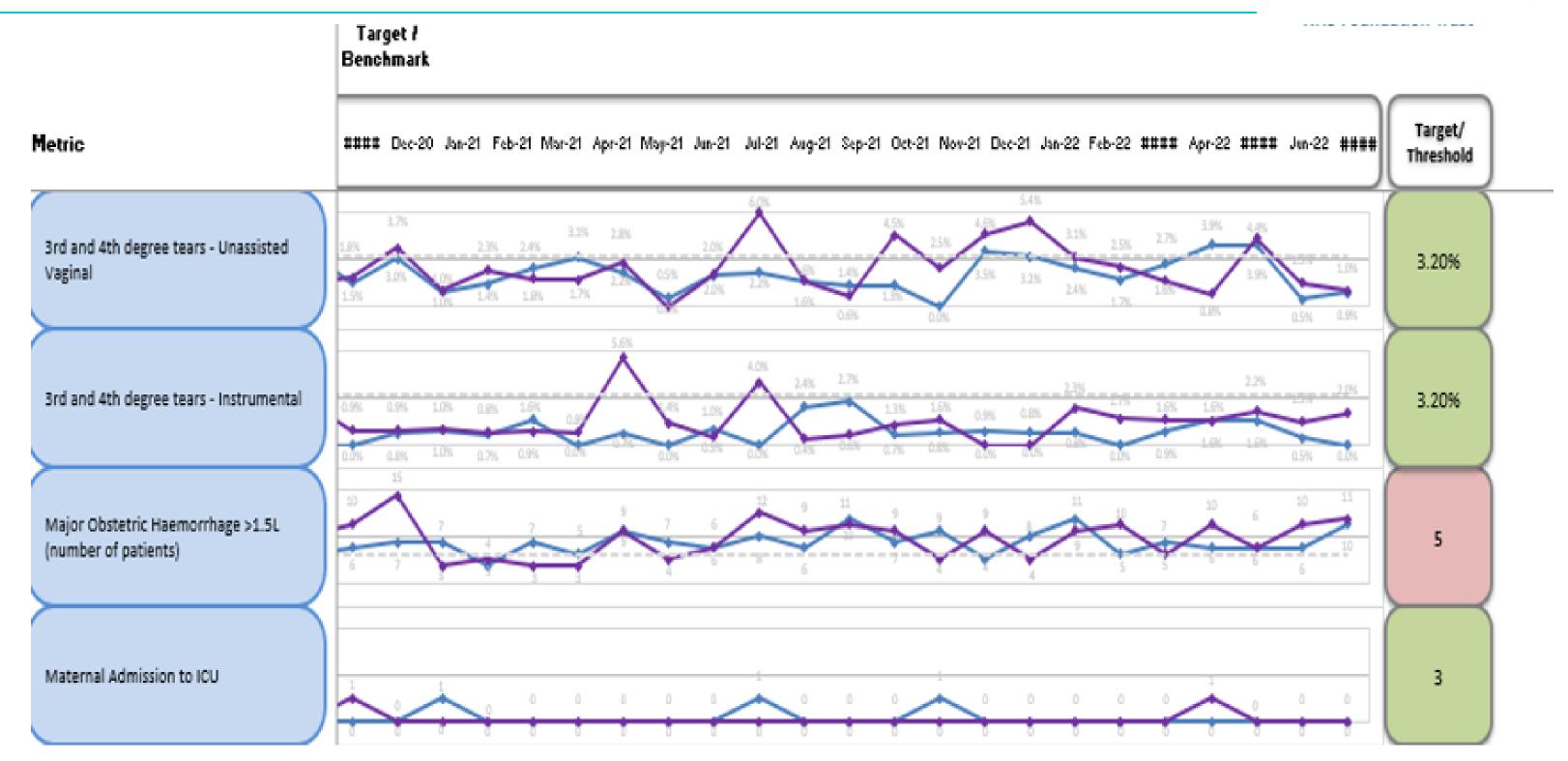


- QI Project on delays in induction of labour, results shared with staff and maternity safety champions, and actions being implemented.
- Escalation policy rewritten and circulated to give confidence to staff to escalate when support required.
- More midwives recruited to homebirth team which has resulted in less cancellations of the service in 2023.
- Improved staffing has resulted in less delays overall and a reduction in complaints.



SUSTAINABLE IMPROVEMENT





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

QUALITY IMPROVEMENT







200+ Bronze trained staff (starting point 9)



26 Silver trained staff (starting point 5)



2 Gold trained coaches (starting point 0)

In 2022 & 2023 (to date) 45 QI projects were registered in maternity	
Number that were closed down	Themes for closure included: not being a QI project, project changed for an alternative project, no longer required, change in role or workload.
Number that have been completed	Using IHI Scoring Matrix: 2 projects showed modest improvement 1 project showed significant improvement 2 projects showed sustainable improvement
QI projects are currently live	26
Number of projects currently 'on hold'	1 This is due to restart shortly.

EMBEDDING & SUSTAINING



- One central maternity improvement plan
- Excellent patient experience
- Leadership visibility and behaviours
- Culture of improvement and collaboration
- Education and training development programme and learning from events and feedback.
- Service improvements based on Saving Babies Lives V3
 implemented with ongoing monitoring of embedding change.
- Increased learning and development across maternity
- Environment monitoring estate and IPC issues
- Excellent governance



LEARNING FROM EVENTS



- Urgent safety messages and current operational status shared at twice daily safety huddles.
- Weekly safety bulletins from the maternity safety & quality team.
- Ensures learning from events is current and widely distributed amongst maternity staff
- PSIRF implementation live in Oct 2023. Panel reviews and PMRT based around family questions.



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.

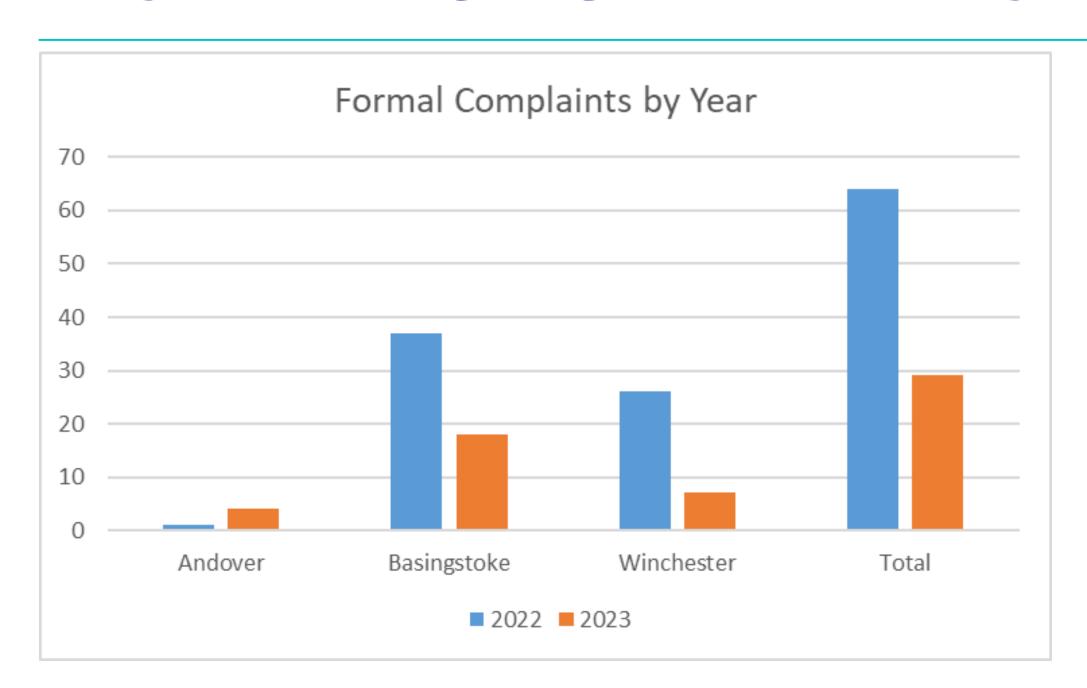


This is learning from an incident review.

Maternity Quality and Safety To November Wee

LISTENING TO PATIENTS





Themes of Complaints:

Communication: being listened to, pain management, cohesion between systems.

Reduction in complaints relating to delays in care.

Plan to introduce 'Birth Rights' and Personalised Care training in 2024



Friends and Family
Test (Nov 2023)
Basingstoke 98%
Positive
Winchester 97%
Positive



LISTENING TO STAFF







HHFT

PMA KPI Tracker

 Contacts made: 114 MONTHLY . Staff reached: Midwives: 68

Students: 30

Doctors: 10

TOTAL: MCAs: 4

RGN/Other: 2

NOVEMBER 2023

Restorative:

. 60 x Restorative Clinical Supervision (RCS) sessions facilitated this month: 37 x individual, x 2 group (27 staff).

QI:

- . COMPLETED: Stay & Grow Conversation, shared with managers.
- · PMA info for staff including QR code for booking RCS, shared with staff.
- ONGOING: Return from maternity leave.
- . Time for Tea: encouraging staff to take breaks.
- Menopause.
- NEW: Information for new starters to the Trust via Padlet platform.

Normative:

- Cases: 38/40 Stillbirth. Team Safety Debrief facilitated, 8 staff attended.
- 8 x individual debriefs
- · 3 x HSIB Interview support including pre-interview support.
- 2 x Revalidation
- 2 x Caring for Friends & Family conversations.

Formative:

- · No MSW Culture workshop this month.
- MQuEST Sharing The Learning (25 x midwives, 5 x doctors)
- PMA session for students (7 x students)
- Wellbeing Wednesday emails to all staff every week (400+ recipients)

EQUITY AND EQUALITY





- 2 continuity of carer teams evolving. 1 in Eastleigh and 1 in Basingstoke for vulnerable women and families
- Increased the number of leaflets in a variety of languages on Badgernet and our website
- Introduction of Maternity Voice Partnership Birth Equity group to listen to experiences of those from the global majority and allow these to influence service development.
- Modernising Our Hospital Health Services working group to include a variety of staff and service-users from ethnic background

Staff Development

- Cultural allyship training delivered by SimmComm
- Enhanced staff training and education with diagnosing jaundice in different skin colours
- Cultural focus displays for those countries that we are welcoming International Midwives
- Skin assessment form and pressure area damage information updated to reflect the changes in skin with colour
- · Unconscious bias training session within PROMPT and mandatory to all staff



NHS PERINATAL QUAD CULTURE & LEADERSHIP PROGRAMME

Survey Results Strengths:

- •Workload is balanced and flexibility is high
- •There's a no-blame culture high levels of learning and improvement
- •Errors are handled appropriately
- Staff knowledge is utilised
- •Staff can ask questions
- •Leaders are available and communicative
- •People would be happy to be treated here as a patient

Opportunities:

- •There is a perception that others are burnt out, but individuals feel okay
- •There is a lack of performance-based feedback
- •There can be a breakdown in communication between groups
- People are frustrated by technology
- •There is a need to deal with difficult people



Key aspirations for the service following staff evaluation of the Score Survey

- An environment that feels open and inclusive, with a sense of belonging.
- People are well trained understand the need for and use BadgerNet properly.
- For people to have a clear perception of burnout and what it feels like. That there is a perception that people are working in a motivating climate
- A culture where people feel responsible for taking control of their own learning and development.

STRATEGY IN ACTION





The Three-Year Delivery Plan for Maternity & Neonatal Services (NHSE 2023) by Theme:

Theme 1

Listening to and working with women and families with compassion

Theme 2

Supporting Our Workforce

Theme 3

Developing and Sustaining a culture of safety

Theme 4

Meeting and improving standards and structures

CQC Maternity Survey (Picker) MIS YEAR 5 FFT Actions

MATERNITY TNA
STAFF
RETENTION

Perinatal Culture & Leadership Plan (OD&QI) STAFF SURVEY NETS survey GMC SURVEY SBL(V3) ATAIN PMRT

BFI Implementation
Pelvic Health Strategy
Specialist service strategy
Accessibility Plan
Equity Strategy

Maternity Education
Policy
Workforce & Retention
Strategy

Safety Champions Communications Plan Governance Strategy CQC Actions
ANNB QA Plan
Maternity Audit Plan
Digital Strategy
Ward Accreditation

Outstanding Care for Everyone A Great Place to Work

Working Together for Our Population Innovating for a Sustainable Future Best Use of Our Resources

HHFT Maternity strategy 2022-2028 - A Journey to Achieve Our Vision, Together