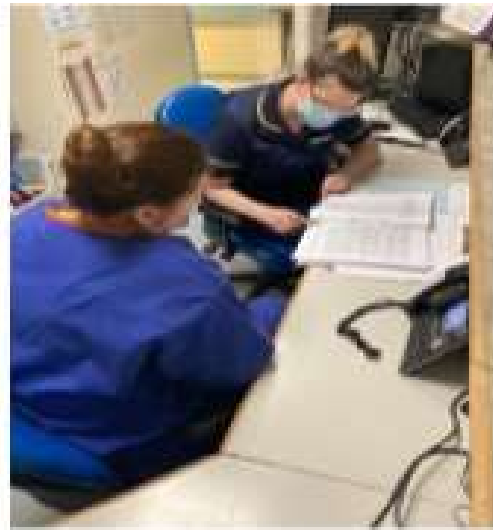


Hampshire Hospitals Maternity CQC Presentation Hampshire HASC meeting

24 May 2022

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Agenda Item 7

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Woman telling her positive birthing experience

<https://youtu.be/lz2L7OXCiZg>

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)

CQC Summary of improvements required for Basingstoke and Winchester maternity services

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

CQC progress summary (18/5/22)

64 actions in total

55 completed (86%)

9 overdue which are:

- Estates issues (roof, sinks replacement, security doors)
- Equipment testing
- Domestic abuse screening
- Emergency equipment safety checks
- Mandatory & Statutory training

	Jan 2022	Feb 2022	March 2022	April 2022	May 2022
Overdue	6	8	7	8	9
At risk/partially met	7	5	1	0	0
Open/On track	22	11	5	1	0
Complete	29	40	51	55	55
Total number of actions	64	64	64	64	64

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One Team - Assurance & Engagement

Twice weekly CQC action planning meetings - joint engagement Medical and Midwifery staff and Governance team

Internal inspections based on the ward accreditation template

Safety walkabout time with Senior Management Team and Non-Executive Directors

15 steps for all who enter the ward can feedback

Fortnightly Maternity Continuous Improvement meetings chaired by Chief Nurse

Gynaecology and Maternity Governance Meeting

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Leadership and Culture

Maternity Support Programme – supported by Directors

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)

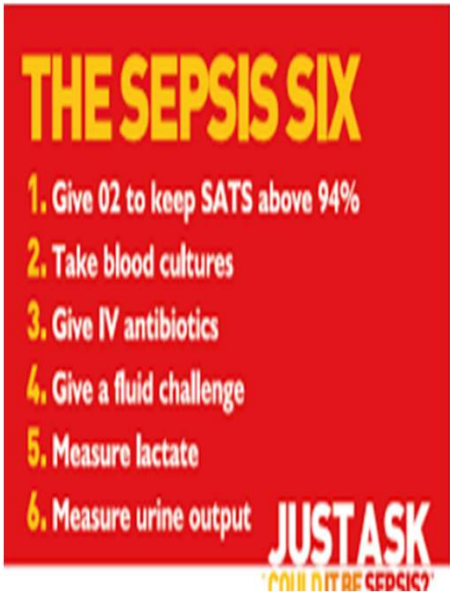
Improvement Director, Improvement Lead and NHSI/E to support with improvements

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Sepsis



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- 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



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Environment - Basingstoke

- Floors replaced on delivery suite (before and after pictures)
- Corridors have been painted and replastered
- Plans for sink and splashback replacement within 4 weeks
- Regular walkabouts with Estates and Infection prevention



Security

- Reviewed security – access to Maternity (Sherborne) building, digi locks on staff changing rooms, staff doors, theatres corridor, notices to remind staff,
- Infant abduction policy devised and ratified at December Maternity Governance
- Live drills taken place on both acute sites
- Maternity security spot checks – staff and visitors challenged every time



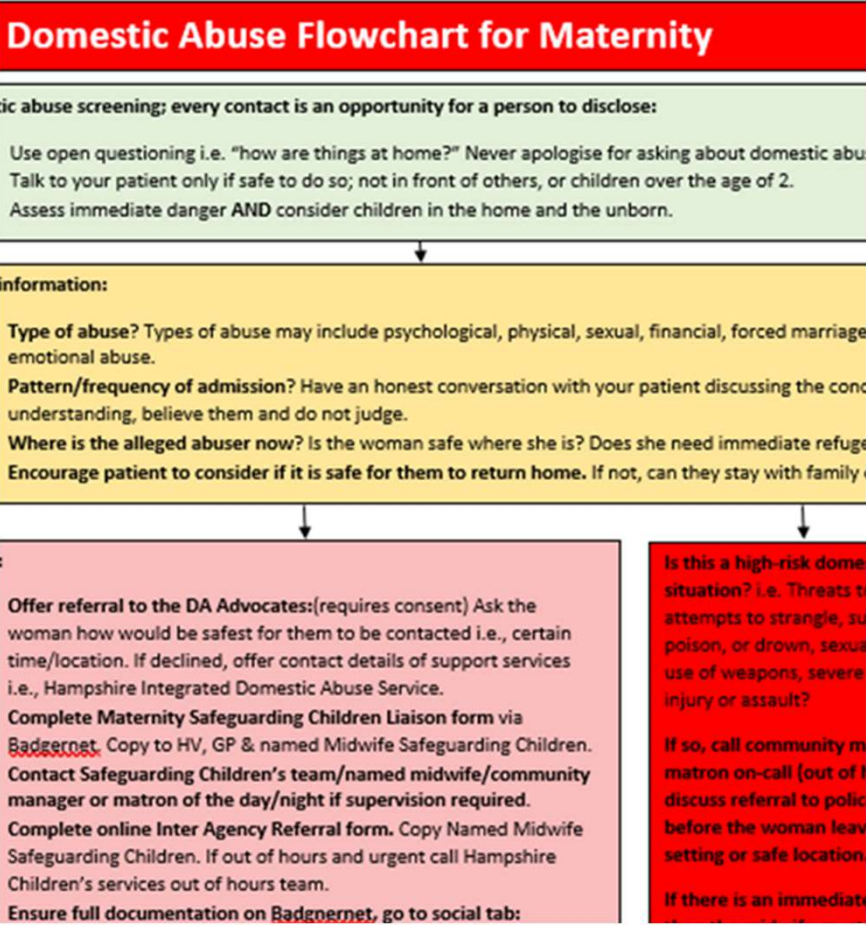
Emergency equipment



- **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 90% compliance

Domestic Abuse

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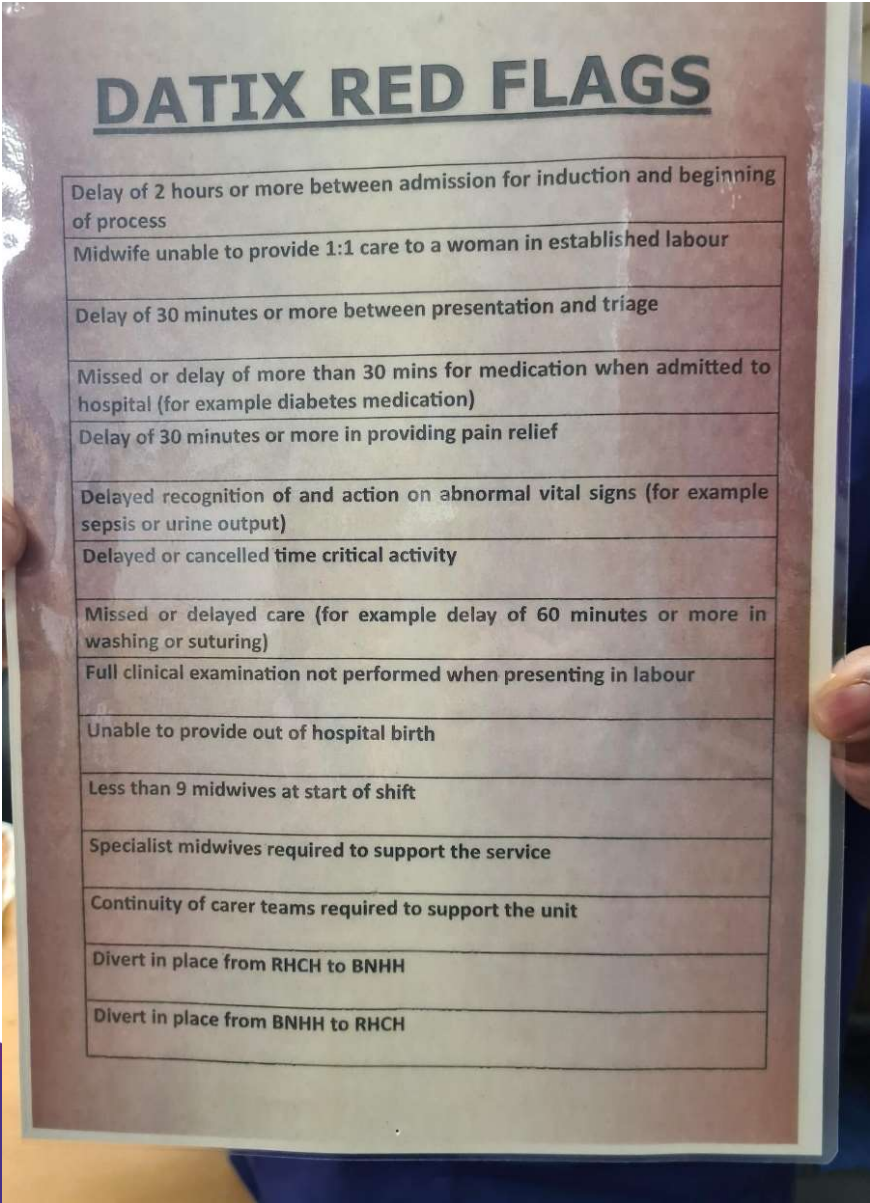


- **New Domestic abuse flowchart** created, this includes how to ask, information gathering, referrals, follow up actions and useful contacts i.e out of hours Children's Services
- **New Domestic Abuse policy** - Maternity guidelines have been updated
- **Review of electronic notes has been conducted** 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 still are unable to ask.
- **Written guide and training video produced for all colleagues.**
- **90% forms are completed but of those forms, 30% could not ask (April 2022 data)**

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

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- 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

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Learning from Events

- Community bitesize updates produced monthly
- Band 7 training, safety huddle board posters
- Monthly learning agreement devised for midwifery and medical staff highlighting 3 learning themes from incidents for the previous month and learning from SIs
- Risk register displayed in all clinical areas
- Band 7 midwives given 121 presentation on their responsibility to disseminate learning from incidents

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Staffing levels

• Current vacancies

April	BNHH	RHCH	COMMUNITY	OTHER	TOTALS
Vacancy (WTE)	7.54	5.05	1.12	1	14.71
Leavers	0				
Starters	6.59	2	3.2		11.79
Transfers	1	1			2
New appointments	4.82 MW	2 MW		1	7.82
Remaining vacancy	+2.72	+3.08	-0.51	0	6.88 (WTE)
IR Midwifery	Plan 10 wte, increased to 16 (further funding March 23) offered 10 wte, land May / June, OCSE completion by July 2022.				

Recruitment Plan

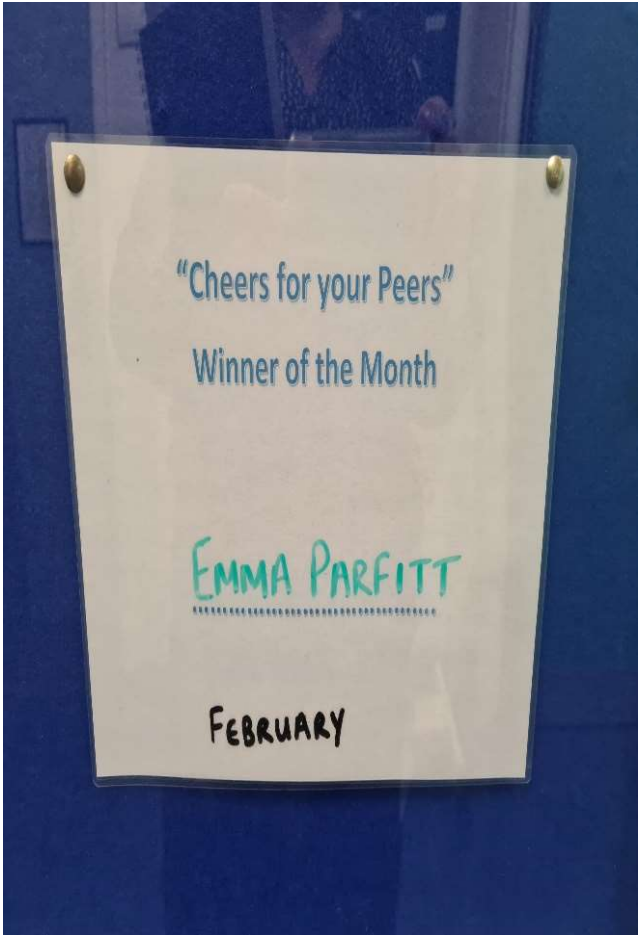
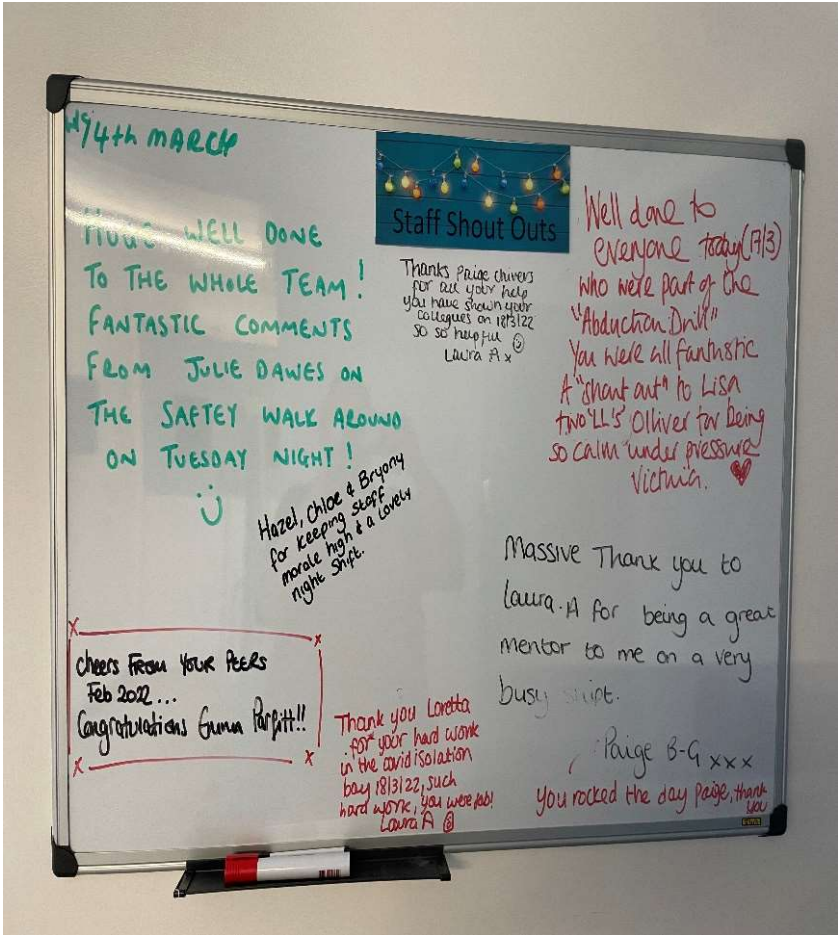
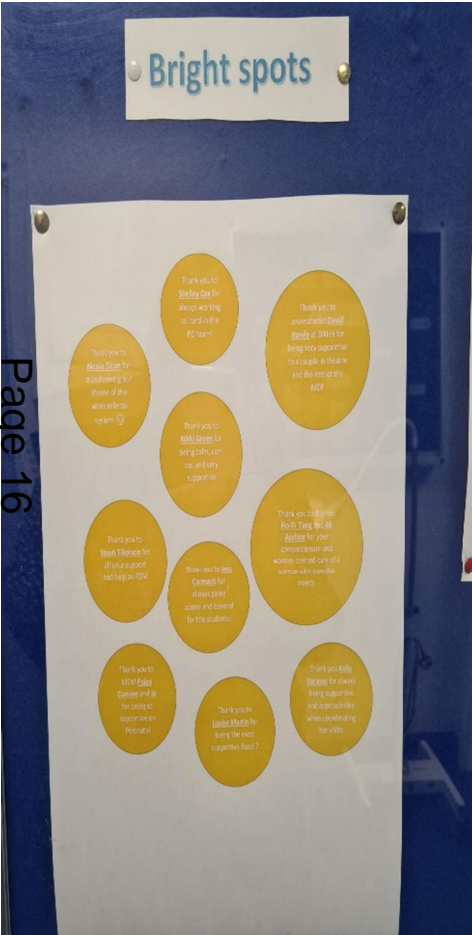
9 x new starters in March
3 x RTP midwives qualifying September
16 x international midwives July
1 x nurses on shorten conversion course 2 years
20 students qualify end of September 2022
Total of 49 midwives by end of October 2022.

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- 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
- 2 x daily reporting through the hospital sitrep calls
- Red flag reporting to Board via the safer staffing report
- Continuous midwife recruitment as business as usual

Positive staff feedback – shout outs, bright spots and cheers for peers

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Policy, SOPs and Guidelines produced

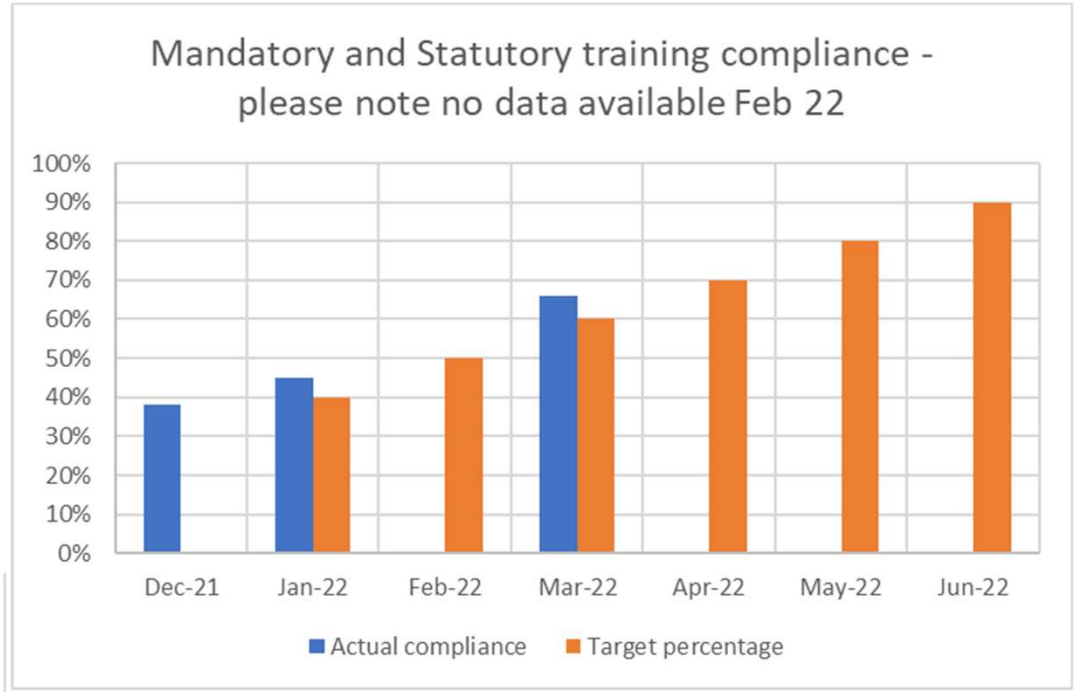
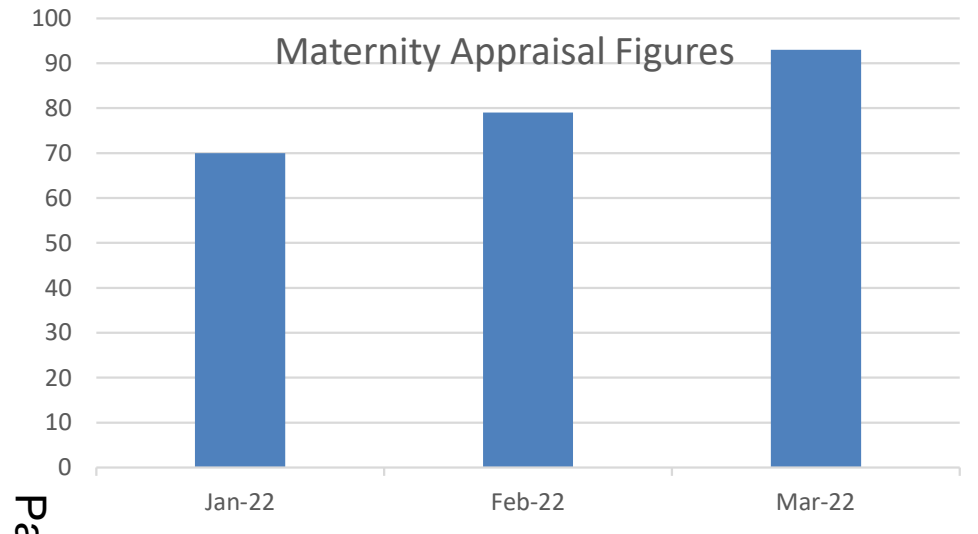
MANAGEMENT OF REDUCED FETAL MOVEMENTS

Previous document(s) being replaced		
Location	Document Number	Document Name
Maternity		HHFT Reduced Fetal Movement Guideline
Document Summary		
New guideline to accompany Wessex Pathway for Reduced Fetal Movements		
Ownership	Author	Miss Kate Golds, Mrs. Kirsty Revell
	Job Title	ST7 Obstetrics and Gynaecology, Consultant Obstetrician and Gynaecology
Consultation	Stakeholders Consulted	
Document Type	Level	Level 3
Related Documents	Document Details	
Final Document Approval	Committee	Guidelines Committee
	Date Approved	March 2022
Other Specialist committee(s) recommending approval	Committee(s)	
	Date Recommended	
Final Document Ratification	Committee	Clinical Governance Meeting
	Date Ratified	18 March 2022
Authorisation	Authoriser	Avideah Nejad
	Job Title	Clinical Director Women's Health
	Signature	
	Date Authorised	18 March 2022
Dissemination	Target Audience	Midwifery and obstetric staff
	Dissemination Lead	K Revell
Review	Expiry date	March 2025
	Review date	March 2025

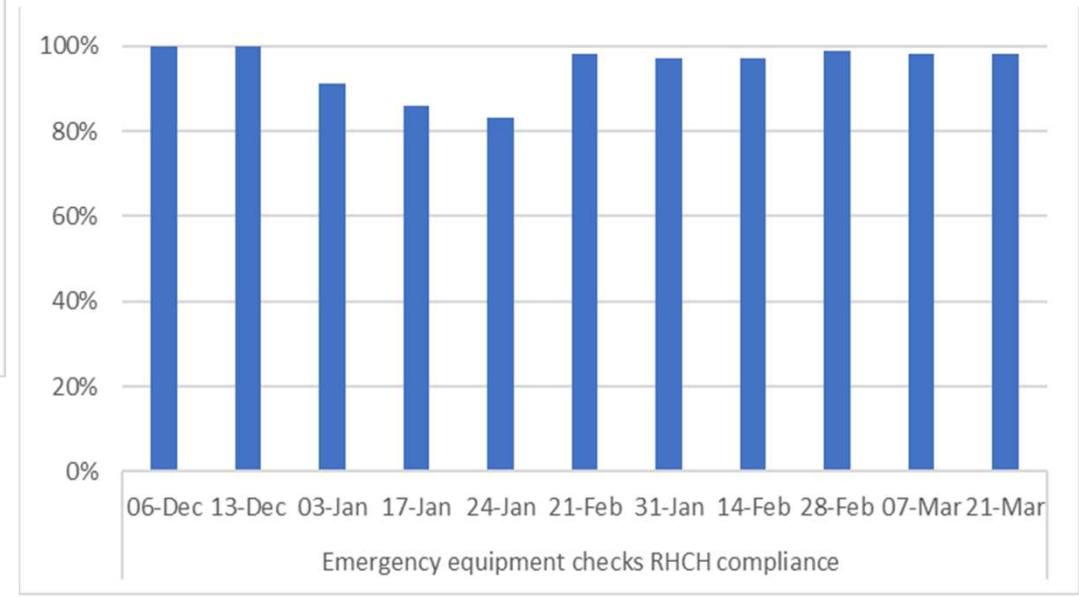
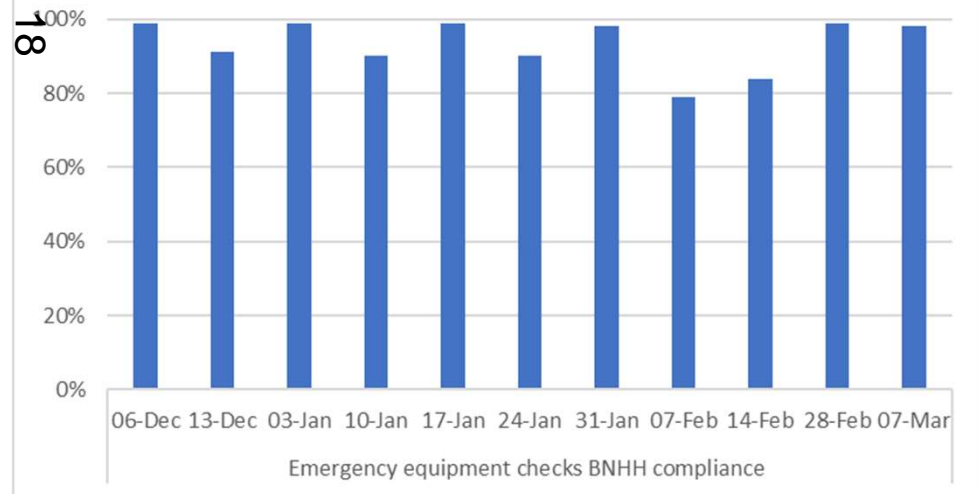
- Updated triaging women with additional pregnancy concerns SOP (BSOTS)
- New management of fetal movements guideline to accompany the Wessex pathway
- Updated infant abduction policy and laminated action cards

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Appraisal, Mandatory and Statutory training and Emergency equipment checks compliance



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2 should dos - Covid 19 risk to ethnic minorities women and competencies

- Covid 19 risk to ethnic minorities

Leaflet updated, vitamin D reminder,
Standardised Operating Procedure, risk
assessment

- Competencies

Preceptorship have issued guidance to midwives
about what to wear when awaiting
pin/handbook

Listening to Women & Families

Maternity Friends and Family Test: February 2021- February 2022

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'Labour line was very informative and reassuring. It was good to have a number to call in the labour period.'

'All member of the team where approachable caring, kind and compassionate.'



'So calm and reassuring, it was such a relief to feel so safe and at ease every step of the way.'

'appreciated being able to ask any questions and get help when I needed it...'

'lots of time given to help establish breastfeeding.'

'Great to be able to have appointment over video call, good to see a face rather than talking on the phone, and does help in fitting appointment around work.'



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Where Families' experience **is best**

- ✓ Mothers being told who they could contact if they needed advice about any changes they might experience to their mental health after the birth.
- ✓ Partners or someone else close to the mother were involved in their care as much as they wanted to be during labour and birth.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups.
- ✓ Mothers being offered a choice about where to have their baby during their antenatal care.

Where Families' experience **could improve**

- Mothers being given a choice about where their postnatal care would take place.
- Mothers being able to get a member of staff to help when they needed it while in hospital after the birth.
- Mothers being given the help they need when contacting a midwifery or health visiting team after the birth.
- The cleanliness of the hospital room or ward mothers were in during their stay at the hospital.
- The midwife or midwifery team appearing to be aware of the medical history of the mother and baby during care after birth.

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Families said, we did

- Behaviour framework for maternity developed
- A focus on listening to, acting upon and learning from feedback
- Badgernet implemented May 2021 to provide an end-to-end system which takes women in our care from booking through antenatal, intrapartum, and postnatal care
- More community hubs sourced
- SWIFT (support with infant feeding team) established to improve standard of support to women and their families with infant feeding, monthly newsletter to staff to keep updated
- Infant feeding specialist clinics developed and policy updated
- A virtual antenatal infant feeding workshop has been created,
- BFI Mother audit to capture the mother's view of the infant feeding support she received, and to identify training needs
- Regular spot checks undertaken to ensure cleaning regime completed
- Environmental Safety Educator for Maternity in post completing regular walk arounds and a monthly report



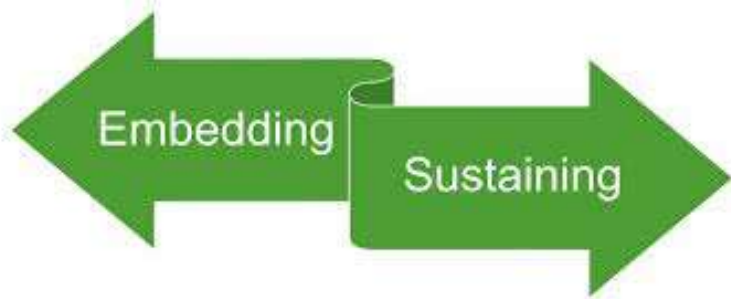
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Challenges & Opportunities

Aging Estate

Covid / staffing

Final Ockenden



- 1 plan = Continuous 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





QI PRACTITIONERS PROGRAMME



WHAT IS QUALITY IMPROVEMENT (QI)?

QI IS THE COMBINATION OF 'CHANGE' (IMPROVEMENT) AND A 'METHOD' (AN APPROACH WITH APPROPRIATE TOOLS) IN ORDER TO ACHIEVE BETTER OUTCOMES

(THE HEALTH FOUNDATION, 2013)



WHAT IS IN THE PROGRAMME?

- WE OFFER A 6 MONTH QI PROGRAMME WITH:
- FIVE BESPOKE TRAINING WORKSHOPS IN QI METHODS, TOOLS AND TECHNIQUES.
 - COACHING SUPPORT FOR YOUR IMPROVEMENT INITIATIVE
 - CLOSING EVENT TO SHARE LEARNING

WHY DO IT?

- BENEFITS:**
- LEARN NEW SKILLS IN QI METHODOLOGY, MEASUREMENT & DATA PRESENTATION
 - PERSONAL LEADERSHIP DEVELOPMENT, PEER SUPPORT & NETWORK OPPORTUNITIES
 - BETTER SUSTAINABILITY OF YOUR IMPROVEMENT

WHO IS IT FOR?

- THE PROGRAMME IS FOR ALL HHFT STAFF AT ANY LEVEL WHO:
- HAVE AN IMPROVEMENT IDEA THEY WANT TO LEAD
 - ARE KEEN TO INFLUENCE TO HELP MAKE THE CHANGE HAPPEN
 - HAVE AN INTEREST IN USING QI METHODS TO SUPPORT SUSTAINABLE IMPROVEMENTS

HOW TO APPLY?

- APPLY VIA THE QR CODE OR CLICK [HERE](#)
- APPLICANTS NEED TO BE AVAILABLE TO ATTEND ALL WORKSHOPS
- FOR MORE INFORMATION EMAIL QI@HHFT.NHS.UK

#EVERYONEISANIMPROVER



@QI_HHFT

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Developing QI Skills and Capability: HHFT QI Academy

Improver level (Bronze)

This foundation level aims to introduce all staff to the concept and language of quality improvement (QI). It provides a basic introduction to the tools that will enable staff to contribute towards achieving an improvement aim and hopefully inspire them to want to lead their own improvement initiative. Choose from any one of eight ways to earn your Bronze level certification, which serves as a prerequisite for further QI Academy courses.

Eight ways to earn Bronze QI certification

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<p>1. Foundation level introduction to QI and the model for improvement</p>	<p>2. HHFT Introduction to quality improvement</p>	<p>3. NHS Elect QI series</p>	<p>4. NHS Elect Learning Courses</p>	<p>5. Quality improvement in healthcare: the case for change</p>	<p>6. School for change agents</p>	<p>7. Improvement Fundamentals from NHS England</p>	<p>8. HHFT Preceptorship</p>
<p>Delivered: Online. Two hour session.</p>	<p>Delivered: ½ or full day session- face to face or virtual.</p>	<p>Delivered: Online. Four hours over six modules.</p>	<p>Delivered: Online. Three hours over six modules.</p>	<p>Delivered: Online. 18 hours over six weeks.</p>	<p>Delivered: Online. Ten hours over five weeks.</p>	<p>Delivered: Online. Ten hours over four modules.</p>	<p>Delivered: Included within the HHFT preceptorship programme.</p>
<p>To join: Click here to join the session.</p>	<p>To join: Request via QI@hhft.nhs.uk</p>	<p>To join: Register under HHFT membership here. Once registered, click here to start modules.</p>	<p>To join: Click here to start modules.</p>	<p>To join: Click here to start modules.</p>	<p>To join: Click here to join modules.</p>	<p>To join: Click here to join modules.</p>	<p>To join: Request via the HHFT Education Centre.</p>

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QI project – Emergency Team on Labour Ward

- Enhances communication
- Clear vision for working through an emergency methodically
- Clear roles
- PROMPT principles practiced
- Just and learn culture
- Improves care for women

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Our Proposed Clinical Model for Maternity



Co-production with women and families to improve our maternity services for our users

Offering **full birth place choice** to ensure women have access to the most appropriate place for them to birth



Ensuring we consistently **risk assess** women to ensure patient safety

Delivery of a **sustainable obstetric and midwifery workforce**, ensuring compliance with national standards



Work in **collaboration with the LMNS** to draw on network support and have assurance oversight to ensure our services remain **safe**

Delivery of local **Level 2 Neonatal Services** for North and Mid Hampshire through the **centralisation of obstetrics led care**



Sustainable, centralised **fetal and maternal medicine** services alongside obstetric services

Co-location of obstetric -led care with specialist acute services such as critical care



Our maternity staff talking about the improvements they have made and what they are most proud of

<https://youtu.be/l-BioOEtiQQ>

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