Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors
7th June 2023

AGENDA ITEM NUMBER	7.1	
TITLE OF PAPER	Maternity Services Response to CQC Section 29a Warning Notice and CQC report	
Confidential	N	
Suitable for public access	Y	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S) OR MEETINGS WHERE THIS PAPER HAS BEEN VIEWED		
Divisional Governance Meeting - via email circulation		
STRATEGIC OBJECTIVE(S):		
Quality of Care		Y
People		Y
Modern Healthcare		Y
Digital		Y
Collaborate		Y
EXECUTIVE SUMMARY		
	In January 2023 ASPH Maternity Services were inspected by CQC under the domains of Safe and Well-Led. The Trust subsequently received an inadequate CQC rating for its Maternity inpatient service and a section 29A Warning Notice. A detailed action plan has been developed and the department has made significant progress with its implementation. Evidence of progress has been submitted to the CQC and shared with the LMNS. At the recent Surrey Heartlands Quality and Performance Assurance Committee, ICB colleagues noted the Trusts transparent and open quality improvement methodology and acknowledged the scale of work progressed to date. The Trust has invested in additional senior support for the Women's Health and Paediatric Division who are currently reviewing all plans and initiating a review of what the services development requirements are. This is also in response to the publication of the three-year delivery plan for maternity and neonatal services.	

	Oversight meetings with the Executive team continue internally to support and monitor progress of the service and these have been complimented with wider system meetings with ICS, LMNS, Regional and Regulatory colleagues. During May 2023, a further 6 actions were completed. The service has implemented additional meetings to support action leads to maintain the improvement pace. Support has been provided in a number of areas and wider service engagement is on-going to align improvement actions to 'business as usual' activities, such as the workstreams relating to the saving babies lives bundle and the new national single action plan for neonatal and maternity services. One action that had previously been at risk was reviewed and remedial action taken. Following review, a further 4 actions were identified to strengthen the service response, and these are detailed in the following report.
SPECIFIC ISSUES CHECKLIST:	
Quality and safety	Y
Patient Impact	Y
Employee	Y
AUTHOR NAME/ROLE	Val Wilson Improvement Director Women's Health and Paediatrics
PRESENTED BY DIRECTOR NAME/ROLE	Andrea Lewis Chief Nurse
DATE	7th June 2023
BOARD ACTION	For assurance

In January 2023 ASPH Maternity Services were inspected by CQC under the domains of Safe and Well-Led.

Areas of good practice:

· Provision of antenatal education

· Focus on QI - with noting of PAUSES risk assessment project, use of Tommy's risk assessment and clinical decision-making tool, and biomechanics in labour.

· Education team; Training needs analysis and monitoring and triangulation of learning from incidents.

· Positive staff and improvement culture, MDT working and demonstration of integrity and compassion for women and families.

Overview of required Improvement and progress to date:

The department has made significant progress against a number of key areas and evidence of progress has been submitted to the CQC and shared with the LMNS.

Oversight meetings with the Exec team internally continue to support and monitor progress of the service and these have been complimented with wider system meetings with ICS, LMNS, Regional and Regulatory colleagues.

29A Warning Notice actions

Monitoring of arrival and wait times in Maternity Triage and delays in clinical reviews by 15 February 2023

- Ongoing monitoring of all arrival and assessment times, risk assessment and ongoing going care outcomes initiated.
- Digital task & finish group initiated to improve pathways/data input and quality.
- Revised operational and clinical guideline implemented.
- Performance dashboard reviewed at weekly Safety Summit. Breaches reviewed daily.
- TNA for all staff groups and training package + learning from simulation training in place.
- Essential Triage estates works are now completed

Staffing levels throughout maternity services but mainly Triage by 1 March 2023

- Template increased to include 2nd RM, MSW and admin 24/7 – recruitment underway. B7 Triage Lead in post April 2023.
- Recruitment on-going to consultant and middle grade obstetric rota following demand & capacity exercise.
- Learning environment audit completed

The risk assessment for the process for women who are booked for an elective caesarean by 1 March 2023

- Risk assessment and options appraisal undertaken.
- 15 steps and patient service undertaken; improvement work being co-produced with MVP.

Governance and risk processes because of a backlog of overdue Datix's due 1 March 2023. The Maternity service had 152 incidents overdue at the time of the inspection.

- May – overdue Datix reduced to 27. 15 of these related to cases undergoing either a Perinatal Morality Review or are reported as serious incidents (SI's). There are no overdue SI's.
- Draft risk management strategy (incorporated management of incidents) will be circulated during June - support will sought from Trust colleagues to ensure alignment to organisational changes.

MUST actions

- IPC compliance – monthly audit compliance in place and engagement and support sought with Trust colleagues.
- Daily safety check compliance - checks and audit now in place
- 'Birth pool' evacuation nets and equipment – equipment procured – awaiting arrival – training to be undertaken in situ.
- CTG fresh eyes – audit initiated - 1st report due end of May. Bi-weekly MDT on-going. CTG meeting in place for learning. In situ twice daily Spot check developed for implementation in June
- Antenatal risk assessment and personalised care plans – review initiated and on-going.
- Monitoring arrival, risk assessment and ongoing care in trigae in place
- Identifying 'frequent attenders' to the maternity triage or MDAU – SOP agreed
- Building capacity in the workforce to review and investigate incidents, share learning, and monitor the effectiveness of the practices – organisational and divisional governance review underway.
- WHP risk register review – deep dive undertaken, additional support from corporate team on-going. Further meetings planned for June.

SHOULD actions

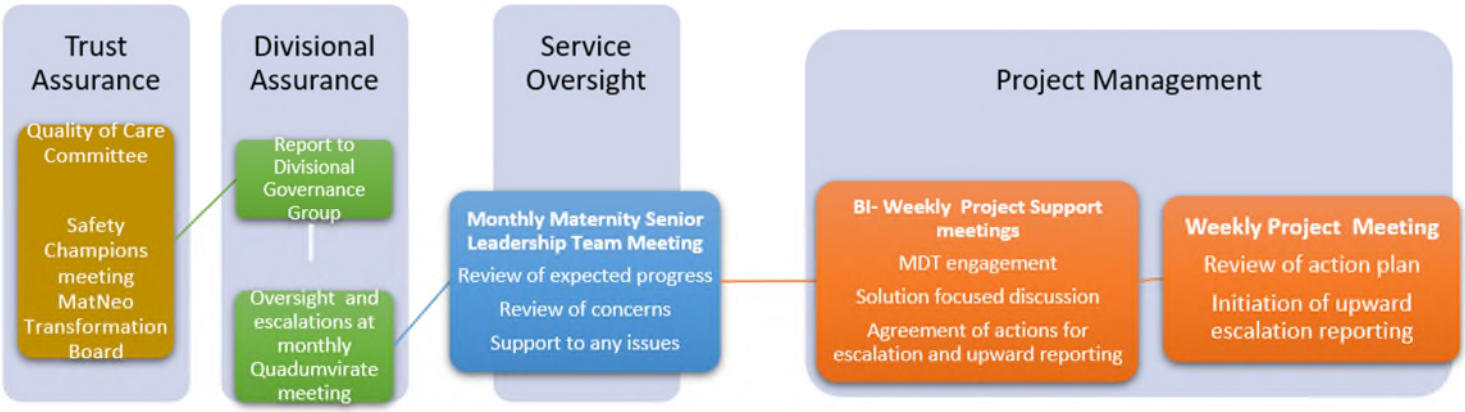
- Mandatory and safeguarding training compliance for doctors. Training monitored monthly. Consultants now have training dates identified for safeguarding training.
- Monitoring compliance against the Sepsis 6 bundle
- Board workforce reports now have separate vacancy rates for midwives and nurses ambitions to improve staffing levels across maternity are being supported by a workforce review led by interim senior midwife.
- 4 Midwives have completed the Critical Care in Practice Course. 5 midwives are undertaking a high dependency course due for completion in June. Further staff will be supported into training on the next course intakes.
- The service is currently recruiting an additional 5 consultants and assessment of separating the gynaecology and obstetric medical 'on-call' rota is on-going.
- A provider is now in place for translation services, in addition to Language Line. A video language line will also be rolled out. A provider for antenatal education in alternative languages has been sourced and is awaiting approval.

Action Plan Management

The Corporate Team has supported development and oversight of the action plan. Going forward the Division will manage the plan and provide monthly reports detailing progress with actions and the ensuing improvements.

Resource has been identified from within the Division to support on-going robust management, staff engagement and reporting of the plan and a simple process has been developed for implementation in June.

Proposed Action Plan Governance



Current Action Plan Status

Detailed updates can be found in appendix 1, and a high-level overview below.

Maternity CQC Action Plan	April	May	Comments
29A Warning Notice Actions			
Complete	41	46	2 new actions. 1. Further disaggregation of Triage IT process to reflect time of arrival and time of clinical assessment. 2. Escalation of medical staffing to be included in existing escalation policy so there is holistic assessment of staffing
On track and on time	3	4	
Breached initial time frame but progressing	11	8	
Breached at risk	1	0	
'Must' Actions			
Complete	5	5	2 new actions. Both relate to work with Surrey Heartlands relating to on-going quality assessment of central telephone service. Delays in completion relate to IPC training needs assessment – contacts with Trust IPC made and meetings planned for June, and undertaking fresh eyes spot checks which are commencing w/c 5.6.23
On track and on time	12	10	
Breached initial time frame but progressing	5	9	
Breached at risk	0	0	
'Should Actions'			
Complete	7	8	Delays in completion dates relate to - • a paper being presented for assurance (scheduled for June) • separating obstetrics and gynaecology rotas – there is a task and finish group commencing in June to assess the positive impact of the current consultant recruitment. • work is no-going in relation to video services to support language access. • antenatal education provision in multiple language sourced – will be completed in June
On track and on time	18+1	12+1	
Breached initial time frame but progressing	0	5	
Breached at risk	0	0	
TOTAL			
	April	May	
Complete	53	59	Progress remains positive. Challenges to timescales were identified early May and fortnightly meetings have been initiated to support action leads going forward - which is already having a positive impact. There are no actions currently at risk
On track and on time	33+1	26+1	
Breached initial time frame but progressing	16	22	
Breached at risk	1	0	

Next Steps

The service will continue to support action leads and promote the improvement work with regular staff communications.

In order to ensure robust divisional assurance, divisional evidence review panels will be commenced in July to assess the quality of both the response to the CQC report and warning notice, and the evidence submitted for completed actions. Sustainability measures will also be identified to ensure improvements are maintained.

Appendix 1

Completed
On track - within timeframe
Breached initial timeframe but progressing
Breached timeframe – at risk

Action plan update – Up to and Including 31st May 2023

29A Warning Notice					
Ineffective Triage Practice and Processes					
Areas for Improvement	Milestone progress				Comments
Lack of monitoring of arrival and wait times in Maternity Triage and delays in clinical reviews	**10**				All estates work now completed and ongoing monitoring and assurance activity in place.
Align digital solutions to capture data required to assure on patient safety in the Maternity	**1**	**1**	**1**		Work continues to develop effective digital processes via the Digital Task and Finish Group. **New action x1** Following implementation of admin/MSW support to the Triage process, we have identified there needs to be a further disaggregation in the IT process, between time of arrival and clinical risk assessment. A completion time for this piece of work is under discussion, but at this point the action remains beyond its timeframe.
Delays in clinical reviews in DAU	**4**	**1**	**1**		The initial audit was undertaken, however for additional assurance, we are creating a new action for ongoing audit. **New action x1** **Scope the medical escalation to be included in the Unit Escalation Policy (rather than a separate standalone policy) and ratified in** Induction pack for agency staff awaiting final ratification on 5/6/23 before completion of action.
Total	**15**	**2**	**2**		
Staffing Levels in Maternity requires significant improvement					
Review staffing template for Triage	**15**		**1**		Learning environment audit completed. Requires sharing with stakeholders for review.
Overall Staffing	**4**		**1**		Awaiting for medical staffing escalation process to be shared widely, such as at the Unit Meeting.
Total	**19**		**2**		
The environment of triage requires significant improvement to protect women, pregnant people, and babies from harm					
Unable to maintain a safe environment in Triage due to the size and lay out of the area	**7**	**1**			The remaining action relates to regional and national work around triage which is long-term piece of work.
Total	**7**	**1**	**0**	**0**	
The governance and risk processes require significant improvement because of a back log of outstanding incidents which caused delays in identifying themes and trends and shared learning for staff					
Maternity Governance Processes		**1**			There is a wider piece of work occurring within the organisation regarding governance processes. The service has developed a draft Risk Management Strategy, that is inclusive of the 3 previous incident management documents. This will be circulated to the Senior Team w/c 5/6/2023 and support sought from Trust colleagues to ensure alignment to organisational changes
Backlog of Datix incident reports overdue and 4 Serious Incident Investigations	**1**		**1**		Currently overdue Datix's – 27. 15 of these can be locally managed, with 12

					being subject to ongoing investigations and scrutiny.
Risk Register Review Processes within Maternity Services and Wider Organisation	**1**		**1**		Risks across organisation have had a comprehensive 'deep dive' review but work ongoing to with the register and embedding risk management in the service
Total	**2**	**1**	**2**		
Elective Caesarean Pathway					
Elective CS in main theatre resulting in lack of privacy and dignity	**3**		**2**		Options appraisal to be completed by beginning of 2024. MVP have completed 15 steps walk around of ELCS pathway – awaiting written feedback. Estates works unlikely to be achieved as per original action plan.
Total	**3**	**0**	**2**	**0**	
Warning Notice Total	**46**	**4**	**8**	**0**	

'MUST' Actions					
Areas for Improvement	Milestone progress				Comments
The service must ensure that it improves compliance to local infection prevention and control measures and that managers are given protected time to monitor this. Regulation 12 (1) (2) (h).	**1**	**3**	**4**		There is ongoing work regarding IPC compliance, including a review of training needs and involvement with the Trust IPC team.
The trust must ensure staff complete daily checks of emergency equipment. Regulation 12 (1) (2) (a) (d).		**2**			Ongoing action – with aim for 100% of safety checks completed by September 2023. This will also be reported via the MatNeo Board report.
The trust must ensure that there is 'birth pool' evacuation nets and equipment in every room that has a birthing pool. Regulation 12 (1) (2) (a) (e)	**2**		**1**		We are still waiting for the delivery of the nets in the Birthing Centre. Labour Ward has these nets and form part of the 'Pool Room' checklist.
The service must ensure that it improves the quality of cardiotocograph (CTG) risk assessments and the use of 'fresh eyes' for women and pregnant people during childbirth and monitors this to ensure practice is embedded. Regulation 12 (1) (2) (a) (c)		**1**	**2**		An initial audit has been completed and work is ongoing between Labour Ward and Fetal Wellbeing Midwife to discuss QI project/long term improvement plan. A meeting is scheduled for wc 5.6.23 to discuss the action going forward. Timely oversight will be strengthened with the use of a spot check tool, based on local guidance, which has been developed and will be implemented by the delivery team leader's w/c 5.6.23
The trust must ensure that it improves the quality of processes and practices in relation to patient risk assessments to make sure women and pregnant people's care is aligned with national guidelines and that staff escalate concerns within safe time frames. Regulation 12 (1) (2) (a) (b) (c)					Sits within 29A Action Plan
The trust must ensure that staff accurately review and update personal care plans for all women, pregnant people, and newborn babies, to ensure they are on the correct care pathway and continue to monitor compliance. Regulation 12 (1) (2) (i).		**1**	**2**		There is an ongoing review of assessment and implementation of personalised care plans, which also forms part of the Ockenden recommendations.
The trust must ensure that staff record arrival and 'time seen' of all women and pregnant people who attend triage or labour ward and monitor compliance and outcomes. Regulation 12 (1) (2) (a)(b).					Sits within 29A Action Plan
The trust must ensure that there is a system to identify 'frequent attenders' to the maternity triage or the day assessment unit so that staff can escalate concerns appropriately. Regulation 12 (1) (2) (a) (b)	**2**	**1**			The action plan has been further reviewed. 1 previously 'completed' action has been refined and reopened regarding an audit to be of medical escalation/waiting times within DAU. There is a daily audit of Triage frequent attenders sent to Triage leads. Reminders have been sent to staff re frequent attenders and the management of these.

The trust must ensure there is a system to record and monitor all telephone calls made to triage and include recommendations on the patient care record. Regulation 12 (1) (2) (a) (b)		**2**			**New Actions** This action sits within the 29A Action Plan. However, further actions have been developed. An initial telephone audit was completed, and new Triage phone line is now in place. Ongoing work to review what audits need to be undertaken, in conjunction with the Surrey Heartlands Call a Midwife Line.
The trust must ensure medical staff cover for maternity triage is reviewed so there are enough suitably qualified, competent doctors to deliver the service in line with national guidance. Regulation 12 (1) (2) (c)					Sits within 29A Action Plan We have gone to panel for x5 Consultants which are now out for advert - interviews in July 2023. Additional 4 middle grade doctors out to advert - interviews in due course. This will provide us with cover for annual leave, sickness etc. Need confirmation this meets national guidance. We are currently reviewing the possibility of having x2 AMPs in triage, who will escalate to the medical team, as necessary.
The trust must ensure it improves maternity governance systems so that staff have time to review and investigate incidents, share learning, and monitor the effectiveness of the policies and practices on a regular basis. Regulation 17 (1) (2) (a)(b)(c) (3)					Sits within 29A Action Plan
The trust must ensure that it completes a full review of the Women's Health and Paediatric Divisions risk register and separates maternity risk and incorporates long standing maternity risk on to the corporate risk register. Regulation 17 (1) (2) (a) (b) (c) (3)					Sits within 29A Action Plan
Total	**5**	**10**	**9**	**0**	

'SHOULD' Actions					
Areas for Improvement	Milestone progress				Comments
The trust should ensure that it continues to improve mandatory training compliance for doctors. Regulation 12.	**2**	**3**			A maternity TNA has been updated to reflect Doctors training and has been shared out for wider comments. Work remains ongoing regarding improving doctors training compliance.
The trust should ensure that it continues to improve staff compliance to accurately following the sepsis 6 care bundle when women and pregnant people present with symptoms. Regulation 12.		**4**			This action has been reviewed as a whole, and actions developed. An initial meeting has been held regarding Sepsis 6 auditing, the current issues faced on Badgernet, and the scope and requirements of the audit were discussed. Work remains ongoing on our Maternity Audit Plan.
The trust should ensure that medical staff are complaint with their level 3 safeguarding training in accordance with national guidance and trust targets. Regulation 13.					Falls under action 1 for 'SHOULD' All consultants that are non-compliant with Safeguarding training have been sent the dates to book onto a course and MF will chase Drs this week to complete online or attend a F2F course. CPE team and Safeguarding Lead Midwife are putting on ad-hoc safeguarding face to face sessions for all Drs outstanding to attend.
The service should ensure that women and pregnant people's privacy and dignity are protected	**1**	**1**	**1**		The 15 steps review has been undertaken and shared with the Labour Ward Matron. An audit of service user

when they are cared for in main theatres. Regulation 10.					feedback has been completed, and will be shared at the Perinatal Governance meeting on the 26th June 2023.
The service should ensure that board workforce reports separate vacancy rates for midwives and nurses to ensure board oversight of the true vacancy rate for midwives. Regulation 18.	**1**				Vacancy and pipeline' report which goes in the MatNeo report to Board now has separated nurse/MW vacancy.
The service should ensure it continues to find effective ways to improve staffing levels across maternity. Regulation 18.	**2**	**2 (+1)**			Ongoing action to review and introduce the AMP role within the service. 1 further action relating to Trust/system workforce to be confirmed.
The trust should consider offering midwives additional maternity high dependency care courses.		**1**			Currently 4 midwives have completed the Critical Care in Practice Course An additional 5 midwives attending a High Dependency course, due for completion June 2023. Further staff to be sent on next intake.
The trust should consider separating the gynaecology and midwifery medical 'on-call' rota to ensure safe cover for maternity to reflect current national recommendations.	**1**		**2**		Ongoing
The trust should consider improving interpreting services for women and pregnant people during childbirth.	**1**	**1**	**2**		A provider is now in place for translation services, in addition to Language Line. Still awaiting roll out of Video Language Line. We have sourced a provider for Antenatal Education in alternative languages, and this is currently with the HOM for approval.
Total	**8**	**12 (+1)**	**5**	**0**	