

## **Briefing Paper on Maternity CQC action plan April 2022**

Maternity Services received the Care Quality Commission (CQC) report on the 2<sup>nd</sup> of September 2021. Below you may see the “MUST” and the “SHOULD” do actions required of the Trust. An action plan was developed and has been shared with the board and governors.

### **MUSTS**

Action the trust MUST take is necessary to comply with its legal obligations

1. The service must ensure there is a process to ensure the prevention and detection of the spread of infection in all areas (Regulation 12 (1)(2)(h)).
2. The service must ensure women are allocated a lead professional at their first booking appointment (Regulation 12 (2) (a)).
3. The service must ensure women are risk assessed at every appointment during their pregnancy and document that their risk has been reviewed (Regulation 12 (2) (a)).
4. The service must ensure women are routinely asked about the risk of domestic abuse throughout their pregnancy (Regulation 12 (2) (a)).
5. The service must ensure they always use systems and processes to record and store medicines safely and in line with the provider’s medicine policy (Regulation 12 (2)(g))
6. The service must ensure policies and guidance are reviewed in a timely manner. (Regulation 12 (2) (b)). Maternity 20 John Radcliffe Hospital Inspection report
7. The service must ensure they have a process to ensure they have oversight of transfer times from all community settings (Regulation 17 (2)(a) (b)).
8. The service must ensure they have a regular audit mechanism to demonstrate compliance with standards and procedures and to monitor improvement (Regulation 17 (2)(a) (b)).
9. The service must improve the culture and ensure staff are actively encouraged to raise concerns and clinicians are engaged and encouraged to collaborate in improving the quality of care. (Regulation 12 (1)(2i)).

### **SHOULD**

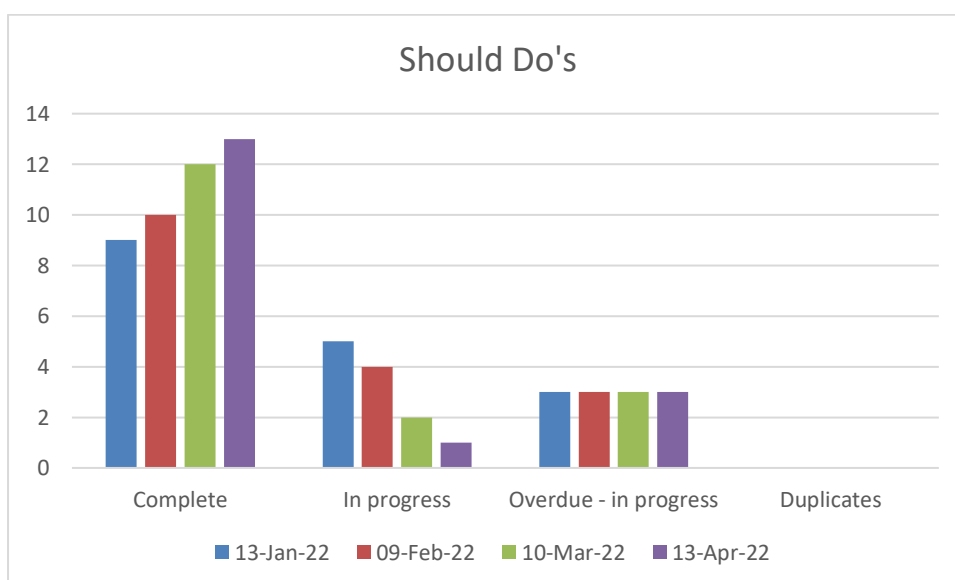
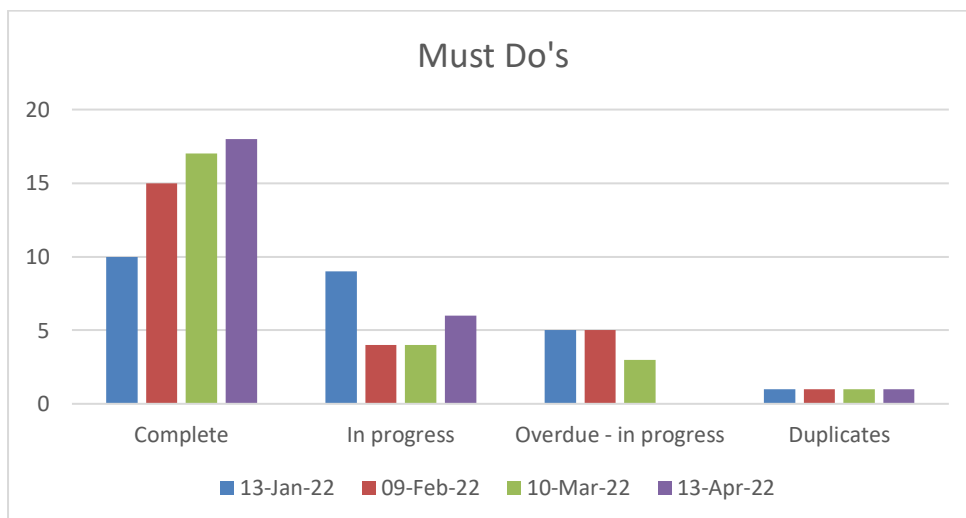
Action the trust SHOULD take to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services;

1. The service should ensure staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. (Regulation 18 (2) (a)).
2. The service should consider the environment to ensure women and their families are always treated with respect and dignity.
3. The service should ensure there is a dedicated room on labour ward for women and families who have experienced a bereavement. They should consider this environment to meet their needs.

4. The service should ensure their training in emergency procedures is effective, and all staff understand how to support an emergency evacuation from a birthing pool, when there are less than five staff available.
5. The service should consider including baby abduction as part of their regular skills and drills.
6. The service should ensure all staff are aware when services and maintenance work has been undertaken or is due.
7. The service should consider displaying safety information.
8. The service should scrutinize information around ethnicity and use it to inform decision around service development and in monitoring performance.

## April 2022

The 17 overarching actions comprise 49 discrete actions (including one duplicate). The current position is as follows may be seen in the graph and tables below. Appendix 1 provides an update on the actions by exception that are either overdue or have changed.



<b>Must Do</b>	<b>13-Jan-22</b>	<b>09-Feb-22</b>	<b>10-Mar-22</b>	<b>13-Apr-22</b>
Complete	10	15	17	18
In progress	9	4	4	6
Overdue - in progress	5	5	3	0
Duplicates	1	1	1	1

<b>Should Do</b>	<b>13-Jan-22</b>	<b>09-Feb-22</b>	<b>10-Mar-22</b>	<b>13-Apr-22</b>
Complete	9	10	12	13
In progress	5	4	2	1
Overdue - in progress	3	3	3	3
Duplicates				

<b>Must or Should do (Comms)</b>	<b>13-Jan-22</b>	<b>09-Feb-22</b>	<b>10-Mar-22</b>	<b>13-Apr-22</b>
Complete	7	7	7	7
Incomplete	0	0	0	0
Duplicates	0	0	0	0

**Appendix 1 Exception report**

Must Do	CQC concern	Actions	Update
2.	The service must ensure women are allocated a lead professional at their first booking appointment	2.2 Refresh Antenatal Guideline to ensure that the requirement for the lead professional needs to be recorded at first booking appointment and each visit to the service in maternal handheld notes is explicitly stated.	Discussed at the Maternity Clinical Governance Committee (MCGC) on the 28/03/2022 and due to clinical workload, it was agreed that we would reprofile the end date for this to be approved by to the 31/05/2022. The author has updated the guideline and it is currently out for consultation. It is expected to go the Document Review Group (DRG) in May 2022 then will be ratified at MCGC.
3.	The service must ensure women are risk assessed at every appointment during their pregnancy and document that their risk has been reviewed	3.2 Refresh antenatal guideline to ensure that the requirement for professionals to record risk assessments at first booking appointment and each visit to the service in maternal handheld notes is explicitly stated in accordance with recently published NICE Antenatal Clinical Guidance NG201	
5.	The service must ensure they always use systems and processes to record and store medicines safely and in line with the provider's medicine policy / PGD	5.5 Records of completion of all staff who have completed Patient Group Directions (PGD's) competencies to be recorded and held centrally. This record will be accessible to all local managers, who may filter by existing staff on rotation at any given point in time	This was due to be completed by the 31/03/2022. Date reprofiled at MCGC on the 28/03/2022 to the 01/05/2022. The full completion of PGD training package is currently at 20%. There is more compliance in completion of staff of the quiz but the sign off of the package by managers is affecting the completion percentage. This is due to staffing and clinical priorities. The Practice Development team are assisting with this in some cases. Reminder emails to individuals have been sent out.
9.	The service must improve the culture and ensure staff are actively encouraged to raise concerns and clinicians are engaged	9.1 Deliver and evaluate Maternity staff leadership away day	Seven members of the senior team attended a two-day course on Legitimate Leadership on the 30 <sup>th</sup> and 31 <sup>st</sup> March 2022 (3 band 8A's and 4 band 7's).

	and encouraged to collaborate in improving the quality of care.	9.3 Undertaken specific tailored programme of work facilitated by external provider commissioned by the Trust to support and develop improvement in culture.	Update given at MCGC on the 28/03/2022 The commission of Ibex Gale to audit the culture was clarified as complete. The report is outstanding and will be reviewed by DOM, CD and Safety Champion prior to a decision regarding the circulation of its findings and recommendations.
<b>Should Do</b>	<b>CQC concern</b>	<b>Action s</b>	<b>Update</b>
11	The service should consider the environment to ensure women and their families are always treated with respect and dignity.	11.2 Privacy curtains will be in place in all relevant clinical areas. Compliance will be audited via scheduled matrons walk round and documented via the MyAssurance app	Nine rooms on Delivery Suite (DS) required additional privacy curtains to be put up in rooms so that both doors have a privacy curtain. In the previous report five had been updated and there were four outstanding. Update given at MCGC on the 28/03/2022 – these have all been completed.
		11.3 Sliding signs for all doors to rooms in which patients receive care will have sliding room in use/room vacant signs on them. Maternity team to liaise with procurement and estates to facilitate this action	These were delivered however they all said “Meeting Room” on them which is not what the department ordered. There was a delay with the company collecting them and they have been returned on the 7 <sup>th</sup> March 2022 – awaiting the new signs. Outstanding action.
12	The service should ensure there is a dedicated room on labour ward for women and families who have experienced a bereavement. They should consider this environment to meet their needs.	12.4 Business plan to be developed and approved to enable two existing birthing rooms on the periphery of the delivery suite footprint to be converted into a bespoke bereavement suite, optimising the rebirth environment for women and their families.	OSM met with DS manager, Bereavement midwife and capital programme manager in January. The bereavement room on DS (room 16) has potential to improve soundproofing by adding an additional internal door, for which the OSM has put a new works request in. He has also recommended a redecoration in line with bereavement requirements.

			<p>The only way to improve the women’s experience on OA would be to build new capacity.</p> <p>Maternity has proposed a scoping exercise/feasibility study via capital prioritisation programme for 2022/23 for complete refurb/rebuild of Women’s centre and to include the bereavement facilities.</p>
16	The service should consider displaying safety information.	16.3 Consider examples of good practice Trustwide to standardise the metrics displayed for consistent messaging to staff and service users rotating through different practice areas.	This was due by the 31/03/2022. Work has commenced on it, but further update required to look at this.

**Appendix 2 CQC Action Plan**



CQC action plan  
 -Maternity update A