

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

28 JANUARY 2014

CARE QUALITY COMMISSION REPORT ON MATERNITY SERVICES - UPDATE

Report from: Barbara Peacock, Director of Children and Adults

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Summary

This report sets out an update on the Care Quality Commission report into maternity services at Medway Maritime Hospital. The Chief Executive of Medway NHS Foundation Trust will be present to introduce the report.

1. Budget and Policy Framework

- 1.1 Under the Council's Constitution, Chapter 4 – Rules, Part 5, paragraph 22.2 (c) there are terms of reference for Health and Adult Social Care Overview and Scrutiny Committee to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. On 11 November 2013 the Committee had a presentation relating to an unannounced inspection visit to Medway Maritime Hospital in Gillingham on 19 August 2013 conducted by the Care Quality Commission, which identified a number of areas where action was needed:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Management of medicines

and enforcement action required in three other areas:

- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

2.2. At the conclusion of the discussion in November, the Committee requested an update by the Chief Executive of Medway NHS Foundation Trust to this meeting.

2.3. Attached as Appendix 1 to this report is a brief update.

3. Risk management

3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1. There are no legal or financial implications for the Council.

5. Recommendations

5.1. Members are asked to consider and comment on the update provided.

Background papers:

None.

Lead officer:

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Care Quality Commission Review of Maternity Services

Health and Adult Social Care Overview and
Scrutiny Committee

Update January 2014

Review outcomes

- The inspectors looked for evidence that our maternity services were safe, effective, caring, well-led and responsive to people's needs

Outcome	Concern level	Action
Respecting and involving people who use our services (1)	Minor	Action
Care and welfare of people who use services (4)	Moderate	Action
Management of medicines (9)	Moderate	Action
Staffing (13)	Major	Enforcement
Supporting workers (14)	Major	Enforcement
Assessing and monitoring the quality of services (16)	Major	Enforcement

Improvement process

- In response to the CQC review we established a multi agency/professional review group
- The review group was led by the Chief Nurse with additional scrutiny provided by a Non Executive Director, a Governor, an expert by experience and an external midwifery professional advisor
- Over 100 actions have been delivered by the clinical team with support from a wide range of stakeholders
- Our evidence of improvement is being externally assured by South Coast Audit
- The remaining slides identify action that has been taken

Outcome 1

Respecting and involving people who use services (page 6)

We have:

- With partners and community groups reviewed and revised our antenatal pathway to make access easier for local women
- Developed our service plan which takes account of the experiences of local women
- Changed the hospital antenatal pathway which means that we are better able to maintain dignity during the triage process
- Installed pods to facilitate self medication
- Started redeveloping our bereavement room to provide more comfortable surroundings
- Identified a private consulting room for difficult conversations

Outcome 4

Care and welfare of people who use services

We have:

- Recruited additional midwives so that we now meet the 1:29 standard
- Reinvigorated our 'normalising birth' project to reduce the number of caesarean sections
- Undertaken further work on the implementation of the WHO surgical safety checklist
- Purchased new equipment
- Speeded up our process for fixing equipment
- Developed an accountability systems for equipment safety checks
- Developed stronger working practices between wards

Outcome 9

Management of medicines

We have:

- Ensured there are robust processes in place for the storage and checking of stock medicines
- Developed a self medication policy
- Improved access to daily specialist pharmacy support
- Updated our Patient Group Directions
- Improved reporting of incidents relating to the administration of medicines
- Ensuring the storage and checking of controlled drugs is completed daily

Outcome 13

Staffing (page 13)

We have:

- Recruited additional midwives so that we now meet the 1:29 standard
- Recruited additional maternity support workers
- Ensured that community appointments are led by need, not time
- Developed an escalation process so that there is transparency in how staff are deployed
- Instigated ward based staffing boards for women to see how many staff are on duty
- Increased staffing during our elective caesarean sections list

Outcome 14

Supporting workers

We have:

- Ensured that our midwives have received an appraisal (95%)
- Ensured that midwives have completed essential training (80 – 95% depending on topic)
- Improved local induction to new staff
- Improved access to IT – new laptops in Medway (swale in the next 4 weeks)
- Published a revised performance dashboard
- Held ‘Big Conversations’ with our staff to obtain ideas on service developments
- Increased practice development specialist support for existing and newly qualified midwives

Outcome 16

Assessing and monitoring the quality of care

We have:

- Improved directorate level governance and oversight
- Worked with the public health team to better understand the needs of local women
- Developed our business plan and a draft midwifery strategy
- Developed a dashboard to track performance of our services
- Enhanced the role of the Supervisors of Midwives
- Refreshed our midwifery leadership structure
- Implemented Friends and Family Test Boards in each area
- Commissioned an external review of organisational quality governance
- Supported staff in developing safety improvement skills
- Appointed a Chief Pharmacist

Next steps

- Anticipating a re-inspection in the next 8 weeks
- Continue to embed good practice within our maternity services
- Reviewing maternity services in other organisations to develop the next level of innovation
- Share learning across clinical teams