

Meeting: Trust Board Meeting in Public

Date: 31 July 2024

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| Agenda item | CQC Maternity Inspection Action Report |
| Board Lead | Karen Bonner, Chief Nurse |
| Author | Michelle East, Director of Midwifery |
| Appendices | Appendix 1 – CQC Action Plan |
| Purpose | Assurance |
| Previously considered | Executive Management Committee |

Executive summary

This report aims to confirm that all 'Must Do' actions from the 2023 maternity services inspection by the Care Quality Commission (CQC) have been successfully completed, ensuring compliance with regulatory standards.

During the CQC inspection, four 'Must Do' actions and one 'Should Do' area for improvement were identified. The attached action plan details the steps to address these findings and ensure compliance.

All 'Must Do' actions following the CQC inspection have been completed. Compliance will continue to be monitored through regular audits and existing governance processes, including CDU governance meetings and labour ward forums. The 'Should Do' recommendation, which focuses on improving confidentiality for maternity triage patients, is being addressed through potential layout changes to provide more private spaces.

The verification process involved a thorough documentation review by the Associate Chief Nurse-Director for Risk, Governance, and Compliance, ensuring all required actions were completed. A cross-check with the original CQC findings confirmed the successful completion of all actions.

The verification process confirms that all 'Must Do' actions from the CQC inspection have been completed, assuring the Board that all required actions have been successfully addressed.

The Committee/Board is requested to take assurance from this report.

The Executive Management Committee approved completion of the 'must do' actions and agree to retain oversight of the two estates projects that remain outstanding: the maternity triage re-design and the refurbishment of the bereavement room. Quality and Clinical Governance Committee were assured by the report and agree to closure of the action plan.

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| Decision | The Board is requested to take assurance. | | |
| Relevant strategic priority | | | |
| Outstanding Care <input checked="" type="checkbox"/> | Healthy Communities <input type="checkbox"/> | Great Place to Work <input type="checkbox"/> | Net Zero <input type="checkbox"/> |
| Relevant objective | | | |
| <input type="checkbox"/> Improve waiting times in ED <input type="checkbox"/> Improve elective waiting times <input checked="" type="checkbox"/> Improve safety through clinical accreditation | <input type="checkbox"/> Give children living in most deprived communities the best start in life <input type="checkbox"/> Outpatient blood pressure checks | <input type="checkbox"/> Zero tolerance to bullying | |
| Implications / Impact | | | |

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| Patient Safety | Patient safety is the highest priority for healthcare services. The CQC maternity inspection report outlines four 'Must Do' actions that the trust must undertake to meet regulatory requirements. |
| Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register | Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards |
| Financial | Costs associated with implementation of 'Must Do' and 'Should Do' actions |
| Compliance CQC Standards Safety | Staffing Privacy and dignity Safety Premises and equipment |
| Partnership: consultation / communication | BOB ICB |
| Equality | The completed actions seek to improve the safety of patients across all areas of the maternity service. |
| Quality Impact Assessment [QIA] completion required? | No |

Introduction

This report aims to confirm that all 'Must Do' actions from the 2023 maternity services inspection by the Care Quality Commission (CQC) have been successfully completed, ensuring compliance with regulatory standards.

Background

CQC Inspection Visit Findings

During the CQC inspection visit, four 'Must Do' actions and one 'Should Do' area for improvement were identified. The attached action plan demonstrates the steps that need to be taken to address these findings and ensure compliance with regulatory standards.

Completion of Actions

The actions required following the CQC inspection visit have been completed and all 'Must Do' areas for improvement have been addressed. Moving forward, the service will continue to monitor and maintain ongoing compliance through regular audit and existing governance processes including CDU governance meeting and labour ward forum.

The 'Should Do' recommendation relates to improving the confidentiality of women and birth people attending maternity triage. Work is in progress to scope alternative layouts of the acute maternity areas to improve the space available for maternity triage and provide individual rooms that will improve patient confidentiality.

Verification Process

The verification process involved a thorough review of documentation to ensure evidence of completion of all required actions by the Associate chief Nurse for Risk, Governance and Compliance. Additionally, a cross-check was performed with the original CQC inspection visit findings to ensure that all identified actions have been successfully addressed.

Conclusion

The verification process confirmed that all 'Must Do' actions from the CQC inspection have been completed. This provides assurance to the Board that all required actions identified during the inspection visit have been successfully addressed.

Action required from the Board/Committee

1.1 The Board is requested to:

- a) Note the report and progress made against the CQC action plan and approve the closure of the Maternity CQC Visit Action Plan.

APPENDICES

Appendix 1: CQC Action Plan

| BHT Maternity CQC Action Plan | | | | | | | | | | | | | | | | |
|-------------------------------|------------------------|--|-----------|--|--|----------------|------------|---|---|---------------|---|-------------|---|---|----------|---------|
| 25-Jul | | Version: 1 | | | | | | | | | | | | | | BRAG |
| Ref | ACTION NAME | CQC WORDING | Action ID | Actions to complete | Action Lead | Executive Lead | Deadline | Monthly Monitoring | Quarterly Monitoring | Status Update | Current State | BRAG status | Completeness | Evidence | Assured? | Outcome |
| MD1 | Safe Care & Treatment | The service must ensure anaesthetic staff are up-to-date with maternity mandatory training modules. Regulation 12(1)(2)(c). | MD1.1 | Record attendance to mandatory maternity training by Consultant Anaesthetists | Anaesthetic Lead for training/Practice Development team | CNO | 07-Dec-23 | Divisional Governance | Quality and Clinical Governance Committee | 21-Dec-23 | On track, MIS requirements to be submitted for 12 month period ending 07/12/2023 evidencing 90% attendance compliance to NHSR | | On Track to achieve in line with MIS requirements | MD1 training compliance in evidence folder | | |
| | | | MD1.2 | Flag any risk to not achieving 90% compliance | Practice Development Team | CNO | 07-Dec-23 | Divisional Governance/ Weekly Compliance meeting | Quality and Clinical Governance Committee | 21-Dec-23 | Regular contact between PDT and Anaesthetic leads to flag any risk to non compliance | | Ongoing | Training compliance >90% at end of 2023 across all groups | | |
| | | | MD1.3 | Any newly appointed Consultant Anaesthetist completes training within 3 months | Anaesthetic Lead for training/Practice Development team | CNO | 07-Dec-23 | Divisional Governance | Quality and Clinical Governance Committee | 21-Dec-23 | System in place with obstetric anaesthetic lead to notify of any new consultants joining the anaesthetic team | | Ongoing | Training compliance records | | |
| MD2 | Premises and equipment | The service must ensure they have a suitable environment to triage pregnant women and birthing people which includes sufficient suitable equipment. Regulation 15(c) | MD2.1 | Procure Medicines cupboard in Birth centre drugs room | Triage Lead Midwife/ Labour Ward Matron | CNO | Jul-23 | Labour ward forum | Quality and Clinical Governance Committee | 24-Nov-23 | Complete | | Complete | Pictures of the medicines cupboard in folder | | |
| | | | MD2.2 | Create a Triage waiting area using Birth centre infrastructure | Triage Lead Midwife/ Quality improvement lead | CNO | Jul-23 | Labour ward forum | Quality and Clinical Governance Committee | 24-Nov-23 | Complete | | Complete | Pictures of the room in the evidence folder | | |
| | | | MD2.3 | Replace traditional beds with trolleys to increase available space | Triage Lead Midwife/ Quality improvement lead | CNO | Feb-24 | Labour ward forum | Quality and Clinical Governance Committee | 21-Dec-23 | Trolleys now in situ in place of beds. | | Complete | New equipment now in situ | | |
| MD3 | Good governance | The service must monitor the triage improvement plan to ensure women and birthing people are triaged and reviewed according to their clinical need and urgency. Regulation 17(1)(2)(a)(b)(c) | MD3.1 | Audit Triage improvement plan | Triage Lead Midwife/ Quality improvement lead | CNO | 31/01/2024 | Divisional governance | Quality and Clinical Governance Committee | 24-Nov-23 | Audit schedule in place | | Ongoing | Triage audit presentation saved in evidence folder | | |
| | | | MD3.2 | Report audit findings at Divisional and local meetings/ forums | Triage Lead Midwife/ Quality improvement lead/ Obstetric LW Lead | CNO | 31/01/2024 | Divisional governance/ LW forum | Quality and Clinical Governance Committee | 22-Dec-23 | November audit complete, report to be shared at January clinical governance meeting | | Ongoing | Minutes from several governance meetings saved | | |
| | | | MD3.3 | Monthly review of Triage improvement plan to ensure sustainability and progression | Triage Lead Midwife/ Quality improvement lead/ Obstetric LW Lead | CNO | 31/03/2024 | Divisional governance/ Weekly LW update meeting/ LW | Quality and Clinical Governance Committee | 30-Nov-23 | | | Ongoing | Triage improvement plan in evidence folder | | |
| MD4 | Safe Care & Treatment | The service must improve the governance of medicine management. Regulation 12(1)(2)(g) | MD4.1 | Increase completion compliance with Trust quality audits | Clinical Matrons | CNO | 01/01/2024 | Divisional Governance/ Trust Safety huddle | Quality and Clinical Governance Committee | 24-Nov-23 | Monitoring compliance via Tendable audit programme | | Ongoing | Tendable reports for 6 months in folder | | |
| | | | MD4.2 | Medicines management audit to be >90% | Clinical Matrons | CNO | 02/01/2024 | Divisional Governance/ Trust Safety huddle | Quality and Clinical Governance Committee | 24-Nov-23 | Monitoring compliance via Tendable audit programme | | Ongoing | Tendable reports for 6 months in folder | | |
| MD5 | Safe Care & Treatment | Quality Audits | MD5 | Trust quality audits to align with national requirements | Deputy CNO | CNO | 31-Dec-23 | Divisional Governance/ Trust safety huddle | Quality and Clinical Governance Committee | 24-Nov-23 | Process in place for annual review of question sets as part of Trust wide quality audit activity | | Ongoing | Report from Deputy CNO | | |