

Appendix C – Improvement plan

Service: Royal Gwent Hospital

Area: Maternity Services

Date of Inspection: 2 – 4 September 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The Health Board must ensure that signage at the hospital is reviewed to ensure it is clear for all patients and visitors.	4.2 Patient Information	Signage for Maternity Services has been reviewed to ensure easy read for women and their families and visitors, with changes made.	Service Improvement Manager	Addressed
The Health Board must ensure that health promotion is readily available throughout the unit.	4.2 Patient Information	Display Boards are in use, however they have been updated and now includes breast feeding information including the benefits of skin to skin, advice about safe	Senior Midwifery Managers	Addressed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>sleeping, health promotion advice regarding physical and emotional wellbeing and smoking cessation support. All midwives are trained in health promotion and routinely advise women.</p>		
<p>The Health Board must ensure that information about staff is displayed for patients, including within the labour ward.</p>	<p>4.2 Patient Information</p>	<p>There are boards displaying the names of staff on duty on both the antenatal and postnatal wards. Consideration has been given to a display board in the obstetric birth unit (MDU) and discussed with the team. A review has confirmed women and family members are aware of key contacts, and it was not felt that an additional display board was required. Staff members introduce themselves to the women they are caring for and all wear name badges. Theatre staff have ordered theatre caps which will display their name and role- the national 'Theatre Cap Challenge'. There have been no concerns raised by women citing issues re: staff identification.</p>	<p>Senior Midwifery Managers</p>	<p>Addressed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that the process of handover is reviewed.	4.2 Patient Information	The handover process has been reviewed. Medical staffing shift patterns have been changed to ensure joint handover.	Clinical Director/Senior Midwifery Manager	Addressed
The Health Board must ensure that information is clearly displayed and readily available about how patients and families/carers can raise a concern about their care	4.2 Patient Information	'Putting Things Right' leaflets are available in all the clinical areas. At the time of the inspection the leaflets were already present in the clinical areas and shown to the team.		No Action Required
The Health Board must ensure that patients and families are made aware of the Community Health Council (CHC) for advocacy and support.	4.2 Patient Information	Leaflets have been requested from the CHC and will be displayed upon receipt.	Senior Midwifery Manager	November 2019
The Health Board must ensure that patient feedback is regularly obtained to improve services.	6.3 Listening and Learning from feedback	The Health Board believes it has a robust approach to securing feedback from women/families, which influences service improvement.		No Action Required

Delivery of safe and effective care

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that Domestic schedule cleaning of the unit is reviewed to maintain high standards.	2.1 Managing risk and promoting health and safety	Monitoring of compliance will be heightened to ensure cleaning schedules are up to date and high standards are maintained.	Divisional Director of Facilities	December 2019
The Health Board must ensure that waste storage bins are in line with infection prevention and control guidelines and staff are advised of appropriate waste segregation.	2.1 Managing risk and promoting health and safety	Appropriate waste storage bins have been secured and information has been displayed to inform staff of correct waste segregation and disposal procedures.	Service Improvement Manager/Divisional Director of Facilities	Addressed
The Health Board must ensure that organisation of utility rooms within the unit is maintained to high standards.	2.1 Managing risk and promoting health and safety	Immediate action was taken to ensure the organisation of utility rooms. Staff have been reminded of the importance of maintaining this and checks of compliance have been introduced.	Senior Midwifery Managers	Addressed
The Health Board must ensure that all cleaning equipment and supplies are stored appropriately and securely.	2.1 Managing risk and promoting health and safety	Immediate action was taken to ensure that all cleaning equipment and supplies were stored appropriately and securely. Staff have been reminded of the importance of this and monitoring of compliance has been introduced.	Senior Midwifery Managers	Addressed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that doors to the medication/records room are securely closed to maintain safety.	2.1 Managing risk and promoting health and safety	All staff have been reminded to ensure that the doors to medication/ records rooms are securely closed to maintain safety. This concern was rectified immediately and locks that had been ordered have now been fitted.	Head of Midwifery	Addressed
The Health Board must ensure that Designated labels are used on equipment to signify it has been cleaned and is ready for use.	2.1 Managing risk and promoting health and safety	Designated labels have been ordered. The importance of this has been cascaded to staff.	Service Improvement Manager	Addressed
The Health Board must ensure that consideration is made to review non-disposable items to reduce infection risks such as fabric curtains, shower heads and shower curtains.	2.1 Managing risk and promoting health and safety	As a direct result of this recommendation a discussion was instigated with ABUHB IPAC Team. The infection rate within maternity is low and RCA processes have not identified shower causation. Research suggests disposable shower heads are over-engineered, expensive and wasteful. The provision of disposable curtains will be explored.	Head of Midwifery/ Consultant Nurse IPAC	December 2019
The Health Board must ensure that all single use items are disposed immediately after use, including CTG straps.	2.1 Managing risk and promoting health and safety	Staff have been reminded of the importance of immediately disposing of single use items	Senior Midwifery Managers	Addressed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that adequate arrangements are in place to ensure effective deep cleaning of the unit.	2.1 Managing risk and promoting health and safety	A collaborative approach between the Divisional Leadership Team and Facilities has been reinforced to ensure standards of cleanliness are consistently maintained and monitored through cleaning audits.	Divisional Director of Facilities/Divisional Director Family & Therapies	Addressed
The Health Board must ensure that patients have access to food options through the day and night-time.	2.5 Nutrition and Hydration	The availability of nutrition for women over the 24 hour period is being reviewed, to include snacks provision (particularly out of hours)	Divisional Director of Facilities	December 2019
The Health Board must ensure that medication is stored appropriately and securely at all times.	2.6 Medicines Management	Previously ordered locks have been fitted and staff have been reminded of the importance of appropriate and secure storage.	Senior Midwifery Managers	Addressed
The Health Board must ensure that breastfeeding support is reviewed and that visibility is increased throughout the unit.	3.1 Safe and Clinically Effective care	ABUHB Maternity are Baby Friendly initiative accredited. In recognition of the importance of breast feeding, ABUHB have supported two clinical midwives, to complete a two year lactation consultant course. These midwives have become breast feeding champions to ensure more visibility and support in clinical areas. Display boards have been updated with a focus on breast feeding	Consultant Midwives	Addressed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>messages and skin to skin. Information about support groups and shared learning about breast feeding with other mothers, will feature on the maternity services social media pages. All new staff are given a copy of the All Wales 5 Year Breast feeding plan.</p>		
<p>The Health Board must ensure that patient records are fully reflective of the care and treatment provided to patients and in line with standards of professional record keeping.</p>	<p>3.4 Information Governance and Communications Technology</p>	<p>The standards for record keeping and medical records have been reinforced with clinical staff and will be monitored through audit.</p>	<p>Divisional Director Family and Therapies</p>	<p>December 2019</p>
Quality of management and leadership				
<p>The Health Board must ensure that further work is progressed to ensure audit compliance is strengthened and maintained with active learning taking place from result findings.</p>	<p>Governance, Leadership and Accountability</p>	<p>The Division has a strong Clinical Governance infrastructure and audit is a key feature. To strengthen the Divisional approach to monitoring of the implementation of audit results and findings, a new Governance Oversight Group has been established. Self-assessment of the Group will take place at the end of the financial year.</p>	<p>Head of Midwifery</p>	<p>March 2020</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must ensure that a review of neo-natal medical staffing takes place to ensure timely and effective discharge take place.	Governance, Leadership and Accountability	<p>A review of Neonatal Medical Staffing is being undertaken as part of the transition planning for Clinical Futures.</p> <p>Any escalation of need and/or current medical staffing challenges are addressed immediately there is an issue, to ensure safety and timely care.</p>	Clinical Director/ Divisional Director	March 2020

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Deb Jackson

Job role: Head of Midwifery

Date: 18/10/2019