



NEXT PHASE METHODOLOGY (2018)

Operating Model area: Core services

Sector: Acute, Community and Independent Healthcare

Product title: 900468 Single Assessment Framework MATERNITY

Inspection framework: Maternity Framework (Acute, community, independent)

Log of changes since last version

Section / Report sub heading	Page number	Detail of update
Throughout	-	The whole framework has been reviewed and streamlined as part of lightening the load
Throughout	-	Professional standards updated - NICE QS15 previously comprised of 14 statements but now only has six statements, references to the statements have been deleted/updated as appropriate.
S1 Mandatory training	5	Professional standard added - Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff)
S1 Safeguarding	6	Professional standards added: - Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019)

		- HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2015) replaced by July 2018 version
S1 Environment and Equipment	9	Professional standard added: - HSE Guidance on maintaining portable electrical equipment (2013) - MHRA guidance on managing medical devices (2015)
S4 Medicines	14	Professional standard deleted – NMC standards for medicines management
E1 Evidence-based care and treatment	18	Sector specific guidance updated - Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app.
E2 Patient outcomes	21	Professional standard added - HQIP Detection and management for National Clinical Audits: Implementation guide Sector specific guidance updated - For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care?
E4 Seven-day services	25	Professional standard updated – NHS Seven day services clinical standards
E6 Consent, Mental Capacity Act and DoLS	27	Professional standards added - BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent (2018) - BILD Restraint Reduction Network (RRN) Training Standards 2019
R4 Learning from complaints and concerns	40	Professional standard added – Link included to ISCAS – Patient complaints adjudication service for independent healthcare Sector specific guidance added - What arrangements are in place for the independent review of complaints? (e.g. ISCAS, of which membership is voluntary)
W3 Culture	47	Professional standard added - WRES & IH Providers Statement

This includes all services for women that relate to pregnancy. It includes antenatal and postnatal services, labour wards, midwifery led units and obstetric theatres.

A hospital can provide some of these services in the community setting, or they may be the responsibility of a different provider. We will look at the pathways between the two settings when we inspect. It is important that all providers are clear on what they do, what others do and the agreements that are made between them with clear pathways. If a newborn baby requires treatment in a special care baby unit (SCBU) or neonatal unit where a paediatrician delivers the care, this comes under the core service for children and young people.

Some aspects of maternity will link to gynaecology and termination of pregnancy services. Gynaecology and Termination of Pregnancy Services are a separate additional service and have their own framework for inspection.

Areas to inspect*

Areas for inspection:

- Antenatal clinics including booking appointment activities both hospital and community based
- Maternity day assessment unit
- Early Pregnancy Unit, antenatal ward, induction of labour facilities
- Screening e.g. phlebotomy, ultrasonography.
- Consultant led obstetric unit – (including triage labour, delivery, recovery and postpartum rooms)
- Midwife led birth unit (alongside and/or freestanding) - (including triage, labour, delivery, recovery, postpartum) rooms and the escalation pathways.
- Obstetric theatres (both primary and back-up) including recovery
- Newborn screening carried out by the maternity service.
- Postnatal ward and high dependency beds (including after caesarean section)
- Bereavement facilities
- Fetal medicine unit (amniocentesis where provided and the referral to fetal medicine services if not provided on-site).

In the community the inspection team may wish to visit (as appropriate):

- Women's homes
- Free standing, co-located or 'pop up' midwifery led units

Interviews / observations

You should conduct interviews of the following people where possible:

- Women who are using/have recently used this maternity service and those close to them
- Clinical director for directorate/division
- Head of Midwifery
- Safeguarding lead
- Risk/Governance midwife
- Lead midwife for midwife led services
- Lead midwife antenatal services
- Lead midwife for post-natal services
- Lead midwife labour ward
- Lead midwife for community
- Lead obstetrician labour ward
- Antenatal & Newborn Screening midwife
- Midwives at all levels
- Maternity care assistants
- Labour ward coordinator on duty
- Obstetrician and junior medical staff on labour ward
- Bereavement lead
- Lead anaesthetist for labour ward
- Professional development lead
- Consultant midwife
- Student midwives

For community based services you may wish to interview:

- A sample of community midwifery teams across the geographical area covered by the provider and from different bandings (*)
- Women and those close to them, who are using or recently used community based services (**)
- Lead midwife for community
- Home birth teams
- Maternity care assistants
- Student midwives

- Health visitor lead (linked to community inspections)

For independent midwifery services you may wish to interview:

- Women who are using/have recently used this maternity service and those close to them
- Chief Executive
- Clinical Director for the service
- Lead Midwife
- Clinical Lead
- Safeguarding Lead
- Risk / Governance Midwife
- Obstetrician
- Bereavement lead
- Professional development midwife
- Midwifery support workers
- Student Midwives
- CCG lead for maternity contracts (interview prior to inspection)

Safe

By safe, we mean people are protected from abuse* and avoidable harm.

*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.

Key lines of enquiry: S1

S1. How do systems, processes and practices keep people safe and safeguarded from abuse?

Report sub-heading: **Mandatory training**

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? S1.5 Do staff receive effective training in safety systems, processes and practices? 	<ul style="list-style-type: none"> Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour. Statutory and Mandatory training for staff working in maternity would be expected to include neonatal and obstetric emergencies as a minimum. NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management Skills for Health Statutory/Mandatory Core Skills Training Framework (All healthcare staff) 	<ul style="list-style-type: none"> Trust and maternity specific mandatory training records: <ul style="list-style-type: none"> How is the content decided upon? Is it multidisciplinary? Does the content respond to incidents? Live emergency drills Can the service evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year? Do community midwives have emergency skills training specific to the community? Cardiotocography (CTG) training and signed off competencies? If staff have not completed training do they interpret CTG's? Is there a policy for sepsis and have staff had training in sepsis?
Report sub-heading: Safeguarding		
<ul style="list-style-type: none"> S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? 	<ul style="list-style-type: none"> Safeguarding Intercollegiate Document: Safeguarding children and young people: roles and competences for health care staff (2014) 	<ul style="list-style-type: none"> What are the safeguarding training attendance statistics? What level of training do staff have? What risk assessments are undertaken?

<ul style="list-style-type: none"> • S1.2 How do systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect? How are these monitored and improved? • S1.3 How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act. • S1.4 How is safety promoted in recruitment practice staff support arrangements, disciplinary procedures, and ongoing checks? (For example Disclosure and Barring Service checks). • S1.5 Do staff receive effective training in safety systems, processes and practices? • S1.6 Are there arrangements to safeguard adults and children from abuse and neglect that reflect relevant legislation and local requirements? Do staff understand their responsibilities and adhere to safeguarding policies and procedures, including working in partnership with other agencies? • S1.7 Do staff identify adults and children at risk of, or suffering, significant harm? How do they work in partnership with other agencies to ensure they are helped, supported and protected? 	<ul style="list-style-type: none"> • Clinical staff working with children, young people and/or their parents / carers and who could contribute to assessing, planning, intervening and evaluating the needs of a child or young person should be trained to safeguarding at level 3. • Adult Safeguarding: Roles and Competencies for Healthcare Staff (August 2018) • Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (January 2019) • HM Government: Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children. July 2018 • Female genital mutilation multi-agency practice guidelines published in 2016 • DH Female Genital Mutilation and Safeguarding: Guidance for professionals March 2015 • Working together to safeguard children: HM Gov. 2015 • FGM Mandatory reporting of FGM in healthcare 	<ul style="list-style-type: none"> • Is the national enquiry question about domestic abuse asked antenatally? • Are there arrangements in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM). • What systems are in place to notify staff of women/families are subject to a child protection/child in need plan? • Is information on safeguarding and learning from safeguarding incidents shared? • Do staff have an awareness of Child Sexual Exploitation (CSE)? • Does the trust have an abduction policy? • What 'prevent' training is provided to community midwives?
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	<ul style="list-style-type: none"> • FGM-video-resources for healthcare professionals • Guidelines for physicians on the detection of child sexual exploitation (RCP, November 2015) • Sexual Offences Act 2003 Under Section 5 of the Sexual Offences Act 2003, a girl under 13 years of age is not considered capable of giving her consent to sexual intercourse. Disclosure is not invariably required but it is usual in order that the interests of the child, which are paramount, may be protected. • Not always restricted to, but includes interventions under the MHA, see MHA Code of Practice. • Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism. 	
Report sub-heading: Cleanliness, infection control and hygiene		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? 	<ul style="list-style-type: none"> • NICE QS61 Statement 3: People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. 	<ul style="list-style-type: none"> • What is the incidence of Puerperal sepsis and other puerperal infections within 42 days of delivery and readmission rates for infections in mothers and baby? This should be in the PIR for analyst review

<ul style="list-style-type: none"> • S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection? 	<ul style="list-style-type: none"> • NICE QS61 Statement 4: People who need a urinary catheter have their risk of infection minimised. • NICE QS61 Statement 5: People who need a vascular access device have their risk of infection minimised. • Code of practice on the prevention and control of infections 	<ul style="list-style-type: none"> • How are standards of cleanliness and hygiene maintained e.g. hand washing, bare below the elbow. • Are there hand hygiene audits? This should be in the PIR for analyst review • Are the hand gel sanitisers available? • Are staff adhering to the uniform policy? • Are there cleaning schedules completed?
<p>Report sub-heading: Environment and equipment</p>		
<ul style="list-style-type: none"> • S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff? • S1.9 Do the design, maintenance and use of facilities and premises keep people safe? • S1.10 Do the maintenance and use of equipment keep people safe? • S1.11 Do the arrangements for managing waste and clinical specimens keep people safe? (This includes classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste.) 	<ul style="list-style-type: none"> • Safer Childbirth: At a minimum a maternity unit offering obstetric care should have: <ul style="list-style-type: none"> ➤ Cardiocotography (CTG) machines ➤ Resuscitation equipment – for adults and the new-born ➤ Fetal blood analyser ➤ Access to ultrasound assessment of fetal wellbeing (Doppler, liquor volume) ➤ Laboratory facilities with availability of blood and blood products. • Safer Childbirth: Facilities should be reviewed at least biannually and plans made to rectify deficiencies within agreed timescales 	<ul style="list-style-type: none"> • How far are the obstetric theatres/ neonatal unit from the delivery suite? • Is there a second theatre and what level of facilities does it have. • Are relevant safety standards and annual services in place? • Do community midwives have their own baby scales, sonicaids, bilirubinometers, blood pressure machines with different size cuffs, baby scales and thermometers. • Do they have carbon monoxide monitors? • What emergency equipment do community midwives carry and how is this maintained and checked? • How do midwives transport gases equipment, is this safe and secure and

	<ul style="list-style-type: none"> • Maternity care facilities should be designed in keeping with the DH guidance Health Building Note 09-02 • https://www.resus.org.uk/quality-standards/equipment-used-in-homebirth/ • MHRA guidance on managing medical devices (2015) • HSE Guidance on maintaining portable electrical equipment (2013) 	<p>compliant with local protocols and legislation?</p> <ul style="list-style-type: none"> • Does the service have “waterproof” sonicaids? • Do community midwives follow the lone working policy?
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Key line of enquiry: **S2**

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

Report sub-heading: **Assessing and responding to patient risk**

Prompts	Professional standard	Sector specific guidance
<ul style="list-style-type: none"> • S2.5 Are comprehensive risk assessments carried out for people who use services and risk management plans developed in line with national guidance? Are risks managed positively? • S2.6 How do staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies or behaviour that challenges? Are staff able 	<ul style="list-style-type: none"> • Sepsis: recognition, diagnosis and early management (NICE Guideline 51) • NICE CG 190: Section 1.10: Monitoring in labour. • Safer Childbirth: The consultant obstetrician must be contacted prior to emergency caesarean section and must be involved when a woman’s 	<ul style="list-style-type: none"> • Is a lead professional identified (midwife led care or consultant led care)? • Do women have a risk assessment at every antenatal appointment? • Are high risk women in the hospital seen with 30 minutes by a midwife and within an hour by medical staff? • Are VTE assessments recorded at booking, following birth and at every admission?

<p>to seek support from senior staff in these situations?</p>	<p>condition gives rise for concern and attend as required.</p> <ul style="list-style-type: none"> • MBRRACE-UK report: Saving Lives, Improving Mothers' Care – Surveillance of maternal deaths in the UK 2011-13 and lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2009-13 (published Dec 2015). • NICE QS3 statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool. • The service should ensure compliance with the 5 steps to safer surgery World Health Organization for patients undergoing surgery and the modified Maternity WHO surgical safety checklist in maternity. • NICE QS 22: Antenatal care Risk assessments. • Brief guide: NatSSIPs and LocSSIPs (CQC internal guidance) 	<ul style="list-style-type: none"> • Does the service audit the modified WHO maternity theatre checklist? • Are fresh eyes performed hourly for continuous fetal monitoring? • Are women with pre-labour spontaneous rupture of membranes of 24hrs offered an induction of labour. • Are Consultant Obstetricians present for difficult births? • Are swab counts performed and signed by two professionals? • Do staff handovers routinely refer to the physical, psychological and emotional needs of women, as well as their relatives / carers?
<p>Report sub-heading: Midwifery and Nurse staffing</p>		
<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive 	<ul style="list-style-type: none"> • NICE NG4: Safe Midwifery Staffing 	<ul style="list-style-type: none"> • What is the midwife to birth ratio?

<p>safe care and treatment at all times and staff do not work excessive hours?</p> <ul style="list-style-type: none"> • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • Safer Childbirth: An experienced midwife (shift coordinator) is available for each shift on the labour ward. • Safer Childbirth: All midwifery units must have one WTE consultant midwife. • Safer Childbirth: Student midwives should be supernumerary to the midwife establishment. • Staffing numbers need to be displayed outside all ward areas in line with NHS England / CQC: Hard Truths. • Birthrate Plus Assessment and use of the acuity tool, 	<ul style="list-style-type: none"> • Is there an effective system of midwifery workforce planning to the required standard? • Does the service use an acuity tool? • Is there an assessment of safe staffing on a shift by shift basis? • How are staffing gaps covered? • What percentage of staffing are Maternity Support Workers, what training do they receive and how is this updated? • If the service has midwife led units how is staffing calculated to incorporate the staffing requirements of this service? • How do actual staffing levels compare to the planned levels? • Are community midwives used in the staffing escalation policy? If they do what is the effect on the delivery of community services? • Are staffing levels displayed?
<p>Report sub-heading: Medical staffing</p>		
<ul style="list-style-type: none"> • S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours? • S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence? 	<ul style="list-style-type: none"> • Safer Childbirth/RCOG: The Future Workforce: Recommended Consultant presence on labour ward per week: <ul style="list-style-type: none"> ➤ <2500 births: 40 hours or based on risk assessments ➤ 2500 – 6000 births: 40 hours ➤ >6000 birth: 60 hours 	<ul style="list-style-type: none"> • Is the recommended obstetric consultant staffing levels being met? • Is there an effective system of medical workforce planning to the required standard?

<ul style="list-style-type: none"> • S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times? • S2.4 How do arrangements for handovers and shift changes ensure that people are safe? • S2.7 How is the impact on safety assessed and monitored when carrying out changes to the service or the staff? 	<ul style="list-style-type: none"> • Safer Childbirth: There should be a minimum twice daily ward rounds, including bank holidays and weekends. They should be available within 30 minutes if required. • AAGBI Obstetric Anaesthetic Guidance: http://www.rcoa.ac.uk/document-store/guidance-the-provision-of-obstetric-anaesthesia-services-2015 	<ul style="list-style-type: none"> • Is an anaesthetist available immediately 24/7, with 12 consultant sessions a week and extra for elective CS and clinics? • Is the morning handover multidisciplinary? • Is there consultant presence on the labour wards? • Are there regular medical ward rounds? • Do junior staff feel supported? • Are there consultant led clinics in the community? • For independent services, how do women access the consultant appointed by the service? • Independent maternity services medical staff, what are their other roles?
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Key line of enquiry: **S3**

S3. Do staff have all the information they need to deliver safe care and treatment to people?

Prompts

Professional standard

Sector specific guidance

Report sub-heading: **Records**

<ul style="list-style-type: none"> • S3.1 Are people's individual care records, including clinical data, written and managed in a way that keeps people safe? • S3.2 Is all the information needed to deliver safe care and treatment available to relevant staff in a timely and accessible way? (This may include test and imaging results, care and risk assessments, care plans and case notes.) • S3.3 When people move between teams, services and organisations (which may include at referral, discharge, transfer and transition), is all the information needed for their ongoing care shared appropriately, in a timely way and in line with relevant protocols? • S3.4 How well do the systems that manage information about people who use services support staff, carers and partner agencies to deliver safe care and treatment? (This includes coordination between different electronic and paper-based systems and appropriate access for staff to records.) 	<ul style="list-style-type: none"> • Records management code of practice for health and social care • NICE QS15 Statement 3 - Information exchange: People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals. • NICE QS22 Statement 3: Pregnant women have a complete record of the minimum set of antenatal test results in their hand-held maternity notes. • Safer Childbirth: The standard of record keeping and storage of data is clear, rigorous and precise • records-management-code-of-practice-for-health-and-social-care • NICE QS121 Statement 3: People prescribed an antimicrobial have the clinical indication, dose and duration of treatment documented in their clinical record 	<ul style="list-style-type: none"> • Are electronic medical records used? • Are documents dated, timed, with a signature and identifiable name? • Are records stored safely and confidentially? • Do records accurately record the woman's choice, risk assessments, mental health assessments and women's individualised care plans? • Are referrals to specialist services documented? • Has the service a system for baby records? • How is any discharge communicated to GPs, health visitors and child health? • If a woman has been seen by a member of the mental health liaison team, is their mental health assessment, care plan and risk assessment accessible to staff on the ward/ clinic? • Is the personalised child record 'red book' given to each baby? • Are blood screening test results recorded?
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Key line of enquiry: **S4**

S4. How does the provider ensure the proper and safe use of medicines, where the service is responsible?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Medicines		
<ul style="list-style-type: none"> • S4.1 How are medicines and medicines related stationery managed (that is, ordered, transported, stored and disposed of safely and securely)? (This includes medical gases and emergency medicines and equipment.) • S4.2 Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence? • S4.3 Do people receive specific advice about their medicines in line with current national guidance or evidence? • S4.4 How does the service make sure that people receive their medicines as intended, and is this recorded appropriately? • S4.5 Are people's medicines reconciled in line with current national guidance on transfer between locations or changes in levels of care? • S4.6 Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence? • S4.7 Are people's medicines regularly reviewed including the use of 'when required' medicines? 	<ul style="list-style-type: none"> • Nursing and Midwifery Council NMC - Standards for Medicine Management • NICE QS61 Statement 1: People are prescribed antibiotics in accordance with local antibiotic formularies. • NICE QS 61: People are prescribed antibiotics in accordance with local antibiotic formularies. • NICE QS121 Statement 4: People in hospital who are prescribed an antimicrobial have a microbiological sample taken and their treatment reviewed when the results are available • Start Smart then Focus: Antimicrobial Stewardship Toolkit • https://www.rcm.org.uk/news-views-and-analysis/analysis/changes-to-midwives-exemptions • NICE CG52 Drug misuse in over 16s: opioid detoxification • NICE CG100 Alcohol-use disorders: diagnosis and management of physical complications 	<ul style="list-style-type: none"> • Are allergies and weights documented in the prescribing document? • Are microbiology protocols for the administration of antibiotics used? • Do individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at prescriber level? • In the case of home births how are Controlled Drugs (CDs) obtained and non CDs stored and managed? • How do community midwives manage • How are medical gases obtained and stored in the community? • How are medical gases transported by community midwives? • Do community midwives use safety signs in their vehicle when carrying a medical gas? • Do community midwives administer the flu or pertussis vaccines? • If there any PGDs for midwives are they in date and relevant?

<ul style="list-style-type: none"> S4.8 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines? 		
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Key line of enquiry: **S5 & S6**

S5. What is the track record on safety?

S6. Are lessons learned and improvement made when things go wrong?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Incidents		
<ul style="list-style-type: none"> S5.1 What is the safety performance over time? S5.2 How does safety performance compare with other similar services? S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? S6.1 Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate? S6.2 What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people 	<ul style="list-style-type: none"> Revised never events policy and framework (2015) Never events list 2015/16 Never Events List 2015/15 - FAQ Serious Incidents should be investigated using the Serious Incident Framework 2015. Safer Childbirth: There is evidence of multi-professional input in reviews of critical incidents. Safer Childbirth: Meetings involving all relevant professionals are held to review adverse events. (NICE QS66 Statement 4): For adults who receive intravenous (IV) fluid therapy in hospital, clear incidents of 	<ul style="list-style-type: none"> Are staff aware of the importance of reporting incidents? Do staff receive feedback? Are lessons learnt ? Is learning trust wide? Can staff give examples of lessons learnt and any changes? Are incidents graded correctly in accordance with the level of harm? Is DoC followed correctly? Does the service report all births between 22+0 and 23+6 weeks gestational age who do not survive the neonatal period to MBRRACE-UK? Are serious incidents investigated by a multidisciplinary team? Are there MDT meetings to review incidents?

<p>who use services involved in reviews and investigations</p> <ul style="list-style-type: none"> • S6.3 How are lessons learned, and themes identified and is action taken as a result of investigations when things go wrong? • S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety? Do staff participate in and learn from reviews and investigations by other services and organisations? • S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews? 	<p>fluid mismanagement are reported as critical incidents.</p> <ul style="list-style-type: none"> • Duty of Candour • RCOG: Improving Patient Safety: 	<ul style="list-style-type: none"> • Are the trust reporting serious incidents relating to: <ul style="list-style-type: none"> ➢ intrapartum stillbirth ➢ early neonatal deaths and ➢ severe brain injury diagnosed in the first seven days of life <p>to the Healthcare safety Investigation Branch (HSIB)?</p>
<p>Report sub-heading: Safety Thermometer/ Maternity Dashboard</p>		
<ul style="list-style-type: none"> • S5.1 What is the safety performance over time? • S5.2 How does safety performance compare with other similar services? • S5.3 How well safety is monitored using information from a range of sources (including performance against safety goals where appropriate)? 	<ul style="list-style-type: none"> • Safety Thermometer 	<ul style="list-style-type: none"> • Does the service measure metrics on the safety thermometer or within the maternity dashboard? • Is there an action plan for any anomalies? • Is this displayed publicly within the service?

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Key line of enquiry: E1

E1. Are people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Evidence-based care and treatment		
<ul style="list-style-type: none"> E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes? E1.2 What processes are in place to ensure there is no discrimination, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions? E1.3 How is technology and equipment used to enhance the delivery of effective care and treatment and to support people's independence? E1.4 Are the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of Practice? 	<ul style="list-style-type: none"> (NICE QS3 Statement 5): Patients assessed to be at risk of VTE. Safer Childbirth: NICE QS22 - 12 quality statements in respect of antenatal care. NICE QS32 - 9 quality statements in respect of caesarean section. NICE QS37 - 11 quality statements in respect of postnatal care. NICE CG192: Antenatal and post-natal mental health MBRRACE-UK Perinatal Confidential Enquiry into Term, singleton, normally formed, antepartum stillbirths (November 2015). 	<ul style="list-style-type: none"> How does the service ensure that maternity is managed in accordance with RCOG: 'Safer childbirth: minimum standards for the organisation and delivery of care in labour'? Is the service managed in accordance with NICE guidelines and quality standards for maternity? Are best practice decision making tools encouraged and does the service monitor their use? - for example the BMJ Best Practice decision making app. Are all women with risk factors for gestational diabetes identified and offered glucose tolerance testing? Is growth monitored from 24 weeks by measuring and recording the symphysis fundal height? Is there a clinical audit programme?

<ul style="list-style-type: none"> • E1.7 Are people told when they need to seek further help and advised what to do if their condition deteriorates? 	<ul style="list-style-type: none"> • NICE guideline: Diabetes in pregnancy (NG3, 2015). • NICE Clinical Guideline: Antenatal care for uncomplicated pregnancies (CG62) • RCOG: Reduced fetal movements, Green-top Guideline No. 57 https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg57/ • NICE CG 190: Recommendations for intra-partum care. • NICE QS46 statement 5: monitoring for fetal complications • RCOG Third- and Fourth-degree Perineal Tears, Management (Green-top Guideline No. 29) • NHSE Care bundle for still birth Saving Babies Lives: https://www.england.nhs.uk/ourwork/figurenhs/mat-transformation/saving-babies/ • NICE QS 75 Neonatal infection: • NICE QS57 Jaundice in newborn babies under 28 days 	<ul style="list-style-type: none"> • Are guidelines in date and in line with NICE guidance? • Are women given information in the antenatal period about the benefits of delayed cord clamping.
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	<ul style="list-style-type: none"> • NICE guidelines NG25 Preterm labour and birth • NICE QS35: Hypertension in Pregnancy : • NICE Guidelines NG51: Sepsis Recognition, diagnosis and early management • NICE QS 135: preterm labour and birth 	
Report sub-heading: Nutrition and hydration		
<ul style="list-style-type: none"> • E1.5 How are people's nutrition and hydration needs (including those related to culture and religion) identified, monitored and met? Where relevant, what access is there to dietary and nutritional specialists to assist in this? 		<ul style="list-style-type: none"> • Are mothers are given informed choice to support them with their feeding choice for their baby / babies? • Is expressed breast milk stored safely? • Are there staff with specialist infant feeding skills to support mothers? • How is the woman's hydration/nutrition checked during labour and post caesarean section? • How is weight loss in babies monitored?
Report sub-heading: Pain relief		
<ul style="list-style-type: none"> • E1.6 How is a person's pain assessed and managed, particularly for those people 	<ul style="list-style-type: none"> • Core Standards for Pain Management Services in the UK 	<ul style="list-style-type: none"> • Is there 24hr availability of choice of pain relief?

<p>where there are difficulties in communicating?</p>	<ul style="list-style-type: none"> • NICE CG 190: Recommendations for non-regional and regional pain relief during labour. • AAGBI Obstetric Anaesthetic Guidance • Safer Childbirth: 95% of women should receive regional anaesthesia for elective CS and 85% for emergency CS. 	<ul style="list-style-type: none"> • Do women receive an epidural within 30mins and how is this audited? • What monitoring tools for pain are used following birth?
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Key line of enquiry: E2		
E2. How are people's care and treatment outcomes monitored and how do they compare with other similar services?		
Prompts	Professional standard	Sector specific guidance
Report sub heading: Patient outcomes		
<ul style="list-style-type: none"> • E2.1 Is information about the outcomes of people's care and treatment (both physical and mental where appropriate) routinely collected and monitored? • E2.2 Does this information show that the intended outcomes for people are being achieved? • E2.3 How do outcomes for people in this service compare with other similar services and how have they changed over time? • E2.4 Is there participation in relevant quality improvement initiatives, such as local and 	<ul style="list-style-type: none"> • HQIP Detection and management for National Clinical Audits: Implementation guide for National Clinical Audit and Patient Outcomes Programme (NCAPOP) providers • Safer Childbirth: There is an evaluation of midwifery and obstetric care through continuous prospective audit to improve outcomes, which are published as an annual report 	<ul style="list-style-type: none"> • Is there a maternity dashboard based on RCOG guidance? • For statistics audit outliers, and in line with the National Guidance on the management of audit outliers, does the service investigate why performance was much worse than expected, and make changes to improve care? • Does the service use the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

<p>national clinical audits, benchmarking, (approved) accreditation schemes, peer review, research, trials and other quality improvement initiatives? Are all relevant staff involved in activities to monitor and use information to improve outcomes?</p>		<ul style="list-style-type: none"> • Does the service submit data to the Maternity Services Data Set to the required standard? • Is there regular audits to review effectiveness of care and treatment? Is there improvements? • What do the maternity satisfaction surveys say? • Does the service review transfers from a home birth or a midwifery led unit to a labour ward? • How are unplanned or unexpected transfers to intensive care or neonatal intensive care reviewed for themes and action plans put in place, who does this and how often? • Does the service monitor the number of babies born before arrival? • Does the service monitor antenatal screening key performance indicators?
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Key line of enquiry: **E3**

E3. How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub heading: Competent staff		
<ul style="list-style-type: none"> • E3.1 Do people have their assessed needs, preferences and choices met by staff with the right skills and knowledge? • E3.2 How are the learning needs of all staff identified? Do staff have appropriate training to meet their learning needs to cover the scope of their work and is there protected time for this training? • E3.3 Are staff encouraged and given opportunities to develop? • E3.4 What are the arrangements for supporting and managing staff to deliver effective care and treatment? (This includes one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.) • E3.5 How is poor or variable staff performance identified and managed? How are staff supported to improve? • E3.7 Are volunteers recruited where required, and are they trained and supported for the role they undertake? 	<ul style="list-style-type: none"> • Safer Childbirth: There should be adequate clinical support and supervision for newly qualified midwives, junior doctors and students. • Safer Childbirth: Multi-professional in-service education/training sessions should be mandatory and attendance documented. And recommendation 5.2 of the National Maternity review Feb 2016 • For guidance on replacement work for SOMs see https://www.england.nhs.uk/mat-transformation/midwifery-task-force/a-equip-midwifery-supervision-model/ 	<ul style="list-style-type: none"> • Do staff receive an annual appraisal? • Do staff have a preceptorship programme and competency sign off? • Do staff care for High Dependency Level 2 women, have they received training and competency sign off? • Are staff trained in Newborn screening? • Are staff trained in using GROW? (gestational related optimal weight) or use a comparable process? • Is multi-professional training a standard part of professionals' continuous professional development, both in routine situations and in emergencies? • What processes does the service have in place that replace the Supervisor of Midwives role? Do they use A-Equip? • What training do staff in maternity receive on bereavement? • Do midwives rotate across the service as a whole? • For community and private maternity services are they able to continue to care for the woman in the acute trust if they have to be

		admitted (delivery rights or practicing privileges)?
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Key line of enquiry: E4

E4. How well do staff, teams and services within and across organisations work together to deliver effective care and treatment?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Multidisciplinary working		
<ul style="list-style-type: none"> E4.1 Are all necessary staff, including those in different teams, services and organisations, involved in assessing, planning and delivering care and treatment? E4.2 How is care delivered and reviewed in a coordinated way when different teams, services or organisations are involved? E4.3 How are people assured that they will receive consistent coordinated, person-centred care and support when they use, or move between different services? E4.4 Are all relevant teams, services and organisations informed when people are discharged from a service? Where relevant, is discharge undertaken at an appropriate time of day and only done when any necessary ongoing care is in place? 	<ul style="list-style-type: none"> PHSO: A report of investigations into unsafe discharge from hospital Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NICE guideline 27) Safer Childbirth: Local multi-disciplinary maternity care teams, comprising midwives, obstetricians anaesthetists, paediatricians, support staff and managers, are established. Safer Childbirth: There are effective systems of communication between all team members and each discipline, as well as with women and their families. Safer Childbirth: There must be 24-hour availability in obstetric units of senior paediatric colleagues, who have advanced 	<ul style="list-style-type: none"> Are there combined clinics such as diabetic and antenatal clinics? Is there a critical care outreach team? What arrangements are in place to care for women with a high BMI? Is there an anaesthetic assessment clinic for women? Communication with community midwifery teams? Continuity of care on transfer between midwife led care and consultant led care? Joint working with mental health teams. Is there ongoing communication and joint working between the maternity and neonatal team

	<p>skills for immediate advice and urgent attendance, who will attend within 10 minutes</p> <ul style="list-style-type: none"> • AAGBI Obstetric Anaesthetic Guidance: There should be an agreed system whereby the anaesthetist is given sufficient advance notice of all potentially high-risk patients. • NICE QS46 statement 3 : Women with a multiple pregnancy are cared for by a multidisciplinary core team • NICE QS46: statement 6 Women with a higher-risk or complicated multiple pregnancy have a consultant from a tertiary level fetal medicine centre involved in their care. 	<p>once anomalies are identified antenatally and following birth?</p> <ul style="list-style-type: none"> • Is there clear communication with tertiary centres for fetal medicine? Is the outcome of this recorded in maternity notes and followed up during antenatal and intrapartum care? • How does the service work with other services to meet the needs of women, examples of working arrangements e.g. Family nurse Partnerships (FNP), GPs, learning disability services, Social Services, health visitors, ambulance service, acute service? • How does the early pregnancy unit liaise with the midwives? • How do staff ensure safe discharge arrangements for people with complex needs?
Report sub-heading: Seven-day services		
<p>➤ E4.5 How are high-quality services made available that support care to be delivered seven days a week and how is their effect on improving patient outcomes monitored?</p>	<ul style="list-style-type: none"> • NHS Seven Day Services Clinical Standards <p>Diagnostics</p> <ul style="list-style-type: none"> • Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, and pathology. 	<ul style="list-style-type: none"> • Do services have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy and pathology?

	<p>Intervention / key services</p> <ul style="list-style-type: none"> • Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions such as: <ul style="list-style-type: none"> • Critical care • Interventional radiology • Emergency obstetric surgery • To maximise continuity of care consultants should be working multiple day blocks. • Once transferred from an acute area of the hospital to a ante natal or post natal ward women should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway. 	<ul style="list-style-type: none"> • What are the on call arrangements, how do women contact a community midwife and/or communicate with maternity services out of hours? • How do they access triage, and escalate out of hours?
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Key line of enquiry: E5

E5. How are people supported to live healthier lives and where the service is responsible, how does it improve the health of its population?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Health promotion		
<p>➤ E5.1 Are people identified who may need extra support? This includes:</p> <ul style="list-style-type: none"> • people in the last 12 months of their lives • people at risk of developing a long-term condition 		<ul style="list-style-type: none"> • Do the midwives facilitate parenting classes? • Are pregnant women at any stage of pregnancy offered the influenza vaccination?

<ul style="list-style-type: none"> • carers • E5.2 How are people involved in regularly monitoring their health, including health assessments and checks, where appropriate and necessary • E5.3 Are people who use services empowered and supported to manage their own health, care and wellbeing and to maximise their independence? • E5.4 Where abnormalities or risk factors are identified that may require additional support or intervention, are changes to people's care or treatment discussed and followed up between staff, people and their carers where necessary? • E5.5 How are national priorities to improve the population's health supported? (For example, smoking cessation, obesity, drug and alcohol dependency, dementia and cancer.) 		<ul style="list-style-type: none"> • Are pregnant women offered the Pertussis vaccination? • Are women who smoke offered smoking cessation referrals? • Are women dependent on alcohol or drug misuse offered referrals to a specialist service?
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Key line of enquiry: E6

E6. Is consent to care and treatment always sought in line with legislation and guidance?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Consent, Mental Capacity Act and DOLs		
<ul style="list-style-type: none"> • E6.1 Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the 	<ul style="list-style-type: none"> • BMA/RCP Guidance on clinically-assisted nutrition and hydration and adults who lack capacity to consent (2018) 	<ul style="list-style-type: none"> • Is consent sought appropriately and documented for women undergoing procedures including caesarean

<p>Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?</p> <ul style="list-style-type: none"> • E6.2 How are people supported to make decisions in line with relevant legislation and guidance? • E6.3 How and when is possible lack of mental capacity to make a particular decision assessed and recorded? • E6.4 How is the process for seeking consent monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance? • E6.5 When people lack the mental capacity to make a decision, do staff ensure that best interests decisions are made in accordance with legislation? • E6.6 How does the service promote supportive practice that avoids the need for physical restraint? Where physical restraint may be necessary, how does the service ensure that it is used in a safe, proportionate, and monitored way as part of a wider person centred support plan? • E6.7 Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate? 	<ul style="list-style-type: none"> • BILD Restraint Reduction Network (RRN) Training Standards 2019 • Consent: patients and doctors making decisions together (GMC) • Consent - The basics (Medical Protection) • Department of Health reference guide to consent for examination or treatment • BMA Consent Toolkit • BMA Children and young people tool kit • Gillick competence • MHA Code of Practice (including children and young people - chapter 19) • Montgomery and informed consent 	<p>section, instrumental delivery, episiotomy or suturing?</p> <ul style="list-style-type: none"> • Are women given opportunities to understand their options to give informed consent? • Are any patients detained under the Mental Health Act? If so, are staff aware there are additional steps to consider if the woman does not consent to treatment? Do they know where to get advice on this? • Do midwives and doctors working with young mothers understand the law relating to Fraser Guidelines? • What does the service do to enable women with learning disabilities and /or poor reading skills to make informed decisions and take an active role in their planned care? How do staff check women have capacity to consent?
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Caring

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

Key line of enquiry: C1, C2 & C3

C1. How does the service ensure that people are treated with kindness, dignity, respect and compassion, and that they are given emotional support when needed?

C2. How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?

C3. How is people's privacy and dignity respected and promoted?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Compassionate care		
<ul style="list-style-type: none"> C1.1 Do staff understand and respect the personal, cultural, social and religious needs of people and how these may relate to care needs, and do they take these into account in the way they deliver services? Is this information recorded and shared with other services or providers? C1.2 Do staff take the time to interact with people who use the service and those close to them in a respectful and considerate way? C1.3 Do staff show an encouraging, sensitive and supportive attitude to people who use services and those close to them? 	<ul style="list-style-type: none"> NICE QS15 Statement 1 – Empathy, dignity and respect: People using adult NHS services are treated with empathy, dignity and respect. NICE QS15 statement 2 – contacts for ongoing care: People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs. 	<ul style="list-style-type: none"> Is support provided for mothers in labour before arrival at the acute setting? How does the service ensure that it maintains the privacy and dignity of women and families at all times? Do staff members display understanding and a non-judgemental attitude towards (or when talking about) women who have <ul style="list-style-type: none"> mental health, learning disability, autism diagnoses?

<ul style="list-style-type: none"> • C1.4 Do staff raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes? • C3.1 How does the service and staff make sure that people's privacy and dignity needs are understood and always respected, including during physical or intimate care and examinations? • C3.2 Do staff respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress? 		<ul style="list-style-type: none"> • How do staff respond to women who might be frightened, confused, phobic about medical procedures or any aspect of their care? • How are women cared for in a subsequent pregnancy if they have previously experienced a bereavement? • Can the service provide you with any examples of how they ensure they provide good care? • Are there any examples of surveys they undertake locally on care and experience?
<p>Report sub-heading: Emotional support</p>		
<ul style="list-style-type: none"> • C1.5 Do staff understand the impact that a person's care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially? • C1.6 Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services? • C2.7 What emotional support and information is provided to those close to people who use services, including carers, family and dependants? 	<ul style="list-style-type: none"> • Sands Guidelines - Pregnancy loss and death of a baby • Human Tissue Authority (HTA) Guidance on the disposal of pregnancy remains following pregnancy loss or termination. March 2015 • Maternal mental health: Improving emotional wellbeing in postnatal care, Royal College of Midwives • Antenatal and postnatal mental health (QS115). Statement 4. Women are asked about their emotional wellbeing 	<ul style="list-style-type: none"> • Are assessments of perinatal mental health provided, including assessment for post-natal anxiety and depression? • How is support provided during and after a stillbirth/unexpected death/unexpected abnormality/neonatal death? • How is support provided following maternal death? • Is specialist bereavement support provided to meet the individual needs of women?

	<p>at each routine antenatal and postnatal contact.</p> <ul style="list-style-type: none"> • Caesarean section (CG132) Statement 4.4 Maternal request for CS. • Multiple pregnancy: twin and triplet pregnancies (QS46) 	<ul style="list-style-type: none"> • Do staff deliver care, tailored to the woman's individual needs and wishes? • Does the woman/family have time with the baby they have lost? What procedures are in place to facilitate this? • Do they have cooled cots to allow the family to have time with their baby? • Does the trust provide bereavement support including support with funeral, burial or sensitive disposal of pregnancy remains in the case of early pregnancy loss? • Are bereaved families informed of all of their available options in line with HTA guidelines, and supported to make a choice which is right for them? • What training have staff had regarding bereavement? • Is there a bereavement specialist Midwife? What is their role and what working hours do they have? • Is there a guideline for a surrogate mother during and post-birth?
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		<ul style="list-style-type: none">• Are all relevant healthcare staff in primary and community settings informed of a bereavement?• Do midwives support bereaved women at home?• Are women referred to counselling services or signposted appropriately?• Do midwives provide support when a baby has been diagnosed with a deformity or genetic condition?• What support is provided for women with complex medical conditions?• What support is provided to women who require an emergency hysterectomy after childbirth?• If a women becomes distressed how do staff maintain their privacy and dignity?• How are women with a fear of vaginal birth supported?• What support is available for women with transient psychological symptoms ('baby blues') or infant attachment problems?• How are women supported with twins or multiple births?
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Report sub-heading: **Understanding and involvement of patients and those close to them**

<ul style="list-style-type: none"> • C2.1 Do staff communicate with people so that they understand their care, treatment and condition and any advice given? • C2.2 Do staff seek accessible ways to communicate with people when their protected and other characteristics make this necessary to reduce or remove barriers? • C2.3 How do staff make sure that people who use services and those close to them are able to find further information, including community and advocacy services, or ask questions about their care and treatment? How are they supported to access these? • C2.4 Are people empowered and supported, where necessary, to use and link with support networks and advocacy, so that it will have a positive impact on their health, care and wellbeing? • C2.5 Do staff routinely involve people who use services and those close to them (including carers and dependants) in planning and making shared decisions about their care and treatment? Do people feel listened to, respected and have their views considered? • C2.6 Are people's carers, advocates and representatives including family members and friends, identified, welcomed, and 	<ul style="list-style-type: none"> • NICE QS15 Statement 5 - Preferences for sharing information: People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care. • NICE QS15 Statement 6 – Decision making: People using adult NHS services are supported in shared decision making. • GMC Guidance and resources for people with communication difficulties 	<ul style="list-style-type: none"> • How is feedback from women who use the services (as well as their partners/family) obtained? • What are the results of the friends and family test, surveys or feedback forms in respect of midwifery or maternity services? • Are women empowered to have individualised birth plans? How is this undertaken if the women have complex needs or learning disabilities? Can the women have a doula? • Are the birth partners involved in the planning for the birth and post-natal care? • Does the service provide information to women and receive feedback through social media platforms? • Do staff have access to communication aids?
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<p>treated as important partners in the delivery of their care?</p> <ul style="list-style-type: none"> • C3.3 How are people assured that information about them is treated confidentially in a way that complies with the Data Protection Act and that staff support people to make and review choices about sharing their information? 		
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Responsive

By responsive, we mean that services meet people's needs

Key line of enquiry: R1 & R2

R1. How do people receive personalised care that is responsive to their needs?

R2. Do services take account of the particular needs and choices of different people?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Service delivery to meet the needs of local people		
<ul style="list-style-type: none"> • R1.1 Do the services provided reflect the needs of the population served and do they ensure flexibility, choice and continuity of care? • R1.2 Where people's needs and choices are not being met, is this identified and used to 	<ul style="list-style-type: none"> • NICE QS22 statement 2: Pregnant women are cared for by a named midwife throughout their pregnancy. • NICE CG 62: Midwife led models of care should be offered to women with an uncomplicated pregnancy. 	<ul style="list-style-type: none"> • How well does the service provided reflect the local community – i.e. specific service users such as travellers, women with disabilities? • What facilities are there for relatives/ partners to stay/ visit?

<p>inform how services are improved and developed?</p> <ul style="list-style-type: none"> • R1.3 Are the facilities and premises appropriate for the services that are delivered? 	<ul style="list-style-type: none"> • NICE CG 62: Antenatal care. • NICE CG 62: Information should be given in a form that is easy to understand and accessible to pregnant women with additional needs. • NICE CG142 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum 	<ul style="list-style-type: none"> • Is there help with parking? Or public transport arrangements? • How does the service ensure continuity of care and support on transition between antenatal, labour and birth and postnatal care during hospital stay? • What handover method is used such as SBAR? Is this meeting women's needs? • What information leaflets and website information are available? Are they available in multiple languages and in easy read where required? • Are their specialist staff within the service including safeguarding, teenage pregnancy, mental health, bereavement, learning disabilities, obesity in pregnancy, drug and alcohol dependency. • Are alerts on the woman's records to identify the support they require? • Are the needs of women with mental health conditions, a learning disability, or autism met.
<p>Report sub-heading: Meeting people's individual needs</p>		
<ul style="list-style-type: none"> • R1.4 How does the service identify and meet the information and communication needs of people with a disability or sensory loss. How 	<ul style="list-style-type: none"> • NICE QS15 Statement 4 – Individualised care: People using adult NHS services experience care and 	<ul style="list-style-type: none"> • Can the service demonstrate that they have transitional care services to

<p>does it record, highlight and share this information with others when required, and gain people's consent to do so?</p> <ul style="list-style-type: none"> • R2.1 How are services delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances? • R2.2 How are services delivered and coordinated to be accessible and responsive to people with complex needs?¹ • R2.3 How are people, supported during referral, transfer between services and discharge? • R2.4 Are reasonable adjustments made so that people with a disability can access and use services on an equal basis to others? • R2.5 Do key staff work across services to coordinate people's involvement with families and carers, particularly for those with multiple long-term conditions? 	<p>treatment that is tailored to their needs and preferences</p> <ul style="list-style-type: none"> • Accessible Information Standard • Dementia Charter • NICE QS32 statement 3: Pregnant women who request a caesarean section because of anxiety about childbirth are referred to a healthcare professional with expertise in perinatal mental health support. • NICE CG 110: Recommendations for pregnant women who have complex social factors such as: <ul style="list-style-type: none"> ○ Substance misuse ○ Migrants, asylum seekers, refugees. ○ Women aged under 20 ○ Women who experience domestic abuse. • NICE CG 192: Antenatal and postnatal mental health: clinical management and service guidance. • NICE QS46: statement 4 care planning for women with a multiple pregnancy. 	<p>support the Avoiding Term Admissions Into Neonatal units Programme?</p> <ul style="list-style-type: none"> • Do hand-held records show that women's needs have been assessed and provided according to their individual needs? • How does the service ensure that women are aware of their choices of place of birth and where is this documented? • Are there 24/7 arrangements in place for people who need translation services? • Does the service comply with Accessible Information standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability/sensory loss? • How well does the service care for people with other complex needs, e.g. substance misuse, deafness, sight impairment and wheelchair access? • Is there a system in place to alert that a women has experienced a bereavement (such as a marker for medical notes)? • Do women with a multiple pregnancy have an individualised care plans?
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¹. For example, people living with dementia or people with a learning disability or autism.
20200324 900468 NHS IH Maternity core service framework v7

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| | <ul style="list-style-type: none"> • NICE QS46: statement 7 Advice and preparation for pre-term birth women with a multiple pregnancy • NICE QS46: statement 8 preparation for birth for women with a multiple pregnancy • Recommendation 4 of the the MBRRACE UK findings (published on 10th June 2015) sets out that units should ensure that a post-mortem examination is offered in all cases of stillbirth and neonatal death in order to improve future pregnancy counselling of parents • Human Tissue Authority (HTA) Guidance on the disposal of pregnancy remains following pregnancy loss or termination. March 2015 • RCN guidance about managing disposal of pregnancy remains October 2015 • NICE NG27 Transition between inpatient hospital settings and community or care home settings for adults with social care needs. Of particular relevance to Looked After | <ul style="list-style-type: none"> • Do high risk women have individualised care plans? • Does the service ensure that a post-mortem examination or CT scan is offered in all cases of stillbirth and neonatal death in order to improve future pregnancy counselling of parents? • In cases of poor outcomes is placental histology made available? • Are women given the opportunity of making informed individual choice about disposal of pregnancy remains or burial or cremation following pregnancy loss? • Are they provided with information about their full range of choices, in line with HTA guidance? • What reasonable adjustment, extra support or supervision is available to women with a learning disability, mental health condition or autism on the ward or in the clinic? • Are appropriate discharge arrangements in place for people with complex health and social care needs? • When appropriate do Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent |
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	<p>Children and Young People – see NICE QS31</p> <ul style="list-style-type: none"> • Antenatal and postnatal mental health (QS115) • NICE CG62 Antenatal care for uncomplicated pregnancies • HTA Code B Post-mortem Examination Standards and Guidance • HTA Guidance on the disposal of pregnancy remains following pregnancy loss or termination 	<p>Mental Health Teams (CAMHS) or similar, get copied into discharge correspondence?</p> <ul style="list-style-type: none"> • Is there a bereavement room available, do these facilities meet the needs of bereaved parents? • What range of antenatal and postnatal services provided through the service? • Does the maternity service provide any additional services for their clients e.g. aqua aerobics, hypnobirthing? • What framework is in place for mental health referrals and access to perinatal teams? • Do women with mental health issues have their mental and emotional wellbeing discussed at each contact and do staff respond appropriately to any changes? • Is domestic violence, sexual abuse and recreational drug use discussed with women?
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Key line of enquiry: **R3**

R3. Can people access care and treatment in a timely way?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Access and flow		
<ul style="list-style-type: none"> • R3.1 Do people have timely access to initial assessment, test results, diagnosis, or treatment? • R3.2 Can people access care and treatment at a time to suit them? • R3.3 What action is taken to minimise the length of time people have to wait for care, treatment, or advice? • R3.4 Do people with the most urgent needs have their care and treatment prioritised? • R3.5 Are appointment systems easy to use and do they support people to access appointments? • R3.6 Are appointments care and treatment only cancelled or delayed when absolutely necessary? Are delays or cancellations explained to people, and are people supported to access care and treatment again as soon as possible? • R3.7 Do services run on time, and are people kept informed about any disruption? • R3.8 How is technology used to support timely access to care and treatment? Is the technology (including telephone systems and online/digital services) easy to use? 	<ul style="list-style-type: none"> • NICE QS22 statement 1: Pregnant women are supported to access antenatal care, ideally by 10 weeks 0 days. • NICE CG 62 :A schedule of antenatal appointments should be determined by the function of the appointments. For a woman who is nulliparous with an uncomplicated pregnancy, a schedule of 10 appointments should be adequate. For a woman who is parous with an uncomplicated pregnancy, a schedule of 7 appointments should be adequate 	<ul style="list-style-type: none"> • How does the service ensure women are not in labour and giving birth in areas not designated for birth? • How does the service ensure patients are regularly seen through their pregnancy? • How does the service monitor women who do not attend their appointments? • Are women triaged on admission? • Does the service audit how many women have their planned induction delayed? • Does the service audit delays in transfer to the chosen place of birth from the antenatal ward or labour ward due to capacity/staffing issues? • Are women with urgent mental health needs seen within one hour of referral by an appropriate mental health clinician?

Key line of enquiry: R4

R4. How are people's concerns and complaints listened and responded to and used to improve the quality of care?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Learning from complaints and concerns		
<ul style="list-style-type: none"> R4.1 How well do people who use the service know how to make a complaint or raise concerns and how comfortable do they feel doing so in their own way? How are people encouraged to make a complaint, and how confident are they to speak up? R4.2 How easy is it for people to use the system to make a complaint or raise concerns? Are people treated compassionately and given the help and support, through use of accessible information or protection measures if they need to make a complaint? R4.3 How effectively are complaints handled, including to ensure openness and transparency, confidentially, regular updates for the complainant, a timely response and explanation of the outcome, and a formal record? R4.4 How are people who raise concerns or complaints protected from discrimination, harassment or disadvantage? 	<ul style="list-style-type: none"> The NHS constitution gives people the right to <ul style="list-style-type: none"> ➤ Have complaints dealt with efficiently and be investigated. ➤ Know the outcome of the investigation. ➤ Take their complaint to an independent Parliamentary and Health Service Ombudsman. Receive compensation if they have been harmed. <p>For independent healthcare services and private patients only</p> <ul style="list-style-type: none"> ISCAS: Patient complaints adjudication service for independent healthcare (please note you may need to open this link in a non-IE browser, or search for ISCAS directly) 	<ul style="list-style-type: none"> How many maternity specific complaints have been referred to the Parliamentary and Health Service Ombudsman? Does the main provider analyse community complaints? Is there evidence of how this links to service improvements? How are complaints triangulated across teams and where is this done e.g. trust wide, within teams etc? Are trends, learning and changes to practice monitored and reviewed as part of the complaints process and is this shared across teams? How does the service complaints relate to incidents, are they compared/combined? Can they demonstrate learning from trends. Where the internal complaints process has been exhausted, what arrangements are in place for the independent review of complaints where the patient is receiving non-NHS funded care (e.g. is the service a member of the Independent Services

<ul style="list-style-type: none"> R4.5 To what extent are concerns and complaints used as an opportunity to learn and drive improvement? 		<p>Complaint Advisory Services (ISCAS) and if not, does the provider have an alternative arrangement?). This includes NHS Private Patient Units, whose patients do not have access to the PHSO if their care is not NHS funded</p>
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Well-led

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key line of enquiry: **W1**

W1. Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Leadership		
<ul style="list-style-type: none"> W1.1 Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis? W1.2 Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them? W1.3 Are leaders visible and approachable? 	<ul style="list-style-type: none"> Safer Childbirth: <ul style="list-style-type: none"> To ensure 24-hour managerial cover, each labour ward must have a rota of experienced senior midwives as labour ward shift coordinators, supernumerary to the staffing numbers required for one-to-one care. There should be one supervisor of midwives to every 15 midwives. 	<ul style="list-style-type: none"> Has the supervisor of midwives (SOM) role been replaced with A-Equip or another model? Can the service demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues? Have the service reported 100% of qualifying 2018/19 incidents under

<ul style="list-style-type: none"> • W1.4 Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning? 	<ul style="list-style-type: none"> ○ Every unit should have a consultant obstetrician as clinical lead, a consultant midwife and a labour ward manager. 	<p>NHS Resolution's Early Notification scheme?</p> <ul style="list-style-type: none"> • Does the Head of Midwifery have access to the Trust Board and feel supported by the board? • What is the management structure of the service? does this flow and work based on all elements of the maternity framework? • Do equal parts of the maternity service within the governance meeting minutes and reviews? • Who sits on the committees for the service is it all grades and MDT? • How are actions and learning points disseminated throughout the service? • Are there processes to enable staff to share good practice or report concerns up to the committee meetings for the service? • Is there designated a board member to lead for maternity services? • Does the Board routinely monitor quality& safety and take necessary action to improve quality? • Does the Head of Midwifery (HOM) have a presence in the work area? Do staff feel that they are able to approach them and discuss any issues or concerns?
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		<ul style="list-style-type: none"> • Are the senior team and managers visible and accessible? Do these senior staff have a good understanding of the day to day pressures and risk? • Do community teams feel part of the acute trust? Are leaders visible to the community staff? • Is innovation encouraged?
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Key line of enquiry: **W2**

W2. Is there a clear vision and credible strategy to deliver high-quality sustainable care to people who use services, and robust plans to deliver?

Prompts	Professional standard	Sector specific guidance
Report sub-heading: Vision and strategy for this service		
<ul style="list-style-type: none"> • W2.1 Is there a clear vision and a set of values, with quality and sustainability as the top priorities? • W2.2 Is there a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care? • W2.3 Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners? 		<ul style="list-style-type: none"> • Is there a Non-Executive Director with responsibility for Maternity Services? • Is there involvement if the midwifery and medical staff in innovation and change? • How are staff kept involved and motivated? • How does the vision look at the services in the wider community?

<ul style="list-style-type: none"> • W2.4 Do staff know and understand what the vision, values and strategy are, and their role in achieving them? • W2.5 Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population? • W2.6 Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this? 		<ul style="list-style-type: none"> • How does the vision and/or strategy link to the local health economy? • How does the vision and strategy link to commissioning in the area? What about the STP working? • Is there a clear vision and set of values <u>specific</u> to independent midwifery and maternity services, with quality and safety the top priority? How is this embedded? • Do the functions in each area of the service feel they are an important part of the future of the service? • How does the community service link to the broader maternity services within the region? • Are independent services working with providers and acute services to deliver a wider strategy to increase women's choice on birth?
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Key line of enquiry: **W3**

W3. Is there a culture of high-quality, sustainable care?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Culture		
<ul style="list-style-type: none"> • W3.1 Do staff feel supported, respected and valued? • W3.2 Is the culture centred on the needs and experience of people who use services? • W3.3 Do staff feel positive and proud to work in the organisation? • W3.4 Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • W3.5 Does the culture encourage, openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • W3.6 Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? 	<ul style="list-style-type: none"> • NMC Openness and honesty when things go wrong: the professional duty of candour • NRLS - Being Open Communicating patient safety incidents with patients, their families and carers • Duty of Candour – CQC guidance • Eight high impact actions to improve the working environment for junior doctors • WRES & IH Providers Statement 	<ul style="list-style-type: none"> • Do staff feel wanted and involved in the service development?. • How do Boards promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training? • Do staff engage in incident reporting and review. Do they feel there is a blame culture? • Is the culture within the service open and transparent? What do the staff surveys say? What do staff say about culture? • Are there any issues or concerns related to bullying and/or harassment within the service? • Does the service have a freedom to speak up guardian? Do they know who the freedom to speak up guardian is? • Do staff know how to raise concerns if they are unhappy about anything within the service? do they feel comfortable and able to use this system without fear of repercussions?

<ul style="list-style-type: none"> • W3.7 Is there a strong emphasis on the safety and well-being of staff? • W3.8 Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • W3.9 Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively? 		<ul style="list-style-type: none"> • What is the working relationship and culture like between community midwives, hospital midwives and doctors/consultants? • Do the community staff feel part of the overall maternity service, do they feel respected and valued? • Are staff rewarded for example submitted for local, regional or national award schemes?
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Key line of enquiry: W4		
W4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?		
Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Governance		
<ul style="list-style-type: none"> • W4.1 Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved? 	<ul style="list-style-type: none"> • NICE QS61 Statement 2: Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems. • NICE QS121 Statement 5: Individuals and teams responsible for antimicrobial stewardship monitor 	<ul style="list-style-type: none"> • Does the service have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems? • Can the service demonstrate compliance with all four elements

<ul style="list-style-type: none"> • W4.2 Do all levels of governance and management function effectively and interact with each other appropriately? • W4.3 Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom? • W4.4 Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care? 	<p>data and provide feedback on prescribing practice at prescriber, team, organisation and commissioner level.</p> <ul style="list-style-type: none"> • NICE QS 66 statement 1: Hospitals have an intravenous (IV) fluids lead who has overall responsibility for training, clinical governance, adult and review of IV fluid prescribing, and patient outcomes. 	<p>of the Saving Babies' Lives care bundle?</p> <ul style="list-style-type: none"> ○ Reducing smoking in pregnancy ○ Risk assessment and surveillance for fetal growth restriction ○ Raising awareness of reduced fetal movement ○ Effective fetal monitoring during labour <ul style="list-style-type: none"> • What are the governance procedures for managing and monitoring any SLAs the provider has with third parties? • What arrangements are in place in case of suspension of maternity services? • Is there effective trust board oversight of performance • What are the things that concern the HOM, CD, area leads? • Do the midwives and doctors look forward to coming into work each day? • Have they experienced bullying either physically or emotionally ? • Are senior community staff assured they have an overview of the current issues/concerns within
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		the community service; and there are appropriate processes in place to mitigate against identified concerns?
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Key line of enquiry: **W5**

W5. Are there clear and effective processes for managing risks, issues and performance?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Managing risks, issues and performance		
<ul style="list-style-type: none"> W5.1 Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? W5.2 Are there processes to manage current and future performance? Are these regularly reviewed and improved? W5.3 Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? W5.4 Are there robust arrangements for identifying, recording and managing risks, issues and mitigating 	<ul style="list-style-type: none"> Safer Childbirth: A maternity risk management group meets at least every 6 months. Safer Childbirth: There is a written risk management policy, including trigger incidents for risk and adverse incident reporting. https://www.gov.uk/government/publications/safer-maternity-care 	<ul style="list-style-type: none"> Is there a maternity dashboard does the service bench mark with other trusts in the region? What is the process for monitoring the dashboard? Is there a maternity risk register and action plan? Does the board have oversight of this? Has the board appointed a maternity champion? Has the trust appointed a designated obstetrician and midwife to joint champion maternity safety in their trust? How sustainable is the home birth service and if appropriate FMUs?

<p>actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'?</p> <ul style="list-style-type: none"> • W5.5 Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • W5.6 When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care? 		<ul style="list-style-type: none"> • What arrangements are in place in the case of suspension/closure of the homebirth or MLU services? • What major incident awareness and training takes? • What plans are in place for severe weather conditions?
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Key line of enquiry: **W6**

W6. Is appropriate and accurate information being effectively processed, challenged and acted upon?

Generic prompts	Professional Standard	Additional prompts
Report sub-heading: Managing information		
<ul style="list-style-type: none"> • W6.1 Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Has the trust published and made public and bespoke Maternity Safety Improvement Plan? • How does the service submit information to external

<p>measure for improvement, not just assurance?</p> <ul style="list-style-type: none"> • W6.2 Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • W6.3 Are there clear and robust service performance measures, which are reported and monitored? • W6.4 Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • W6.5 Are information technology systems used effectively to monitor and improve the quality of care? • W6.6 Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • W6.7 Are there robust arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons 		<p>stakeholders? Are processes robust?</p> <ul style="list-style-type: none"> • Has the service had any data breaches and if so have lessons been learnt? Is there evidence of any action plans?
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learned when there are data security breaches?		
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Key line of enquiry: **W7**

Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?

Generic prompts

Professional Standard

Additional prompts

Report sub-heading: **Public and staff engagement**

- W7.1 Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups?
- W7.2 Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups?
- W7.3 Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected characteristic?

- How do leaders use the friends and families responses to improve services?
- How are the views of stakeholders obtained? What does it tell you about the service?
- How does the leadership take an inclusive approach to involving a range of equality groups?
- Do maternity voices meetings take place?
- Does the service have examples of events to engage the public and staff in the service planning or any proposed changes to services?

<ul style="list-style-type: none"> • W7.4 Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? • W7.5 Is there transparency and openness with all stakeholders about performance? 		
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Key line of enquiry: W8		
W8. Are there robust systems and processes for learning, continuous improvement and innovation?		
Prompts	Professional standard	Sector specific guidance
Report sub-heading: Innovation, improvement and sustainability		
<ul style="list-style-type: none"> • W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? • W8.2 Are there standardised improvement tools and methods, and do staff have the skills to use them? • W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person 		<ul style="list-style-type: none"> • How has the service considered and acted on the MBRRACE annual and perinatal reports and other reports? • How has the service considered and acted on serious incident investigations and action plans? Are they followed up? • What opportunities exist for learning from other trusts e.g. site visits • Are they engaged in Sustainability Transformation Partnerships

<p>using the service? Is learning shared effectively and used to make improvements?</p> <ul style="list-style-type: none"> • W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? • W8.5 Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work? 		<p>(STP)? This is relevant to the whole service.</p> <ul style="list-style-type: none"> • Do regional groups/clusters have a community input? • Are staff encouraged to develop the service and not just provide the service are there good examples of development? Is innovation encouraged?
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