Care Quality Commission

Royal Berkshire NHS Foundation Trust

Royal Berkshire Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Requires improvement 
Maternity and gynaecology	**Requires improvement** 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Royal Berkshire Hospital is the main hospital site of the Royal Berkshire NHS Foundation Trust. The hospital provides maternity and gynaecological services to the population of West Berkshire. Between April 2014 and April 2015 the trust reported there were 5681 births of which 161 were delivered outside the Royal Berkshire Hospital.

We carried out a comprehensive, unannounced inspection of the maternity and gynaecology services on the 11 and 12 November 2015, to check whether improvements had been made since the last comprehensive inspection in March 2014.

Overall we rated the service as requires improvement. We judged effective, caring and well led as good. Improvements were needed to ensure services were safe, and responsive.

Our key findings were as follows:

Safe

- At the previous inspection in March 2014 we found there were insufficient staffing levels particularly on Rushey ward which had an impact on capacity and associated safety risks. We found improvements had been made in staffing levels across the maternity unit and capacity issues were escalated appropriately.
- The number of major obstetric haemorrhages reported had significantly exceeded the trust goal of two per month between April to September 2015 with peaks of 13 and 14 in July and September respectively. A review of cases of major obstetric haemorrhage took place and was due to be presented at the maternity unit's March 2016 academic half day.
- The trust goal was to have midwife to birth ratio in line with Birthrate Plus of 1:28 by April 2017 and a 1:30 ratio in 2015-16. Between April to September 2015 the service was consistently operating at 1:30 or below and 1:35 in September 2015.
- Staff work flexibly to consistently ensure women received one to one care in labour redeploying midwives to the delivery suite and on occasions closing Rushey ward, the midwifery led unit. Results were 100% for harm free care from May 2015.
- Consultant cover remained below the recommended level of 168 hours per week. During the inspection in March 2014 the consultant cover was identified as between 68 to 91 hours per week, the trust had appointed two new consultants and was currently consistently achieving 91 hours a week of cover.
- In March 2014 the ventilation system on the delivery suite did not meet the expected standards. The ventilation system used to remove used nitrous oxide from the air (produced when using entonox) had been replaced with a unit that met expected standards.
- All clinical areas were appropriately equipped to provide safe care and were visibly clean. Time to effect equipment and maintenance repairs had improved since the last inspection due to closer monitoring and follow up.
- Medicines management in the gynaecology service was not robust as there had not been a dedicated pharmacy service on the gynaecology ward since December 2014. For example, a pharmacist did not check prescription charts and medicines management was recognised as a risk on the service risk register. However, all the control measures in place were not strictly adhered to.
- The gynaecology ward participated in the NHS Safety Thermometer. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Results were 100% since May 2015 except for August 2015 and September 2015 when results were 91% and 94% respectively.

Effective

- The normal delivery rate was comparable with the England average and the unassisted delivery rate was good when compared with the England average. Caesarean section rates were similar to the England average however instrumental delivery rates were slightly higher than the England average.

Summary of findings

- On the maternity and gynaecology wards care and treatment was delivered in line with current legislation and nationally recognised evidence based guidance. Policies and guidelines were developed to reflect national guidance. On the maternity unit, compliance was monitored and audited to ensure consistency of practice. There were some issues with accessing the policies and procedures on the gynaecology wards as the policies had been removed from the intranet whilst under review.
- Breast feeding was encouraged and the midwifery services had achieved UNICEF 'Baby Friendly' status.
- Staff had access to training and support to develop and maintain their competencies. New midwives were positive about the support they received through the preceptorship program. However, the supervisor to midwife ratio was 1:21 which was above national recommendation of 1:15, although 95.3% of midwives had a supervisor review in the preceding 12 months
- When people received care from a range of different staff, teams or services, this was coordinated and staff worked collaboratively.
- Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Consent guidelines were followed appropriately.

Caring

- Feedback from patients about their care and treatment was consistently positive. Patients were treated with kindness, compassion and dignity.
- Women felt involved with their care, had their wishes respected and understood.
- Staff helped people and those close to them to cope emotionally with their care and treatment.

Responsive

- Between May 2015 to October 2015 the maternity unit was 'on divert' (closed) on 29 occasions for between 4 hours and 48 hours. The main reason for closure of the unit to new admissions was due to insufficient midwifery staff to maintain a safe service.
- Women had access to gynaecological services within the maximum referral to treatment time period set by NHS England of 18 weeks.
- Translation services were available, and a specialist team of midwives supported women with additional needs such as homelessness and substance abuse through pregnancy and child birth.
- Complaints and concerns were taken seriously. Improvements were made to the quality of care because of complaints and concerns. For example, additional staff training.

Well Led

- A new strategy and vision for the maternity service was under development, which included moving the gynaecology service from the planned care directorate to sit with the maternity service in the urgent care directorate.
- There were comprehensive risk, quality and governance processes in the maternity service.
- Staff across the maternity service described an open culture and felt well supported by their managers.
- There was a system in place for the monitoring of quality and the delivery of the gynaecology service as part of the planned care directorate. however, learning from incidents was not robust.

We saw several areas of outstanding practice including:

- Breast feeding was encouraged and the midwifery services had achieved UNICEF 'Baby Friendly' status.
- A pink patient wrist-band system had recently been introduced for patients who had undergone surgery and had a vaginal pack in situ. This was to ensure the pack was subsequently removed.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

Summary of findings

- Review medicines management practices to ensure medicines are stored at the appropriate temperatures to protect patients from avoidable harm.

The trust should also:

- Review the consultant obstetric cover to meet national recommendations.
- Work towards reducing the number of times the midwifery service has to divert women to other centres.
- Ensure confidential personal information, particularly that held electronically, is maintained securely to prevent unauthorised access.
- Ensure systems are in place in the gynaecology service to allow staff to share learning from incidents.
- Ensure staff have access to up to date policies and procedures relating to the gynaecology service.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Maternity and gynaecology	Requires improvement 	Maternity and gynaecology services were rated good for providing caring, effective and well-led services. However, improvements were required for safe and responsiveness, which were rated as requires improvement. At the previous inspection in March 2014 we rated safe as inadequate due to insufficient staffing levels particularly on Rushey ward and the impact on capacity and associated safety risks. We also found the ventilation system on the delivery suite did not meet the expected standards. The trust had developed an action plan to address the failings identified. During the inspection in November 2015 we found improvements had been made in staffing levels across the unit and the way in which capacity issues were escalated. However, further improvements were required. All major obstetric haemorrhages were reported within the maternity governance dashboard and showedthe number of cases had significantly exceeded the trust goal of two per month between April to September 2015, with peaks of 13 and 14 in July and September respectively.Although there had been no corresponding increase in admissions to the intensive care unit or maternal mortality. The trust reported a review of all the cases of major obstetric haemorrhage which had occurred between August to October 2015 had taken place as part of a clinical audit and was due to be presented at the maternity unit's March 2016 academic half day. The trust goal was to have a midwife to birth ratio of 1:28 by April 2017 which is the national recommendation. The trust plan for 2015-16 was to have midwife to birth ratio of 1:30. Between April to September 2015 the service was consistently operating at a ratio of 1:30 or above and was 1:35 in September 2015. However, the service had been able to deliver one to one care for women in labour by redeploying midwives to the delivery suite and on occasions closing Rushey ward, the midwifery led unit.

Summary of findings

The Royal College of Obstetricians and Gynaecologists good practice guidelines 2010 states the recommended consultant cover for a maternity unit which delivers more than 5000 births a year should be 168 hours a week. At the previous inspection in March 2014 the consultant cover was identified as between 68 to 91 hours per week, the trust had appointed two new consultants and was currently consistently achieving 91 hours a week of cover. In 2016, further recruitment of consultant obstetricians as well as combined consultant posts with resident commitments will improve hours of consultant presence, working toward the target of 168 hours per week.

At the previous inspection in March 2014 we found the labour ward had an insufficient scavenging system to remove used nitrous oxide from the air (produced when using entonox). This had been addressed and was no longer on the service risk register. This had been replaced with a unit that met expected standards.

All clinical areas were appropriately equipped to provide safe care and were visibly clean. Time to effect equipment and maintenance repairs had improved since the last inspection due to closer monitoring and follow up.

Medicines management in the gynaecology service was not robust as there had not been a dedicated pharmacy service on the gynaecology ward since December 2014. For example, prescription charts were not checked by a pharmacist and medicines management was recognised as a risk on the service risk register. However, all the control measures in place were not strictly adhered to.

At the previous inspection we rated effective as requires improvement. This was due to the way the service performed in comparison to national and local benchmarks. For example, instrumental and caesarean section rates were higher than expected and there were a high number of delayed inductions of labour. During this inspection we found performance had improved and instrumental and caesarean section rates were comparable to the national average.

The gynaecology ward participated in the NHS Safety Thermometer**.**The NHS Safety Thermometer is a local improvement tool for measuring,

Summary of findings

monitoring and analysing patient harms and 'harm free' care. Results were 100% since May 2015 except for August 2015 and September 2015 when results were 91% and 94% respectively.

Care and treatment was delivered in line with current legislation and nationally recognised evidence based guidance. Policies and guidelines were developed to reflect national guidance. They were monitored and audited to ensure consistent practice within the maternity service.

Maternity and gynaecology services had performance dashboards which recorded a range of service and patient outcomes. For example, the maternity dashboard showed the numbers and types of births, delivery methods and maternal and neonate morbidity. Between April 2014 to March 2015 the normal delivery rate and caesarean section rate was comparable to the England average. Between April to September 2015 the trust performed slightly below their goal for spontaneous vaginal delivery and the total caesarean section rate was slightly higher than the trust target of 23% at 26.5% but was similar to the England average of 26.7%. Between April to September 2015, the service performed well in relation to the number of patients experiencing third or fourth degree perineal tears, between six to 13, average of nine against a target of 14. However, over the same time period the service consistently failed to meet its target of 80% of patients to have suturing commenced within one hour of delivery, achieving between 44% to 75% and an overall average of 59.5%.

A range of equipment and medicines were available to provide pain relief in labour and for patients on the gynaecological ward. Women received appropriate pain relief and were able to self-administer if required.

Breast feeding was encouraged and the midwifery services had achieved full stage 3 accreditation of UNICEF ‘Baby Friendly’ status.

Staff had access to training and support to develop and maintain their competencies. However, the supervisor to midwife ratio was 1:21 which was above national recommendation of 1:15. The higher ratio increased the workload on the supervisors of midwives.

Summary of findings

When women received care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services worked together and assessed, planned and delivered peoples care and treatment collaboratively.
Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Consent guidelines were followed appropriately.
Staff had limited access to the policies and guidelines relating specifically to the gynaecology services. Generic trust-wide nursing guidelines were available on the trust intranet. Specific clinical guidelines relating to gynaecology were not available (other than for colposcopy) as these reference documents had been removed from the trust intranet. The policies were under review and this was recorded as a risk on the service risk register.
Feedback from women about their care and treatment was consistently positive. We observed women were treated with kindness, compassion and dignity. Women told us they felt involved with their care, had their wishes respected and understood. Midwives were trained to provide emotional support, for example, for women who may have suffered bereavement. There were also specialist support and counselling services available.
At the previous inspection we rated responsive as requires improvement. This was due to the number of times the midwifery led unit (Rushey ward) was closed due to lack of staff or unit capacity, at least once a month and the number of times the unit was put on divert. This meant that women had to travel to neighbouring organisations in order to deliver their babies. Although the trust had made improvements in the way it managed its capacity to ensure safe delivery of care, we rated responsive as requires improvement for this inspection. Between May 2015 to October 2015 the unit was 'on divert' (closed) on 29 occasions for between 4 hours and 48 hours. Mostly due to insufficient midwifery staff. During those times 61 women were diverted to

Summary of findings

other units. Women had a choice where to receive antenatal care. However, staffing and capacity issues meant the maternity unit was not always able to provide the service to local people.
The majority of women had access to gynaecological services within the maximum referral to treatment period set by the NHS England of 18 weeks.
Patients undergoing investigations in gynaecology were offered appointment times that were suitable to them. There was an early pregnancy assessment unit that provided rapid care for women.
Translation services were available, and a specialist team of midwives supported women with additional needs such as homelessness and substance abuse through pregnancy and child birth.
Complaints and concerns were taken seriously, and listened to. Improvements were made to the quality of care as a result of complaints and concerns
At the previous inspection we rated well-led as requires improvement. This was due to the lack of robust governance and risk management processes. We found improvements had been made in maternity services.
Maternity services were part of the urgent care directorate and gynaecology services were part of planned care group directorate; the governance processes in place were different for the two directorates.
Since the last inspection the maternity service had undergone a service review and an improvement programme was implemented. A new strategy and vision for the maternity service was due to be launched.
There were comprehensive risk, quality and governance processes in the maternity service to ensure issues were reported and escalated for action and learning. Staff across the service described an open culture and felt well supported by their managers.

Royal Berkshire Hospital

Detailed findings

Services we looked at
Maternity and gynaecology

Detailed findings

Contents

Background to Royal Berkshire Hospital

The Royal Berkshire Hospital is the main hospital site of the Royal Berkshire NHS Foundation Trust. The hospital provides maternity and gynaecological services to the population of West Berkshire. This covers an area from Lambourne in the West to Bracknell in the East. Between April 2014 and April 2015 the trust reported there were 5681 births of which 161 were delivered outside the Royal Berkshire Hospital.

The trust provides an antenatal clinic for expectant mothers and post-natal services including Infant feeding clinic support for new mothers. There is a day assessment unit for antenatal women and some post-natal women requiring investigation and/or monitoring. The delivery suite for women in labour of 11 rooms plus a birthing pool room and still-birth room. There are three wards: Iffley Ward for antenatal and postnatal women, high care obstetrics and transitional care babies, Marsh Ward for postnatal woman and Rushey Midwife led unit with three delivery suites, one with a birthing pool.

The trust provides a range of gynaecology services including inpatient services on Sonning ward which has 23 beds, formally designated for the care of gynaecology, general surgical and acute medical patients (at times of escalation). Five of these are utilised as day case beds. In addition, gynaecological surgery and a range of gynaecological outpatient clinics and treatments including gynaecology emergency clinic, colposcopy clinic, minor operations/implant clinic, pre-operative assessment clinic, post-menopausal bleeding clinic, gynaecology outpatients clinics, pelvic floor / urodynamics and outpatient hysteroscopy clinics, are provided.

We carried out a comprehensive, unannounced inspection of the maternity and gynaecology service to check whether improvements had been made since the last comprehensive inspection in March 2014.

Our inspection team

Our inspection team was led by:

Inspection Manager: Lisa Cook, Care Quality Commission

The team included CQC inspectors and a variety of specialists including midwifes, consultant obstetrician and governance manager.

Detailed findings

How we carried out this inspection

To get to the heart of the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about the core service. We carried out unannounced visits on the 11 and 12 November 2015.

We met with 12 patients, who shared their views and experiences of the core service. We observed how people were being cared. We reviewed care or treatment records of patients who use services.

During the visit we spoke with 30 staff who worked within the service, such as midwives, nurses, obstetricians, anaesthetists, doctors, managers, care assistants, pharmacists, administrative and housekeeping staff, nurses and therapists.

We reviewed 13 sets of care records and an extensive range of service documents. These included performance or activity reports, service plans, minutes of meetings, care pathways and audit reports.

Facts and data about Royal Berkshire Hospital

Safe

- Between May 2014 to April 2015, no never events reported and 20 serious incidents requiring investigation,
- Similar levels of consultants and junior grade doctors compared to the England average.
- Lower ratio of midwifery staff to births compared to the England average.

Effective

- No risks identified for Intelligent Monitoring maternity outlier indicators.

Caring

- Friends and Family Test (FFT) results were generally above the England average for antenatal and postnatal services and generally below the England average for birth and postnatal community provision for the period July 2014 to June 2015.
- In the CQC Maternity Survey 2015 the trust scored about the same as other trusts for all applicable indicators.

Responsive

- In the CQC Maternity Survey 2015 the trust scored similar to the England average for response time to the call button.
- Bed occupancy was similar to the England average between Q3 13/14 and Q1 14/15 and better than the England average for Q2 14/15 to Q4 14/15.

Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Overall	N/A	N/A	N/A	N/A	N/A	Requires improvement

Maternity and gynaecology

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Good
Overall	Requires improvement

Information about the service

The Royal Berkshire Hospital is the main hospital site of the Royal Berkshire NHS Foundation Trust. The hospital provides maternity and gynaecological services to the population of West Berkshire. This covers an area from Lambourne in the West to Bracknell in the East. Between April 2014 and April 2015 the trust reported there were 5681 births of which 161 were delivered outside the Royal Berkshire Hospital.

The maternity services provided at the hospital include:

- Rushey midwifery-led unit of four rooms, three of which are used for birthing
- Iffley ward, 29 beds for antenatal, postnatal and transitional care
- Marsh ward, 30 beds for postnatal care
- Delivery suite of 11 rooms plus a birthing pool room and still-birth room
- Two theatres
- Antenatal clinic
- Day assessment unit
- Community midwifery
- Ultrasound department
- Willow bereavement room

The trust provides a range of gynaecology services including inpatient services on Sonning ward which has 23 beds, formally designated for the care of gynaecology, general surgical and acute medical patients (at times of escalation), five of these are utilised as day case beds. In addition, gynaecological surgery and a range of gynaecological outpatient clinics and treatments including gynaecology emergency clinic, colposcopy clinic, minor operations/implant clinic, pre-operative assessment clinic, post-menopausal bleeding clinic, gynaecology outpatients clinics, pelvic floor / urodynamics and outpatient hysteroscopy clinics, are provided.

We carried out a comprehensive, unannounced inspection of the maternity service to check whether improvements had been made since the last comprehensive inspection in March 2014.

During this inspection we spoke with 12 patients and 30 members of staff, these included midwives, nurses, housekeeping staff, senior managers and doctors. We reviewed 13 patients' healthcare records and the trusts performance information.

Maternity and gynaecology

Summary of findings

Maternity and gynaecology services were rated good for providing caring, effective and well-led services. However, improvements were required for safe and responsiveness, which were rated as requires improvement.

At the previous inspection in March 2014 we rated safe as inadequate due to insufficient staffing levels particularly on Rushey ward and the impact on capacity and associated safety risks. We also found the ventilation system on the delivery suite did not meet the expected standards. The trust had developed an action plan to address the failings identified. During the inspection in November 2015 we found improvements had been made in staffing levels across the unit and the way in which capacity issues were escalated. However, further improvements were required.

All major obstetric haemorrhages were reported within the maternity governance dashboard and showedthe number of cases had significantly exceeded the trust goal of two per month between April to September 2015, with peaks of 13 and 14 in July and September respectively.Although there had been no corresponding increase in admissions to the intensive care unit or maternal mortality. The trust reported a review of all the cases of major obstetric haemorrhage which had occurred between August to October 2015 had taken place as part of a clinical audit and was due to be presented at the maternity unit's March 2016 academic half day.

The trust goal was to have a midwife to birth ratio of 1:28 by April 2017 which is the national recommendation. The trust plan for 2015-16 was to have midwife to birth ratio of 1:30. Between April to September 2015 the service was consistently operating at a ratio of 1:30 or above and was 1:35 in September 2015. However, the service had been able to deliver one to one care for women in labour by redeploying midwives to the delivery suite and on occasions closing Rushey ward, the midwifery led unit.

The Royal College of Obstetricians and Gynaecologists good practice guidelines 2010 states the recommended consultant cover for a maternity unit which delivers more than 5000 births a year should be 168 hours a week. At the previous inspection in March 2014 the consultant cover was identified as between 68 to 91 hours per week, the trust had appointed two new consultants and was currently consistently achieving 91 hours a week of cover. In 2016, further recruitment of consultant obstetricians as well as combined consultant posts with resident commitments will improve hours of consultant presence, working toward the target of 168 hours per week.

The ventilation system used to remove used nitrous oxide from the air (produced when using entonox) had been replaced with a unit that met expected standards.

All clinical areas were appropriately equipped to provide safe care and were visibly clean. Time to effect equipment and maintenance repairs had improved since the last inspection due to closer monitoring and follow up.

Medicines management in the gynaecology service was not robust as there had not been a dedicated pharmacy service on the gynaecology ward since December 2014. For example, prescription charts were not checked by a pharmacist and medicines management was recognised as a risk on the service risk register. However, all the control measures in place were not strictly adhered to.

At the previous inspection we rated effective as requires improvement. This was due to the way the service performed in comparison to national and local benchmarks. For example, instrumental and caesarean section rates were higher than expected and there were a high number of delayed inductions of labour. During this inspection we found performance had improved and instrumental and caesarean section rates were comparable to the national average.

The gynaecology ward participated in the NHS Safety Thermometer**.** The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. Results were 100% for harm free care from May 2015.

Care and treatment was delivered in line with current legislation and nationally recognised evidence based

guidance. Policies and guidelines were developed to reflect national guidance. They were monitored and audited to ensure consistent practice within the maternity service.

Maternity and gynaecology services had performance dashboards which recorded a range of service and patient outcomes. For example, the maternity dashboard showed the numbers and types of births, delivery methods and maternal and neonate morbidity. Between April 2014 to March 2015 the normal delivery rate and caesarean section rate was comparable to the England average. Between April to September 2015 the trust performed slightly below their goal for spontaneous vaginal delivery and the total caesarean section rate was slightly higher than the trust target of 23% at 26.5% but was similar to the England average of 26.7%. Between April to September 2015, the service performed well in relation to the number of patients experiencing third or fourth degree perineal tears, between six to 13, average of nine against a target of 14. However, over the same time period the service consistently failed to meet its target of 80% of patients to have suturing commenced within one hour of delivery, achieving between 44% to 75% and an overall average of 59.5%.

A range of equipment and medicines were available to provide pain relief in labour and for patients on the gynaecological ward. Women received appropriate pain relief and were able to self-administer if required.

Breast feeding was encouraged and the midwifery services had achieved full stage 3 accreditation of UNICEF 'Baby Friendly' status.

Staff had access to training and support to develop and maintain their competencies. However, the supervisor to midwife ratio was 1:21 which was above national recommendation of 1:15. The higher ratio increased the workload on the supervisors of midwives.

When women received care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services worked together and assessed, planned and delivered peoples care and treatment collaboratively.

Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Consent guidelines were followed appropriately.

Staff had limited access to the policies and guidelines relating specifically to the gynaecology services. Generic trust-wide nursing guidelines were available on the trust intranet. Specific clinical guidelines relating to gynaecology were not available (other than for colposcopy) as these reference documents had been removed from the trust intranet. The policies were under review and this was recorded as a risk on the service risk register.

Feedback from women about their care and treatment was consistently positive. We observed women were treated with kindness, compassion and dignity. Women told us they felt involved with their care, had their wishes respected and understood. Midwives were trained to provide emotional support, for example, for women who may have suffered bereavement. There were also specialist support and counselling services available.

At the previous inspection we rated responsive as requires improvement. This was due to the number of times the midwifery led unit (Rushey ward) was closed due to lack of staff or unit capacity, at least once a month and the number of times the unit was put on divert. This meant that women had to travel to neighbouring organisations in order to deliver their babies. Although the trust had made improvements in the way it managed its capacity to ensure safe delivery of care, we rated responsive as requires improvement for this inspection. Between May 2015 to October 2015 the unit was 'on divert' (closed) on 29 occasions for between 4 hours and 48 hours. Mostly due to insufficient midwifery staff. During those times 61 women were diverted to other units. Women had a choice where to receive antenatal care. However, staffing and capacity issues meant the maternity unit was not always able to provide the service to local people.

The majority of women had access to gynaecological services within the maximum referral to treatment period set by the NHS England of 18 weeks.

Maternity and gynaecology

Patients undergoing investigations in gynaecology were offered appointment times that were suitable to them. There was an early pregnancy assessment unit that provided rapid care for women.

Translation services were available, and a specialist team of midwives supported women with additional needs such as homelessness and substance abuse through pregnancy and child birth.

Complaints and concerns were taken seriously, and listened to. Improvements were made to the quality of care as a result of complaints and concerns

At the previous inspection we rated well-led as requires improvement. This was due to the lack of robust governance and risk management processes. We found improvements had been made in maternity services.

Maternity services were part of the urgent care directorate and gynaecology services were part of planned care group directorate; the governance processes in place were different for the two directorates.

Since the last inspection the maternity service had undergone a service review and an improvement programme was implemented. A new strategy and vision for the maternity service was due to be launched.

There were comprehensive risk, quality and governance processes in the maternity service to ensure issues were reported and escalated for action and learning. Staff across the service described an open culture and felt well supported by their managers.

Are maternity and gynaecology services safe?

Requires improvement

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

We rated safe as requires improvement .

At the previous inspection in March 2014 we rated safe as inadequate due to insufficient staffing levels particularly on Rushey ward and impact on capacity and associated safety risks. We also found the ventilation system on the delivery suite did not meet the expected standards. The trust had developed an action plan to address the failings identified. During the inspection in November 2015 we found improvements had been made in staffing levels across the maternity unit and capacity issues were escalated appropriately.

All major obstetric haemorrhages were reported within the maternity governance dashboard and showedthe number of cases had significantly exceeded the trust goal of two per month between April to September 2015, with peaks of 13 and 14 in July and September respectively.Although there had been no corresponding increase in admissions to the intensive care unit or maternal mortality. The trust reported a review of all the cases of major obstetric haemorrhage which had occurred between August to October 2015 had taken place as part of a clinical audit and was due to be presented at the maternity unit's March 2016 academic half day.

The trust goal was to have a midwife to birth ratio of 1:28 by April 2017 which is the national recommendation. The trust plan for 2015-16 was to have midwife to birth ratio of 1:30. Between April to September 2015 the service was consistently operating at a ratio of 1:30 or above and was 1:35 in September 2015. However, the service had been able to deliver one to one care for women in labour by redeploying midwives to the delivery suite and on occasions closing Rushey ward, the midwifery led unit.

The Royal College of Obstetricians and Gynaecologists good practice guidelines 2010 states the recommended consultant cover for a maternity unit which delivers more than 5000 births a year should be 168 hours a week. At the previous inspection in March 2014 the consultant cover was

identified as between 68 to 91 hours per week, the trust had appointed two new consultants and was currently consistently achieving 91 hours a week of cover. The trust reported the proposed merger of the obstetric and gynaecology services and further recruitment of two consultant obstetricians by the middle of 2016 would achieve the recommended 168 hours of recommended consultant cover.

The ventilation and scavenging system on the labour ward to remove used nitrous oxide from the air (produced when using entonox) had been replaced with a unit that met expected standards. All clinical areas were appropriately equipped to provide safe care and were visibly clean. Time to effect equipment and maintenance repairs had improved since the last inspection due to closer monitoring and follow up.

Appropriate actions and learning were taken in relation to incidents which were regularly monitored and reviewed. Staff understood their responsibilities to raise concerns and report incidents and near misses.

The majority of staff were up to date with mandatory training. Staff we spoke with were knowledgeable about the trust's safeguarding process and were clear about their responsibilities although not all staff had the appropriate level of training.

Medicines management in the gynaecology service was not robust as there had not been a dedicated pharmacy service on the gynaecology ward since December 2014. For example, prescription charts were not checked by a pharmacist and medicines were not appropriately managed. This was recognised as a risk on the service risk register but not action had been taken. However, all the control measures in place were not strictly adhered to.

On the maternity unit risk assessments were completed at the initial booking and continually evaluated throughout the antenatal, perinatal and postnatal care. These included signs of deteriorating health or medical emergencies. Risk assessments were carried out and recorded for patients in gynaecology. We observed compliance with the world health organisation (WHO) five steps to safer surgery checklist. This is a tool designed to be used in operating theatres to reduce the risk of surgical error. Tools to detect deterioration in patients were in use in the gynaecology ward. Patient observations were recorded using an electronic system that helped nurses to identify patients that may require review by doctors.

Incidents

- The trust used an electronic risk management system for incident reporting. Staff confirmed they had access to this on their computers and were familiar with the incident reporting policy.
- Staff were open, transparent and honest about incidents. All staff told us that they would have no hesitation in reporting incidents to their manager. Staff said they also directly reported the incident on the electronic reporting system.
- Managers reviewed the reported incidents and where necessary an investigation was completed. We saw evidence in the notes of the clinical governance meetings these investigations took place appropriately and any learning that resulted was acted upon.
- All maternity staff we spoke with said they received feedback from incidents they reported through ward meetings and the annual professional day.
- Discussion of incidents within the previous 24 hours took place at the daily operational meetings, one of which we observed and incidents were monitored at the monthly maternity clinical governance meetings.
- The incident log for November 2014 to October 2015 showed the majority of incidents resulting in moderate patient harm were third or fourth degree perineal tears. We reviewed the minutes of the last two ward meetings for each of the maternity wards. These demonstrated incidents were discussed and learning or reminders raised. Examples of incidents ranged from administration, equipment and clinical. Such as an incident involving an unsuccessful administration of an epidural. Another incident highlighted the impact on patient care of poor written communication during handover.
- There were 10 incidents classified as serious since November 2014, five of which were unexpected admissions of neonates to the neonatal intensive care unit following delivery.
- Monthly perinatal mortality and morbidity meetings took place. Good practice and recommendations were discussed to improve practice.

- In the gynaecology service we did not identify systems to learn from incidents. For example, staff said they had not attended meetings where incidents or learning from incidents was discussed.
- Staff said they had not undertaken duty of candour training. Although they were aware of the need to be open, transparent and apologise when incidents had happened which led to patient harm. The duty of candour regulation requires healthcare providers to take certain steps when things go wrong with care and treatment, including informing people about the incident (within 10 days), providing reasonable support, truthful information and an apology
- Staff in the gynaecology service told us they had received e-learning training on the duty of candour and were aware that people who used the service must be told when something had gone wrong that affected them and were informed of the actions taken.

Safety thermometer

- The gynaecology ward, Sonning, participated in the NHS Safety Thermometer. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The ward conducted monthly audits in respect to patient falls, pressure ulcers, catheters and urinary tract infections. The audits were displayed allowing staff, patients and their relatives to assess how the ward had performed. Results were 100% harm free care since May 2015.
- Information relating to staffing levels and patient experience was displayed on 'safety boards' on Iffley and Marsh wards. For example, for the month of November there had been two shifts which had been understaffed on Iffley ward.
- The delivery suite measured safety indicators specific to maternity including major obstetric haemorrhage, admissions to ICU, perineal suturing, venous thromboembolism (VTE) and neonatal morbidity. The trust had recognised there has been an increase in the number of major obstetric haemorrhages reported. This was recorded within the maternity governance dashboard and showed for the months April, June, July, August and September 2015, the number of cases had significantly exceeded the trust goal of two per month (reported six or more every month with peaks of 13 and 14 in July and September respectively). There had been no corresponding increase in admissions to the intensive care unit or maternal mortality.
- All major obstetric haemorrhages were reported on the trust's risk management system. On a daily basis all clinical incident forms within the maternity service were reviewed by a multi-disciplinary team who determined whether the incident required further review. The trust reported a review of all the cases of major obstetric haemorrhage which had occurred between August to October 2015 had taken place as part of a clinical audit and was due to be presented at the maternity unit's March 2016 academic half day. Authorised maternity staff had made revisions to the obstetric haemorrhage management guideline (2014) in January, June and August 2015 and it was due for a full review in April 2016.

Cleanliness, infection control and hygiene

- All the clinical areas we visited were visibly clean. Hand sanitiser was available at the entrance to ward areas and outside patient rooms with signage advising staff and visitors to use it to reduce the risk of infection.
- Equipment was clearly labelled to indicate it was clean and ready for use.
- We observed staff using personal protective equipment such as aprons and gloves and they adhered to the 'bare below the elbow' policy to reduce the risk of cross infection.
- We saw monthly audits (April to October 15) of bare below the elbow and hand hygiene. These showed compliance for bare below the elbow practice and for hand hygiene was monitored and reported. Results for the maternity service were reported to the urgent care group and showed general high (100%) compliance with a dip in September 2015.
- The hand hygiene observational audit tool for September 2015 covered hand hygiene at the 'point of care', for example, before and after patient contact, and the bare below the elbows policy. The gynaecology ward performed at or above the trust target of 95%.
- There were no reported cases of meticillin resistant staphylococcus aureus (MRSA) and clostridium difficile in the previous 12 months.
- infection control champions were identified for each ward who led on the local infection control audits.

- The floor on Sonning ward was damaged and covered with tape. This had not been escalated as an infection control risk.

Environment and equipment

- There was controlled access to ward areas. Authorised staff had swipe card entry and visitors had to identify themselves to gain entry. Staff used CCTV to monitor people's entry to and exit from the ward.
- Rushey ward was a purpose built midwifery-led unit. Each room had a built-in concealed postnatal bed and specific neonate warming and resuscitating equipment. Equipment had service stickers to confirm they had been serviced and were checked for use.
- Staff had access to sufficient equipment on all wards, including cardiotocographs (CTG) (CTG is used to record the foetal heartbeat and the uterine contractions during pregnancy).
- On Rushey ward suitable equipment was available in the different areas. For example, in the triage area there were birthing balls and bean bags.
- One of the delivery rooms on Rushey ward had a birth pool and two rooms contained large corner baths. Previously midwives had said the corner baths had been used when women were in labour, however this practice had ceased. There was an established process for moving a woman from the pool in an emergency using an evacuation net and a trolley.
- One room on the delivery suite had a birthing pool and a hoist in place in case of evacuation. Although the hoist had a 2009 service sticker, records confirmed it had been serviced in the last year and the information was stored centrally. Staff said the hoist was checked before a patient used the pool.
- Medical equipment was repaired through the clinical engineering department. The system for medical repairs was through a paper system and no log was kept on the ward to enable follow up. However, staff said they did not experience problems with delay in repairs.
- The clinical engineering department was in the process of undertaking a trust-wide medical device audit. This was in readiness to transfer medical device information onto a new database which would be used to monitor and trace equipment.
- On Rushey, Iffley and Marsh wards maintenance requests for non-medical equipment were recorded manually and electronically to enable staff to track progress.
- During our inspection we observed repairs were dealt with promptly. For example, a blocked toilet was repaired within two hours. Senior staff said that time to effect equipment repairs had improved over the last six months due to closer monitoring. For example, by a weekly walk around with the estates staff and one of the maternity matrons, which we observed during our visit. The maternity service had achieved 93% of the planned preventative maintenance programme in October 2015.
- On the maternity unit the wards had portable resuscitation trolleys. These were recorded as checked daily and documented to confirm the items were present, in date and safe to use.
- There were five neonatal resuscitation and warming trolleys (including two in theatre) for the delivery suite. Staff said there had been no incidents relating to this equipment not being available when needed.
- We were told there were not enough bilirubinometers (equipment to measure newborn bilirubin levels to identify jaundice) for midwifes to use in the community which led to a potential delay in diagnosis. The trust reported this was being addressed as they had received five in the last year and another five were on order for December 2015.
- At the previous inspection in March 2014 we found the labour ward had an insufficient scavenging system to remove used nitrous oxide from the air (produced when using entonox). A new unit had been installed which met expected standards.
- Emergency resuscitation equipment was accessible on the gynaecology ward. We found inconsistency in the daily checks of the resuscitation equipment, for example, between the 3 November 2015 and 11 November 2015 it had only been checked on five occasions instead of nine. This had the potential to place people at risk if all the equipment was not available.
- A range of suitable equipment was available within the gynaecology outpatients' treatment areas in order to perform clinical procedures.

Medicines

- Medicines were stored correctly in locked cupboards in secure clinical rooms. Although we identified some blister packs of tablets not in labelled boxes which meant they were not easily identifiable and posed a medicines risk. These were immediately removed when we alerted staff.

- Medicines that required to be kept at low temperature were stored in dedicated medicine fridges in the maternity wards. Maximum and minimum fridge temperatures were recorded as checked daily to ensure the medicines were stored appropriately. Staff were aware of what action to take if the temperature was out of range.
- A trust wide medicines management audit was conducted in June to July 2015. No issues were identified regarding handling of medicines on the maternity wards or Sonning ward.
- Drug errors were reported and discussed at the monthly maternity clinical governance meetings. Eighty four drug errors were identified between Jan 2015 and October 2015. Over 50% related to missed dose or prescription issues. More incidents were found to take place on Iffley ward compared to other wards, partly due to more medicines being administered on this ward.
- Since December 2014 the gynaecology ward did not have a dedicated pharmacist. We looked at four prescription charts and the controlled drugs records, none of which had been reviewed by a pharmacist.
- Medicines should be stored according to manufacturer's guidelines which, includes the correct temperature to ensure they remain fit for use. On the gynaecology ward we found the temperature was monitored in the medicines room and was consistently above 25 degrees. The ward recognised this as a concern and it was documented on their risk register with control measures in place. However, the measures which included daily monitoring of fridge and room temperatures was not strictly adhered to. For example, the fridge temperature was not checked daily to ensure the medication was stored at the correct temperature. The record showed it had been checked on 5 days in the month of October 2015 and only three days in November (up to 11 November 2015). This meant staff were not aware if the fridge temperature was either above or below the safe range and this could reduce the efficacy of medicines given to patients. We also found 12 medications stored in the fridge that had expired between April and September 2015.

Records

- We reviewed eight patient records on the maternity wards and found the entries were legible, dated and signed.
- In the maternity service the handover sheet was printed on yellow paper to make it easily identifiable and to ensure staff remembered to dispose of it confidentially at the end of their working shift. We observed this in practice.
- Pregnant women carried their own records. These were completed on their initial antenatal booking and were maintained throughout their pregnancy through to the completion of their care by maternity midwives. The records contained clear plans of care for midwives to follow. The records contained information as well as contact details, and were used by all staff to document care.
- Postnatal records were created following delivery, containing all details of the mother and baby, including mode of delivery, blood loss and the neonatal check. These records accompanied the woman on discharge and were used by the community midwife during all home visits. On discharge from the service, these records were returned and reconciled with the woman's medical records.
- On the gynaecology ward, we reviewed seven sets of nursing and patient records. The nursing records all contained risk assessments for falls, catheter infection, pressure ulcers and fluid balance charts. Patients' observations and venous thromboembolism (VTE) assessments were recorded on an electronic recording system. Medical and nursing staff made entries in separate sets of patient records. The notes whilst held in separate folders were co-located and not geographically isolated.
- Staff had personal log in passwords to access the electronic record. However, during the inspection on two occasions on separate wards at the nurses' stations, we saw staff did not always log out after use to prevent unauthorised access to records and maintain security. On one of these occasions no staff were at the nurses' station.

Safeguarding

- There was a named midwife for safeguarding children who was also the lead for domestic abuse. There was also a specialist substance abuse midwife based in the antenatal clinic.
- All of the patients we spoke with told us they felt "safe" on the wards.

- Staff were familiar with the trust safeguarding procedures and were clear about their roles and responsibilities if they suspected abuse.
- Ninety five per cent maternity staff had achieved safeguarding children level 2 training, above the trust target of 85%. Overall 81% of staff were compliant with level 3 safeguarding children training. However, seven (five of whom were locums) out of 11 consultant obstetricians were not up to date with safeguarding children level 3 training.
- Ninety eight per cent of staff in the gynaecology service were up to date with safeguarding children level 2 training and no staff required level 3 training.
- Over 90% of staff in the maternity and gynaecology services were up to date with adult safeguarding training.
- All of the staff we spoke with were clear about their roles and responsibilities and the processes and practices that were in place to keep patients safe and safeguarded from abuse.
- The Poppy team, a small team of midwives who provided individually tailored maternity care to women identified with complex social factors across West Berkshire, had safeguarding supervision three monthly. All midwifes could request safeguarding supervision. Staff with specific safeguarding responsibilities had supervision with an external professional.
- As part of the booking process women were asked if they had experienced female genital mutilation. Women would be referred to a consultant clinic and assessments undertaken using the department of health tool. Referrals would also be made to social services. There was an expectation all women would be asked at least twice during their pregnancy and at their first booking if they had any concerns about domestic violence. There was a task and finish group in the hospital led by the sexual health team which focussed on ensuring information is shared. A representative from the trust attended the sexual exploitation multi agency risk assessment conference and a register of those at risk was kept.

Mandatory training

- Mandatory training covered safeguarding, resuscitation, infection prevention and control, information governance, fire awareness and equality and diversity. Additional core training for midwives included neonatal resuscitation, cardiotocography (CTG) interpretation and management of obstetric emergencies.
- All staff we spoke with told us they were up to date with their mandatory training. The records for October 2015 showed 86.6% staff in maternity were up to date with mandatory training compared to the trust target of 90%. With regards to additional core training for the period April to November 2015, compliance was: 93.5% for obstetric emergencies, 81.9% in neonatal resuscitation, specifically 77.5% midwives ,75% nurses and 75% professional issues. CTG assessment was in two parts, achievement was 77.6% for the first part of CTG assessment and 59.6% for the second part
- Staff were sent a reminder when their training was due and it was also monitored through regular meetings with their manager.
- Compliance with training was good and was linked to incremental pay progression. Mandatory training uptake was monitored by individual managers at annual staff appraisal meetings and by the service as a whole at the monthly clinical governance meetings.

Assessing and responding to patient risk

- Each midwifery ward had a brightly coloured poster on the desk near the phone called 'Emergency calls in Maternity'. This was to ensure staff were aware of who to call in an emergency depending on the nature of the emergencies.
- A standardised communication tool Situation, Background, Assessment, Recommendation (SBAR) was used when any patient was transferred within and outside the unit. This ensured safe ongoing management of the patient's care.
- Risk assessments were completed on the initial maternity booking and continually evaluated throughout the woman's pregnancy. The assessment of venous thromboembolism (VTE) was monitored on the maternity dashboard to ensure compliance with assessments. The target for assessments was 95% and we saw this had been 100% achieved since April 2015.
- Midwifery staff completed the modified early obstetric warning score (MEOWS) to assess women's observations. This was a system that enabled midwives to record observations and gave protocols for staff to follow if the observations deviated from the woman's norm.

- Midwives working in the delivery unit used the 'fresh eyes' approach for fetal monitoring. Different Midwives regularly checked recordings from the CTG machine to ensure any anomalies in the foetal heart trace had not been missed by the midwife responsible for the woman's care.
- On Sonning ward we saw risk assessments for falls, nutrition and pressure ulcers were completed and reviewed in patients' records. Nursing staff completed the National Early Warning Scoring system (NEWS). The scoring system enabled nurses to assess patient's observations and provided protocols to follow if the observations varied from the patient's norm.
- Safe practice guidance was followed before patient surgery commenced. The World Health Organisation (WHO) Five Steps to Safer Surgery was completed as required. This guidance prompted actions for safe clinical practice before anaesthesia, before incisions, and before the patient left the operating room. Monthly audits of the checklist since November 2014 showed 100% compliance.

Midwifery staffing

- At the previous inspection it was noted an external review identified the need for Rushey ward to have a band 7 midwife in charge and coordinator of all shifts on the ward. This had been implemented and Rushey ward was closed on 20 occasions in the previous six months when no band 7 had been available to manage the shift.
- The service had been reviewed using the Birthrate plus acuity tool to assess work force planning needs. 'Birthrate Plus' is an assessment tool that provides a comprehensive assessment of the staffing needed to provide the care required by a woman in the maternity services. The goal was to have midwife to birth ratio of 1: 28 in line with Birthrate plus by April 2017. The trust plan for 2015-16 was to have midwife to birth ratio of 1:30. Over the last six months the service was consistently operating at 1:30 or below and 1:35 in September 2015.
- The trust had an ongoing recruitment programme. As of October 2015 there were 38.84 whole time equivalent (WTE) midwifery vacancies,18.7 midwives were appointed waiting to take up posts subject to completing their training. The trust supported newly qualified midwives through its preceptorship programme. It had also introduced a role of practice educator to support band 5 community midwives. Most midwives worked 12 hour shifts, however the trust was very flexible in offering hours to suit staff and this was part of its recruitment campaign.
- Midwifery staff turnover was variable for example, 2.8% in the last three months of 2014 compared to a peak of 9.5% between July 2015 and September 2015.
- The level of sickness absence in the service was consistently above the trust target of 2.8%, the average between April 2015 and September 2015 was 4%. The trust said a proportion of this was due to some cases of long term sickness. Agency spend varied significantly over the last 12 months, for example, there was an under spend in May 2015 of £3592 to over spend of £52 000 in October 2015.
- Regular agency staff worked in the antenatal and postnatal environments. This helped to reduce variability and helped to ensure staff were familiar with the working policies and the environment of the hospital.
- To help manage the staffing situation and to support safe staffing level some staff were working on short-term contracts following retirement. A recent recruitment day had led to 14 midwives applying for posts who were due to attend for an assessment day in November 2015.
- During busy times, in order to achieve one-to-one care in labour, midwives were redeployed from other areas, such as Iffley ward and Marsh ward. Staff told us that this was a frequent occurrence. "The delivery suite pulls staff from everywhere to ensure safe one to one care." Monthly performance data showed one to one care in labour had not been compromised. The trust provided one to one care in labour at a rate of 100% between April – July 2015, 98% in August 2015 and 99% in September 2015. We asked the trust to provide information on how often staff were redeployed between wards. This data was not routinely reported, however, the trust provided information for one week in October 2015. It showed staff were moved in eight out of 14 shifts. Most cases involved midwives moving from Marsh ward or Rushey ward to the delivery suite. On four occasions when staff were moved from Marsh ward this left only two midwives on Marsh ward for those shifts instead of the planned three.
- When staffing was below the minimum it was reported on the trust electronic incident and risk management system and we saw examples of this. However, it was also recognised in notes of one of the ward meetings

that incident reports were not always completed when staffing fell below the minimum. We also noted the impact on staff and patients during these closures. For example, in September there was an incident recorded which showed intravenous antibiotic administration was delayed on Iffley ward. This was due to suboptimal staffing level of one midwife and one agency midwife, who was not authorised to administer intravenous drugs.

- We spoke with five patients and they all said staff responded promptly at day or night when they used the call bell.
- We asked the trust to provide information on the delays to inductions. A delayed induction has been defined as one where the service is not able to proceed with an induction; measured from either the time that the woman has been found to be ready for artificial rupture of membranes or the time that a midwife is not able to augment a labour following 24 hours of ruptured membranes. Between April 2015 and August 2015 there had been an average of nine delays per month, however, there were 21 delays in September 2015. The trust said this was due to the high birth rate during that month, 508 babies were born during September 2015 and the trust said 'there was no clinical impact to either the mothers or babies as a result of the delay (to induction).'
- The community midwifery teams provided an integrated service, which included home births. We were told that the number of home births had dropped as women chose to use the Rushey unit instead. In order to facilitate home births during the night an experienced midwife from the community team would work on the Rushey unit. Home births required two members of staff to attend, with the second midwife being called when the women reached the second stage of labour. At night, staff from Rushey ward supported the community midwife. The service available on Rushey ward was flexible to ensure they were able to provide a safe service.
- There were four community teams each with a team leader. There were eight to 10 staff per team with a case load of 90 to 100 per midwife.
- We spoke with six patients on the gynaecology ward. All the patients told us staff answered their call bells very quickly and there always seemed to be sufficient staff working on the ward.
- All grades of nursing staff on Sonning ward felt there were enough staff to care for women safely.
- The nurse sickness rate in September 2015 for gynaecology was 4.8% which was above the trust target of 2.8%.

Medical staffing

- The Royal College of Obstetricians and Gynaecologists good practice guidelines 2010 states the recommended consultant cover for a maternity unit which delivers more than 5000 births a year should be 168 hours a week. At the previous inspection in March 2014 the consultant cover was identified as between 68 to 91 hours per week, the trust had appointed two new consultants and was currently consistently achieving 91 hours a week of cover. The trust reported the proposed merger of the obstetric and gynaecology services and further recruitment of two consultant obstetricians by the middle of 2016 would achieve the recommended 168 hours of recommended consultant cover.
- There were three gaps in the middle grade medical roster. In order to have a sustainable tier of medical cover there were plans to change to a resident on call middle grade tier.
- At the inspection in March 2014 the dedicated anaesthetic consultant cover of a minimum of 50 hours was not being met. Following a trust wide review of anaesthetic cover earlier in the year, anaesthetic cover had increased. We saw anaesthetic cover had been available for 50 hours per week for the previous five months. Staff said consultant anaesthetists were available within and out of hours.
- Anaesthetic consultant and junior cover was available Monday to Friday 8am to 8.30 pm. Outside of these hours, there was an on call consultant and two emergency consultants.
- Junior doctors told us that there were adequate numbers of junior doctors on the wards out of hours, and consultants were contactable by phone if they needed support.
- On-call consultants were readily available had had a low threshold to attend.

Major incident awareness and training

- Staff were aware of their roles and responsibilities in the event of a major incident. Staff told us the major

incident plan was accessible on the trust wide intranet. Business continuity plans were available for staff to follow to ensure routine care was delivered in the event of a major incident.

Are maternity and gynaecology services effective?

Good

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.

We rated effective as good.

The normal delivery rate was comparable with the England average and the unassisted delivery rate was good when compared with the England average. Caesarean section rates were similar to the England average however, instrumental delivery rates overall were also higher than the England average.

Care and treatment was delivered in line with current legislation and nationally recognised evidence based guidance. Policies and guidelines were developed to reflect national guidance. They were monitored and audited to ensure consistency of practice. There was a clear process for the review of policies and procedures on the gynaecology unit. Although staff had limited access to the policies and guidelines relating specifically to the gynaecology services. The policies were under review and the lack of access was on the service risk register. generic and trust-wide policies were available on the intranet

Maternity and gynaecology services had performance dashboards which recorded a range of service and patient outcomes. For example, the maternity dashboard showed , numbers and types of births, delivery methods and maternal and neonate morbidity. Between April 2014 to March 2015 the normal delivery rate and caesarean section rate was comparable to the England average. Between April to September 2015 the trust performed slightly below their goal for spontaneous vaginal delivery and the total caesarean section rate was slightly higher than the trust target of 23% at 26.5% but was similar to the England average of 26.7%. Between April to September 2015, the service performed well in relation to the number of patients experiencing third or fourth degree perineal tears, between six to 13, average of nine against target of 14. However, over the same time period the service consistently failed to meet its target of 80% of patients to have suturing commenced within one hour of delivery, achieving between 44% to 75% and an overall average of 59.5%.

A range of equipment and medicines were available to provide pain relief in labour and for patients on the gynaecological ward. Women were able to self-administer pain relief if required.

Breast feeding was encouraged and the midwifery services had achieved full stage 3 accreditation of UNICEF 'Baby Friendly' status.

There was a good preceptorship program for new midwifery staff. Staff had access to training and support to develop and maintain their competencies. However, the supervisor to midwife ratio was 1:21 which was above national recommendation of 1:15. The higher ratio increased the workload on the supervisors of midwives.

When people received care from a range of different staff, teams or services, this was coordinated. All relevant staff, teams and services worked together and assessed, planned and delivered peoples care and treatment collaboratively.

Staff were clear about their roles and responsibilities regarding the Mental Capacity Act (2005). Consent guidelines were followed appropriately.

Evidence-based care and treatment

- The maternity unit used policies and procedures based on nationally recognised guidelines. For example, Royal College of Obstetricians and Gynaecologists (RCOG), Safer childbirth (2007) and National Institute for Health and Care Excellence (NICE) guidelines. Policies, guidelines and procedures were presented and approved at the monthly maternity clinical governance meetings.
- The maternity clinical guidance committee ensured the implementation of guidelines within the hospital. The audit committee checked compliance with national audits and NICE guidelines.
- There was an ongoing audit programme to continually assess the delivery of all aspects of care. For example,

the outcomes for mothers and neonates including adherence with NICE quality standards, quality of record keeping and equipment maintenance. Audits were based on national requirements as well as local priorities.

- Completed audits in line with NICE guidance included caesarean section, perineal trauma, diabetes in pregnancy, antenatal care and neonatal jaundice. Audits underway, also in line with NICE guidance, included care of women in labour and induction of labour. A local repeat audit underway looked at reducing assisted vaginal deliveries. We reviewed the previous audit of assisted vaginal delivery, reported in November 2014. It showed good compliance with local guidelines and policies and one recommendation to improve the provision of information to patients.
- We reviewed the audit of antenatal care in line with NICE Quality Standard 22 Antenatal Care, reported in March 2015. It showed all the necessary risk assessments had not been completed at the booking appointment. Actions were identified and a re-audit planned for end of 2015 to check improvements. We also reviewed the intrapartum fetal monitoring audit in line with NICE guidance (Intrapartum care CG190), reported in September 2015. It showed improvements in fetal monitoring in the first stage of labour compared to the previous year and was in line with the standard. However, intrapartum fetal monitoring in the second stage of labour was below the standard and this was highlighted in the report's action plan.
- The trust was following the Oxford Academic Health Science Network guideline for monitoring the intrauterine growth rate of babies. The charts were completed in the case notes we reviewed.
- In the gynaecology department, each consultant was responsible for reviewing a different guideline. The local clinical governance group agreed the clinical content. The plan care group and the information governance group were responsible for final approval. Information provided by the trust indicated that for October 2015 two clinical guidelines, three quality standards and four interventional procedures had breached the timescales for returning the self-assessment.
- The making every moment count project demonstrated awareness around over testing and lack of compliance with NICE CG154 Ectopic pregnancy and miscarriage: diagnosis and initial management. Through a managed project new hospital guidance was launched, accompanied by staff education and the number of unnecessary tests has reduced
- The clinical development team helped with the development of nursing care pathways for example, the embolism pathway and had a responsibility to ensure they were reflective of current guidance.
- Medical staff were aware of national guidelines and had a responsibility for the development of the trust guidelines. Nursing staff had limited access to the policies and guidelines relating specifically to the gynaecology services, except for colposcopy, as these reference documents had been removed from the trust intranet. The policies and guidlelines were under review and this was recorded as a risk on the service risk register. Generic trust-wide nursing guidelines were available on the trust intranet.

Pain relief

- Midwives assessed women's pain regularly and there was guidance to follow for the administration of analgesia. We overheard staff asking mothers during and after labour if they required pain relief. Patients we spoke with said they were offered regular pain control.
- Entonox, transcutaneous electrical nerve stimulation (TENS) and diamorphine were available for analgesia in labour.
- Alternative pain relief was also available such as aromatherapy and other resources that women may find helpful such as a birthing pool, birthing balls and bean bags
- Women were able to have epidural or spinal analgesia on the delivery suite and were able to manage their epidural pain relief. There was a 24 hour epidural service with training and support provided by the anaesthetic staff. Patient controlled epidural anaesthesia equipment was available to enable women to control the amount of pain relief they required. The trust 2014/15 epidural rate was 18.9% (the England average rate in 2013/14 was16.4%).
- Nusing staff on Sonning Ward used a pain chart to assess patients' pain. Patients told us staff assessed their pain regularly, offered them choice of pain relief when required and that these medicines were given in a timely way. One patient told us "They ask me regularly if I would like any pain killers". We looked at seven care records and we found that pain scores were completed.

Maternity and gynaecology

Nutrition and hydration

- The maternity service had recently achieved full stage 3 accreditation of UNICEF 'Baby Friendly' status. This meant the department had been externally assessed to meet best practice standards designed to support breastfeeding and to strengthen mother-baby and family relationships.
- The trust target for breastfeeding initiation was 80%. Between March 2014 and March 2015 the hospital had achieved the target for eight months. The lowest attainment was in March 2015 at 76.7%.
- A choice of formula milk was provided to mothers who needed to bottle feed their babies
- There were protected meal times on Sonning ward to ensure patients were not disturbed. All of the patients on the ward told us the food was good. A patient told us "the food is really rather good". Patients on the ward had their nutritional status assessed using the Malnutrition Universal Screening Tool (MUST). Referrals were made to the dieticians if a patient required further support with their nutrition.
- There was always water available for patients if they had been assessed as able to eat and drink. We observed fluid charts that were maintained for post-operative patients, to monitor fluid intake**.**

Patient outcomes

- Key performance data was collected and monitored on the maternity performance dashboard and reviewed at monthly governance meetings.
- We reviewed the dashboard for the last six months. A range of outcomes and targets were measured including numbers and types of births, delivery methods and maternal and neonatal morbidity.
- There were four maternal admissions to ITU between July and September 2015 and a higher than expected number of admissions to the neonatal intensive care unit or the special care baby unit between April and July 2015.
- For the period April 2014 to March 2015 the normal delivery rate (58%) was slightly below the England average (60%). The caesarean section rate at 26.5% was similar to the England average (26.7%). The emergency caesarean section rate was 14%.The unassisted delivery rate was 44.2% compared with an England average of 41.2%. Instrumental delivery rates were also slightly higher than the England average (15.6% compared to 13.1%).
- The trust performed below their goal for spontaneous vaginal delivery of 63% at between 51.5% and 61.7% monthly for the previous six months. The total caesarean section rate was also higher than the trust target of 23%, between 25% to 31% between May 2015 and October 2015. The trust performed above or near their target of 60% for vaginal birth after caesarean section for five out of the previous six months.
- Between April to September 2015, the service performed well in relation to the number of patients experiencing third or fourth degree perineal tears, between six to 13, average of nine against target of 14. However, over the same time period the service consistently failed to meet its target of 80% of patients to have suturing commenced within one hour of delivery, achieving between 44% to 75% and an overall average of 59.5%.
- The gynaecology performance dashboard showed performance outcomes however, there was no comparison with local and national targets.

Competent staff

- The maternity service was proud of the quality of its preceptorship programme. A senior member of staff said it had "Built a reputation" which was attracting new staff. We spoke with staff who had undergone or were undergoing their preceptorship and they said they were supported in their roles and were supernumerary during their induction period.
- All midwives must have access to a supervisor of midwives at all times, (Nursing and Midwifery Council (NMC) 2004 Midwives rules and standards - Rule 12). The national recommended ratio of supervisor of midwives (SoM) to midwives was 1:15. The October 2015 midwife to supervisor ratio was 1:21 and 95.3% had a supervisor review in the preceding 12 months. The higher ratio increased the workload on the supervisors of midwives.
- The local supervising authority midwifery officer (LSAMO) had recently conducted an audit of the supervision of midwives across the trust. The role of the LSAMO is to ensure that the requirements of the NMC are met. The audit for 2014/2015 showed there were five areas for improvement including records management,

completion of continuing professional development specifically related to their supervisor of midwives (SoM) role, ensure investigation and remediation processes are completed in a more timely fashion.

- The maternity service achieved 83.6% appraisal against the trust target of 95% in October 2015. Staff confirmed they were up to date with their appraisals. One midwife said the appraisal was useful to identify appropriate development learning, for example at her last appraisal the neonatal examination course was recorded, which she was currently undertaking.
- The number of staff attending job specific training had been reduced to manage the staffing issues on the wards. This was confirmed in the notes of the recent governance meetings. However, the mandatory training was not affected.
- Midwives and obstetricians took part in annual skills and drill training for obstetric emergencies such as post-partum haemorrhage and shoulder dystocia. Midwives had recently participated in a multidisciplinary training day with paramedics to manage obstetric and neonatal emergencies in the community.
- Professional days run by the supervisor of midwives covered a different topic each year. For example, in response to complaints, 'attitudes and behaviour' training had been covered. One midwife had been supported to produce a learning DVD about women's experience of the service.
- Ensuring staff had experience in supporting women with home births was a challenge due to staffing issues. Staff gained experience by accompanying an experienced midwife to a home birth. Women would be asked to attend the maternity department if it was not possible to support a home birth.
- Staff on Sonning ward told us they had access to further training to ensure they were competent to care for the patients on their ward.
- There were seven colposcopists (medical and nursing staff) who received accreditation every 3 years with the British Society for Colposcopy and Cervical Pathology (BSCCP).
- In September 2015 appraisal rates for staff in the gynaecology service was 90% which was slightly below the trust target of 95%.

Multidisciplinary working

- Staff said interdisciplinary working had improved since the last inspection in June 2014. For example, between medical and midwifery staff. A joint operational meeting took place every morning on the delivery suite. We observed a handover meeting during our inspection. The handover was structured and highlighted the day's management of staffing medical and midwifery and capacity. Incidents and complaints received in the previous 24 hours were also discussed.
- Midwives reported effective team working and communication. We observed this during a major obstetric emergency during our inspection visit.
- We spoke with pharmacists, anaesthetists, housekeeping staff and wards clerks; they all said they felt part of the wider team and displayed mutual respect and professionalism.
- Community midwives rotated through Rushey ward and this facilitated collaborative working and continuity of care for women using the service. For example, in the way midwives were able to inform and support women during labour.
- Communication between medical, nursing and health care support workers was described as good within the gynaecology services. Staff on Sonning ward consistently told us they thought they worked well as a team
- Good multidisciplinary team working was provided by theatre staff. For example, we observed good interactions and communication within the operating theatre and staff treated with dignity and respect.

Seven-day services

- A consultant obstetrician was present for 91 hours per week on the maternity unit. On call consultant cover was provided after 9pm during weekdays and at weekends.
- The '602' Emergency Gynaecology Unit was not open at weekends. If women required advice over the weekend they attended the emergency department and could then be sent to the maternity unit if further investigations were required.
- The scanning department in the '602' Emergency Gynaecology Unit was open on Mondays and Friday 9am to 3.30pm. On Tuesdays, Wednesdays and Thursdays 9am to 12.30pm. Senior staff informed us that a business case was in progress to extend these hours.

- Pathology, diagnostic services and pharmacy services were all available at least Monday to Friday 9am to 5pm. Some services operated longer core hours. All of these services provided out of hours cover and urgent response when needed.
- At the inspection in March 2014 the dedicated anaesthetic consultant cover of a minimum of 50 hours was not being met. Following a trust wide review of anaesthetic cover earlier in the year, anaesthetic cover had increased. We saw anaesthetic cover had been available for 50 hours per week for the previous five months. Staff said consultant anaesthetists were readily available within and out of hours.
- On the gynaecology ward anaesthetic consultant and junior cover was available Monday to Friday 8am to 8.30 pm. Outside of these hours, there was an on call consultant and two emergency consultants.

Access to information

- Antenatal women carried their own records for use by health care professionals at their visits. The parent held 'Red Book' was provided for each baby before discharge from hospital. This was a parent held record and parents/ carers were encouraged to record health information in this book and have it available during appointments with health professionals.
- New policies and updates were communicated to staff at monthly ward meetings and they were accessible on the trust intranet. Although there had been a recent issue identified with searching for policies on the intranet which was being addressed.
- Discharge information was sent to community midwives and GPs when women were discharged from the services. This was to ensure they were aware of the treatment women had received during their admission to hospital.
- Discharge summary information to GPs was sent electronically from Sonning Ward when women were discharged from the services. This prompted continuity of care support following discharge.
- On Sonning ward we saw in women's notes that the situation, background, assessment and recommendation (SBAR) communication tool was completed. The tool was used to ensure all relevant concerns and history about a women's medical condition had been communicated effectively.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent to care and treatment was obtained in line with national legislation and guidance, including the Mental Capacity Act. Procedures to gain consent were documented. The seven records we reviewed in the gynaecology service clearly documented discussions regarding consent before carrying out any examinations or procedures.

Are maternity and gynaecology services caring?

Good

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect

We rated caring as good.

Feedback from women and about their care and treatment was consistently positive. We observed women were treated with kindness, compassion and dignity. Women said they felt involved with their care, with their wishes respected and understood.

Midwives were trained to provide emotional support, for example, for women who may have suffered bereavement. There were also specialist support and counselling services available. Staff helped people and those close to them to cope emotionally with their care and treatment.

Compassionate care

- We spoke with 12 patients, they were all very positive about their experiences and three women had given birth on the maternity unit before. They confirmed their experiences were good and made the following comments: "Very good," "Always great midwives," "Everything's been fine" and " Friendly service". Patients on Sonning ward told us staff were kind. One patient told us "I have never known kindness like this, they are marvellous". One patient told us they felt "The staff genuinely cared and anticipated my every need."
- Throughout our inspection, we witnessed women were treated with compassion, dignity and respect.
- We heard staff talking to patients in a calm, sensitive and professional manner.

- Privacy curtains were drawn and we heard staff asking patients before they carried out examinations.
- The Maternity Friends and Family Test (FFT) for May to October 2015 showed 96.8% of respondents would recommend the service against the trust target of 95%. The response rates varied widely against the trust target of 12% for the antenatal clinic, birth and labour and post-natal community. For example, the highest response rate was 39.7% during birth and labour recorded in June 2015, compared to 4% in postnatal community in September 2015.
- The Friends and Family response rate for gynaecology was 30% in September 2015, this was below the trust's target of 40%. The results showed 100% of respondents recommended the service.
- Each maternity ward had a display of pictures of babies and thank you cards from patients who had been cared for on the unit.

Understanding and involvement of patients and those close to them

- Women we spoke with stated that they had been involved in decisions regarding their choice of birth location, and were informed of the risks and benefits of each. They felt that once they had made the decision, they had been appropriately supported.
- We observed nurses explaining care and involving patients in plans for discharge during our visit.
- Patients reported good communication from doctors and nurses in explaining procedures and involvement in decision making.

Emotional support

- There was a dedicated bereavement room on the delivery suite and a second room on Iffley ward, suitably furnished for both parents to stay with their baby.
- The trust employed a specialist bereavement midwife, who provided support to parents and staff.
- In the event of a stillbirth, or unexpected death, women either remained in Willow room, the dedicated bereavement room on the delivery suite, or the bereavement room on Iffley ward.
- Written information was available for women in the room, allowing them to look at and take in information in their own time.
- There were processes in place relating to the disposal of fetal remains within the relevant clinical areas within the trust. All areas met the Human Tissue Authority (HTA) standards and the trust was most recently inspected on 11 December 2012. Minor areas of improvement identified at the inspection were addressed and the next inspection is due end of 2016.
- Assessments were undertaken to detect if women required further support for mental health needs.
- Women were able to access further support and counselling if they had undergone a termination of pregnancy for fetal abnormality.

Are maternity and gynaecology services responsive?

Requires improvement

By responsive, we mean that services are organised so that they meet people's needs.

We rated responsive as requires improvement.

Women had a choice where to receive antenatal care. However, staffing and capacity issues meant the maternity unit was not always able to provide the service to local people when the maternity unit had to be closed. The unit was 'on divert' (closed) on 29 occasions between May 2015 to October 2015 for between 4 hours and 48 hours. Mostly due to insufficient midwifery staff. During those times 61 women were diverted to other units.

The majority of women had access to gynaecological services within the maximum referral to treatment period set by NHS England of 18 weeks. Patients undergoing investigations in gynaecology were offered appointment times that were suitable to them. There was an early pregnancy assessment unit that provided rapid care for women.

The needs of vulnerable women were met by a specialist team of midwives who worked with community midwives and other healthcare professionals to support women through pregnancy and child birth.

Complaints and concerns were taken seriously, and listened to. Improvements were made to the quality of care as a result of complaints and concerns.

Service planning and delivery to meet the needs of local people

Maternity and gynaecology

- The maternity day assessment unit accepted referrals when complications occurred beyond 16 weeks of pregnancy and up to six weeks post-partum, this included hyperemesis (persistent and severe vomiting during pregnancy). The day assessment unit (DAU) was open Monday to Friday 7.00am to 7.30pm and on Saturday 8am to 2pm. The DAU provided advice to antenatal women and accepted referrals for investigation and/or monitoring of acute problems relating to their pregnancy.
- Iffley ward was designated as high risk where antenatal and post-natal mothers required close monitoring were cared for and lower risk mothers were cared for on Marsh ward.
- The delivery suite had 11 rooms plus a birthing pool room; recently the service acquired a small number of inflatable birthing pools and staff had been trained in their safe use to allow more mothers the option of a water birth. Rushey ward also had a birthing pool in one room.
- Pre-admission assessment appointments were carried out to ensure that patients were suitable for surgery or anaesthesia. Patients told us they had time to discuss planned surgery and admission procedures with staff
- The '602' Emergency Gynaecology Unit was based next to Sonning Ward. The nurse led unit provided assessment and treatment for women who presented with complications of early pregnancy and acute gynaecological conditions. Women who were up to 16 weeks pregnant were able to attend this service. The unit was open Monday to Friday 7:30am to 8pm. Women were referred to the unit via their GP, practice nurse or midwife. Women diagnosed with a miscarriage or ectopic pregnancies were offered a choice of conservative (natural), medical or surgical treatment options. However, the scanner was staffed Monday and Friday 9am to 4pm, and in the mornings only on Tuesdays, Wednesdays and Thursdays. Staff felt this was limiting the service they were offering. A business case to increase scan provision was due to be presented to the urgent and planned care boards.

Access and flow

- In the 2014/15 approximately 81% of births took place in the delivery suite, 16% on Rushey ward and 3% at home. In 2015/16 the maternity service planned to deliver 466 babies each month. In September 2015 there was a peak of 508 babies delivered. The trust planned for 25% of deliveries to be on Rushey ward, however, it did not achieve this target. On average 20% deliveries took place on Rushey ward between April 2015 to August 2015 and only 11% in September 2015 when the unit was closed eight times.
- A clinical co-ordinator had oversight of the staffing levels and bed capacity on the maternity unit and was responsible for instigating the escalation policy which led to the 'on divert' (closed) status. The unit was 'on divert' on 29 occasions between May 2015 to October 2015 for between 4 hours and 48 hours. Mostly due to insufficient midwifery staff. During those times 61 women were diverted to other units. Specifically the maternity unit was 'on divert' six times in August 2015 and eight times each month during September and October 2015. Midwives and managers described a busy work environment where staff were under pressure to meet demand.
- Women in labour were informed to call the triage midwife who would advise them on where to attend for their labour check up. If appropriate women were initially advised to attend the labour assessment area on Rushey unit.
- The bed occupancy rates for the maternity wards and delivery suite between July 2015 and September 2015 was 52% to 65% and for the gynaecology ward was 72%.
- Data supplied by the trust indicated that for five months between April to September 2015 over 90% of women were seen for their first appointment in the gynaecology services within the maximum period of 18 weeks, set by NHS England. However, the service performed slightly below target between June to August 2015, achieving an average of 88.5%.
- The trust wide bed occupancy rates for gynaecology was lower than the England average. For example, for July to September 2015 the trust reported a bed occupancy rate of 72.3% compared with the England average 75%.
- The gynaecology services were providing effective outpatient services, particularly for hysteroscopy treatments, procedures to examine and treat abnormalities in the womb. The urgent colposcopy and hysteroscopy referred patients were seen within the standard of two weeks and routine patients within the standard of six weeks

Meeting people's individual needs

Maternity and gynaecology

- The Poppy team was a small team of midwives who provided individually tailored maternity care to women identified with complex social factors across West Berkshire. For example, women with chaotic lives including suffering with substance abuse and homeless mothers. The team worked closely with mainstream community midwives and supported women through labour if needed.This team also supported pregnant teenager's women with mental health issues and those that had experienced domestic violence. In 2014/15 the team supported 277 women and for the first six months of 2015/16 had seen 74 women. The reduction in case load was due to staff leave and vacancies which were being recruited to.
- Iffley ward had eight side rooms to care for women with high risk conditions antenatally or post-natally. Two bereavement rooms were available; Willow room on the delivery suite and a bereavement room at the entrance to Iffley ward. Both rooms were used for women and families who were bereaved after delivery. The en-suite room was sensitively furnished and equipped, for example with tea/coffee making facilities to allow both parents to stay with their baby, if they wished.
- Rushey ward was a purpose midwifery-led unit. It had three rooms for delivery of babies, appropriately decorated to create a modern home setting.
- We saw a wide range of information leaflets were available on the ward including on talking therapies.
- Women told us they were able to choose where they would like to have their ante-natal care. If women had more complex health needs they attended multi-disciplinary clinics held at the hospital. This antenatal and post-natal care was provided by community midwives.
- Women for whom English was not their first language were offered an interpreter and if they declined, it was recorded in the patient's record. We saw an example of this during our visit.
- A post natal information pack containing literature on caring for the new born, breastfeeding and caring for the mother was available in different languages. The main languages other than English were Urdu and Polish.
- Information that covered a wide variety of gynaecological conditions was displayed throughout the areas we visited. Staff told us that they were able to access printed information in other languages if required. The leaflets were accessible to all on the trust website.
- Partners were encouraged to visit, and visiting times were waived for mothers in labour. Overnight facilities were available for partners in the event of a stillbirth or neonatal death.

Learning from complaints and concerns

- The postnatal information pack contained information for patients on how to feedback and raise complaints. The service was responsive to issues raised and where possible the matron met with mothers and families if they raised a concern whilst still an inpatient.
- Complaints were reported in the monthly incidents and complaints report at maternity clinical governance meetings and shared at ward and team meetings.
- Between November 2014 and November 2015 the service received 35 formal complaints. The majority of complaints related to aspects of clinical care, 19 out of 31 closed complaints were upheld or partially upheld. An action plan was in place which included midwifery and support staff training on 'attitudes and behaviours.'
- Data provided by the trust showed that gynaecology had 16 formal complaints between November 2014 and November 2015. The service provided one action plan relating to one complaint and no overall learning or identification of themes from complaints.

Are maternity and gynaecology services well-led?

Good

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

We rated well-led as good

Maternity services were part of the urgent care directorate and gynaecology services were part of planned care group directorate; the governance processes in place were different for the two directorates.

While the consultant staff had been involved, the nursing staff from the gynaecology, service had not been consulted regarding strategies for this service and were not familiar with any service visions or plans. Governance processes

were in place to monitor the quality and the delivery of the gynaecology service, however, learning from incidents was not robust and gynaecology specific policies and guidelines were not available to all staff.

Since the last inspection, the maternity service had undergone a service review and an improvement programme was implemented. A new strategy and vision were proposed "Outstanding individualised care and support for women and their families on their journey through pregnancy to parenthood". Staff from the maternity service were involved in the development of the strategy. There were comprehensive risk, quality and governance structures and systems in place to share information and learning. Staff across the maternity service described an open culture and felt well supported by their managers.

Vision and strategy for this service

- The clinical service strategic review was completed in March 2015. This proposed a vision of "Outstanding individualised care and support for women and their families on their journey through pregnancy to parenthood." Following consultation the service strategy was due to be launched. It involved merger of the maternity and gynaecology departments to form the directorate of women's health, implement a higher monitoring area in the delivery suite, achieve a midwife to birth ratio of 1:27 and reconfigure community midwifery services. There were also plans to develop the maternity service strategy in line with the outcomes of the National Maternity Review, due in December 2015.
- The consultant had been involved in discussion about the plans for the gynaecology service. The gynaecology nursing and support staff told us they had not been involved or consulted regarding strategies for this service and were not familiar with any service visions or plans.
- There was a long-term vision for joint obstetric and gynaecological posts for medical staff to be developed.

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Governance, risk management and quality measurement

- The maternity directorate was part of the urgent care directorate. There were clear operational and management structures which outlined strategic and operational responsibilities and frequency of reporting between levels.
- There were monthly clinical governance meetings chaired by a consultant obstetrician as the clinical lead for governance. In turn, this group reported to the urgent care group clinical governance board and relevant points would be elevated to the trust board.
- All staff were aware of the monthly clinical governance meetings where performance and risks were monitored using the quality dashboard. Such as staffing levels, training uptake, number of deliveries, unit closures and maternity and neonatal morbidity.
- The monthly incidents and complaints report was also discussed at the clinical governance meeting. The report covered incidents, drug errors and complaints and identified trends in specific areas. For example, the number of women experiencing a significant loss of blood after delivery. It also noted which incidents had been raised at the daily maternity operational meetings.
- Monthly perinatal mortality and morbidity meetings were held to ensure lessons were learnt and identify good practice. For example, information was provided to women in the community regarding reduced fetal movements.
- The maternity service had a risk management strategy which fed into the trust risk management strategy and detailed how risk was managed within the service.
- The maternity coordinator role had recently been extended to cover 24 hours to ensure risks were escalated quickly and managed safely.
- An ongoing programme of updating policies and procedures was monitored at the monthly clinical governance meetings. The maternity service achieved 90% compliance. Policies were accessible on the intranet and trust internet, although ease of searching for specific policies was an issue which was being addressed.
- The maternity risk register logged eight risks of which one had a current rating of red (serious) and the others were amber (moderate). Risks related to staffing and the environment. Some risks had been on the register for a more than 18 months, for example, those related to the fabric of the building of the maternity unit. Measures were in place to mitigate the risks and plan for

managing the risks in the long term, for example, prompt reporting of concerns to the estates department for action. The escalation of risk took place through the urgent care directorate reporting system.
- Following the previous CQC inspection the trust had commissioned an external review of its service by the Royal College of Obstetricians and Gynaecologists (RCOG) in August 2014. In September 2015 the RCOG confirmed it was satisfied all the recommendations had been addressed.
- The gynaecology service was part of the trust's planned care group directorate.
- There was a monthly gynaecology clinical governance meeting chaired by a consultant gynaecologist, as the clinical lead for governance. Minutes from these meetings for August and October 2016 showed discussions around performance and risk took place. However, there was no evidence of discussion relating to complaints or incidents in these minutes. This group then reported to the planned care group clinical meeting. The planned care group then produced a monthly performance report.
- Staff demonstrated varied understanding with regards to learning from reported risks and incidents. For example, ward staff on the gynaecology ward (Sonning) remembered facts about recent incidents but could not recall outcomes, learning or actions for improvement.
- There was a risk register for gynaecology, any risks identified were also included in the risk register for the planned care group. This was discussed at risk meetings within the planned care directorate. We reviewed the risk register (November 2015). It showed the risk of 'temperature control of drugs' on three wards including Sonning; the control measures included daily room and fridge temperature recordings and actions to be taken if temperatures were out of range. The risk had been first entered on 29 July 2014 and throughout 2015 had been rated as an amber risk. We also reviewed a red risk regarding the service potentially failing to achieve its planned activity forecast. A number of measures to improve scheduling patient lists for theatre and monitoring forcasts had been implemented in response.

Leadership of service

- Staff said the matrons and head of midwifery were often on the wards. They were accessible and approachable. "Very friendly… they stop and talk."
- Staff told us that the matron working in gynaecology was approachable and good to work for and had an open door policy.
- All members of the leadership team had attended three workshops facilitated by the Thames Valley Leadership Academy in July 2015. They went 'back to basics' looking at patient safety and quality outcomes working as a multi-disciplinary team.
- Medical consultants and leads felt support by the clinical director.
- The consultant anaesthetist lead was clear that through working together the leadership team within the maternity unit had improved. For the anaesthetic team this now included anaesthetists attending briefing meetings and handovers in the maternity unit.

Culture within the service

- The service had undertaken a mapping study of the culture of all staff groups and were in the process of developing an action plan in response. This was in conjunction with an external senior staff development programme looking at behaviours, ways of working, team working and leadership.
- Staff described good team work and were proud of the service they delivered. They said there was effective communication and staff felt valued. One of the matrons told us "Staff are good at supporting each other."
- There were many examples where changes in the way the service was delivered had enhanced a joint approach between medical and midwifery staff. For example, the monthly senior management team meetings.

Public engagement

- Each midwifery ward displayed information for the public to see on the midwife in charge, quality information on staffing and complaints and compliments.
- Friends and Family test results were also displayed for patients and relatives information.
- A local Maternity Service Liaison Committee (MSLC) was in place as a forum for maternity service users, providers and commissioners of maternity services to come together to design services that met the needs of local women, parents and families. We saw the notes of the last meeting which showed the meeting was an opportunity to share patient feedback and address

service issues and developments. For example, a representative of the Maternity Service Liaison Committee (MSLC) was a member of the monthly maternity clinical governance committee to ensure information was communicated directly to women. For example, a recent issue had been highlighted regarding the use of fetal monitoring devices in the community and the need for accurate information for mothers on their use. We saw in subsequent notes actions were taken by the MSLC in response to this issue.

- The maternity forum in Berkshire West had 15 lay members. The group engaged with new mums in the community and talk about their recent experience and present back to the forum. They also visited the post-natal wards to speak with mums and feedback to the forum. The 'one to one' intrapartum care was highly rated. Women wanted more choice about postnatal visit times and more home visits.
- The service had responded to a report produced by Healthwatch Reading on the experiences of women who had not been able to give birth in the Rushey unit or delivery suite due to suspension of the service during February to June 2015. The key themes identified were communication, information for women, dissatisfaction and the impact on future birth plans. The service had taken measures to address the issues raised. For example, by writing to women when the unit was closed to inform them of the alternative arrangements.
- The results of the Maternity Survey 2015, showed a good response rate of 44%, compared to the England average of 41%. The service had six scores significantly better than average including for women reporting they were involved in decisions during labour and birth and for having confidence in and trust in staff who cared for them. There were four scores significantly worse than average including more patients said they were not able to have anyone close stay as long as they wanted during their postnatal stay in hospital.
- The trust conducted an inpatient survey from May 2015 to October 2015 on the gynaecology ward. The survey covered areas such as privacy and dignity of patients, choice and quality of food, general cleanliness of the hospital, involving patient and family in their treatment and staff supporting patients throughout their treatment. Thirty six patients responded and 97% rated the care as between good and excellent.

Staff engagement

- All staff said they were encouraged to raise concerns and would have no hesitation in doing so. Staff said patient safety was their priority.
- Staff on the gynaecology ward told us there had not been a staff meeting for the previous nine months (since February 2015). This limited opportunities for staff to share information, raise concerns and learning.

Innovation, improvement and sustainability

- A quality improvement programme was developed in June 2014, following the previous CQC inspection. Phase 1 of the programme had been completed by June 2015 which involved the ventilation project, increase in consultant hours, increase in midwifery establishment, clinical governance review and management review.
- Phase 2 of the project was underway to embed continuous improvement, undertake improvement projects and plan for transformation. For example, review of the discharge process to implement a faster drug service to reduce delays by the pharmacist dispensing from the ward.
- Further examples of improvement projects included the current implementation of the computer based system for capturing all clinical data relating to the care of mother and fetus during labour, stored as part of the patient record for audit and reporting.
- A pink patient wrist-band system had been recently introduced when patients had undergone surgery and had a vaginal pack in situ. This was to remind staff to ensure the pack was subsequently removed.
- In gynaecology theatres they had introduced a chaperone service, this was a healthcare assistant who would go to the ward and accompany the patient to theatre. This ensured that the patient was well prepared for surgery and alleviated any anxieties that the patient may have.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- Review medicines management practices to ensure they are safe and that medicines are stored at the appropriate temperatures.

Action the hospital SHOULD take to improve

- Review the consultant obstetric cover to meet national recommendations.
- Work towards reducing the number of times the midwifery service has to divert women to other centres.
- Ensure medical staff are up to date with the appropriate level of safeguarding children training.
- Ensure confidential personal information, particularly that held electronically, is maintained securely to prevent unauthorised access.
- Ensure systems are in place in the gynaecology service allow staff to to share learning from incidents.
- Ensure staff have access to up to date policies and procedures relating to the gynaecology service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Ensure the safe storage of medicines. On the gynaecology ward out of dates medicines were stored in the medicines fridge and the temperature in the clinical room where medication was stored above the recommended limit.