Maidstone and Tunbridge Wells NHS Trust

Ref: FOI/GS/ID 6469

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

26 April 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Maternity Services.

You asked:

1. Any risk assessment carried out on the issue of allowing partners to attend scans throughout maternity care during the pandemic including in the early pregnancy unit, fetal medicine department as well as any routine and any additional scans. We would be grateful to see any analysis of the challenges and the options for overcoming them.

2. Minutes of any discussion of the risk assessment/s above and/or the impact of the suspension of visiting on users of maternity services.

Trust response:

1.
Please see the below risk assessment form.

Risk Assessment Form

Risk assessment title

The reintroduction of partners in line with a national directive: A system wide approach

January 2021

Hazard: Anything that has the potential to cause harm, loss or damage to individuals, services, the organisation or the environment.
Risk: Risk is the likelihood of potential harm being realised.

Location:

- Ultrasound departments (USS)
- Early pregnancy, Ante natal/ post-natal appointments performed in community areas inclusive of GP premises (OPD)
- Inpatient areas such as triage/labour ward etc (IPD)
- Homebirths (HB)

Description of hazard:

Reintroduction of partners and rising transmission of COVID infection

The MTW risk template is used, but this risk assessment has been written to cover four Trusts in the Kent local maternity system.

The Local Maternity System [LMS] in Kent has implemented a policy that no partners are allowed to accompany their pregnant partner to *all contacts* within the maternity pathway unless there are complex circumstances such as women with learning difficulties, under 18, surrogate pregnancies etc. To date, there are some local differences due to estates and staffing provision but essentially there is not one provider that has normal partner attendance to all contacts.

The aim of restricting partner visiting has been to protect both those in pregnancy, other patients who co-share waiting rooms and staff during the COVID 19 pandemic. This ensures that our services are assured that the measures that they have in place have not placed any individual unduly at risk of contracting COVID 19.

Due to COVID infection, units have experienced the need for staff to shield, have experienced increased sickness rates depleting available staff to manage activity and thus requiring focus on maintaining core activity to safely meet the needs of women's scanning. Most obstetric sonography teams are small, and very specialised. There has been for some years a national shortage of skilled sonographers and gaps in workforce have not been covered by alternatives such as agency which already caused pressures in service provision, prior to the pandemic.

Currently all Trusts in the Kent health system offer partner presence at:

- The birth

- Fetal Medicine appointments [performed by Obstetricians]
- Scans for complex circumstances [as outlined above]

Two Trusts have started since December 2020 to offer partner attendance at the 20 week scan. However, this week [w/c 18/1/21], other systems that had started partner visiting have stopped due to the rapid and significant rise in COVID-19 cases in the local communities and hospital, seeing significant absences from members of the scanning team https://www.esht.nhs.uk/service/maternity/

All Trust maternity sonography and midwifery departments will have differing issues with staffing, room size and ability to socially distance; the waiting room size and co-use with other specialties, for eg: Paediatrics and Gynaecology. This has led to uncertainty as to the best approach to take as a system, understanding that what one Trust implements will most likely impact other Trusts in terms of feedback from women.

The LMS therefore wish to implement a collaborative approach where support is offered to all in planning to reintroduce partners at all contacts, which will be fair, robust and deliver effectively across Kent. It should be noted that whilst this collaboration is firstly aimed at the acute Trusts, the system will also include other practice providers, as GP and SureStart.

Current practice

Antenatal appointments (OPD)

Throughout the Kent and Medway geographical patch there is a large number of AN and PN contacts performed in GP, SureStart and acute OPD settings. Individual risk assessments for each system provider are essential to understand the risk of each provision, allowing informed decisions to be made. This can be further complicated with the provision to ensure space is adequate to meet the needs of the woman, partner, midwife and on occasion a student midwife. The University is clear that the partner must always be seen as the priority and therefore the student would need to step back if a partner arrives in a facility that cannot safely support 3 individuals in a room. There is an added complexity that some services predominantly 'run' out of GP surgeries and it has been made explicitly clear to date that partners cannot attend the surgeries as a support to women. In some cases currently, women are expected to remain outside until the midwife is ready to see the woman. In addition some rooms that are occupied in SureStart centres are too small to safely support social distancing.

In a hospital setting the waiting room facilities wouldn't always support a safe and socially distanced approach but a concierge facility could support calling partner in from a car park or sun-waiting area.

Action

- *Each provider to ensure adequate risk assessments have been performed in all OPD settings.*
- *CCG/ICS to discuss with GP providers the current provision of women standing outside and whether they could utilise the waiting rooms; especially during the winter months*
- *CCG/ICS to ask GP providers their thoughts on partner and woman testing and if this would aid their decision making in terms of accessibility to appointments in their services.*
- *To consider a full review of estates in the community settings and scope larger rooms for midwifery contacts – this will take some considerable time.*
- *To consider the employment of a concierge facility to support partners in the acute ANC department*

As a system it was agreed that until GP services have confirmed when they will support the reintroduction of partners we cannot progress as this poses a huge inequity across the system.

Ultrasound Scans

Throughout the Kent and Medway area the 4 providers have different pathways in place to support partner's presence at scans. Each provider has performed a risk assessment and is working towards a solution to resume partner attendance. As a starting point the system discussed 12 and 20 week scans. The same issues apply to some situations as that of the AN and PN appointments but the main issue lies with the staff anxiety and high risk staff in a confined space. Concerns were raised that women may defer appointments to have partner attend and this could impinge on PHE standards. It was agreed that growth and urgent scans would continue at present with no partner presence but should work towards reintroduction.

Action

- *For all units to aim to support 1 scan (20 week) at present.*
- *To ensure all sonography staff are vaccinated*
- *To scope a concierge approach for the future reintroduction of the scan to ensure waiting room areas are not unsafe.*
- *To scope live streaming of scans (MTW are trialling) as an option for improved links with mothers and families.*

Admissions to the acute service

Admissions within a maternity setting are usually emergency contacts and therefore a planned approach would not be appropriate unless weekly testing was performed on all women and partners throughout their pregnancy. One national paper suggests swabbing partners each time they leave and return to the department which will have huge strains on current staffing resource. If this was to be considered we would need to support a system wide recruitment of a swabbing team in the maternity departments on all sites. The provisions at the 4 trusts are each unique with MTW being the largest outlier in terms of complete single room provision for all women and partners. Due to this a system wide agreement was developed in wave 1 where it was noted that MTW would support partner visiting at all times due to the safety element of single rooms and potential reduction of staffing levels. All the remaining 3 units have set visiting times with no overnight provision other than that in labour.

Action

- *Each unit has developed a robust system to support partners support in labour and post-delivery – no further action at present*

Homebirths

At present homebirth provision has been suspended across the region due to SECAMB surge level status. However, midwives feel vulnerable in the home as they have no understanding of what the COVID status is and that they further feel that social distancing is not often respected in the home. It was discussed and agreed that the national PCR program could be utilised in this situation.

Action

- *When homebirths are reintroduced, weekly testing of women and partners (and anyone else in attendance at birth) should be performed utilising the national program. This will be performed from 37 weeks*

Way forward

As COVID testing and vaccination progresses there is an opportunity to explore and consider the reintroduction of partners, how the teams and service will be supported and the timeline of actions required.

At present the preferred option for COVID testing has been agreed as the national home testing facility that functions from a national repository. The benefits of this include that this is a developed service and would not require any time or investment from the acute trusts and that this could be linked in easily to current systems. The considerations of this are:

1. The partner and woman lead on this and would need to ensure that all tests are registered and returned in a timely manner,
2. There is a 7 day window and can only be performed between day 2-7 prior to the appointment

3. Systems would need to be in place to support urgent appointments locally that do not fit in the current 2-7 day window.
4. Locally agreed turnaround of PCR tests would be in place
5. Some women may choose to defer essential appointments to have partner support. Risk assessments would need to be in place to support this.
6. This wouldn't be suitable for labour or urgent triage appointments – local arrangements would need to be in place
7. Partners may test positive and this would impact on their ability to support women in labour

Source of risk:

Discussion with Staff and feedback; staff COVID risk assessment and medical history
Demand and Capacity work within the department
Demand and capacity with microbiology teams
Local intelligence which details that local infection rate has increased
Local agreement with GP providers re access to services
Estates

• Internal Adverse Incidents and Claims (DIF 1 reports) • External Safety Alerts (CAS) • External Agency inspections and standards (CQC/HSE etc.) • Complaints • Internal Audit (South Coast Audit)	• Clinical Audit • Local Risk Assessment (Department and Directorate) • Strategic Risk Assessment (Division and Board) • Best Practice Standards (e.g. NICE, Confidential Enquiries etc.) • Surveys

Who could be harmed and how:

If staff are not protected as best as possible to minimise their risk of contracting COVID-19, then depletion of staffing in this small, specialised group, could cause harm by;

- Diagnoses will be delayed if there are delays in nuchal and anomaly scan capacity
- Anomalies may not be identified in a timely manner if the first trimester and anomaly scans are not done with the required timeframe.
- Options for termination of pregnancy may be limited by anomaly scans performed outside the recommended window
- Women will be offered the Quad test for screening which is less accurate than screening by combined test at 12 weeks if women choose to defer until partner can attend

Assessors: Sarah Blanchard-Stow, Michelle Ahluwalia, Dot Smith, Claire Haywood, James Harman

Apologies – Ursula Marsh

Reason for assessment:

National guidance System re-assessment since Covid lock down 12.01.21, looking at the impact of partners accompanying the patients to all contacts	
Replaces: NA	
Assessment date: **……13…./……..January/…2021……..…**	**Review date:** **……13……./……February……/……2021……**

What control measures are in place to control the risk – how are risks currently managed?	Control measures in place	Is it effective? *"If not, why not?"*
	1.All sonographers wear PPE during scan	y
	2.Employed CSW to clean scan rooms and scan corridor after each patient	y
	3.Ask all patients to sanitize hands before entering scan room	y
	4.Catch up slots in the list to help sonographer to keep to time, this is required to help with changing of PPE, try to keep minimum waiting times for patients in waiting area	N due to workload cannot always have catch up slots
	5.Extra cleaning in waiting areas and toilets	N not provided

Initial risk evaluation ***"see Risk grading matrix*** RWF-OWP-APP51*"*							
What are the possible outcomes: Transmission of Covid 19 resulting in staff becoming seriously ill. Reduced work force unable to provide current scan service. No urgent scans. Not offering nuchal scans to all the patients within the appropriate timeframe.							
Likelihood (L) / probability of occurrence with control measures in place *"1 to 5"*	2	**Severity (S) / consequence of the risk** *"1 to 5"*	4	**Overall risk score (L**x**S)** *"1 to 25"*	8	**Overall risk rating** *"Colour"*	Green
Is this residual risk acceptable or do significant risks remain?	Currently, not inviting partners to scans results in amber risk. **However, the national directive is to offer partners at all contacts in the maternal pathway.** Without mitigation, increasing footfall in waiting areas by partners may increase the COVID transmission risks to staff and other patients. This would increase the risk level requiring a new risk assessment COVID-19 infection/isolation of staff- the pandemic currently remains at surge level and therefore staffing can be impacted adversely. Therefore, any reintroduction of partners at maternal pathway contacts should be a planned approach, ensuring appropriate mitigation in place. Currently the plan for partners attendance has not be implemented and is not in place and therefore if partner visiting was enforce then there would be unacceptable risk .						
All unresolved red or amber risks must be added to the risk register		**Date added to the risk register**					

Recommended action plan				
No.	**Action (additional control measure/s)**	**Anticipated costs**	**Person responsible**	**Target date**
1	Additional cleaning in clinic and waiting areas as required	unknown	Head of domestics/Sonography lead	As soon as possible
2	Local maternity system have agreed the 20 week as part of a controlled implementation so additional control measures and staff support can be in place eg: calling to room, room size, sonographer risk status for session	None	System Trust Maternity leads	12.01.21
3	Sonographers to be vaccinated	National vaccine cost	Director of infection control / Vaccination lead	In progress
4	Women and partners are COVID tested using the National home delivery swabbing service prior to their appointment	National swabbing costs	System Trust Maternity leads /Trust swabbing leads	Mid-February
5	Partners are asked to attend wearing mask and maintaining social distance recommendations	None	Director of Operations/HOMs	Mid-February
6	Partners to be called to the clinic room from a sub-waiting area to allow social distancing for others waiting as required	None	Director of Operations/HOMs	Mid-February
7	LMS lead the Trusts in roll out of additional partner attendances in a planned approach, following evaluation of 20 week mitigation measures	None		TBC

Target risk evaluation *"Risk if action plan is completed and new control measures effective"*							
Likelihood (L) / probability of occurrence with control measures in place *"1 to 5"*	2	**Severity (S) / consequence of the risk** *"1 to 5"*	43	**Overall risk score (LxS)** *"1 to 25"*	6	**Overall risk rating** *"Colour"*	Green
Is this residual risk acceptable or do significant risks remain after actions are completed? *"give reasons"*	Vaccination of staff and COVID testing of women and partners will reduce the risk to acceptable. However, this is not in place currently LMS agreement- to offer partner attendance at the 20 week scan with woman and partner COVID testing; once mitigation actions are in place aim as a total LMS to start mid-February 2021. Following review of 20 week scan attendance and learning, roll out of agreed attendance of other maternal pathway scans in the hospital Trusts, followed by the community clinics.						
All unresolved red or amber risks must be added to the risk register *"Contact Directorate Risk Lead"*				**Date added to the risk register**			

Discussion and conclusions

It is recognised that all services want to support reintroduction of partners at contacts in the maternity pathway, as it is seen as a supportive action for women. Issues around sonographer staffing and internal and external estate concerns as a result of COVID-19 have been problematic and each unit has attempted, as best they can, to focus on maintaining a safe service in what is unprecedented times.

As there is now availability of vaccination for staff and COVID swabbing for women and partners, this would suggest that the system can start reintroducing partners following a planned approach, recognising lead in times to set up the COVID swabbing system.

Who has been notified of this risk			
Job title / responsibility	**Name**	**Signed**	**Date**
Department Manager	**Maidstone & Tunbridge Wells NHS Trust, Medway NHS Foundation Trust, Dartford and Gravesham NHS Trust, East Kent Hospitals University NHS Foundation Trust**		**12.01.21**
Directorate Risk Lead	**Maidstone & Tunbridge Wells NHS Trust, Medway NHS Foundation Trust, Dartford and Gravesham NHS Trust, East Kent Hospitals East Kent Hospitals University NHS Foundation Trust**		**12.01.21**
Risk and Compliance Manager	**Trust Risk Leads**	**Notifiable if assessment is added to the Risk Register**	
Others	**LMS-Tracey Robinson**		**12.01.21**

This assessment is only valid if shared with and understood by all relevant staff. It is the manager's responsibility to ensure that staff understand this assessment and may have to consider people who do not use English as a first language or those with learning disabilities.

An accompanying signatory sheet should be included within the departmental risk assessment folder.

2.
In response to fetal medicine clinics
The clinic is consultant led, this person agreed to partner visiting due to increased risk of fetal abnormality and need for women's support. Bearing in mind, the frequent need for delivery of complex information, and potential need for decision making as a couple. These appointments are longer, smaller number of patients per clinic so easier to safely ensure social distancing in waiting areas
The COVID risk is accepted at a personal basis.