

Maternity Multidisciplinary Confidential Communiqué

Classification :	Guideline		
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Authors Division:	Women's and Children's		
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Guideline to be followed by (target staff): Obstetricians, Midwives, MCA's and Nursery Nurses			
To be read in conjunction with the following documents:			
Are there any eCARE implications? No			
CQC Fundamental standards: Regulation 9 – person centred care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance			

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other

healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

The Confidential Communiqué (CC) is the electronic system to facilitate communication between Maternity services and Health Visiting

Pregnant women with complex social or physical factors may have additional needs and require support to access services (NICE 2010, reviewed 2018). These additional needs may impact on their abilities to provide care for themselves and/or their newborn baby.

It is known that those who are likely to suffer poorer maternal or child outcomes, not just associated with death, are often the more excluded women (MBBRACE 2016). These women are often economically and socially disadvantaged and includes women living in extreme poverty; multiple social problems; women from minority ethnic groups and those that do not speak English; homeless or travelling women and refugees or asylum seekers; mental health problems; teenage; drug & alcohol misuse and those that experience domestic abuse.

Lack of interprofessional and/or inter-agency communication can compromise the care provided to these women and places mothers/babies and even staff at risk . The sharing of relevant information between health professionals is essential at every opportunity during the pregnancy and postnatal period.

Working Together (2018) states “ Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children”.

Executive Summary

The objective of this document is to provide clarity to Midwives and Obstetric Medical Staff on how to ensure safe and effective sharing of information when there are concerns about a mother and/or the unborn baby/wider family identified during the pre or postnatal period.

This guideline gives recommendations as to how and when to share information.

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It is known that those who are likely to suffer poorer maternal or child outcomes, not just associated with death, are often the more excluded women (MBBRACE 2016)

Lack of interprofessional and/or inter-agency communication can compromise the care provided to these women.

The Confidential Communiqué (CC) has been developed to assist midwives in identifying those women and unborn babies who may have additional needs and improving the communication between maternity services and Health Visiting.

1.0 Roles and Responsibilities:

Chief Executive - The Chief Executive has overall accountability for ensuring that the Trust meets its statutory and non statutory obligations in respect of maintaining appropriate standards of maternal care. The Chief Executive devolves the responsibilities for monitoring and compliance to the medical and executive nursing directors.

Directors - Directors are responsible for ensuring that the requirements of the Trusts) Confidential Communiqué guideline is effectively managed within the directorate and that their staff are aware of, and implement those requirements.

Chief Nurse/Medical Director - The Chief Nurse and Medical Director are responsible for ensuring that Trust staff uphold the principles of the Confidential Communiqué and that appropriate policies and procedures are developed, maintained, and communicated throughout the organisation in co-ordination with other relevant organisations and stakeholders.

Head of Midwifery/CSU/Clinical Director Responsibilities - The CSU lead is responsible for ensuring the Confidential Communiqué is completed, communicated and implemented within their areas of responsibility. Any incident arising from non adherence to the guideline must be documented on an incident form and investigated at a local level and actions taken to prevent reoccurrence and to minimise risk. Documentation should be copied to the Risk Management Department to allow completion and closure of the incident. Any action plans should be shared as

appropriate forum and the Clinical Incident Group (CIG) meeting. Any ongoing risk should be registered on the CSU/Trust Risk register as appropriate.

Ward Sister/Matron Responsibilities - it is the Ward Sister/Charge Nurse/Matron's responsibility to ensure that staff are made aware of the Trust processes for the completion of the Confidential Communiqué in maternity. This procedure should be included in the induction training of staff who may be involved in providing care to a pregnant woman.

Medical Staff Responsibilities - all medical staff should ensure that they are familiar with the trusts procedures for completion of the Confidential Communiqué in Women's Health. Medical staff of registrar level or above who are responsible for the supervision and training of junior doctors should ensure that junior medical staff are aware of its use and when to make additions.

All staff – it is the responsibility of every registered midwife to ensure the Confidential Communiqué guideline is adhered to when booking or assessing antenatal, intrapartum and postnatal women. All staff should report any incidents arising via Datix. The Ward Sister/Charge Nurse should be informed of the incident

Risk Management - The Maternity Governance and Risk Management team/Clinical Risk Management Department will record on the Trust database all incidents reported relating to the Confidential Communiqué through the risk reporting route. The data will be included in the monthly reports to Heads of Departments and discussed at the Women's Health CSU Risk management meetings. All untreated risks will be reported to the Trusts Risk Management Committee which reports to the Trust Clinical Governance Committee, Quality Committee, and Women's Health Clinical Incident Group (CIG).

2.0 Implementation and dissemination of document

This Guideline is available on the Intranet and has followed the Guideline Review Process prior to publication.

3.0 Processes and procedures

3.1 When to generate a Confidential Communiqué

A Confidential Communiqué must be generated by Midwifery and Obstetric staff within Women's Health at any time during the antenatal, intrapartum and postnatal period where there any of the following are identified:

- Welfare of the unborn baby/child
- Mother's physical or mental health
- History of self harm/depression/attempted suicide
- Substance/alcohol misuse
- Teenage pregnancy up to 18th birthday at EDD
- Unsupported mothers
- Domestic abuse
- History of Social Care involvement with prospective parents or family
- Parent/ Carer 'looked after' in the past
- Learning or physical disabilities (maternal / paternal)

- Homeless/housing difficulties
- Recent migrant, asylum seeker or refugee status
- Difficulty reading/speaking English
- Travellers
- Female Genital Mutilation
- Surrogacy
- Other cause for concern

3.2 Confidential Communiqué guidance

1. Within assessment ensure Safeguarding Checks are completed
2. Only ONE confidential communiqué should be created for each pregnancy and this should then be updated as required.
3. To Initiate a Confidential Communiqué please refer to the eCARE Quick Reference Guide. See appendix 2.
4. All additional encounters, as listed below, should also be updated on the Confidential Communiqué if documentation in the maternal record has potential to place the mother or unborn/baby at risk:
 - Face to face contact or conversations with the women, partner or family member
 - Face to face contact or conversations with professionals e.g. phone calls/meetings
 - No access/DNA
 - Failed attempts to contact women

Following generation of a Confidential Communiqué the alert box in the top right-hand side of the patient information front page of the woman's pregnancy folder and page 2 of the postnatal records should be ticked. This will indicate to other staff providing care that a Confidential Communiqué has been completed and signal that they need to access Clinical Applications for the latest entries. The woman's named Community Midwife must be informed of a newly generated Confidential Communiqué. See Appendix 3 for guidance on how to update a Confidential Communiqué.

5. If the Midwife has concerns regarding the welfare of the mother/unborn baby/child or wider family then and refer to the Levels of Needs and discuss with the Multi Agency Safeguarding Hub (MASH) in order to complete a Multi-Agency Referral Form (MARF) (Level 3-4) or commence a Common Assessment Framework (Level 2).
6. All INITIAL Confidential Communiqué and SUBSEQUENT updates (until such time as electronic record share is possible with Health Visitors) will need to be printed on single sided paper and forwarded to the Red Team. These should be left in the Red Team Diary which is located on Ward 9, 10, Labour Ward, ADAU and the Community Office. Antenatal Clinic will be required at the end of the day bring any printouts to Labour Ward. These should be logged in the diary with a client sticker and signed and dated.

7. The Red Team will collect Monday to Friday and sign the printouts out of the diary. These will then be scanned to the Health Visitor's Hub using a secure email.
8. Good practice indicates that the Confidential Communiqué should be shared with the family unless doing so will put the mother/unborn baby/child or health practitioner at risk.
9. A paper copy should only be completed in the event of an IT failure. Once eCare is back online it is the responsibility of the professional who created the paper version to generate an online version. A paper copy can be found in Appendix 1.

Information should be entered into the electronic Confidential Communiqué in a timely manner- at the time if within the maternity unit or if working in community, at the end of the day or the next working day.

10. At transfer to the Community Midwife the presence of a Confidential Communiqué should be highlighted on the Postnatal Discharge sheet.
11. The Community Midwife should continue to have verbal discussions with the Health Visitors regarding any relevant concerns or issues.
12. On discharge from Maternity Services update Confidential Communiqué to reflect that the woman has been discharged from maternity service and ongoing care has been handed over to the Health Visitor.

It is essential that good communication continues throughout this process.

4.0 Statement of evidence/references

References:

NICE: 2010 Pregnancy and complex social factors (CG110) (NICE 2010, updated 2018)

Effective Support for Children and Families in Milton Keynes: Guidance on use of Common Assessment Framework, Lead Professional, Team around the Child, and Information Sharing (2012) Milton Keynes Children's Trust

Information Sharing: Guidance for practitioners and managers (2015). Nottingham: Department for Children, Schools and Families Publications

Laming. *The Protection of Children in England: A Progress Report (2009)*. Norwich: TSO

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2018) Nottingham: Department for Children, Schools and Families Publications

MBBRACE 2016

5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
8	07/2020	Jill Peet	Full review of document to update with recent guidance and current practice

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	14/07/2020	17/07/2020	Incorporated	Yes
Laura Jewell	Antenatal and postnatal ward senior sister	14/07/2020	21/07/2020	Could we use the message facility on eCare for this instead as it will save staff printing and using the book? The red team would then just need to check for any new messages each day. This would make it easier for staff and also avoid mislaid paperwork.	No- CC's still need printing out to be sent to the HV team (unable to share electronically at present)

				Debbie Phillips was looking into whether we could create a smartzone alert on eCare for this purpose, might be work having a discussion with her about this as a way of alerting staff that a CC has been created.	No -to be looked at a later date
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5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Notes review to assess if CC's have been generated as per guidance	Audit	Vulnerable team Midwives	Annual	Audit meeting

5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women's and Childrens Health	Department	Maternity
Person completing the EqIA	Jillian Peet	Contact No.	
Others involved:		Date of assessment:	07/2020
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Yes	
If staff, how many/which groups will be affected?		<i>Midwives, Obstetricians, MCA's and Nursery Nurses</i>	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
<i>Circulation via email and MS Teams. Discussed at guidelines review group.</i>			
How are the changes/amendments to the policies/services communicated?			
<i>Circulation via email. Discussion at guidelines review group and WH CIG</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			

Appendix 1: Confidential Communiqué

Maternity Department Confidential Communiqué

NHS number:		Midwife:			
Name:		Health Visitor team:			
Address & telephone no:		GP:			
		Consultant:			
		Social Worker:			
DOB:		Other:			
Alternative contact details (if any)		EDD:			
		Gravida:			
		Parity:			
Cause for concern:					
Learning or physical disabilities		Welfare of the unborn baby			
Mothers physical/mental health		Homeless / housing difficulties			
h/o self harm / depression / attempted suicide		Recent migrant/asylum seeker / refugee status			
Substance / alcohol misuse		Difficulty reading / speaking English			
Female genital mutilation		Travellers			
Teenage pregnancy up to 18yrs of age at EDD		Unsupported mothers			
Domestic abuse		Parent / carer 'looked after' in past			
Other / cause for concern		History of Social Care involvement with prospective parents or family			
Surrogacy					
Further information:					
Client understands that this information is to be shared: YES / NO					
Date:			Name:		
Midwife / Obstetrician signature:				Date:	
Midwife / Obstetrician name (please print):					
Health Visitor signature:				Date:	
Health Visitor name (please print):					
Copied to: Please tick box					
Named Midwife Child Protection: (essential)	HV / FNP: (essential)	Designated File Labour Ward:	GP: (essential)	Teenage Pregnancy Midwife:	Mental Health Midwife:

**UPDATE – PLEASE DATE AND SIGN ALL ENTRIES:
Confidential Communiqué**

(Continued)

DATE	ACTION / MESSAGE	NAME & SIGNATURE


Appendix 2: Initiating a Confidential Communiqué quick reference guide

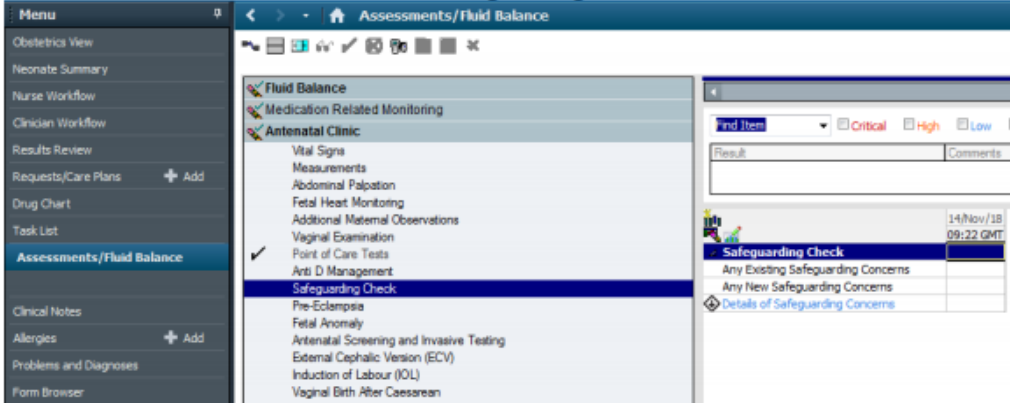

IT Dept Quick Reference Guide (QRG)		 Milton Keynes University Hospital NHS Foundation Trust
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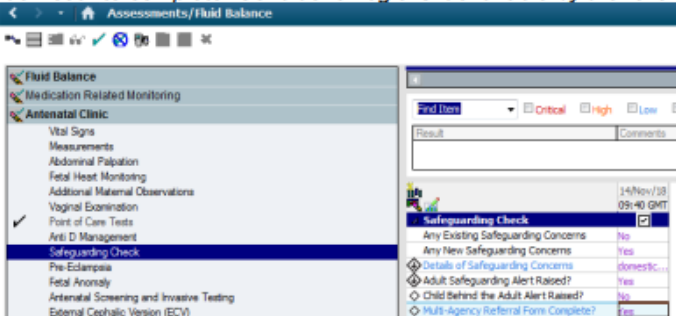
STARTING THE CONFIDENTIAL COMMUNIQUE

1. This guide will show you through the process of starting the Confidential Communiqué from the point of identifying there is a problem.

Once the CC has already been started and requires updating the process is different. Please refer to QRG 'Updating Confidential Communiqué' for this information
2. Ensure you are open to the Obstetrics View.
Select Assessments/Fluid Balance from the Main left hand menu.

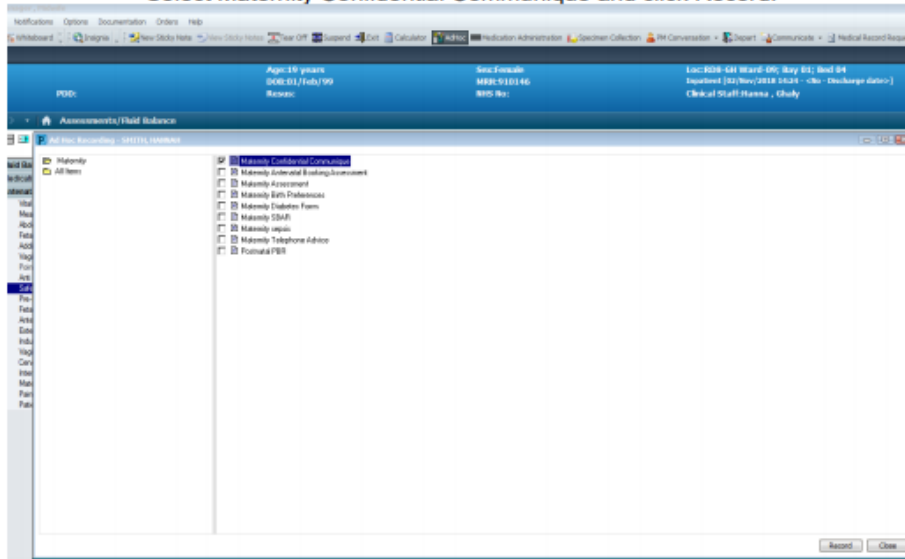

3. From the bands, select appropriate for whichever area you are working within but for the purpose of this example the band chosen is Antenatal Clinic. Then chose from the list that appears underneath, **Safeguarding Check**.


4. Complete the relevant details in this section and sign using the green tick once complete. *This section has conditional logic. When you type into 'Details of Safeguarding Concerns', this opens up more sections underneath to complete. Conditional logic is identifiable by the following symbol* 



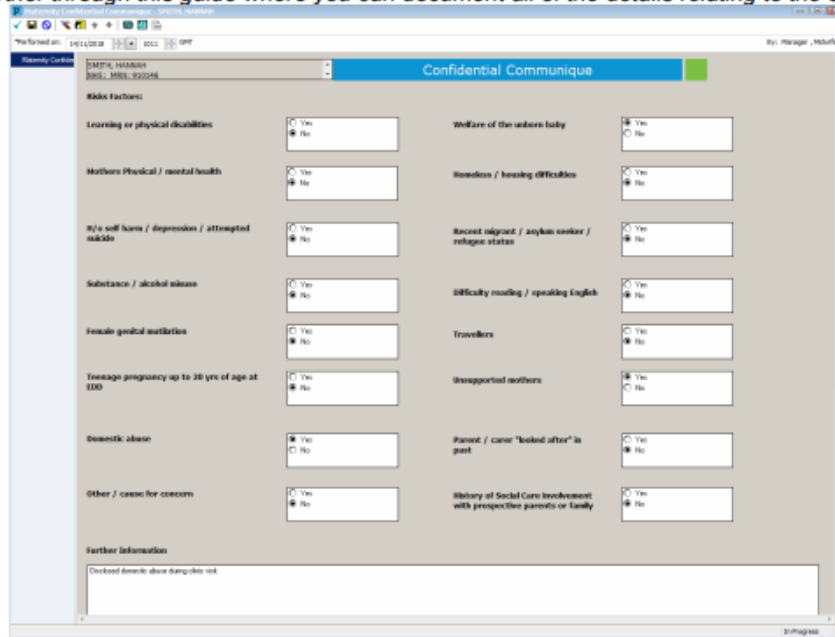
5.

Now click on the AdHoc folder located on the toolbar at the top of the screen. Select Maternity Confidential Communicate and click Record.



6.

Complete the details within the Confidential Communicate form and sign one complete (green tick). Try where possible to keep this text brief because you have a limited number of characters and you will see further through this guide where you can document all of the details relating to the scenario.



7.

Once the Confidential Communicate form is signed you must pull these details into a Clinical Note. Select Clinical Notes from the Main left hand menu.

Click on the Add icon to create a new note.

8. Select Maternity Confidential Communique from the ***Type** drop down. This will pull in the details from the Maternity Confidential Communique form.

Complete the Subject field as appropriate. For example 'Start of Confidential Communique'.

You can add as much detail to this document as you like, just scroll to the bottom, below the template, and click with the mouse before you start typing. This is the most appropriate place to enter full detail regarding the scenario/content of the confidential communique.

Domestic abuse	Yes
Other / cause for concern	No
Welfare of the unborn baby	Yes
Homeless / housing difficulties	No
Recent migrant / asylum seeker / refugee status	No
Difficulty reading / speaking English	No
Travellers	No
Unsupported mothers	Yes
Parent / carer "look after " in past	No
History of Social Care Involvement with prospective parents or family	No
Further Information	Disclosed domestic abuse during clinic visit.

9. Once complete, sign the documentation.

The documentation has now been started and every time someone makes an entry it must be modified to create a contemporaneous document.

10. The final step is to inform the MKUH Safeguarding Team. Click on Requests/Care Plans from the Main left hand menu and then select Add (top left hand corner).

Type MKUH into the search. Select MKUH Safeguarding Team Informed from the drop down and click done to the Add Order window.

11.

There is a Mandatory field that must be completed for this order - *Reasons. Select from the drop down or select multiple by holding control and selecting the required. If appropriate, comments can be added to Clinical Details before signing for the order (bottom right hand corner).

Order for Signature

Order Name	Status	Start	Details
MKUH Safeguarding Team Informed	Ordered	14/Nov/18 11:43 GMT	14/Nov/18 11:43 GMT, Domestic abuse Other - specify in clinical details, Risk to the unborn child

Details for MKUH Safeguarding Team Informed

*Requested Start Date/Time: 14/11/2018 11:43 GMT

*Reasons: Domestic abuse | Other - specify in clinical details

Clinical Details: Risk to the unborn child

12.

Once this order has been signed and the screen refreshed, the order status changes from processing to ordered.

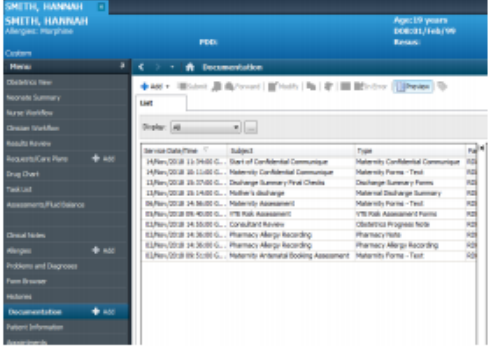
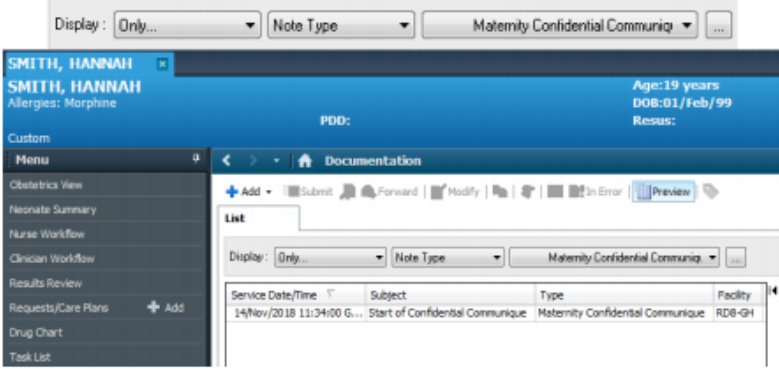
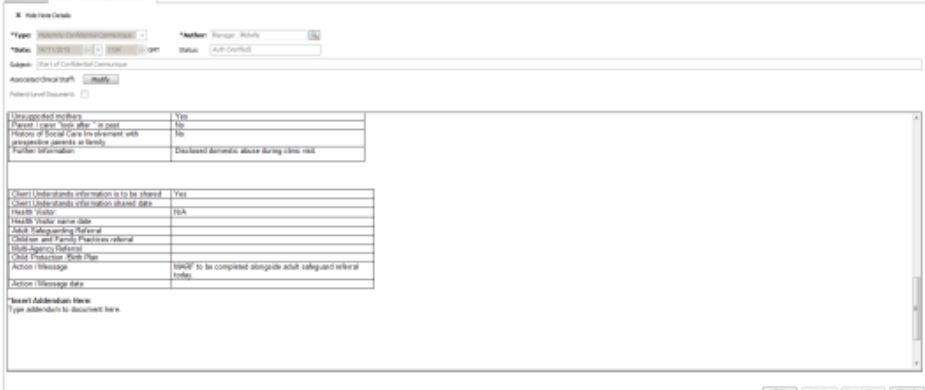
Display: All Orders 5 Days Back

Order Name	Status	Details
Patient Care		
<input checked="" type="checkbox"/> Activities of Daily Living Assessment	Ordered	Requested Start Date/Time 02/Nov/18 14:25:12 GMT, once a WEEK on the same day each week. Ordered automatically on admission.
<input checked="" type="checkbox"/> Environmental Safety	Ordered	Requested Start Date/Time 02/Nov/18 14:25:12 GMT, ONCE a day (afternoon). Ordered automatically on admission.
<input checked="" type="checkbox"/> Safety Assessment	Ordered	Requested Start Date/Time 02/Nov/18 14:25:12 GMT, once a WEEK on the same day each week. Ordered automatically on admission.
Medications		
<input checked="" type="checkbox"/> Tramadol	Ordered	*CD# DOSE: 50 mg - ROUTE: oral - capsule - FOUR times a day - START: 08/Nov/18 05:01:00 GMT, Pharmacy supply: Order via CD request book
Consent/abuse		
<input checked="" type="checkbox"/> MKUH Safeguarding Team Informed	Ordered	14/Nov/18 11:43:00 GMT, Domestic abuse Other - specify in clinical details, Risk to the unborn child

Appendix 3: Updating a Confidential Communiqué quick reference guide

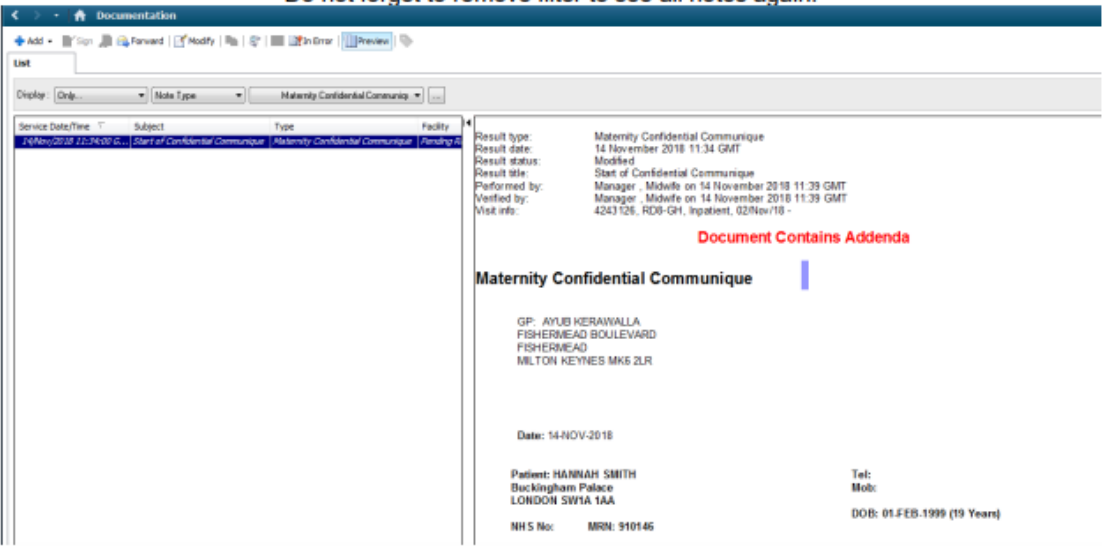
IT Dept Quick Reference Guide (QRG)		 Milton Keynes University Hospital NHS Foundation Trust
Document No – Ref 222	Version Number – 2.0	

UPDATING THE CONFIDENTIAL COMMUNIQUE

1.	This guide will show you through the process of updating the Confidential Communiqué. If you identify a problem and need to start a Confidential Communiqué rather than modify an existing one, please refer to 'Ref 221 Starting the Confidential Communiqué'.
2.	From within the Woman's record, select Documentation from the main left hand menu. 
3.	If you cannot see the Maternity Confidential Communiqué from the list that appears immediately, you can filter the search to only show the Confidential Communiqué documentation. 
4.	Single left click on the document for it to display on the right. Preview the details and select Modify, insert addendum at the bottom where indicated and then click Sign when finished (bottom right). 

Documentation shows as updated.
Do not forget to remove filter to see all notes again!

5.



The screenshot shows a web-based documentation interface. At the top, there are navigation buttons: Add, Sign, Forward, Modify, In Error, and Preview. Below this is a 'List' section with a search bar and a filter dropdown set to 'Maternity Confidential Communique'. A table lists notes with columns for Service Date/Time, Subject, Type, and Facility. One note is selected, showing a detailed view on the right. This view includes metadata like Result type, date, status, and performer. A red warning 'Document Contains Addenda' is present. The main content is a 'Maternity Confidential Communique' addressed to GP AYUB KERAWALLA at Fishermead Boulevard, Milton Keynes MK8 2LR. It is dated 14-NOV-2018 and concerns patient HANNAH SMITH, born 01-FEB-1999. The NHS number is MRN: 910146.

Service Date/Time	Subject	Type	Facility
14-Nov-2018 11:34:30 GMT	Start of Confidential Communique	Maternity Confidential Communique	Reading 2

Result type: Maternity Confidential Communique
Result date: 14 November 2018 11:34 GMT
Result status: Modified
Result title: Start of Confidential Communique
Performed by: Manager - Midwife on 14 November 2018 11:39 GMT
Verified by: Manager - Midwife on 14 November 2018 11:39 GMT
Visit info: 4243 126, RDB-GH, Inpatient, 02/Nov/18 -

Document Contains Addenda

Maternity Confidential Communique

GP: AYUB KERAWALLA
FISHERMEAD BOULEVARD
FISHERMEAD
MILTON KEYNES MK8 2LR

Date: 14-NOV-2018

Patient: HANNAH SMITH
Buckingham Palace
LONDON SW1A 1AA

NHS No: MRN: 910146

Tel:
Mob:
DOB: 01-FEB-1999 (19 Years)