

HEALTH SCRUTINY PANEL

Wednesday, 17 February 2016 at 7.00 p.m.

Room C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent,
London, E14 2BG

SUPPLEMENTARY AGENDA

This meeting is open to the public to attend.

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	PAGE NUMBER(S)
3. REPORTS FOR CONSIDERATION	
3.1 (b) Royal London Maternity Service Response to the CQC Report	1 - 6
<p>The report outlines the Maternity Service response to the Care Quality Commission's (CQC) inspection of the Royal London Maternity services in January 2015.</p>	

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The Royal London maternity service response to the CQC report

Report for the Tower Hamlets Health Scrutiny Committee

Date	15 February 2016
Authors	Sandra Reading, Director of Midwifery and Nursing Anita Sanghi, Clinical Director, The Royal London Alison Herron, Associate Director of Midwifery, The Royal London
Purpose	This paper outlines the maternity service response to the Care Quality Commission's (CQC) inspection of the Royal London Maternity services in January 2015 and will feed into the Tower Hamlets Health Scrutiny Maternity Review which is currently underway.

Executive summary

1. The 2015 Care Quality Commission (CQC) inspection report into Barts Health highlighted a number of positive elements in women's health, recognising improvement since the previous inspection and noting outstanding practice in relation to the Great Expectations programme.
2. The CQC rated the service as 'Good' in effective, caring and responsive. The overall rating for maternity services was 'Requires Improvement', with three compliance notices for security, dashboard and staffing (obstetric and midwifery).
3. The maternity services action plan in response to the CQC report has been developed and are managed by the Head of Midwifery and Director of Midwifery and Nursing, and feeds into the overarching Trust Improvement Plan - *Safe and Compassionate*.
4. The maternity service has pro-actively developed a further plan in response to all comments and to ensure all areas of practice are continually reviewed.
5. The service feeds information centrally to the compliance team, and reporting is via the Women's Health Quality, Safety and Assurance Committee and the site-based Trust Quality and Safety Assurance committee.

Overview of The Royal London maternity service

The maternity unit at The Royal London Hospital offers a full range of maternity services to women in Tower Hamlets, as well as neighbouring boroughs. Our local community is home to families from a diverse mix of ethnicity, social and health needs.

The unit books over 6000 women and delivers in excess of 5,300 babies each year, with 10% of these within a community setting. It has a 31 bedded delivery suite, 2 obstetric theatres, a recovery area and an obstetric high dependency unit on the 6th floor, with a postnatal ward on the 8th floor. It is supported by a Level 3 neonatal unit comprising 36 cots of which 19 are NICU/HDU, 10 special care baby unit (SCBU) and 7 for surgical neonatal cases.

A new alongside midwifery-led unit is currently being built on the 8th floor, with a planned opening date of July 2016. The new unit will accommodate up to 1500 low risk births in a 'home-from-home' environment and will complement our stand-alone birth centre on the Isle of Dogs - The Barkantine Birth Centre - which has been well-established since 2007 and offers outstanding midwifery-led services for all women resident in Tower Hamlets and women from neighbouring boroughs.

CQC maternity action plan

The CQC reviewed maternity services at The Royal London Hospital as part of the overall Barts Health CQC inspection in January 2015.

The CQC report (published in May 2015) highlighted a number of positive elements in women's health, recognising improvement since the previous inspection in November 2013 and noting outstanding practice in relation to the Great Expectations programme. The CQC rated the service as Good in being effective, caring and responsive. The overall rating for maternity services was 'Requires Improvement' with 3 compliance notices for security, dashboard and staffing (obstetric and midwifery)

A maternity services action plan was developed in response to the CQC report and feeds into the overarching Trust Improvement Plan - *Safe and Compassionate*. The key actions from the plan include:

- Uplift in mother to midwife ratio of 1:28 - this is an increase of 22 midwives (whole time equivalents)
- Reduce temporary staff by ensuring 95% of staff are permanent
- Improved consultant presence
- Reviewed baby tagging system, and implementing new system by April 2016.
- Immediately improved security on the wards through installing swipe access, introducing 24/7 clerical reception desk cover; and reviewed and amended visitor and discharge policy
- Improved access to data through maternity performance dashboard for staff
- Two new ultrasound machines procured to ensure image quality
- Progress work on midwifery-led unit

Other improvements

In addition to the CQC maternity action plan, the service has implemented a number of initiatives to improve women's experience of the service and information offered.

Improving women's experience

- Focus on changes throughout the maternity pathway
- Improving information and communication
- Women and Family Centred Care
- Focus on safe and compassionate care
- New leaflet to get more detailed feedback

Maternity information pathway

- One stop booking/pregnancy information pack
- Referral to Vulnerable team/Maternity mates
- Bump start project for further information on community support
- New women's information range
- Weight management and GDM sessions
- Birth plan/antenatal class
- VBAC/birth options clinic
- Postnatal Birth reflections clinic

The maternity unit has a number of new developments, some implemented in the latter part of 2015 and some commencing in 2016 which include:

- Induction of Labour (IOL) pathways including OPIOL and timing of admission for high risk IOL
- Co-located birth centre opening in Summer 2016
- Postnatal information improvement project – enhancing women's postnatal experience on the ward and improving discharge process
- Joint project with Lead nurse for neonates and neonatologist to review TC and reduce length of stay – possibility of care in the community.
- Enhance continuity of care with opening of co-located birth centre and increased in integrated teams
- New consultant posts – 1 post with special interest in fetal medicine
- Transforming Services Together plan – with 30% of all births to be out of Consultant led unit over next few years
- Design of a maternity app planned – link to new birth centre and information for women

Listening and responding to feedback

The maternity team are constantly reviewing our service, and we work closely with the CCG, MSLC and local women's groups in order to achieve the standards expected of our service with our local population.

Women's feedback is gathered via the national Friends and Family Test (FFT), Great Expectations Questionnaire, Picker survey, CQC, MSLC, SAFH, patient groups and complaints and SI.

We average 6 formal complaints per month, which is 1.3% (of 460 births per month). The most common theme in the last 6 months is communication in relation to lack of information or explanation. We have seen a number of improvements in the last year, in particular, with a reduction in feedback relating to poor attitude and behaviour, and concerns related to delays in care. We recognise early resolution is key to improving this and women will be able to have individual appointments in a new birth reflections clinic, where they can discuss their care in confidence with senior midwives within 6 weeks of birth.

Our analysis of surveys and feedback from women and their family has informed our developments for 2016/17 which include development of postnatal information package and review of the maternity pathways to improve options for continuity of care. Our great Expectation programme, which was noted as outstanding practice by the CQC, continues with implementation of further CTG assessment for medical and midwifery staff, active birth/pathway review sessions for all midwives (supported through an NIHR fellowship) and compassion and kindness session and observation in practice for all midwifery staff across Barts Health.

We also have a specific separate engagement project for the Royal London (Tower Hamlets) to work with the MSLC, the Home Birth Group and other interested groups to formulate a series of events linked to the new co-located birth centre and birth choices. Our nine improvement areas for the whole of Barts Health based on feedback are described below.

Antenatal

- There has been improvement in the % of women who have advised that they were not given a choice of where to have their baby (24% to 16%) – however 31% of women advised that they were not involved in decisions about their care. Actions will be taken to improve this.
- A high proportion of women have advised that they did not see the same midwife most of the time. This question is not helpful as, with the majority of other maternity units, we provide caseload care. The standard is that for low risk women no more than three midwives will provide the antenatal care, and all women will have a named midwife.
- Feedback that midwives did not always listen and not provided with enough time for appointments is being reviewed as we look at other options for provision of the birth planning visit.

Intrapartum

- The feedback that women are not getting appropriate advice from a midwife has improved, however the feeling that their concerns are not being taken seriously has not. *Action: Telephone triage and information options will be reviewed and implemented for improvements.*
- Not involved in decisions about care in labour. *Action: Review of birth plan documentation and care planning for labour, to improve women's confidence with informed decision making.*
- Not all staff introduced themselves to women. *Action: Review of practice and documentation, with link to the sector wide Transforming Services Together project*

Post natal

- Not being given information needed, and not always feeling being treated with understanding and kindness. *Action: post natal care standards will be reviewed and standardised, with a new information pack clearly demonstrating package of care and expectations*
- Infant feeding not fully discussed and not given consistent advice. *Action: BFI led review*
- Mother not being asked post-natally about her emotional wellbeing. *Action: Perinatal Mental Health led review and audit once questions implemented.*

