

Health Scrutiny Panel
Review of maternity services at
Royal London Hospital
Barts Health response



Barts Health response

- We welcome this review and the opportunity it provides to further improve services for local people.
- It provides an opportunity to reflect on what more we can do to improve experience for mothers and staff alike.
- We will be putting in place a detailed plan to do this over the coming months and would value the support of our partners in delivering it through a number of different and innovative initiatives.



Barts Health – our improvement journey

We recognise that we have challenges across our services and this will include maternity.

- We have an ambitious improvement plan, called ***Safe and Compassionate***. While the plan addresses some specific findings from CQC inspections, it also focuses on how we can become better at all aspects of care and ensure that we fix some long-standing issues for good:
 - Supporting our staff to feel empowered and be at the centre of our improvements (**Leadership teams, Listening into Action, BME leadership development and a values refresh**)
 - Establishing a blueprint for how we engage with people who use our services (**New patient engagement and experience strategy, patient panels iWantGreatCare, partnership working**).



Service Overview

Capacity

- Annually 6000+ maternity bookings
- Annually 5300 births in Tower Hamlets -10% in Barkantine BC and home
- Birth rate expected to increase by 500 births/year by 2024
- Anticipated birth rate for 2019 already exceeded in 15/16

Acuity

- High proportion of complex, high acuity births 70+%
- Increase in Transitional Care admissions for newborns
- Tertiary unit for obstetric and neonatal care
- 35% of local female population require advocacy services
- Funded staff ratio 1:28 (200wte midwives/nurses)
- Out of consultant unit births currently 9.5%



Our maternity service

- **We are proud that we offer some of the best outcomes in the NHS for mothers and their babies as commented on in the report and evidenced in the 2014 and 2015 EMBRACE reports for perinatal mortality**
- We recognise the need to improve the experience offered, and make changes to enable us to cope with the expected rise in births in the borough

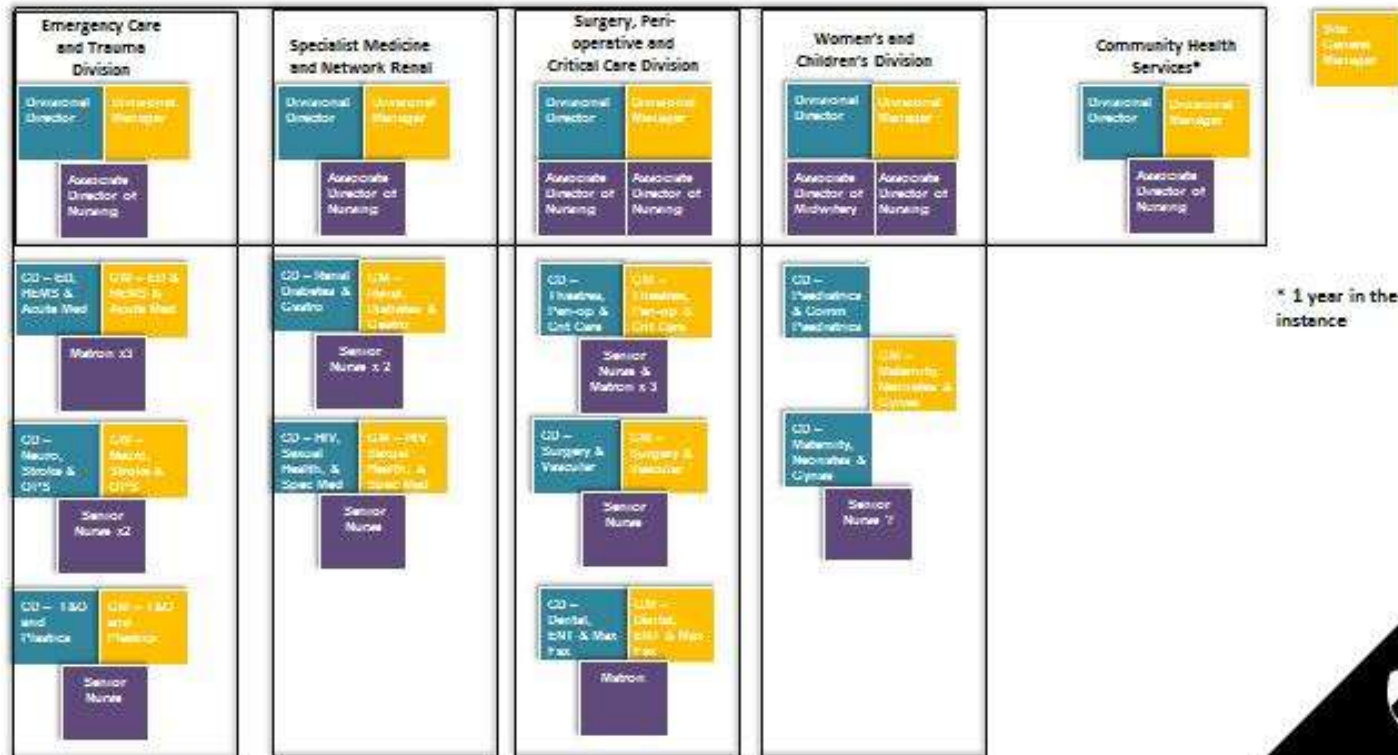
How will we do this ?

We are opening our new co-located midwifery-led unit in the autumn.

- Explore the extent to which women are involved in planning of services
- **Analyse how accessible and responsive services are for women from differing social and equalities backgrounds**



Strengthened site based governance



Specific areas to address in maternity

- We will work to address all of the recommendations in the review
- Following helpful conversations with the panel, we have grouped each of the recommendations and will focus our work on the following areas:
 - Workforce
 - Culture
 - Feedback
 - Partnerships

We have reviewed work already completed and in progress and our proposals for change will be agreed through the new dedicated programme board to be established with a wide group of partners. This group will agree timescales for each action



Workforce

Recommendation 2: That Barts Health Trust reviews its midwife recruitment strategy to ensure that it strengthens its approach to increasing the diversity of staff to reflect the characteristics of the local population

Recommendation 4: That Barts Health Trust develops ways to ensure that there is sufficient time dedicated for staff to provide information to patients, particularly for women who do not speak English as a first language

Recommendation 6: That Tower Hamlets Clinical Commissioning Group and Barts Health Trust work with Women's Health and Family Services to further develop and strengthen the Maternity Mates service to expand its role working with midwives and local women in hospital settings and the wider community. This should include working with a diverse range of local women both as service users and Maternity Mates with a particular focus on minority groups such as the Somali community.

Recommendation 7: That Barts Health Trust regularly reviews the process for conducting handovers between shifts to ensure that this process is as seamless as possible for staff and patients.

Recommendation 11: That Barts Health Trust reviews its resource allocation systems to enable staff to have more time to spend with patients.

Recommendation 14: That Tower Hamlets Clinical Commissioning Group and Barts Health Trust review the demand modelling process to ensure they can better understand future demand and enable Barts Health Trust to ensure sufficient resources can be allocated more swiftly to meet peaks in demand.



Workforce

What have we done...

- Recruitment plan for maternity – includes preparation of our students for posts
- Band 4 nursery nurse and TC project – local recruitment
- Maternity Mates – Doula service (support for training provided by Bart's) – once trained this is voluntary
- Bump Start – project for antenatal care
- Mama Academy – Information for mother's – varying languages
- TH breast feeding support group – locally recruited
- Working with social action for health
- BFI – full award 4th year
- Diversity has greatly changed across all staff groups over the last 2 years

What do we propose to do..

- Review current portfolio of staff and retention (reasons)
- University discussion – City and Southbank recruitment ideas
- Bart's Health training facility for assistant practitioners –
- Expand Maternity Mates project – will require funding outside of tariff/ to become a paid role/review options with CCG
- Review of Birth rate + recommendations against growth
- Review current advocacy arrangements to include birth plan discussion in birth centres / include preparation for labour (expectations re latent phase etc)



Culture

Recommendation 1: That Barts Health Trust explores how it can further implement good practice on offering compassionate care, particularly for women who have had traumatic births and those who do not speak English as their first language.

Recommendation 5: That Barts Health Trust ensures that it incorporates the findings and recommendations from the National Maternity Review in terms of how it tailors support to women who do not read and speak English.

Recommendation 10: That Barts Health Trust strengthens its discharge planning with patients and ensures that adequate time is taken for patients to understand the information provided and that it reflects their needs and choices. This is particularly the case for women who do not speak English as a first language.



Culture

What have we done...

- Birth reflections clinics
- Great expectations programme on leadership, values and behaviours across Barts Health maternity departments
- Advocate available for sessions and booked proactively
- Joint perinatal health support service and specialist midwife support team
- New discharge pack based on feedback from women
- Baby friendly accreditation and localised support
- Our organisational commitment to Listening into Action is showing results and we are undertaking a values refresh with staff
- MuMs collaborative and development of 'Always Events' for women's experience

What do we propose to do

- We are committed to developing a greater understanding of cultural and behavioural issues within our teams. We will commission a dedicated piece of work to help us truly understand what the issues are and what support can be put in place.
- Expanding on our MuMs collaborative will enable us to ensure this matches the expectations of those who use our services.
- Review of patient information and availability in different languages
- Offer more detailed birth discussion prior to discharge
- Explore development of Barts Health and Tower Hamlets maternity app



Feedback

Recommendation 3: That Barts Health Trust carries out a 6-12 months in depth study focused on patient experience following the opening of the new co-located unit in August to provide deeper insight and assurance around improvement plans that are being implemented.

Recommendation 12: That Barts Health Trust builds on its work to engage staff groups and patient organizations in plans for designing wards and waiting areas.

Recommendation 13: That Barts Health Trust develops a 'listening in action' programme so that midwives and ward staff can share practice with managers and learning is cascaded 'up' the management chain.

Recommendation 15: That Barts Health Trust improves the way that data on patient experience is collated and finds a way of bringing together data from various sources that can be analysed at a sufficient level of granularity, for example ethnicity, age group and site specific.

Recommendation 16: That Barts Health Trust strengthens how it is using patient feedback (good and bad) and to demonstrate to patient representative groups how this feeds into improvement plans.



Feedback

What have we done...

- iWantGreatCare - feedback APP 20 languages – enables richer feedback in 'real time'.
- Maternity patient information group established
- You said – we did
- Birth reflections – available for all women and supported by advocacy
- Parent education feedback and local questionnaires

NEW

- Mums collaborative event with NHSE held 14th June – Established 3 Always Events – 1st for maternity services
- Collaboration project commenced – MuMs collaborative

(Midwives understanding Mums) - a project working together with leaders from the local community to better understand of the needs of local mother's across our boroughs

What do we propose to do..

- Open event maternity specific – celebrate success / lessons learnt / what have we done based on feedback
- Planned – co – located open event and grandparents sessions
- TH summit – to include staff experience and recent IWGC
- Integrated partnership working sessions to analyse changes in feedback
- Review current advocacy arrangements and options for supported feedback
- Meeting planned with volunteer team for options to support feedback



Partnerships

Recommendation 8: That Barts Health Trust reviews the information provided as part of antenatal and postnatal care and works with patient groups (Maternity Services Liaison Committee, Health-watch Tower Hamlets, National Childbirth Trust) and local residents to ensure information is accessible, appropriate and meets local needs.

Recommendation 9: That the Tower Hamlets Clinical Commissioning Group continues to fund, support and strengthen the Maternity Services Liaison Committee as a key mechanism for involving local women in shaping the future of maternity services in the borough.

Recommendation 17: That Barts Health Trust works with patient representative groups and forums to develop easily accessible, timely and intuitive ways to give feedback. Linked to this that Public Health review how the post birth visit (6-8 weeks check) could provide an opportunity to better capture patient experience feedback and to develop a process to link this information back to BHT.



Partnerships

Proposed actions and current discussions	What do we propose to do..
<ul style="list-style-type: none">• DOM collaboration with MSLC for review of strategic and local requirements across bart's health• One stop booking expand to Barkantine Birth Centre• Increase number of integrated teams in line with Baroness Cumberlege review• Co-design project and naming project plan in place• REACH – joint antenatal classes• Joint project TST and commissioners re maternity pathway review and integrated team plans <p>Proposed actions New waiting area 6th floor – in line with complex care initiative</p>	<ul style="list-style-type: none">• We would value working with the panel to take forward this programme - we have recommended we set up a dedicated working group to share ideas and review progress• We will work with the local authority, the CCG, the MSLC and local community groups to ensure local perceptions of the service reflect the reality (particularly around the opening of the new midwife-led unit). This will include current projects MuMs collaborative and Always Events• We will work with the CCG on Maternity Mates options



Divisional Team

Leading the OSC Recommendations for BH Maternity Services

- Sandra Reading – Director of Midwifery and Children's
- Alison Herron – Associate Director of Midwifery, Gynaecology and Fertility
- Anita Sanghi – Divisional Director
- David Kovar – Divisional Manager
- Mary Olusile – Consultant Midwife
- Indie Kaur – Consultant Midwife

Oversight and Support of Maternity Services Division

- Alwen Williams – Chief Executive
- Caroline Alexander – Chief Nurse
- Jackie Sullivan – Managing Director RLH and Mile End



The national maternity review 2016 recommends a new personalisation of care for all women with services wrapped around individual needs.

