

Maternity Service Quality



Dr Martha Leigh: CCG Board lead for maternity



CQC visit December 2013

The RLH site was found to be providing safe effective and responsive care. Some issues were reported however:

IT and administrative support an issue / unable to access information

- Admin staff review and subsequent additional staffing arranged
- New 24/7 rota for the labour ward
- IT board set up to resolve data issues

Equipment not readily available on all sites (RL) CTG monitors sometimes had to be borrowed from other areas

- Equipment review now also completed
- Extra CTG purchased at end of 2013 and again in March 2014
- New check lists implemented

Across site audit to be introduced in 2014

- RL has full audit programme in-line with best practice standards

Ensure new clinical safety briefing system in place

- Launch of *Hot Topics* Newsletter

Services are stretched at times; which can limit choice:

- Integrated teams have been launched across localities
- A new leaflet promoting choice has been designed and will be routinely given to women

Birth to midwife ratio too high (at time was 1:32 on RLH site)

- Extra nine staff have been recruited and more being recruited.

Some women had negative experience from a small number of staff on post natal wards who did not consistently treat women with consideration and respect

- Great expectations programme staff development programme underway. Band 7's have undertaken training already. Improvements in themes from complaints noted

New teams need to be embedded over the next year to reduce staff anxiety and offer support

- New teams in place and extra senior staff being recruited to specifically support newly qualified midwives
- Great Expectations programme

CQC visit December 2013

Integration and joint working was still fragmented in some areas / stronger leadership required in specialist services

- Review of specialist services to work across Barts is underway (education / screening / bereavement)

Appraisals completed but some concern about quality and content

- New teams reviewing and updating as required / new database started and appraisal plan

Multi-professional ownership required for complaints

- New complaints process implemented and no overdue complaints in maternity services

CCG priorities

- Improve **patient experience** (lack of compassion, care and information)
- Improve **signposting and triage** (who to call or where to go, to access help and support)
- Update **antenatal and post-natal pathways** (due for review)
- Increase **community births** (low uptake)
- Improve **patient choice** (place of birth, type of birth)
- Ensure **community midwifery** services that are fit-for-purpose (continuity of care, good quality information, effective test/results process, effective referral process)
- Identification/signposting to **mental health services**
- Make better use of the **Maternity Mates Service** commissioned to support those who are particularly vulnerable within the borough during the maternity pathway



Low community birth rates

Increase community birth rates by 20% on 1314 rates; delivering choice for low risk mothers

Provide better continuity of care between mother and midwife

Reconfiguration of staffing and pathways to allow better continuity of care between mother and midwife

Improving patient information to empower mothers and increase confidence

Systematise and improve the quality, accuracy and range of maternity information given to mothers during the pregnancy pathway by MW's – verbally and written

MSLC Information Pilot

Inform deprived/disadvantaged mothers about health, access and choice at community-level, using trained community outreach workers

MSLC Engagement

Continual feedback captured by local mothers about local services – to inform commissioning intentions and inform new commissioning ideas



Maternity Transformation Programme 2014/15

NHS

***Tower Hamlets
Clinical Commissioning Group***

Alongside Unit

Work with Barts to launch the midwifery led along-side unit at RLH to increase capacity and ensure lower risk mums give birth in more appropriate care setting

Triage

Launch one dedicated triage / information desk at RLH to improve access to general support or in times of emergency

Review of antenatal and postnatal pathways

To bring us in-line with national best practise and inform any changes to pathways in 1516

Development of pan WELC commissioning intentions

Align strategy for 1516 for maternity services across the Barts footprint



Questions