TO Hospital Advisory Committee

FROM General Manager
Clinical Services and Transformation

DATE 26 May 2016

SUBJECT **Maternity Review update**

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

MEMORANDUM

1. PURPOSE

This report provides an update on the actions underway and progress over the past six weeks with the implementation of the work programme to address the findings of the independent review of the Maternity Services. No decision is required.

2. SUMMARY

As our programme of improvement gets underway more people are participating. We are grateful to all those who are giving time to improvement work, participating in forums, and sharing their experiences and views with us as we work to improve the service. Their contribution is the key to our success.

"There's a very good feel in the Maternity Ward" – that was the comment from the Minister of Health, Hon. Dr Jonathan Coleman when he visited the Maternity Service, on Tuesday 17 May. Staff within the service were appreciative of his visit. He had the opportunity to meet with service leadership, patients and staff. He also said it was good to be able to talk with staff in Maternity Services and to hear about developments following the review. He also noted said a culture of optimistic change could be felt following his visit. "On the maternity side, they [MDHB] have taken those recommendations on board."

Good progress continues with the implementation of the work programme, with the project structures and support arrangements strengthening. This has been supported by the provision of additional resources to support the work and the effective establishment of the working group. Oriana Paewai has joined the Steering Group, as the iwi Maori representative.

The working group is fully established and is now taking full responsibility for implementing the improvement work. The terms of reference for the working group have been finalised, confirming its role to undertake the improvement work under the direction and oversight of the Steering Group.

The Project Clinical Lead is leading the development of the revised maternity model of care that responds to the NZ Model of Maternity care. This work is aimed at achieving a better mutual understanding of the Section 88 provisions, the national maternity standards and the referral guidelines. The first forum of this aspect of the work programme was held on 19 May 2016. This was well attended with around 40 midwives present, representing both Lead Maternity Carers (LMCs) and secondary care, along with three Obstetricians and Gynaecologists. Open discussion focussed

on issues identified by the group, with a focus on transfer of care. Key issues from that discussion will be taken forward to future sessions.

The stocktake of the RCA action plans for the six adverse events has been drafted and is due for completion by the end of May. This will identify any further work required to ensure the recommendations are fully implemented in accordance with the work programme timeframe of June 2016.

The formal engagement leading to consumers and Maori becoming partners in our service improvement journey across all our workstreams is underway. Consumer focus groups will be held in Horowhenua, Palmerston North, Fielding, Dannevirke and Pahiatua. In addition a separate focus group will be held with Maori women. The first forum takes place in Pahiatua, Tuesday 31 May 2016.

We have received confirmation that we have achieved Baby Friendly Hospital Initiative accreditation at Palmerston North Hospital for a further period. This follows the reaccreditation for Horowhenua Health Centre in 2014.

The assessment of the Maternity Clinical Information System has been completed as a draft for consideration and feedback from the MCIS Steering Group, Information Systems and MidCentral Health management. The findings overall are that there is currently a lack of clear expectations as to how the system is used, and that to date there has been insufficient training to support staff's efficient use of the system. Opportunities for improvement include the introduction of a much improved Release 10, along with a robust training programme to ensure this version is well understood and able to be used by everyone. We are also going to strengthen the role of our own Information Systems staff to support the system and ensure that it operates without problems. As a project we are looking to strengthen local governance and leadership for this system and be more involved in the developments nationally. The assessment is subject to final review and feedback –a programmed approach will be developed once the assessment is confirmed as final. This approach will be made available widely for feedback before it is finalised for implementation.

The working group have given careful and thorough consideration to the best means to progress the multiple areas of service development. The approach that has been agreed involves taking the initiatives from the work programme, while maintaining their links to the strategic imperatives, and developing eight workstreams that will be the focus for our work. The 25 initiatives and 70 actions that arose from the service review recommendations and align with the Maternity Quality and Safety programme, have been consolidated into eight streams that enable team based partnership and a "connected" approach. Many of these workstreams, once the recommendations from the review have been met, can and will continue into the future as part of our ongoing programme of service and quality improvement.

3. RECOMMENDATION

It is recommended:

that the report be received

4. BACKGROUND

In October 2015, an external review was requested by the DHB CEOs following concern that there had been seven reported serious adverse events in the Regional Women's Health Services (RWHS) over the previous nine months; six at Palmerston North Hospital and one at Whanganui Hospital. The events had led to two intrauterine deaths, three neonatal deaths and three neonates with significant morbidity.

The main aim of the review was to establish whether the RWHS was equipped to provide safe and effective maternity care. Together, MDHB and WDHB wanted to ensure that women can access woman and family-centred maternity care at both Palmerston North Hospital and Whanganui Hospital which meets all established standards for service delivery.

The review report identified a number of factors that were affecting the effectiveness of service delivery and made eleven (11) major recommendations (along with 20 subsidiary recommendations) to address the issues that had been identified.

As previously reported, a comprehensive work programme (attached as Appendix 1) has been developed to address the recommendations taking a DHB-wide approach. This spans the full continuum of care. Women (and their families) and all providers involved in providing care (from health promotion through ante-natal care, and transfer to well child services) will be included. The timeframe is two years, with the expectation that an ongoing, annual quality assurance/service development work programme would continue as part of "business as usual".

5. COMMUNICATIONS

Ongoing communications continues to be a key focus for implementation of the work programme. Since the last report further forums have been held with maternity service staff and lead maternity carers as a combined group. The most recent forum (11 May 2016) included an update on progress with the work programme. From questions asked at that forum there was recognition that there are aspects of the work programme that need wider communication so everyone understands. The Clinical Lead is developing a road show around the Maternity Quality and Safety Programme to support a better understanding.

In addition three written updates have been provided to all our stakeholders (attached as Appendix 2) to provide an update on progress with our work programme activity, along with topical information regarding happenings within the maternity service.

An ongoing communications plan has been developed to support engagement with stakeholders internally and externally. Its purpose is to inform stakeholders about the results of the maternity review and the ongoing implementation of the recommendations. More importantly, it is to establish robust interactive communication mechanisms with each stakeholder group now and into the future.

This approach to communications links the activities to engage with stakeholders to a more enduring relationship of open communication and supporting their

involvement in MDHB maternity services. It is a crucial aspect of our commitment to be more responsive and open to improving our service.

Progress has been made with stakeholder communications, with consumer forums organised including individual forums in urban and rural settings over May/June. There will be a forum for Maori as part of this programme. Liaison meetings with key services have commenced.

6. PROGRESS UPDATE

Good progress continues with the implementation of the work programme, with the project structures and support arrangements strengthening with the provision of additional resources to support the work and the effective establishment of the working group.

6.1. Project Approach

Steering Group
The steering group has met weekly from its initial inception on 16 February 2016 (as the project structure was initiated) through to 10 May 2016. With the initial establishment work completed, the urgent work associated with staffing completed, and the full establishment of the working group, the steering group is now meeting fortnightly. The steering group receives updates from the working group regarding their activities to enable the steering group to provide continuous oversight and direction to the work programme.

Oriana Paewai has joined the Steering Group, as the iwi Maori representative. Oriana is the CE of Rangitane o Tamaki nui a Rua, a large Iwi health and social service provider based in Dannevirke. In addition to being a MDHB Board member, she is also Chair of Manawhenua Hauora, the consortium of all four Iwi who have manawhenua status across Manawatu, Horowhenua, Tararua and Otaki

Project Sponsor:	Mike Grant – General Manager, Clinical Services and Transformation
Clinical Sponsors:	Michele Coghlan – Director of Nursing Dr Kenneth Clark – Chief Medical Officer
Steering group	Mike Grant, Chair, General Manager, Clinical Services and Transformation Jenny Warren, Consumer Representative Amanda Douglas, Lead maternity Carer (midwife) Oriana Paewai, Iwi Maori Representative Michele Coghlan, Director of Nursing Dr Kenneth Clark, Chief Medical Officer Dr Jeff Brown, Clinical Director, Child Health Anne Amoore, Manager, Human Resources Muriel Hancock, Director, Patient Safety & Clinical Effectiveness

Working Group
The working group is fully established and is now taking full responsibility for implementing the improvement work. The first formal meeting of the full working group took place on 21 April and it has been meeting regularly since. Working group members are now participating in the individual streams of work in addition to the working group meetings.

Working Group	Catherine Marshall, Project Manager Diane Hirst, Chair, Charge Midwife and Project Clinical Lead Jayne Waite, Lead Maternity Carer and Midwife Kelly Wylie, Consumer Representative Dr Steven Grant, Acting Clinical Director Dr Sarah Machin, Obstetrician & Gynaecologist Julie Rob-O'Connell, Iwi Maori/Lead maternity Carer & Midwife Robyn Williamson, Service Manager Barbara Ruby, Quality Coordinator Amanda Rouse, MQSP Coordinator & Midwife Nicholas Glubb, Operations Director

The terms of reference for the working group have been finalised, confirming its role to undertake the improvement work under the direction and oversight of the Steering Group. Key stakeholders and external linkages for the working group's activities have been identified and are included below.

Working Group Key Stakeholders

Director of Maori Health and Disability Emergency Department Anaesthetics/theatres Child Health/NNU Diabetes Service Orthopaedics Consumer representatives Human Resources Senior Medical Staff Maternal Mental Health Alcohol and Drug Services Local iwi and Providers SANDS Well Child/Tamariki Ora services includes Plunket	Resident Medical Officers Charge Midwife/Associate Charge Midwifes Lead Maternity Carer's Midwifery Advisor, MDHB/WDHB Women and their whanau Core staff Nga Maia Paruru Mowai Social workers Current antenatal/ parenting/ resource providers - Barnados (CBE's) Women's Health Unit Horowhenua Birth Unit (Interpreter service) CYF liaison

Working Group External Linkages

GP teams Community Lactation Consultants Well Child providers/ Plunket Child Birth Educators HIPPY Facilitators (e.g. TANCS) Barnardos Information and Advisory Services Indian Community Central PHO Access holders Across Social Services Ambulance Services Birthright Community Lactation Consultants Parent to Parent/Early arrivals and SANDs Rep Parentline PHO/GP teams Plunket coffee groups PN Parents Centre Well Child Providers Student midwives/ Midwifery schools CYPS Police IRD MSD Social workers Dannevirke Community Hospital	Manawatu Homebirth Association Manawatu/Wanganui Regional Plunket Services Maori Health Unit Maternity Resource Centre PN, Levin, Pahiatua & Fielding NZ College of Midwives NZ Midwifery Council Pacific Community Public Health Nurses Refugee Community Te Aroha Noa The Pregnancy Centre Te Tihi Whakawhetu Te Ohu Auahi Mutunga (TOAM) smoking cessation Whanau Ora Navigators Highbury Whanau Centre YMCA YOSS Te Aroha Noa Refugee Services Interpretation services Homebirth Association Women's Refuge Scanning,(Broadway Radiology & Pacific Radiology) Community birth services

The Service Manager, Acting Clinical Director, Charge Midwife, Project Manager and Operations Director are meeting weekly to ensure a seamless interface between the development work and the day to day management of the maternity service.

Project Support

The Clinical Lead and Project Manager are now well established in their roles supporting and leading the improvement work. The Clinical Lead is focussing on clinical engagement, model of care development, the Maternity Quality & Safety Programme (MQSP) and the leadership of overall midwifery development work. The Project Manager is leading the Working Group as Chair, organising and coordinating the overall workstreams, undertaking the stocktake of the Root Cause Analysis (RCA) actions and supporting the engagement with consumers, Maori, and the services that interface with maternity. These two roles dedicated to the project are having a positive impact in initiating work and engaging others to participate.

6.2. Work Programme Progress

As previously reported the work programme has been developed to address the recommendations. This is attached (refer Appendix 1), and cross references the review team's recommendations. It is a working document and it is being updated fortnightly for the steering group meetings to demonstrate progress against each initiative, in line with the established priorities and timeframes.

The work programme is structured to align to the review team's findings and is grouped to align with the MDHB Strategic Imperatives, identified in the new strategic direction, namely:

i. Quality and Excellence by Design
ii. Partner with People and whanau to support health and wellbeing
iii. Connect and transform primary community and specialist care
iv. Achieve equity of outcomes across communities.

As for previous reports, progress against each of these areas is discussed below and details of the actions to date and/or approach going forward is outlined.

i. *Quality and Excellence by Design*

Work continues with the organisation wide review of the current RCA/investigation methodology to strengthen the process, system, leadership and communication. A literature review is being undertaken and a review of other DHBs' resources has been completed. Staff from the Quality & Clinical Risk Team are developing a draft model for a revised approach that will form the basis for consultation and feedback.

The stocktake of the RCA action plans for the six adverse events has been drafted and is due for completion by the end of May. This will identify any further work required to ensure the recommendations are fully implemented in accordance with the work programme timeframe of June 2016.

The Associate Charge Midwife completing the Improvement Advisor training has undertaken the first full week of study and has returned energised to follow through with the project being undertaken as part as part of this programme. As previously reported, the project is focussing on reducing stillbirths by raising awareness of the need for women to monitor changes in baby movements during pregnancy, and acting immediately on those changes. She is being mentored by another MCH staff member who had previously completed improvement advisor training and together they have worked out the next steps.

A stocktake is underway to identify all quality and clinical meetings and activities to support the review of the maternity quality improvement meeting arrangements. Two maternity staff are attending the "Improvement Fundamentals, Developing Improvement Skills to initiate Sustainable change" - quality workshop on 30 May 2016 at Hawkes Bay DHB.

A framework has been developed to streamline policies and guidelines – linked to the MQSP framework. Amanda Rouse, MQSP Coordinator, will be working four days a week from later in June to support this work.

We have received confirmation that we have achieved Baby Friendly Hospital Initiative accreditation at Palmerston North Hospital for at least three years. This follows the reaccreditation for Horowhenua Health Centre in 2014.

The work required for a successful MQSP programme has been incorporated into an overarching approach. MQSP is underpinned by the Maternity Standards, the Referral Guidelines, Service Specifications, Clinical Indicators and quality improvement activities that culminate in a comprehensive published annual report. Our framework for MQSP and service improvements is based on:

- Safe Care
- Experience of care
- Effectiveness of Care
- Key projects

This approach has been developed into a roadshow that has been presented to the Steering Group and is now planned to be provided across the service and to our stakeholders to ensure there is a good understanding of what underpins this work and the direction the service is taking.

The MDHB visit component of the internal audit on DHB clinical governance has been undertaken, with a draft report the next milestone.

ii. *Partner with People and whanau to support health and wellbeing*

As previously reported, the MDHB Board has approved that a memorandum of understanding (MOU) will be developed that will detail the clinical integration and collaboration for our women's services going forward before 1 July 2016. The districts initial concepts were presented at the centralAlliance subcommittee meeting on 3 May 2016. The professional leaders (Chief Medical Officers, Directors of Nursing, and Directors of Allied Health) from both DHBs have met to workshop the MOU. A draft is currently with the Contracts Department of MidCentral DHB for formatting. Once the draft is ready, further consultation will occur.

The formal engagement leading to consumers and Maori becoming partners in our service improvement journey across all our workstreams is underway. Consumer focus groups will be held in Horowhenua, Palmerston North, Fielding, Dannevirke and Pahiatua. In addition a separate focus group will be held with Maori women. The first forum takes place in Pahiatua, Tuesday 31 May 2016.

Both the Steering Group and Working Group have received the most recent maternity consumer survey results. The survey results include a very gratifying level of positive feedback. This is being brought to the attention of staff and they have been commended for their efforts in this regard. Feedback has also been reviewed for the project team to consider how opportunities for improvement can be initiated. A number relate to the post natal care and the maternity ward environment. Themes have been identified for development of improvement processes, and action against these will be reported in the next update.

iii. *Connect and transform primary community and specialist care*

The CEO has confirmed the Executive Leadership Team reconfiguration that will inform the development of a proposal for the revised leadership structure for Women's Health. The Executive Leadership Team is developing an approach to service/cluster design for MidCentral Health as a whole that will inform considerations for the future leadership structure for Women's Health

The Clinical Director position is being advertised currently locally, nationally and internationally. A draft job description has been developed, and it will be finalised once we have feedback from maternity staff, LMCs and consumers. Applications close 11 June 2016.

The Project Clinical Lead is leading the development of the revised maternity model of care that responds to the NZ Model of Maternity care. This work is aimed at achieving a better mutual understanding of the Section 88 provisions, the national maternity standards and the referral guidelines. The first forum for this aspect of the work programme was held on 19 May 2016. This was well attended with around 40 midwives present, representing both Lead Maternity Carer's (LMCs) and secondary care, along with three Obstetricians & Gynaecologists. Open discussion focussed on issues identified by the group, with a focus on transfer of care. Key issues from that discussion will be taken forward to future sessions.

The two additional SMO positions approved as part of the SMO job sizing exercise have been recruited to. Joanne Titalis, Specialist Obstetrician & Gynaecologist commenced with us on Monday 23 May for a year. Dr Per Kempe has confirmed his acceptance of a full time position for two years, commencing October 2016. This will provide a sustainable level of SMO staffing while permanent recruitment to the two new positions is undertaken. The improvements in senior medical staffing enable greater support to be provided for women experiencing gestational diabetes. Clinical Staff have been invited to visit Waitemata DHB to better understand the model of care used there, to inform our consideration for the future.

Digby Ngan Kee has returned to a Specialist Consultant Gynaecologist position for Women's Health. His knowledge, skills and expertise are greatly sought after and having him more available clinically will provide a real benefit to the women in our district. We acknowledge his commitment and hard work as Clinical Director for the Regional Women's Health Service.

The nine Associate Charge Midwives (providing midwifery leadership to the maternity service after hours on all shifts, and during the day in both delivery suite and the post natal ward) are now well established in their leadership roles, with each of them undertaking service improvement activities as part of the leadership portfolio. A paper is out for consultation seeking feedback on how the orientation process for midwives can be improved within the service. Consultation will close at the end of the month. The feedback will be incorporated into an updated Orientation Manual for midwives.

International Midwives Day was celebrated in the maternity services with afternoon tea on 5 May. It gave an opportunity to reflect on the strengths of our Maternity Service, and the tremendous contribution midwives make across our district. Of

course, other clinical and support staff all contribute with midwives to the great care we provide day in day out.

In recent weeks we have received feedback on a number of occasions reflecting on good care and great collegial team work. It gives us a window into the improvements we are making and that our shared efforts are bringing results.
The interface meetings have commenced between maternity services and the various services that have close relationships with it. The meeting with Maternal Mental Health was held last week. This generated good discussion around referral criteria and provided some clarity for the maternity staff. It was agreed that the meeting should be scheduled monthly going forward. A meeting is scheduled with Child Health for 3 June, with the remaining meetings being planned over the next few weeks.

As previously updated we are currently looking at options for both short term changes and then looking at longer term options to make the most of available space for both Obstetric and Gynaecology clinics. Clinic staff have met and looked at how they currently work, how the immediate future looks and how clinics will run to best match the model of care delivery to the facility. These meetings will continue to ensure all clinics and options are explored, before a decision is made regarding facility changes.

iv. *Achieve equity of outcomes across communities.*

Work continues to bring a fully operational Maternity Quality and Safety Programme into the service improvement approach for our maternity services, to provide a much stronger emphasis on the quality of outcomes and delivering services to established standards and guidelines. This work will provide both a benchmark for looking at how our services can be improved and a means by which we can measure our improvement.

7. MATERNITY CLINICAL INFORMATION SYSTEM

As previously reported, we have engaged an experienced project manager to undertake an assessment of the current state of the Maternity Clinical Information System (MCIS). The project manager has met with clinical staff, and the key staff involved internally and externally in supporting the implementation of MCIS. The project manager has completed his preliminary assessment of the current state of the Maternity Clinical Information System (MCIS).

This assessment has taken place as Clevermed (the vendor) are preparing to release a major upgrade to the system software (Version 10). The project manager has also been coordinating testing the upgraded software, due for release at the end of May. We are aware that other DHBs are facing challenges with MCIS, with Counties Manukau DHB planning a return to paper clinical records until the system is improved. In the meantime we are committed to the programme of improving MCIS, supported by the programmed approach that will be developed to support improvements to the system's operation.

The assessment has been provided as a draft for consideration and feedback from the MCIS Steering Group, Information Systems and MidCentral Health management.

7.1. Background

MidCentral DHB was one of five DHBs that were involved in the initial implementation of MCIS, also known as Badgernet. For MidCentral DHB it was a necessity, as the former system, Terranova, was no longer supported. The Ministry of Health made the choice for MCIS, a Clevermed product, as the national system for maternity. Clevermed used as its base an English system for maternity care and the past two years have been used to adjust the system to meet the needs of the New Zealand maternity model of care. MCIS is not an event driven or process driven information system but an electronic record containing all the information needed for maternity care. Alongside the maternity system a neonatal system (NCIS) - NCIS is used in MidCentral as well. The system is a Software as a Service (SaaS) system with software in the cloud, hosted in Christchurch.

7.2. Assessment Findings Overall

The findings overall are that there is currently a lack of clear expectations as to how the system is used, and that to date there has been insufficient training to support staffs efficient use of the system. Opportunities for improvement include the introduction of a much improved Release 10, along with a robust training programme to ensure this version is well understood and able to be used by everyone. There is a need to strengthen the role of our own Information Systems staff to support the system and ensure that it operates without problems. As a project we are looking to strengthen local governance and leadership for this system and be more involved in the developments nationally.

The vision for the future state of MCIS is that the system is sufficiently developed and functional to be successfully rolled out to the other DHBs nationally. An efficient organisation supporting the system locally and nationally is crucial to support a high level of utilisation across all stakeholders, including LMCs, using MCIS successfully without major issues and a high quality of data.

The future state is identified as achievable in around two years when the national system and organisation around it is deemed ready and successful. Key characteristics of that state would include:

- All major and moderate issues solved
- All DHBs and LMCs use MCIS
- The quality of the data in MCIS is improved (using Lean Six Sigma method to determine and improve the quality of data)
- Performance and functionality align with contracted agreements and agreed service levels
- Mandatory and tailor made reports can easily be made by MCIS
- Reliance on paper based systems is reduced
- A local, regional and national organisation in place for solving issues and further development of the software
- Training is set up professionally, appropriately resourced, and is mandatory and part of job descriptions
- Processes and documentation are made available
- The use of MCIS reduces the administration time and is an efficient use of time for clinicians

- DHBs communicate efficiently with each other and with the Ministry of Health and Clevermed
- A better internal and external organisation in place which supports better use of the system and where people take responsibility
- An effective change process with all DHBs, Ministry and Clevermed
- All people working with the system are satisfied, with active participation and expressing confidence in the system
- The Ministry of Health is working on a contract with the Midwifery and Maternity Providers Organisation (MMPO), which could secure the commitment of 80 per cent of the LMCs.
- LMCs are accessing the system in the community and hospital and are editing as much as possible of their information in MCIS
- More robust change and development programme for the system
- IT support is clear, well structured and responsive, taking responsibility, and control over applications, IT services and information.
- When documenting clinical emergencies, it should be easier to access, enter data and use the system (process and display of data)
- Resources, time and money required to support the system are confirmed and available, including for testing, training, further development and professional organisation around MCIS.

The future state identified above forms the basis for the development of a programmed approach to put in place the necessary actions to achieve the improvements required. Currently they are indentified as goals for further consideration, finalisation and conversion into a project action plan.

Organisation & Management

Goals:

- Reduce the number of groups involved internally working on the system.
- Assign strategic and operational responsibilities.
- Develop clear terms of reference for the oversight group with clarity over roles and how issues are addressed, actions taken and matters escalated as necessary.
- The job descriptions of people who work with MCIS describe their obligation to work with MCIS, to acquire knowledge of the system and their responsibilities.
- Commitment to invest time and effort in making the system better.
- MDHB to take responsibility, facilitate and be the advocate of the system in order to regain confidence

Quality

Goals:

- Measure current performance, and establish a system to measure performance over time to track the implementation of system improvements.
- Measure quality of the data, implement changes to address data quality and control by taking new measurements - Define, Measure, Analyze, Improve and Control (DMAIC approach Lean Six Sigma)
- Measure quality periodically to measure progress and establish control

Information Technology

Goals:

- Involve Information Systems in the organisational change and confirm their responsibilities
- Introduce ITIL (a framework on how to setup an IT maintenance organisation) for MCIS within MidCentral.
- Information Systems takes responsibility for MCIS as a system at MDHB
- Information Systems is the portal to the vendor for all issues and requests
- Information Systems ensures that all information in and around MCIS is part of an information plan or policy
- Within MidCentral, use one source to log issues and requests around MCIS – the Information Systems Service Desk
- Information Systems logs and communicates issues or requests that have to be forwarded to Clevermed. Also, IT monitors this process.
- Information Systems supports the development of improved reporting

Training & Documentation

Goals:

- Finish current activities on testing Release 10 and make a training plan for the specific issues that are changed or added in this release.
- Allocate dedicated resources for training.
- Make a training plan on how to approach training for all users within MidCentral and LMCs in the region, on specific roles and in combination with processes.
- Allocate time and budget for training of all users who use MCIS.
- Plan sufficient training for specific roles and keeping people informed about changes and decisions can create understanding and raise the level of knowledge and with that acceptance.
- Start with describing role and activity (or events) driven processes.
- Changes for Release 10 documented.
- Work through with the vendor and other DHBs which documentation is available and identify those parts that are missing or need an update.
- Train people in order to get the quality of the data up and for other people to get trust in the data that is in the system.
- Describe processes of entering data into MCIS and using MCIS information in practice, taking into account the different professional roles, activities and need of information.
- Adjust the system slightly (with mandatory fields) to support vital clinical processes.

National Organisation and Development

Goals:

- Collaborate with the Ministry who is currently changing the governance structure.
- Work with Ministry of Health in their governance structure that will support strategic, tactical an operational needs.
- On a strategic level, cooperate with the Ministry to try to support resolution of issues experienced by Counties Manukau DHB.

- Strongly act on strategic level and support Ministry and Clevermed with the completion of the contract and SLA (Service Level Agreement) to secure future use and service levels.

The assessment is subject to final review and feedback – and the programmed approach will be developed based on the goals identified above – once the assessment is confirmed as final. This will be made available widely for feedback before it is finalised for implementation.

8. LOOKING FORWARD

8.1. Workstream Development

The working group have given careful and thorough consideration to the best means to progress the multiple areas of service development. In doing this the key imperative is the need to strengthen engagement with stakeholders across the maternity sector and have them participate fully in our work. The approach that has been agreed involves taking the initiatives from the work programme, while maintaining their links to the strategic imperatives, developing eight workstreams that will be the focus for our work. Clear goals for the workstreams will enable better understanding of the work ahead, and support participation of people across the sector in these activities.

The 25 initiatives and 70 actions that arose from the service review recommendations and align with the Maternity Quality and Safety programme have been consolidated into eight interlinked workstreams (below) that enable team based partnership and a "connected" approach. Many of these workstreams, once the recommendations from the review have been met and will continue into the future as part of our ongoing programme of service and quality improvement. Working group members have committed to leading workstreams relevant to their expertise and experience. They will co-opt others to into the workstreams to broaden participation and provide the capacity and capability to progress the work.

This work continues to be aligned with the MDHB Strategic Imperatives, identified in the new strategic direction, namely, Quality and Excellence by Design, Partner with People and whanau to support health and wellbeing, Connect and Transform primary community and specialist care, and Achieve equity of outcomes across communities. The interlinked workstreams are:

1. *Safe Staffing*
   All aspects of workforce, roles, responsibilities, education, and training.

2. *Facility Improvements*
   Improvement to our clinical environment to improve and enhance care.

3. *Governance and leadership (structure)*
   Organisational structure, clinical governance, MOU with Whanganui DHB.

4. *Quality and outcomes (processes)*
   Quality improvement processes such as audits of care, incident analysis, care reviews, acting on learning points and improvement plans. "Closing the loop".

5. *Consumer Engagement*
   Partners in Care Programme, Tuia Framework (Responsiveness to Maori), Information/Education, improved feedback processes and actions, and improved responsiveness generally.

6. *Stakeholder Engagement*
   Improving relationships and interface with internal and external service providers (including LMCs) contractors.

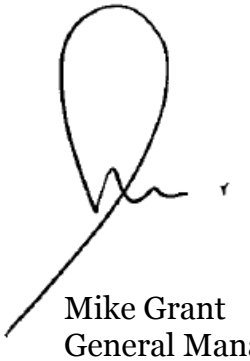
7. *Guidelines*
   Comprehensive review and streamlining of guidelines and policies, incorporating audit tools and parent information. Ensure they are easy to find and easy to use.

8. *Annual report to Ministry of Health*
   Improving data analysis, national benchmarking and accountability.

Future reports will provide updates on progress of each of the workstreams, incorporating detailed information regarding the implementation of the 31 review recommendations. This will be presented as a status report in relation to all work stream activity, with areas of achievement, reported along with identifying where additional work is required and an assessment of project implementation risks and the actions planned to address them.

9. NEXT STEPS

- Finalising the MCIS assessment and the development of a programmed approach to address the issues identified.
- Embedding the work stream approach – with increased participation from across the maternity sector.
- Development of the service model of care through the incorporation of the MQSP programme and forums with staff and stakeholders over the Sec 88 guidelines, and the NZ Maternity Standards.
- Roll out of the full programme of consumer and Maori engagement forums through June 2016



Mike Grant
General Manager
Clinical Services & Transformation

APPENDIX 1: Women's Health Work Programme
Updated May 23 2016

The work programme includes all recommendations from the independent review. These recommendations are attached as an appendix to this work programme, and each is referenced against the particular sub-areas. The work programme also includes key issues noted in the report, and will be expanded to include other issues identified through socialisation of the report which are not already covered.

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
Quality & Excellence • People • Partners • Information • Stewardship • Innovation	Adverse event/RCA policy and process – organisation wide (Recommendation 9, 28, 29 & 30)	An organisation wide review of the current RCA/investigation methodology will be completed and changes implemented to strengthen process, system, leadership and communication.	Sep 16		Director PSCE	This review will take into account best practice in adverse event review in other DHBs in addition to HQSC advice. The Serious Adverse Event Review Group will provide the clinical leadership to this review.	**30.03.16** Literature review as well as review of other DHBs resources in progress. Attendance at RCA workshop in Christchurch confirmed for early April. **15.04.16** Work continues to progress in considering information from several DHBs and the HQSC. **04.05.16** Work progressing to ensure timelines are met. HQSC will be asked to comment on the model once drafted.
	Adverse event RCA policy & process – women's health, including awareness and results of index case RCAs (Recommendations 9, 25, 28, 29 & 30)	Collate themes from 6 RCAs and communicate to clinicians and leadership in Maternity Service.	Apr 16	**Completed**	Director PSCE		**30.03.16** In progress with further work planned on aligning to actions plans and current status. **15.04.16** Completed and endorsed by Serious Adverse event Governance Group.
		Ensure action plans are updated to address any outstanding matters relating to the themes.	May 16		OD		**15.4.16** Themes work to be reviewed by working group and actions updated as required **4.5.16** Stocktake underway **20.05.16** Action plans identified for updating as part of an evaluation of the effectiveness of recommendations

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		All action plans from the 6 RCA and any subsequent adverse events are fully implemented and a follow up of effectiveness of recommendations is undertaken.	June 16		OD		**15.4.16** Stocktake of progress against action plans to be completed by mid May **20.05.15** A draft report will be available for the next steering group meeting
		Review Terms of Reference, including membership of the Service Improvement Committee.	May 16		Director PSCE	This will ensure that the membership is widely representative of all staff groups including LMCs and that all representatives are supported to attend and participate.	**30.03.16** For working group to progress although a recent review has been completed. **04.05.16** To be included in the work streams for the working group **20.05.16** A stocktake of the number of meetings is currently underway and will be reviewed when this work stream meets.
		A small number of senior clinical and management staff to undertake the 4 hour Quality Improvement Training.	Sep 16		Director PSCE	All clinical staff will be provided the opportunity to attend a short session e.g. up to one hour on the PDSA process and principles of quality improvement as opposed to the four hours for senior staff.	**30.03.16** For working group to progress. **15.4.16** Staff to be identified by Working group by end of May **04.05.16** To be included in the work streams for the working group. **20.05.16** Two maternity staff are attending "Improvement Fundamentals, Developing Improvement Skills to initiate Sustainable change" - Quality Workshop on 30 May 2016 at HBDHB.

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		Staff who are likely to be involved in open disclosure processes or complaint resolution will undertake Open Disclosure training.	July 16		Director PSCE	The Open Disclosure training provides a framework not only for Open Disclosure but also for complaint resolution.	**30.03.16** For working group to progress. **04.05.16** To be included in the workstreams for the working group. **20.05.16** Planned for later calendar year 2016
		A minimum of one staff member to undertake Improvement Advisor training with Ko Awatea.	Nov 16		Director PSCE		**30.0316** Associate Charge Midwife (ACM) confirmed to commence in early May 2016. **15.4.16** ACM has identified "Baby Movements" project to be undertaken as part of this programme **04.05.16** Programme has commenced with first 4 day session in Auckland this week. **20.05.16** ACM being mentored to complete programme.
	Internal audit on DHB clinical governance completed (Recommendation 8)	To be undertaken in accordance with Audit work programme.	April 16		TAS	An enabler to support the revised clinical governance arrangements for maternity Services.	**15.4.16** Key MDHB staff have been interviewed by the audit team **20.05.16** Awaiting draft report for review
	Quality assurance and policies (Recommendations 9, 10, 11 & 25)	Review of policies to be undertaken once clinical governance arrangements, inclusive of LMCs are in place.	Oct 16		CD & DOM	A programme for review will be developed once all the partners in the process are in place. Work has been completed in terms of a stocktake and looking at other DHBs process and system for policies.	**4.5.16** Mapping of Policies and Guidelines to MQSP commenced **20.05.16** Framework developed for streamlining policies and guidelines – linked to MQSP framework

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Respon sibility	Comments	Notes
	Maternity Quality & Safety Programme (MQSP) (Recommendations 9, 10, 11 & 25)	MQSP Coordinator on Project Working group.	March 16	**Completed**	OD	The aim is to have one integrated quality programme for maternity overall – that incorporates all aspects of primary and secondary care and allows for all clinicians to fully participate.	**30.3.16** MSQP Coordinator has agreed to join working group to support alignment.
	Arrangements with Whanganui DHB (Recommendation 1 & 2)	Align MQSP programme with Quality programme for secondary care.	May 16		CD/DOM	Led by Clinical Lead, Charge Midwife	**15.3.16** Initial scoping work undertaken – map of activities being developed **4.5.16** Alignment mapping undertaken – for report to Steering Group late May 16 **20.05.16** Work completed for presentation to Steering Group 24 May for finalisation.
		Establishment of integrated quality programme.	Dec 16		CD/DOM		**20.05.16** To be developed from MQSP Programme
Partnering • People • Partners • Information • Stewardship • Innovation		Recommendation to replace current RWHS arrangements with an explicit memorandum of understanding.	March 16	**Completed**	GM CS&T		**5.4.16** Approach approved by MDHB Board **15.4.16** Two meetings with WDHB undertaken to date
		Updates to cA sub-committee.	6 weekly April onward		GM CS&T		**4.5.16** cA committee updated
		Recommendation to Boards.	April 16		GM CS&T		**4.5.16** Approach approved by both Boards
		MoU drafted for CEO approval.	May 16		GM CS&T		**20.05.16** MOU drafted for review by MDHB Contracts Dept
		Strategic Plan advanced.	As per timeline			Separate project	

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		Formal review of arrangements with Whanganui DHB.	August 16		CMO		
	Consumer and Maori and Iwi engagement (Recommendation 26 & 27)	Secure consumer input to Steering Group.	March 16	**Completed**	GM CS&T		22.3.16 Jenny Warren joined Steering group
		Provide findings of review to consumer and Maori participants.	May 16		GM CS&T		**30.3.16** To be commenced once iwi steering group rep confirmed **15.4.16** Included in scope of MQSP work **20.05.16** Oriana Paewai joining the steering group
		Consumer focus group held as part of "socialisation" process.	May 16		GMCS&T	*Further actions to be included following socialisation phase, and as part of service development/model of care. Anticipate consumer/Maori focus group as part of process.*	**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** Work stream 6 –Consumer Engagement has commenced planning for these sessions. Focus groups will be held in Horowhenua, PN, Fielding, Dannevirke and Pahiatua. In addition a separate focus group will be held with Maori woman.
		Review current monthly maternity consumer survey to ensure it meets consumer requirements.	June 16		DPSCE		**30.03.16** For working group to progress with consumer participation. **15.4.16** Feedback from surveys incorporated into service improvement. **04.05.16** Will be included in work stream for working group. **20.05.16** Themes have been identified - this information will be used in conjunction with feedback from the consumer focus groups.

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		Collate both the maternity survey and the national inpatient survey results to share learnings service wide and develop quality initiatives in response to feedback.	June 16		DPSCE		**30.03.16** National inpatient survey data analysed and provided to Maternity services Quality Coordinator. To be progressed by working group. **04.05.16** Further analysis will be provided by Data Quality and Health Information as required by the working group. **20.05.16** Themes identified for development of improvement process
		Complete implementation of the outcome of the current Partners in Care project (Co design).	July 16		DOM	Once the outcome is fully implemented the skills developed from this will then be utilised for considering a further opportunity for a co design project.	**30.03.16** Current project continues through until May/June at this stage. **04.05.16** Work on the current project is continuing and is the focus of the April newsletter. Leadership being provided by the Midwifery Advisor.
		Consumer Council established for Board.	TBC		CEO	Separate but linked project	
Connect & Transform • People • Partners • Information • Stewardship • Innovation	Organisational service structure (Recommendations 3, 8, 15 & 23))	ELT configuration and roles finalised, including DoN/DoM role(s).	March 16	**Completed**	CEO	Separate but linked project.	**8.4.16** CEO confirmed ELT Structure for implementation
		Service structure/cluster approach determined.	April 16		CEO	Separate but linked project.	**20.05.16** ELT developing approach to service/cluster design
		Consultation on service/cluster structure and roles.	May 16		CEO	Separate but linked project.	
		Service/cluster structure and roles determined.	June 16		CEO	Separate but linked project.	

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
	Service structure, including LMC linkages (Recommendations 3, 4, 5, 8, 15, 23 & 24)	Job description (JD) for CD role developed.	Mar 16		CMO		**30.3.16** Draft JD developed – for consultation with key stakeholders **20.05.16** Feedback incorporated from SMOs. JD out for wide consultation until 27 May 16
		Recruitment of CD.	April 16		CMO		**4.5.16** Commenced **20.05.16** Advertised locally, nationally and internationally via Hardy Group – applications close 10 June 16
		Service structure proposal developed.	April16		GM CS&T		**20.05.16** ELT developing approach to service/cluster design
		Consultation on service structure.	May 16		GM CS&T		
		Decision on service structure.	June 16		GM CS&T		
		Roles and responsibilities detailed and job descriptions developed.	June 16		GM CS&T		
		Recruitment to service structure.	Jun/Jul 16		GM CS&T		
	Service model of care development, including LMC and other providers (Recommendation 3 & 4)	Staff forums held (as part of socialisation phase).	May 16		GM CS&T	To be led by Clinical Lead, Charge Midwife	**15.416** Initial forum 6.4.16 further engagement **4.5.16** Forums planned 19 & 26 May **20.05.16** First Communication forum held, with 40 midwives present, representing MCs, and secondary care, along with three O&G's. Positive feedback has been received. Second session scheduled for 26th May 16.

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		Future steps to be developed.	June 16				
	MCIS (Recommendations 7 & 19)	Feedback from staff forums (socialisation phase) re MCIS collated.	April 16		OD		**15.4.16** Project Manager undertaking current state assessment **4.5.16** Current state assessment due 13 May16 **20.05.16** Draft Assessment received - with issues and recommendations identified.
		Work programme developed.	April 16		OD		**20.05.16** Work programme development underway
	Clinical training (inc mandatory training) and support, including teaching hospital status (Recommendations 18, 21 & 22)	Awareness and clarification of Registrar and SHO roles provided for each new junior medical staff run.	March, June, Sept, Dec 16		CD		To be implemented for June 16 onward
		Undertake a stocktake of current orientation for all RMOs.	May 16		CD		**15.4.16** The RMO handbook is being reviewed including training requirements **20.05.16** A draft is currently being revised.
		Identify gaps.	May 16		CD		**20.05.16** Underway
		Implement new Orientation Programme and make available to all team members.	May 16		CD		
		Do stocktake of all training requirements.	May 16		CD & DoM		
		Confirm what training should be mandatory and for whom.	June 16		CD & DoM		

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
		Develop of schedule of training and monitor	July 16 & ongoing		CD & DoM		
		Implement mandatory training requirement reporting system.	Aug 16		CD & DoM		
	Clinical governance structure for service, inc LMCs (Recommendations 3 & 8)	Systematic review of clinical governance.	Sep 16			Will be undertaken by those in revised leadership positions.	
	Medical staff workforce (size and skill mix) (Recommendations 12 & 17)	Job sizing of SMOs undertaken.	Feb 16	**Completed**			**30.3.16** Awaiting final decision re FTE **15.4.16** Two additional SMO positions to be established, recruitment underway **20.05.16** 1st additional SMO commences 23 May 16 – offer made to 2nd – awaiting response
	Midwifery workforce (size and skill mix) (Recommendations 13 & 17)	Support for Charge Midwife.	Feb 16	**Completed**	OD		**4.4.16** Charge Midwife released for Clinical lead role and backfilled for day to day work
		Associate Charge Midwifes appointed for after-hours.	Feb 16	**Completed**	OD		**15.4.16** All new appointees in place **20.05.16** These positions are established and mentoring is in place. ACMs meet with Charge Midwife fortnightly. Each ACM is participating in work stream groups.
	Service workforce capacity & capability (Recommendations 6, 7 & 16)	Flex-up and down arrangements and capacity.	May 16		OD	The maternity services will utilise all aspects of the MCH wide approaches to matching workforce to workload.	**20.05.16** ACMs joining organisation wide bed meetings
		Project management support requirements identified.	Mar 16	**Completed**	GM CS & T		**30.3.16** Project manager commenced 11 April 16

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
	Transfer of care audit, inc LMCs (Recommendation 14)	Audit tool Developed. Audit undertaken Audit results incorporated into model of care development.	June16 July 16 August 16		DOM DOM DOM	Charge Midwife to lead this work – timeframe adjusted taking into consideration related work that needs to be undertaken first	
	Maternity work environment, inc LMCs (Recommendation 31)	Confirm Scope of work.	April 16		OD		**30.3.16** Initial options being identified **15.4.16** Options discussed with stakeholders **20.05.16** Options for possible addition space under consideration
		Detail Plan.	May 16		OD		**20.05.16** To commence once preferred option identified
		Undertake Work.	June /July 16		OD		
	Interface with diabetes service, inc LMCs (Recommendation 3)	Forum held (as part of socialisation phase).	May 16		GM CS&T		**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** Active support to diabetes in pregnancy clinics underway.
	Interface with orthopaedics service (Recommendation 3)	Forum held (as part of socialisation phase).	May 16		GM CS&T		**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** Initial discussion held. Follow up meeting to be arranged.
		Review approach to hip checks for congenital abnormality.	May 16		CD		
		Recommendation to Steering Group.	May 16		CD		
		Recommendations implemented.	Jun 16		CD		

Stream of Work	Sub-Area	Initiatives	Timeline	Status	Responsibility	Comments	Notes
	Interface with maternal mental health service (Recommendation 3)	Forum held (as part of socialisation phase).	May 16		GM CS&T		**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** This meeting was held 13 May 16, good discussion around the referral criteria that provided clarity for staff. Monthly meetings to be scheduled.
	Interface with child health service (Recommendation 3)	Forum held (as part of socialisation phase).	May 16		GM CS&T		**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** Scheduled for 3 June 16.
	Interface with anaesthetic service (Recommendation 3)	Forum held (as part of socialisation phase).	May 16		GM CS&T		**30.3.16** For action once project manager commences 11 April 2016 **20.05.16** Meeting anticipated in June.16
	Team Development, inc LMCs (Recommendations 5 & 20)		June 16			To be determined once new leadership and governance arrangements are in place.	**20.05.16** Scheduled for 1 & 2 June 16
Equity of Outcomes • People • Partners • Information • Stewardship • Innovation	National datasets and trends for MDHB (Recommendation 4)	National Maternity Monitoring Group Annual Report reviewed by Steering Group, Clinical Governance Council and Service	TBC			To be determined once new leadership and governance arrangements are in place.	**15.4.16** To be informed by MQSP work
		Monitor performance via Annual perinatal & Maternal Mortality Review Report.	TBC				
		Future steps to be developed.					

Recommendations from Independent Review

No	Recommendation
	Contextual factors
1.	In light of the failure of the RWHS to develop into a fully integrated service, it is recommended that the project be reviewed and a less complex process developed to enable reliable obstetric cover for Whanganui DHB to be maintained.
2.	Whanganui DHB and MidCentral DHB develop a memorandum of understanding or similar arrangement that lays out clearly for staff and the community steps to take in the event of suspension of services due to staff shortages.
3.	Accountability and responsibility for developing and maintaining relationships between clinicians within these maternity services need to be clarified.
4.	MDHB needs to provide clear leadership and an expectation that the Clinical Leaders will work to support the New Zealand Model of Maternity Care.
5.	The role of the LMCs within the service need to be supported within a collegial environment reflective of the philosophy underpinning the New Zealand Maternity Service model of care.
6.	The resources required for these nationally-mandated activities need to be adequately assessed and provided. Obtain broader DHB support for the activities to achieve economies of scale and better integration with other similar activities within the DHBs.
7.	Mitigate risk associated with the MCIS roll out until the system and processes are identified as clinically appropriate.
	Organisational & management factors
8.	The MDHB organisational and governance structure needs to be reviewed to provide more clarity over the responsibilities and accountabilities of the clinical leaders and management.
9.	• Consider greater integration of the quality activities within the MDHB maternity service with the DHB quality team, including training of staff and LMCs in the standardised quality processes, such as the RCA process and related quality assurance activities. This may require additional resources.
10.	• Clarify the lines of accountability and responsibility for quality and outcomes at both service and organisational level.
11.	• Actively include all maternity staff including LMCs in maternity service quality assurance and policy development activities.
	Work environment factors
12.	• Alter the SMO requirements of the service to ensure appropriate Obstetric cover 24/7 and support for registrars in training.
13.	• Alter the midwifery staffing model to include the presence of an Associate Clinical Charge Midwife on every shift. This is an important cornerstone of clinical safety and should be undertaken as a matter of urgency
14.	• Undertake a (DHB Midwife Leaders and NZCOM) Transfer of Care Audit to obtain a more accurate picture of how often and why transfer of care occurs. The results will be benchmarked with other DHBs and shared with LMCs and core midwives to inform discussion on continuity of midwifery care strategies.
15.	• The role of the DOM should be reviewed to ensure that they have responsibility and accountability for safe staffing and sufficient latitude and influence to manage the unit safely
16.	• Explore ways that the service can respond more efficiently and effectively to workload variance, by implementing an on-call system or similar.
	Team factors
17.	Given the increased complexity in maternity care, the midwifery and obstetric staffing needs to be reviewed to ensure that appropriate cover and skill mix is provided 24/7.
18.	The clinical training programmes need to be multidisciplinary and attended by all clinicians.
19.	• The MCIS development process needs to be inclusive of all clinicians and services that interface with the Maternity Service. This includes the quality team.
20.	• Once the leadership and management accountabilities are established, team building activities need to be developed that include LMCs and interface clinicians.
21.	• At the beginning of each SHO quarter all members of each team have the roles of the SHO and the registrar explained.
22.	• Identify and support attendance at mandatory clinical training/learning sessions for all clinicians.
	Individual staff factors

23.	• Clarify the roles and responsibilities of the clinical leaders, then support them to develop a more collegial environment among clinicians, including LMCs.
24.	• Ensure standards are met around communication, interdisciplinary training, and service planning.
	Task & technology factors
25.	• The main means of managing the adverse events seemed to be the generation of more policies and guidelines. Once the clinical leadership responsibilities are clarified, a genuine multidisciplinary process, including LMCs, interface providers and consumers needs to be established to review all of the policies and guidelines for the service.
	Patient factors
26.	The service should consider more active engagement with consumers in service development and feedback.
27.	• The service should consider more actively engaging Maori and consumers in service development and feedback. With a growing level of patient complexity, the service needs to ensure that it meets the growing service need.
	Adverse events
28.	All RCA reports should be completed as soon as possible and the key themes that emerge out of these need to inform future service development activities.
29.	• All RCA reports should be completed as soon as possible and should consider the service context (similar to the London Protocol framework).
30.	• The key themes that emerge out of the full set of RCA reports need to be shared with clinicians and management to inform future service development activities.
	Environment
31.	The working environment within the MDHB Maternity Service needs to improve as a matter of priority. Both the physical surroundings and the way the LMC and facility maternity staff work within it need to be addressed.

22 April 2016

Maternity Service Staff
Lead Maternity Carers

Third update on progress with the implementation of recommendations from the Maternity Service Review

April has been a busy month and this third update provides information on all the work being done to implement the Maternity Review recommendations.

Forums with service staff and LMCs

Thanks to all who attended the last forum - Wednesday 6th April. It was great to see so many of you there. We've taken on board the feedback we got since the forum and will try to avoid scheduling future forums immediately after the perinatal meeting.

So far, the forums have included both an update on progress, along with an opportunity for questions and robust discussion over the challenges the service has been facing and opportunities for improvement. In line with your feedback we will ensure there is an opportunity to note key achievements that have been made and allow for feedback. Arrangements for the next forum will be confirmed on Wednesday 27 April 2016

This letter, our updated work programme and reports to our Hospital Advisory Committee can be found on MDHB's public website at:

http://www.midcentraldhb.govt.nz/HealthServices/WomensHealth/Pages/MS-Review.aspx

Working Group

We now have full membership of the Working Group, with a second O&G confirmed to join it, along with consumer, Maori and LMC representation. Thanks to all those that expressed interest in participating, we were gratified by the level of interest we received. The first formal meeting of the full working group took place on Thursday 21 April.

I'd like to acknowledge the work of the Service Manager, Acting Clinical Director and Charge Midwife who have been meeting with me weekly meantime to get the review implementation process underway.

Working Group	Diane Hirst, Chair, Charge Midwife and Project Clinical Lead Jayne Waite, Lead Maternity Carer and Midwife Kelly Wylie, Consumer Representative Dr Steven Grant, Acting Clinical Director Dr Sarah Machin, Obstetrician & Gynaecologist Julie Rob-O'Connell, Iwi Maori/Lead maternity Carer & Midwife Robyn Williamson, Service Manager Barbara Ruby, Quality Coordinator Amanda Rouse, MQSP Coordinator & Midwife

Staffing Changes

Improvement Programme Clinical Lead
Diane Hirst, Charge Midwife is the Clinical Lead for the service improvement activities and started in this role on 4 April. She will focus on service improvement in midwifery care, the engagement of LMCs, and the development of a revised model of maternity care, along with supporting the wider multidisciplinary work central to our service improvements.

Catherine Marshall commences as Project Manager
Catherine Marshall joined us on 18 April 2016 as Project Manager. Catherine is a former MDHB Service Manager. She will keep us all on track, making sure we achieve key milestones and provide regular reports on progress. Catherine will ensure that the actions we agreed to undertake following the review of the six adverse events are completed. She will be coordinating the engagement with consumers, Maori, and the MDHB services that have a key interface with maternity services. She will also have oversight of our approach to communications and reporting on the progress we are making.

Clinical Director Recruitment
A local, national and international recruitment process for the Clinical Director position is underway. The job description is being finalised and will reflect that the service supports the New Zealand Model of Maternity Care. This will be advertised on the Hardy Group International website: http://www.hardygroupintl.com/

Leona Dann appointed to Health Quality & Safety Commission
Leona Dann, Director of Midwifery leaves us on 26 April, to take up a position with Health Quality and Safety Commission. Leona has had many years involvement in midwifery practice within MDHB District having worked as a Lead Maternity Carer on return from the UK, appointed as Charge Midwife in 2002 and subsequently Director of Midwifery. We wish her well for her new challenges in a national role.

Recruitment to the Director of Midwifery position will be undertaken once the Executive Director Nursing and Midwifery is in place. Meantime,

Michele Coghlan will be Acting Executive Director Nursing and Midwifery from 26 April 2016.

Work Programme

Good progress is being made with the work programme. Forums for Maternity Service Staff and Lead Maternity Carers have been well attended and enabled a good exchange over the issues facing the service and the actions underway. Some highlights of progress are :

Root Cause Analyses
The themes from the six RCA reports have been collated and reviewed by MidCentral Health's Serious Adverse Event Governance Group (MCHSAEGG). The Group confirmed that if we successfully implement all the recommendations from the maternity review, we will address the systemic issues identified in the RCAs.

The organisation-wide review of our current RCA/investigation methodology has started, and aims to strengthen the process, system, leadership and communication. A literature review is being undertaken as well as a review of other DHBs resources. Key staff have attended a Root Cause Analysis (RCA) workshop in Christchurch. The HQSC and several DHBs have provided us information and this, and the other material, will all be considered.

Responding to Maternity Consumer Feedback
Our current monthly maternity consumer survey provides direct feedback on women's experience of care in our maternity services. Recent feedback is women get varying messages from different staff, particularly around baby care and breastfeeding. This feedback has been discussed with the steering group and there are clear areas of feedback where we can do better particularly around improving women's experience of postnatal care on the maternity ward. This feedback will be incorporated into our plans.

Maternity Quality & Safety Programme
Diane Hirst and Amanda Rouse have undertaken some preliminary work to look at how we can incorporate the requirements of the Maternity Quality and Safety programme into our overall service developments. We are currently looking at just what is involved, but know the work will focus on

- Safety of Care
- Women's experience of care
- Effectiveness of Care
- Key projects for service improvement

Examples of key projects that will advance the MSQP include, improvements to the Maternity Clinical Information System, promoting normal birth, monitoring baby movements in pregnancy, hip checks, and management of miscarriage.

Improvement Advisor Training

Za Vivian, Associate Charge Midwife commences Improvement Advisor training in early May. She will be undertaking a project focussing on reducing stillbirths by raising awareness of the need for women to monitor changes in baby movements during pregnancy, and acting immediately on those changes.

Fetal Surveillance Course
Ten core midwives attended a fetal surveillance course on 14 April 2016, and a final group will attend the next course in November 2016 ensuring that all midwives are trained.

Training Day for ACMs
Our Associate Charge midwives had a training day on 20 April to support cohesive and consistent midwifery leadership. That day they also joined with the local College of Midwives for their regular lunchtime meeting.

Team Development for our Clinical Leadership
We have finalised a date for the Team Building/Development days for senior medical/midwifery/clinic staff for the 1st and 2nd of June. We are bringing together a new leadership group for the service and they are being supported as they take up their responsibilities.

WH Outpatient Clinic
The review report identified that our Women's Health outpatient clinic space is severely compromised. It also highlighted that the model of care for outpatient services created cramped and unsatisfactory conditions for women who were expected to wait long periods of time to be seen. In response to this senior clinical staff, consumer and LMC representatives have looked at the clinic environment and identified options for how space could be better organised to support women's care. The next step is for discussion with the clinic staff particularly around how the model of care can be improved. It is important we determine the model of care before any decisions are made regarding facility changes.

Maternity Clinical Information System
We have engaged an experienced project manager, Roeland de Vries, to undertake an assessment of the current state of the Maternity Clinical Information System (MCIS). Roeland has met with clinical staff, and the key staff involved internally and externally in supporting the implementation of MCIS. While this will be reported fully in the next update, the preliminary findings largely relate to ensuring all those that use the system are trained, we are all very clear about what the system can do, and how we wish to use it. The MCIS steering group, that includes a number of clinicians, Diane Hirst, Fiona McConnon, Digby Ngan Kee, Steven Grant and Cheryl Benn, has seen a preview of Version 10, due for release later in May. There are very useful improvements being made that will make the system easier to use and more useful as an electronic record.

Looking Forward

Over the next few weeks we will be:

- Engaging with consumers and Maori will occur over May 2016;
- doing a stocktake to ensure all actions to address the Root Cause Analysis recommendations for the six adverse events have been completed and the changes made are lasting;
- progressing the service model of care work through the incorporation of the MQSP programme and forums with staff and stakeholders over the Sec 88 guidelines, and the NZ Maternity Standards;
- Meeting with the key departments that interface with maternity services, Anaesthetics, Child Health, Diabetes, Orthopaedics, and Maternal Mental Health to strengthen these interdepartmental relationships,
- Finalising the assessment of the MCIS and developing an action plan; and,
- Confirming the changes we will make to the Women's Health Outpatient Clinic

Thank You

I have a sense of increasing momentum and that our efforts to improve things are having an impact. Of course it is early days, however I have been impressed by all those that are involved in improvement work - they are demonstrating strong team work, energy and enthusiasm. The involvement of consumers and LMCs in particular has enriched the process. Well done to everyone involved.

Mike Grant
General Manager, Clinical Services & Transformation

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

UPDATE 4
6 May 2016

Women's Health

IMPLEMENTATION OF SERVICE REVIEW RECOMMENDATIONS

Good progress continues to be made.

Forums with staff and LMCs

We all enjoyed the afternoon tea on 5 May to celebrate International Midwives Day. We acknowledge those who were unable to be there due to flash flooding.

Staff and LMCs
Wednesday 11 May 2016
3pm and 4.15pm
Education room
Come along for an update on progress and to have an opportunity to provide feedback and ask Mike Grant and the team questions.

The service review reports, updates and work programmes can be found here: http://www.midcentraldhb.govt.nz/HealthServices/WomensHealth/Pages/MS-Review.aspx

Working Group

The Working Group is now well established, meeting weekly. They have identified key stakeholders, both internally and externally. They are currently drafting a comprehensive communication plan to give everyone an opportunity to participate in the improvement work. You are welcome to contact the Working Group members directly:

- Catherine Marshall (Chair) - 027 412 8609
- Robyn Williamson: Service Manager
- Jayne Waite: LMC Midwife
- Kelly Wylie: Consumer Representative
- Dr. Steven Grant: Acting Clinical Director
- Dr. Sarah Machin: Obstetrician
- Julie Rob-O'Connell: Iwi Maori
- Barbara Ruby: Quality Coordinator
- Amanda Rouse: Core midwife, MQSP Coordinator
- Diane Hirst – Charge Midwife - 021 951 190
- Nicholas Glubb: Operations Director

We welcome your feedback and ideas.

WH Outpatient Clinic

As previously updated we are currently looking at options for both short term changes and then looking at longer term options to make the most of available space for both Obstetric and Gynaecology clinics. Clinic staff have met and looked at how they currently work, how the immediate future looks and how clinics will run to best match the model of care delivery to the facility. These meetings will continue to ensure all clinics and options are explored, before a decision is made regarding facility changes.

Maternity Clinical Information System

Roeland de Vries, our project manager for MCIS, is well underway with his assessment of the current state of the Maternity Clinical Information System (MCIS). Roeland is preparing an assessment report that will identify the issues, recommendations and plan of action to improve MCIS. This will also include the improvements planned in the next major upgrade of the system software (Version 10). Roeland has also been coordinating testing the upgraded software, due for release at the end of May. We are aware that other DHBs are facing challenges with MCIS, with Counties Manukau DHB returning to paper clinical records until the system is improved. We want to understand how Counties Manukau came to that decision and will be giving careful thought to what actions we should also take. In the meantime we are committed to the programme of improving MCIS, supported by the action plan Roeland is developing.

Special mention should be made of two key staff who have shown huge commitment and good will through the months of MCIS development and implementation, Sandra Turner, System Administrator and Jane Stojanavic, Charge Midwife, Horowhenua, have both excelled in supporting staff over this time.

Staffing Changes

Clinical Director Update

Digby Ngan Kee has returned to a Specialist Consultant Gynaecologist position for Women's Health. His knowledge, skills and expertise are greatly sought after and having him more available clinically will provide a real benefit to the women in our district. We wish to express our appreciation to Digby for his commitment and hard work as Clinical Director for the Regional Women's Health Service.

We are committed to an inclusive process of appointment to the Clinical Director position. This is a key position in our service and we are committed to find the best candidate. It is currently being advertised on the Hardy Group International website: http://www.hardygroupintl.com/

Acting Executive Director of Nursing and Midwifery

Leona Dann left on 26 April to take up a national role with the Health Quality and Safety Commission. Michele Coghlan is the Acting Executive Director of Nursing and Midwifery while recruitment to this position is undertaken. Michele is working closely with Diane Hirst and other midwifery leaders during this time.

Work Programme

Maternity Quality & Safety Programme (MQSP)

The work required for a successful MQSP programme has been incorporated into an overarching strategy going forwards. MQSP is underpinned by the Maternity Standards, the Referral Guidelines, Service Specifications, Clinical Indicators and quality improvement activities that culminate in a comprehensive published Annual Report. Our framework for MQSP and service improvements are based on:

- Safe Care
- Experience of care
- Effectiveness of Care
- Key projects

Workstream Development

25 initiatives and 70 actions arose from the service review recommendations and align with the MQSP. We chunked these into eight manageable work streams that enable team-based partnership and a "connected" approach. Many of these work streams, once the recommendations from the review have been met, can and will continue into the future.

This work continues to be aligned with the MDHB Strategic Imperatives, identified in the new strategic direction, namely:

Quality and Excellence by Design, Partner with People and whanau to support health and wellbeing, Connect and transform primary community and specialist care and Achieve equity of outcomes across communities.

1. Safe Staffing
   All aspects of workforce, roles, responsibilities, education, and training
2. Facility Improvements
   Improvement to our clinical environment to improve and enhance care
3. Governance and leadership
   Organisational structure, clinical governance, MOU with Whanganui DHB
4. Quality and outcomes
   Quality Improvement processes such as audits of care, incident analysis, care reviews, acting on learning points and improvement plans. "Closing the loop"
5. Consumer Engagement
   Partners in Care Programme, Tuia Framework (Responsiveness to Maori), Information/Education, improved feedback processes and actions, and improved responsiveness generally
6. Stakeholder Engagement
   Improving relationships and interface with internal and external service providers (including LMCs) contractors
7. Guidelines
   Comprehensive review and streamlining of guidelines and policies, incorporating audit tools and parent information. Ensure they are easy to find and easy to use.
8. Annual report to Ministry of Health
   Improving data analysis, national benchmarking and accountability.

We invite you to be involved in work stream activity.

Root Cause Analyses

Catherine Marshall is working with the recommendations from the thematic analysis that was undertaken following the adverse events in 2014/15. This will be completed by the end of May 2016.

Maternity Consumer Feedback

Every month women have the opportunity to feedback to us regarding their experience of care within our service. The survey covers:

- Whether care met expectations
- How involved women were in decision-making
- How much women trust and have confidence in staff caring for them
- Whether information given was helpful
- What went well
- What could be done better

Women's comments help us understand how women experience their care. Feedback is usually positive.

We want to improve feedback mechanisms generally to better reflect our population to be more responsive to needs.

Baby Friendly Hospital Initiative

Palmerston North maternity Services continue to have BFHI accreditation while we await the outcome of our latest BFHI Assessment that occurred in October 2015. There were three areas where we needed to supply further information. These were as follows:

- rooming in compliance not being 100%
- completed Staff education 78% with compliance being 80%
- incomplete data following the introduction of MCIS.

All additional information has been supplied, with some reauditing occurring and manual checking of data. We expect formal confirmation of our ongoing accreditation shortly.

Improvement Advisor Training

Za Vivian, Associate Charge Midwife, has commenced Improvement Advisor training with a week's course in Auckland. She will be undertaking a project focussing on reducing stillbirths by raising awareness of the need for women to monitor changes in baby movements in pregnancy, and acting immediately on any changes.

Thank you to Barbara Ruby (Quality) for mentoring Za through this challenging course.

Referral Guidelines and Service Specifications

Please note the invitation at the bottom of this letter regarding two forums on the use of referral guidelines and the maternity service specifications. It's all about our commitment to improve communication and collaboration in the interests of the women in our care.

The forums are on 19 and 26 May, 2-4.30pm at the Crossroads Church

Team Development for our Clinical Leadership

Team Building/Development for senior medical, midwifery and clinic staff will occur on 1st and 2nd of June. This includes the new ACMs and the aim is to improve working relationships by focussing on how a high functioning team works best. Thank you to the staff working those days to enable this to happen.

YOU are invited to

Providers of maternity care FORUM

SERIES ONE

Improving communication

Using Referral Guidelines & Service specifications

19 May
&
26 May

2-4.30pm

Crossroads Church

Afternoon tea provided

Looking Forward

Over the next few weeks we will be:

- firming up the work stream and inviting your help.
- engaging with consumers, Maori and stakeholders
- meeting with the key departments that interface with maternity services: Anaesthetics/theatres, Child Health, Diabetes, Orthopaedics, and Maternal Mental Health to strengthen interdepartmental relationships.
- presenting a comprehensive communication plan for staff, service providers and users of the service.
- finalising the assessment of the MCIS and the action plan to improve the system
- addressing the Root Cause Analysis recommendations for the six adverse events and the changes made are lasting
- confirming the changes we will make to the Women's Health Outpatient Clinic
- addressing issues with interpretations of the model of NZ Maternity Care.

Thank You

Celebrating International Midwives Day gave me an opportunity to reflect on the strengths of our Maternity Service. Of course, other clinical and support staff all contribute with midwives to the great care we provide day in day out.

In the last couple of weeks we have received feedback on a number of occasions reflecting on good care and great collegial team work. It gives us a window into the improvements we are making and that our shared efforts are bringing results. Well done everyone.

Mike Grant
General Manager, Clinical Services & Transformation

Clinical Director, Women's Health
MidCentral District Health Board

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

- Strategic clinical leadership focus
- District-wide influencer
- Excellence and quality emphasis
- Picturesque pastoral region of New Zealand, based in Palmerston North

MidCentral District Health Board (MDHB) is offering a unique opportunity to join its senior management team as Clinical Director, Women's Health. MDHB is fast becoming a high performing health system with a vision of "quality living – healthy lives – well communities". Emphasis is on increasing the involvement of the community, providers, social sector agencies and other stakeholders in achieving this vision through integrated whole-of-system models of care and services to meet the healthcare needs of the communities MDHB services. MDHB offers specialist regional services to a population of 540,000 and is responsible for ensuring the district's core population of 162,500 has access to a wide range of health and disability services.

Reporting to the General Manager Clinical Services and Transformation, you will be responsible for developing and implementing the strategic service direction and clinical leadership of Women's Health across MDHB, working in collaboration with the Operations Director and the Nursing, Midwifery and Allied Health Directors.

As MDHB embarks upon transformational change, to be successful in this role you will be an experienced, yet contemporary Obstetrician/Gynaecologist leader. You will combine excellent leadership and people management skills with the expertise and desire to teach and grow a young senior medical officer community to embrace contemporary models of integrated care. Leading a team of 7 Senior Medical Officers and 14 Resident Medical Officers in the effective and efficient delivery of women's health services, you enjoy building and maintaining key stakeholder relationships, have proven expertise in multidisciplinary care and have a passion for excellence and quality in service provision. You aspire to lead a high performing team creating an environment

conducive to excellence in clinical care. You lead by example and this role enables you to split Clinical Director duties with clinical duties as a Consultant.

Palmerston North city (the 'Oxford' of New Zealand) boasts a vibrant tertiary student population with Massey University (which has campuses in Palmerston North, Wellington and Auckland) the Universal College of Learning and high quality public/private schooling available. This role offers significant career challenges while enabling you to enjoy lifestyle, and access to outdoor recreation.

To apply you must be eligible for registrationas a Specialist with the Medical Council of New Zealand.

For a confidential discussion please contact **Principal Consultant, Michael Guerriero on +61 02 9900 0107 or +61 (0) 431 460 846.**

Before applying please obtain selection documentation by emailing **abrownjohn@hardygroupintl.com** quoting reference **H16_2260**.

Application Closing Date: Friday 10th June 2016

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

UPDATE 5
20 May 2016

Women's Health

IMPLEMENTATION OF SERVICE REVIEW RECOMMENDATIONS

This fifth update provides information about recent and upcoming activity as we implement our improvement programme. The service review reports, updates, work programme and this newsletter can be found if you click here: Maternity Services Review

We welcome your feedback and ideas!

Forums with staff and LMCs

An update on work programme progress was provided at last week's forums. From questions asked we recognise that there are aspects of the work programme that need wider communication so everyone understands. Diane Hirst is developing a road show around the Maternity Quality and Safety Programme to do just that.

Job Description for Clinical Director

The position of Clinical Director, Women's Health Services, MDHB is now being advertised. A draft job description has been developed, it will be finalised once we have feedback from maternity staff, LMCs and consumers.

Send any comments and suggestions to Nicholas Glubb (nicholas.glubb@midcentraldhb.govt.nz) by Friday 27 May 2016. Please click here to view the draft: Clinical Director Job Description (Draft)

Iwi Maori for Steering Croup

We welcome Oriana Paewai to our Steering Group. Oriana is the CE of Rangitane o Tamaki nui a Rua, a large Iwi health and social service provider based in Dannevirke. She became involved in health in 2001 when she joined the MDHB as Kaihapai, Toiora Maori (Health Promotion Advisor). She is a MDHB Board member and is also Chair of Manawhenua Hauora, a consortium of all four Iwi who have manawhenua status across Manawatu, Horowhenua, Tararua and Otaki.

Babble – baby talk from MDHB

An exciting week in Child health with the new app "Babble" launched for parents who have a baby admitted to our Neonatal Unit. It has key information about what parents can expect during their baby's admission. Parents can also document their baby's progress with journal entries and photos, which can then be shared with family and friends.

The launch was celebrated in the foyer of the Neo Natal Unit, with recognition of all the effort from those involved in the development of the app. The app is available in both the Apple App Store and on Google Play – it is a tremendous example of a quality improvement initiative where patients and their families get the benefit. For more information click:
App Store- Babble
Google Play Store - Babble

Induction of Labour Audit

An Induction Audit undertaken by Kendra Mackey has been completed and will be published this week. A hardcopy will be available in Delivery Suite and a copy will be emailed to all Staff.

We invite you to be involved in work stream activity.

Associate Charge Midwives [ACMs]

ACMs are meeting fortnightly and each ACM will participate in a work stream.

Service Improvement Training

Two maternity staff have been identified to attend a Quality Workshop on 30 May 2016 hosted at HBDHB, "Improvement Fundamentals, Developing Improvement Skills to initiate Sustainable Change".

Suggestions Board

A suggestions whiteboard has been established in the staff room so you can write down any suggestions for quality initiatives etc. These are recorded for follow-up and then the board is wiped clean ready for the next rush of ideas. A good response so far – keep the suggestions coming.

Orientation for Midwives

A paper is out for consultation seeking feedback on how the orientation process for midwives can be improved within the service. Consultation will close at the end of the month. The feedback will be incorporated into an updated Orientation Manual for Midwives.

Ministers Visit

"There's a very good feel in the Maternity Ward" – that was the comment from the Minister of Health, Hon. Dr Jonathan Coleman when he visited the Maternity Service, on Tuesday 17 May. He had the

opportunity to meet with Service Leadership, patients and staff. He also said it was good to be able to talk with staff in Maternity Services and to hear about developments following the review.

Maternity Clinical Information System

Roeland de Vries, our project manager for MCIS has completed his assessment. He found that there is currently a lack of clear expectations as to how the system is used, and that to date there has been insufficient training to support staff's efficient use of the system. Opportunities for improvement include the introduction of a much improved Release 10, along with a robust training programme to ensure this version is well understood and able to be used by everyone. We are also going to strengthen the role of our own Information Systems staff to support the system and ensure that it operates without problems. As a project we are looking to strengthen local governance and leadership for this system and be more involved in the developments nationally.

Roeland is developing a project plan to implement the improvements we need to make – once drafted it will be made available widely for feedback before it is finalised.

In the meantime – if you require assistance with accessing the system, either in the hospital or on your PC in the community, please contact Sandra Turner on 350 8416.

Acting Executive Director, Nursing & Midwifery

Michele Coghlan is to meet with core staff next Monday, 23 May 2016, at 3.00pm.

Staffing Changes

MQSP

Amanda Rouse, MQSP Coordinator, will be working 0.8 FTE from later in June in her role to support her leading Work Stream 8: Guideline Review. This will support completing the review of existing guidelines and policies.

New O&G Commencing

Joanne Titalis, Specialist Obstetrician & Gynaecologist commences with us on Monday 23 May for a year. She is joining us from the United States. There will be an overlap of a couple of weeks with Bill Ridley, to whom we are very grateful for the skill and capability he has brought to the services over the weeks he has been with us.

YOU are invited to...

Referral Guidelines and Service Specifications

Please note the invitation in the last issue regarding the two forums on the use of referral guidelines and the maternity service specifications. It's all about our commitment to improve communication and collaboration in the interests of the women in our care.

The first forum was held yesterday 19 May. This was well attended with around 40 midwives present, representing both LCM's and secondary care, along with three O&Gs. Open discussion focussed on issues identified by the group, with a focus on transfer of care. Key issues from yesterday's discussion will be taken forward to the next session. The next forum is on 26 May, 2.00-4.30pm at the Crossroads Church. This information was also emailed out. RSVP's are being received which is encouraging. Future dates will be identified to enable personnel to plan ahead!

Providers of maternity care FORUM

SERIES ONE

Improving communication

Using Referral Guidelines & Service specifications

26 May

2.00pm-4.30pm

Crossroads Church

Afternoon tea provided

Interface Meetings

The meeting with Maternal Mental Health was held last week. This generated a really good discussion around the referral criteria and provided some clarity for the Maternity staff. It was agreed that the meeting was really useful and a meeting should be scheduled monthly going forward.

A meeting is scheduled with Child Health for 3 June.

Email Mailing List

If you are reading a hardcopy of this, and would like to receive this by email, please email Katherine El Bayouk at katherine.elbayouk@midcentraldhb.govt.nz

Thank You

As our programme of improvement gets underway more people are participating. We are so grateful to all those who are giving time to improvement work, participating in forums, and sharing their experiences and views with us as we work to improve the service. Your contribution is the key to our success – thanks again.

Mike Grant
General Manager, Clinical Services & Transformation