

**TO** Quality & Excellence Advisory Committee  
**FROM** General Manager  
 Clinical Services and Transformation



**DATE** 30 January 2017

**SUBJECT** Maternity Review Update

## MEMORANDUM

### 1. PURPOSE

This report highlights progress with the implementation of the work programme to address the findings of the independent review of the Regional Women's Health Services. No decision is required.

### 2. SUMMARY

Good progress has been made implementing the agreed work programme of improvements to the MidCentral DHB Maternity Service. The work programme is substantially complete. Across the whole programme of 114 initiatives, 109 are complete, of the five outstanding, three are on track for completion and two now require focussed effort. All outstanding initiatives will be completed by the end of March 2017.

The summary table below demonstrates the alignment of the seven workstreams with the MDHB Strategic Imperatives.

Maternity Improvement Workstreams	STRATEGIC IMPERATIVES			
	Quality By Design	Equity of Outcomes	Connect & Transform	Partner with people and whanau
Safe Staffing		✓	✓	✓
Facilities	✓			✓
Governance	✓	✓	✓	✓
Quality & Outcomes	✓	✓	✓	✓
Key Stakeholder Engagement			✓	✓
Consumer Engagement		✓		✓
Guideline review	✓	✓	✓	✓

For the two initiatives that are behind target, this has come about by unavoidable delays to sessions that had been planned for November 2016. The open disclosure workshops were postponed as a result of the Resident Medical Officer industrial action, and staff sickness forced the postponement of the November workshop to socialise the transfer of care pathways. Both of these activities have been rescheduled for early in 2017.

The recruitment to the Consumer Liaison role is complete with the appointee confirmed to commence in the second week of February. This is a key achievement, with the establishment of this role securing our ongoing engagement with women and families and ensuring we continue to take a partnership approach to our

improvement work both within the maternity service and across the wider maternity sector.

Feedback from both women and families, along with Lead Maternity Carers (LMCs) and other stakeholders continues to attest to the progress that has been made in our partnership work. Collaboration within the service is now considered a strength. Key improvements to service delivery reflect the emphasis on greater responsiveness to the needs of women and families in the organisation and delivery of care. Most notable in this area is the development of separate gynaecology and antenatal clinics, with dedicated space on Floor two for the antenatal clinics. Final implementation of this work will take place in February 2017.

A transition plan has been endorsed by the project steering group. This plan ensures that the necessary steps are taken to move from a project approach to operational business as usual over February/March 2017. Central to the transition plan is the establishment of Clinical Governance arrangements that will provide ongoing leadership, oversight and direction for the service improvement work for the future. It is anticipated that key participants from the Maternity Project Working Group will take up roles on the Governance Group. This will provide useful continuity and help maintain momentum with the improvement work.

A final project steering group meeting is scheduled for the end of March 2017. This allows for confirmation of completion of the remaining initiatives and the formal completion of the project.

### **3. RECOMMENDATION**

It is recommended:

*that the report be received*

## **4. PROGRESS UPDATE**

### **Work Programme Progress**

Recruitment efforts to date for the position of Clinical Director, Women's Health have not led to a permanent appointment. Options for further recruitment to this position will be considered over the next few months. We are pleased to confirm that Dr Steven Grant has kindly agreed to continue in the role of Acting Clinical Director, for a further period through to 30 June 2017.

The recruitment process has commenced for the position of Midwifery Director. This role will lead, direct and develop midwives, working in partnership with the Clinical Director and Service Manager, reporting operationally to the Operations Director and professionally to the Executive Director Nursing and Midwifery. Building on what has been achieved to date the Midwifery Director will lead collaborative efforts for community and hospital midwives across the practice environment. Applications close for this position on 3 February 2017.

The Maternity Clinical Information System improvement work continues with a focus on improving data quality, supporting staff in consistent use of the system and utilising the improvements to the system through the periodic release of improvements to the system nationally. In late November 2016 the Ministry updated the sector regarding the steps being taken to set performance objectives for the vendor and ensure that these are measured and met. A set of performance objectives has been agreed between the vendor and the Ministry, which will culminate in the release of version 13 to test in March 2017. While we are confident that the Ministry is aware of all the issues, what remains is the need for sustainable change to the system to address them. Release 13 is the crucial milestone to have this demonstrated and most importantly reduce the clinical risk inherent in the system currently. We have reiterated to the Ministry the importance of improvements in the clinical utility of the system, and that delays beyond the proposed date for Release 13 would not be acceptable. Any further delays would have an impact on our planned training programme for staff, where we are looking to have staff better equipped to use the system as it was originally intended. We will continue to closely monitor progress with this national work.

The Work Programme Status Report (Appendix 1) provides an update for each initiative.

#### **4.1 Work Stream 1 - Safe Staffing**

The Safe Staffing workstream now has 38 initiatives, 35 have been completed, with two on track and one behind.

Unfortunately the fourth communication work shop in November, planned to socialise the six clinical pathways developed to support transfer of care was postponed due to sickness. The intervening time has allowed for the pathways to be further refined and discussed in preparation for the workshop early in 2017. It is worthy of note that the ongoing collaborative approach continues between LMCs and Maternity staff, with feedback received which demonstrates an improved working environment i.e. "feels much safer" and "maternity staff are working with LMCs in a more supportive manner", "easier to ask for assistance" (LMC).

A collaborative approach has been taken between the maternity service leadership and the Hospital Operations Centre to managing fluctuations in workload and the impact that has on midwifery and nursing staffing requirements. Variances in acuity and complexity are to be expected and need robust arrangements in place to manage them. This has included increasing the profile of the maternity service, with Associate Charge Midwives attending the hospital wide bed meetings to support communication and a more collegial approach to these arrangements and support a greater understanding of the unique requirements of the maternity service.

Progress continues to be made on the development of a model of care for women with Gestational Diabetes Mellitus (GDM), led by the maternity service. As previously reported the role of a speciality midwife is central to this model, as a liaison with the woman and her LMC.

Benefits for the woman include:

- Improved coordination and liaison with the woman and the LMC of the woman's Antenatal Clinic (ANC)
- A reduction in follow up hospital visits.

Maternity staff visited Waitemata DHB in November. This provided an opportunity to see how the role of the speciality midwife works and to see the model working. Implementation will see strengthening of GDM management within the service providing education and support for the woman, her partner/support person, whanau, LMC and clinicians; building on the collaborative work undertaken over the last few months.

#### **4.2 Work Stream 2 - Facilities**

The facilities workstream had six initiatives; all have been completed, with just the final operational aspects to be put in place to have the ante natal clinics fully relocated.

The work to improve and enlarge the reception/ work station in the postnatal ward has been completed, providing a better working environment for admin and clinical staff. These changes have it looking tidier and less cluttered.

The first antenatal clinic was held on level two in November. Initially only one clinic weekly was held to assist with finalising patient flow and clinic process arrangements. Further antenatal clinics were held over November/ December, with a number of clinical staff providing feedback on the new arrangements. Their feedback has been incorporated into the final configuration of the rooms and clinical processes. When the Antenatal Day Unit moves upstairs as part of these changes, LMCs will have a dedicated office/rest space in Delivery Suite, which has been warmly welcomed by them. The changes to date and those proposed have been the subject of positive feedback from women.

The alterations to the physical environment are planned for completion at the end of January 2017, with the remaining antenatal services relocating to level two in February. Signage will be in place to assist with advising visitors of the changes to access antenatal service and the post-natal ward. This will be supported by communication to key stakeholders and the wider community.

### **4.3 Work Stream 3 - Governance**

The Governance Workstream has six initiatives; all have been completed.

The Maternity Service Clinical Governance Group will be established in March 2017 as part of the transition from the current maternity project supported by the steering group, to ongoing business as usual arrangements. This is crucial to ensure that service improvement work continues, and that the gains made in partnership and collaboration are further consolidated. The service leadership roles are critical to the success of the new governance arrangements.

It is envisioned that the Maternity Service Review Implementation working group will form the basis of the Maternity Clinical Governance Group. The Maternity Clinical Governance Group Terms of Reference will support this being achieved. This will then enable a smooth transition of the existing workstreams and maintain the engagement of those involved to date.

The Maternity Quality & Safety Programme (MQSP) is now led by the leadership of the Women's Health Service. The MQSP Coordinator now reports to the Operations Director for the delivery of the ongoing improvement work. MQSP will be governed by the wider maternity Clinical Governance Group.

Implementation of the Tuia Framework (Framework supporting improved health outcomes for Māori accessing Women's Health Services) into Maternity services has begun but will require a concerted approach to fully integrate principles and to enhance cultural responsiveness. This will be supported through participation of Māori on the Maternity Service Clinical Governance Group and will also require working in collaboration with Māori through Pae Ora, Māori midwives and Māori consumers (alongside representatives from the maternity service).

### **4.4 Work stream 4 – Quality & Outcomes**

The Quality and Outcomes workstream has 17 initiatives, 15 have been completed, with one on track and one behind.

The “Mastering Open Disclosure” workshops originally organised for Maternity Services Staff and LMCs in late October, were postponed as a result of industrial action. They are now rebooked for 29 & 30 March 2017.

Maternal Case review and Perinatal case review meetings have been established. Learning points are shared via a monthly Maternity Matters Quality newsletter. These have been well received by staff and are now business as usual.

### **4.5 Work Stream 5 – Key Stakeholder Engagement**

The Key Stakeholder workstream has 22 initiatives; all have been completed.

The relationships between the LMCs and Maternity Staff have been strengthened, forming a strong base for ongoing improvement work. This collaborative approach keeps women at the centre of care. LMC representation on the Maternity Service Clinical Governance Group will assist with maintaining the relationships and ongoing further enhancements to the provision of care.

Interface meetings have been established with the services that have an interface with maternity. These meetings are chaired by the Women's Health Service Manager, and are generally well attended. "Recommendation–Hip Checks for DDH- Development dysplasia of the hip" now has an agreed approach and will be implemented in partnership with the Orthopaedic Services, in February/March 2017. This work will be supported by the project manager.

#### **4.6 Work Stream 6 – Consumer Engagement**

The Consumer Engagement workstream has seven initiatives; all have been completed.

A key achievement has been the establishment of the consumer liaison role. This position has been appointed to, at two days a week, with the appointee commencing in early February 2017. Initial focus for the role will be establishing enduring links with women and their families, and supporting service improvement work.

Consumer representation on the Maternity Service Clinical Governance Group will be critical to ensuring that the consumer's voice is heard. It is important that any decisions relating to service delivery will reflect consumer input and improve the consumer experience.

#### **4.7 Work Stream 7 – Guideline Review**

The Guideline review workstream has 10 initiatives; all have been completed.

The guideline review work stream has achieved all its identified initiatives. The fetal loss guideline has been reviewed and it has been agreed that to ensure the guideline meets key stakeholder requirements, a broader approach should be taken. This will be achieved through a separate project, involving all relevant stakeholders, including women and their families, the local SANDS (Stillbirth and Neonatal Death Support) group, and inclusive of community based providers. It will also incorporate work to improve the environment in the SANDS room, the dedicated space close to the Delivery Suite for families that have experienced loss.

The role of the MQSP Co-ordinator has been central to ensuring that the maternity service policies have been reviewed.

## **5. NEXT STEPS**

The maternity improvement programme will continue into February and March 2017 to ensure all the initiatives are completed.

A transition plan has been endorsed by the Project Steering Group. The purpose of this plan is to take the necessary steps to make the transition from the project development to business as usual service improvement work.

It is envisioned that the Maternity Service Review Implementation working group will form the basis of the Maternity Clinical Governance Group from March 2017.

Quality and service improvement initiatives will be incorporated into the quality & service improvement frameworks, with oversight and direction from the governance group.

Mike Grant  
General Manager  
Clinical Services & Transformation

## APPENDIX 1

**Maternity Service Review – Work Programme Status Report – 31.12.16**

	Planned date	On Track	Revised date	Behind	Completed
<b>Establish Working Group</b>					
Identify working group members	April 16				✓
Develop working group Terms of Reference	April 16				✓
Obtain sign off TOR by the Maternity Service Review steering group	May 16				✓
Develop working group communication plan	June 16				✓
Obtain sign off on Communication plan by Maternity Service Review steering group	June 16				✓
Determine and establish work streams	June 16				✓
Schedule weekly meetings	June 16				✓
Place meeting minutes on MDHB internet	June 16				✓
<b>Work stream 1- Safe Staffing</b>					
Awareness and clarification of Registrar and SHO roles provided for each new junior medical staff run	June 16				✓
Undertake a stock take of current RMO Orientation	June 16		Aug 16		✓
RMO handbook to be reviewed and updated	Oct 16				✓
Identify gaps in the RMO handbook information and update.	Oct 16				✓
Implement new orientation programme and make available to all members	Dec 16				✓
Do a stock take of all training requirements	July 16				✓
Confirm what training should be mandatory	July 16				✓
Develop a schedule of training and monitor	July 16				✓
Implement mandatory training requirement reporting system	Aug 16		Oct 16		✓
Support for Charge Midwife	April 16				✓
Associate Charge Midwives appointed for after hours	Feb 16				✓
Evaluate the effectiveness of ACM roles six months from establishment	Aug 16				✓
o Develop survey monkey and circulate to staff	July 16				✓
o Collate survey monkey results	Aug 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Develop ACM handbook	Dec 16				✓
o Include “How to broach difficult conversations” and provide examples					
Develop a handbook for LMCs	Dec 16				✓
Flex up and down staffing arrangements	May 16				✓
Develop robust process in partnership with the staff bureau to address staffing requirements in response to clinical acuity +/- staffing shortages	Sept 16				✓
o Confirm arrangement for responding to clinical acuity +/- staffing shortages	Nov 16				✓
o Evaluate effectiveness of arrangements	March 17	✓			
ACM joining organisation wide bed meetings	May 16				✓
Transfer of care audit	June 16		Nov 16		✓
o Develop audit tool	June 16		Sept 16		✓
o Undertake audit	July 16		Oct 16		✓
o Identify 6 common presentation for Transfer of Care Pathways	Aug 16				✓
o Identify clinicians, Māori and consumers representatives to participate in the development of each pathway	Sept 16				✓
o Pathways are developed for each presentation which clearly defines transfer of clinical responsibility	Oct 16				✓
o Develop action plan in response to audit findings	Nov 16				✓
Socialise draft Transfer of Care Pathways for consultations, feedback and finalisation	Nov 16		Feb 2017	X	
Develop a Model of Care for women with Gestational Diabetes	Nov 16				✓
Fortnightly meetings held with ACM and Charge Midwife	May 16				✓
Team Development day/s	June 16				✓
Nursing and Midwifery orientation manual to be reviewed and circulated for consultation	June 16				✓
Collate feedback from consultation and finalise revised manual-modular	Aug 16				✓
New LMCs will be partnered up with a “Buddy”	Sept 16				✓
Undertake an evaluation of the Orientation manual and process	March 17	✓			
Review “Model of Maternity Care” Report	May 16				✓
o Feedback to steering group	June 16		Aug 16		✓

	Planned date	On Track	Revised date	Behind	Completed
<b>Work stream 2-Facilities</b>					
Maternity work environment-confirm scope of work	April 16		Aug 16		✓
Walk through WSU/antenatal clinic space with maternity staff	April 16				✓
Develop detailed plan inclusive of antenatal clinic redesign/model of care	May 16		Sept 16		✓
Undertake an antenatal consumer survey	Sept 16				✓
Undertake a staff antenatal clinic survey using "survey monkey"	Sept 16				✓
Undertake work	July 16		Oct 16		✓
<b>Work stream 3-Governance</b>					
Develop MQSP framework for Maternity Services	May 16				✓
Present MQSP framework to steering group	June 16				✓
Undertake MQSP roadshow for staff	Aug 16				✓
Develop model for MDHB district wide MQSP framework and present to steering group	Aug 16				✓
Review TOR, including membership of Women's Health Service Improvement Committee	May 16		Oct 16		✓
List of all Maternity service meetings collated and review purpose	June 16				✓
<b>Work stream 4 – Quality &amp; Outcomes</b>					
Collate themes from 6 RCA and communicate to clinicians and leadership in Maternity service	April 16				✓
Ensure action plans are updated to address any outstanding matters relating to the themes	May 16				✓
All action plans from 6 RCAs and any subsequent adverse events are fully implemented and a follow-up of effectiveness of recommendations is undertaken	June 16				✓
○ Develop a corrective action plan to address RCA recommendations that have not been achieved	July 16				✓
A small number of senior clinical and management staff undertake 4 hour Quality Improvement training	Sept 16				✓
All clinical staff are to be provided with an opportunity to attend a short session on the PDSA process and principles of quality improvement	Sept 16				✓
Staff who are likely to be involved in open disclosure processes or complaint resolution will undertake Open Disclosure Training	July 16		Dec 16 March 17	X	

	Planned date	On Track	Revised date	Behind	Completed
A minimum of one staff member to undertake improvement Advisor training with Ko Awatea	Nov 16				✓
MQSP Co-ordinator on working group	March 16		April 16		✓
Ensure all ACMs are familiar with MDHB 5375	July 16				✓
Case reviews Review Perinatal Mortality Review co-coordinator	Sept 16				✓
Instigate monthly Maternal Case Review meetings	Sept 16				✓
Develop a plan for socialisation and use of ISBAR	March 17	✓			
Develop an education package for colleagues, LMCs which look are a recommended time to do dating scans; 8-9 weeks.	Dec 16				✓
Ensure that all ACMs are familiar with MDHB 5375	July 16				✓
Advise the ACMs at next meeting	July 16				✓
Further discussion regarding the use of Badgernet and the diabetes module is required to reach agreement on who is responsible for adding blood results into Badgernet <ul style="list-style-type: none"> <li>○ Take to next Interface meeting in September</li> </ul>	Sept 16				✓
<b>Work stream 5 – Key Stakeholder Engagement</b>					
Establish staff forums as part of socialisation phase	April 16				✓
Internal staff forums held	April 16				✓
Develop Women's Health Newsletter	April 16				✓
Establish meetings with services that have an interface with the Maternity Services/include LMC representative <ul style="list-style-type: none"> <li>○ Interface with Orthopaedic Service</li> </ul>	June 16				✓
- Review approach to hip checks for congenital abnormality	July 16				✓
- Recommendations to the steering group			Oct 16		✓
- Recommendations implemented			Oct 16		✓
○ Interface with Maternal Mental Health Service	May 16				✓
○ Interface with Child Health Service	June 16				✓
○ Interface with Anaesthetics/Operating Theatre	June 16				✓
○ Interface with Diabetes Service	June 16				✓
○ Interface with New Born Hearing Screening Service	June 16				✓
○ Interface with Radiology Service	July 16				✓
○ Interface with Emergency Department	May 16				✓

	Planned date	On Track	Revised date	Behind	Completed
Review location and purpose of notice board in maternity	May 16				✓
Establish a “Suggestion” whiteboard and process to collate comments and feedback to staff	May 16				✓
Explore Maternity service content on MDHB internet and update as required	Sept 16				✓
Facilitate use of shared net site and citrix	Sept 16				✓
Update list of key stakeholders	May 16				✓
<ul style="list-style-type: none"> <li>○ Identify levels of access to MDHB documents/sites by function</li> <li>○</li> </ul>	July 16				✓
Ensure that Maternity staff who identified work stream activity as an outcome from the Team Building days are supported to participate	Aug 16				✓
<b>Work stream 6 – Consumer Engagement</b>					
Have initial meeting to determine work stream priorities	May 16				✓
Establish consumer focus groups to support socialisation of review and findings; <ul style="list-style-type: none"> <li>○ Pahiatua; PN (Milson), Horowhenua, Dannevirke</li> </ul>	June 16				✓
Hold consumer focus group with Māori women	June 16				✓
Review current maternity consumer survey to ensure it meets consumers requirements	June 16		Sept 16		✓
Collate themes from consumer feedback inclusive of the monthly maternity survey results	June 16		July 16		✓
Complete a proposal for a Consumer Liaison role for Maternity services	Aug 16				✓
Review feedback mechanisms as part of consumer feedback	Aug 16				✓
<b>Work stream 7 – Guideline Review</b>					
Undertake a stock take of all Maternity service guidelines and policies, Including RWHS documents	May 16				✓
Second Amanda Rouse MQSP Coordinator for additional hours to undertake this work	June 16				✓
Review guidelines and where documents can be combined or it is agreed they are no longer required reduce the number of documents	Sept 16				✓
Amalgamate “Traffic”, (admission and discharge guidelines as a priority)	Aug 16				✓
Ensure that the request for a “Partogram” is included in the reviewed “Traffic” guideline.	Aug 16				✓
<ul style="list-style-type: none"> <li>○ Develop an “Partogram” audit tool</li> <li>○ Undertake and complete “Partogram” audit by end of Dec 16</li> </ul>	Nov 16				✓
<ul style="list-style-type: none"> <li>○ Undertake and complete “Partogram” audit by end of Dec 16</li> </ul>	Dec 16				✓
Review; “Observation of Mother and Baby in the Immediate Post-Natal Period” Clinical guideline, link with National Guideline	Aug 16				✓

		<b>Planned date</b>	<b>On Track</b>	<b>Revised date</b>	<b>Behind</b>	<b>Completed</b>
	Socialise national guidelines “Observations-mother-baby-immediate-postnatal-period”	Dec 16				✓
	Socialise fetal loss guidelines (Existing guidelines use confirmed – whilst long term project undertaken)	Dec 16				✓