

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



**DATE** 8 July 2016

**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 Maternity Services. No decision is required.

### 2. SUMMARY

Good progress continues overall to implement the work programme of improvements to the maternity service. Where progress has been delayed, action has been confirmed to ensure the revised timelines can be met.

Progress with the establishment of the memorandum of understanding to support the centralAlliance will be the subject of further consideration at the next centralAlliance Subcommittee Meeting, 25 July 2016.

Consumer focus groups have been held in Weber (to reflect a truly rural perspective), Pahiatua, Feilding, Palmerston North and Horowhenua. Feedback from these groups, along with the Teen Parenting Unit in Palmerston North, where the focus was on young Maori women, have identified initial themes. These include; transfer of care, levels of intervention, discharge planning, family involvement, hospital environment and information provided. In addition there has been positive feedback on Lead Maternity Carers, along with feedback around improved communication and support to women.

The initiatives that arose from the service review recommendations and align with the Maternity Quality and Safety programme have been consolidated into seven streams that enable team based partnership and a connected approach. These work streams are Safe Staffing, Facility Improvements, Governance, Quality and Outcomes, Stakeholder Engagement, Consumer Engagement, and Guidelines. Good progress is occurring with all work streams.

### 3. RECOMMENDATION

It is recommended:

*that the report be received*

## **4. PROGRESS UPDATE**

### **4.1. Work Streams**

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 seven streams that enable team based partnership and a connected approach. This work continues to be aligned with the MDHB Strategic Imperatives, identified in the new strategic direction. These are:

- Quality and excellence by design
- Partner with people and whanau to support health and wellbeing
- Connect and transform primary community and specialist care
- Achieve equity of outcomes across communities

Future reports will continue to provide updates on progress of each of the work streams, 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. Progress against each of the work streams is discussed below and details of the actions to date and/or approach going forward is outlined.

### **4.2. Work Programme Status**

Progress with the work programme is detailed in the Status Report attached as Appendix 1. It identifies all the initiatives that were agreed to implement the recommendations, and other actions subsequently agreed for implementation. Overall good progress continues to be made. The following work programmes are currently behind target. It should be noted that staff are supportive and participating in all workstreams.

#### Work Stream 1 – Safe Staffing

- Implement mandatory training requirement reporting system
  - The college has mandatory training requirements for Registrars on training programme.
  - While the Maternity service has not yet developed a mandatory training reporting system, the Midwifery Educator does hold a record of who attends training, such as PROMPT course etc
  - System for reporting will be in place in October 2016
- Transfer of care audit – develop audit tool / undertake audit
  - The transfer of care audit was scheduled to be commenced in June 2016, however this has been moved to August 2016 due to priority being given to the stakeholder engagement over the maternity standard, guidelines and transfer of care approach.
  - Revised timeframe to undertake audit will have audit complete and reported in November 2016
- Feedback to steering group – model of maternity care report
  - A “Model of Maternity Care” Report was developed by the Director of Midwifery prior to her leaving MCH. Steering group members were asked to provide feedback, which has been collated. Other priorities have led to a delay in the compilation of the feedback, however it will now be presented to the steering group by the end of August 2016.

### Work Stream 2 - Facilities

- Maternity work environment – confirm scope of work
- Develop detailed plan inclusive of antenatal clinic redesign/model of care
- Undertake work
  - Over the past two months a process has been undertaken to confirm access to the space formerly used by the Women's Surgical Unit (WSU). Now that space is confirmed detailed planning for the reuse of this space can get underway.
  - Confirmation of model of care for separation of clinic functions and reuse of WSU space will be undertaken by November 2016

### Work Stream 5 – Key Stakeholder Engagement

- Interface with Orthopaedic Service – recommendations to the steering group, recommendations implemented
  - This piece of work was scheduled to commence in May. Staff workload commitments have led to this being delayed. An initial meeting was held at the end of May with a further meeting scheduled for the end of July to focus on how the hip checks can be provided looking into the future.
  - Revised arrangements for these clinics will be in place in October 2016

### **4.3. Work Programme Highlights**

The women's health, midwifery and nursing orientation manual for the service has been reviewed. Following this review the manual will be developed into a modular system, to facilitate orientation and skill acquisition. It will also be made available to medical staff for their use. It is expected that this will be completed by the end of July 2016. The Women's Health Resident Medical Officer Handbook has been revised and has been reviewed by senior medical staff. Final amendments are to be made, taking into consideration any changes to the antenatal clinics and the role of the Senior House Officers. An electronic version is easily accessible on the computer located in the Registrar's office.

Agreement has been reached that the space that had previously been used for the Women's Surgical Unit will be used for antenatal clinics, relieving pressure on the ground floor space that will continue to be used for gynaecology and colposcopy clinics. With this approach agreed detailed planning of this change will be undertaken. This will allow for space for women experiencing early pregnancy loss (miscarry), so they can have private dedicated waiting and clinic space. This will improve the patient experience, in line with feedback that we have received.

Progress with the establishment of the memorandum of understanding to support the centralAlliance will be the subject of further consideration at the next centralAlliance Subcommittee Meeting, 25 July 2016.

The establishment of the additional Associate Charge Midwife positions has considerably strengthened midwifery leadership in the Maternity Service. Four of the positions were established on a temporary basis initially to achieve appropriate shift cover. A review is underway to confirm ongoing requirements.

Recruitment the Clinical Director position continues. The job description has been finalised following feedback from stakeholders. The feedback largely related to

highlighting the responsibilities the Clinical Director has to support multidisciplinary collaboration and the national model of maternity care.

The Maternity Quality and Safety Programme (MQSP) is a Ministry of Health led national programme which all DHBs participate in. The Charge Midwife is currently undertaking a MQSP roadshow, giving presentations to medical staff, midwives, nursing and other staff. These have been well received and there is evidence that staff in general are gaining a greater understanding of MQSP.

Following on from the two communication forums held in May a workshop scheduled for 12 July will build on key themes such as Section 88 and maternity referral guidelines with focus on transfer of care and communication. In addition there will be a focus on ante natal transfer of care for women with complex needs. The workshop will be open to midwives, LMCs, Medical staff and consumer representatives.

A stocktake of the progress to date implementing the recommendations from the six root cause analysis has been completed. Over the next month the focus will be to ensure that all the actions have been completed and their effectiveness evaluated. Maternal case review monthly meetings will be set up in July. These meetings will run in conjunction with the local Perinatal mortality review meeting, (PMR). Learning points from both meetings will be reported through to the clinical governance meetings. Agreed learning points will be published in the fortnightly newsletter, which will be widely distributed through the updated network list.

Access to on line information via the current Citrix application is seen as beneficial by LMCs. Citrix is the system that allows external access to MDHB information systems. Increased use of Citrix to access the maternity clinical information system (MCIS) has been promoted. Support is being provided by MCH communication team relating to website content and processes and the potential for texting information, including appointments.

Consumer focus groups have been held in Weber (to reflect a truly rural perspective), Pahiatua, Feilding, Palmerston North and Horowhenua. Feedback from these groups, along with the Teen Parenting Unit in Palmerston North, where the focus was on young Maori women, have identified initial themes. These include; transfer of care, levels of intervention, discharge planning, family involvement, hospital environment and information provided. In addition there has been positive feedback on Lead Maternity Carers, along with some suggestions around improved communication, and how they could provide greater support to women. A meeting will also be held in Dannevirke in July for young Maori women.

The working group has given consideration to a more formal consumer focus group across the district. Consideration is being given to the development of a consumer liaison role, as the first step to establishing district wide consumer groups. This model is in place in other DHBs and has proven to be very effective.

The existing list of Regional Women Health guidelines has been reviewed and if no longer relevant or appropriate has been removed. The work stream will continue to work through the list of documents and where appropriate documents will be combined. Guidelines will be focussed on MCH content, rather than regional.

The Women's Health service held a two day team building workshop in June, which was attended offsite by 23 staff. These were senior staff consisting of Obstetrics and Gynaecology consultants, the senior midwifery team and clinic staff. The aim of the programme was "developing knowledge of team dynamics and the skills required to lead, influence and /or participate in high performing work teams". This was an important exercise as supporting good leadership, and improving teamwork between leaders was clearly identified in the Maternity Service Review.

A recommendation from the Maternity service review related to improving the communication and collaboration between the Maternity service and other services that have an interface with them. To date meetings have taken place with Theatre/Anaesthetics, Child Health, Emergency Department, Perinatal Maternal Mental Health and New Born Hearing Screening. Still to be scheduled are meetings with Diabetes and Radiology. The approach to these meetings is to provide an opportunity to raise any key issues and to share what is working well. The group will then decide a way forward. Feedback is that staff have found the meetings useful and future meetings have been scheduled.

Careful consideration has been given to the risks and benefits of our current approach to the implementation of MCIS. The current state assessment and the development of an improvement plan to address the key areas where improvement is needed provide confidence that we understand both the strengths and limitations of the system and what we need to do to address them. There has been considerable effort undertaken to work with our staff in identifying the necessary improvements and factoring those into our plans. In discussions with the Ministry of Health, its commitment to MCIS as the national system has been confirmed.

We will continue to work on improvements that focus on clinician's safe and effective use of the system, supported by a structured approach to support staff with training and documentation. We remain open to consider any nationally mandated improvements to the system, and any other developments that may be agreed in support of a national maternity information system.

## **5. NEXT STEPS**

- Roll out of the full programme of consumer and Maori engagement forums to be completed by 30 July 2016
- Roll out of the quality training for all staff over the next two months
- A comprehensive risk plan for the project is currently being developed
- Collate themes from the Consumer Groups, identifying areas for service improvement
- Develop a proposal for the Consumer Liaison Role
- Finalise and implement the improvement programme for MCIS



Mike Grant  
General Manager  
Clinical Services & Transformation

## Maternity Service Review – Work Programme Status Report

		Planned date	Progress	Revised date	Completed
<b>1.</b>	<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>2.</b>	<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	✓		
	RMO handbook to be reviewed and updated	Oct 16	✓		
	Identify gaps	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	X	Oct 16	
	Support for Charge Midwife	April 16			✓
	Associate Charge Midwives appointed for a 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	✓		
	Flex up and down staffing arrangements	May 16			✓

		Planned date	Progress	Revised date	Completed
	ACM joining organisation wide bed meetings	May 16			✓
	Transfer of care audit	June 16	X	Nov 16	
	o Develop audit tool	June 16	X	Sept 16	
	o Undertake audit	July 16	X	Oct 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	✓		
	Review "Model of Maternity Care" Report	May 16	✓		
	o Feedback to steering group	June 16	X	Aug 16	
<b>3.</b>	<b>Work stream 2-Facilities</b>				
	Maternity work environment-confirm scope of work	April 16	X	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	X	Sept 16	
	Undertake work	July 16	X	Oct 16	
<b>4.</b>	<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 Service Improvement Committee	May 16	✓		
	List of all Maternity service meetings collated and review purpose	June 16	✓		
<b>5.</b>	<b>Work stream 4 – Quality &amp; Outcomes</b>				
	Collate themes from 6 RCA and communicate to clinicians and leadership in Maternity service	April 16			✓

		Planned date	Progress	Revised date	Completed
	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	
	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	✓
	Case reviews Review Perinatal Mortality Review co-coordinator	Sept 16	✓		
	Instigate monthly Maternal Case Review meetings	Sept 16	✓		
<b>6.</b>	<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	May 16			✓
	○ Interface with Orthopaedic Service	June 16			✓
	- Review approach to hip checks for congenital abnormality	July 16	✓		
	- Recommendations to the steering group	July 16	X	Oct 16	
	- Recommendations implemented	July 16	X	Oct 16	
	○ Interface with Maternal Mental Health Service	May 16			✓
	○ Interface with Child Health Service	June 16			✓
	○ Interface with Anaesthetics/Operating Theatre	June 16			✓

		Planned date	Progress	Revised date	Completed
	○ 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			✓
	Review location and purpose of noticeboard 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			✓
	○ Identify levels of access to MDHB documents/sites by function	July 16			✓
<b>7</b>	<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; ○ Pahiatua; PN (Milson), Horowhenua, Dannevirke	June 16			✓
	Hold consumer focus group with Maori women	June 16	✓		
	Review current maternity consumer survey to ensure it meets consumers requirements	June 16	✓	July 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>8.</b>	<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	✓		