TO Hospital Advisory Committee

FROM General Manager
Clinical Services and Transformation

DATE 14 April 2016

SUBJECT **Maternity Review update**

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

MEMORANDUM

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1. PURPOSE

This report provides an update on the actions underway and progress over the past month with the development of the work programme to address the findings of the independent review of the Maternity Services.

2. SUMMARY

Good progress is being made with the work programme, which is now well established, overseen by the Steering Group. The Working Group is now established to take responsibility for the implementation of the service improvement initiatives. 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.

A project manager has been engaged, from 11 April 2016, to support the implementation of the work programme overall. Catherine Marshall is a former MDHB Service Manager. She will provide direct support to the working group and ensure key milestones are met and reported on.

The themes from the six RCA reports have been collated and reviewed to identify any further actions that may be required. The MidCentral Health Serious Adverse Event Governance Group (MCHSAEGG) has confirmed that successful implementation of the relevant service review recommendations will ensure that systemic issues related to the six RCA reports will be addressed.

The Charge Midwife has commenced, from 4 April 2016, as the Clinical Lead for the service improvement activities. Her role is to 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.

Incorporating the requirements of the Maternity Quality and Safety programme into our overall service developments has commenced with a scoping of the work involved to achieve better alignment. This work will focus on safety of care, women's experience of care, effectiveness of care along with key projects for service improvement

An Associate Charge Midwife has been identified to complete the Improvement Advisor training, commencing in early May 2016. She will be undertaking a project as part as part of this programme. 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.

The monthly maternity consumer survey provides direct feedback on women's experience of care in our maternity services. Recent feedback has included that women get varying messages from different staff, particularly around baby care and breastfeeding. There are areas where we can do better and these will be included in our improvement work.

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. The Associate Charge midwives will be participating in a training day on 20 April 2016 to support cohesive and consistent midwifery leadership. That day they will also join with the local College of Midwives for their regular lunchtime meeting.

The review report identified that Women's Health outpatient clinic space was 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 undertaken a review of the Women's Health Clinic environment and have identified options for how space could be better organised to support women's care. The next step is for discussion with the clinic staff and to ensure that there is careful consideration around how the model of care can be improved before decisions are made to make changes to the facility.

An external resource has been used to undertake an assessment of the current state of the Maternity Clinical Information System (MCIS). An experienced project manager 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 for the next update, the preliminary findings largely relate to that need to strengthen understanding of the expectations MDHB has of the system operationally and ensuring that all those that use the system are trained and supported to meet those expectations.

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 was carried out by Emma Farmer, Head of Division - Midwifery, Waitemata DHB, Dr Chris Hendry, Midwifery and Maternity Service Development Advisor and Dr Ian Page, Clinical Head, Obstetrics & Gynaecology, Northland DHB.

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 is a key focus for the first phase of the work programme. Two forums have been held with maternity service staff and Lead maternity carers (LMCs), with the most recent forum being with the combined groups reflecting the commitment to bringing all the stakeholders together to support better understanding and a shared approach to the improvements underway. The forums have been well attended by both LMCs and service staff. The forums have included both an update on process, along with an opportunity for questions and robust discussion over the challenges the service has been facing and opportunities for improvement.

In addition two written updates have been provided (attached as Appendix 2) to provide update on progress with the establishment of the work programme, steering group, working group and project support, along with information around actions taken in relation to priority areas

The Operations Director is taking time when in the maternity unit with the Charge Midwife to stop and talk with staff. These informal discussions give an opportunity to share perspectives and for the Operations Director to get direct feedback from staff regarding the challenges and frustrations they have experienced.

Next steps from a communications perspective include engagement with wider consumers and Maori, along with the key MidCentral Health Services that interface with Maternity services, Anaesthetics, Diabetes, Child health, maternal Mental Health, Orthopaedics and Emergency Department. This is timetabled for May 2016, by which time the Project Working Group will be fully operational and able to undertake this engagement.

6. PROGRESS UPDATE

Overall good progress is being made in establishing the work programme, with the project structures and support arrangements substantially in place.

6.1. Project Approach

Steering Group
The steering group has now been meeting weekly for over a month, taking responsibility for addressing the recommendations and the work arising from them, and providing support, guidance and direction to the leadership of the service in relation to the necessary actions to be taken. Since 5 April the steering group has a Lead Maternity Carer (midwife) Amanda Douglas join. Arrangements are being made for an Iwi Maori representative to also join the steering group.

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) 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 Iwi Maori Representative – To be confirmed

As previously reported the steering group will provide oversight of and support to the programme of work, however the changes including the service development work will be undertaken by the working group.

Working Group
The core of the working group has been taking responsibility for implementing the improvement work to date. The Service Manager, Acting Clinical Director and Charge Midwife have been meeting weekly with the General Manager to ensure necessary actions are being undertaken. A second Obstetrician and Gynaecologist has been confirmed to join the steering group, along with consumer, Maori and LMC representation. This first formal meeting of the full working group will take place in the week beginning 18 April.

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

Clinical Lead
The Charge Midwife has been backfilled in her day to day clinical responsibilities to allow her to take the clinical project lead role for the work programme. Her role will be to focus on service improvement in midwifery care and the engagement of LMCs, along with supporting the wider multidisciplinary work central to our service improvements. There are key areas of the work programme that she will take the lead on, including the alignment of the maternity Quality and Safety programme with service improvement plan, the development of the model of care for the service, and the transfer of care audit.

Project Management
A project manager has been engaged to support the implementation of the work programme overall. Catherine Marshall is a former MDHB Service manager. She will provide direct support to the working group and ensure key milestones are met and reported on. In addition an external resource has been engaged to undertake an assessment of the current state of the Maternity Clinical Information system.

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 on a weekly basis 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.

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

The initial work for the organisation wide review of the current RCA/investigation methodology to strengthen the process, system, leadership and communication is underway. A literature review is being undertaken as well as a review of other DHBs resources is in progress. Key staff have attended a Root Cause Analysis (RCA) workshop in Christchurch. Work continues to progress in considering information from several DHBs and the HQSC.

The themes from the six RCA reports have been collated and reviewed to identify any further actions that may be required. It is noted that this review is primarily a numerical analysis enabling the visibility of the significance of the underlying issues. Taking this into consideration, the MidCentral Health Serious Adverse Event Governance Group (MCHSAEGG) has confirmed that successful implementation of the relevant service review recommendations will ensure that systemic issues related to the six RCA reports will be addressed. In addition the successful, full implementation of every recommendation with the individual RCA action plans and a robust evaluation of the impact of that action will also ensure desired outcomes are achieved, successful and embedded.

An Associate Charge Midwife has been identified to complete the Improvement Advisor training, commencing in early May 2016. She will be undertaking a project as part as part of this programme. 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.

Key staff have been interviewed in early April as part of the internal Audit on DHB clinical governance.

Incorporating the requirements of the maternity Quality and Safety programme into our overall service developments is underway, commencing with a scoping of the work involved in achieving that better alignment. Initial work has been undertaken to identify the points of alignment, to ensure that the benefits from this key national programme are delivered across the whole maternity environment. This 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, Maternity Clinical Information System Improvements, promoting normal birth, monitoring baby movements in pregnancy, hip checks, and management of miscarriage.

The approach to this work will ensure there is a high level of consumer and stakeholder engagement, engagement with Maori and rural women, and ensuring information for parents.

As reported last month the Director of Midwifery is undertaking a national stocktake of models of midwifery care and will present the outcome of that work by 23 April 2016 for consideration as part of the service development planning.

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

The MDHB Board at its April meeting approved the HAC recommendation that the current arrangements with Whanganui DHB for the Regional Women's Health Service will be replaced by an explicit memorandum of understanding (MOU) that will detail the clinical integration and collaboration for our women's services going forward before 1 July 2016. Dr Clark, CMO MDHB and Dr Rawlinson, CMO WDHB have met twice to workshop the principles underpinning the future relationship between the Women's Health services of the two DHBs. As there are clear corollaries with how all services interact across the districts initial concepts are to be presented at the centralAlliance subcommittee meeting on 3 May 2016.

The formal engagement leading to consumers and Maori becoming partners in our service improvement journey across all our work streams will commence in May 2016. This will be enabled by the establishment of consumer and Maori on both steering and working groups and the support in place from the project manager to arrange this crucial work.

The steering group has endorsed the approach being used for the current maternity "Partners in Care" (co-design) project around hyperemesis to be expanded for future "co-design" work.

The current monthly maternity consumer survey provides direct feedback on women's experience of care in our maternity services. Recent feedback has included that they get varying messages from different staff, particularly around baby care and breastfeeding. This feedback has been discussed with the steering group. There are clear areas of feedback where we can do better and these will be included in our improvement work, particularly around improving women's experience of postnatal care on the maternity ward.

The midwifery and medical leadership have agreed to participate in a two day team development workshop to support their teamwork and effective functioning. This is planned for 1 and 2 June 2016.

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.

A local, national and international recruitment process for the Clinical Director position is underway. The job description is being updated to ensure that the position will reflect the recommendations regarding an expectation that Clinical Leaders will work to support the New Zealand Model of Maternity Care. The current Director of Midwifery has resigned, effective 26 April 2016, to take up a position with Health Quality and Safety Commission. Recruitment to the Director of Midwifery position will be undertaken once the Executive

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

The Charge Midwife will lead the development of the revise maternity model of care that responds to the NZ Model of Maternity care. This work will commence in May 16 with further engagement across the maternity sector, with a focus on bringing together core and LMC midwives with their medical colleagues from the service. This work will include achieving a better mutual understanding of the Section 88 provisions. We are planning to have a series of forums looking at these provisions, the maternity standards and the referral guidelines. We will be inviting wide participation, and envisage contribution from the Ministry of Health, Colleges, and MDHB's legal team, for their perspectives.

Ten core midwives have attended 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.

The job sizing for Senior Medical Officers has been completed, with two additional senior medical staff positions being established. These positions are being recruited to on a temporary basis with locum appointments, one for a year from 23 May 2016 and another for two years from 26 September 2016, during which time permanent recruitment will be undertaken.

Considerable progress has been made in strengthening midwifery staffing, and developing leadership capacity across maternity services. The Charge Midwife has been backfilled to allow her to focus on service improvement related to the service review implementation. A total of nine midwives have been appointed as Associate Charge Midwives, providing leadership in delivery suite and the maternity ward during the day Monday to Friday and ensuring midwifery leadership is present after hours. A total of twelve midwives have been recruited into the service since November 2015, (including three new graduates). Six of the experienced midwives appointed have been LMCs returning to core midwifery roles. By May 2016, core midwifery staffing will be only 0.2 FTE short.

The Associate Charge midwives will be participating in a training day on 20 April to support cohesive and consistent midwifery leadership. That day they will also join with the local College of Midwives for their regular lunchtime meeting.

The interface between Maternity services and the Diabetes Service, Anaesthetic Department, Emergency Department, Child Health and Maternal Mental Health Service will be the subject of forums with those services in May 2016 to engage and receive feedback on how these interfaces can be improved.

The review report identified that the Women's Health outpatient clinic space was severely compromised by dual gynaecology and obstetric clinics being held that involved both registrars and house officers, supervised by SMOs. 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 (up to four hours for women with diabetes in pregnancy). The report noted that staff reported that anecdotally some women did not attend the clinic or left before being seen because of the length of time they waited and the cramped waiting room. In response to this senior clinical staff have undertaken a review of the Women's Health Clinic environment and have identified how space could be better organised to support women's care. This has a focus on looking to dedicate space for women attending clinic for miscarriage. It addition rationalising some office space would allow for an additional clinic space. This would assist in separating gynaecology and obstetric clinics, and to provide more available clinic space generally. There has been an opportunity for a consumer and LMC walk through with their feedback incorporated. The next step is for discussion with the clinic staff as a whole to ensure all the issues and potential opportunities have been canvassed and that there is careful discussion around how the model of care can be improved before decisions are made to make changes to the facility.

An external resource has been used to undertake an assessment of the current state of the Maternity Clinical Information System (MCIS). An experienced project manager has met with clinical staff, and the key staff involved internally and externally in supporting the implementation of MCIS. This work will deliver an assessment report that identifies all the issues for the system, their current status and a pathway for resolution. This will recognise that there are local, regional, national and international dimensions to the issues MDHB has encountered. While this will be reported fully for the next update, the preliminary findings largely relate to that need to strengthen understanding of the expectations MDHB has of the system operationally and ensuring that all those that use the system are trained and supported to meet those expectations. There are technical issues affecting the interface between MCIS and other systems and the speed of the system overall that when resolved will improve the users experience of the system. In relation to the national arrangements there is a need for the national contract to be finalised to clarify global issues of ownership and accountability for the system going forward.

iv. *Achieve equity of outcomes across communities.*

Bringing a fully operational Maternity Quality and Safety Programme into the service improvement approach for our maternity services will provide a much stronger emphasis on the quality of outcomes and delivering services to established standards and guidelines. Much of the work that has been undertaken by the MSQP is ready for wider implementation. An example was a substantial piece of work to map women's journey through maternity services. This provides a benchmark for looking at how our services can be improved.

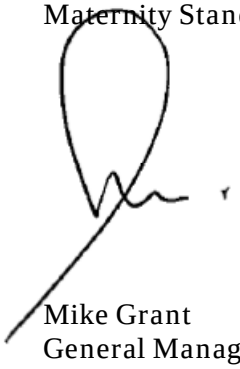
Improvement in outcomes for women is a crucial focus for our improvement programme. Establishment of clinical governance arrangements and a suite of measures to be reported on will give confidence that our service improvements are delivering the benefits that were planned. In addition performance will be monitored via the annual reports for Maternal and Prenatal mortality and morbidity.

7. NEXT STEPS

Structured engagement with stakeholders will occur over May 2016. This includes consumer, Maori, and the range of DHB services that interface with maternity services.

A stocktake will be undertaken of all actions to address the Root Cause Analysis recommendations for the six adverse events.

Service model of care work will be advanced through the incorporation of the MQSP programme and forums with staff and stakeholders over the Sec 88 guidelines, and the NZ Maternity Standards



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