

## **Transforming Maternity Services**

### **Introduction**

This paper outlines the progress made by the Maternity Transformation Programme Board in the delivery of the recommendations made by The Independent Review of Maternity Services (June 2016) and the plan to continue delivery of the proposed recommendations. It should be noted that this paper concentrates on progress made since the publication of the External review in June 2016.

### **Background**

In February 2016, following a Care Quality Commission (CQC) inspection in December 2015, the Trust undertook a series of immediate actions including the commissioning of Dr Robert Sherwin, Consultant Obstetrician and Gynaecologist, Associate Medical Director, Whittington Health and Ms Debbie Graham, Independent Health Strategist and Registered Midwife to undertake an independent review of maternity services. A timeline of events is available in Appendix One.

### **Review Findings**

The review identified a number of findings and made 25 recommendations (see appendix two) to support improvements to the Maternity Services provided by Bedford Hospital, it should be noted that the reviewers did not identify any immediate safety concerns. The recommendations included:-

- To review governance structures, management structures and ways of working.
- To undertake a review of relevant clinical quality indicators.
- To review how the service conducts clinical governance and in particular the management of serious incidents, incidents, complaints, the introduction of patient safety initiatives and clinical audit.
- To undertake a diagnostic review of the culture of the unit, particularly focusing on human factors and the Trust's values.
- To ensure that the service is well-led.

### **Delivery of recommendations**

To support the delivery of The Review recommendations, and further areas for consideration identified from the Cumberledge Report (Feb.2016) and the Saving Babies Lives Care Bundle (March,2016), the Maternity Transformation Programme Board has recently revised its terms of reference and reporting structure to be primarily focused on ensuring that Bedford Hospital's Maternity Service is working effectively and is delivering services in line with national best practice and supporting the provision of well-led, modern, high quality and sustainable service that provides safe patient care.

The Programme Board has developed seven workstreams that divided up the recommendations logically to enable delivery and ensure appropriate support and challenge to the Clinical Teams. The workstreams are expected to deliver significant and sustainable benefits; the table below illustrates these at a high level.

Workstream	Reference code	Review recommendations
<b>Antenatal care</b>	ER-6	A standard for antenatal continuity of care should be set.
	ER-7	Every woman should have a midwife, who is part of a small team of four to six midwives based in the community.
	ER-8	Each team of midwives should have an identified obstetrician who can support their team and give advice on issues as necessary.
	ER-9	The effectiveness and uptake of the current facility for women to self-refer for maternity care should be reviewed.
<b>Intrapartum care</b>	ER-10	The current strategies for achieving one to one midwifery care in labour should be reviewed. This should include a review of services to support women in the latent phase of labour and the provision of early labour assessment and support services.
	ER-13	The requirement for labour ward shift coordinators to be supernumerary should be included in the trust Staff Policy
	ER-14	Handover the management of theatres to the Theatre Manager to support national guidance.
<b>L.S.C.S</b>	ER-11	The Trusts Caesarean Section guidelines (March 2016) should be revised to ensure compliance with national good practice guidance for women requesting caesarean section with no medical indication. Compliance with this guidance should be part of a rolling audit of caesarean sections.
<b>Postnatal care</b>	ER-17	The current care pathway for specialist perinatal mental health care should be reviewed and strengthened
	ER-18	The trust should review the current allocation of resources for postnatal care to ensure that women have access to their midwife as they require.
<b>Workforce</b>	ER-21	A strategy should be developed to reduce short-term midwifery sickness and to assist staff on long-term sickness, back to work.
	ER-19	Review of the working patterns of the O&G Consultants and develop a strategy to support the delivery of increased labour ward presence.
	ER-20	All staff should be trained in giving and receiving feedback, in particular, to students and trainees.

<b>Leadership</b>	ER-23	Investment in a leadership development programme that addresses the learning needs their leaders
	ER-24	An agreed vision for the department is established; a code of conduct is agreed, including the desire to improve collective leadership and accountability, and the 'forming and storming' of the Departmental leadership team, which includes Consultants and Senior Midwives.
<b>Governance</b>	ER-2	The Executive team should timetable regular safety 'walk-about' within maternity. During these walk-about the embedding of learning from safety incidents should be tested, as part of assuring safety processes within the trust. The results of these walkabouts should be communicated to the entire maternity team, perhaps through a monthly maternity newsletter and also to the wider trust.

**Actions to date**

Clear roles and responsibilities have been outlined by the Programme Board; Obstetric and Midwifery leaders will be required to work in partnership to lead individual workstreams and will be accountable for delivery to the Associate Director of Transformation, Clinical Director and Head of Midwifery who are then accountable to Chief Operating Officer for the delivery of the overall programme.

Appendix two shows progress against the 25 recommendations. However, the Programme Board has prioritised three broad areas that are seen as key to transformation.

**Workforce Re-design**

It is necessary to develop a more modern workforce structure to support the delivery of new ways of working that supports the delivery of high quality patient focused maternity care to meet the needs of the community. Therefore, we have redesigned the maternity workforce, which has included the introduction of key roles, for example: a dedicated Risk and Governance Co-ordinator has been appointed; a role has been developed that supports the operational requirements of delivery suite; the senior team are working alongside the CCG and Local Authority to develop a role which is dedicated to delivering care to vulnerable women that is complementary to the Safeguarding Named Midwife; this role addresses the recommendation regarding the development of perinatal mental health services.

**Leadership**

To support the Clinical Teams project packs have been developed outlining the recommendations made by The Review and bringing together a number of resources available to the teams including reporting tools and links to current best practice guidance. Each Workstream Team will work with the Organisational Development Manager to enable

then to develop a toolkit of skills to support having difficult conversations, challenging each other appropriately and leadership development.

In addition to the support the Workstreams Teams will receive the Head of Midwifery is working with the Organisational Development Manager to develop midwifery leadership (the Band 7 Leadership Programme). The Trust has also commissioned a piece of OD work aimed at developing the relationships within the Consultant Team; it is anticipated that both pieces of work will result in a coming together of the teams to improve collective leadership and accountability.

### Governance

To support the recommendations made by the Review regarding increased visibility of the divisional management and implementation of safety 'walk-about' throughout July a process of daily Executive Walk Abouts were implemented. The next step is to implement a more robust system of walk abouts through a 'Visit Pyramid' that will triangulate the learning from incidents, CQC feedback and review findings to provide assurance of the processes within the Maternity service.

A single maternity dashboard has been developed to support performance improvement discussions. The dashboard is shared monthly at the Trust Quality Board; the dashboard is currently undergoing a new development that includes a graphical comparison of 2016/17 performance against the previous year and best practice. An example of the newly designed report can be found in Appendix Three, it is anticipated that this will be ready for presentation at the Quality Board in November 2016.

It is anticipated that a national maternity dashboard will be released in the coming months and it is the intention to adopt the national reporting standards.

### Conclusion:-

The Trust responded rapidly to the CQC report that rated Maternity Services as *requires improvement*, when the internal view was that it was meeting the criteria for providing *good* services. The commissioning of an external review was a key part of the initial response and has been pivotal in providing a road map for transformation. The Programme Board was chaired by an Executive Director with strong clinical engagement to ensure delivery of the recommendations in a way that embedded changes.

The External Review and its recommendations were shared, in full, with the Board in July 2016, and since sharing the Review with both the staff and the Board there has been significant achievement against the recommendations (see appendix 2).

**12= Green** which demonstrates the task is either completed or the task is on track by time and benefit

**13 = Amber** which denotes that mitigation is in place and/or the action has been allocated to a delivery work stream for further investigation development.

The action plan reads across to the CQC action plan and there has been demonstrably good progress to date and the main transformation actions will be complete by Q4 2016/17.

**Next steps**

The Maternity Transformation Programme Board has now moved to stage three of the plan which is focused on delivery of a sustainable improvement plan. The Programme Board is now led by the Associate Director of Transformation and progress will continue to be reported through the Trust governance structures to enable a culture of high support and high challenge to be created.

**Appendix One** Transforming Maternity Services Timeline.

Month	<b>Phase One</b> – immediate actions taken post CQC Visit	<b>Phase Two</b> – Medium term actions implemented in response to CQC and DRAFT External Review	<b>Phase Three</b> – Development and delivery of Maternity Improvement Plan to support long-term sustainability of changes.
Dec 2015	CQC Inspection SI thematic review complete		
Jan 2016	19/01 Maternity Programme Board (KW) Maternity Focus Groups (LH)		
Feb 2016	08/02 – External Review commenced	Change in Leadership	
Mar 2016			
Apr 2016		19/04 CQC Report Published	
May 2016		C&C re Cumberlege (HoM) C&C re saving Babies Lives (HoM)	
Jun 2016		Final External Review Received CEO/COO Maternity Team Briefing	
Jul 2016		Board Briefing Identification of OD requirements	Thematic review of Datix Incidents Version 1.0 dashboard to Quality Board
Aug 2016			Handover of Prog. Board to LMcG
Sept 2016			OD work commenced with Consultant Team (AS)
Oct 2016			Kick-off meetings with workstream leads (LMcG,TP,SR) Action plan progress report to EMC
Nov 2016			Second report to Board 8/11 Launch Event (LMcG,TP,SR)
Dec 2016			Version 2.0 Dashboard to be released.

**Appendix 2 – Maternity Improvement Plan**



Maternity  
Improvement Plan\_Or

**Appendix 3 Revised Dashboard Version 2**



Version 2 Dashboard  
2016.xlsx