



Welcome and Introduction to the Day

Anne Holt and Stephen Sturgiss
Northern England Maternity Network Clinical Leads

Aims of Today

This event will focus on the local implementation of 'Better Births', bringing together a wide range of maternity stakeholders who have a part to play in transforming maternity services, to share learning, celebrate the progress we have made and co-design plans for future transformation.



Newcastle Racecourse Free Wifi

No password required

SLIDO Instructions

1. Open your internet browser on your mobile device or laptop.
2. Type slido.com in the address bar.
3. Enter the event code #LMSnorthern
4. Type your question to the panel and press Send. You can add your name or submit anonymously.



How Good is the NHS? (2018)

- Different measures allow comparison of birth outcomes the NHS achieves to those in other countries.
- UK's performance is average at best and poor in many cases.
- UK has consistently higher rates of perinatal and neonatal mortality than the average of our comparator countries
- Inequality and maternal age impact on outcomes e.g. low birth weight - this explains part of the UK's poor performance.
- BUT - health care does influence outcomes. Recent study found that different care might have made a difference in 80% of child mortality cases in a UK sample.

How Good is the NHS? The Health Foundation, the Institute for Fiscal Studies, The King's Fund and the Nuffield Trust, 2018.

england.northernmaternity@nhs.net

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Better Births – Improving Outcomes for Maternity Services

PERSONALISED CARE



SAFER CARE



CONTINUITY OF CARER



BETTER POSTNATAL AND PERINATAL MENTAL HEALTHCARE



WORKING ACROSS BOUNDARIES



MULTI-PROFESSIONAL WORKING



PAYMENT SYSTEM



Today is about Implementation

We want to:

- Share information about all of the good work that's been done by people who are passionate about maternity services in our areas
- Celebrate those areas in which we're leading the way
- Provide an opportunity to help shape the future direction of work over the next 1-2 years.





Setting the Scene

Ben Clark, Associate Director
Dr Robin Mitchell, Clinical Director
Northern England Clinical Networks

Setting the scene

Ben Clark

**Associate Director – Northern England Clinical Networks /
Assistant Director Clinical Strategy - NHS England: North (Cumbria and the
North East)**

Dr Robin Mitchell

Clinical Director - Northern England Clinical Networks



National context for change

1. Funding – new 5 Year Settlement
2. Strategy – developing a 10 year Long Term Plan
3. System architecture – changing the regulatory and planning roles and responsibilities



What does this mean for North Cumbria and the North East

Where are we now as a system?

- Relatively highly performing patch but with some performance and finance challenges
- A long-established geography with a strong history of joint working
- Highly interdependent clinical services with the vast majority of patient flows staying within the patch

Where do we need to be?

- Faster progress on improving population health outcomes
- More empowered patients supported by fully integrated health and social care
- Delivering a sustainable, equitable and affordable core offer of services

How are we going to get there?

- Unanimous commitment from NHS bodies to become an **Integrated Care System** with overarching system governance
- Need to develop a vision and strategy supported by a suite of enabling workstreams
- Creating 4 ICPs based on population density/patient flows/hospital sites - whilst preserving place-based clinical leadership



Integrated Care Partnership geographies

‘North Cumbria’

- Population 400k
- 1 CCG
- 1 Acute provider and 1 Mental Health/Community provider (with joint CEO)
- 1 Council

‘North’

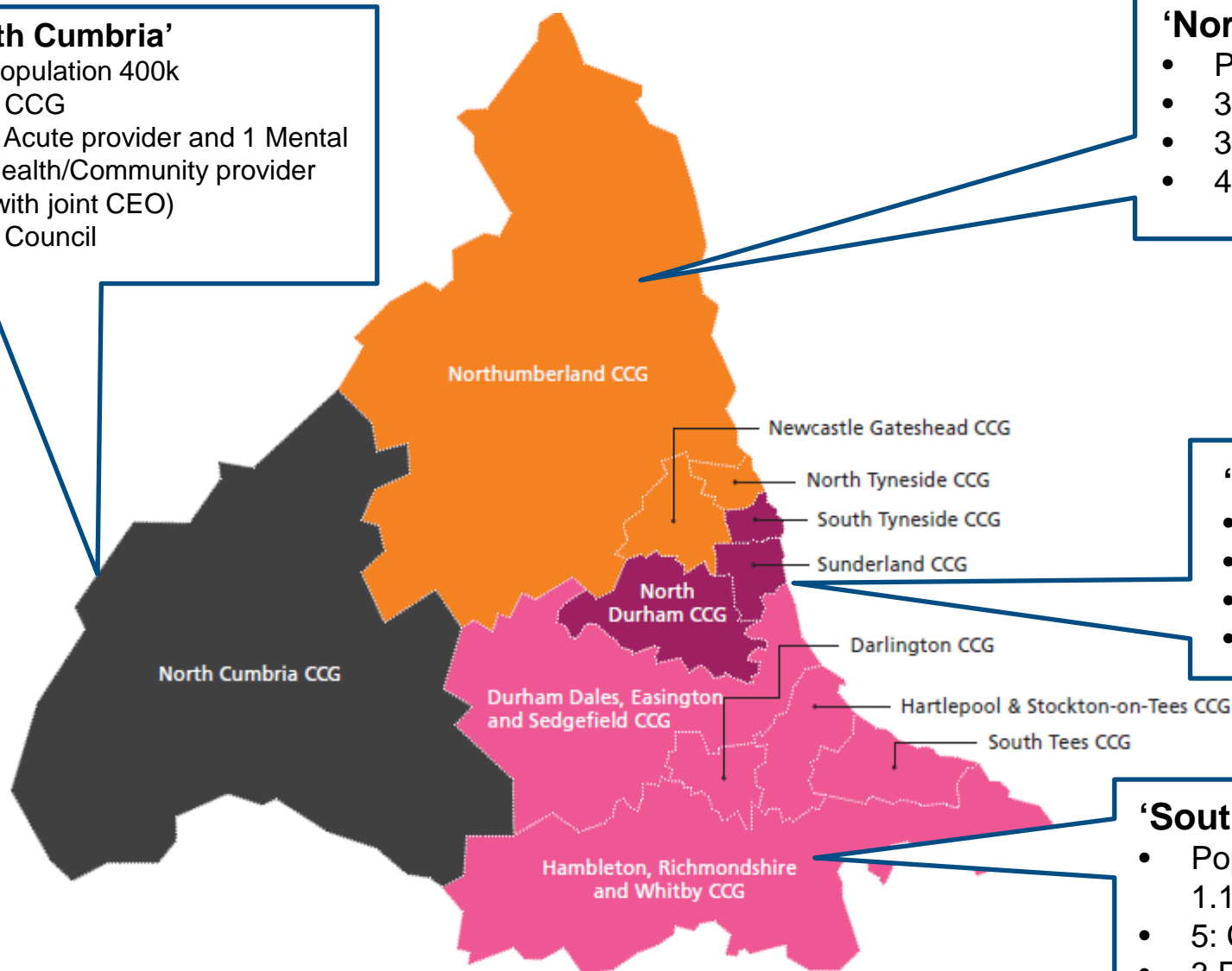
- Population 1.025M
- 3 CCGs
- 3 FTs
- 4 Councils

‘Central’

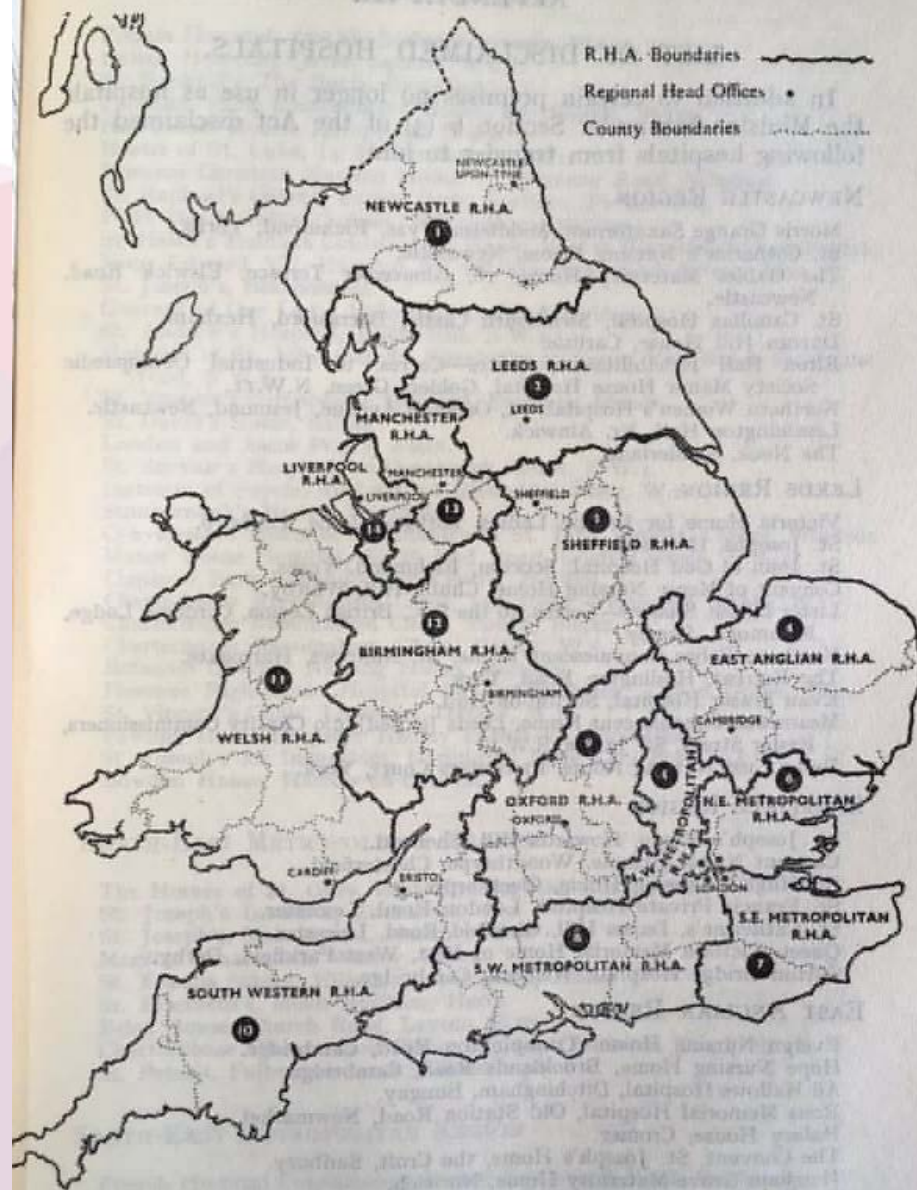
- Population 675k
- 4 CCGs
- 3 FTs
- 3 Councils

‘South’

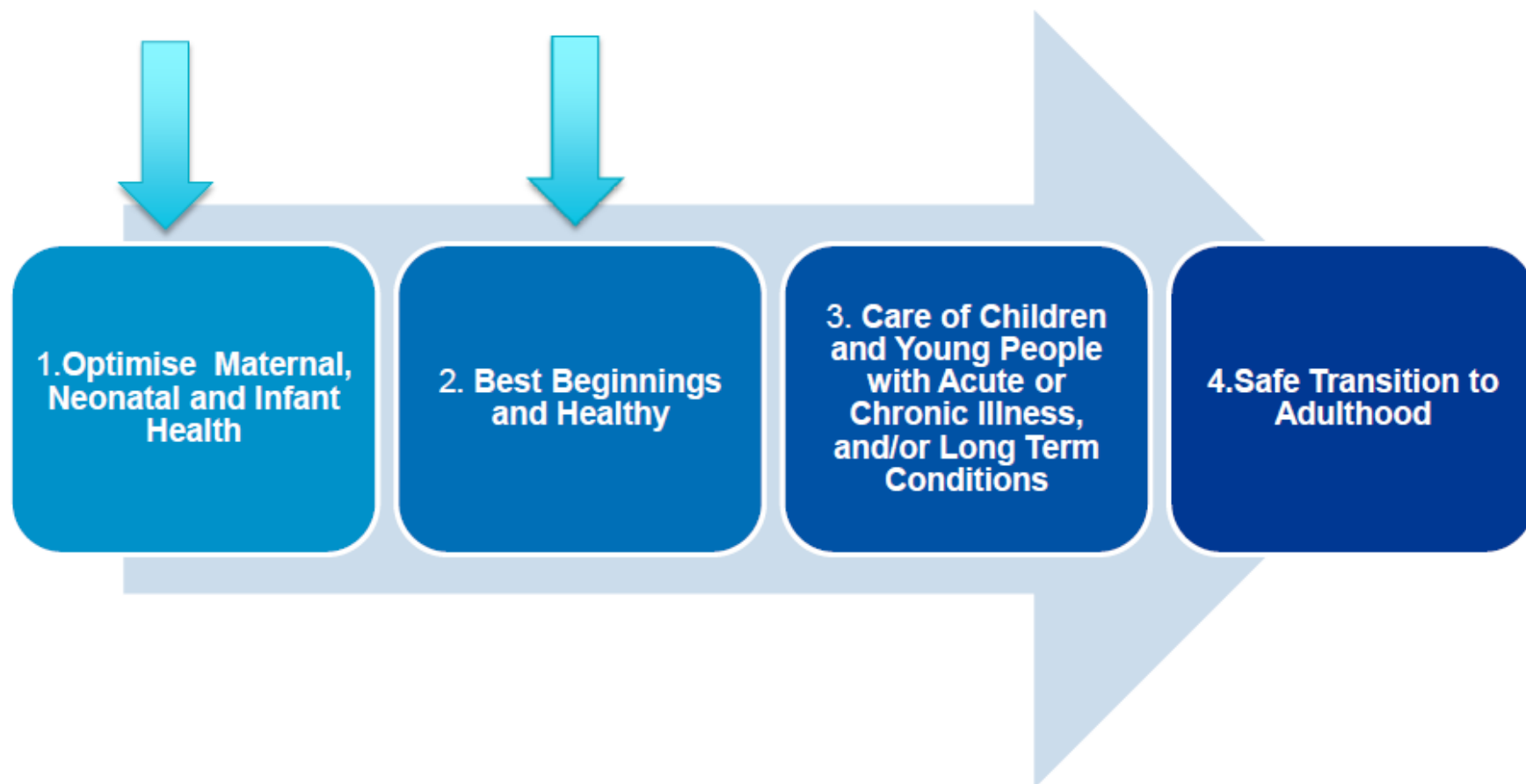
- Population 1.1M
- 5: CCGs
- 3 FTs
- 6 Councils



REGIONAL HOSPITAL AREAS in England and Wales



Adopting a life course approach for: *Healthy Childhood and Maternal Health*



Questions for Discussion

1. What would you prioritise, when considering a life course approach to maternal and child health?
2. What are the specific elements of the maternity pathway which you feel have a particular impact upon child outcomes? (do you have robust evidence you can share)
3. What are the core elements, from Better Births, which would benefit significantly from a longer time period to embed fully into the NHS?
4. What are the realistic digital expectations we can have on maternity services? (or are there significant digital and data activities out there we should know about and build upon)
5. What are the core 'prevention' elements we can bring into maternity services?





Regional Perspective

Helen Kirk
Regional Maternity Lead NHS England North

Better Births: Implementation

2 October 2018

Once in a generation

The Maternity Transformation Programme provides a **once-in-a-generation** opportunity to harness the enthusiasm and commitment of all of us to drive change

President, RCOG and CEO, RCM

Feels like a **once-in-a-generation** opportunity to really transform maternity services

Chair, Maternity Transformation Programme

This is a **once-in-a-generation** opportunity to do a really good thing for families, for babies, for the country [of NM (Amendment) Order]

Baroness Cumberlege

It may not always feel like it, but we have a real opportunity to make a **once in a generation** improvement in maternity services in England – so that they're safer and more personal

Director, Maternity Transformation Programme

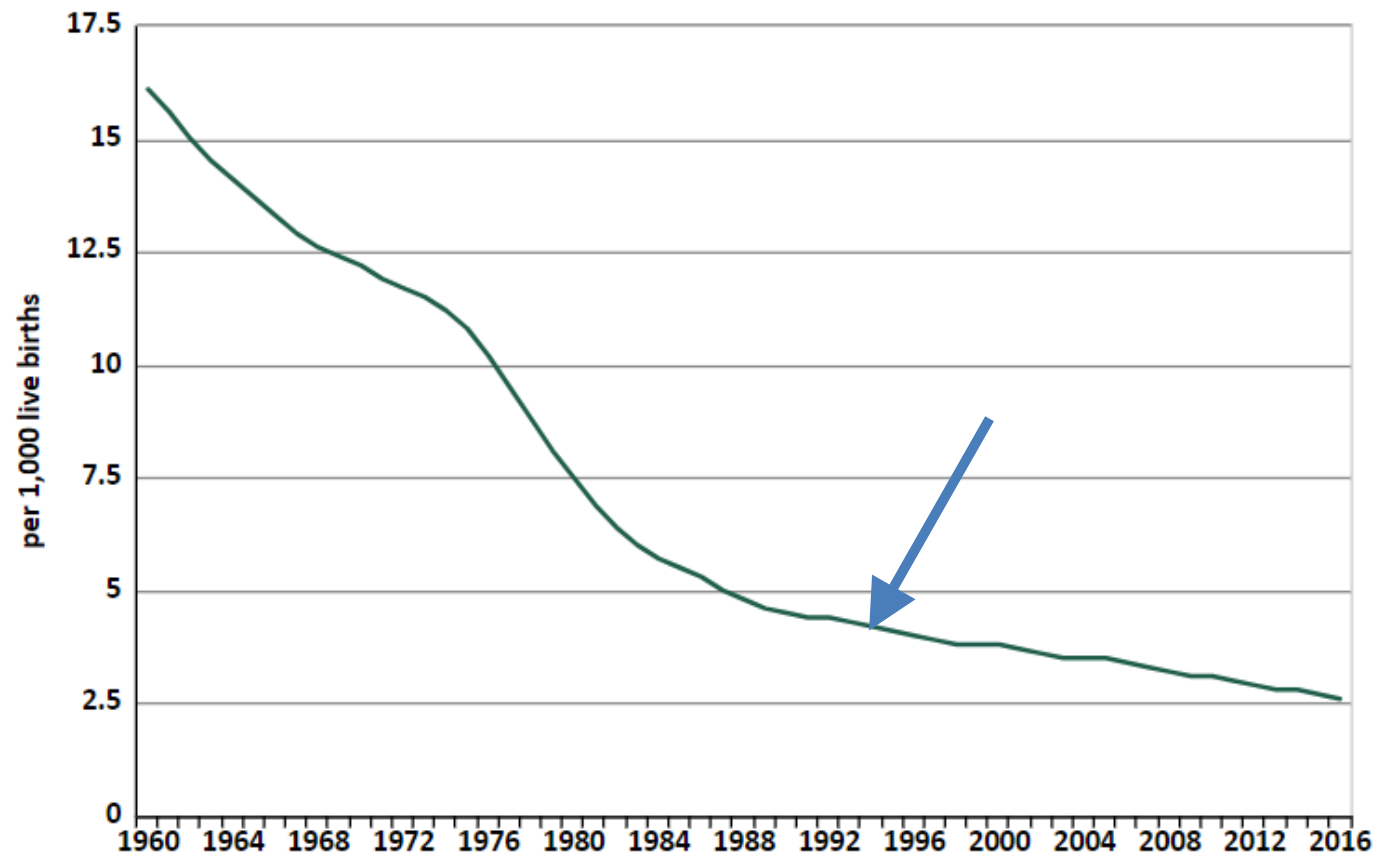
This ambition for maternity and neonatal services is an inspirational, but achievable goal, and has created a **once in a generation** opportunity for real change. We now have to translate this goal into improvement at a clinical level

National Director of Patient Safety

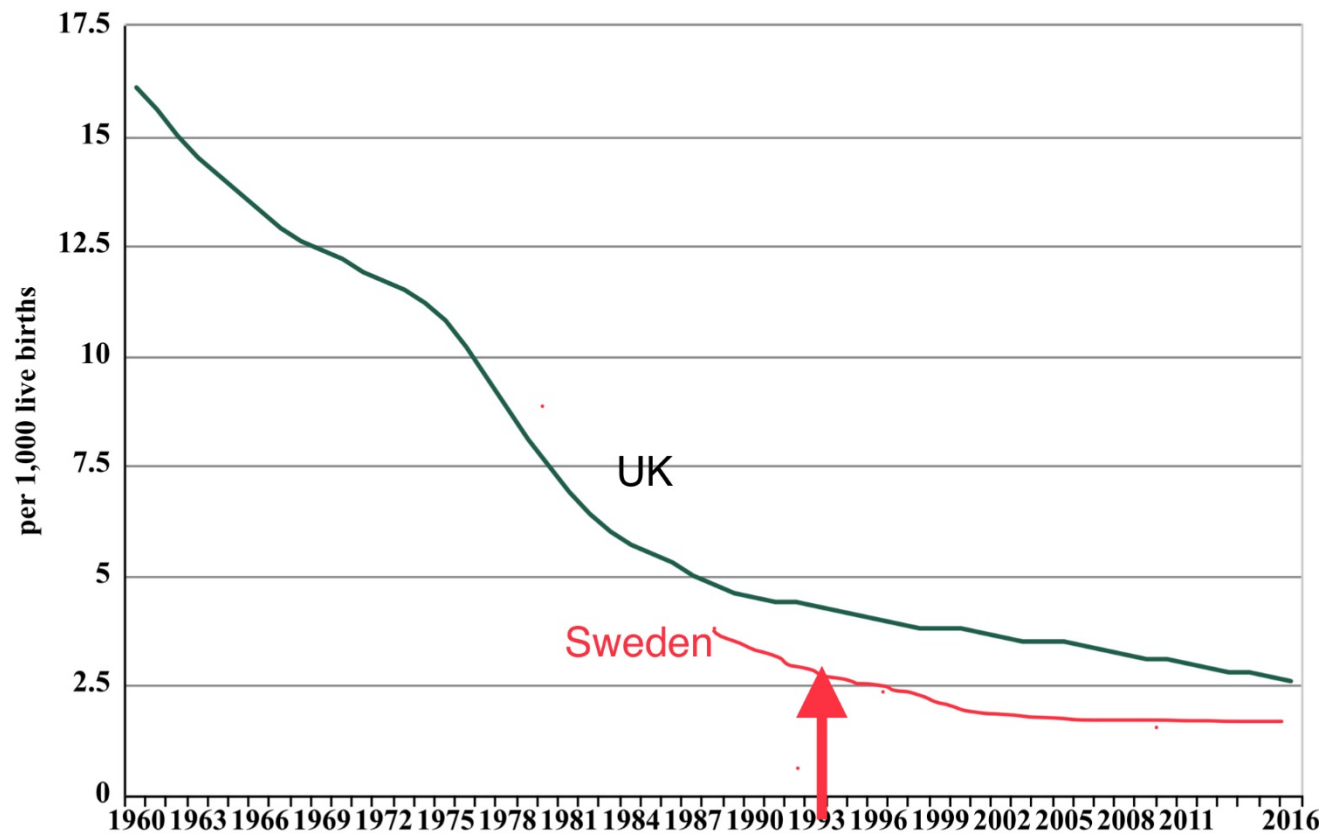
Once in a generation



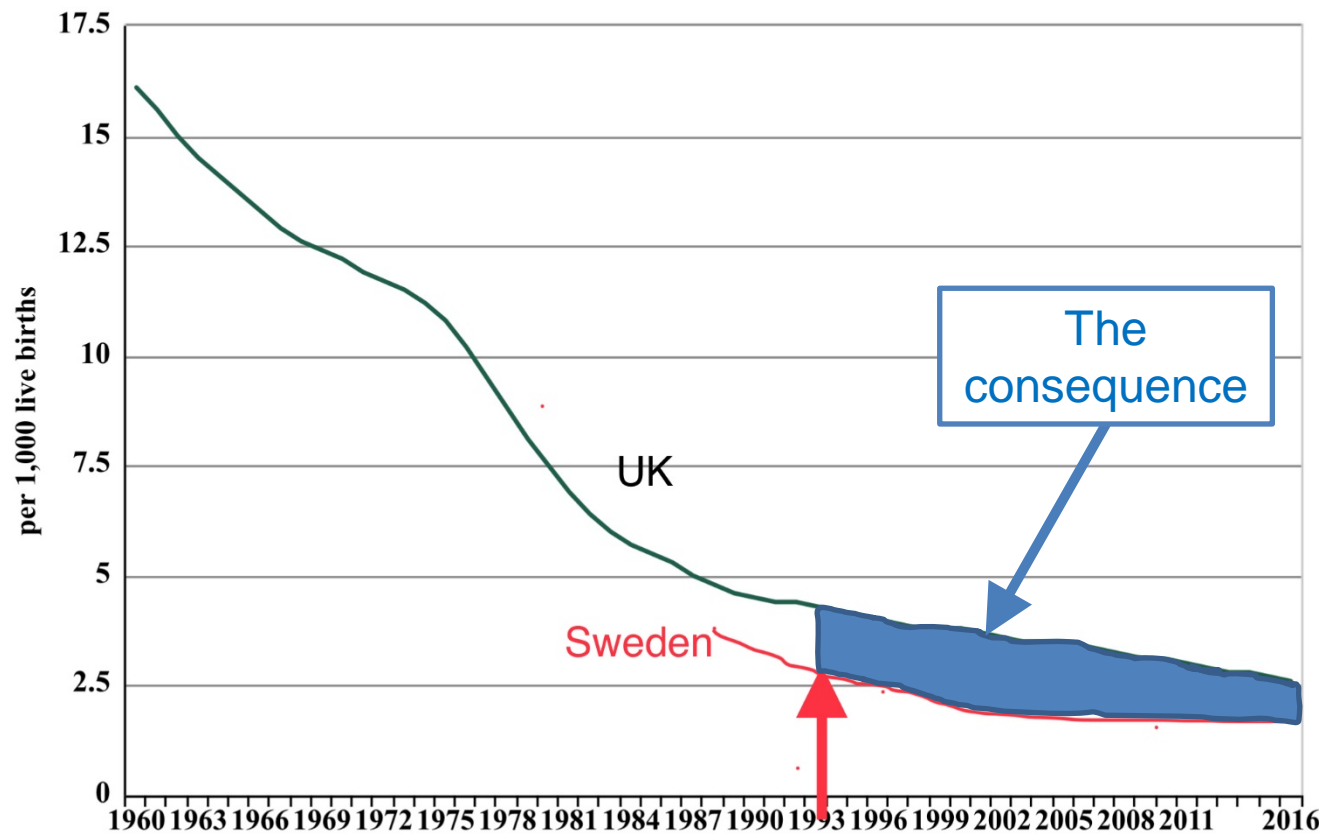
Neonatal mortality



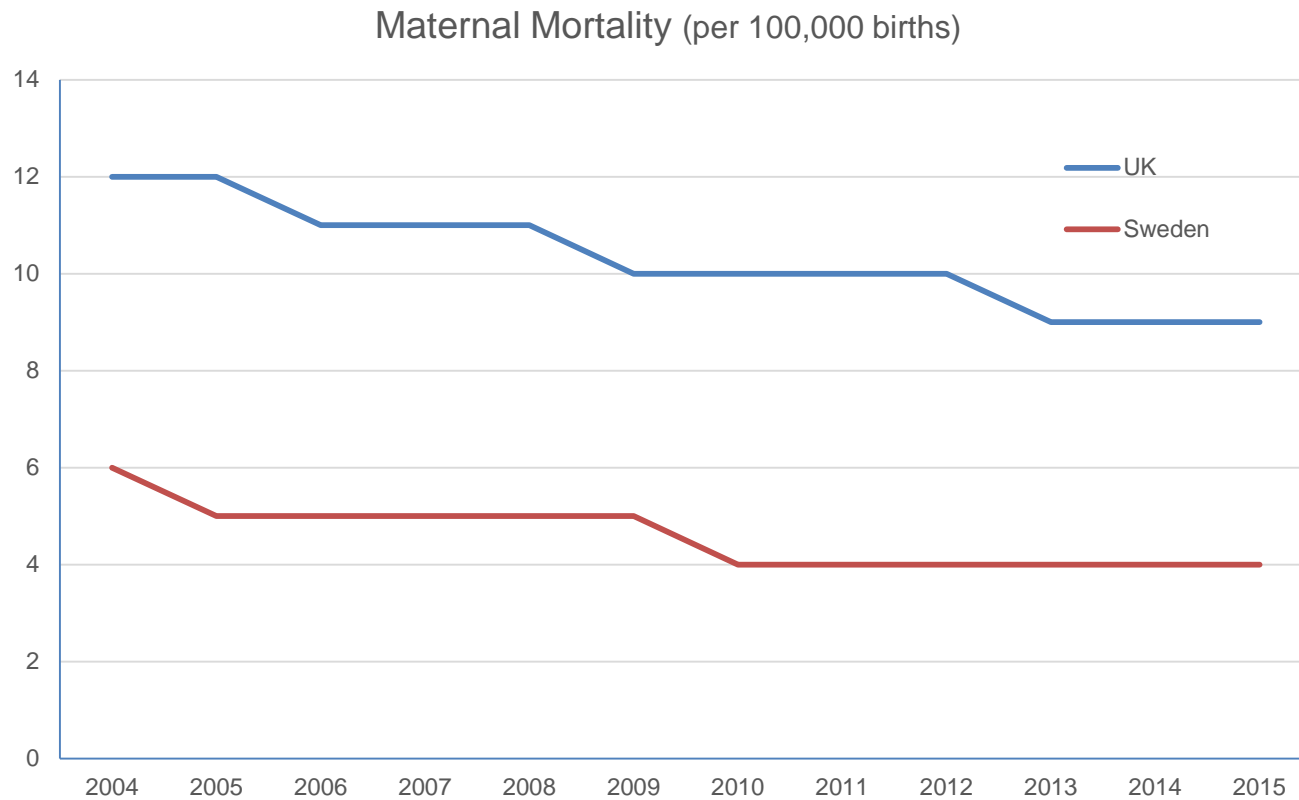
Neonatal mortality



Neonatal mortality



Maternal mortality



Nobody goes to work intending to provide poor care

Cultures of High Quality and Compassionate Care

1. Inspirational vision
2. Aligned objectives
3. Employee engagement
4. Continuous improvement
5. Team-working
6. Values-based, collective leadership

“Front line teams do not operate in a vacuum; leadership is the key determinant of the organisational culture in which front line teams operate.

In maternity services, where there are clear leadership roles and channels for both midwifery and obstetric professionals, it is vital that there is collective leadership to create a multi-professional and learning culture”

Nobody goes to work intending to provide poor care

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*In maternity services, where there are clear leadership roles and channels for both midwifery and obstetric professionals, **it is vital that there is collective leadership** to create a multi-professional and learning culture”*

Thank you

Helen.kirk9@nhs.net



Maternity Engagement

Abi Witherden, Sandra Guise and Sarah Wall
Local Maternity System Lay Representatives



Maternity Engagement Group

LMS Event Newcastle Racecourse
October 2nd 2018

‘One of the greatest strengths of this country is that we have an NHS that – at its best is ‘of the people, by the people and for the people’...we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.’

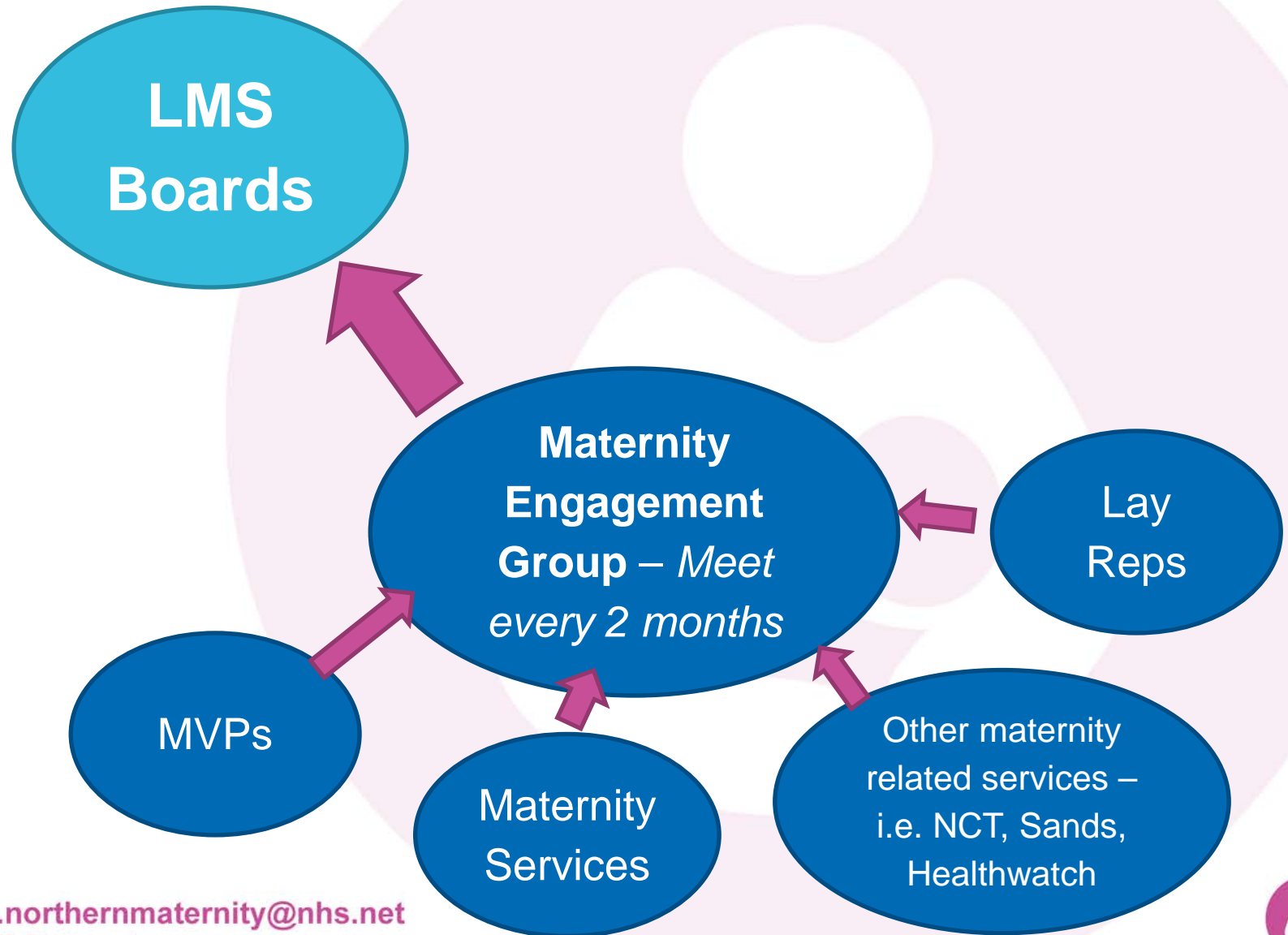
Better Births - The five year forward view (2014)



Local maternity systems should be responsible for ensuring that they co-design services with service users and local communities.



How we work:



Work we are involved in:



Choices Booklet
developed regionally
with Rachel Murray
and Mel Radford



Understanding local mums



Sharing best practice & feedback



Postnatal care
workstream alongside
Vicci McGurk and
Anne Holt

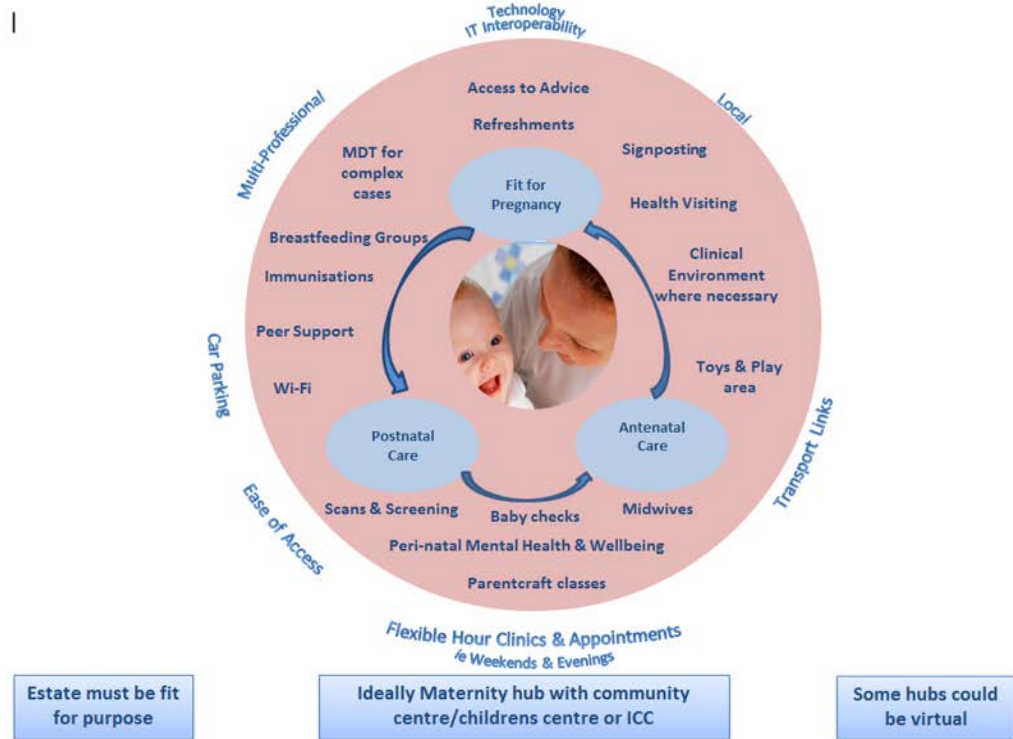


WNE Cumbria:

- 2 x MVPs in Carlisle & Eden, and Whitehaven.
- Involved in Community Hubs engagement/ Pregnancy Apps/ Personalised Care Proformas & Choice Leaflets, Continuity of Carer

‘You said, we did’

Community/Maternity Hub – Initial Feedback – Users of the Service & Professionals



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WNE Cumbria

- Regular feedback of service user experiences from multiple sources – fed into LMS Birth plan – informed Better Births gap analysis & key focus areas for our MVP's
- New MVP website provides resource service users can access for updates on local implementation of Better Births - www.wnecumbriamvp.co.uk



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🐦 @NorthNetworks



NTWD:



Networking Maternity Voices Partnerships in England

1 to 5



Different systems for feedback

Giving our Mums a voice
– setting up the infrastructure



New Ideas



Birth Environment
Audit

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🐦 @NorthNetworks



DTHRW (Abi Witherden):

- Darlington
 - Teesside
 - Hambleton
 - Richmondshire
 - Whitby
- Durham and Darlington MVP - BABI (Birth and Baby Information) Group
 - South Tees MVP - FAB (Family and Birth) Forum
 - North Tees and Hartlepool MVP



NATIONAL
Maternity
Voices
Working closely with NHS partners in England



South Tees Hospitals
NHS Foundation Trust

Your NHS needs YOU to help improve maternity services!

Family and Birth Forum

The FAB forum or Maternity Voices Partnership group encourages lay representatives to be involved in decisions around Maternity Services.



Lay Representatives are parents or parents-to-be who can attend our meetings to tell us what it is like to use our services and give opinions on future changes.

We meet on a Thursday lunchtime every other month at The James Cook University Hospital Maternity Outpatients. Childcare is not provided but please bring your baby/child(ren) along.

 If you would be interested in becoming a Lay Representative, or would like more information, please contact Lynne Young (our Professional Lead) by email on lynne.young8@nhs.net

SAC 01/18/18



*“the best way of instituting service user co-production is through a **Maternity Voices Partnership**”* – Better Births

- MVPs are a gateway for service users to participate in co-production
 - In discussions at meetings
 - On interview panels
 - To proof read patient information
 - To raise local issues
 - To participate in surveys/focus groups
 - 15-steps challenge
- Maternity Engagement Group (MEG)
 - Brings representatives of MVPs together
 - Supports development of new MVPs



DTHRW (Abi Witherden):

- MEG supports new MVPs
 - Babies and children welcome
 - Meeting times between school runs
 - Informal social events
 - Funding to reimburse parking
 - Promote to new parents






- **MEG**
 - **Presentations from MVP representatives**
 - **Sharing ideas between MVPs, charities, health care professionals**



- MEG provides opportunities for co-production to Local Maternity Services and responds to requests for co-production from LMS via Lay Reps



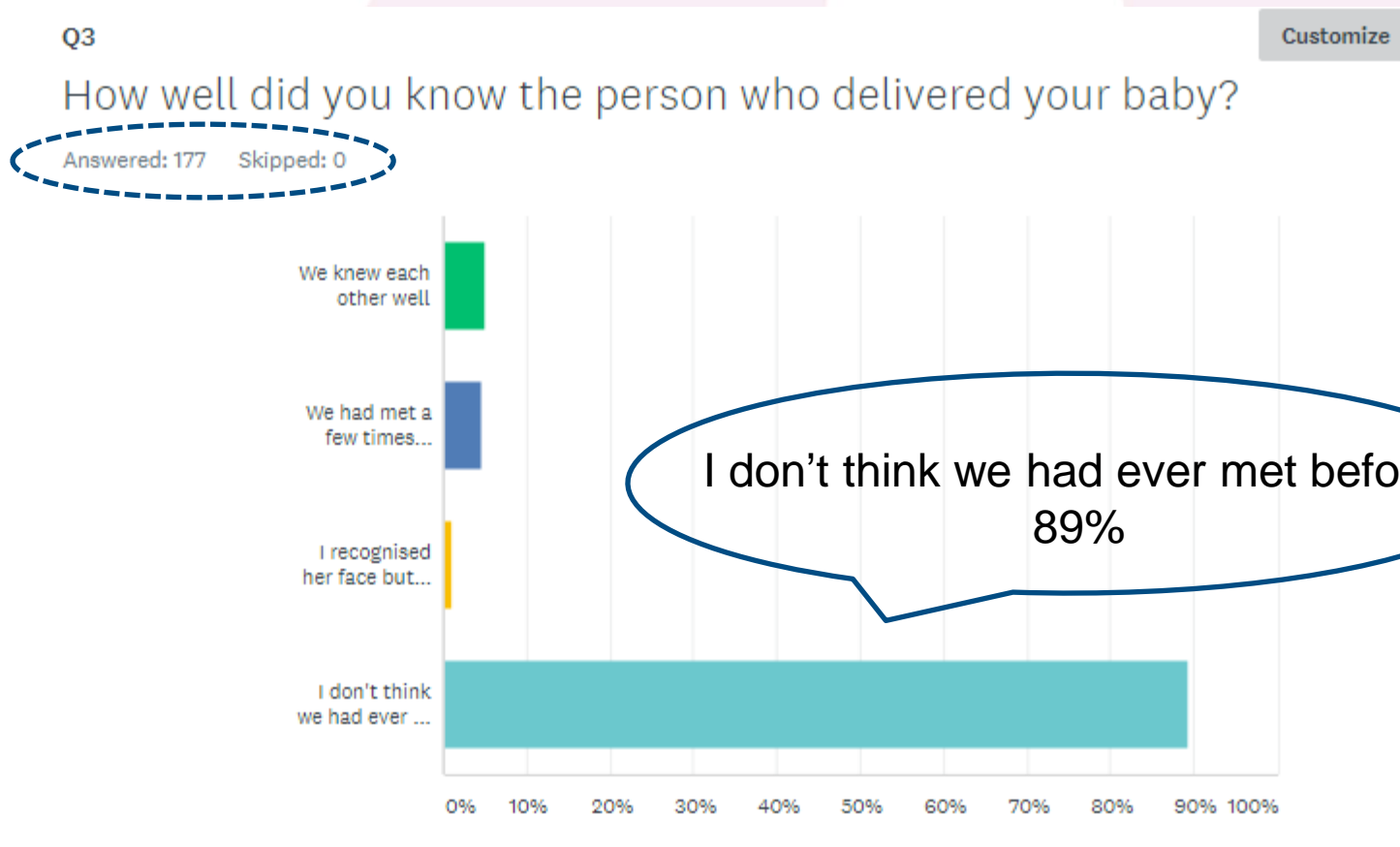
DTHRW (Abi Witherden):

- MVP
 - Lay Rep with free personal Survey Monkey account
- MEG
 - **Funded Survey Monkey account**
 - **Share surveys with other MVPs/areas via MEG**
 - **Collect more than 100 responses**
 - **Filter by question: delivery site, age at delivery etc.**
- LMS
 - Hears 100+ service user voices on relevant topic in 5 minutes
 - Continuity of Carer
 - Choices and Personalised Care



DTHRW (Abi Witherden):

177 DTHRW and NTWD service users feedback on Continuity of Carer 2017/18



393 DTHRW and NTWD service users feedback on Choice and Personalised Care 2017/18

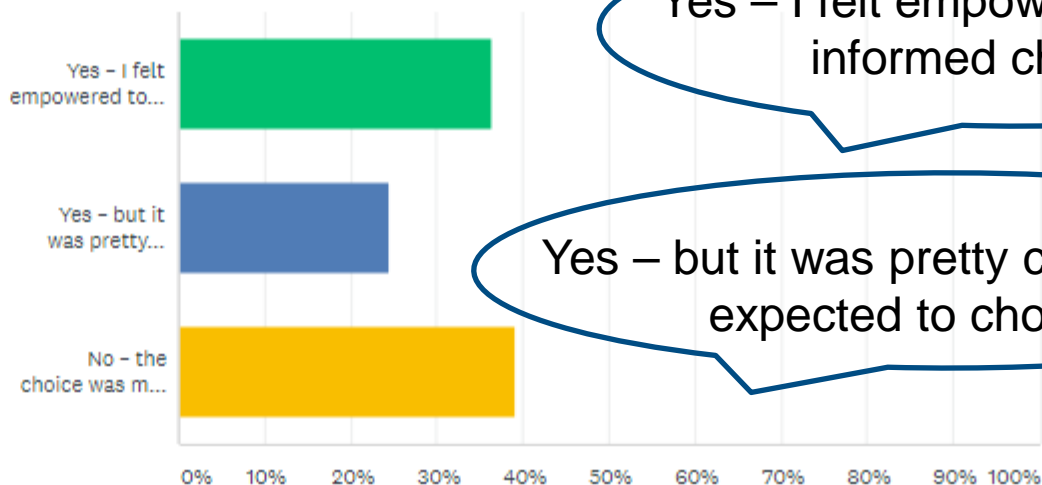
Q5

Customize

Save As ▼

Was the choice of Home Birth, Midwife-Led Unit (for example The Friarage) or Obstetric-Led Unit (for example James Cook Hospital) discussed with you?

Answered: 393 Skipped: 0



Yes – I felt empowered to make an informed choice 36%

Yes – but it was pretty clear which I was expected to choose 24%

No – the choice was made for me 39%



393 service users feedback on awareness of choice 2017/18

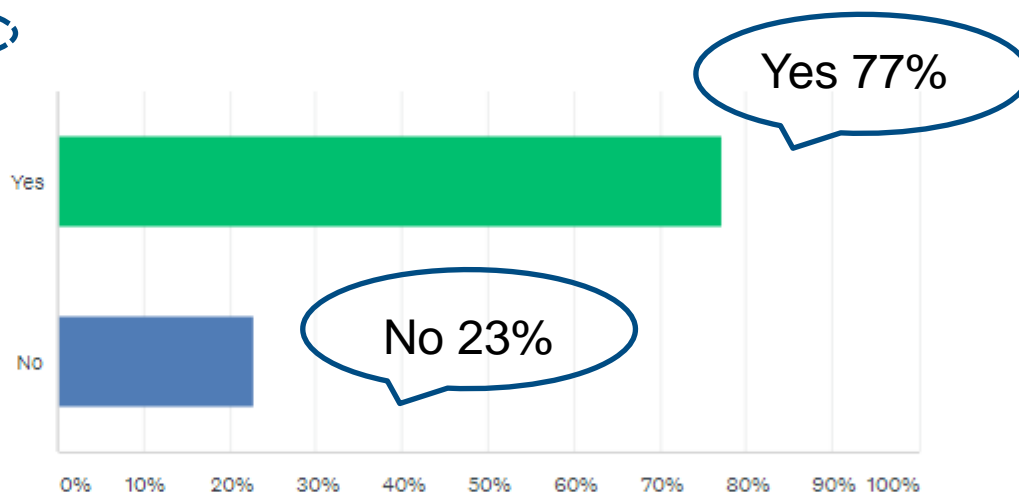
Q6

Customize

Save As ▼

Did you know that you could choose a different site to deliver your baby other than the one nearest to you?

Answered: 393 Skipped: 0



DTHRW (Abi Witherden):

Example of co-production:

- Lay Rep hears of negative experiences from mums
 - Discuss at MVP meeting
 - Midwives see women enjoying Bounty visit
- Gather feedback using MEG Survey Monkey account
- Close to 400 responses demonstrate Marmite
- Presentation to local MVP requesting midwives consider 'opt-in' to Bounty visit
- Example shared to MEG members with access to survey results

?



Choice and Personalised Care - Bounty

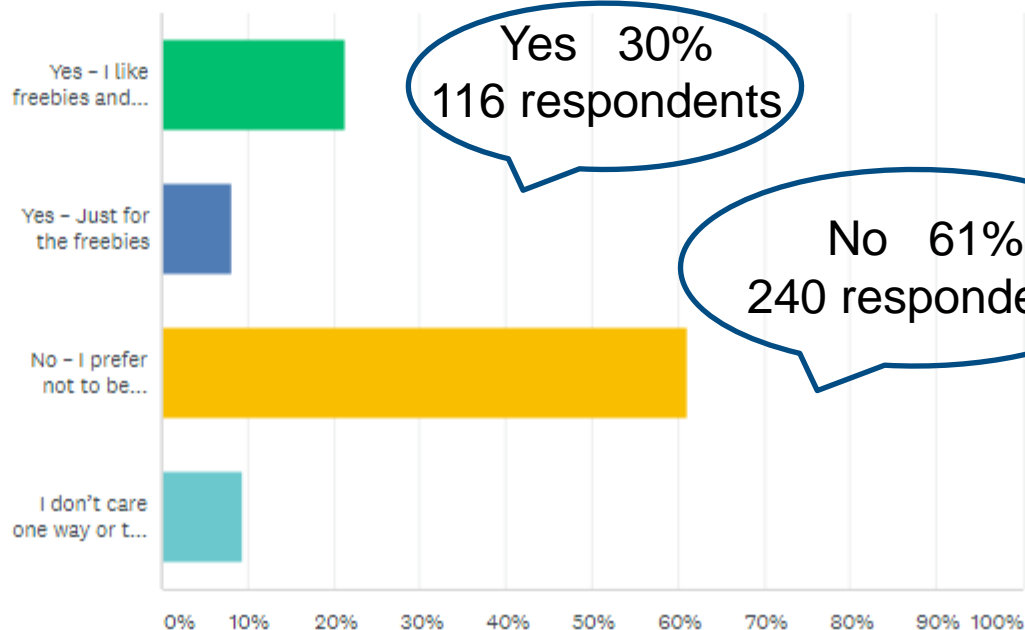
Q8

Customize

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If you had another baby, would you look forward to being visited by the Bounty rep?

Answered: 393 Skipped: 2



Choice and Personalised Care (Bounty)

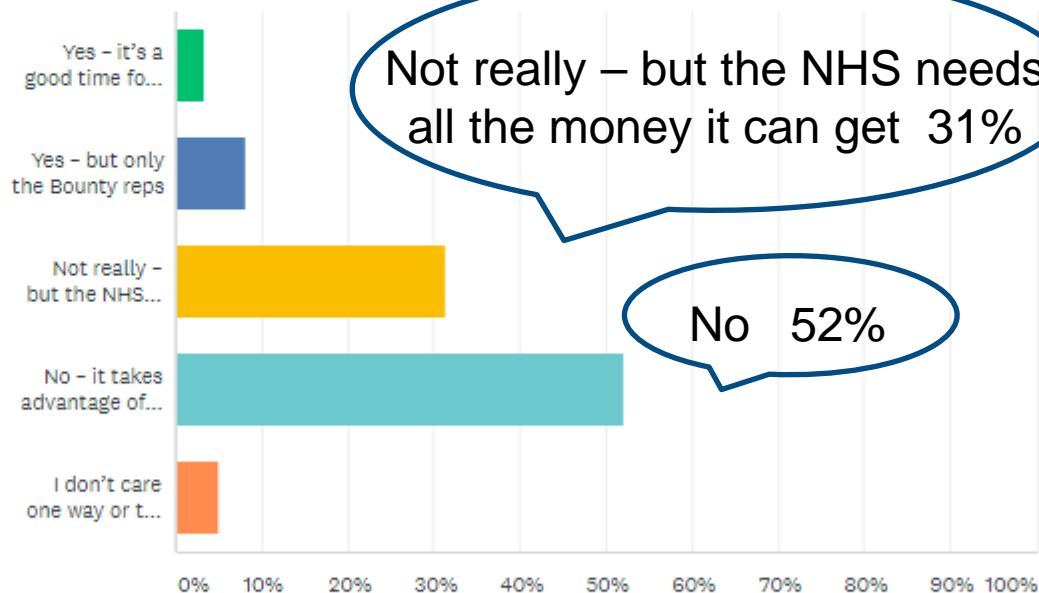
Q9

Customize

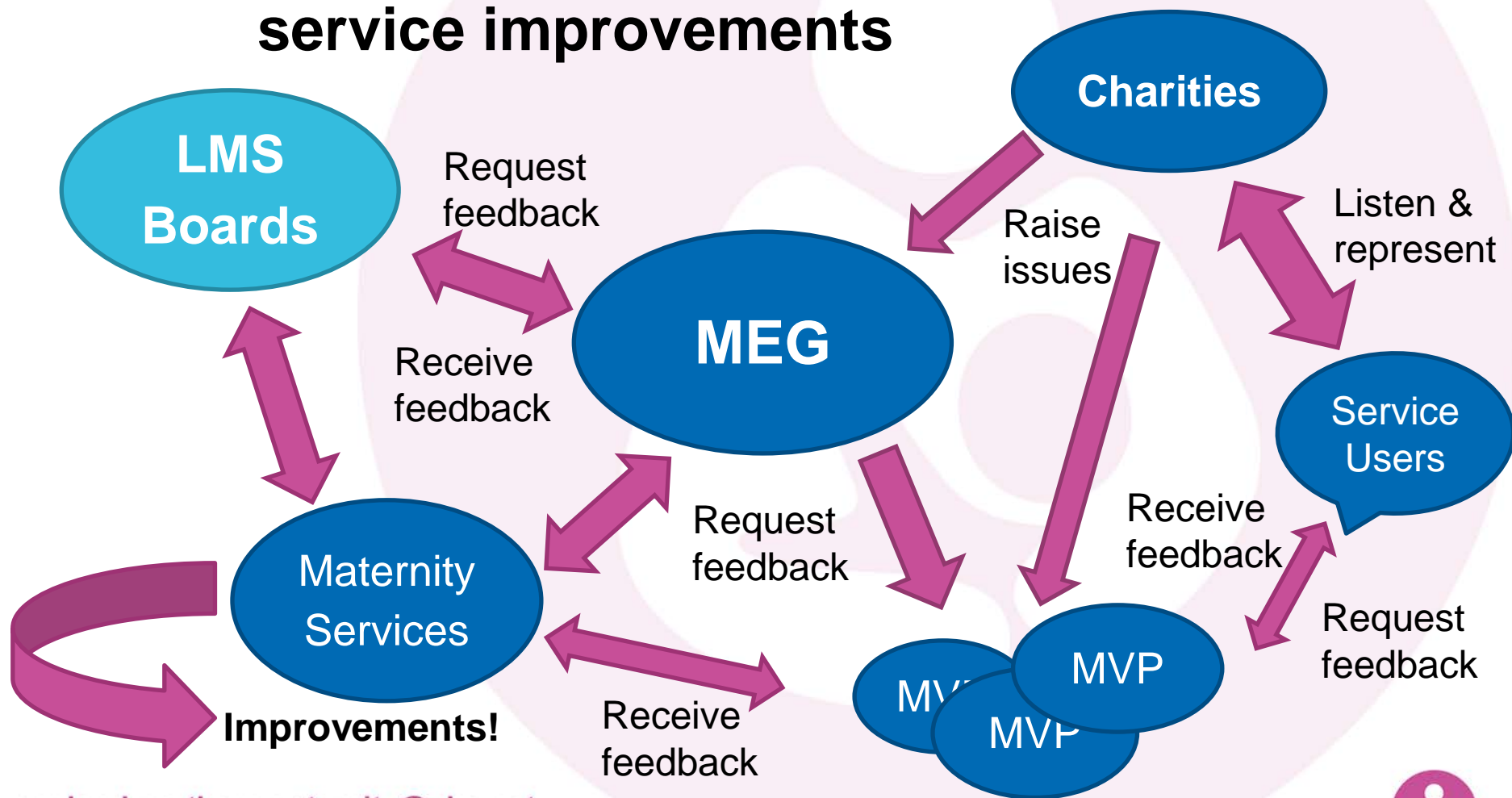
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Do you think the NHS should accept payment from companies like Bounty to allow their reps to visit new mums in hospital?

Answered: 394 Skipped: 1



Use your MEG to co-design service improvements



Going Forward:



Development of new MVP's
and audit of existing ones



MEG virtual
communication tool

england.northernmaternity@nhs.net

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https://youtu.be/Yo_rWBgE99Y



- Thanks

- Rachel Tomlin (Network Delivery Lead)
- Sandra Guise (Lay Rep WNE Cumbria)
- Sarah Wall (Lay Rep NTWD)
- Abi Witherden (Lay Rep DTHRW)



Questions and Discussion



Refreshments Available





Continuity of Carer and Engagement

Kathryn Hardy and Lynne Young
Local Maternity System (LMS) Midwifery Leads
Heads of Midwifery in Northern England



Continuity of Carer and Engagement

Kathryn Hardy - NTWD LMS Lead Midwife

Lynne Young – DTHRW LMS Lead Midwife

Background

NATIONAL MATERNITY REVIEW

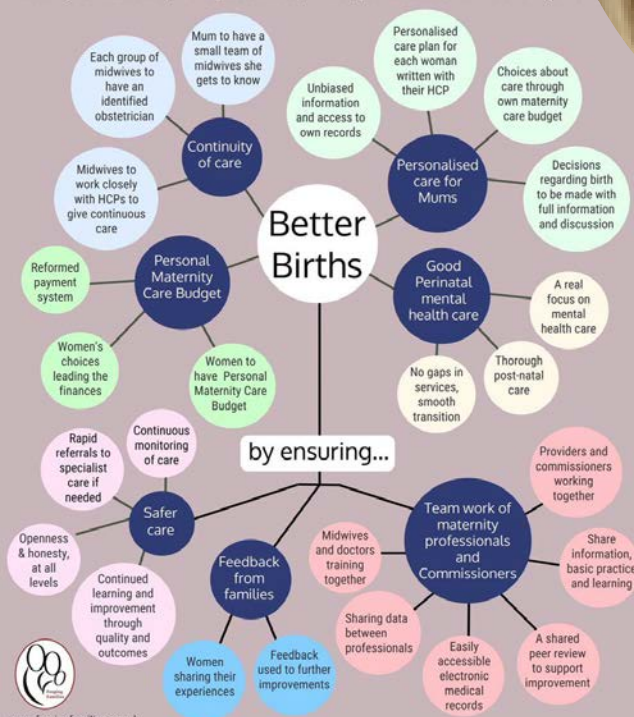


BETTER BIRTHS

Improving outcomes of
maternity services in England

One Year Forward
for maternity care

A quick guide for families, showing 'The National Maternity Review's' new plan to make maternity services safer, more personalised, kinder, professional and more family-friendly



OUR VISION

Every woman, every pregnancy, every baby and every family is different. Therefore, quality services (by which we mean safe, clinically effective and providing a good experience) must be personalised.

Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.




Why change how we work – what the evidence says



Women receiving continuity more likely to:

- Have a spontaneous vaginal birth
- Successfully breastfeed
- Be positive about their maternity and birth experience

(Sandall et al, 2015)

 THE ROYAL COLLEGE OF MIDWIVES

Promoting • Supporting • Influencing

Woman-centred
Supportive
Empowering
Carling
Excellent
Accessible
Sustainable
Comfortable
Welcoming
Safe

How will we provide CoC



Models of midwife-led care

Team midwifery

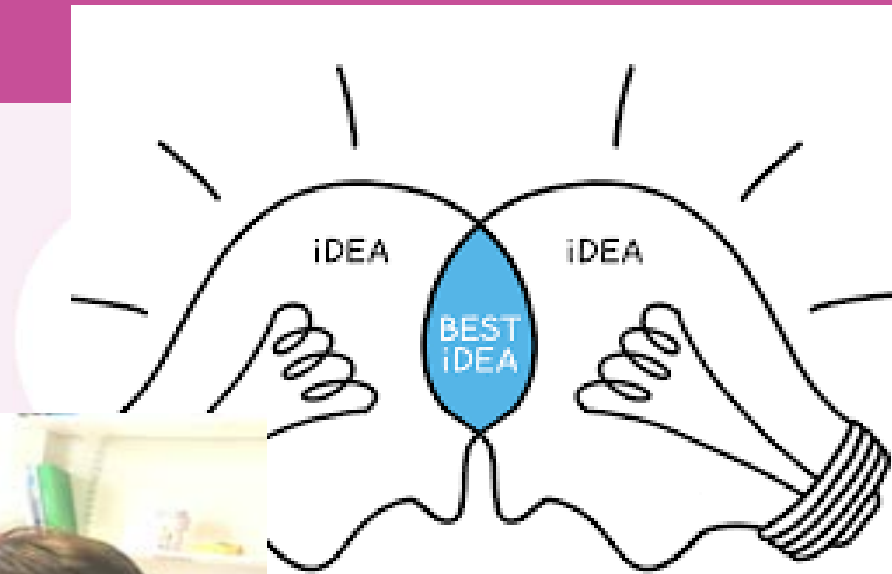
Aim to provide continuity of care to a defined group of women through a team of midwives sharing a caseload, often called 'team' midwifery. Thus, a woman will receive her care from a number of midwives in the team, the size of which can vary.

Caseload midwifery

Aim to offer greater relationship continuity over time, by ensuring that a childbearing woman receives her ante, intra and postnatal care from one midwife or her/his practice partner.

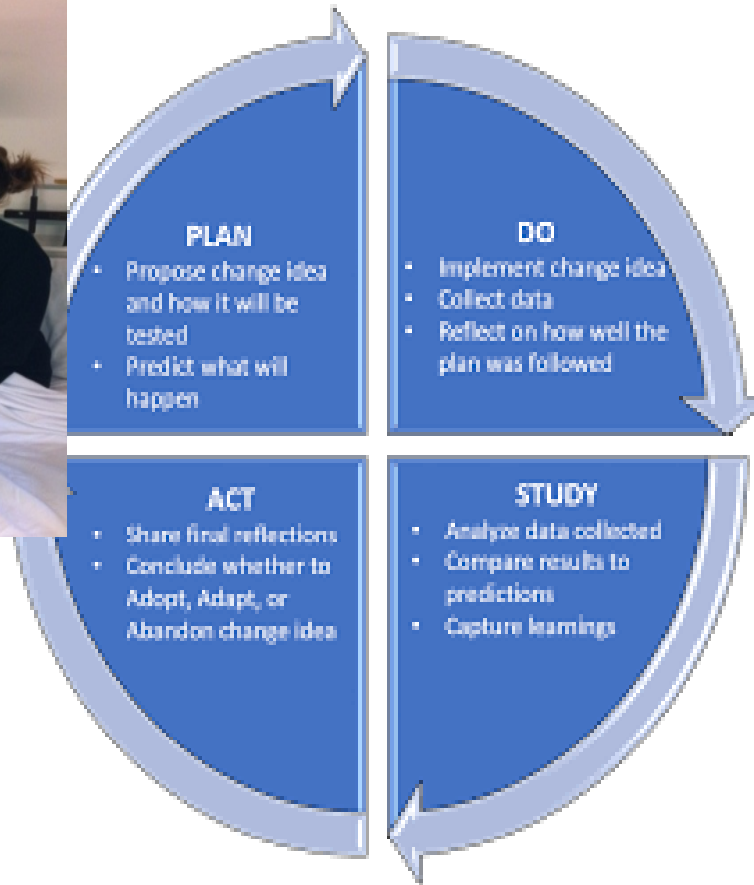


Progress to date



Continuity of Carer Plan progress

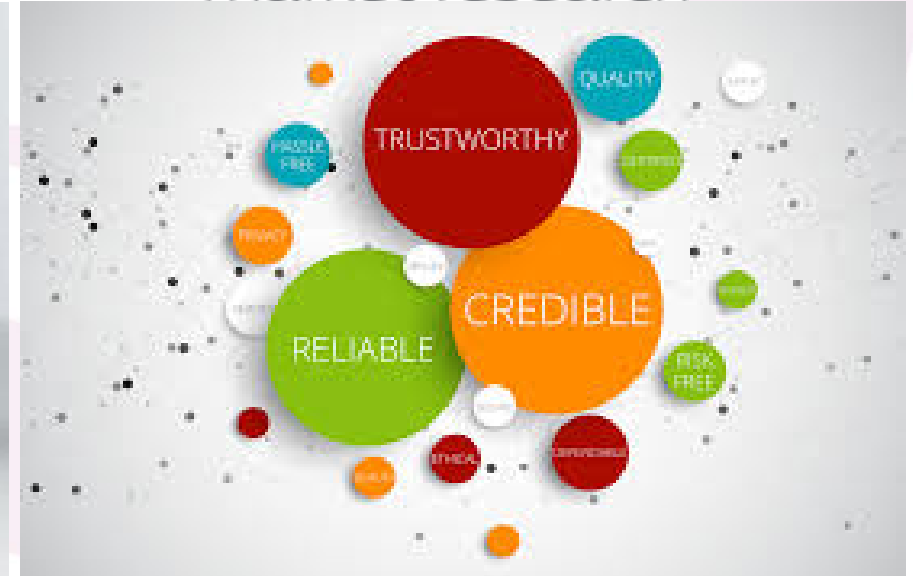
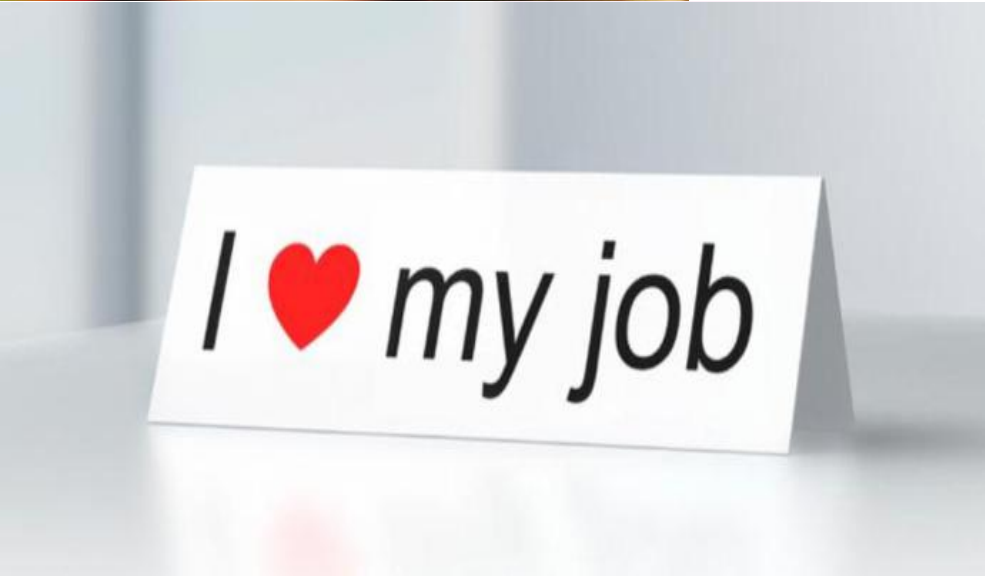
Opportunity



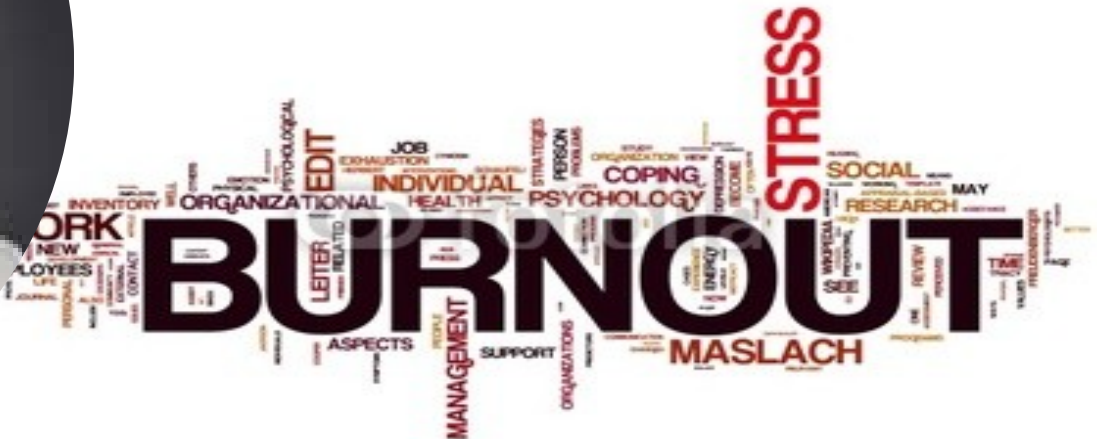
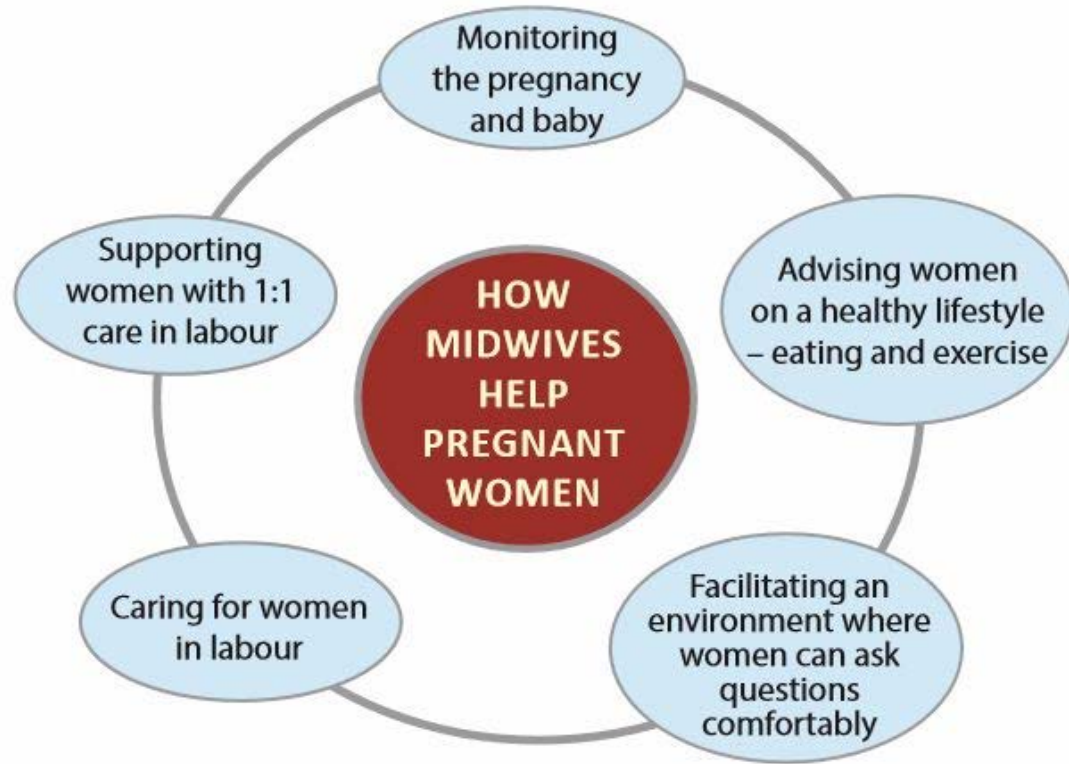
What the workforce have told us - Advantages



explain
market research



What the workforce have told us - Disadvantages



A newborn baby is lying in a hospital bed, sleeping peacefully. The baby is wearing a green cap and is covered by a white blanket with a colorful pattern of small flowers and leaves. The baby's face is in focus, showing closed eyes and a calm expression. The background is slightly blurred, showing the white linens of the bed.

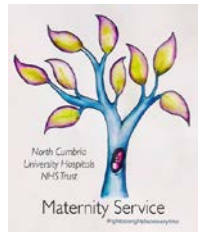
West North East Cumbria Local Maternity System

‘Better Births’

National objectives	What are we doing locally
<p>Objective 1 - Personalised care - centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.</p>	<p>More choice – Alongside midwifery led facilities on both sites</p> <p>Fully developing the use of personalised care plans</p> <p>IT – development of digital maternity records</p>
<p>Objective 2 – Continuity of carer - to ensure safer care based on a relationship of mutual trust and respect in line with the woman's decisions</p>	<p>Developing small place based midwifery teams to enhance continuity of carer within a network of maternity hubs</p>
<p>Objective 3 – Safer care - with professionals working together across boundaries to ensure rapid referral and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong</p>	<p>Full development and implementation of the safety agenda (the golden thread of safety)</p> <p>Saving babies lives - Focus on care bundles</p> <p>National safety collaborative – next phase</p>

National objectives	What are we doing locally
<p>Objective 4 - Better postnatal and perinatal mental health - which can have a significant impact on the life chances and wellbeing of the woman, baby and family</p>	<p>Implementing the PNMH pathway including a new service to improve access to specialist PNMH services</p> <p>Review and develop post natal care – linked to continuity of carer</p>
<p>Objective 5 - Multi-professional working - breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.</p>	<p>Fully develop the one team / two site/ multi -disciplinary approach for maternity</p>
<p>Objective 6 - Working across boundaries -to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed</p>	<p>Co – production / co design of all elements of service development and provision with women and partners and the community</p> <p>Working with the North East and North Cumbria maternity network</p>

Continuity Of Carer



What is the current provision?

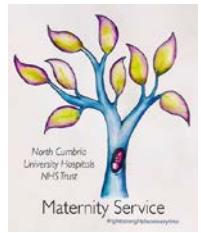
- Majority of women see the same midwife for their antenatal and post natal care
- Very few women have full continuity of carer where they have the same midwife involved in both their birth and antenatal and postnatal care

How are we implementing Continuity of Carer ? Team Continuity Model

- Each woman has an individual midwife responsible for co-ordinating her care
- Midwives work in teams of 6 to 8
- Midwives arrange their time around a caseload of women but have some protected time
- A woman knows all the midwives in a team

Aim	By March 2019, 20% of women booking will receive continuity of the person caring for them during pregnancy	By March 2020, 33% of women booking will receive continuity of the person caring for them during pregnancy	By March 2021, 55% of women booking will receive continuity of the person caring for them during pregnancy
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Continuity Of Carer



What Have We Done So Far?

- **Model** - Started to develop our team Continuity of Carer model using a geographical approach – starting in West Cumbria
- **Communication** - Developed a Continuity of Carer factsheet which has been distributed across the local maternity system
- **KPI Trajectories** – set continuity of carer trajectories so that the KPI is achieved on an annual basis starting in March 2019
- **Staff Engagement** – planned a series of staff workshops which are taking place on a monthly basis so that staff are coproducing the local CoC model. The first three workshops have covered introductions and myth busting, training and skill requirements and discussions around teams, model and rosters
- **Steering Group** – monitor and oversee planning and implementation of the model
- **Implementation plan** – comprehensive plan is in development
- **MVP** – represented on steering group and invited to staff engagement events Further opportunities to coproduce the model are planned



The Newcastle upon Tyne Hospitals **NHS**
NHS Foundation Trust

Maternity Voices Partnership



Newcastle Upon Tyne Maternity Voice Partnership
Improving Maternity Care for All

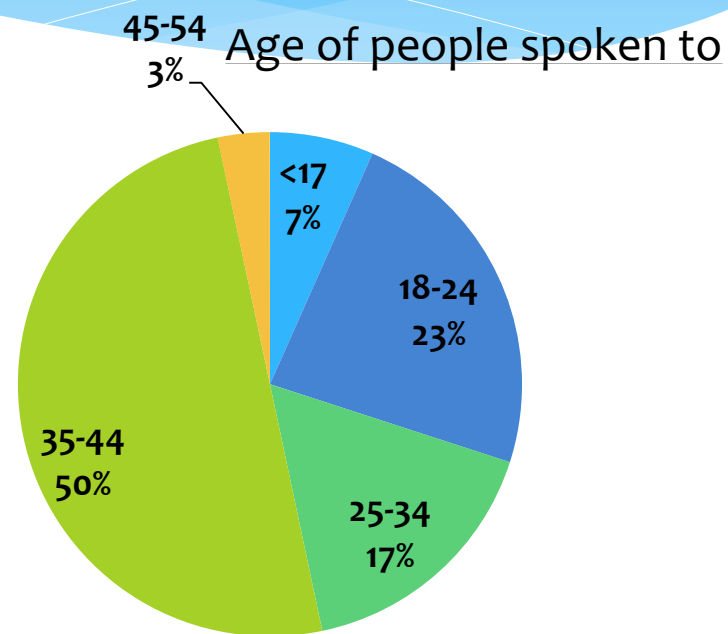
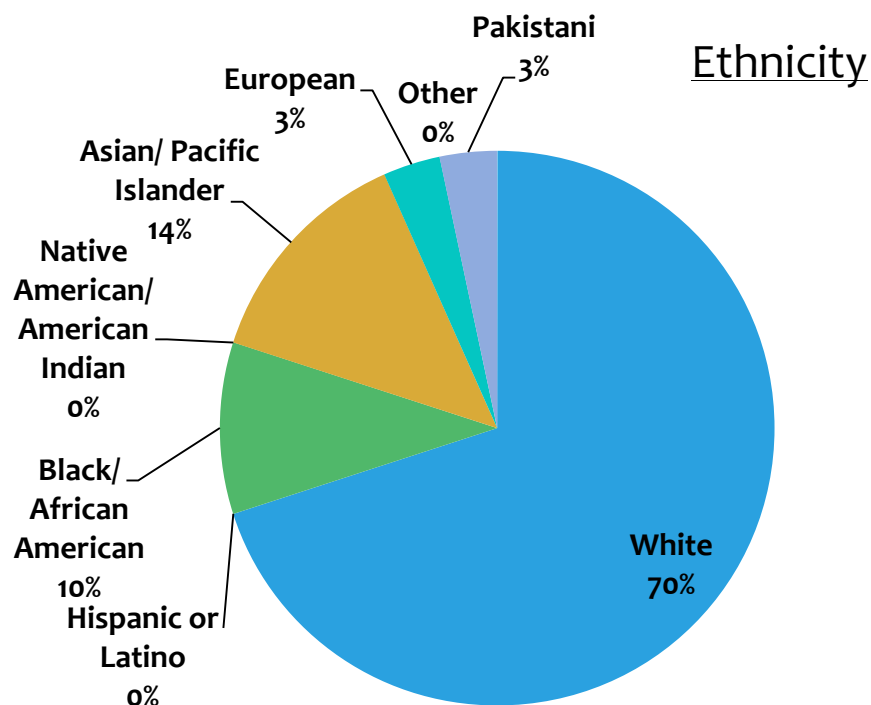
What is a Maternity Voices Partnership?

A team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

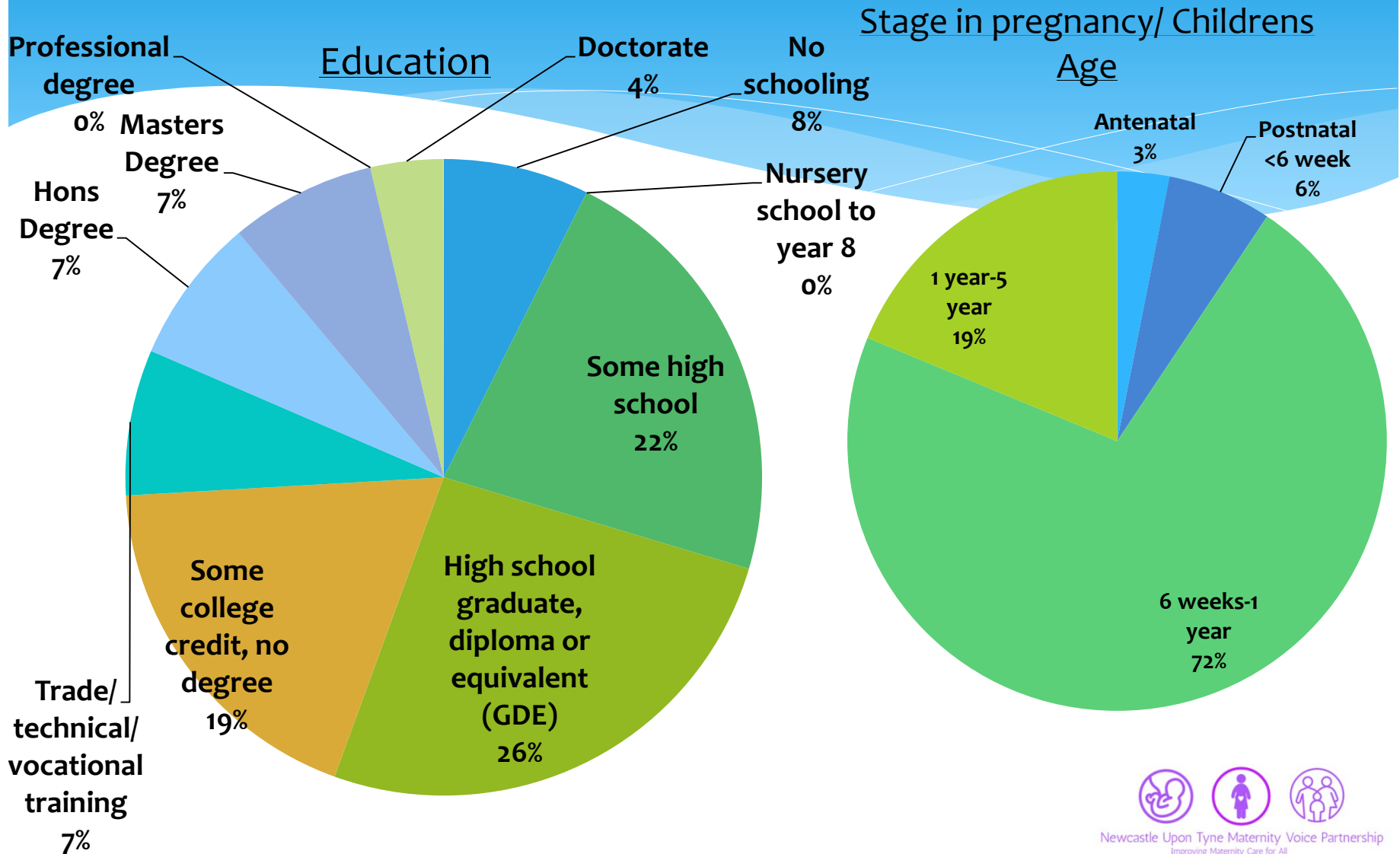
What have we done so far?

- ✓ Sought established community based connections with vulnerable groups of women Teenagers, the Romanian community, BAME community, asylum seeking women and Gateshead Jewish community.
- ✓ Collaboration with Health Watch, HAREF, Barnardo's and the Angelou Centre.
- ✓ Community based meetings, with women and partners. Focus on their issues and concerns and the things they believe could/ should be done differently to improve care
- ✓ Work with Regional LMS MVP User Reps

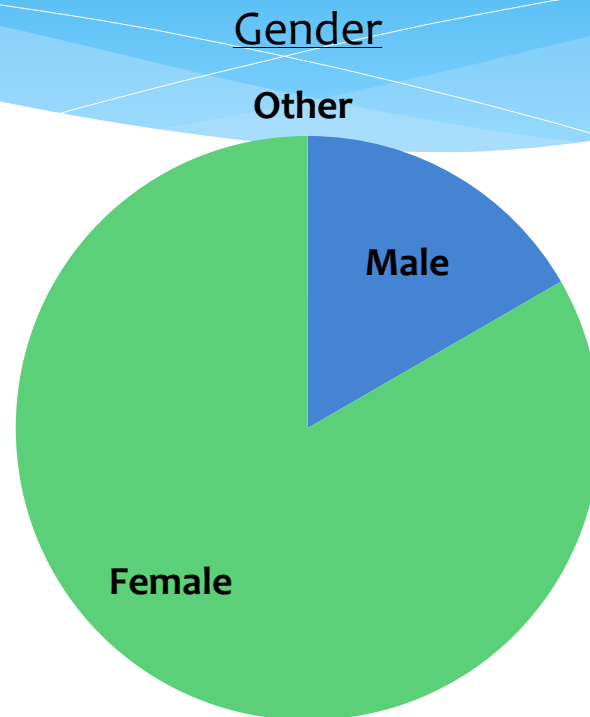
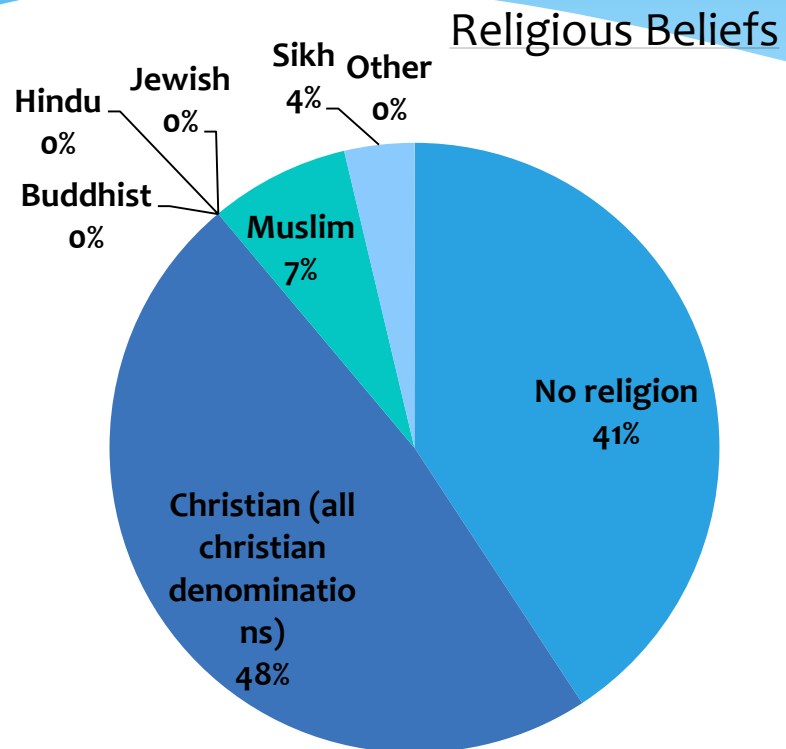
Demographics of women we have spoken to



Demographics continued



Demographics continued



They said...

**Better chairs for
dads to sleep in in
the postnatal area**

**More information
antenatally about the
postnatal wards**

**They would
like more birth
tours and
classes**

**Given an idea of
the wait time if
having an elective
C-section**

**information about
different types of
artificial formula**

**Would like to
feel more at
ease about
pressing the
buzzer
postnatally**

**None English speaking
women all wished that
they had had an
interpreter**

We did....

- ✓ Feedback to relevant governance groups & forums to begin process of service improvement
- ✓ Developed personalised messages to be played on the TV's in the waiting areas
- ✓ Information about the postnatal wards and calling for help using the buzzer.
- ✓ The messages played on the Baby Now TV will also include photos of and virtual tours of unit.
- ✓ Plan to train maternity support workers to give tours



We did continued...

- ✓ **A trial of reclining chairs**
- ✓ **Artificial formula guides from UNICEF laminated and placed on wards with accurate information and advice**
- ✓ **Audit on going in regards to interpreter use and new documentation tool under review in the antenatal clinic**
- ✓ **Development of the new paperlite system to ensure and alert is set up to highlight that interpreters are needed in advance of the appointment**
- ✓ **Training for staff in enhancing the patient experience to ensure that people are maintaining a high service**



Next Step...

- * To continue to collect service user opinions and information we will need more staff with interest to engage in the interview process and keep up the relationships with the different groups
- * To create further meetings and appointments
- * To re-evaluate any changes with staff and women to see if the correct improvements have been made
- * To raise awareness of the importance of the MVP with staff and explain the reasons behind gathering information from service users



Next Step...

- To create an online presence to update women in the community of the changes made from their comments
- Improve the staffs knowledge about MVP to ensure further engagement



Next Steps- 15 Steps !

NHS
England



FIFTEEN STEPS FOR MATERNITY

Quality from the perspective of people
who use maternity services



NHS Report on Maternity

[illegible]

2nd October 2018

Better Births @CDDFT

Jo Crawford
Head of Midwifery
General Manager for Maternity, Gynaecology &
Sexual Health

CDDFT

- ❖ 5000 deliveries per year
- ❖ Large rural diverse population
- ❖ 250 midwives
- ❖ 25 consultants
- ❖ 20 Maternity Care Assistants
- ❖ Lots of HCA
- ❖ 6 Transitional Care works

Our area



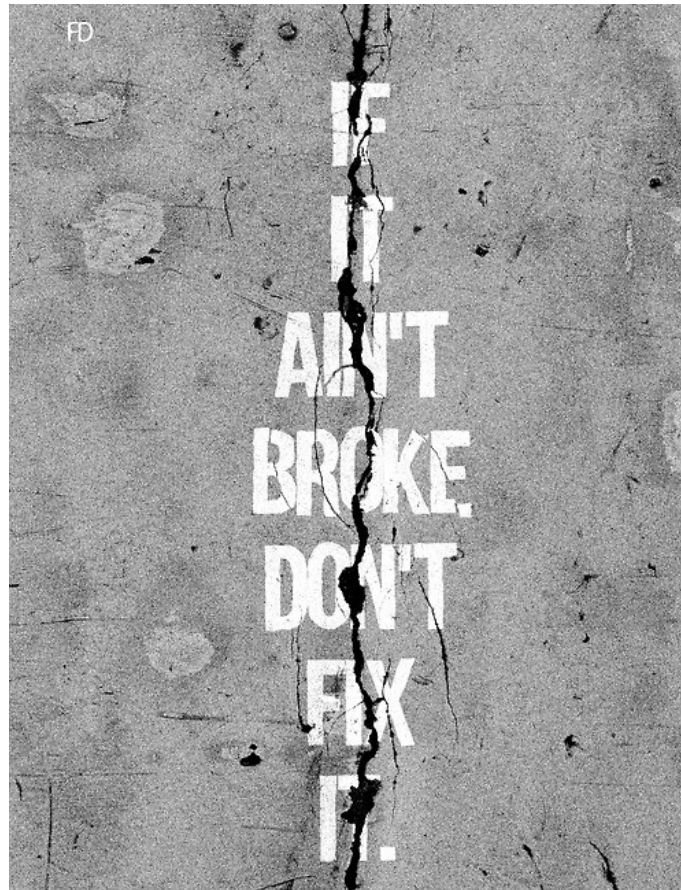
Better Birth Priorities

- ❖ Continuity of carer
- ❖ Care closer to home
- ❖ Community Hubs
- ❖ Digital solution



Acknowledge the good...

- ❖ Antenatal and postnatal continuity
- ❖ Diabetic pathway
- ❖ Birth teams



Community Hubs



www.cddft.nhs.uk

County Durham and Darlington **NHS**
NHS Foundation Trust



with you  all the way

Care closer to home



Katie Hall (Derwentside Community Midwife)
out doing her postnatal calls.





Northumbria Healthcare
NHS Foundation Trust

building
a caring
future

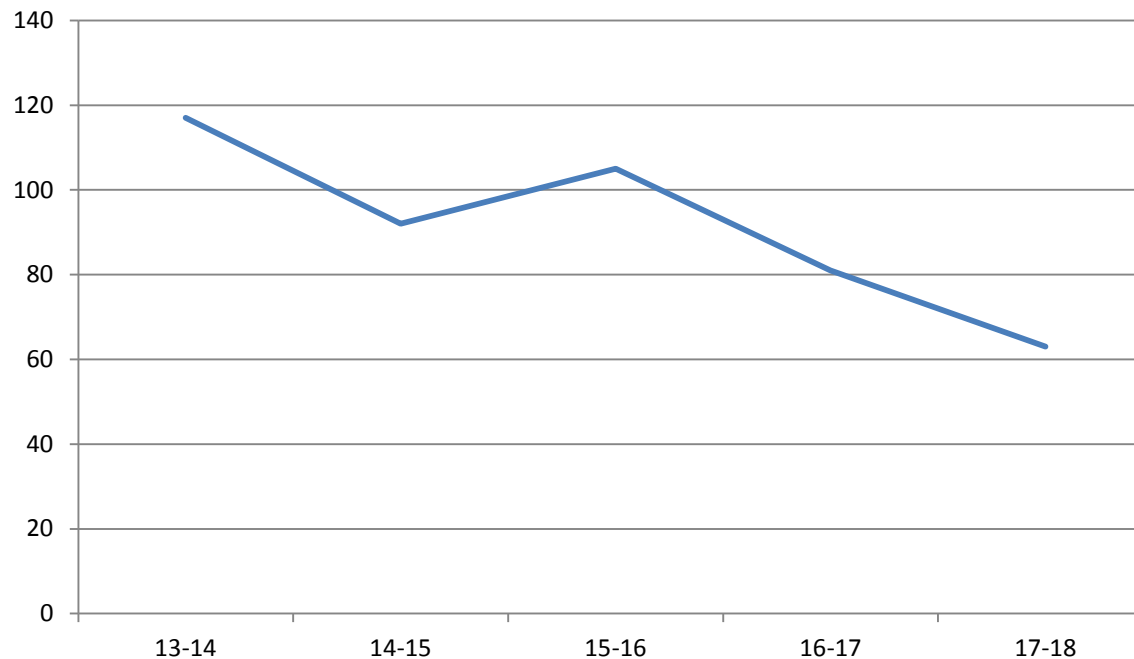
HOSPITAL | COMMUNITY | HOME

Proposal for the Future of Maternity Services in Hexham and Tynedale



Delivery Statistics

Number of deliveries 2013 - 2018



Aims

Increase number of low risk women delivering at Hexham by 20% by March 2020

Change of Intrapartum Transfer Referral Pathway to NSECH

The introduction of a new model of midwifery care to enhance continuity

Objectives

Widen patient choice and satisfaction “Gold Standard” Care

Raise the profile of the Birthing Unit

Improve effectiveness and productivity of the workforce



Proposed Models

Model 1 Caseloading

Model 2 Team Integration with Three Teams

Model 3 Team Integration with Two Teams

Preferred Model 3

Two midwifery teams created based on geographical area.

Named team midwives will work in partnership with women.

The midwifery team to work seamlessly between hospital and community.

The work force

The Maternity 'Hub' workforce consists of:

1 midwife and 1 maternity care assistant 24/7 with a flexible core midwife responding to service demand (9-5).

A robust 'on call' system will ensure safety and continuity of carer.

Intrapartum transfer to NSECH.

Ensuring Safety

Patient Safety with risk assessment at every contact

Maintaining Competency and Skills

Safeguarding is robust

Regular meetings

Staff Health and Wellbeing

Measuring Outcomes

- Benchmark against Better Births
- Patient Feedback – Audit tool
- Data collection
- Audit the maternity notes
- Review clinical outcomes



Personalised Care

Mel Radford
Network Delivery Lead
Northern England Maternity Clinical Network



Personalised Care

Mel Radford



National Maternity Review

- Every woman should develop a personalised care plan, with her midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses.
- Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

National Maternity Review Better Births 2016.

Baseline Assessment

Evidencing personalised care through:

- Pathways
- Documentation
- Choice



Pathways and Documentation

Digital or paper based , Perinatal Institute or provider unique.

Every provider records the individuals clinical pathway and discussions around their care

- Bespoke packages of maternity care for maternal and fetal clinical pathways.
- Individualised care for those who choose to stay with or deviate from local guidance



- 9 Providers all give individual personalised care, from point of first contact to discharge from service.

**Personalisation
& Choice**



Women have to be:

- Offered local and regional choice
- Given unbiased information
- Have every opportunity with any clinician maximised to make choices about their care



Digital Choices Booklet

Develop

Host

Promote



Digital Care Record Development

Corinne Blackburn
Community Midwife and
Digital Maternity System Clinical Lead
Gateshead Health NHS Foundation Trust

QE MATERNITY SUPPORTS MOTHERS
THROUGHOUT THEIR WHOLE JOURNEY.



Quality and excellence in health

Better Births

Digital Care Record Development

Corinne Blackburn

Quality and excellence in health

Better Births recommends that to improve quality of care, learning and productivity , the NHS needs to make it much easier for health care professionals to collect and share data with each other and with their patients

How?

1. Electronic Records
2. Digital Tool for Women

Electronic Maternity record from the first point of contact, through the pregnancy pathway and the postnatal period.

Clinical Benefits

Records accessible at the point of care

Improved communication and relationship with the woman

Improved time management/admin burden

Access to complete safeguarding information



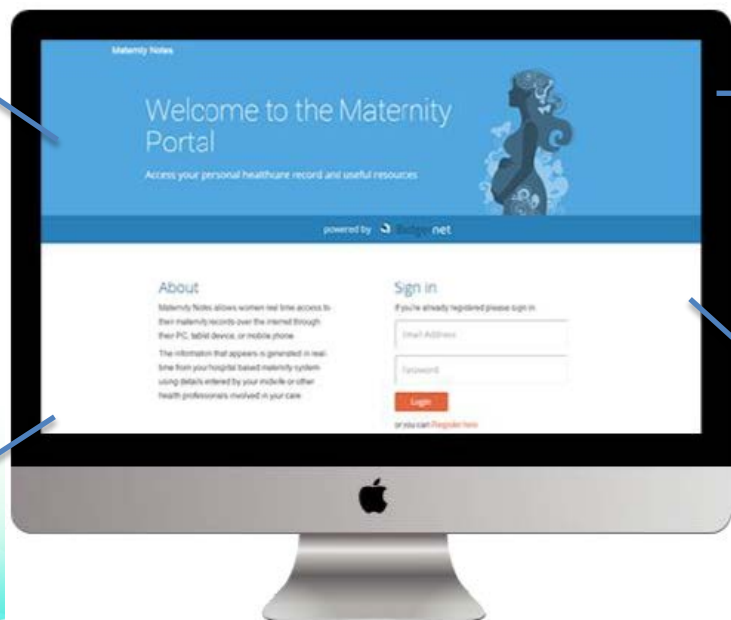
Patient Portal-ePHRs

- Women can access their maternity records in real time using an app or via web browser
- Quick and easy set up
- Pre Portal Booking

Maternity Notes

Maternity Notes	
YOUR REPORTS	
My Antenatal Notes	>
Antenatal Summary Report	>
Antenatal Visits Report	>
My Postnatal Notes	>

Notes Leaflets Profile



Leaflets

Children Bump Buddies
Supporting Parents in Gateshead
Antenatal classes
Postnatal parenting programmes
Emotional and/or practical family support
Contact us on 0191 275 4444

QE Gateshead
Quality and excellence in health

Antenatal classes

QE Antenatal Classes

QE Maternity
GATESHEAD

Welcome to QE Maternity

NHS

Antenatal and newborn... timeline

Notes Leaflets Profile

Back	Appointments
05/06/2018 12:00 at GP Antenatal Follow-up	
10/06/2018 10:00 at ANC Appointment Consultant Follow Up Review	
12/06/2018 09:00 at Home Antenatal Follow-up	

Profile
ABOUT
Privacy Notice
FORMS & INFO
Appointments
Pre-booking
Birth plan
Feedback
EDIT PROFILE
Edit profile
Change password
Notes Leaflets Profile

Quality and excellence in health

Feedback

I prefer the app to paper notes. Its really useful to be able to access the leaflets online so you know what is available.
(Pregnant Mother)

I like that you can see your future appointments. Helps me to remember when I need to see the midwife
(Pregnant Mother)

I am excited to see how the app will develop and enhance care further for women
(Midwife at QEH)

Women can access the app prior to the booking appointment, which allows women to complete their information and additionally access leaflets for discussion
(Midwife at QEH)

Future Development

- Link in with North East Learning Disability Network and Young Women's Outreach Project
- New version of Maternity Notes App, November 2018 to include personalised care plans

=Improved outcomes and safer care for mothers and their babies



Any Questions?



Quality and excellence in health





Mothers with Learning Disabilities

Judith Thompson, North East and Cumbria Learning Disability Network Manager & Quality Assurance Lead
and Mary Campbell, Geordie Mums, Skills for People

<https://prezi.com/view/rP5LczQsRFBzVURbXHvy/>



Charles Brandling Room



Questions and Discussion



england.northernmaternity@nhs.net

[@NorthNetworks](https://twitter.com/NorthNetworks)





Safer Care

Dr Stephen Sturgiss, Northern England Maternity
Network Obstetric Clinical Lead and
Karen Hooper, Network Delivery Lead
Northern England Maternity Network



Safety

Karen Hooper & Stephen Sturgiss

External review process



- New terms of reference agreed (May 2018)
- Poster accepted at MBRRACE launch (June 2018)
- Formal letter sent to DoN & MDs advising of network & LMS agreement to escalate all Each Baby Counts cases as SIs as per national advice & local agreement



- Since new TOR in place



- Bigger pool of external volunteers
- Agreement from maternal & fetal medicine groups to send relevant specialist request for external reviewers to them
- 29 requests for external input (for 40+ cases) from all 9 Trusts
- 17 clinicians attended from 5 Trusts & PHE/NHS England Screening team





- Issues:

- Sharing the learning – some feedback received from case reviews
- Short notice – unable to fulfil all requests

- Future plans:

- Invited to submit poster as example of good practice to Each Baby Counts national event
- Increase use of specialist groups & link for external input
- Film to demonstrate ethos of a learning community
- Increase use of paper notes review when unable to facilitate face to face attendance
- To present cases at MPSLN meetings to share learning
- Series of “audit” meetings planned to address different clinical situations





- Lessons learnt* (the important bit);
 - Series of shoulder dystocias led to regional review
 - Fetal growth measurement – non-referral for scans
 - Time of uterine incision at LSCS – “shout out”
 - Communication – scribe, ward rounds, clear communication
 - Involvement of others – anaesthetist, specialists, other hospitals
 - Pre-eclampsia
 - need for plan of care to include fetal monitoring
 - Do not consider home monitoring unless BP stable



Royal Victoria Infirmary

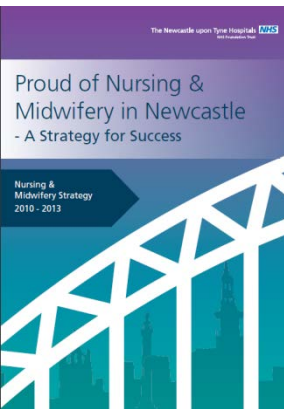
A Parents perspective

Rhona Collis, Senior Midwife Risk Management
October 1st 2018

Proud of Nursing and Midwifery in Newcastle

Case Scenario

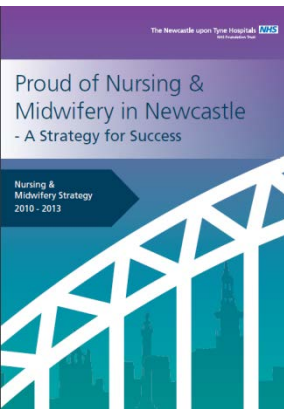
- Primigravida
- MCDA twins
- Presented at 22+ with sudden abdominal distension (rapidly increasing in size)
- Reviewed by a tier 2 doctor
 - Normal scan 5 days ago
- Re-assured and sent home



Proud of Nursing and Midwifery in Newcastle

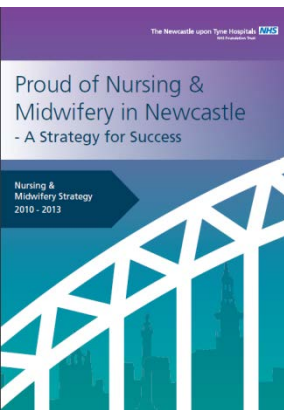
Case Scenario

- Re-attended 2 days later with reduced Fetal Movements
 - Reviewed by midwife
- Reported abdominal distention
 - Auscultation with sonicaid
- Re-assured and sent home
- Both twins demised two days later



Lessons learnt

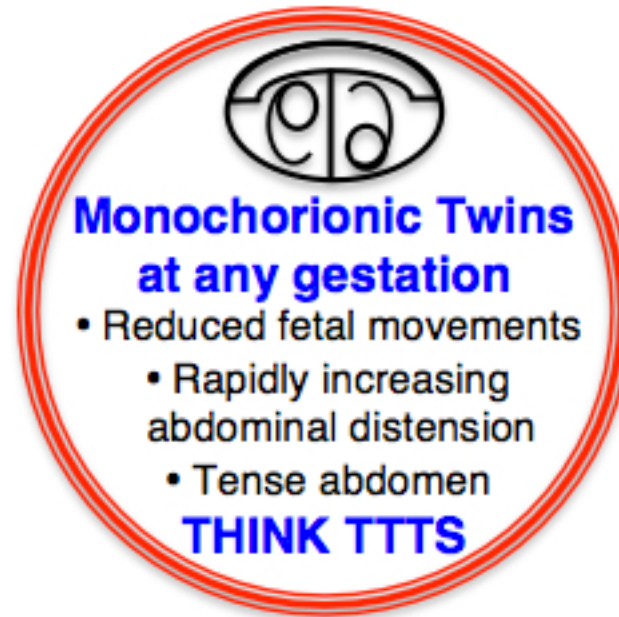
- Teaching sessions for all staff on the signs and symptoms of TTTS
- Case shared locally and regionally
- Summarised in the newsletter
- Poster presentation at MBRRACE meeting in Birmingham June 2018



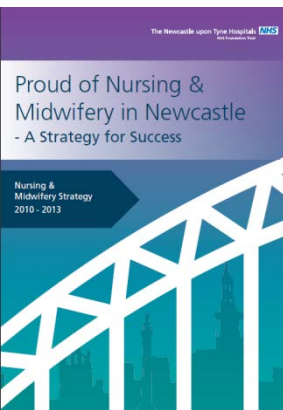
Proud of Nursing and Midwifery in Newcastle

Innovation

Production of a sticker



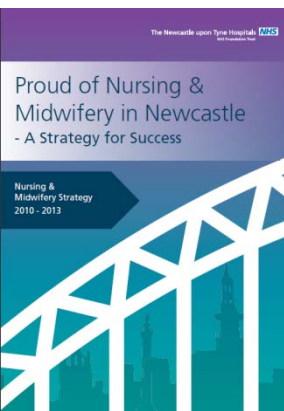
Empowers women and Midwives



Proud of Nursing and Midwifery in Newcastle

Parents perspectives at the time of the incident

- Understanding of the lack of knowledge
- They knew more than the staff did
- Just want lessons to be learnt and raise awareness of Twin-to-twin transfusion



Proud of Nursing and Midwifery in Newcastle

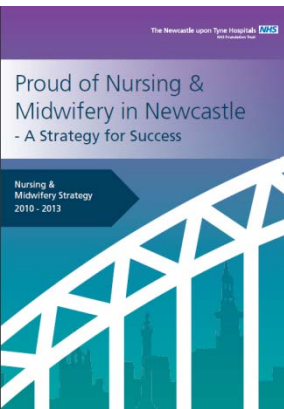
Parents comments

“I even said to the doctor do you think it could be twin-to-twin transfusion”

“I knew they were both the same heart rate but the midwife was adamant they were different”

“You just trust them as they’re the professionals”

Proud of Nursing and Midwifery in Newcastle



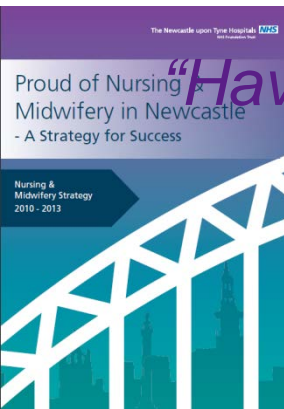
Parents comments 10 months later

*“Thanks for you letter it was great to hear
what you’ve been doing”*

*“We appreciate all that you’ve done even though it can’t
bring our girls back”*

“Has all the training made a difference?”

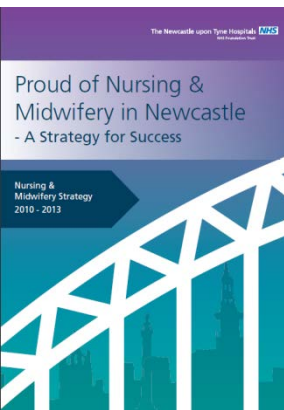
“Have the stickers had an impact – I really hope they do”



Proud of Nursing and Midwifery in Newcastle

A happy ending.....

They had a little boy 10 days
ago at the RVI



Proud of Nursing and Midwifery in Newcastle



Academic Health
Science Centre



Tommy's

Maternal and neonatal
collaborative



Maternity trust

Maternity incentive scheme

Safety

NHS
Resolution

each baby
COUNTS.



Safety – the golden thread



- Brief updates:

- *Each Baby Counts*

- Extra report released into anaesthetic issues - <https://www.rcog.org.uk/en/guidelines-research-services/audit-quality-improvement/each-baby-counts/reports-updates/anaesthetic-care/>
 - Human factors support package available - <https://www.rcog.org.uk/en/guidelines-research-services/audit-quality-improvement/each-baby-counts/implementation/improving-human-factors/>
 - Invite for poster submission to November conference
 - RCM/RCOG joint initiative “learn & support” e-learning QI package

- *Saving Babies Lives*

- Spire report released – SB rates declined, smoking rates declined, IOL/LSCS/scans increased, increase in preterm birth/admission to NNU/therapeutic cooling
 - Areas of good compliance – identification of SGA, use of RFM leaflet
 - Areas to work on – CO monitoring, CTG training & competency, use of RFM checklist
 - 2nd iteration due soon





- *PReCePT*
 - MgSO₄ for ALL babies < 30 weeks
 - Retrospective audit complete - themes
 - Each unit should have named midwife, obstetric & neonatal lead
 - Get ready event on 11th October
- *HSIB*
 - Almost fully recruited
 - Complete roll-out by March 2019
 - “business as usual” despite parliamentary report
- *CNST maternity incentive scheme*
 - 100% Trusts applied
 - Trusts will know own results – report being finalised
 - Trusts invited to submit business cases to address non-compliant areas
 - Year 2 scheme to be signed off soon





- *MatNeo Patient Safety Collaborative*

- Wave 1 – North Tees & Hartlepool – complete $\frac{3}{4}$ QI projects, debriefing of culture survey on-going
- Wave 2 – CDDFT, Northumbria, South Tees, Gateshead – attended first 2 learning sets, identified QI projects (3 diabetes in pregnancy/neonatal hypoglycaemia, 1 smoking), culture surveys completed
- Good to see support from Executive sponsors at national learning set – noted that this was evident from our region



Other areas:



- Diabetes in Pregnancy – working with Diabetes network to join up initiatives (MatNeo, Continuity of Carer & Diabetes preconception plans) – event held last week
- Maternal medicine – group meeting last month, new TOR & role of Chair agreed, nominations out for new Chair, epilepsy guideline complete, guidelines to work on (cardiac, haematology, renal), invite to relevant external case reviews, work plan to be guided by MBRRACE recommendations & MTP plans – aim for specialist care & pathways for women that need it – appropriate to their individual needs
- Fetal medicine – group meeting last month, SGA guideline in progress – to align to 2nd iteration of SBL, FASP reporting process agreed



Safety – everyone's business





Postnatal Care

Anne Holt
Midwifery Clinical Lead
Northern England Maternity Network

What Does Better Births Say?

- Postnatal Care should be improved
- Did not provide a detailed blueprint
- Recognised needs of women, babies and families varies significantly
- Focused on the need to personalise care and improve outcomes

**BETTER
POSTNATAL
AND PERINATAL
MENTAL
HEALTHCARE**



Improving Postnatal Care in the North

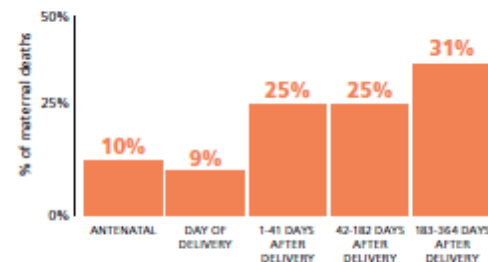
- Relatively neglected area of the maternity pathway
- Current models of care 'not fit for purpose'.
- Missed opportunities
- Health profile of women who become pregnant has changed
- 90% of maternal deaths occur post delivery
- High rates of physical and psychological morbidity
- Low rates of exclusive breastfeeding to 6 months

Post-pregnancy care

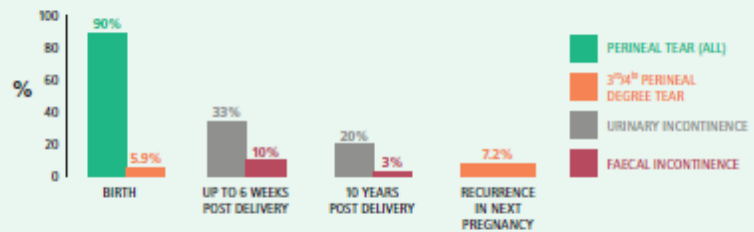
90%
OF MATERNAL DEATHS
OCCUR POST DELIVERY

973 MATERNAL DEATHS IN
THE UK DURING AND AFTER
PREGNANCY, 2009-13

TIMING OF MATERNAL DEATHS 2009-2013



MORBIDITY AFTER PREGNANCY



BREAST FEEDING

BREASTFEEDING IS ASSOCIATED WITH:

MOTHER

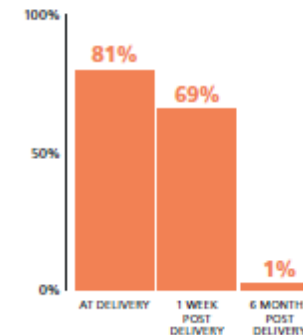
Lower post-partum weight retention
Delays resumption of periods

BABY

Lower rates of
• gastroenteritis
• sudden infant death syndrome
• respiratory disease
Better cognitive development
Fewer behavioural problems





% EXCLUSIVELY BREAST FEEDING:



Improving Postnatal Care in the North

- Continuity of Carer
- Personalised Care Plans
- Neonatal Care
- Electronic Records
- Community Hubs



**BETTER
POSTNATAL
AND PERINATAL
MENTAL
HEALTHCARE**



First Steps – Collecting Information

- Use information from CQC Maternity Survey to measure the quality of postnatal care
- Review of postnatal documentation including discharge records/communication of information across health sectors
- Need to add to group expertise: GPs, health visitors, neonatologists, commissioners, voluntary and community sector, prevention, perinatal mental health
- Need to hear the voices of women

**BETTER
POSTNATAL
AND PERINATAL
MENTAL
HEALTHCARE**



NEXT STEPS

- Awaiting recommendations of Expert Reference Group
- Postnatal Picnic – January 2019
- Joined up with other workstreams overseen by LMS
- **Outputs** - Develop a Postnatal Improvement Plan
 - Communication and safety after birth
 - Infant Feeding
 - Emotional wellbeing and mental health
 - Mothers and babies needing additional care
 - Provision of bereavement support to women and their families
 - Joining up care with HV and GP

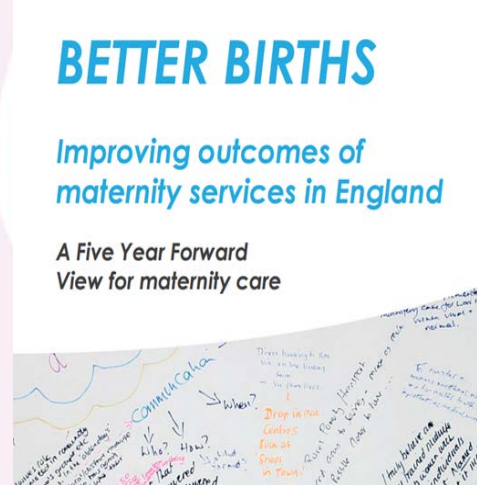
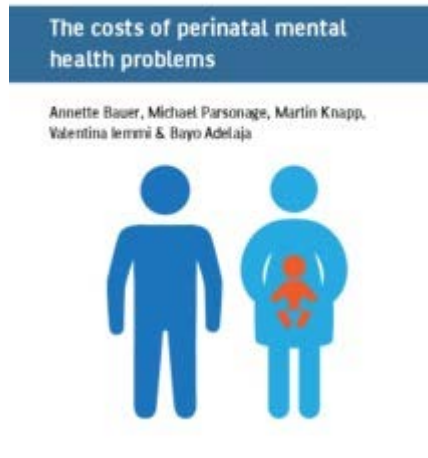
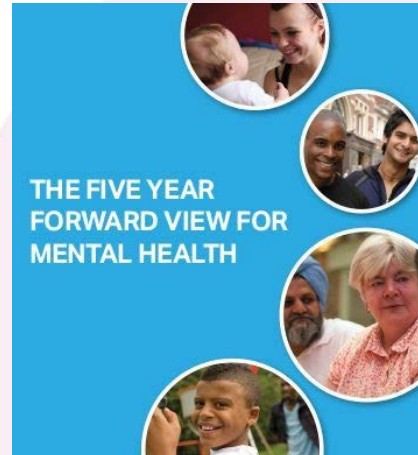




Perinatal Mental Health

Dr Kalyani Kodimela, Consultant Perinatal Psychiatrist
Rachel Tomlin, Network Delivery Lead

Drivers:



4. Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.

**BETTER
POSTNATAL
AND PERINATAL
MENTAL
HEALTHCARE**



- i. There should be significant investment in perinatal mental health services¹ in the community and in specialist care, as recommended by NHS England's independent Mental Health Taskforce.



Community Services Development Fund

2016-19 £55M nationally to develop specialist services

Wave 1:

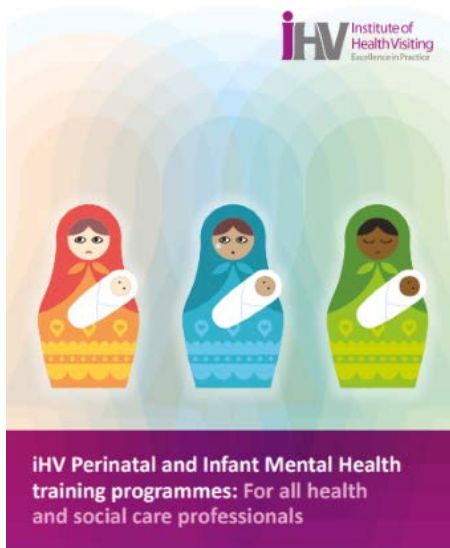
- NTW expanded from Newcastle and North Tyneside to cover:
Northumberland, Gateshead, Sunderland and South Tyneside

Wave 2:

- TEWV expanding from Middlesbrough, Stockton and Hartlepool to cover:
Darlington and Durham, Northallerton (Yorkshire & Humber STP)
- WNE Cumbria developing new service that will link with NTW service (hub and spoke model).
- 2019/20 £73.5M – CCG baseline
- 2020/21 £98M – CCG baseline



Training:





PERINATAL MENTAL HEALTH AWARENESS TRAINING FOR TALKING THERAPIES (IAPT) PROFESSIONALS

Do you work in an IAPT service and would like to know more about perinatal mental health? Then come along to our perinatal mental health and IAPT session where we will look at what perinatal mental health is, why perinatal mental health services are important, the current pathway and recommended interventions. To book your place please contact **Rachel Tomlin**, Network Delivery Lead on racheltomlin@nhs.net or call 01138 25 1629 no later than Monday 12th November.



Monday 26th November 2018
1pm till 5pm (tea/coffee on arrival)
The Durham Centre, Belmont Industrial Estate,
Durham DH1 1TN

england.northernmaternity@nhs.net

🐦 @NorthNetworks



Building relationships

Stakeholders

- Commissioners
- Maternity services
- Health visiting services
- Children's Mental Health Services
- Third sector organisations
- Charities

Partners

- Supporting colleagues who work within mental health but are outside of perinatal specific services



- 
- **All of this to be done in coproduction with mums and families**
 - Peer support
 - APP support
 - Feedback- Points of You



Next steps

- Community hubs
- Working on the wider pathway
- Application of models of good practice within the LMS
- Securing recurring funding
- Royal College accreditation of services.



Questions and Discussion



england.northernmaternity@nhs.net

[@NorthNetworks](https://twitter.com/NorthNetworks)



Refreshments Available





Setting out our LMS expectations and priorities over the next 12 months and beyond

Dr Andrew Beeby, Northumberland, Tyne and Wear and Durham (NTWD)

Eleanor Hodgson, West, North and East Cumbria (WNEC)

**Julie Lane, Darlington, Tees, Hambleton and Richmondshire and Whitby
(DTHRW)**

Local Maternity System Senior Responsible Officers

Maternity Structures - evolving

NENC ICS/STPs
Optimising Acute
Sector
workstream/s

National Maternity
Transformation Programme

North Maternity
Transformation
Programme
Board

Maternity
(Neonatal)
Executive Group

WNEC
LMS
Board

NTWD
LMS
Board

DTHRW
LMS
Board

Maternity
Network
CAG

Perinatal
Mental
Health
CAG

Maternity
Patient Safety
Learning
Network

Maternity
Engagement
Group

Fetal &
Maternal
Medicine
Groups

Heads of
Midwifery
Forum

- Links to other Networks
- Neonatal Network
 - Academic Health Science Network
 - Learning Disability Network
 - Diabetes Network
 - Paediatrics

NTWD LMS Priorities

- **Developing schemes for continuity of carer**
 - Different settings
 - ? Obstetricians too
- **How to work better across organisations**
 - “Out of area” staff working in to other units
 - Passporting
 - IT
- **How to improve the patient voice**
 - Developing MVP's
 - Getting patient voice from more difficult areas



NTWD LMS Priorities

- **Strategic**

- Further aligning our 3 LMS's and maternity Network
- Understand the lines of reporting within emerging ICS, Commissioning landscape and National Maternity Transformation

- **Finance**

- Understand the costs of all this
- Hope it doesn't cost any more!



WNEC LMS Priorities

- Relationship with MVP – progressing well
- We still have all the consultation outcomes with us i.e. currently in the 12 month sustainability period - which continues to cause much angst with staff and the community
- We are majoring on Continuity of Carer – a key priority
- Community hubs – the will is there but practically not easy (with a few exceptions). Keen to look at virtual hubs
- Perinatal Mental Health – moving forward well



WNEC LMS Priorities

- **Safety – Well engaged in what is a crucial but over complicated agenda**
- **Midwifery led care and choice – progressing well**
- **IT/Digital – can be such a big part of the answer – but a long way to go**
- **Relationship with the network and the LMS's – the will is there to keep developing – the distance involved in engaging is a barrier – video conferencing would really help**
- **Keep building on what we have – a great start**



DTHRW LMS Priorities

Continuity of carer

- Defining and implementing the model(s)
- Expectations - Women's/Family - Staff experience
- Impact on service/finance /sustainability

Choice

- Antenatal care
- Place of birth
- Post natal care
- Engagement



DTHRW LMS Priorities

Community hubs

- Location/ feasibility
- Impact on current service delivery and expectations of health and social care providers

Cross boundary working/collaboration

- Working across provider organisations
- Inter professional learning

Digital Agenda

- Personalised care plans
- Information sharing/seamless delivery of care



Discussion and collective vision on the way forward



england.northernmaternity@nhs.net

[@NorthNetworks](https://twitter.com/NorthNetworks)

