Hutt Valley District Health Board

Women's Health Services

External Review Recommendations

Hutt Valley DHB

Comments and guidance to progress Women's Health Improvement Plan

June 2019

This document is a companion to the Women's Health Service external review commissioned by the Hutt Valley DHB (HVDHB).

Most recommendations identified within the review have been accepted by the HVDHB. The other recommendations are of a general nature, and some require further discussion and debate. Recommendations that include staffing, equipment and environment are being progressed and prioritised by the DHB.

A Governance Group has been formed to oversee the implementation of the recommendations and this group will report to the Executive Leadership Team and the Board regularly with progress against the recommendations. This group will develop six work streams and at times support from external experts will be sought to progress the recommendations.

A Senior Project Manager has been seconded to the role of project management to support the Steering Group and to develop the project plan. HVDHB acknowledges there is still a lot of work to be done and our focus is supporting our staff to improve our Obstetrics & Gynaecology Service and make it safer, more effective and efficient.

We look forward to working with our staff to achieve these objectives.

Signed
Dr Sisira Jayathissa
Chief Medical Officer

1. PERSONNEL

Recommendations:

1.1 Midwifery workforce

- DHB midwifery base staffing levels should be increased significantly. This should include the DHB community midwifery team with an increase in FTE to match increasing demand from LMC unavailability, which is likely to require an increase in FTE of at least 4.0. It would be helpful to formally review and benchmark against MERAS Maternity facility safe staffing standards. (High priority – Initiate immediately).

  Implement Care Capacity Demand Management (CCDM) to identify staffing levels in response to demand, occupancy and acuity. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.
  (Internal work from DHB has reached similar conclusions)

1.2 Associate Clinical Midwifery Manager

- The ACMM positions should be increased immediately to cover the overnight shift to provide 24 hour cover. Recruitment to these positions should be given the highest priority. (Highest priority – Implement immediately).

  ACCEPT the recommendation.

1.3 Theatre Midwives

- The funding for this CS midwifery team should be made permanent and the FTE increased to cover an on call CS midwife service out of hours plus the FTE allocation for these practitioners should include an allowance for sick leave, study leave and annual leave. (Initiative already in place – Confirm ongoing funding immediately)

  This is **ACCEPTED** in principle and to be further aligned with the development of the model of care.

  The DHB's preference is to place available midwifery FTE where the women/baby need it most and that would be in the inpatient unit and Birth Suite. Allocation can then occur on an as needs basis to theatre. Considering there has been a maximum of 2 elective caesareans on a list.

1.4 Nursing Workforce

- The service should develop a comprehensive orientation and supervision programme to support safe, high quality care provision across the postnatal ward. This should be targeted toward extending nurses scope of practice. Rotation of positions across the ward areas including SCBU should be considered to extend skill set and improve clinical expertise. (Urgent – initiate within 3 months)

  ACCEPT the recommendation.

1.5 Health Care Assistants

- Recruit to fill HCA positions to ensure there is cover across all shifts. Immediate recruitment to these positions is recommended to support midwifery and nursing staff. (High priority – Initiate immediately).

  ACCEPT the recommendation.

- Consideration of further development of HCA role in line with other models of care such as the British maternity care assistant role to provide further support for midwifery staff. (Longer term project – Consider once more immediate recommendations are in place).

  ACCEPT the recommendation as part of the model of care development, however it is acknowledged that the most appropriate care for women in maternity services is by Midwives

Medical Obstetric Staff

1.6 Senior Medical Officers

- Extend the SMO workforce to 7 consultants as previously recommended in a Medical Council review, which will avoid the need for locums to meet Elective volumes. (Initiate immediately - don't wait for job sizing activity to be completed).

  ACCEPT the recommendation.

- Engage in a job sizing exercise with ASMS to ensure there is adequate non-clinical time allocated to allow participation in Quality and Safety initiatives. Include a departmental service review of Elective volumes and caseweights, and a job size of individuals with a review of ward rounds, clinics, theatre sessions and On Call commitments. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

1.7 RMO Workforce

- Liaise with Human Resources to consider an increase RMO numbers at Registrar and SHO level to establish a 3 tier On Call system. Having Registrars on site at all times will further reduce the reliance on relatively inexperienced RMOs (is the senior SHO) as being the only available medical officer on site. (Semi urgent – Initiate within 6 months. The main priority is to ensure a full cohort of senior RMOs to cover the 'first on call' roster as it currently exists. Extending to a full 3 tier system will be a longer term project which should be considered this year).

  As part of the model of care development, the RMO workforce will be included and the outcome will determine the appropriate staffing level. Please note ideally there would be no shortage of trained RMOs, and a unit with a number of accredited training positions, this might work. Best staffing plans to ensure safe patient care needs to be developed under service model of care work stream. This will take account of

workforce shortages, cost-effectiveness and national trends in providing best patient care).

1.8 Anaesthetic Service

- Increase resource of Anaesthetic clinics for Obstetric patients so that women requiring Elective CS may have a pre op review. The clinic would be an opportunity to review more women who are high risk from a medical or anaesthetic point of view. (Urgent – initiate within 3 months).

  This service is already in place. However, safety, efficiency, effectiveness and better options in delivering care will be considered in models of care development.

- Support a dedicated Epidural service. This would include identification of Obstetric Anesthetist on each roster. (Urgent – initiate within 3 months).

  There is an epidural service meeting the service needs. However, refining this service will be looked at in the models of care discussions.

- Allocate an anaesthetic registrar to attend Obstetric medical handover with the registrar providing some cover for the acute pain service if it is not otherwise available. (This is a simple process – initiate immediately).

  ACCEPT the recommendation.

- Implementation of Epidural Patient Controlled Analgesia which will require multi-departmental support. (Semi-urgent. Considerable work has already been done to implement this initiative. Once other urgent recommendations are in place address the resource required to support this).

  ACCEPT the recommendation.

1.9 Theatre Staff

- Permanent overnight staffing should be urgently considered. This will require an increase in nursing staff levels. (High priority – consider immediately).

  This recommendation needs to be considered as a part of the hospital theatre efficiency and safety programme.

1.10 Executive interviews

- The backlog of Clinical Coding needs to be addressed to support identification of demand, complexity and acuity of women being cared for. Further administrative support will be needed for coding. (Urgent – initiate within 3 months)

  ACCEPT in principle the need to undertake the work in regard to clinical coding requirements. The backlog of clinical coding has already been addressed. However, accuracy and timeliness of coding will be explored further under our work streams to achieve a sustainable solution

- Update the Midwifery Business Case and re-present it to the executive team as a matter of urgency. (Urgent – initiate within 3 months)

  ACCEPT the recommendation and this has now been completed.

- Ensure that Maternity finances and budgets to be aligned to one cost centre/directorate to support visibility and improve utilisation of allocated resources e.g. Primary maternity top slice funding, PVS revenue and maternal/child contracts – this could and should support ongoing identification and resourcing according to safety, equity and demand. (Urgent – Review within 3 months)

  ACCEPT the recommendation.

2. ENVIRONMENT

Recommendations:

2.1. Physical

- Review plan for renovation and refurbishment of the maternity unit to include repainting, replacing curtains etc. (Semi-urgent – initiate within 6 months)

  ACCEPT the recommendation plan already approved by the HVDHB Board.

- Consider renovation of rooms to install piped oxygen and suction so that the use of the room can be extended to higher acuity patients. (Longer term project – requires unit configuration. Review plan for change within 6 months).

  ACCEPT the recommendation.

- Review maternity reception and consider improving record storage and privacy and address staff safety concerns. (Longer term project – requires unit configuration. Review plan for change within 6 months).

  ACCEPT the recommendation.

- Ensure staff have a room that is private and separate from patients and their families for meals and refreshment breaks. (Longer term project – requires unit configuration. Review plan for change within 6 months).

  ACCEPT the recommendation.

- Review storage facilities. (Longer term project – requires unit configuration. Review plan for change within 6 months).

  ACCEPT the recommendation.

- Consider relocating EPC to improve privacy and to provide an adequate space. (Longer term project– requires unit configuration. Review plan for change within 6 months).

  ACCEPT the recommendation.

- Review signage with a view to improving clarity and visibility. (Review of signage will be dependent on changes to clinical areas such as EPC and or ANC – review after reconfiguration).

  ACCEPT the recommendation.

- Apply an over-ride switch on the lift that can be activated by staff in an emergency to allow prioritisation of the lift to the appropriate clinical area. (Initiate immediately as this is an important measure to improve safety in an emergency)

  ACCEPT the recommendation.

- Undertake a detailed feasibility study to consider re-commissioning the old theatre adjacent to delivery suite. Include consideration of a Low intervention birthing unit in this project. (Longer term project – requires unit configuration. Initiate within 6 months).

  The current space available in the old theatre does not meet the international standards required. *(International Health Facility Guidelines, Version 5, September 2017, Part B Health Facility Briefing and Design, 157 Maternity Unit, p18*). Recommissioning the old theatre specifically for maternity in isolation of main theatres and additional support poses a significant clinical risk.

- Engage Consumer Reps in refurbishment projects. (Semi-urgent – Initiate at the time of review of the above renovations).

  ACCEPT the recommendation.

2.2. For Women and Whānau

- Fast Track the environmental/facility business case to enable some rapid progress to improve the current environment. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

3. CULTURE

Recommendations:

3.1. Values based

- Senior management team to enact the actions evident from the Staff Wellbeing work (e.g. the Big Listen by Tim Keogh) to be completed – asking what were the most common and most important principles and changes that staff would make to bring about the greatest difference. (Semi-urgent – initiate within 6 months).

  ACCEPT the recommendation and this is currently underway.

- Executive team members to improve visibility with monthly visits to clinical areas and meetings with clinical managers and clinical staff. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

3.2. Equity

- Ensure permanent resourcing of the Marae based community midwifery model of care and enable extension of this model. This initiative has benefits for better engagement and better clinical outcomes for Hutt Valley's most vulnerable populations. (Initiative already in place – Confirm ongoing funding immediately).

  ACCEPT the recommendation.

4. MODELS OF CARE AND CLINICAL PRACTICE

Safety

Recommendations:

4.1 ICU Admissions

- Audit all mothers admitted to ICU. (Initiate immediately and ongoing review).

  ACCEPT the recommendation. High risk obstetric patients should ideally be reviewed in a tertiary service (CCDHB) rather that in secondary service. This issue will be further explored by the steering group and through the work streams.

- Increase resources of Anaesthetic review for high risk obstetric patients. (Urgent – initiate within 3 months).

  This recommendation will be further explored in developing better models of care for our patients (see comments under workforce).

- Regular review of Clinical Guidelines to support evidence based safe practice. (semi-urgent – have a comprehensive plan for guideline review in place within 6 months in conjunction with Lead SMO for Quality and Maternity Quality team. Then ongoing review to continue).

  ACCEPT the recommendation.

4.2 SCBU admissions

- Ensure all clinical staff involved in antenatal and intrapartum care attend the RANZCOG FSEP at least once every 3 years, i.e. this should be mandatory as well as completion of the online package in the intervening years. (Address urgently within 3 months to review previous attendance and create plan for next 3 years for ongoing staff attendance).

  ACCEPT the recommendation.

- For LMCs consider making attendance a condition of their access agreement.

  ACCEPT the recommendation.

- Continue weekly CTG education meetings. Encourage all staff to attend including SMOs. (This initiative is in place – Continue).

ACCEPT the recommendation.

- Audit of all babies transferred to Wellington SCBU for cooling. (Initiate immediately and continue ongoing review).

ACCEPT the recommendation.

- Review of all babies with suspected NE, including babies born with an umbilical cord pH <7.0. (Initiate immediately and continue ongoing review).

ACCEPT the recommendation.

4.3 CS Rate

- Conduct a Comprehensive CS Audit including

1. Fully dilated CS
2. Category 1 CS
3. Caesareans performed under General Anaesthetic (GA).
4. CS for fetal distress
5. SCBU admissions following CS.
6. (Urgent – initiate within 3 months. The project will be ongoing for several months).

ACCEPT the recommendation.

- Address staff shortages (as stated earlier)

a) Recruit midwifery staff urgently to address severe deficiency, including for delivery suite, community and the theatre midwifery team. Explore the option of national and international recruitment in order to obtain staff with clinical experience

b) Appoint a 7th SMO – with urgency (do not wait for ASMS job size to initiate this).

c) Discuss a long term plan with HR and consider increasing RMO numbers to achieve full time onsite registrar cover.

See the comments under workforce.

4.4 HDC Cases

- Education for the Obstetric team to focus on patient communication and consent. In particular, consent for operative vaginal delivery. (Immediate review of RCOG guideline. Implementation of modified local guideline within 3 months).

ACCEPT the recommendation.

- Continue to review all HDC cases relating to Women's Health with a view to identifying systemic risk and ensuring steps are made to rectify it. (Initiate immediately and continue ongoing review).

ACCEPT the recommendation.

- Continue to critically review all stillbirth cases. (Already in place – Continue).

ACCEPT the recommendation.

Quality

4.5 Maternity Quality and Safety Programme

- Recruit and fill the vacant position of 0.6 FTE on the MQSP team. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

- Review current MQSP positions. Increase coordinator FTE and establish an administrator position to support full implementation of the programme as per DHB Crown Funding Agreement contract with the Ministry of Health. Ensure that the funding from the MOH is directly coded to maternity. (Semi- urgent – Initiate within 6 months).

  ACCEPT the recommendation.

- Support development of accurate automated data reports such as the Clinical Indicators. Extend this to include automated analysis of clinical, workforce and environmental information to support healthcare planning. (Semi-urgent – Initiate within 6 months).

  ACCEPT the recommendation.

4.6 SMO Engagement

- Ensure SMOs are allocated non-clinical time for Quality and Safety. (Urgent – initiate job size review with ASMS within 3 months).

  ACCEPT the recommendation.

- All SMOs to actively engage in audit. (Urgent – Engagement will follow job size activity and allocation of time for Quality initiatives however a plan for audit projects should be initiated within 3 months).

  ACCEPT the recommendation.

- Establish a lead SMO for Quality and Safety to oversee audit projects, manage PMMRC coding and to join the Maternal Quality and Safety Clinical Governance Group. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

Education Training and Supervision

4.7 Midwifery

- Focus on addressing the severe local midwifery workforce shortfall which will have a positive impact on midwifery education and training through ongoing development of the midwifery workforce plan taking into consideration the national maternity system programme and action plan. (High priority – initiate immediately).

  ACCEPT the recommendation.

- Increase education resource to ensure mandatory training requirements are met as a minimum. This will promote an engaged and valued workforce. This would also support implementation of national HQSC programmes. (Urgent – initiate within 3 months).

  ACCEPT the recommendation

4.8 RMO Supervision in Antenatal Clinic

- SMOs to consider initiating chart reviews at the end of each Antenatal clinic. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

- Discuss clinic structure and RMO role in clinic during the Orientation period. (Urgent – initiate within 3 months).

  ACCEPT the recommendation.

Resources

4.9 Equipment

- Urgent supply of essential equipment including Infant Resuscitaire, Cardiotocographs and day to day consumables to support wellbeing of women and infants, safe practice and clinical decision making. (Identify critical equipment deficiencies and address immediately).

  ACCEPT the recommendation.

4.10 Outpatient Hysteroscopy

- Establish a working group of motivated parties to progress an outpatient hysteroscopy service. (Semi-urgent – initiate within 6 months).

  ACCEPT the recommendation.

4.11 Administration support

- Identify specific medical typing support to ensure one day turnaround of antenatal clinic letters to LMCs to allow timely communication of the outcome of the clinic visit. (Urgent – initiate within 3 months).

  This recommendation has been **ACCEPTED** in principle but needs to be worked through with organisational wide typing resource. Alternative ways of communications such as "note to GP" function need to be explored.

- Cost the provision of dedicated receptionist for women's health. This may include supporting antenatal clinic and possibly early pregnancy clinic. (Semi-urgent – initiate within 6 months).

  ACCEPT the recommendation.

Guidelines

4.12 Clinical guidelines

- Review of guidelines should be a priority for the midwifery and obstetric team once they have allocated time for Quality and Safety. (Semi-urgent – have a comprehensive plan for guideline review in place within 6 months in conjunction with Lead the SMO for Quality and the Maternity Quality team. Then ongoing review).

  ACCEPT the recommendation.

4.13 Leadership

- Consideration of a Midwifery Leadership position within the Executive Leadership team for strategic and professional advice and for operational visibility of maternity services. (Semi-urgent – Review within 6 months).

  Currently as there are no such positions nationally. To be part of the steering group's deliberations and its recommendation will be brought to the attention of new CE for consideration.

- The Service Manager Women's and Children's should be a separate position, whilst recognizing the current benefits. (Review in 3-6 months).

  ACCEPT the recommendation.

- Increase FTE allocation to Midwifery Director from 0.5FTE to 0.8FTE. (Review immediately).

  To be part of the steering group's deliberation and part of the service reconfiguration in the development of the models of care. Also need to cognizant of the professional leadership needs across the greater Wellington region and for consideration by new CE.

5. ORGANISATIONAL

5.1. Where Women's Health sits

- Reconsider current executive leadership structure to include an executive professional midwifery position. (Semi-urgent – Review within 6 months).

  Consideration of a Midwifery Leadership position within the Executive Leadership will be considered and brought to the attention of new CE. However HVDHB would be the only DHB in the country to have midwifery at the executive level.

5.2. Strategy Priorities

1. Prioritise a sustainable midwifery and medical workforce to provide a safe, equitable and accessible maternity service. (Immediate).
2. Prioritise maternal and infant health – evidenced in the DHB strategic plan. (Semi-urgent – Review within 6 months).

3. Engage the maternity workforce in strategic planning to identify key goals for service delivery and their strategic priorities. (Urgent – Initiate within 3 months).
4. Foster a proactive approach in quality and safety initiatives.
   (Urgent – Review within 3 months).
5. Engage with Consumer Representatives (Urgent – Initiate engagement within 3 month)

All these recommendations have either been accepted in principal or covered under other workstreams. Maternal infant health is a strategy priority under the HVDHB strategy plan.

6. EXTERNAL

6.1. Consumer experience and feedback

- Active engagement with Consumer Representatives.
  (Urgent – Initiate engagement within 3 months).
- Address reimbursement of the Consumer Representatives' reasonable expenses.
  (Urgent – review within 3 months).
- Ensure that DHB consumer feedback forms are directed toward the Consumer Reps.
  (Urgent review within 3 months).

All recommendations in this section have been **ACCEPTED**