Great Expectations

Improved patient experience
Maternity Services Bart’s Health

Sandra Reading - Director of Midwifery
Nursing and Governance
Background

Merger of 3 Acute units in October 2012

Maternity Services over 5 sites

Royal London Hospital
Newham University Hospital
Whipps Cross Hospital
Barkatine Birth Centre – Isle of Dogs
Barking Birth Centre – Barking

Total Antenatal Bookings for pregnancy 20,230 per annum and Births 17,750 per annum

Growth significant due to North East London reconfiguration of services – new maternity unit at the Royal London site

Risk Profile

<table>
<thead>
<tr>
<th>GENERIC CASEMIX</th>
<th>CAT I</th>
<th>CAT II</th>
<th>CAT III</th>
<th>CAT IV</th>
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<td>18.3</td>
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<table>
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<tr>
<th>LABOUR WARD CASEMIX</th>
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<td>4.4</td>
<td>15.6</td>
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</table>
Starting the Values programme

Listening

1. Workshops with mother’s on all Bart’s Health sites
   
   - Communicated to as if I was a child
   - Change your sheets yourself
   - I felt vulnerable going to the hospital by myself
   - I am a single mother and it was my first baby and I felt scared

2. Completion of baseline questionnaires to analyze themes

3. Design of the information for Staff and information for Women – through joint workshops with staff groups and women
   (Consultants / Midwives and Managers / Support staff clinical and administration
   - Workshop included complaints reviews and thematic analysis

   Mothers then became PEER reviewers for the Values and Behaviours workshops
Analyzing

Open and honest objective - Changing Women’s Experiences

Maternity Services challenges in Bart’s Health in 2013

- Women’s feedback of their experiences related to staff attitude and behaviour
- Staff feedback of experiences of behaviour of colleagues (from medical staff, midwives and support staff) and poor history of retention of staff in some sites
- Senior staff reporting difficulties in challenging and managing complexities of some staff behaviours
- Team working poorly developed in some areas
- Clinical standardization and professional leadership

Services needed to be match our requirements and external expectations
Needed to be
1. Safer
2. More Caring
3. Always Effective
4. Fully Responsive
5. Well Led
Responding – the 6 c’s

Great Expectations ‘Pledge’

“Making every Contact Count”

Women accessing the service will be treated with **Compassion**

We will offer the highest standards of **Care**

We will operate with the highest level of **Competence**

We will **Communicate** positively and ensure individualized involvement with decision making

We will have the **Courage** to not accept poor standards of behaviour

We are **Committed** to the best standards of care
Great expectations Design

Design of the Great Expectations programme

1. Provide an education programme to improve clinical, behavioral and leadership skills for maternity staff

2. Work with key staff groups to improve the dynamics of communication and Sign up to the Pledge

3. Enable commitment from staff to value feedback from women, colleagues, peers and self to improve practice

4. Embed the programme into everyday practice and assist staff to understand and create committed sign up to our pledge

5. Provide open Great Expectations forums to ‘Listen’

6. Agree evaluation and feedback for continual improvement
GE programme in 4 phases
Assessment / Observation, Developing and Evaluation

Women’s Health GE Board established and designed (Multi-professional)
GE pledge based on 6’C’s and in support of the Bart’s Health ‘Values and Behaviour’ programme – GE Logo designed

2013/14 - GE Board programme shared with maternity senior teams – Launch commenced - GE staff information leaflet
- Band 8 Development Days

Phase 1 Assessment - GE Programme Commences to improve skills

2014
- Part 1 Clinical standards and assessment in practice
- Part 2 Values and behaviour workshops (with live scenarios and actors)
- Part 3 Leadership Master classes using feedback from 1 and 2

July 2014 – Roll out of Part 1 - clinical assessment skills and team training across Barts

Phase 2 Observation - GE champions workshops – includes staff and women as assessors

2014 — Observation in practice commences (how to observe, how to challenge unacceptable behaviour and how to provide positive and constructive feedback

Maternity Service Liaison Committee (MSLC) mothers training sessions – joined observation teams
- Feedback from mothers to assess areas for improvements and

GE mothers part of the value and behaviour assessments of midwives
GE programme in 4 phases
Assessment / Observation, Developing and Evaluation

Phase 3 Development and Embedding into practice

2014/2015 Programme

Great Expectations Women’s Leaflet given at 20 weeks gestation – linked to first questionnaire

GE Mum to Mum programme embedded into services for feedback (antenatal and postnatal)
Attracted 2 CQUINN projects for the Trust

Quarterly report of women’s feedback and analysis. Staff feedback programme for ongoing effectiveness

January 2015 - New preceptorship GE session to start for all new staff

January 2015 – Starts - Train the trainer value and behaviour programme or all Maternity staff

Phase 4 - Research proposal – improving women’s experience
Master classes - feedback

What are the two key things that you have learnt from the away day?

“positive feedback makes a difference to people’s attitudes and behaviours”
“Self-awareness”
“how to effectively challenge bad behaviours”
“Giving constructive feedback”
“more 10 second pauses before I speak”
“to continue to challenge poor behaviour”
“methods to mediate and deal with complaints”
“there is support and help at hand. Just ask”
“we are all diverse and come from different backgrounds etc yet still have same goals and beliefs”
“to be positive in my thinking”
“to listen”

All midwives rated the master classes 5/6 out of 6

How will you use the learning in the workplace?

“more constructive feedback”
“will be more assertive and give regular feedback to colleagues”
“Take time to work under “adult” and not instinctive emotional response”
“change my attitude and behaviour as a team leader”
“give good feedback to fellow midwives”
GE programme

Changing Behaviour
what did we do?

Programme was mandatory - Started with all senior Midwives workshops - <>160 in total

Purpose
Embed the Great Expectations pledge of vision, values and behaviours by assessing the midwives against the behaviours.

How
Stories were taken from observation sessions with staff and with women from our local community. Stories were used to develop scenarios so that we could assess clinical and managerial behaviour.

Feedback
Each midwife received individual feedback on how they were experienced by their peers, local woman who had previously used the service, organisational development team members and senior midwives.

Themes - Following on from the behaviour workshops three development themes were identified as common across the majority of midwives

• Developing cultural competence
• Giving and receiving feedback
• Dealing with conflict

Further sessions - Four master classes were designed to address the three development needs

Outcomes
All master classes were evaluated very positively, with evidence of learning from the previous workshops being used in practice and the midwives reporting evidence of positive outcomes.

To sustain learning and development – new reflective space sessions for the band 7 midwives - opportunity to attend a three hour facilitated session at least twice over a period of six months so that they can refine their management skills and be supported to implement new ways of working.
Behavior workshops – feedback

What are the two key things that you have learnt from the away day?

Reflect on own management skills and the way I deal with difficult situations, observe and listen more"
“To be more compassionate and listen”
“To improve my relationship with colleagues and offer the best individualised care to my client”
“How to step back and listen more”
“The importance of teamwork”
“ask open questions”
“different styles of communication”
“Setting goals or objectives for the team”
“Relate our practice to the Barts Health values and behaviours”
“coping with conflict”
“dealing with challenging behaviour”

All midwives rated the workshops 5/6 out of 6

How will you use the learning in the workplace?

“Yes, I will be more supportive to clients and colleagues2
“always ask don’t assume”
“Communicate better with colleagues and allowing colleagues to reflect and plan their own development”
“working with CAG/performance directives”
“plan more meetings with band 6’s”
“Consider how I may come across to patients and colleagues before interacting”
Great Expectations Leadership Training

Midwifery staff feedback

- [Graph showing feedback on leadership training]
  - Strongly agree
  - Agree
  - Ambivalent
  - Disagree
  - Strongly disagree

- [X-axis]: Interesting, Comprehensive, Relevant, Well organised, Engaging, Felt heard
- [Y-axis]: Scale from 0 to 45
Women’s Pulse Survey - results
Assessing the Results
Women’s Experience
Maternity unit developments - empowerment

Great Expectations Women’s Feedback - form 2
Antenatal Services
This will be given out for women attending for their anomaly scan.

This is a voluntary survey, the aim of which is to help our maternity unit improve care for women and families. The questions are about your own experience and the information you give will be used to help us identify where our service can be improved. We welcome your honest responses, you will remain anonymous and any information you give will be treated confidentially. Once you have completed the survey, please give this in at the reception desk before you go home.

Please tick Which Hospital service are you booked with:
- Royal London
- Newham
- Whipps Cross

Did you receive any pre-booking information about your antenatal screening choices?
- Yes
- No
- Not sure

Antenatal Booking

Q1 At your booking appointment were you given information about your choices for antenatal screening?
- Yes
- No

Q2 During your booking appointment were you given details and choices about the scans available to you?
- Yes
- No

Q3 Were you advised by your midwife or GP about the importance of early booking (before 12 weeks and 6 days gestation)?
- Yes
- No

Q4 How many weeks pregnant were you when you booked?
- Less than 12-6 weeks
- After 12-6 weeks

Information at Booking

Q5 Were you given information about the importance of screening that your baby might require following birth? (If applicable)
- Yes
- No
- Not relevant

Q6 During your pregnancy did you receive a pack with information about?
- Where to have your baby/Types of birth
- Maternity Matters/Early Start Guide
- Immunisations (Flu & Whooping cough)
- Smoking
- Drinking
- Healthy eating
- Mental Health Services

Q7 Were you given a choice of place of birth (Home, Freestanding Birth Centre/Alongsida Birth Centre or Hospital)?
- Yes
- No

Q8 Did the midwife explain the information to you?
- Yes
- No
Women’s feedback GE questionnaire 1
- questions chosen from poor results in Picker survey
Results June – August and then from September to December 2014

• Question 1 - At the start of your pregnancy were you offered a choice of having your baby at home/birth centre/hospital?

• Question 2 - Was your birth plan discussed with you during your pregnancy and in labour

• Question 3 - Did you feel fully supported by your Midwife throughout your labour?

• Question 4 - Were you offered a choice of the type of pain relief you wanted (water / massage / gas&air …?)

• Question 5 - Did you feel that you had confidence in the doctors and midwives who provided your labour care?

• Question 6 - Did you find a member of staff to speak to if you had any worries or fears

• Question 7 – added in quarter 2 - After the birth of your baby did you receive help and advice from health professionals about feeding your baby
Empowering leaders - Impact of this project on everything we do........

Care Bundle Project
And
Women’s Information project
Why

- Complaints related to delays in care and long waits
- Incidents related to inappropriate decision making
- Evidence of non-standardized record keeping
- Ranges of quality and styles of patient information – sometimes with other hospital brands
- No links to best practice guidance as information out of date

Care Bundle Project

• Decreased or absent fetal movements
• Suspected spontaneous rupture of membranes
• Itching in pregnancy / suspected cholestasis
• Small PV bleed
• Abdominal pain – not Labour
• Early Labour care bundle
• Suspected pre-eclampsia
• Pre-term labour

Women’s Information project

• Diabetes in pregnancy
• Diabetes and breast feeding
• Emergency caesarean section
• Elective caesarean section
• Vaginal birth after caesarean section (VBAC)
• Induction of Labour
• Vitamin K
• Choice of place of birth
• Post natal depression
• Fetal movements
• Raised body mass index
• Etc
Leadership - Responding to feedback

Initial assessment by a Midwife within 15 minutes of arrival in Triage:
- Take history
- Check vital signs (use MEOWS chart)
- Auscultate FH
- Use the RAG rating tool (Red / Amber / Green) to determine the urgency of full assessment

<table>
<thead>
<tr>
<th>Red – Full assessment immediately</th>
<th>Amber – Full assessment within 30 minutes</th>
<th>Green – Full assessment within 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEOWS – 1 or more Red observation, or total score of 5+</td>
<td>MEOWS – 1 or more Orange observation, or total score of 3-4</td>
<td>MEOWS – Only yellow or white observations, total score of 0-2</td>
</tr>
<tr>
<td>Reduced fetal movements</td>
<td>VBAC – With contractions</td>
<td>SROM &gt; 37 weeks</td>
</tr>
<tr>
<td>&lt; 37 weeks with contractions &gt; 2:10</td>
<td>&gt; 37 weeks with contractions &gt; 2:10</td>
<td>&gt; 37 weeks with contractions &lt; 2:10</td>
</tr>
<tr>
<td>Active / fresh PV bleeding</td>
<td>SROM &lt; 37 weeks</td>
<td>Feeling unwell (normal MEOWS)</td>
</tr>
<tr>
<td>Severe / constant abdominal pain</td>
<td>History of PV bleeding / non-active bleeding / brown loss</td>
<td>Diarrhoea +/- vomiting (normal MEOWS)</td>
</tr>
<tr>
<td>Chest pain and/or shortness of breath</td>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time arrived</th>
<th>Time of initial assessment</th>
<th>RAG Rating</th>
<th>Time of full assessment</th>
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[Table continued]
The best maternity care every step of the way …..

Continual improvement – create the ‘pledge’