

Longer, healthier lives for
all the people in Croydon

Croydon Health Services **NHS**
NHS Trust

NHS
Croydon
Clinical Commissioning Group

Maternity Services in Croydon – Improving People’s Experience

Wednesday 13 April 2016



National Maternity Review 2016

BETTER BIRTHS

Improving outcomes of
maternity services in England

A Five Year Forward
View for maternity care

- Women not offered choice, told what to do rather than information to make informed decisions
- Hospital services frequently operating at 100% capacity while community based services struggled to survive
- Whilst women wanted their midwife to be with them from the start, they rarely saw the same professional twice
- The quality of care varied considerably, there was insufficient collaboration across professional boundaries and staff spent too much time collecting poor quality data
- Things go wrong too often and fear of litigation inhibits staff from being open about learning from mistakes
- Outcomes on some measures are worse in the UK than for comparable services elsewhere in Europe

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Vision for maternity services in SWL

Poor experiences can result in negative outcomes for the woman, her baby and her family.

Our vision is to strengthen the whole Maternity care pathway and service model through improving the quality of services and ensuring that provision is timely robust and delivered in the most appropriate setting.

We will do this by **improving**:

- Women's experience and outcomes through use of feedback
- Availability and quality of midwifery-led care for normal women
- Quality of Obstetric and specialist care for women with complex needs
- Continuity of carer and care throughout the whole maternity pathway
- Quality of care throughout pregnancy and childbirth and into infancy
- Out of hospital provision of antenatal and postnatal care



Vision for maternity services in SWL

Commissioners are working with all providers, through the maternity network in SWL, to deliver the maternity care clinical work stream of the SWL Collaborative Commissioning Strategy.

Delivery will be achieved through:

- Implementation of the Maternity Services Specification which reflects the London specification and supports London and National best practice
- Setting and monitoring clinical standards
- Reducing unwarranted variation
- Provision of networked peer support and guidance
- Training and development for the workforce across the whole pathway
- Improved education for women and their families
- Championing personalised care



Picture of maternity services in Croydon

- In 2015/16 (as at end Feb 2016), there were:
 - 3,697 births at Croydon university Hospital, a similar number to 2013/14 for the year (circa 6,000 births for Croydon resident women)
 - 2.13% of women gave birth at home – an increase on 1.94% from 2013/14
 - 13.7% had midwifery-led care throughout labour – broadly the same as in previous years but lower than our 40% aspiration
 - 86.3% had obstetric led care
- High degree of complexity in Croydon – deprivation/ language/ cultural factors/ late bookers
- Importance of integrated pathways for continuity of care and safeguarding



Croydon CQC Reviews 2011, 2013, 2015

Key Findings 2011

- During busy periods, the unit was not always able to provide adequate care and people indicated that they had not always received care and treatment which met their needs and welfare
- Improvements safe and accessible to support health and well being were identified to meet this standard
- Delays in equipment being repaired
- That the midwifery staff rotation system did not incorporate an induction programme for staff unfamiliar with a clinical area



Croydon CQC Reviews 2011, 2013, 2015

Key Findings 2013

- Most women and family members were happy with the maternity services and we saw evidence that they were both safe and caring
- The unit was well led with positive changes
- Women were offered choices and most found doctors and midwives caring (some exceptions at night)
- Systems were in place to respond to emergencies quickly
- The maternity unit cares for a relatively high number of high risk pregnancies – midwives were passionate about ensuring women got the right care and support
- The team included a range of specialists to meet the diverse needs of local women
- Staffing levels improving and staff were positive about the service they offered
- Some women mentioned delays in the antenatal clinic



Croydon CQC Reviews 2011, 2013, 2015

Key Findings 2015

- Safe – Requires Improvement (evidence of mandatory training)
 - Effective – Good
 - Caring – Good
 - Responsive – Good
 - Well-led – Good
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- Overall Maternity and Gynaecology – Good

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Croydon Maternity Unit

Where we are now – Improvements

Two successful DoH funding bids in 2012 & 2013 have enabled major improvements to be made to the maternity department:

- Refurbishment of the postnatal ward & birth centre
- Dedicated training suite for maternity staff
- Bereavement Suite for use by families experiencing pregnancy loss or with a sick child in the neonatal unit
- Butterfly Room on labour ward for families to use following a pregnancy loss which will include a 'cold cot' facility
- Improvements to the parents' facilities on the neonatal unit
- Recent successful bid for improving perinatal morbidity £30k for Dawes Redman CTG machines – 2016



Where we are now

Major refurbishment of the postnatal ward took place in 2012 including new flooring, a dedicated ensuite facility for post caesarean section women and a dedicated bathroom for partners to use when staying overnight.

Reclining chairs are also provided by each bed for partners to stay overnight.



Croydon Hospital Birth Centre



Improved facilities on the Birth Centre

New birthing pools and larger rooms with beanbags and yoga balls to aid labour & a birthing pool installed on Labour Ward

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Maternity marketing campaign

- Visits have been made by the maternity team to five out of the six CCG cluster groups in Croydon to promote the unit and to highlight the services provided to local women.
- A new booklet 'Having your baby with Croydon Health Services' has been delivered to every GP surgery in Croydon.
- The maternity page of the trust website has been updated to include video footage which can be found by using the link below:

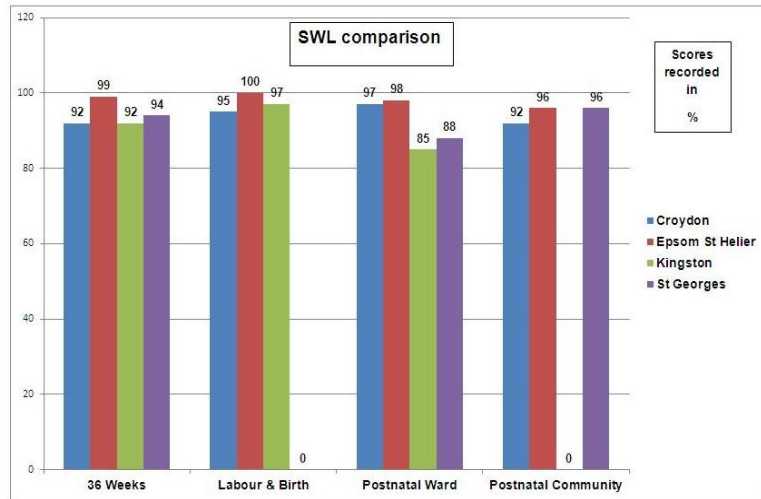
http://www.croydonhealthservices.nhs.uk/services/Maternity_Services/



Friends and Family Test Scores

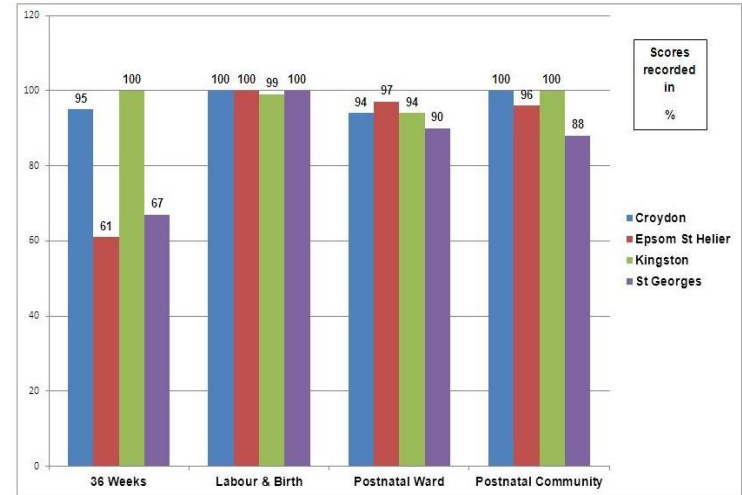
January 2015 FFT National Scores

Croydon Health Services NHS Trust



January 2016 FFT SWL Scores

Croydon Health Services NHS Trust



Comparative scores for SWL trusts

Women are surveyed at four points during their booking with a hospital & scores reflect number of women who would recommend the trust

In comparison with January 2015 scores, all scores with the exception of Postnatal Ward have improved

Croydon did not receive a % score lower than 94% for January 2016.

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Friends and Family Test - Compliments

FFT comments are reviewed every month and actions are drawn up for any 'quick wins' that can be achieved. Staff who receive positive feedback are named in the Maternity Unit newsletter each month.

Comments from FFT cards:

- Good communications very helpful and caring.
- Amazing staff and experience helpful informative and friendly. Thanks.
- Highly impressed.
- Very friendly attentive and helpful staff, great facilities.
- We were well looked after. Staff were very friendly and caring and helped us through the journey.
- Staff were knowledgeable, polite, confident & caring. Kept us up to date on every step.
- They made me feel welcome and reassured my partner.
- My wife wanted a VBAC and got one with the help of the midwives.
- Helpful midwives and doctors.
- Incredible teamwork and all round support from everybody.
- The staff were amazing, the place has really changed in 3 years.



Friends and Family Test – Issues & Response

Each month the manager for each area is tasked with reviewing the negative comments on the FFT cards and formulating a ‘Quick Win’ action plan to address areas that can be improved quickly

Issues/Concerns raised by patients	Actions taken
Maternity – Antenatal, Hope Ward Missed appointments and no contact from clinic	<ul style="list-style-type: none"> Maternity DNA policy revised and midwifery ANC staff now follow up every DNA with the G.P first and then the patient and a new appointment sent.
Maternity – Postnatal, Mary Ward Prompt answering of bells – poor response times Long waits for discharges Lack of cleaning in rooms	<ul style="list-style-type: none"> Matron and Senior band 7 informing the staff on a daily basis in the morning handover that the buzzers need to be answered quickly. We are piloting a discharge coordinator on the ward Discussed cleaning with Facility manager and suggested 24 hour cover in maternity, especially regarding toilets/bathrooms on the ward
Maternity – Birth (Labour Ward) Newer equipment Consistency of staffing on each shift Patients to have staggered arrival times for elective sections	<ul style="list-style-type: none"> Equipment within the Labour ward is repaired or renewed with liaison and advice from EBME. Numbers of medical and midwifery staff per shift is the same according to clinical capacity; however some staff are not Trust permanent staff. To continue with a recruitment drive to fill vacant posts. Medical request to arrange arrival time for all elective caesareans at the same time in order to ensure all pre-operative checks and preparations are made for all women booked for caesareans. The order of the caesarean section list is decided by the anaesthetic and obstetric doctors on the day of the planned surgery.
Maternity – Postnatal Community Give AM or PM times for visits	<ul style="list-style-type: none"> Reduce numbers of postnatal home visits if not needed to be carried out in the home, but women will be offered timed appointments within community based postnatal clinics with a midwife, instead of a home visit if clinically appropriate.
Maternity – Antenatal Clinic/Community Improve response rates for antenatal and postnatal community FFT cards	<ul style="list-style-type: none"> Antenatal and Community Midwifery Manager has re-iterated the need to hand out FFT cards to increase response rates from women during the antenatal and postnatal period in both the hospital antenatal clinic and community services.



Feedback Events & Response

Whose Shoes – January 29th 2016

- 'Whose Shoes' is a Maternity Experience Workshop to improve maternity service users experience and environment
- London Maternity SCN established April 2013
- Patient experience subgroup created
 - Poor London performance in CQC maternity survey 2013
 - Snap shot SCN survey suggested basic communication and care sometimes lacking & looked for an innovative way to explore issues
- #MatExp created through collaboration – Support from Kath Evans and NHS England, and discussions with Gill Phillips, 'Maternity Whose Shoes?' to improve maternity user experience and has been used to communicate the maternity workshops via Twitter to a wider audience



Whose Shoes – January 29th 2016



Art work
in
progress



Event in
progress



Finished artwork

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Whose Shoes – January 29th 2016

Key findings from the event

Meet with mothers who are in hospital due to the possibility of a pre-term delivery to reduce anxiety and fears, for the neonatal teams to visit the mum more post-delivery on labour ward following a traumatic delivery if they are unable to go to SCBU

Work with hard to reach communities so that their voices are heard, find ways to make staff retention better at CUH

Provide individualised women centred care with the woman taking the lead

Encourage skin to skin after c/s

Opportunity after pregnancy to follow up with a home visit from a midwife or see a consultant in hospital, inform GP's about birth options and address any concerns

Provide information to enable expectant parents to make informed decisions, make the information easier to digest and understand

Educate men about birth and breastfeeding and their role

Support women's choices and remember that communication is the key between healthcare professionals and the patient

Adapt environment, buy equipment – telemetry, beanbags, challenge custom and practice, give informed choice, value patient feedback, feedback to women

Interact more with care providers to understand their roles, normalise birth even for high risk women to allow them to feel confident no matter what way they give birth

