Whittington Hospital Healthcare Commission Maternity Review Action Plan updated September 2008

Theme assessment Indicator	National Standards	HCC score	Lead	Objective/ Success criteria	Action	Progress to date / Traffic Light status	Time frame
Clinical Focus Does the Trust have strong processes & practices to ensure Maternity services are safe & effective?		2.875				RED Not met Amber partially met Green fully met	
1.Women not receiving NICE recommended number of antenatal appointments	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Rachel Ambler Consultant M idwife	1. To meet NICE recommended guidelines - particularly re midwifery contact first trimester. To ensure that all women have access to a Midwifery/maternity services within the 1 st trimester. To ensure all late referrals are booked no later than 2 weeks	1a. Publicise direct access to midwives	1 a. Both Islington & Haringey PCT s have agreed to promote midwives as first point of contact. Information included on Whitt Website	1a. Commenced Sept. 2008
				post referral	1b. Audit and develop actions from pilot on midwifery first point of contact	completed including action plans	1b completed
			Logan Van Lessen Matron		1c. NICE guidance on the number of appointments to be included in women's hand held notes/Trust maternity website	1c completed .	1c. August

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				Z. To promote the availability of maternity services to those least likely to access them. To increase the number of women accessing midwives directly by 10%	2. To build on work ensuring visibility/accessibility of midwives in local community through engagement with children's centres and outside agencies that already have contact with women e.g. ethnic minority groups, drug and alcohol services.	2.Two community events staged in September promoting early contact Direct self referral form available in Early pregnancy unit, A/E and Gynae assessment unit as well as on Website	2. Ongoing, working with PCT's to maintain the focus ie information in GP's, pharmacy etc
			Haringey TPCT Clare Felton Islington PCT Anna Stewart	3.PCTs to promote Midwives as first point of contact % Increase of women seeing midwife as first point of contact	3.Work with PCTs to promote midwives as the first point of contact for pregnant women.	3. Both Islington & Haringey PCT s are actively promoting midwives as first point of contact. As above	3. Sep 08
			Logan Van Lessen Matron	 4.To increase Antenatal capacity All women to be seen by 12 wks gestation. Late bookers within 2 wks of referral. 	4a.Increase ante-natal clinic capacity by 3 rooms	4a. Clinic rooms on Semple ward now being used. Additional clinics in place	4.a Completed

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					4b. Increase the capacity for antenatal care at the hospital by reviewing number of appointments in line with NICE.	4b/c. ante-natal working group established & developing plans for service improvement.	4b/c Dec 08
					4c. Map current antenatal pathway	4c completed	
					4d. To increase number of antenatal appointments provided in the community by 50%.	4d. Mapping exercise of all community AN care sites commenced. Some Children's centres not yet open	4d Feb 09
					4d.Review staffing and development Business case as necessary	4.d 3 additional admin posts to commence Oct 08	
5. Post Natal care of women and babies	NICE Postnatal Care (2006)	2	Jacqui Davidson Matron	1.To provide a safe, clean and comfortable environment for women, their baby and their family during postnatal stay.	1a. To improve the postnatal ward environment and capacity	1a.Five transitional care beds opened 01.10.07 1a.Plan in place to move postnatal care to upgraded ward. Tenders for work	Completed Oct 08

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						have been reviewed and contract being awarded	
						1a. Service user survey results discussed with staff. Ongoing analysis of Service user views	Completed
						1a. Business case to appoint 5 WTE midwives approved from 1 st April 08	Completed
						1a. User representation on Labour ward forum increased	Completed
					1b.Weekly cleaning audit undertaken by ward housekeeper with FSA Supervisor and reported via Matron	1b.Appointed 2 ward housekeepers in May	In place
					1c.Monthly cleaning audits undertaken and action plans developed by Matrons	1c. Monthly audit by Trust Matrons is being undertaken on Mondays	Anticipated completion in March 2009

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			Logan Van Lessen Matron		1d.Long term plan to develop 5 bed Midwife led Birth unit supported by PCT	1d. Building to commence 6 Oct 2008,	Completed
			Maggie Thomson Consultant Midwife	2. To ensure women receive appropriate postnatal contacts following hospital discharge.	2a.To review number of post natal visits per woman	2a.Reviewed number of postnatal visits which confirmed appropriate contacts provided	
			Logan Van Lessen Matron		2b. To review staffing/skill mix. Develop business case to ensure staffing is fit for purpose	2b. Developing workforce model	Oct 08
					2c. To investigate community postnatal visits e.g. in Trust or Children's Centre	2.c. A number of postnatal clinics have been established in the community as new ones open will expand further	Sept 08
			Carolyn Paul/Sunita Rao Consultants	3.To reduce the number of babies readmitted with jaundice / dehydration at 2 days or more	3a.To audit number of babies readmitted with jaundice / dehydration at 2 days or more and develop action plan as appropriate	3.Audit is registered on Trustwide programme. Presentation of audit 25 September 08	Implementation Dec 08
6. Implementation of Mental Health NICE Guidelines	NICE antenatal and postnatal mental health (2007)	2	Haringey TPCT Claire Felton Islington PCT	To provide high quality of care for all women with additional needs including those with mental health problems	1a.Review services provided in neighbouring Trusts Engage in discussions re shared services	1a. Business Case for 1wte mental health liaison nurse to agreed funding by Islington PCT	Planning meeting 29 Sept 08

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			Rachel Ambler Consultant Midwife C & I Mental Health Trust	To enable Midwives to directly refer to Perinatal Psychiatrist	1b.Mental health provider to develop a care pathway in conjunction with Whittington	1b.Consultant midwife participating in a sector wide review led by Camden and Islington Mental health Trust along with Camden & Islington PCT's. 1b. Pathway in place for urgent Mental health assessment of pregnant Women 1b. Training sessions for midwives in progress	In progress Finalise Oct 08 Completed
			Anna Stewart Islington PCT		1c.Highlight to the PCTs the need for mother and baby beds to increase as per the review. PCT to audit and agree future needs In their commissioning role	1c. The action plan has been discussed with both Islington and Haringey PCT, however to date there has never been a shortage of these beds when required.	Completed

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Efficiency & Capability Is there adequate funding to provide an acceptable service & are management & improvement processes women get the best care for the money spent		2.556					
18. Integration of support workers		2	Maggie Thomson Consultant Midwife	1.To utilise staffing resources effectively	1.Regular review of staffing/skill mix as birth rate increases to meet the needs of local women. Business case to be developed as required.	Completed birth rate plus in 2007. Increased number of midwifery posts – October 2007 and April 2008	Annual review
			Rachel Ambler Consultant Midwife	2. To ensure appropriate skill mix	2a.Develop role of midwifery support workers and training programme with Middlesex University	7.pm 2000	Completed
					2b. To evaluate impact of community maternity support workers		Completed
					2c To develop current HCA's to undergo Midwifery Support Worker training programme.		Dec 08

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					2d To ensure expansion of workforce in line with increased activity includes support workers	2a. Training programme completed	Ongoing
						2b. Independent audit	
						2c. Invitations to apply for MSW training has gone out.	
						2d. MLBU business case has included support workers in staffing model and support worker post for maternity day unit approved	
20. Delivery of Hosp. based Antenatal care.	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Islington PCT Haringey TPCT	Reduce number of antenatal admissions inline with national standards	1.Audit reason for high antenatal admission rates and develop action plan. Work with PCT to develop alternative models of care	1a.Action plan in place following internal audit and plan to pilot w/e opening of maternity day unit in Nov.	Completed
						1b.Plan for Islington PCT to undertake 2 audits in 08/09	Oct 08

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			Vibha Ruperila Consultant		2.Review extending opening hours of Early Pregnancy Unit (EPU) & Gynae Assessment Unit (GAU)	2.Explored whether interim plan possible but currently will pilot w/e opening of MDU first	Feb 2009
					3.Long term plan for 24hour maternity assessment unit including GAU/EPU	3.Developing option appraisal for Maternity services development. Business case currently being drafted	Oct 2008
22. Appropriate involvement of Obstetricians and Midwives in antenatal care.	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Logan Van Lessen Matron/ C.Biswas Consultant obstetrician	To ensure multi professional decision making with full involvement of the woman and her family in care planning – promote midwifery led care, where appropriate	Develop the antenatal care pathways (low, medium & high) based on current evidence and guidelines to ensure safe journey for mother and baby through pregnancy. This will be	Exploring 3 antenatal care pathways used in other units around UK, assess suitability for our users and pilot effectiveness	Dec 08
					done as one process. Audit consultant appointments to ensure appropriateness	50 % of care is midwifery led, need to improve accuracy of IT data collection. The new Maternity IT System plan to go live in Sept 08 will demonstrate this	Sept 08
24. Homeliness of delivery rooms	Maternity Matters (2007)	2	Ros Basri Matron	1.To ensure environmental standards achieved	Labour ward refurbishment programme in place	All 8 delivery rooms have been decorated and floors re-laid. Toilets and bathrooms	Completed

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						refurbished. The remaining work is due to finish 6 October.	Early Oct 08
					Development of Midwifery Led Birth unit	Work commences 6 Oct 08	March 09
25. Women's views Cleanliness of delivery & postnatal areas		2	Ros Basri/Jacqui Davidson Matrons	1.To ensure environmental standards achieved	1a.Weekly cleaning audit by ward housekeeper with the FSA Supervisor	1a. Remedial action plans in place Housekeeping ward SLA in place appointed 2 ward housekeepers in May	Completed
					1b.Monthly cleaning audits and action plans by matrons	1b. Monthly audit by Trust Matrons is being undertaken on Mondays	Completed
						1c. Women's survey in place	

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Women centred care Are women informed counselled & supported to ensure that they have a positive maternity experience?		2.375					
9. Average time between 1st contact and booking	NICE Antenatal Care (2003)	1	Islington PCT Haringey TPCT	1. To ensure that all women have access to a Midwifery/maternity services within the 1 st trimester. To ensure all late referrals are booked no later than 2	1a. Refine Choose and Book to ensure early scanning is offered via GPs	Direct referral coming in now and allowing early booking	Ongoing
			Rachel Ambler Consultant Midwife Logan Van Lessen	weeks post referral	1b.Improve information on Trust website	Engagement with children's centres already well under way. Continuous external liaison through Consultant midwife in public health.	Completed
			Matron Chandrima Biswas Consultant		Review pathway and redesign services based on findings, action plan would be updated accordingly	Mapping completed on referral process Action plan developed	
						Implementation	October 08

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10. Choice & continuity for Ante Natal care.	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Logan Van Lessen Matron	1. To ensure that all decisions about place, caregiver and frequency of Antenatal appointments are done in partnership with women.	1a. Implementation of Antenatal care pathway to ensure women are informed of choices.	1a. Women are given choice about place of antenatal care within the limits of the service & available venues.	Completed
			Islington PCT Haringey TPCT		1b.Highlight limited advocacy services in community hinder midwives from providing care for women who do not have English as their first language to PCT.	1b.This was highlighted to PCT commissioners at the multi-disciplinary CEMACH meeting 6 May 08. Current system involves ability to book sessional interpreters and Language Line however community advocacy is limited.	May 08 Dec 08
					1c. Continue plans to place small groups of Midwives in Children's centres,	1c. midwives are present in all Children's centres	Feb 09
				2. All women receive care from a small group of Midwives (2-3) to ensure maximum continuity of care Antenatal & Postnatal	2. Monitor continuity of care antenatal & postnatal and implement service redesign to achieve this objective following review. Action plan will then be	2a. Reviewing present system of integrated Midwives covering community & Hospital.	
					developed.	2b. Barnet PCT Leading working group on patient flows	Oct 08

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11. % of women offered informed choice for Antenatal screening	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Angela Dietrich Screening Co ordinator Pat Whyte Specialist Midwife Advisor	To ensure that all women attending for Ante Natal care are fully informed about their choices for tests & scans. This is to be monitored by monthly audit. Target is 100% of eligible women consented for screening.	1a. To involve users in a review of how information is presented & in partnership introduce more user friendly information in a variety of formats.	1a.Written information available regarding Downs Screening Staff informing Women of right to decline tests A Service user has been recruited to review information leaflets Trust has a marketing/communic ation strategy	Completed
					1b. To offer early pregnancy groups for women & their partners to discuss choices re tests & scans including their right to decline.	1b.All women offered scanning /screening are required to give signed consent	Completed
12. % of women attending NHS Ante Natal classes who want to.	Maternity Matters (2007) NICE Antenatal Care (2003)	2	Logan Van Lessen Matron	To increase availability of antenatal classes	1a. To involve users to determine the best format for antenatal classes. To evaluate after each group of classes (as per Patients/user involvement strategy)	1a.Antenatal classes are currently held in hospital, health centres and children's centres. Increased extra 12 classes /year for out of area women	Completed

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			Haringey TPCT Islington PCT	2.To ensure that all women, including those whose first language is not English, have access to AN classes that appropriate to their needs.	2. Engage with ethnic minority groups to implement culturally sensitive antenatal classes, assess needs and identify target groups (discuss commissioning capacity assess needs and identify target group)	status 2a.Currently exploring possibility of a Somalian midwife providing classes to Somalian women 2b.Teenage parents antenatal classes run by Young parents team	Aug 08 Completed
						2c.Baby Café sessions are being run by Homebirth Support Team	Completed
						2d.Antenatal Strategy group updating website	Oct 08
					3.Review capacity and to increase classes if more is needed	3.On-going monitoring of the demand for classes	Completed
15. Quality of support in caring for baby post discharge (Whittington's survey highlighted women required more support with baby	NICE Postnatal Care (2006)	2	Jacqui Davidson/ Logan Van Lessen Matrons	1. To ensure that all women have access to the most appropriate PN care to meet the needs of her & her baby Success can be measured by the rate of complaints/users'	1a. Disseminate HCC Report to all staff	1a .Patient survey results fed back to Matrons for dissemination.	Completed

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skin care and feeding).				feedback survey Staffing ratio to meet Birthrate Plus recommendations	1b.To review community Midwifery staffing levels and number of visits to Women	1.b Postnatal drop in clinics being piloted	Aug 08
			Maggie Thomson Consultant Midwife		1c. To review skill mix to ensure better use of other caregivers e.g. maternity support workers.	1c. Maternity support workers are already working successfully with community Midwives Plan in place to introduce Nursery nurses into the postnatal ward establishment	Dec 08
					1d. To explore more effective use of community resources for Post Natal support groups.	1d. Identified Midwives fully engaged in children's centres and working across professional boundaries to ensure women get appropriate care.	completed
					1e. To build on existing successful breast feeding support groups.	1.e Postnatal support midwife in post providing help with baby care and feeding. Launched sector wide breastfeeding policy	completed July 08

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			Jacqui Davidson Matron		1f. Ensure that Postnatal care pathway are completed in partnership with every woman	1f. Development of Post Natal care pathway in progress	Completed
					1g. Understand what women want-develop questionnaire/focus group	completed and changes implemented	