

Maternity Services Assessment

Redcliffe Hospital

Follow up Review April 2024

BACKGROUND

This review was undertaken on Monday 8th and Tuesday 9th April 2024 with the aim of assessing progress on the recommendations from the Maternity Services Assessment undertaken in February 2023. This follow-up review did not seek to ascertain any new issues but to review progress against recommendations from the initial visit in 2023. Overall, the Service has made some key gains. These include the appointment of a senior midwife and stabilisation of the leadership team. The appointment of a full-time staff specialist obstetrician as medical director is another positive achievement along with the appointment of a Midwifery Diabetes Educator. There is considerable work ongoing in some areas. The planning for the new building at Redcliffe which will include a new maternity service area has commenced and provides opportunities to address some of the areas identified.

Impacting progress at the time of the visit was the implementation of the electronic health record and the new electronic rostering system. These have impacted work on some areas which will resume once the new systems are implemented. Benchmarking has been undertaken in some areas which have appropriately supported the decisions made regarding actions in relation to some recommendations. The recent engagement with the Professor of Midwifery from University of Queensland/Royal Brisbane and Women's Hospital will support the work to develop a culture of enquiry among midwifery staff. Plans are being developed to undertake specific work aimed at supporting cultural change within the service.

The continued importance of open and transparent communications as change is implemented continues. Overall, there appears to have been good progress in the last 12 months with work continuing in several areas which require longer term actions and, in some cases, additional funding. The commencement shortly of the new Director of Obstetrics along with the relatively recent commencement of the Senior Midwifery Leader provides the service with two experienced leaders who, working together, can continue to address issues and work towards continued improvement in maternity service provision at Redcliffe Hospital. The following comments and findings are grouped in line with the recommendations from the February 2023 Report.

SUMMARY OF FINDINGS

On the table the amber colour indicates there is still work in progress and green indicates that the recommendation has been largely met noting that in some cases this may include planned actions for the future.

RECOMMENDATION FROM FEBRUARY 2023	FINDINGS AS AT APRIL 2024
<p>1. Appoint a Project officer for up to 6 months to:</p> <ul style="list-style-type: none"> ○ undertake process mapping of the patient journeys in all models offered by the maternity service from referral to transfer of care either to a higher-level facility, general practitioner or the early child health service. ○ Review the information provided to women, how women access this information, the process by which the discussion and decision on the model of care is made and how this is documented. Identify service gaps and opportunities for improvement. <ul style="list-style-type: none"> ○ Work with the service on models of care to identify opportunities to increase the range and access to different models of care to improve access for all women to the model of care of their choice. ○ Work with the emergency department and maternity service on improving the services for women requiring urgent care in early pregnancy including the potential to fast track relevant women. ○ develop implementation plans for any changes agreed as required. These to include relevant measure of success and reporting requirements to monitor progress and evaluation success. 	<p>Work is occurring on patient journeys and improvements have occurred. Working groups have been established to address several areas.</p> <ul style="list-style-type: none"> a. Information provided to women has been reviewed and now aligns with wider Queensland Health information. All women now see a midwife at 22 weeks to confirm model of care and review their care plan with referral as appropriate. The ANC pathway has been reviewed and now meets standard practice. b. Issues related to early pregnancy have not been fully resolved and required continuing work. This work is being led by the obstetric team. c. MGP pathway reviewed and updated – with improved equity of access for women and transparency regarding the service. Implementation of other models of care not currently offered considered as able. d. Currently considering implementing another community-based Midwives Clinic. Work being finalised to support this change. <p>The Director of Midwifery is the key lead on this program of work. Initial work is largely complete with ongoing work to be undertaken as part of usual business. There are still some issues with women being allocated by the administrative team and the</p>

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The outcome of the work of the project officer to contribute to discussions and decisions on both the current building and layout and future design of the new unit.	follow up required by the Antenatal Clinic (ANC) Coordinator to ensure women are referred to the appropriate clinic in a timely way.
2. Review the model used to support skin to skin in the perioperative suite to ensure all women are provided with the opportunity within the first hour for at least 15 minutes continuously.	Skin to skin in the perioperative suite has been resolved with the allocation of two midwives. Skin to skin rates have reached 100% on evaluation in January-February 2024. This work is complete.
3. Review the role of Ngarrma at Redcliffe and consider extension of the service to a midwifery group practice model as currently operates at other sites in MNHHS.	A business case to align the model of care offered through Ngarrma with the rest of Metro North Hospital and Health Service (MNHHS) has been submitted to MNHHS and is awaiting the outcome.
4. Establish a regular weekly case conference between the Ngarrama staff and a consistent consultant obstetrician.	Weekly case conferences with Ngarrma staff are now established
5. Resolve issues acting as barriers to midwife-led discharge from the postnatal unit and explore the potential for midwife-led discharge in Antenatal Day Assessment Service.	Postnatal discharge by midwives is in place and midwife discharge from Antenatal Day Assessment Service (ANDAS) has been included in the ANDAS criteria.
6. Extend the Antenatal Day Assessment Service hours to at least 2000 hours in the evening.	A full review of the workload in ANDAS has seen an extension of hours to cover weekends and shortly to operate until 1800 hours in the evenings. This will be the subject of further evaluation to assess the impact of these changes.
7. Expand postnatal care services especially for first time mothers to provide improved support for breastfeeding, education in care of the newborn and provide the opportunity for all women to debrief about the birth of their child.	A review of the Home Maternity Service has been undertaken with changes identified and being finalised. These will clarify the model of care and standardise the service.
8. Improve cultural safety and reduce the likelihood of racism in care provided to First Nations women and their families by educating staff to achieve cultural competency, ensuring	There is organisation wide work occurring regarding cultural competency and maternity services are part of that work.

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<p>feedback is obtained from First Nations families on their experience of care and provide a pathway for First Nations consultation and engagement on the delivery of maternity services.</p>	<p>Processes for obtaining feedback and engagement of First Nations families were not specifically identified.</p>
<p>9. Allocate space for lactation services, infant hearing screening and newborn blood screening staff where work can be undertaken uninterrupted. Ensure that adequate physical facilities are available to support service delivery.</p>	<p>Lactation services have been allocated specific space from which to operate and this has been well received by both the lactation staff and families. Newborn blood spot staff member follow up is now within ANDAS and not the neonatal unit. Ngarrma undertake health hearing screening in the home.</p>
<p>10. Review the workload and staffing for newborn bloodspot and healthy hearing screening to enable timelines for testing to be met at all times.</p>	<p>A review of the newborn bloodspot screening has revised the pathway for women resulting in less need to return to the hospital for the bloodspot to be undertaken. For those who do not receive in the hospital this is now predominantly taken as part of the postnatal follow up visit. Additional staff have been trained in screening for the Health Hearing Program reducing the need for additional clinics. Future planning includes an Enrolled Nurse to under healthy hearing screening on the ward.</p>
<p>11. Establish a Redcliffe Hospital Women’s Health Consumer Group to meet quarterly. The Chair to be a consumer member and have input into relevant Redcliffe Committees. The Director of Obstetrics and Midwifery Manager (or most senior midwife however named) to be members of committee. The Committee to provide a channel of communication, consultation and engagement for women as well as insights into aspects of the care on the maternity services. Develop a pathway for women and their families from culturally diverse</p>	<p>There has been a consumer added to the safety and quality meeting which is positive. Some research is being undertaken by the lactation consultants utilising co-design with consumers. Work in this area needs to continue to ensure the service is meeting the required standard of shared decision making and co-design. There did not appear to be any specific strategies for First Nations or Culturally and Linguistically Diverse communities.</p>

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communities to consult and engage on their experience of care.	
12. Improve connection and integration with Royal Brisbane and Women’s Hospital particularly to support the management of complex cases and neonatal services. This could be in the form of a hub and spoke model. Clarify the role of the Clinical Stream especially in supporting service delivery.	The support for complex cases and when concerns arise was reported to have improved. Meetings via MS Teams has facilitated improved communication and joint discussion with Royal Brisbane and Women’s Hospital on short notice as required. It is understood MNHHS has been undertaking work reviewing the Clinical Streams. The appointment of Diabetes Clinical Midwifery Consultant is positive, and the review of clinics supports women being seen by relevant staff as required.
13. Develop an early recognition pathway for women with complex care requirements and connection through to Royal Brisbane and Women’s Hospital. Audit six monthly.	See above. The use of MS Teams has enabled meetings to be held at short notice to discuss issues of concern or to seek advice.
14. Review the maternity educational support and work allocation. Consider a full time Clinical Midwifery Facilitator for maternity and a separate full time Clinical Nurse Facilitator for paediatrics and the neonatal nursery.	A new midwifery educator has been appointed to fill an existing vacancy in the maternity service and has only been in the role a short time. As part of her role the educator is working with the leadership team in maternity to develop a relevant educational plan. As part of this appropriate work allocation will be required which can identify any staffing issues.
15. Review educational and credentialing guidance and requirements for midwifery and nursing staff in maternity services to reduce unnecessary burden while maintaining assurance of capability.	MNHHS processes re ‘credentialling’ continue to be a challenge. Some improvement has been made with the credentialing process for waterbirths, but this has not yet translated to significant numbers of staff completing the credentialing requirements. See page 15 of initial report.
16. Introduce clinical supervision and ensure routine debriefing of critical incidents occurs to support staff retention and practice improvement.	Debriefing of clinical incidents was reported as an area that has been improved. There was positive feedback from staff on the processes now in place. Clinical supervision is awaiting action

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	from MNHHS/Office of the Chief Nursing and Midwifery Officer, Queensland Health (OCNMO). The maternity service has within it a trained Clinical Supervisor and a willingness to implement – this is an area where Clinical Supervision could be trialled particularly in Midwifery Group Practice while the finalisation of the approach from MNHHS/OCNMO occurs.
17. For those in leadership roles, identify opportunities to provide or support attendance at relevant educational programs or activities to develop leadership capability.	This is generally done through the Professional Development Plan (PDP) process. It may be of benefit to take a more targeted approach given the change occurring in the maternity service which may see attendance at an externally based course. See page 16 of initial report.
18. Identify any deficits in skills knowledge of staff in managing complex cases and develop educational support to address.	This is largely addressed through the PDP process. The Clinical Midwifery Consultant (CMC), Midwifery Educator and the Midwifery Unit Manager (MUM) are working together on ensuring all staff can undertake identified education. The regular clinical case review that has been implemented will also highlight potential areas for educational intervention.
19. Review the preceptor program and its coordination to improve its effectiveness.	Preceptor programs are managed through the Education Service. The recently appointed Midwifery Educator will be reviewing this program within the maternity service.
20. Identify capacity to provide real time access to a small suite of quality indicators at the unit level to support staff in safe and quality care provision.	Work on standardising the indicators continues. A wall display with the key indicators will be implemented within the next few weeks which will enable both staff and others to see performance on these key indicators monthly. This will also contribute to improved transparency. A number of guidelines, procedures and

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	work instructions been reviewed to ensure they are contemporary and/or align with QLD/MNHHS guidance documents – work is continuing in this area. Documentation has been identified as an area for further attention.
21. Review the existing varied data collections contributed to by Maternity Services. Where possible integrate and standardise the data collected and develop a consolidated reporting framework including frequency of reporting. This may require allocation of project officer for 3 months.	See above. Further work will also be undertaken with the Director of Obstetrics once they commence.
22. Review the organisational structure for the maternity service (including the neonatal unit) to improve overall governance. Suggested potential structures are included on Pages 23 - 24. There are two options for the overall structure presented: <ul style="list-style-type: none"> • Remain within the existing service line and put in place a higher-level midwifery manager role reporting to the stream director. • Separate maternity from the mixed service line to operate as a smaller stream of women’s (and possibly children’s) health. 	Organisational structure reviewed and changes implemented
23. Stabilise the midwifery leadership team and provide a clear single point of accountability at the unit level.	Leadership team stabilised. Work on improving communications continues. Work to address concerns re the responsiveness/understanding of Hospital Co-ordinators after hours to specific maternity staffing issues continues.
24. Create and fill a senior midwifery leadership position (at the appropriate level depending on the structure) to provide overarching clinical and corporate governance in conjunction with the Director of Obstetrics to the maternity service. This	Senior midwifery position filled and midwifery representation at appropriate meetings occurring.

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role to represent maternity services as required to relevant hospital and HHS committees.	
25. Clarify the process for the Professional Development Plan (PDP) and ensure expectations are clear regarding working to provide woman-centred care meeting required Midwife Standards for Practice as outlined by the Nursing and Midwifery Board of Australia. The process to have a focus on enabling staff.	PDP clarified.
26. Separate the Redcliffe Morbidity and Mortality Committee from Caboolture.	Following further review, the organisation has, at this time, chosen to keep the combined Morbidity and Mortality Meeting with Caboolture as there were benefits in the model identified. There has been clarification of what is reported and implementation of regular clinical review at Redcliffe.
27. Review the terms of reference of the Maternal Morbidity and Mortality meetings to focus on adverse outcomes, deaths, and learning from complex cases. Meetings to be monthly for no more than 2 hours. The meetings should continue to include regular review of complex cases, poor outcomes and perinatal deaths as well as any cases where the agreed clinical guidelines have been deviated from to build understanding of and address appropriate and inappropriate variation.	Committee and meetings reviewed.
28. The Safety and Quality Committee to meet monthly and regularly review all maternity performance indicators over a year with stratification on those to be reported and reviewed monthly and quarterly. No performance indicator to be reviewed less than quarterly in order to identify changes in performance, trends and variation. Policies and procedures not to be routinely considered by the Safety and Quality	S & Q meeting monthly. See 20 above. The introduction of the regular clinical reviews is positive, and the Clinical Midwifery Consultant has identified areas for improvement including documentation. The process by which 'standing orders' (however named) are rescinded and new ones implemented has been identified as an area for review.

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Committee but to be approved by a separate committee or incorporated into the work of another existing committee.	
29. The Morbidity and Mortality Committee and the Safety and Quality Committee to refer items to each other as necessary.	Referrals undertaken.
30. Ensure there is midwifery representation on the Nursing and Midwifery Council and other relevant Nursing and Midwifery Committees from a currently practising registered midwife.	A midwife now attends.
31. Commission a suitable workload tool such as or similar to Birthrate Plus® to provide guidance on required midwifery staffing levels.	Staffing is the subject of work with the industrial body. It was noted that ratios are being implemented in Level 6 maternity services, but this will not include the Redcliffe Hospital maternity unit as it is a Level 4 unit. Some staff are not able to take meal breaks when required and there continue to be challenges at times with coverage of shifts with experienced midwives.
32. Clarify roles and scope of practice of all midwifery and nursing staff and enable them to practice to full scope.	Work is ongoing
<p>33. Establish team leader positions such that on the following shifts they do not carry a direct patient load:</p> <ul style="list-style-type: none"> • Birth Suite and ANDAS: Does not carry a patient load on day shift and evening shift. • Neonatal Unit: CNC Team Leader; The CNC is rostered M – F and does not carry a direct patient load. On evenings and mornings and evenings on weekends the team leader leads the unit and does not carry a patient load. • Maternity ward: the team leader does not carry a patient load. On nights the Maternity ward team leader also 	Team leader positions are being considered. Current planning is to initially introduce team leaders on weekends and evenings. This will be subject to continued review.

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<p>provides oversight and support to the birth suite and neonatal unit.</p> <p>These roles to rotate between suitably qualified staff.</p>	
<p>34. Appoint a Clinical Nurse Consultant on a permanent basis to oversee the day-to-day activities of the Neonatal Unit working closely with the Unit Manager.</p>	<p>Leadership in the Neonatal Unit has been clarified with the Midwifery Unit Manager undertaking management activities and Neonatal Nurse Practitioner supporting clinical practice and care. This appears to be working satisfactorily.</p>
<p>35. Enable the Antenatal Coordinator to meet the demands of the role by increasing the days with no direct patient load from 2 to 5 per week.</p>	<p>The Antenatal Clinic Coordinator continues to have 2 days allocated without a clinical load. Work is continuing to assess and redesign Antenatal Clinic operations.</p>
<p>36. Support staff to maintain competency across the continuum of care. For interested midwifery staff support and enable rotations into the Neonatal Unit</p>	<p>This is being addressed in the Education plan and through the PDP process.</p>
<p>37. Ensure there is a consultant to be available on site during working hours with key responsibility to the Birth Suite and Antenatal Day Assessment Service and to have no other duties. After hours the on-call consultant to attend as required. An on-call consultant for neonatal to be immediately available. Ensure strong links to RBWH for consultation and support for both maternity and neonatal services.</p>	<p>A new full time staff specialist Director is to commence shortly which working with the Senior Midwifery role should see improved leadership for maternity services and ultimately support safe quality care.</p>