

West Middlesex University NHS Trust.

Action plan and response to the 2018 survey of “Care during Pregnancy (Antenatal Care)” by Healthwatch Richmond.

The maternity team were disappointed by the comments received from this survey. Despite being relatively low numbers of women surveyed using this service their responses warrant a review of the care and service delivery plan to enable sustainable improvements to be made. The following table captures some of the work underway and developments to improve patient experience across site.

No	Issue identified	Response	Action
1.	Self-referral for booking.	<p>At WMUH and Chelsea we average a 50% self-referral rate. This has been in place for the past 10 years. The form is accessible via our website.</p> <p>The Trust agrees that this should enable an easier process for booking, however, women do still like to engage with their own GP for continuity and lifelong support.</p>	<p>As part of the Local Maternity Service (LMS –Network) the self-referral form is being redesigned to streamline consistent booking information for all units in the sector and will enable women speedier access to services.</p> <p>Earlier access is imperative and we ask GP’s if referring to get to us by around 8 weeks for booking to be completed by 10weeks and 6 days.</p> <p>This information is on our website.</p> <p>For GP referral it is imperative that the information coming to us regarding address and phone number is current. A lot of delay is caused when there is incorrect information sent across.</p> <p>The maternity service is actively marketing with local</p>

Action plan and response to the 2018 survey of “Care during Pregnancy (Antenatal Care)” by Healthwatch Richmond.

			GP surgeries.
2.	Antenatal check-ups and named Midwife concept.	Overall rate good with 82% having their named midwife identified. This is a work in progress.	<p>Building on the continuity framework through the Better Births initiative the teams are charged with improving this aspect (includes Named mw) to reach 20% by April 2019 (women have full continuity of care).</p> <p>This site has implemented a team specifically for women with Diabetes to ensure a better care pathway and experience for this vulnerable group.</p> <p>This service is surveying staff to determine a new model of care to improve continuity and experience. The model will look at the community/NBC pathway to enable continuity to improve by reducing the amount of Midwives seen.</p> <p>NHSE targets are set at 50% continuity rate by 2020</p>
3.	Negative feedback and patient experience.	<p>Really no excuses for rudeness and poor professional interaction. This is not the standard I expect from the team. There are no specific drivers we can reliably draw on to ascertain why this happens.</p> <p>These comments are more useful if there is a name attached so that the midwife can be</p>	<p>Complaints and feedback are dealt with, with individuals who are required to reflect and respond.</p> <p>We undertake compassionate care discussions within our mandatory training to understand about the patient perspective.</p> <p>We have commissioned training looking at Human</p>

Action plan and response to the 2018 survey of "Care during Pregnancy (Antenatal Care)" by Healthwatch Richmond.

		spoken to individually	<p>factors to enable staff to look at their responses to stressful situations.</p> <p>We are undertaking “task and finish” focus groups with staff to see how we can improve working environment and be more effective with our communication.</p> <p>There is a robust recruitment drive to ensure adequate staffing numbers are in place.</p> <p>The service is acknowledging staff and nominating them for PROUD awards monthly.</p> <p>We try and celebrate success with the service as a whole to raise moral and value staff members.</p> <p>This survey will be shared with the teams for reflection and learning.</p> <p>Our practice development team will look at sessions for the clinical leads to enable better monitoring of care within their defined areas.</p>
4.	Administrative function. Written information and language	For the past 6 months there have been IT issues with the introduction of the Cerner system, which <u>may</u> have had an impact on response times.	Survey to be reviewed by the Admin and Clerical Division and plans made to improve service delivery

Action plan and response to the 2018 survey of “Care during Pregnancy (Antenatal Care)” by Healthwatch Richmond.

		<p>Answering the phone in a timely fashion is an on-going issue and has been raised with the Amin and Clerical Division. The introduction of the automated answering system has been problematic.</p> <p>Adequate staffing in the admin team has been problematic.</p> <p>All women are given contact numbers at booking- particularly for MWs.</p>	<p>New Maternity notes have been introduced with better information regarding who to contact. These are currently being evaluated.</p> <p>The LMS are introducing antenatal information, both written and in different languages and via APP. This will improve the delivery of information in the early stages – directing women to where information is available, prompting discussion with her named midwife.</p> <p>The maternity website is being updated to improve information access.</p> <p>NHSE is monitoring the output of the LMS who are early adopters of the Better Births programme.</p> <p>The Trust is moving towards a paper light then paperless system with all information being stored</p>
--	--	---	--

Action plan and response to the 2018 survey of “Care during Pregnancy (Antenatal Care)” by Healthwatch Richmond.

			electronically.
--	--	--	-----------------

Tonie Neville

Head of Midwifery: West Middlesex site. August 2018

Action plan and response to the 2018 survey of "Care during Pregnancy (Antenatal Care)" by Healthwatch Richmond.