

## OMS Programme Highlight Report

**Midwifery Lead:** Alison Powell

**Date of update:** 12.10.22

**Programme Manager:** Ann-Marie Orr

### ✓ OMS completed actions – Linking and Learning and Women's Journey.

#### ✓ Linking and Learning

- ✓ NICE guidance tracker in place and New guideline template in use for all new guidelines.
- ✓ New LW MDT handover working well – first year review
- ✓ Ockenden audits allocated
- ✓ Safety Huddle, MDT, unit wide re-established.
- ✓ Case reviews recommenced
- ✓ Digital Platform-Access granted, some individuals trained
- ✓ NMPA now taken from MSDS report so no longer an action
- ✓ Risk team job titles changed-Quality & safety Team
- ✓ Data Quality midwives recruited
- ✓ Process for arranging filming of videos identified with costings
- ✓ Mid Yorks risk board seen as best practice Carly has reviewed
- ✓ Talk About Safety Learning approach embedded, staff feedback obtained-moved to weekly
- ✓ Secured funding with LMNS for patient information video creation in 4 top used languages-includes consent/normal birth/LSCS
- ✓ Lesson of week prompt added to LW handover sheet
- ✓ Datix training filming draft script reviewed
- ✓ Survey completed to understand learning preferences
- ✓ Bradford Assurance Scheme-Accreditation inpatient tool reviewed by MVP.

### Women's Journey

#### ✓ Induction pathway

- ✓ IOL – Driver diagram completed.
- ✓ Baseline data from M3 and L/W to capture reasons for delay. – To theme.

### Scope:

- Large scale Transformation Programme to move to an Outstanding Maternity Service. To be delivered through 5 key focus areas:
  - The Women's Journey and Clinical Excellence
  - Investing in our Workforce
  - A Building Fit For The Future
  - Moving To Digital
  - Linking Learning & Quality Through Our Information



### ✓ Nice guideline for IOL benchmarking completed.

#### ✓ Contraception

- ✓ Leaflets and Banners regarding contraception offers produced.
- ✓ Funding secured for 33 members of staff (Midwives and Gynae nurses/Lilac Clinic) to complete SDI insertion training.
- ✓ PGDs written for POP/SDI/Depo

### Perinatal Mental Health

- ✓ Monthly Perinatal Mental Health (Birch) Clinic launched.
- ✓ Perinatal Mental health guideline published July 21
- ✓ Joint pathway development between First Response, BTHFT and SMABS

### Antenatal Clinic

- ✓ SOP completed for clinic prep
- ✓ DNA process agreed-consultant or registrar if no consultant
- ✓ Admin staff attend daily huddle when can, feel included in process
- ✓ Clinic Prep process in place
- ✓ Clinic now a 'Happy place to work'-culture feels likes its changing
- ✓ Room utilisation process/ room usage diary in place
- ✓ AN referral guideline updated
- ✓ Midwife scan review training/competency completed for all staff at work, new starters and returners to do as per orientation/return plan
- ✓ Midwife clinic set up in cerner-now capturing bookings and ANC appointments for out of area women.

- ✓ Reviewed midwife scan guidance from midwife perspective-updates suggested
- ✓ Reviewed & revised GTT DNA process-see GTT process mapping document
- ✓ New department manager appointed-start date 8<sup>th</sup> November
- ✓ Pods now removed and waiting area more open
- ✓ Approach to booking/accepting appointments on another consultants list when no clinic running for named consultant agreed-Mat admin email named cons and cc in allocated cons

### Theatre pathway

- ✓ New theatre build project complete & in use
- ✓ 15 steps review completed 2021 (LW & Theatre)
- ✓ Theatre Accreditation tool complete and process requested
- ✓ Video script located and sent to JI/AM to review
- ✓ Visioning Driver v1 created
- Mini packs created for consent forms to aid pre-assessment
- Elective LSCS checklist update to reflect new process
- Arranging upskilling sessions for MTP to attend general theatres for recovery care update/refresher
- Pre-Assessment telephone clinic set-up, commencing 12<sup>th</sup> September
- Friends & family cards/process now in place for theatres to collect service user feedback
- Trialled disposable front fastening theatre gowns.

### Risks & Issues:

1. Staffing shortfalls- impact on current services, improvements and aspirations
2. EPR- documentation and report elements continue to be reviewed & refined
3. Building improvement plans in progress, delay in making the necessary changes to ground floor in particular, continued impact for patients and staff

### Next steps:

#### Programme Governance

- OMS Framework sharing
- Working with Qi team to increase training roll out, focusing on specific teams to increase Qi capability
- Question – what does oms board 2023 look like.?f
- Sustainability – findings to share.

#### Moving To Digital

- Digital midwife working with a member of the Transformation Team to design digital personalised care plan. Version 1 able to be reviewed.
- Community midwifery appointment letters aligning with trust and being rolled out with Doctor Doctor to become digital

#### Investing In Our Workforce

- Partnering with peoples promise in October for well being walk-around to publicise financial support for staff
- 12 Newly qualified midwives start in October.

#### The Women's Journey

Theatre and induction suite – patient experience capture poster

#### A Building Fit For The Future

- Planning meetings for building work phase 1 – OMS project board is set up and work continues to finalise the ground floor plan.

#### Linking Learning and Quality Through Our Information

- Lesson of the week page to cascade learning through the labour ward MDT.