Dr Gloria Rowland - Associate Director
Midwifery & Gynaecology Nursing

Journey from SCREW to CREWS

Change Management
Purpose of Today

• To share our journey from SCREW to CREWS
• Share our future service development plans
the very best care for every patient, every day

First 180 days in Post

Diagnosing Issues
- Identifying Issues
- Meeting key stakeholders
- Developing Plans to tackle issues

Setting the scene
- Developing Unit Vision
- Using CQC fundamental standards to drive improvement
- Force Field Analysis

Implementation Improvement Plan
Temperature Checks

CQC Re-Inspection

30 Days

60 Days

100 Days

180 Days

First 180 days in Post
First 30 days in Post

**Diagnosing Issues**

- Identifying Issues
- Meeting key stakeholders
- Developing Plans to tackle issues
## Where we were 2015/16

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-Led</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>Requires Improvement</td>
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What our staff said

We were often short staffed which added pressure.

Healthcare Assistant

We had limited training.

Practice Education Facilitator

We didn’t communicate & we weren’t learning from incidents.

The were lots of issues between staff. It wasn’t a great place to work.

Clinical Director Obstetrics

New staff not well supported and often left after a few months.

Morale was low.

Preceptorship midwife

Communication between the medical & nursing team was poor.

Consultant Anaesthetist

Senior people weren’t approachable.
First 60 days in Post

Setting the scene

- Developing Unit Vision
- Using CQC fundamental standards to drive improvement
- Force Field Analysis
What We Set out to Achieve:

- Developing Unit Vision
  - Using CQC fundamental standards to drive improvement
- Reduction of vacancy rate 10%
- Standard Culture & Behaviour Charter
- Improving Safety and learning Culture
Our Vision

OUR VALUES

Commitment

Care

Quality

Welcome to the Maternity and Gynaecology Services

Our vision...

...we are positive staff always working towards providing positive women’s experiences, everyday

Our values...

Caring and compassionate
Open and transparent
Responsive
Respect
Commitment
Quality

Trust
Safety

Positive happy staff
Accountability and responsibility
Effective leadership
Learning culture
Developing Our Vision
## What we set out to achieve

<table>
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<th>Year</th>
<th>Safe</th>
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<th>Well-Led</th>
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<tr>
<td>2015</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
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<tr>
<td>18-24 Months</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
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First 100 days in Post

**Implementation**
- Improvement Plan using CQC fundamental Standards
- Temperature Checks
Key Improvement in the 5 CQC Domains

**Safe**
- Clear Governance structure
- RCA Training
- Robust Learning Culture
- Continuous Change of practice
- SI Peer Review

**Effective-Culture**
- Revisit of vision
- Targeted cultural work
- Staff recognition
- Open Culture

**Caring**
- MSLC
- Complaint
- Debriefing
- Customer Care

**Responsive**
- Moving Triage to Delivery Suite
- Partners Staying overnight
- VBAC on the ABC
- Golden Hour of care
Women & Children’s Services Leadership Structure

Divisional Director

- Divisional Manager
- Clinical Directors
- Associate Director of Midwifery & Gynaecology Nursing
- Head of Nursing Children’s Services

Assistant Divisional Managers

Leadership Succession Plan

Matrons
Achievements

- Vacancy rate now 9%
- Change management - Better births
- Midwife rotational role into the risk Team
- Establishment of the Phoenix Team
- Establishment Lavender Team
- Introduction of Telemetry
- Video Chat “I see you”
- Birth Rate Plus
- Saving Babies Live Care Bundle introduced
- FFT
- Breast Feeding peer supporter (18 Recruited)
What we are proud of

- New leadership structure
- Improved communication by 16%
- Vacancy rate from 20% April 2015 to 9% May 2017
- Behaviour & Culture
- Backlog of open Datix reduced by 90%
- External feedback
  Patients
  CQC
• C-Section Rate (Average 30%)
Campaign

Show

A Positive Attitude

To Change!!!!
All we need to do is

Decide

Commit

Succeed
180 days in Post

- Women’s Comment
- Staff Comment
- Key Achievements
- CQC: Re-inspection Results
What our staff saying now

More staff on each shift and people are staying at the Trust

Healthcare Assistant

More training opportunities

Consultant Obstetrician

The working environment has improved and is much friendlier

Clinical Director - Obstetrics

Greater presence of Obstetric and anaesthetic staff in the unit

Consultant Anaesthetist

Risk factors are regularly addressed and is improving patient care

Preceptorship midwife

There is more synergy amongst teams. Leading to a calmer working environment
Changes in Bank and Agency Expenditure April 2016 to date

- Midwife Led Agency Expenditure
- Midwife Led Bank Expenditure
Where we are now (2017)

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Reflection

• Underestimating the volume of work required to achieve the outcome
• Earlier Succession Plan
• A more robust senior team at earlier point
• Early Identification of senior medical support to help achieve goals
Next Steps

• Disseminating the model across the Trust
• Sharing our learning STP footprint
• Embedding and sustaining change
CQC rated us as Inadequate! 2015

FAIL = First Attempt In Learning

CQC rated us as Good! 2016

END = Effort Never Dies

NO = Next Opportunity

Winners are not people who never fail, but people who never quit.
Thank You