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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Communication through Maternity Services Pathways of Care

Specialty:	Maternity Services
Date Approved:	November 2013
Approved by:	W&CH Quality & Safety Group
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1. **INTRODUCTION**

Welsh Risk Pool Standard 15 and Confidential Enquiries (MBRRACE) identify communication failures as a key contributory factor in poor outcomes to mothers and babies.

Welsh Risk Pool Standard 15 requires an inventory for communication channels and risk assessment of the implications of potential failures of these communication channels.

2. **OBJECTIVES**

The objective of this policy is to ensure all members of the multidisciplinary team communicate with women and their families in a way which:

- ✓ Helps them and their families understand maternity services and options of care available
- ✓ Help women and their families fully make informed decisions on the basis of clear information. This will include risk factors pertinent to their individual care
- ✓ Help women to allay their fears and to decrease their anxiety by providing appropriate information in a way they understand
- ✓ Actively listen to women's and their partners views and feedback on the service
- ✓ Involve women and their family in the planning and delivery of their care

3. **PRINCIPLES**

There are a number of over-reaching principles that should underpin the above objectives. These should be the key outcome measures of successful communication.

- Access to services
- Continuity of care
- Gaining informed consent
- Robust referral mechanisms to appropriate services
- Meet women's needs/choices
- Provide reassurance and instil confidence to women and the public

4. **SUPPORTING POLICIES**

This policy should be used in conjunction with:

- Communication Policy and Strategy – Health board
- Discharge Policy
- Local unit clinical protocols
- GMC and NMC Record Keeping Guidelines
- Risk management Incident reporting

5. MONITORING OF POLICY

All failures in communication should be incident reported and assessed on the grounds of risk. All serious communication failures will be subject to a root cause analysis. Themes are trends from communication failures should be analysed and fed back to staff to ensure lessons are learnt.

6. TRAINING/EDUCATION

Staff will be made aware of this policy and communication channels through the directorate induction programme. Ongoing training will be provided through the mandatory training days.

7. KEY COMMUNICATION CHANNELS & PROCEDURES

Reason for Communication	Guideline to follow
Advise woman of booking procedure	- Women are advised to access their community midwife as soon as pregnancy confirmed, via GP posters within Health Board premises and ABMU HB intranet sites.
Completion of documentation of handheld records and booking form	- Women provided with appropriate documentation at first point of contact with community midwife. Home appointment or hospital booking appointment before 10 weeks to undertake full health and risk assessment and provide further information on the plan of care and services for the pregnancy
Develop care plan to meet needs of woman	- Completion of all Wales Maternity record. - Community Midwives comply with criteria for MLC or CLC so women seen in timely manner - All women will have a pregnancy information sharing form 1 completed as per pregnancy information sharing protocol. The information will be shared with the health visitor and the General practitioner.
Referrals to other multidisciplinary teams where appropriate.	- If the woman does not meet criteria for midwife led care she will be referred to an obstetrician, and/or other medical practitioners as necessary. - If women goes from low risk to high risk during pregnancy referred to Consultant Obstetrician or Consultant Midwife.
Issue handheld records	- Provide women with their own hand-held records at first point of contact
Advise of all mechanisms for ongoing communication	- Issue relevant 24 hour contact telephone numbers to meet the woman’s individual needs. - Direct women to ABMU HB intranet site and face book page - Issue appropriate written information including ‘bump baby and beyond’ book to enable women to make

	<p>informed choices. NB: Written information is available in various languages.</p> <ul style="list-style-type: none"> - Issue all appropriate antenatal appointments in line with NICE guidelines - If the woman is Consultant care then an individual pregnancy plan of care will be devised. <p>Provide women with the 'Choices' leaflet outlining services available across Health Board.</p>
The antenatal screening programme to be managed to comply with Antenatal Screening Wales Revised Policy and Standards (ANSW 2013)	<ul style="list-style-type: none"> - Provide woman with verbal and written information on routine antenatal screening tests (ASW 2013) - Ensure women receive their requested antenatal screening tests in a timely manner (ASW 2013) - Manage the results handling process to comply with ASW (2013) - Monitor performance management with twice yearly audits which form the ASW Balanced Score Report for the Health Board.
Provide antenatal care in line with NICE guidance	<ul style="list-style-type: none"> - Provide woman with appointment's for antenatal care in line with NICE Guidelines. - Provide information on Parent education classes available across Health Board by 28/40 pregnancy
Requires clinical care for management of suspected or actual pregnancy related complications	<ul style="list-style-type: none"> - 24 hour access by telephone to maternity services - Assessment at appropriate unit by obstetric medical staff for management plan - Provide appropriate appointment either in Day Assessment or Antenatal Clinic for continuation of management plan
Requires support and management of low risk midwife led labour, including cover at home	<ul style="list-style-type: none"> - 24 hour access to a community midwife via Birth centre Neath Port Talbot Hospital where all 9 community midwifery team telephones are held and service managed. - Documentation completed in line with All Wales clinical pathway for Normal Labour Part 1/2, and 3
Management of high risk labour or delivery	<ul style="list-style-type: none"> - Provide appointment and plan for elective caesarean section and give supporting written and verbal information taking into consideration any language barriers - Provide appointment and plan for induction of labour including documented plan if a delay in induction is required - Provide clearly documented management plan for labour in records - Complete partogram and documentation in records for women with identifiable risk factors for childbirth
Woman wishes to be discharged home against medical advice	<ul style="list-style-type: none"> - Provide full explanation of reasons why it is recommended to stay in hospital - Ensure full medical review - Ensure completion of documentation in notes

	<ul style="list-style-type: none"> - Ensure completion and signing of Against Medical Advice forms - Ensure 24 hour communication channels if woman wishes to be readmitted - Inform community midwifery teams who may be required to perform a home visit if appropriate
Delay in clinical procedure	<ul style="list-style-type: none"> - Provide a verbal explanation to woman on the reasons and risks associated with procedural delay. The reasons should be documented in the maternity record. - Ensure alternative management plan is agreed with the woman and documented in the maternity record.
Requires transfer of care to another service or Health Board Maternity Services	<ul style="list-style-type: none"> - Ensure clear verbal and written communication to women and family - Provide written and verbal referral to alternative services - Provide verbal handover if midwife accompanies woman on transfer
Transfer of woman from hospital or birth centre care to community midwifery services	<ul style="list-style-type: none"> -Ensure a Discussion takes place with the woman -Ensure verbal handover to receiving midwifery team - Ensure completion of all transfer documentation - Issue all transfer documentation to woman
Discharge of woman from midwifery to health visiting services	<ul style="list-style-type: none"> - Ensure verbal and written handover of care provided to health visitor - Ensure all communication contacts are available to the mother in 'red health records book' - Offer all women the opportunity to discuss the care they received with the lead professional during her pregnancy and labour
Safeguarding children issues	<ul style="list-style-type: none"> - Ensure appropriate information is communicated to family - Ensure appropriate written referral to relevant agency - Ensure involvement of safeguarding multidisciplinary team - Ensure clear plans are present in records for ongoing management - ensure cause for concern file is accessed on hospital admission (file stored in the labour ward area for both sites)

COMMUNICATION POLICY – RISK ASSESSMENT PLAN

REASON FOR COMMUNICATION	KEY CHANNELS TO ACHIEVE REQUIRED COMMUNICATION	CURRENT RISK CONTROLS IN PLACE	CONSEQUENCES OF FAILURE OF COMMUNICATION	COMPLETION DATE
COMMUNICATION WITH women				
Objectives	<ul style="list-style-type: none"> ○ To help women, partners and relatives understand the services available within Women & Children’s Directorate ○ To enable women to make informed decisions on the basis of clear information ○ To allay fears and to decrease anxiety by providing appropriate information ○ To actively listen to women and their partners’ views and encourage feedback from service users to ensure that their needs are met and those services are provided to a high standard ○ To involve women and their partners wherever possible in the planning and development of services ○ To keep the number of complaints to a minimum and to learn lessons from such complaints 			
Access to services	<ul style="list-style-type: none"> • Referral systems via GP or direct access to midwifery service ▪ Appointment to attend hospital for screening bloods, Scans ▪ Telephone contacts for midwives ▪ Notice boards with information regarding services available within GP surgeries and on HB intranet site ▪ Choices leaflet provided to all women accessing maternity services 	<ul style="list-style-type: none"> ▪ Appointment given to women to attend midwifery antenatal clinic ▪ Appointment given to women for home booking (if direct access with midwife) or for booking clinic within hospital environment ▪ Appointment sent for dating scan ▪ Screening bloods appointment ▪ 24 hr mobile phone access ▪ Regular review of all notice boards/information leaflets 	<ul style="list-style-type: none"> ▪ Some women may fail to access services missed attendances/ waste of resources ▪ Not having access to specialised service ▪ Appropriate management of care may not be provided 	
Continuity of care	<ul style="list-style-type: none"> ▪ Lead professional identified at Booking appointment ▪ Communication with patient using handheld notes 	<ul style="list-style-type: none"> ▪ Women booked for midwifery led care or consultant led care depending on risk assessment at booking appointment ▪ Schedule of visits given to women at booking visit ▪ Follow-up of DNAs when women fail to attend appointments 	<ul style="list-style-type: none"> ▪ Appropriate management of care may not be provided ▪ Failure to follow-up identified problem 	
Gaining informed consent	<ul style="list-style-type: none"> ▪ Discussion with patient to gain informed consent 	<ul style="list-style-type: none"> ▪ Interpretation service available in the form of language line for women who do not speak or understand English also interpreters available via WAST for face to face consultations 	<ul style="list-style-type: none"> ▪ Women may become confused and uncertain of service provision 	

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Referral mechanisms to appropriate services if necessary	<ul style="list-style-type: none"> ▪ Personal contact with women and their partners ▪ Information to GPs, Health visitors via PISF1 process ▪ Appropriate referral forms to other members of the multi disciplinary team e.g. anaesthetist, cardiologist, dietician, fetal medicine unit, Consultant Midwives, Smoking cessation Flying Start, social services, substance misuse midwife. 	<ul style="list-style-type: none"> ▪ Referring midwives responsibility to ensure information is received by all ▪ Documentation in hand held and hospital notes 	<ul style="list-style-type: none"> ▪ Failure in women receiving appropriate care 	
Meeting women's individual needs	<ul style="list-style-type: none"> ▪ Discussion with women and partner ▪ Information recorded in handheld records ▪ Choices for delivery discussed and 'choices' information given to all women ▪ Women who do not meet MLC criteria offered consultation with Consultant Midwife re choice's for delivery ▪ Information provided throughout pregnancy services available ▪ Information available regarding complaints 'putting things right' information. 	<ul style="list-style-type: none"> ▪ Midwifery Audit – women's maternity notes ▪ Statutory Supervision of midwives (SOM) ▪ Monitor incidents through Clinical Governance 	<ul style="list-style-type: none"> ▪ Women and partners unhappy with service ▪ Service provision inconsistent ▪ Potential adverse clinical incidents/outcomes 	
Providing reassurance and instilling confidence	<ul style="list-style-type: none"> ▪ Face-to-face contact with named midwife ▪ Creation of the right environment ▪ Staff identification systems (identification badges/named midwife) 	<ul style="list-style-type: none"> ▪ Ensure all staff wear name badges ▪ All women made aware of named midwife or group practice ▪ Communication is given in appropriate manner and in suitable environment 	<ul style="list-style-type: none"> ▪ Women dissatisfied with service provision ▪ Women unable to identify who is named midwife 	
Give opportunity to women and their partners to talk to midwife and other members of the multidisciplinary team.	<ul style="list-style-type: none"> ▪ Open communication channels ▪ Midwife and multidisciplinary team be prepared to make themselves available ▪ Openness ▪ Willingness to listen to women's 	<ul style="list-style-type: none"> ▪ Maternity users satisfaction surveys – develop action plans from outcomes ▪ Monitor incidents through Clinical Governance Team 	<ul style="list-style-type: none"> ▪ Women's resentment, confusion or distress ▪ Lack of confidence in midwives and multidisciplinary team ▪ Women feel information is not effective 	

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To seek explanations/clarification, to make comments/suggestions	concerns			
Enable women and their partners to complain if not satisfied	<ul style="list-style-type: none"> ▪ Ensure that women are aware of complaints procedure ▪ Easily available information on how to complain, procedures, what will happen, timescales etc ▪ Internal communication channels to ensure all involved are able to explain their role/involvement to enable a full and clear explanation/response within timescales ▪ Face-to-face complaint response, with full explanation and apology if justified ▪ Information on how to proceed if not satisfied with outcome 	<ul style="list-style-type: none"> ▪ How to make a complaint – notices and leaflets displayed ▪ Use of directorate meetings to reinforce need for all staff to deal face-to-face with complaints whenever possible ▪ Ensure patients are aware of Advocacy service ▪ Ensure speedy response to all written complaints 	<ul style="list-style-type: none"> ▪ Building of resentment ▪ Lack of confidence leading to resistance to continue treatment ▪ Increased likelihood of proceeding to further stages of complaints process 	
COMMUNICATION WITH staff				
Objectives	<ul style="list-style-type: none"> ○ <i>To keep staff informed about current services and organisational issues</i> ○ <i>To facilitate the free flow of ideas, suggestions and learning throughout the directorate</i> ○ <i>To enhance moral, motivation, enthusiasm and loyalty</i> ○ <i>To minimise stress and conflict by providing clear paths to channel information and/or guidance</i> ○ <i>To ensure that staff have the information necessary to enable them to maximise their contribution through improved performance</i> 			
Health board meetings	<ul style="list-style-type: none"> ▪ Minutes of board meetings available via intranet ▪ Directorate representation at health board committees ▪ Information attached to payslips ▪ Health board policies and procedures area available on the intranet ▪ Staff open forums ▪ Health board induction programme for all new staff 	<ul style="list-style-type: none"> ▪ Staff made aware of dates for open forums ▪ Minute of health board meetings, i.e. Health & Safety are accessible via the intranet. ▪ Feedback through directorate meeting structure and departmental meetings ▪ All new staff undertake health board induction programme 	<ul style="list-style-type: none"> ▪ Staff not aware of the vision, key objectives, key decisions, key actions within the Health Board ▪ Dissatisfaction of staff ▪ Loss of staff morale ▪ Increased difficulty in implementing change ▪ Lack of involvement of senior managers/clinicians in key decisions ▪ Lack of ownership of/commitment to key decisions 	
Core Group Meetings	<ul style="list-style-type: none"> ▪ Weekly multidisciplinary meetings 	<ul style="list-style-type: none"> ▪ Minutes are circulated routinely and 	<ul style="list-style-type: none"> ▪ Staff not aware of the vision, key 	

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	<ul style="list-style-type: none"> to discuss key directorate issues ▪ Collation of agenda items ▪ Circulation of minutes/action points 	<ul style="list-style-type: none"> are available on shared network drive ▪ Agenda to be sent out prior to meeting ▪ Relevant items cascaded to relevant staff 	<ul style="list-style-type: none"> objectives, key decisions within the directorate ▪ Lack of commitment to key decisions ▪ Clinical Governance issues not addressed ▪ Clinical performance not monitored ▪ Lack of commitment to key decisions ▪ Action not taken 	
Clinical Governance/Quality and Safety	<ul style="list-style-type: none"> ▪ Directorate Clinical Governance structure ▪ Collation of agenda items for all subgroups and Quality and safety meetings ▪ Circulation of minutes/action points 	<ul style="list-style-type: none"> ▪ multidisciplinary sub-groups of clinical governance have at least quarterly meetings ▪ Minutes circulated routinely ▪ Lead of sub-group feeds into bi-monthly Quality and safety meeting 		
Staff meetings Departmental meetings	<ul style="list-style-type: none"> ▪ Provide information to staff on corporate decisions/key issues/directorate issues ▪ Monthly ward sisters/managers meetings 	<ul style="list-style-type: none"> ▪ Ensure minutes are produced for all meetings and shared with all staff. Minutes are distributed via email to all band 7 midwives who are responsible for sharing with the staff that they manage ▪ Ensure dissemination of policies 	<ul style="list-style-type: none"> ▪ Staff not aware of the vision, key objectives, key decisions, key actions within the directorate and Health Board ▪ Lack of commitment to key decisions action not taken 	
Staff concerns	<ul style="list-style-type: none"> ▪ Staff meetings ▪ Directorate meetings ▪ Whistle blowing policy 	<ul style="list-style-type: none"> ▪ Incident reporting ▪ Open culture 	<ul style="list-style-type: none"> ▪ Continuation of inappropriate practices ▪ Staff dissatisfaction 	
Staff recruitment and retention	<ul style="list-style-type: none"> ▪ Advertisements ▪ Role profiles ▪ Job offer/post interview contacts ▪ Family friendly working ▪ Staff development 	<ul style="list-style-type: none"> ▪ Annual PDR ▪ Family friendly policy ▪ Vacancies discussed and evidence included in minutes of meetings ▪ Secondment opportunities ▪ Flexible working policy ▪ Shadowing opportunities 	<ul style="list-style-type: none"> ▪ Staff dissatisfaction ▪ Recruitment and retention difficulties ▪ Inappropriate candidates for vacancies 	
Staff training education and development	<ul style="list-style-type: none"> ▪ Personal development review ▪ Supervisory review ▪ Training analysis ▪ Policy and guidelines implementation 	<ul style="list-style-type: none"> ▪ Up-to-date training records for all staff ▪ Content and dates of training cascaded to all staff ▪ Agenda item on all meetings 	<ul style="list-style-type: none"> ▪ Staff dissatisfaction ▪ Clinical incompetence ▪ Failure to attain Health Board and directorate training requirements ▪ Open to litigation 	
Policies and procedures, protocols and guidelines	<ul style="list-style-type: none"> ▪ Intranet ▪ WISDOM ▪ Policies and guidelines kept in all clinical areas 	<ul style="list-style-type: none"> ▪ Highlighted in staff training days ▪ Updated to encompass current evidence ▪ Evidence of staff updating annually ▪ Available on intranet 	<ul style="list-style-type: none"> ▪ Staff resistance to change ▪ Service provision affected 	

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INTER AGENCY				
Objectives	○ <i>To promote the need for multiagency working</i>			
Women focused care plans/referral system/handover arrangements	<ul style="list-style-type: none"> ▪ To ensure appropriate care planning in hospital maternity records, patients own records, community midwifery records ▪ Appropriate referral request systems ▪ Referrals to social services/child protection ▪ Transfer of care to health visitors 	<ul style="list-style-type: none"> ▪ Audit of maternity records ▪ Clinical incidents reporting ▪ Lead midwife for safeguarding 	<ul style="list-style-type: none"> ▪ Inappropriate care due to failure to adhere to directorate guidelines ▪ Failure to identify baby at risk ▪ Breakdown in multidisciplinary working ▪ Lack of continuity of care 	
Framework of regular joint meetings	<ul style="list-style-type: none"> ▪ To ensure attendance at joint planning meetings ▪ To highlight service demands/needs 	<ul style="list-style-type: none"> ▪ Failure to meet the Multi Agency Agenda ▪ Poor team relationship 	<ul style="list-style-type: none"> ▪ Working in isolation 	