

QUALITY CONFERENCE: OUR COLLECTIVE MINDSET FOR HIGH VALUE CARE

SAFETY CULTURE: INNOVATIONS FOR SAFER MATERNITY SERVICES

Saffron Cordery, Director of Policy & Strategy, NHS Providers (Chair)

Dr Trudi Seneviratne and Clare Dolman, South London and Maudsley NHS Foundation Trust

Tony Kelly, National Clinical Director, Maternal and Neonatal Health Safety Collaborative, NHS Improvement

Cathy Warwick, Chief Executive, Royal College of Midwives

Trudi spoke about the importance of perinatal mental health services, as maternal stress is directly linked to foetal stress and 1 in 5 women suffer a mental illness during pregnancy. Investment in perinatal mental health is part of the Five Year Forward View and will result in England having 20 mother and baby units where mothers with mental illness can be cared for with their babies rather than being separated.

Clare gave a personal perspective on bipolar disorder and post-natal depression, which led her to switch career from journalism to PhD research on bipolar women and pregnancy. She is looking at the mental health services women want, stigma around maternal mental health, and the fear of intervention from social services that stops women seeking help.

Tony leads NHS Improvement's quality improvement work on maternal and neonatal health, which involves all maternity services in England in all care settings, from conception to six weeks after birth. He emphasised that QI programmes need more than just audits or benchmarking, they need to provide the tools for people to do something with the information, and that is the gap the programme is trying to fill.

Cathy asked four key questions about the quality of maternity services:

- 1 How does your maternity service react when women want services that fall outside the usual pathway? Do they get labelled as 'difficult' or does the service respect them and attempt to meet their wishes as far as possible?
- 2 Is the care of the staff as personalised as that of the woman?
- 3 Does your maternity service consciously reassess the needs of women along the pathway of care? Or is there a tendency for them to be allocated to a box at the start of pregnancy and then to stay there?
- 4 Is your maternity service developing a continuity of carer model to enable care to be based on relationships and for staff to get to know the women they are caring for?

Questions were asked in the discussion around examples of organisations that do improvement science well: the panel suggested East London NHS FT, Salford Royal NHS FT and the Scottish NHS. And around how to engage hard to reach women: this is outside the scope of the NHSI programme, but Cathy emphasised the value of the continuity of carer model in building trust in hard to reach communities.