The business of maternity services

Cathy Dowling discusses how adopting a business model of excellence in the maternity unit has enabled them to demonstrate their achievements and focus on ways to meet the points laid out in the Welsh Assembly government’s strategy for midwifery services.

Midwifery in Wales is at the forefront of developing innovative, high-quality, women-centred care. However, there are many influencing factors, which arguably are creating a culture of internal competitiveness between Trusts and their maternity units. This has always been and to some extent remains an alien concept to midwives who are consumed with the day-to-day demands of service delivery.

It may well be of benefit to maternity services if all providing care within it viewed their service as a family business. How would you as a midwife expect your business to run? How would you ensure you had the right staff in place at the right time to deliver first-class quality services to all your customers? How would you ensure you attracted enough business to make your service viable and cost-effective? How would you measure your service’s success and deal with complaints or dissatisfied customers? Arguably, these questions pose exactly the same challenges facing maternity services today. Falling birth rates, recruitment and retention issues, utilisation of resources, user involvement and satisfaction outcomes – all familiar concepts for midwives, yet many would never view their service as needing to be run like a family business.

However, our experience of using a business model in practice has reaped major benefits. While there are many business models in use, we used the European Foundation for Quality Management Excellence Model (EFQM). This model is accepted as the yardstick against which all organisations, public or private, large or small, should be measured. Its aim is to compare yourself to the ‘perfect organisation’.

Some may wonder what maternity services have in common with manufacturing, construction, small and medium-sized enterprises. It is the All Wales Quality Award in which the Bro Morgannwg midwifery management team initially achieved Bronze and then Silver for their submission. The question ‘why enter?’ might remain when many of us often feel there is little gained from the significant amount of work generated by what has been dubbed by some as purely a ‘ticket-collecting’ exercise. However, our experience of the quality model proved to be very different, and one that can be applied to any service, however big or small, in whatever speciality.

All NHS Trusts and therefore everyone working within it have a legal obligation to ensure their service is of the highest possible quality. This is known as clinical governance, but in reality measuring its effectiveness and proving its existence is often very difficult to demonstrate. The All Wales Quality Award requires entrants to submit their evidence using the EFQM. Two years of applying this model in practice have assisted the midwifery management team and practitioners significantly in measuring and, more importantly, demonstrating the total quality effectiveness of our maternity services. As previously stated, the award is assessed using the EFQM and gave the opportunity for the management team to self-assess our maternity services using these quality criteria.

There are nine criteria within the model for assessment:

  - Leadership
  - Strategy and planning
  - People management
  - Resources
Quality system and processes
Customer satisfaction
People satisfaction
Impact on society
Business results.

The initial submission was very difficult to collate and understand. We were not used to thinking that the NHS and therefore maternity services should be managed as a business. However, having applied the model and put it into practice over the past two years, it has made us think very differently about how we utilise resources and measure efficiency and effectiveness. This will be of benefit to our customers (women and their families using our service).

For some of the criteria we were able to demonstrate strong evidence of effectiveness such as leadership and strategy development. Other areas, however, needed development and improvement, particularly those of business results and customer satisfaction. This was confirmed in our overall assessment scoring when we received a site visit from the assessors and our detailed feedback report. The challenge for us was relating the criteria to midwifery practice and services and these will be discussed individually.

Leadership

This section asked us to demonstrate how the actions of the management team and all other leaders inspired, supported and promoted a culture of total quality management. This was evident throughout the organisation and within the maternity services in their successes in obtaining awards such as Chartermark, EFQM Bronze Award for maternity services and the RCM Centenary Award for recruitment and retention practices. The NHS Plan in Wales and Realising the potential – delivering the future in Wales (2002) place leadership as a key requirement to ensure high-quality and efficient services. This has been achieved in the maternity services through attendance of staff at the RCM and RCN leadership programme.

In-house leadership programmes for ward and team managers have been devised and facilitated by the Institute for Healthcare Leadership. A number of staff attended the Leadership and Empowerment in Organisations programme and this has also been enhanced through numerous secondment, shadowing and project management opportunities. This has enabled us to benchmark with other organisations, lead on new initiatives and share good practice. With the changing face of the maternity services and the modernisation agenda, it is important that staff are competent in the managerial as much as the clinical component of their role.

This area has resulted in the:

- Establishment of day assessment facilities for pregnant women in both units within the Trust
- Establishment of specialist midwife posts for antenatal screening and women with substance misuse
- Development of an infant-feeding coordinator post
- Exploration of services in Northern Ireland to bring back ideas that could be implemented into practice in Wales.

Strategy and planning

The maternity services mission statement is evident within our services and complements that of the overall organisation. As required by the Welsh Assembly government, the maternity services vision for Bro Morgannwg NHS Trust reflects the strategy of Realising the potential – delivering the future (2002) that states: ‘Birth is not a patient episode, but an event of great social and emotional significance.’

To deliver a maternity service that enables women to have a positive birth experience and gives midwives the satisfaction of providing quality care, it is important to consider the organisational structures and environment in which it is delivered. This must be done in conjunction with the appropriate use of healthcare professionals’ skills.
The following are just some of the key principles identified in *Realising the potential – delivering the future* (2002) through which this is achieved – they form the basis of our strategic vision for the maternity services in Bro Morgannwg NHS Trust:

- Improving the environment of care
- Community orientation with a public health focus
- Managerially integrated across community and acute sector
- Provision for home birth
- Strengthening multidisciplinary partnership
- Policy and practice that reflect birth as a normal physiological process for the majority of women
- Involvement of users in strategy planning and policy development
- Statutory supervision of midwives
- Developing existing and new career pathways.

Therefore, the midwifery strategy has a strong commitment to quality and satisfaction. This is implemented and continuously monitored through the framework of clinical governance. The service is also influenced by other key strategic drivers such as the National Institute of Clinical Effectiveness and the Confidential Enquiry into Maternal and Child Health. In addition, our directorate held a ‘time out’ with the midwives to devise our strategy. This is regularly monitored and feedback reports given to the All Wales heads of midwifery advisory group.

**People management**

With vacancy rates and recruitment in midwifery at crisis levels, a robust human resources management strategy is crucial for any successful business. The joint RCM and Day Care Trust strategy *Delivering better working lives together* (2002) sets the principles for flexible working within the NHS, stating: ‘In order to address staff shortages, NHS employers should be looking to develop working conditions that support flexible working practices. Because maternity units have to provide 24-hour service, employers will need to undertake a particular and unique examination of the needs of its midwifery workforce.’ The sickness percentage within the department is less than the Trust target of 5%. The turnover of staff rate is less than 5% and the service has no long-term vacancies. We also enjoy the benefits of regular enquiries to the department from midwives seeking employment with us.

This has been achieved through strategies including:

- Flexible working
- Self-rostering
- Career breaks
- Strong commitment to study leave and continuing professional development
- Devolved operational management structure/responsibilities
- Preceptors programme for first year of qualification
- Cross-Trust rotation opportunities
- Low ratio of midwife to manager and supervisor of midwives.

It is important to state that managing the above is not an easy task. Often there is tension in ensuring fairness and equity for all in meeting individual needs and balancing these against colleagues’ and ultimately service needs. However, our view is that if you do not have midwives in post and they are not of the highest possible calibre, then the service quality will inevitably be affected.

**Resources**

It is essential that resources be managed efficiently and effectively given the financial
constraints of the public sector. Maternity services by the nature of their business do not attract the usual streams of funding. However, it is usually the most costly area of service provision to any NHS organisation, accounting for 60% of their litigation claims. A reduction in this area could release valuable resources that could be reinvested into the maternity services with significant quality improvement impact to women and babies. However, the system facing most heads of midwifery when managing their budget is the challenge of saving valuable resources in one area of the service that can be reinvested to implement new quality improvement initiatives or manage a significant risk area. Creativity and innovation are needed, familiar words to anyone who manages a tight budget.

Areas on which our directorate saved money to reinvest in other areas include:
- Changing from Prostin gel to tablets
- Changing to tap water when performing vaginal examinations as per research evidence, thus reducing the cost of using antiseptic lotion
- Flexible working patterns resulting in no bank or agency usage

Monitoring of the induction and caesarean section (CS) rates, releasing significant human and non-stock cost release for every 1% reduced. These cost savings have been reinvested in areas to benefit women and midwives and include the purchase of mobile phones for all midwives working in the community, training and courses and redecoration and refurbishment of the labour environment to name a few examples.

Quality system and process

It is the view of the directorate that their primary customers are the women and babies accessing the service. The quality of the directorate is monitored and managed through its clinical governance committee. All the lead persons meet on a monthly basis with feedback reports from their sub-groups in their key area of responsibility. These mirror the component parts of clinical governance and include complaints management, litigation claims, compliments, risk management and audit reports. Practitioners are also invited to attend the committee to present papers, which highlight clinical governance issues within the service. This enables the management team to prioritise financial and human resource allocation.

Customer satisfaction

Involving and validating the services provided by users is a key quality indicator. Many mechanisms are used and more are under development. These include:
- Feedback from a variety of sources such as suggestion schemes, satisfaction surveys and themes identified in litigation and complaints cases
- Representation of service-users on directorate committees
- Monitoring of booking numbers, particularly from women outside the catchment area. The directorate also collates the number of letters, gifts and donations received. The services have very few complaints, felt to be a consequence of the opportunity afforded to women in the postnatal period where they can discuss their care with their midwife for a further 28 days. This is not always the case in other areas of the NHS when patients are discharged from the hospital with little follow-up from their primary hospital carer.

People satisfaction

As previously discussed, it is important to invest in the people who work within a service as they are any business’s most expensive commodity. In the national staff opinion survey, the directorate exceeded the All Wales average in a number of areas:
- Learning and innovation
- Employment policies and practices
- Partnership and collaboration
- Fair and just practices.

The working environment is important and midwives are able to enjoy benefits such as rest and shower facilities, as well as access to occupational health services. Senior midwifery management and supervisors are available 24 hours a day for help and advice. There are generous study leave and professional development opportunities. Other areas of support for
staff are NHS pension schemes, sport facilities, appraisals, annual supervisory reviews and continuing professional development advice. These are often taken for granted within the midwifery profession, but contribute significantly to positive working environments and relationships.

**Impact on society**

This section tests the results of a business and the positive quality benefits to society. We presented data on maternal mortality and morbidity outcomes – in relation to morbidity, this looked at wound infection rates and mental health issues. It also included results on perinatal outcomes and how these compared to other units. With the national rate at 7.9 per 1000 births, our Trust was 4.6 per 1000 births for 2002. Results were presented on rates of CS, which is less than 20%, one of the lowest in Wales. A section was supplied on breastfeeding rates, particularly as the World Health Organization recommends all women are advised of the health benefits of breastfeeding. Environmentally-friendly schemes such as involvement with BabyGROE (green, recycled, organic, ethical) and reusable nappy programmes were also presented as evidence.

**Business results**

It should be the aim of any maternity department to manage its resources efficiently and effectively, providing the best quality service within the financial constraints of a public sector organisation. There is income generation from other sources – donations, baby welcome packs and the Bounty baby photography service. These have been reinvested in service improvements. The management of the directorate budget is well presented and supported, with the result being that we have stayed within the allocated budget for maternity services.

Data were presented on in-patient, outpatient and day care capacity issues. This is supported and has led to the directorate having the shortest length of stay in hospital in Wales following birth and a reduction in patient activity antenatally due to the development of the day assessment unit.

**How would you measure up?**

I have repeatedly heard midwives express negative views stating 'we provide a good service, but no one knows what we do'. This may be the case, however, in the increasingly significant climate of accountability in which we all practise, demonstrating hard evidence of that statement is vital. It is a new concept for all of us to adopt the business models so readily used by other profitmaking organisations. It is not our intention to make money, but we do have a moral and statutory obligation to use public money in a manner that maximises efficiency and therefore leads to quality outcomes. It is not enough to say any longer that we know what we know, we must produce the results. Why not try and see how you measure up – you might be surprised with what you find.

**References**