

Health Board

Maternity and Neonatal Improvement Programme Highlight Report
December 2021

Date of Meeting	28 th January 2022
FOI Status	Open / Public
Prepared by	Steve Sewell, Programme Director MNIP
Presented by	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Approving Executive Sponsor	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Report Purpose	Update the group on the progress of the Maternity and Neonatal Programme.

ACRONYMS

ATAIN	Avoiding Term Admissions into Neonatal Units
CNO	Chief Nursing Officer
EPAU	Early Pregnancy Assessment Unit
GAU	Gynaecology Assessment Unit
IMSOP	Independent Maternity Services Oversight Panel
IPAAF	Integrated Performance Assessment and Assurance Framework
MDT	Multi Disciplinary Team
MNIB	Maternity and Neonatal Improvement Board
NNU	Neonatal Unit
QLM	Quality Leadership and Management (Maternity Workstream)
QWE	Quality Women's Experience (Maternity Workstream)
PCH	Prince Charles Hospital
PREM	Patient Reported Experience Measure
PTR	Putting Things Right
SEC	Safe and Effective Care (Maternity Workstream)

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide an update on the progress of the Maternity and Neonatal Improvement Programme in the form of a highlight report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 This section outlines an overview narrative describing some of the key matters within the Maternity and Neonatal Improvement Programme.

2.2 After reviewing and agreeing changes to the IPAAF process for Maternity and Neonatal services, an initial assessment using the new process was undertaken during late November and early December, culminating in the assessment being reviewed at the Board Target Intervention and Special Measures Self Assessment on 20th December.

2.3 The revised IPAAF process focused on the Maternity and Neonatal services rather than the improvement programme, the service assessment was undertaken by the CSG Triumvirates running these services. Their assessment is then reviewed and challenged by the SROs for the Improvement Programme and ILGs Directors. The assessment is then reviewed by the Independent Board Member aligned to the maternity and Neonatal Special Measures.

2.4 The assessment had two changes since the last assessment in July 2021, with both the Safe and Effective Care, and Quality of Women's Experience assessments rising from 'Results' to 'Maturity'.

2.5 The IPAAF assessment will next be undertaken during March/April 2022.

2.6 Following a face to face session with the IMSOP panel and Welsh Government in November, where we agreed to review some of the ways in which we were working together, a number of useful discussions have been held.

2.7 Although the detail still needs to be worked through, we've agreed to put more focus on assurance and showcasing improvements being made and these haven't been as prominent as they ought to be. Additionally, we've agreed to develop some proposed criteria to define the de-escalation from Special measures. These would be reviewed by IMSOP before being presented to the Health Minister for review and approval.

2.8 A funding proposal has been developed for approval for the financial year 2022/23. This has been based on some key assumptions, namely; Clinical Review work completes by June 2022, the the Improvement Programme Team is stood down and leadership transitioned to ILGs by March 2023, and that support for historical SIs is no longer needed in the financial year 2022/23.

2.9 The current Clinical Review joint plan with IMSOP shows that this work should complete by March 2022, although a decision regarding a further look back Clinical Review exercise needs to be made by the Health Minister.

2.10 Work to complete historical SIs is expected to be complete by February 2022.

2.11 Some may note that Milestones from previous reports relating to the Quality of Women's Experience (QWE) Maternity workstream were showing as red, i.e. late. During December we have reviewed and reset the milestone plan for this workstream as; most of the work had been completed, and most of the remaining milestones were lower priority to those already completed.

2.12 The review of the Maternity QWE workstream also revealed that most of the planned work has been completed and the focus would need to shift to demonstrating that improvements made were impacting positively.

2.13 The following highlight report includes key programme metrics for the first time. This section will evolve, however, the purpose is to demonstrate that improvements are having an impact, whether this is on a service process or outcome.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Please note the “Programme Risks/Issues” are captured on page 2 of the highlight report.
- 3.2 The most significant change over the past month has been the impact on operational staff for Maternity and Neonatal services due to the impact of the significant rise in Covid cases and the need for many staff to self-isolate. This is and will continue to impact on engagement activities with staff, women and families, and also on management and front line capacity to undertake improvement activities. In the current circumstances, some mitigating activities can be undertaken, e.g. virtual meetings, although most mitigations have been operating for some time, so this is a risk we will need to tolerate.

4. IMPACT ASSESSMENT

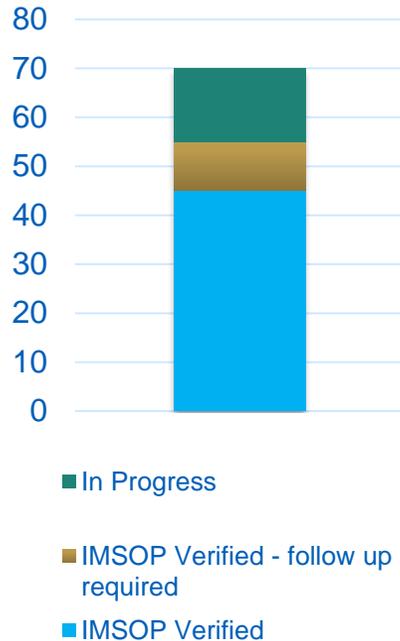
Quality/Safety/Patient Experience implications	Yes (Please see detail below) Please refer to the highlight report for detail.
Related Health and Care standard(s)	Governance, Leadership and Accountability All Health and Care Standards apply.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) Not required for a progress report.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Please refer to the highlight report for detail.
Link to Strategi Goals	Improving Care

5. RECOMMENDATIONS

- 5.1 The Board are asked to note the report.

PROGRESS IN NUMBERS:

RCOG Recommendations



FOUR THINGS YOU NEED TO KNOW:

- IPAAF Assessment was received and supported by Health Board after scrutiny and challenge from the two SRO's, ILG Directors and then Independent Member aligned to Special Measures.
- An Improvement Team resource and funding proposal has been developed for the financial year 2022/23 based on a set of assumptions. Approval is being sought from within the the Health Board and Welsh Government.
- A series of helpful discussions have been held with IMSOP with mutually beneficial agreements made to the way we work together.
- SI assurance and closure panels continue as planned. By mid December, 37 Sis were closed by WG Delivery Unit, 15 require only minor amendments and the remaining 23 will be seen at an Assurance and Closure Panel within the next two months.

PROGRAMME LEVEL MILESTONES:

Milestone	Due	Progress
IPAAF Review	Dec 21	An initial IPAAF assessment with the recently revised process was supported by Board.
Agree recommendation definitions with IMSOP	Oct 21	Definitions associated with 8 open recommendations and 10 recommendations for follow up being finalised during January 22.
Programme Communications Plan	Nov 21	Drafted ready for review in January.
Review Ways of Working with IMSOP	Jan 22	Revised ways of working have been discussed, with meeting structures revised, and some assurance processes changed. Worked to detail further revised assurance processes to be developed and agreed during January.
Develop proposal for De-escalation Criteria	Feb 22	Initial draft of key events within the programme drafted for discussion with IMSOP

SUPPORT AND DECISIONS NEEDED FROM BOARD:

For noting: A funding proposal for the improvement team for financial year 22/23 has been developed and is progressing through governance. The key assumption made within the proposal is for 2022/23 is that leadership of this improvement programme will transition to ILG / CSG structures during the year.

TOP PROGRAMME RISKS AND ISSUES:

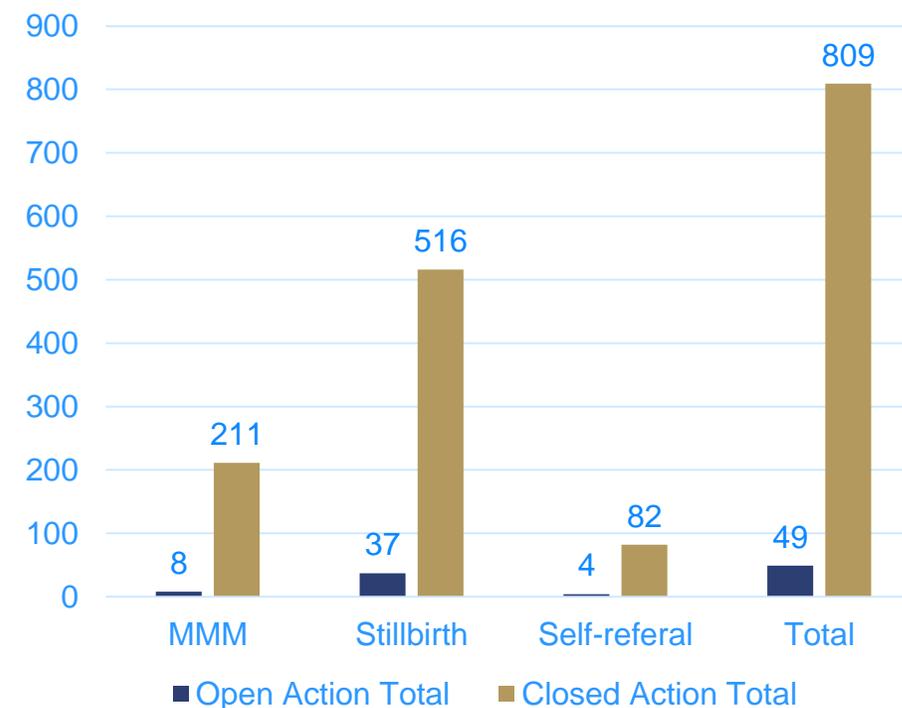
Risks/Issues	Latest Progress	Rating	Trend
Covid Response Impact delays progress and/or IMSOP process of assurance.	The challenges of IMSOP access to services to validate progress remain, however, to mitigate some of these we've agreed revised ways of working that should help, through periodic Showcases and clinical huddles.	Very High	▼ □
Unclear RCOG recommendation requirements	During January we've agreed to finalise definitions for 18 open and follow-up recommendations. Clarity around service de-escalation from the De-escalation criteria being developed by the programme, reviewed by IMSOP and finalised by the Health Minister.	Very High	▼ □
The level of available programme team and operational resource impacts on progress	There is only one vacant role in the Improvement Team. A funding proposal for the improvement team for next financial year has been generated for approval. After improving, operational staffing levels have been impacted by increased numbers of staff isolating due to the Omicron Covid variant, and also increased support needed for step in the Covid booster vaccine programme. These are clearly priority activities.	Very High	▲
Neonatal Deep Dive makes recommendations that extend the programme	The August escalation identified some required service improvements. The final report is due to be published in the New Year and further improvements may be identified.	Very High	▶ □
The wide range of assurance leads to multiple resource intensive processes, distracting from improvement progress.	Recent discussions with IMSOP have agreed to streamline some assurance processes. To improve assurance around improvement work, we've agreed to shift the focus away from Royal College recommendations to key milestones within the improvement work. The detail of these revised ways of working with IMSOP will emerge during January.	High	▼

CLINICAL REVIEW:

Cycle 1 & 2 of Neonatal category clinical reviews complete

Key Risks/Issues:
None

Open and Closed Actions





Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

December 2021

NEONATAL IMPROVEMENT:

- High levels of staff sickness / absence (17%) resulted in cot capacity reduction. Welsh Government aware of the situation.
- Reviewed draft Deep Dive report.

Milestone	Due	Progress
Standard Operating Procedure for Prescribing in place	Sept 21	Further work required, Medicines Management Group didn't approve.
Rollout Maternity Debrief Tool	Oct 21	Delayed due to staffing pressures
Implement Hypoglycaemia Pathway	Oct 21	Delayed due to staffing issues.
Develop and implement IMSOP suggested proformas	Oct 21	In progress, delayed due to staffing issues.
Appoint Maternity and Neonatal Pharmacist to oversee PCH & POW	Nov 21	In Post
Launch New Document Standards	Nov 21	In development, delayed due to staffing issues
Newly appointed Paediatric Consultant with Neonatal contribution due to commence in post	Nov 21	Now in Post
Transitional Care Proposal	Dec 21	SBAR generated, Business case in development, expected January 22
Support programme for nurse rotation to tertiary centre (UHW)	Jan 22	Delayed due to staffing issues.

Key Risk/Issue:

Staffing Levels on the NNU hinder progress of improvement work.

MATERNITY IMPROVEMENT:

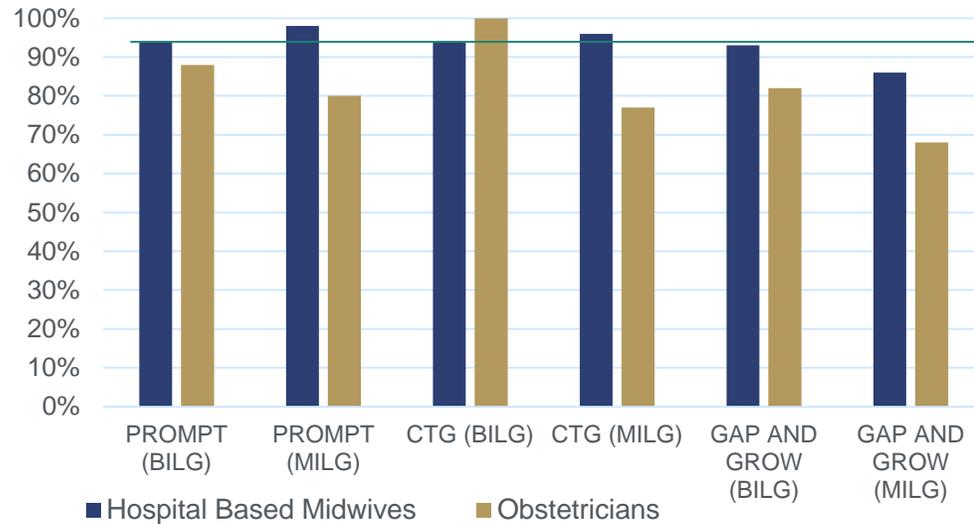
- QWE workstream plan reviewed and reset.
- Digital Whiteboard in place on PCH Labour Ward

Key Milestones	Due	Progress
QWE: Launch of public facing Maternity Services webpage	Aug 21	Escalated, work now being prioritised by communications
QLM: Leadership Development Plan	Oct 21	Plans in development
SEC: Capacity and Training for commissioning of new GAU/EPAU Scanner	Oct 21	Training agreed, scanner to be operational in Jan 22.
QWE: Agree Reporting Cycle for PREMS responses	Dec 21	Complete
QLM: Communication and Engagement Plan	Nov 21	Being redrafted based on feedback
QLM: Develop Quality Improvement Plan	Nov 21	Being redrafted, delay due to absence
SEC: Develop Maternity Assurance Framework	Nov 21	Drafted version available, Task & Finish group established
QLM: Culture Development Plan	Dec 21	Meeting in Jan 22 to progress
QLM: Staff Engagement to inform Strategy	Dec 21	Impacted by Covid restrictions
QWE: Surveys established to support Vision engagement	Dec 21	Survey developed and uploaded to Civica, ready for distribution.
SEC: Identify lead and review development needs of SAS Doctors	Dec 21	Lead appointed, monthly meetings in place
SEC: Implement computerised Fetal surveillance system	Dec 21	Now in place

Key Risk: Operational Leadership capacity for QLM workstream.

KEY PROGRAMME METRICS

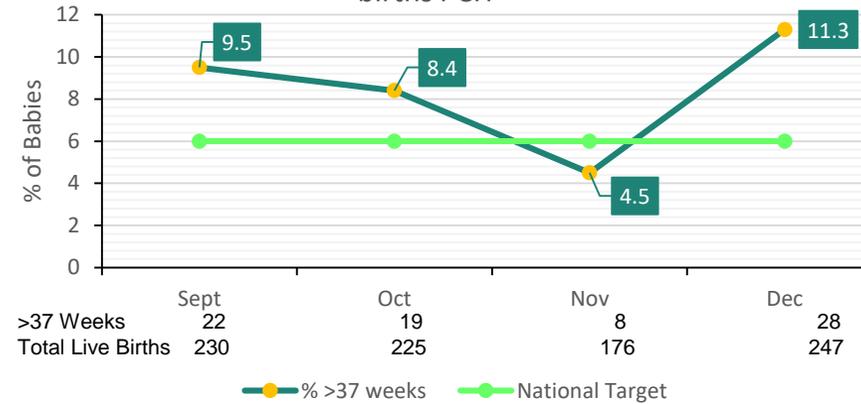
Maternity - Training Compliance (November 2021) (compliance target 95%)



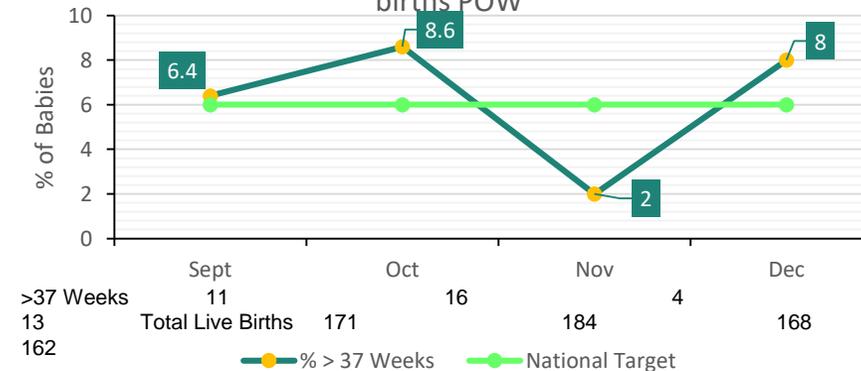
This graph shows the latest position with regard to mandatory training compliance. During the early phases of the Covid pandemic, mandatory training was abandoned. This graph shows how the service is recovering to achieve compliance, an indicator IMSOP identified as important for signoff of one of the outstanding recommendations.

Term Admissions

Neonatal Unit Admissions - % >37 Weeks of all live births PCH



Neonatal Unit Admissions - % >37 Weeks of all live births POW



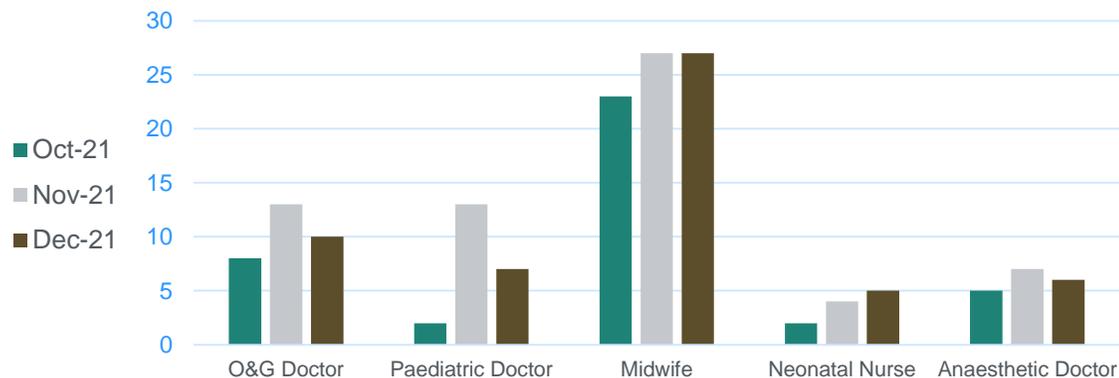
After an encouraging fall in term admissions for both units in November, the percentage of term admissions has risen again.

Some changes have been made at PCH that should reduce term admissions, for example, introduction of a blood/gas monitor. More changes are planned and required for the units to reduce term admissions to below the national target.

Exploring the term admission data in more detail, the majority of term admissions were longer than 12 hours, suggesting they were unavoidable. An increase in Hypoglycaemia was seen at PCH, which will have influenced the increase.

KEY PROGRAMME METRICS

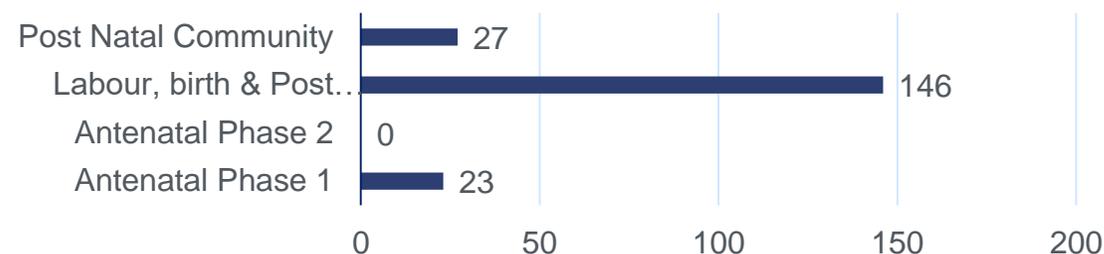
ATAIN MDT Attendance during each month by role



The ATAIN MDT meetings were recently reviewed and changes made in November to improve Neonatal service attendance. This graph highlights that these changes have been effective in improving Neonatal attendance, although in Dec has been an unusual month with leave impacting some attendance, however, Multi Disciplinary Attendance was still stronger than in October. These meetings are held weekly.

Maternity - PREMS Survey Responses

13th Sept to 13th December 2021



This is a process metric being used to monitor if sufficient responses are being generated to provide a strong dataset of experience data to help the services to improve experience for women, The above graph shows responses to the recently established PREMS survey. At this early stage we wouldn't expect any responses for the Antenatal Phase 2 survey. The number of responses are lower than expected. With this being new technology, we're investigating how many survey requests have actually been sent out by the technology and exploring how the surveys could be promoted more effectively.

Maternity - PREMS Key Question Responses

13th Sept to 13th December 2021

Antenatal – Did you feel your questions and concerns were listened to?	86
Antenatal – Was information provided easy to understand and were you comfortable to ask questions?	85
Labour – During birth, were you supported to make choices which were right for you?	87
Labour – Did you have confidence and trust in the staff caring for you during labour?	91

This table shows the average scores out of 100 for 4 key questions within the survey. This gives an indication of the response levels. As the analysis of this data develops, the data will be presented in a more understandable and readable manner. There are resolvable technical issues that prevent the analysis that we know can be achieved with this data.