



**AGENDA ITEM**

6.1

**CTM BOARD**

**MATERNITY IMPROVEMENT POSITION PAPER**

<b>Date of meeting</b>	26/11/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Valerie Wilson, Director of Maternity Improvement Kathryn South, Improvement Programme Manager
<b>Presented by</b>	Greg Dix Executive Director of Nursing
<b>Approving Executive Sponsor</b>	Executive Director of Nursing
<b>Report purpose</b>	FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Quality & Safety Committee	18/11/2020	NOTED

**ACRONYMS**

MIB	Maternity Improvement Board
MIP	Maternity Improvement Plan

## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to provide the Board with an update on Maternity Services, including recent progress in relation to the Maternity Improvement programme.

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

- 2.1 The Independent Maternity Scrutiny and Oversight Panel (IMSOP) published their latest progress report on the 28 September 2020. The panel reports that the Health Board has done remarkably well in difficult and challenging circumstances, maintaining both focus and commitment. The Minister for Health commends the progress as 'testament to the hard work and determination of the staff delivering maternity and neonatal services'.
- 2.2 The Health Board's original Maternity Improvement Plan contained 79 actions, 70 of those derived directly from the Royal Colleges' recommendations and the remainder drawn from associated reviews or actions identified by the Health Board from its own analysis. During earlier reporting periods (October 2019 to March 2020), 40 of the 79 actions were verified as completed. Details of those actions can be found in the Panel's progress reports published in January 2020 and April 2020. In the current reporting period (April to September 2020), the Panel has assessed supporting evidence provided by the Health Board and agreed that a further 13 actions had been progressed and were ready for 'sign off' as completed. With four other actions which were 'signed off' in previous periods re-validated. Bringing the total number of MIB actions 'signed off' as completed at the end of September 2020 to 53 of which 50 are Royal Colleges recommendations.

In addition to the 13 actions which have been 'signed off' as completed during this period, six other actions have been removed from the Plan with the agreement of the Panel in order to reduce duplication and unnecessary overlap within the MIP. Of the six actions removed from the Plan, one is no longer relevant due to changes in the Health Board's operating model and the other five relate to work being undertaken by the NHS Delivery Unit which is being monitored separately and are not therefore, within the Panel's remit to sign off. Resulting in 59 of the 79 actions within the MIB now being discharged and 20 actions, all of them RCOG recommendations remain to be delivered. All of those are work in progress in varying stages of completion.



2.3 The following RCOG recommendations and supporting evidence will be the focus for the next reporting period August 2020 to February 2021:

	<b>RCOG Recommendation Ref:</b>	<b>Total</b>
<b>Safe &amp; Effective Care</b>	7.1, 7.7, 7.19, 7.20, 7.31, 7.51, 7.63	7
<b>Quality Leadership &amp; Management</b>	7.8, 7.17, 7.35, 7.39, 7.42, 7.44, 7.45, 7.56, 7.69	9
<b>Quality Women’s Experience</b>	7.53, 7.54, 7.67, 7.70	4

2.3 The Health Board has appointed a Neonatal Improvement Director to support both delivery against specific recommendations and the wider neonatal service improvement plan. The appointment commences in November and will ensure appropriate focus for neonatal services within the Improvement Programme. This is a timely appointment which will also mirror the more cohesive working arrangements between the services in the new Integrated Locality Group (ILG) model of Women’s and Children’s Service Groups. To reflect this more balanced approach, we will be reviewing the name of both the programme and associated meetings and going forward this report will be more inclusive of Neonatal data.

## 2.5 Slippage

The table highlights areas within the project work streams where slippage has been identified and is unresolved and any updates relating to poor progress since the last report:



RCOG Ref:	Slippage:	Update: Oct 2020
<p><b>RCOG Rec 7.7:</b> Ensure an environment of privacy and dignity of care for women undergoing abortion or miscarriage</p>	<p>Difficulty with identifying a dedicated space on the PCH site. Progress delayed during COVID 19 as ward areas repurposed to manage the pandemic. The Miscarriage group has been restarted.</p>	<p>Although there has been no progress in relation to inpatient areas due to on-going re-configuration relating to Covid, the area for EPAU scanning has been temporarily moved and is much improved.</p> <p>The bereavement Midwife has stretched her remit to temporarily support training relating to early pregnancy loss</p>

## 2.6 Make-Safe actions

Two of the remaining three “make-safe” actions were verified on the 12 August, these being

- Guidelines -a forward three year plan is now in place to prevent recurrence.
- Midwifery staffing levels - the Health Board is fully compliant with “Birth rate plus”

The remaining action is culture and work is progressing as per the Maternity Improvement Plan with further improvements in development

## 2.7 Work stream updates



Safe and Effective Care

Current status:		Headlines:															
<table border="1"> <tr> <td style="background-color: red; color: white; text-align: center; font-weight: bold;">R</td> <td>Significantly behind schedule and requiring corrective action or decision to get back on track.</td> </tr> <tr> <td style="background-color: orange; text-align: center; font-weight: bold;">A</td> <td>Project behind schedule but within 2 weeks tolerance, or actions in hand to get back on track.</td> </tr> <tr> <td style="background-color: green; text-align: center; font-weight: bold;">G</td> <td>On track or completed.</td> </tr> </table>	R	Significantly behind schedule and requiring corrective action or decision to get back on track.	A	Project behind schedule but within 2 weeks tolerance, or actions in hand to get back on track.	G	On track or completed.		<ul style="list-style-type: none"> <li>Future suggested actions</li> </ul>									
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Key Achievements This Quarter		Project Plan: Proposed Achievements Next Quarter															
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Slippage and remedial action		Issue or concerns															
<p><b>RCOG Rec 7.7:</b> Ensure an environment of privacy and dignity of care for women undergoing abortion or miscarriage</p>		<p><b>Update:</b> Nothing further to report</p>															

## Quality Leadership and Management

Current Status		Headlines:																		
<b>R</b>	Significantly behind schedule and requiring corrective action or decision to get back on track.	<ul style="list-style-type: none"> <li>• Launch of CTMUHB Values to the organisation</li> <li>• HEIW targeted visit 12<sup>th</sup> Oct 2020</li> <li>• Commencement of job plans</li> <li>• Agreement of new ILG structure for senior leadership</li> </ul>																		
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Slippage		Remedial Action																		
<p><b>7.69</b> – Delay to completion date due to organisation framework not yet developed.</p> <p><b>7.17</b> – Delay due to focus being on operation covid issues and a significant amount of SAS staff shielding or off currently.</p>		<p><b>7.69</b> – TA and RW to focus on the talent aspect of this recommendation. Will use the developing organisation framework to develop a local plan for the service.</p> <p><b>7.17</b> – Competency framework being developed and benchmarking with other UHB's</p>																		

Attached as Appendix 1 is the thematic analysis from the staff risk governance survey undertaken in July 2020.

Quality of Women's and Families Experience

<b>R</b>	Significantly behind schedule and requiring corrective action or decision to get back on track.	<ul style="list-style-type: none"> <li>Virtual tours of all three Maternity areas across the three hospital sites have been completed and shared with women and families on social media.</li> </ul>												
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<b>G</b>	On track or completed.													
<b>Key Achievements This Quarter:</b>		<b>Project Plan: Proposed Achievements Next Quarter:</b>												
<p>Good progress is being made on the remaining 4 RCOG Recommendations <b>7.53, 7.54, Ex2.2</b>, as noted below.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 15%;">Rec</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>7.53</td> <td>Concerns and complaints have been, and will continue to be discussed at MMMW meetings demonstrating openness, honesty and transparency with service users.</td> </tr> <tr> <td>7.54</td> <td>Engagement plan was shared with MIB and IMSOP in August. Will be submitted for evidence review in November.</td> </tr> <tr> <td>Ex2.2</td> <td>Co-design a virtual tour of environments of care</td> </tr> </tbody> </table>		Rec	Progress	7.53	Concerns and complaints have been, and will continue to be discussed at MMMW meetings demonstrating openness, honesty and transparency with service users.	7.54	Engagement plan was shared with MIB and IMSOP in August. Will be submitted for evidence review in November.	Ex2.2	Co-design a virtual tour of environments of care	<p>The remaining RCOG recommendations and additional actions along with supporting evidence will continue to be the focus for the next month:</p> <table border="1" style="width: 100%;"> <tbody> <tr> <td style="width: 15%;">Ex1.5</td> <td>Creation of annual programme of MMMW activities and targets and the annual reporting of this programme of work</td> </tr> <tr> <td>Ex1.5a</td> <td>Create annual programme with MMMW Lay chair and members</td> </tr> </tbody> </table>	Ex1.5	Creation of annual programme of MMMW activities and targets and the annual reporting of this programme of work	Ex1.5a	Create annual programme with MMMW Lay chair and members
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<b>Slippage</b>		<b>Remedial action</b>												
<p><b>Ex3.2 New action regarding debriefs</b> deadline extension requested due to additional resource required.</p>		<p>BT has requested assistance from JH around consultant job plan regarding 'Afterthoughts' debrief clinic in PCH. Clinic already in place in POW.</p>												



## Neonatal Services

The Neonatal Service have continued to develop their action plan and had six actions signed off in the last reporting period

Current Status		Headlines:	
<b>R</b>	Significantly behind schedule and requiring corrective action or decision to get back on track.	Progress made with aspects of each work stream activity	
<b>A</b>	Project behind schedule but within 2 weeks tolerance, or actions in hand to get back on track.		
<b>G</b>	On track or completed.		
Key Achievements This Quarter:		Project Plan: Proposed Achievements Next Quarter:	
The following RCOG recommendations along with new actions identified and supporting evidence will be the focus for the next reporting period August 2020 to February 2021:			
Ref	Origin	Over Sight by	Work stream
7.1	IMBOP selected RCOG Recommendation	MIB	SEC
7.2	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.3	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.4	IMBOP selected RCOG Recommendation	IMBOP	QLM
7.5	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.10	IMBOP selected RCOG Recommendation	MIB	SEC
7.11	Added by Senior Neonatal Nurse	MIB	QLM
7.12	IMBOP selected RCOG Recommendation	MIB	SEC
7.14	IMBOP selected RCOG Recommendation	MIB	SEC
7.15	Added by Senior Neonatal Nurse	MIB	QLM
7.18	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.21	Added by Senior Neonatal Nurse	MIB	SEC
7.22	IMBOP selected RCOG Recommendation	IMBOP	QLM
7.25	Added by Senior Neonatal Nurse	MIB	SEC
7.28	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.27	IMBOP selected RCOG Recommendation	IMBOP	SEC
7.48	IMBOP selected RCOG Recommendation	MIB	QWE
7.58	IMBOP selected RCOG Recommendation	IMBOP	QLM
7.88	Added by Senior Neonatal Nurse	MIB	SEC



### Clinical Review Programme - Self-Referrals

Progress has been made in completing the reports for the self-referrals. 15 reports have been completed and discussed with IMSOP leads and wider Health Board Multi-Disciplinary Team (MDT). Seven reports are required to be completed. An additional family has come forward requesting for their care to be reviewed from 2013 following the release of the September IMSOP report.

The Health Board Team (Programme Lead Midwife, Programme Consultant Obstetrician and Director of Midwifery) held the first meeting with a self-referee via teams in October

### IMSOP Clinical Reviews

There is a greater number than previously reported of around 140, largely due to women and families asking for a self-referral.

These include a number of subsequent pregnancies being part of review due to those families who have sadly had two stillborn babies. There are currently five neonatal cases which are under discussion with IMSOP as to whether they require to be reviewed due to episodes of care provided in different Health Boards.

The Health Board is developing a comprehensive support package for families involved with and affected by the clinic review programme.

A staff support package is also in development.

The Health Board Communication Team has been instrumental in supporting the development of a communication plan to ensure transparent and timely sharing of learning and improvement.

## **2.8 Concerns and Complaints**

The Maternity service has undertaken a large scale exercise to reduce the number of complaints and improve the quality of responses from a wider group of the Multi-disciplinary Team. Themes from complaints are now shared with the 'My Maternity My Way' user group to ensure wider engagement with improving responses and the service.

Further work will be undertaken to develop more in depth analysis and ensure wider sharing of learning



Month	Maternity	Gynaecology
March	14	2
May	10	1
June	1	0
April	6	2
May	2	1
June	1	0
July	6	2
August	4	1
September	6	2

### CURRENT FORMAL CONCERNS 16 IN TOTAL

PCH – Maternity	5	}	Total Maternity 11 (Including 3 RCA's) Total Gynae 6
Gynae	4		
RGH – Maternity	1		
Gynae	2		
POW – Maternity	5		
Gynae	0		

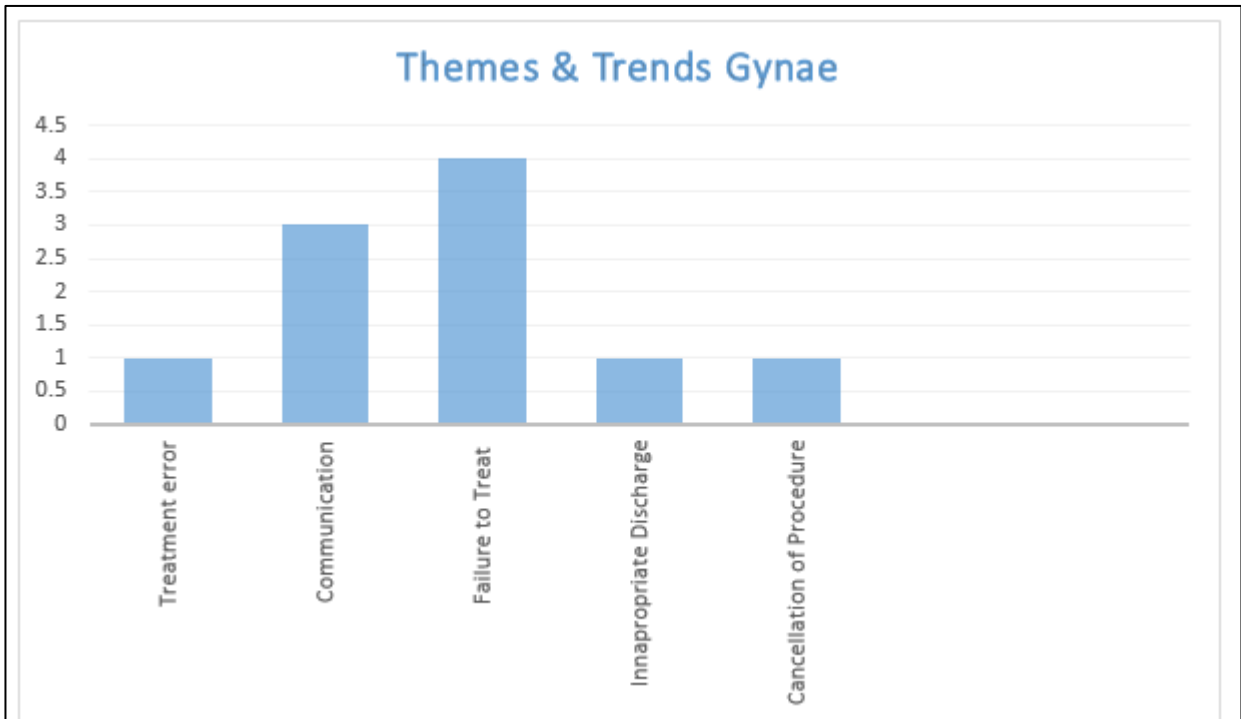
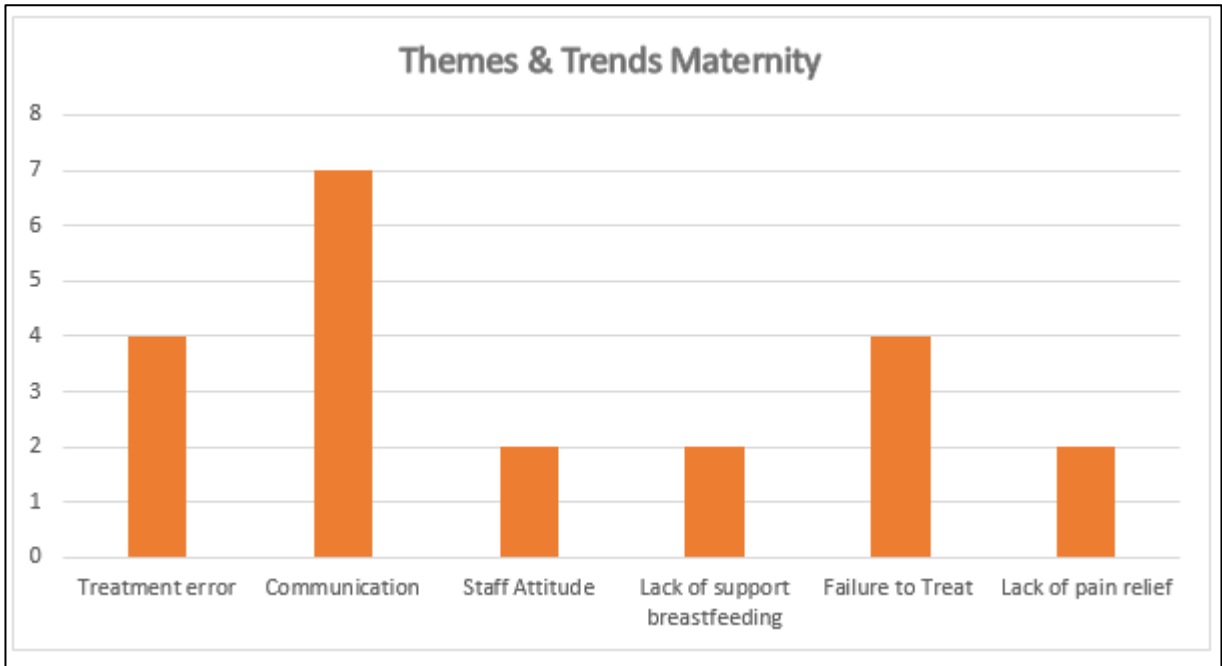
### Backlog of Concerns from 2019

2 Maternity which are RCAs (currently within the RCA process)

1 Gynae case POW



**THEMES AND TRENDS OF CLOSED CONCERNS 1ST APRIL 2020 – 30th JUNE 2020**





## New Concerns

4 Received in August 2020

6 Received in September 2020

## INFORMAL

0 informal complaints received throughout Aug/Sep 2020

0 informal complaints open

## Next Steps

The complaints handler is developing more in-depth analysis of the identified themes and actions arising from complaints in order to identify robust improvement measures and underpin impact assessment going forward

## 2.9 Serious Incident Backlog

There has been significant progress with the management of Serious Untoward Incidents (SUI's) within CTMUHB prior to and since the RCOG report, the report highlighted concerns with;

- Staff not received RCA training
- RCA completion predominantly by a midwife with no MDT review
- Lack of timely completion

The management of SUI's has evolved to include many aspects required as set out by the Delivery Unit (DU) and Welsh Risk Pool (WRP) which included;

- MDT rapid review of the case (within 72hrs)
- Investigation not midwifery led but inclusive of the MDT as required
- Scope of investigation widened to include neonatal care
- Improved understanding of the requirement for SMART action plans
- Development of staff training programme (incident reporting and RCA investigation)
- Development of senior MDT review for all moderate and above incidents including Serious Incident (SI) sign off
- Mapping of maternity governance against new Health Board processes
- Development of integrated governance process (Maternity/Neonatal)
- Improved learning to prevent recurrence
- Improved staff communication
- The implementation of RCA training has been organisationally led with three completing the training in March 2020 and a further three in June 2020. The directorate held a whole day RCA for the MDT on the 31 July 2020 with 23 members of staff booked to attend. The numbers of those able to complete

an RCA investigation will support a more robust and multi clinician led process with subsequent improved completion timescales

### Current position SUI 12.10.2020

#### Status of all SUI's

11	SUI's within 60 day time frame
0	Sent for Final HB Approval
1	Internal Quality Assurance
21	Have had NNU reports and QA and require amendments
6	Waiting NNU review
17	In progress
1	Waiting for WAG sign off
1	IMSOP external clinical review

#### Next Steps

- Further resource has been identified to support the work around SI's
- To share the completed updated report with the women.
- To feedback to staff directly involved in the SUI
- To share learning within the multi-disciplinary team.

#### 2.10 Project Immediate actions

- The MIT are in the process of working with the Communications Team to develop a communication strategy for supporting families and staff following publication of external IMSOP clinical reviews. There have been a number of very positive meetings and the Communications team are now developing a plan inclusive of internal/external communication, staff and family support

#### 2.9 Project Short term actions include (within 1-2 months)

- Undertake wide engagement with staff to share the Maternity Improvement Plan – on-going
- The Neonatal service has entered into discussions with a tertiary neonatal unit, with a view to developing a business case for a joint Consultant post to

work across the tertiary center and CTM. CTMUHB have identified a sessional resource, but are awaiting feedback from our partner organisation as to the potential for this post

- Due to the large number of changes to process and assurance within the improvement programme, and the development of process relating to actions arising from clinical review, the Improvement Team is developing a standard operating procedure detailing all processes and templates
- The Improvement Team is working with the Head of Executive Business to align assurance and progress measures and next steps to Health Board processes.

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

Risk register tabled for information.

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Choose an item.
	If more than one Healthcare Standard applies please list below: Safe Care Dignified Care Effective Care Individual Care
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	The Improvement / Project Team workforce capacity for the achievement of the recommendations has been utilised to support the Clinical Review Strategy. This has implications on the timely implementation of all recommendations.
<b>Link to Main Strategic Objective</b>	To Improve Quality, Safety & Patient Experience



<b>Link to Main WBFG Act Objective</b>	Provide high quality care as locally as possible wherever it is safe and sustainable
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#### **4. RECOMMENDATION**

4.1 The Board is asked to **NOTE** this report.