



**AGENDA ITEM**

2.13

**CTM BOARD**

**UPDATE ON MATERNITY SERVICES IMPROVEMENT**

<b>Date of meeting</b>	26/03/2020
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Choose an item.
<b>Prepared by</b>	Ana Llewellyn, Maternity Improvement Director
<b>Presented by</b>	Greg Dix, Executive Director of Nursing, Midwifery and Patient Care
<b>Approving Executive Sponsor</b>	Executive Director of Nursing, Midwifery and Patient Care
<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>
Management Board	19/3/2020	Choose an item.

**ACRONYMS**

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## **1. SITUATION/BACKGROUND**

- 1.1 The purpose of this report is to provide the Board with an update on Maternity Services. An update on actions taken and the known related implications of the special measures arrangements to date is summarised in this report.

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

- 2.1 Management Board is asked to consider the Highlight Reports for the individual projects in the Maternity Improvement Programme.
- 2.2 The Maternity Improvement Programme is responsible for supporting the directorate to deliver the 8 immediate actions and the 70 recommendations in the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwifery (RCM) Report published in April 2019. The Maternity Improvement Plan also includes an additional 9 recommendations from previous Delivery Unit reports.
- 2.3 The Highlight Reports have been updated following the Independent Maternity Oversight Panel 'Collaborative Check-In Visits' on 18 February 2020 and evidence the ten additional recommendations that the Independent Maternity Oversight Panel have provided verbal confirmation of verification. Further evidence for 5 recommendations was submitted on 9 March 2020. At the time of writing, the Independent Maternity Services Oversight Panel have not confirmed the number of recommendations that they regard as verified. This confirmation will be provided in the quarterly report due to be published in April 2020.
- 2.4 This month has seen some slippage in the programme. The Project Improvement Manager support for the Quality of Leadership and Management Project was impacted by staff sickness and as a consequence that project group did not meet in month. The Project Group were due to convene on 12 March 2020 to regain the project momentum but this meeting was postponed due to Covid-19 planning. However, significant progress has been made with clinical training with trajectories of 100% compliance for CTG and PROMPT by the end of March 2020.



- 2.5 It had been anticipated that the Maternity Vision would be published in April 2020. The Project Group have completed a draft Maternity Vision and have revised the publication date to August 2020 to coincide with workforce changes. This period prior to publication will be used to consult widely with stakeholders.
- 2.6 The third engagement event was held in Bridgend on 25 February 2020. This was well attended and highlighted the positive experiences of women and families. The themes from all three engagement events are used to inform the programme plans.
- 2.7 The Director of Midwifery leads for Safe and Effective Care and is further revising the directorate governance framework to enable robust means of assurance. The review of all guidelines had been due to be completed by the end of March 2020, but this has been delayed. The Director of Midwifery is leading on the plan for completion and intends to implement guidelines gradually to maximize the ability for clinicians to become familiar with the new information.
- 2.8 The Independent Clinical Reviews are progressing. The Health Board Lead Midwife is working closely with the Independent Maternity Service Panel Clinical Reviewers to ensure that processes are managed effectively and plans are developed for any learning to impact on future care.
- 2.9 A workshop was held on 9 March 2020 with the Independent Maternity Services Oversight Panel and other stakeholders to further enhance the Integrated Performance Assessment and Assurance Framework (IPAAF). Members will note that a key task for the Health Board was to outline a framework with key measures and for plans to articulate the key programme milestones. A suite of proposed measures was agreed at the workshop and a framework for triangulation was considered.

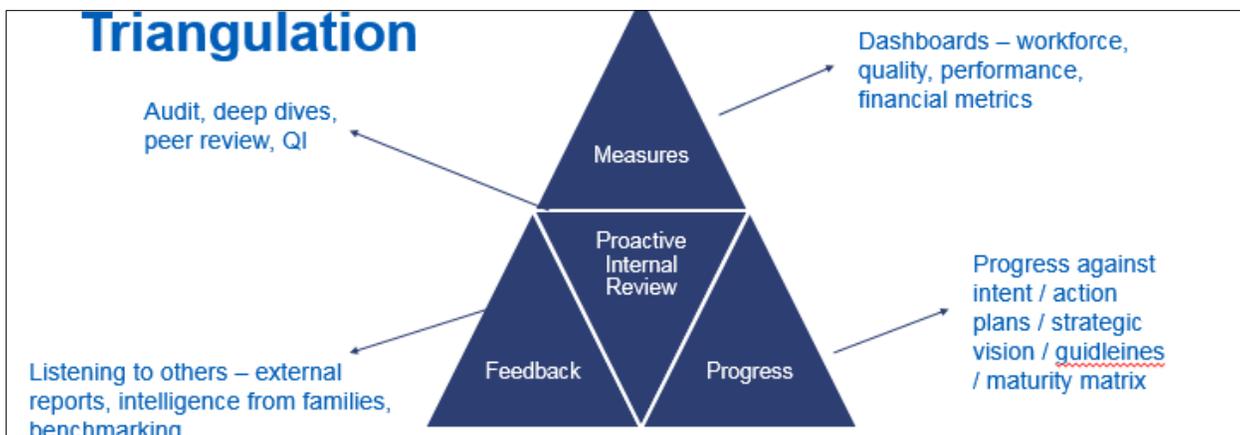


Figure 1.

Each project now has a maturity matrix, a set of baseline measures and a high level plan. It is recognised that the IPAAF is iterative and will also need to be aligned to the proposed Health Board Performance Management Framework.

It is intended that as the IPAAF matures it will become aligned with the Health Board’s Performance Management Framework that will be implemented alongside the new Operating Model.

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

- 3.1 There are a number of pending changes to the Maternity Improvement Programme workforce. The Maternity Improvement Director will be taking up another post in the Health Board in the near future. Plans are being developed to ensure that there is a managed transition and that there is limited impact on the programme delivery.
- 3.2 The Health Board is implementing a new Operating Model from 1 April 2020 that transitions services into three localities. A proposal is being developed to delay the transition of Maternity Services so that the work of the Maternity Improvement Programme can be completed first.

### 4. IMPACT ASSESSMENT

<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

## 5. RECOMMENDATION

5.1 The Board is asked to **NOTE** this report and related appendices.