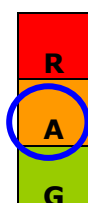




MATERNITY IMPROVEMENT PROGRAMME HIGHLIGHT REPORT – Programme Plan Quality of Leadership & Management

Completed by:	Maternity Programme Improvement Manager Directorate Manager	Report ing period:	January 2020	To:	March 2020
Date Completed:	17/04/2020	Next Review Meeting:		18/05/2020	
Current status:	Headlines:				
	<ul style="list-style-type: none">• Details of recommendations agreed and signed off at IMSOP assurance visit held on 18/02/2020 and from further evidence submitted on 09/03/2020• Future suggested actions				
Key Achievements This Quarter			Project Plan: Proposed Achievements Next Quarter		
<p><u>IMSOP validated and approved the following recommendations– 18/02/2020 & 23/03/2020.</u></p> <ul style="list-style-type: none">• Rec 7.5: Agreed CTG training programme – verified 18/02/20 with 6 monthly follow-up to check fully embedded• Rec 7.6: O&G Consultant standard induction programme - verified 18/02/20 with 6 monthly follow-up to check post August inductions• Rec 7.13: Clinical Lead Governance verified 18/02/20• Rec 7.24: Identify a clinical lead for senior medical staff - verified 18/02/20• Rec 7.33: Actively share findings of RCOG review with Welsh Deanery - verified 18/02/20• Rec 7.41: Consider impact of planned merger – 18/02/20 closed technical write-off• Rec 7.43 – In-depth assessment of the service as it moves into the future - (previously covered under Maternity Vision) 18/02/20 closed technical			<p>Focus for next quarter:</p> <p>Attached is an updated action plan with provides a focus for the improvement work over the coming months.</p> <p>Revisit recommendations which relate to training with a view to amalgamating</p>		

<p>write-off</p> <ul style="list-style-type: none"> • Rec 7.58: Seek expert external midwifery and obstetric advice for support in developing maternity strategy (previously covered under Maternity Vision) – verified 23/03/20 • Rec 7.64: Independent Board members trained in implications of corporate manslaughter (previously covered under Board Recommendations) - verified 10/03/20 • Rec 7.68 – Consider examining other UK maternity services to seek out models for delivery which could better serve CTMUHB population (previously covered under Maternity Vision) - verified 26/03/20 <p>Recommendations verified on 16/12/19 which are now considered closed:</p> <p>7.25, 7.28, 7.33, 7.34, 7.36, 7.40, 7.41, 7.46,</p>	
Slippage and remedial action	Issue or concerns
Self-Assessment Against Maturity Matrix	
<p>The Health Board is able to evidence <u>early progress</u> against the maturity matrix:</p> <ul style="list-style-type: none"> ✓ The health board monitors staffing levels and takes action to address shortfalls. ✓ The health board has a plan to improve recruitment and retention. ✓ Training compliance and PADR/appraisal rates are monitored. There are plans in place to improve compliance. There is evidence of an increase in the number of personal development reviews undertaken across the service. With initial feedback positive in regards to the new discussion format. ✓ There is evidence that the plan to improve the quality of management and leadership is accepted and endorsed by maternity services staff and staff side representatives 	

Quality of Leadership & Management						
RCOG Reference	Health Board Proposed Status	IMSOP validated and approved	Status Trajectory/ Follow-Up	Theme (Framework)	Recommendation	Examples of assurance evidence from Directorate (Dec 2019)
7.8	In progress		Mar-20	Workforce & Efficiency	<p>Ensure external expert facilitation to allow a full review of working practice to ensure:</p> <ul style="list-style-type: none"> • Patient safety is considered at all stages of service delivery. • A full review of roles and responsibilities within the obstetric team. • An appropriately trained and supported system for clinical leadership. • A long-term plan and strategy for the service. • There is a programme of cultural development to allow true multi-disciplinary working. 	<ul style="list-style-type: none"> • Patient safety key focus for governance days. Good evidence of MDT involvement. Becoming embedded and evidence of learning. Needs to be further sustained. • New CD in post. DM and CD working through job planning. • A number of new appointees in post and a developing structure emerging. • Guideline development a key task for Safe and Effective Care. Guidelines allocated to individual forums for updating and leadership. Work to develop new CTM protocols progressing. • Vision for CTM Maternity Services to be co-produced with women, families, staff and other stakeholders. Engagement events being progressed to seek views. • Two fold approach: 1) CTM Health Board Values and Behaviour work 2) Maternity-specific work to be commenced with external provider to develop service emotional intelligence. Waiting for final tender approval. To commence when approved and staff able to be released. <p>Evidence previously presented: OD Plan Job plans Governance Day Clinical Forum evidence Leadership structure</p>

7.15	In progress	IMSOP to clarify Mandatory Training Datix element be managed under S&EC	Jun-20	Workforce & Efficiency	<p>Educate all staff on the accountability and importance of risk management, Datix reporting and review and escalating concerns in a timely manner. Include this at:</p> <ul style="list-style-type: none"> • Junior doctor induction • Locum staff induction • Midwifery staff induction • Annual mandatory training (check what is classed as mandatory training) 	<ul style="list-style-type: none"> • Induction programmes for junior doctors, locum staff and midwifery staff all now include session on risk management • Need to further understand maternity service mandatory training requirements and develop system for monitoring against that compliance. • Evidenced through the below documents: Induction programmes and attendance lists. HEIW feedback. <p>HEIW feedback Governance day Induction programmes Trigger list within datix Clinical incident reviews</p> <p><u>Action for sign off</u> IMSOP to clarify what is classed as mandatory training?</p>
7.17	In progress		Sep-20	Workforce & Efficiency	<p>Ensure training is provided for all SAS staff to ensure that they are:</p> <ul style="list-style-type: none"> • Up to date with clinical competencies. • Skilled in covering high-risk antenatal clinics and outpatient sessions. 	<ul style="list-style-type: none"> • Training and Development Forum is taking forward this work. Need to further understand what the clinical competency requirements are, frequency of update and frequency of assessment. Need to further understand trajectories to that compliance. <p>SAS forum first meeting</p> <div data-bbox="1435 957 1630 1104" data-label="Image"> </div> <p><u>Action for sign off</u> Training programme example that is provided for SAS Staff (November) Trajectories needed as evidence</p>

7.18	In progress		Mar-20	Workforce & Efficiency	Agree cohesive methods of consultant working after the merger with input from anaesthetic and paediatric colleagues.	Action: Clarification if this relates to the merger with PCH and RGH
7.22	In progress		Sep-20	Workforce & Efficiency	Actively discuss the outcomes of Sis which individual consultants were involved in their appraisal.	<ul style="list-style-type: none"> • Previous discussion with Deputy Medical Director about evidencing this. Email sent to all Consultants. GMC requirement to reflect on incidents. • Appraisal confidential in nature so difficult to gain assurance. <p>Current discussions taking place as the individual's appraisals are confidential. Working through an alternative plan.</p> <p><u>Action for sign off</u> Confirm progress with CD</p>
7.29	In progress		May-20	Workforce & Efficiency	<p>Closely monitor bank hours undertaken by midwives employed by Cwm Taf, to ensure:</p> <ul style="list-style-type: none"> • The total number of hours is not excessive • The Health Board complies with the European Working Time Directive • These do not compromise safety 	<ul style="list-style-type: none"> • Workforce scorecard to be developed and agreed <p>Weekly updates in assurance group Senior midwives meeting minutes</p> <p><u>Action for sign off:</u> Query around compliance with the European Working Time Directive</p>

7.30	In progress		May-20	Workforce & Efficiency	<p>Ensure the Medical Director has effective oversight and management of the consultant body by:</p> <ul style="list-style-type: none"> • Making sure they are available and responsive to the needs of the service • Urgently reviewing and agreeing job plans to ensure the service needs are met • Clarifying what is to be covered as part of SPA activity (audit, governance, teaching, guidelines, data assurance, train more consultant obstetricians as appraisers) • Ensuring the most unwell women are seen initially by a consultant and all women are seen by a consultant within 12 hour NCEPOD recommendation (national standard) 	<p>Action: RCOG to be discussed at OLM Meeting</p> <p>Ensuring the most unwell women are seen initially by a consultant and all women are seen by a consultant within 12 hour NCEPOD recommendation (national standard)</p>
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7.32	In progress		May-20	Workforce & Efficiency	<p>Ensure obstetric consultant cover is achieved in all clinical areas when required by:</p> <ul style="list-style-type: none"> • Reviewing the clinical timetables to ensure that 12 hour cover per day on labour ward is achieved. <p>Undertake a series of visits to units where extended consultant labour ward presence has been implemented.</p> <p>Considering working in teams to ensure a senior member of the team is available in clinics and provide cross cover for each other.</p> <p>Considering the creative use of consultant time in regular hours and out of hours to limit the use of locums</p>	<ul style="list-style-type: none"> • Recruitment to workforce plan • Consultant cover in place. Gaps being managed through locums and additional shifts for existing team. • Handover attendance documents • Spot checks by Senior Management Team <p>Handover attendance documents Job plans and workforce developed.</p>
7.34				Workforce & Efficiency	<p>Allocate all trainees currently in post a clinical and educational supervisor</p>	Ongoing monitoring through Education & Training Forum

7.35	In progress		Sep-20	Workforce & Efficiency	Undertake a training needs assessment for all staff to identify skills gaps and target additional training	<ul style="list-style-type: none"> • Training and Development Forum is taking forward this work. Need to fully understand training needs and training plans for all clinicians. • 2 year cycle of training needs identified and developed. Confirmed in the Training and Development Forum that mandatory training will take 18 months to bring everyone into compliance. • Further development of Peri-natal mental health training made compulsory. <p>CTG, prompt , gap and grow Dashboard</p> <p>Action for sign off: Add in Training needs analysis - speak to KG</p>
7.37	In progress	IMSOP to agree sign off	May-20	Workforce & Efficiency	<p>Develop an effective department wide multi-disciplinary teaching programme.</p> <ul style="list-style-type: none"> • This must be adequately resourced and time allocated for attendance by all staff groups including specialist clinical midwives and SAS doctors. • Attendance must be monitored and reviewed at appraisal. 	<p>Evidence previous submitted:</p> <p>Training and Development Forum is taking forward this work.</p> <p>Band 5/6 competencies been developed. Staff grade training standards also being developed.</p> <p>2 year cycle of training needs identified and developed.</p> <p>PROMPT skills and drills</p> <p>Teaching every Wednesday afternoon</p> <p>Induction pack outlining all the teaching sessions and topics taught.</p> <p>Midwifery training days</p>

7.39	In progress		May-20	Workforce & Efficiency	<p>Review the working practice for how consultant cover for gynaecology services will be delivered after the merger.</p> <ul style="list-style-type: none"> • A risk assessment must be performed to determine the case mix of planned surgery on the Royal Glamorgan site when there is no resident gynaecology cover. 	<ul style="list-style-type: none"> • Risk assessment undertaken prior to move to PCH. • Current model assessed as safe but further work to be completed to ensure sustainability. <p>Risk assessment Gynae and Obstetric separate consultant on call rotas. (- send e-mail to request)</p>
7.42	In progress		Dec-20	Workforce & Efficiency	<p>In conjunction with Organisational Development undertake work with all grades of staff around communication, mutual respect and professional behaviours.</p> <ul style="list-style-type: none"> • Staff must be held to account for poor behaviours and understand how this impacts on women's safety and outcomes 	<ul style="list-style-type: none"> • OD programme launched November 2019. • Experience of women and families fed back to staff through real-time surveys, governance days, and patient stories. • DON has written to all midwives about acceptable and unacceptable behaviours • Evidence of improvement through real time surveys
7.44	In progress		On track for August 2020 completion	Workforce & Efficiency	<p>Support training in clinical leadership</p> <ul style="list-style-type: none"> • The Health Board must allow adequate time and support for clinical leadership to function. 	<p>Evidence previously submitted:</p> <ul style="list-style-type: none"> • Leadership programme commencing. • Key individuals are being released and supported to undertake leadership development. • Further work to do to identify talent early and support programmes of development <p>Job plans OD Programme Launch call slides Improving Maternity Together AI Outputs Mindset</p>

7.45	In progress		May-20	Workforce & Efficiency	<p>Provide mentorship and support to the Clinical Director</p> <ul style="list-style-type: none"> • Define the responsibilities of this role • Ensure there are measurable performance indicators • Ensure informed HR advice to consistently manage colleagues' absence and deployment of staff to cover the needs of the service • Consider buddying with a Clinical Director from a neighbouring Health Board. 	<ul style="list-style-type: none"> • Support CD in situ • Training supported <p>Support CD currently, been in post since Feb.</p>
7.56	In progress		Dec-20	Workforce & Efficiency	<p>Provide training for staff in communication skills, in particular on:</p> <ul style="list-style-type: none"> • Empathy, compassion and kindness 	<p>Evidence previously submitted:</p> <p>OD programme launched November 2019</p> <ul style="list-style-type: none"> • CTM Values and Behaviours work • Directorate and programme leaders modelling appropriate behaviours
7.57	In progress	IMSOP to consider sign off	Mar-20	Workforce & Efficiency	<p>Continue with efforts to recruit and retain permanent staff.</p>	<p>Four Consultants recruited since the RCOG</p> <p>Action:</p> <p>Tarek to speak with HR Lead turnover of staff and new recruits over the past 12 months</p>

7.69	In progress		On track for March 2021 completion	Workforce & Efficiency	Identify and nurture the local leadership talent	<ul style="list-style-type: none"> • Leadership programme commencing • Key individuals are being released and supported to undertake leadership development. • Further work to do to identify talent early and support programmes of development <p>Evidence previously presented:</p> <p>OD Plan Job plans Governance Day Clinical Forum evidence Leadership structure</p> <p>Suggestion of development programme for lower bands.</p>
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