(Agenda Item 6.1)	24.5.2023	Quality and Safety Committee	Maternity and Neonatal Metrics

Report Details:	
FOI Status:	Please select: Open (Public)
If closed please indicate reason:	Not applicable
Prepared By:	Suzanne Hardacre Director of Midwifery and Nursing Children and Families Care Group
Presented By:	Suzanne Hardacre Director of Midwifery and Nursing Children and Families Care Group
Approving Executive Sponsor:	Greg Dix Executive Nurse Director
Report Purpose	Please Select: For Noting
Engagement undertaken to date:	Not applicable

Impact Assessment:	
Indicate the Quality / Safety / Patient Experience Implications:	Outlined within the presentation
Related Health and Care Standard	Safe Care Individualised Care Governance Leadership and Accountability Timely Care
Has an EQIA been undertaken?	No – Not a policy or guideline
Are there any Legal Implications /Impact.	No
Are there any resource (capital/Revenue/Workforce Implications / Impact?	No
Link to Strategic Goals	Sustaining Our Future Inspiring People Improving Care Creating Health

Maternity & Neonatal Improvement Programme – Transition into Health Board Arrangements & Oversight

No.	Milestone	RCOG rec	Completion date	Owner	Current status	Supporting comments. Please provide details on status rating	Risk to delivery identified?
1	Long-term strategy - Staff and public consultation and finalise	7.67	31 December 2022	SH	completed	11/1/23: With Comms dept. being prepared for launch; tbc by DOM	
2	Maternity/NN priorities included in CTM long-term strategy	7.67	31st March 2023	SH	on-track		Dependent on CTM long-term strategy development
3	Re-run Culture Survey	7.56	31st March 2023	SH	delayed	Both Maternity and Neonatal	
4	QI plan implementation (joint Maternity/Neonatal)		31 March 2023	SH/EM	on-track	16/1/23: considerable progress including QI training; Mat/Neo collaboration and PERIprem	
5	Maternity dashboard go-live	7.63	30 September 2022	EM	completed	16/1/23: Maternity dashboard go-live Nov 22; with training support for staff;	
6	Joint Maternity and Neonatal dashboard	7.63	30 March 2023	EM/ROD	on-track	16/1/23: development of a tab for NN dashboard on Maternity dashboard	
7	Audit to be undertaken in 6 months time to assess the average and range of time taken for emergency admissions to be reviewed at consultant level (CEPOD)	7.3	31st March 2023	ME	closed - see change below 22/11/22	16/23: Closed due to change in iterations based on Welsh Gov./IMSOP advice and ensuring delivery is according to Wales and UK wide expectations; see milestone below	
8	Revised - Audit to be undertaken in 6 months time to assess the average and range of time taken for emergency admissions to be reviewed at consultant level (CEPOD) - tbc on 18hrs	7.3	30 June 2023	ME	completed	16/1/23: all women presented in A&E to be seen within 12hrs by a consultant. This target is the ambition for HBs across Wales and UK. It is not achievable within the current workforce model. However, a strategic workforce plan is being developed, inclusive of both Maternity and Neonatal in the new CTM governance structure. CTM HB is currently compliant with the 18 hours window. To date no safety incidents have been raised. ***Action:*** *HB keep this under continuous review; MD presented to QSE 24.1.23 and NNIS 19.1.23*	

Focus on Neonatal improvement programme:

- **Total 56 NN deep dive recommendations which include 14 escalations and 5 immediate**
- **All 19 immediate** actions completed
- **10** of the 19 **Medium term** actions completed
- **9** of the 16 **short-term** actions completed
- **1** of the 2 **long-term** actions completed
- Overall **17 remaining actions** to be completed
- BAU checks on **embedding improvements** to be completed

Tables demonstrating by timescale and workstreams completed/remaining actions:

Timescale	Total no.	Actions completed	Remaining actions
Immediate	19	19	0
Medium	19	10	9
Short-term	16	9	7
Long-term	2	1	1
Total	56	39	17

Progress at 24.4.23

- Handover from Programme Manager to Director of Midwifery and Clinical Improvement Lead for Neonates on 31.3.2023.
- Of 17 actions to be completed – 4 prepared for assurance and checking w/c 24.4.23, further 4 due (2 weeks).
- BAU testing evidence in practice – essential for sustainability.
- Transitional care pilot in progress at POW. Benchmarking exercise completed
- Clinical elements of Mat Neo Dashboard complete – awaiting final updates from Informatic colleagues.
- Several Perinatal collaborative QI projects underway – evidence of 'Bright Spots' nationally recognised within Mat Neo SSP.
- Neonatal IPAFF Challenge session held with SRO on 19.4.23.
- Care Group MatNeo Improvement Board in place (last meeting 24.4.23).
- Mat Neo Safety Board Oversight (28.3.23, next meeting 22.5.23).
- Meeting DoM & DU to agree Targeted Intervention Requirements
  - Evidence (QLM, QWFE, SEC) to be sent to DU in May
  - DU / Maternity and Neonatal Network site visit with showcase events by clinical colleagues at PCH on 5th June.

Maternity & Neonatal Improvement Programme – Wash up plan – remaining actions from RCOG recommendations on closure of the Programme.

Things to know: QI (training sessions held and projects identified) and Maternity and Neonatal dashboard development on-track; Medical Mandatory & Statutory Training uptake to be improved; Transitional care pilot to commence 17th April 2023

Milestone	Due	Progress
Long-term strategy (vision for next 3 years)	Mar 2023	Staff and public consultation finalised; Comms dept. for launch
Re-run Culture Survey – Maternity and Neonatal	Mar 2023	
Quality Improvement (QI) – Maternity and Neonatal	Mar 2023	Several QI training sessions held; with further 'adhoc' as required; Medics to increase uptake; Neonatal first QI MDT meeting to be held 2.3.23; also All Wales PERIprem launched to be inclusive of NNAP/MDT approach
Transitional care	Mar 2023	Being scoped; presentation to Maternity and Neonatal safety board 19.1.23; MDT meeting to be held 27.2.23; 3 month pilot to commence at POW on 17.4.23; Visit to Plymouth TC service 17.3.23
Joint Maternity and Neonatal dashboard	Mar 2023	NN tab being developed for inclusion onto the Maternity dashboard live (Nov 22); *note: Neonatal dashboard developed*
Audit to be undertaken in 6 months time to assess the average and range of time taken for emergency admissions to be reviewed at consultant level (CEPOD)	closed	Closed: change in iterations based on Welsh Gov./IMSOP advice; MD presented update to QSE 24.1.23; adhere to existing protocols 18hr window – fully compliant and no safety incidents

Neonatal Engagement

- Formal process of collecting prems data via civica
- Psychology support on the neonatal unit
- Family integrated care QI project.
- How we engage Social media posts (Facebook, Twitter),Engagement Forum (monthly)Awareness days, Face to face meet ups, Patient Stories, Sharing our progress and outcomes (You said, we did)
- Bliss peer supporters in progress
- Feedback metods,Collect compliments via social media,Thank you cards,PALS,Concerns.
- BFI Stage 3
- Grow brain training

Neonatal Safe and Effective Care

- Neonatal Pharmacist
- Governance nurse for neonatal services, robust governance review process.
- QI training
- Representation at all Wales NN network governance forums
- Forward audit plan
- Clinical improvement lead
- Perinatal Mat/Neo safety Champion for UHB.
- Progress of dashboard
- Peri-Prem Cymru
- Rotation of medical and nursing staff to tertiary centres.
- Robust reporting governance structure

QUALITY OF LEADERSHIP AND MANAGEMENT - NEONATAL

- Staff engagement
- Perinatal approach further maturing collaborative working (Mat Neo safety support perinatal lead/periprem. Joint metrics.
- How the leadership team are using data to drive service
- Workforce planning (Whssc, BPAM NOV 22, Mat-Neo safety support programme.
- Robust reporting structure.
- More visible leadership- Medical /Nursing
  - Establishment of senior leadership roles
  - Leaders have effective joint working relationships and
  - Evidence of High Trust.
- Proposed plan for addition roles within the service post project management office.
- Out of hours senior manager on call
- IMTP

Proposed Assessment Revisited: 15.8.2022	Basic Level	Early Progress	Results	Maturity	Exemplar
Safe and Effective Care			Y		
Quality of Women's and Family Experience			Y		
Quality of Leadership and Management			Y		
Joint Maternity & Neonatal Working			Y		

Proposed Assessment 19/04/2023	Basic Level	Early Progress	Results	Maturity	Exemplar
Safe and Effective Care			Y		
Quality of Women's and Family Experience			Y		
Quality of Leadership and Management			Y		
Joint Maternity & Neonatal Working				Y	

- IPAAF Assessment 15.8.22 showed all domains to be in early results.
- IPAAF Assessment 19.4.23 showed all domains clearly within results with maturity for collaborative working with maternity.
- Evidence within QWFE of moving to maturity. Service asked to review self-assessment profile due to significant progress within this domain.

Background

Cwm Taf Morgannwg University Health Board has a history of successful collaborative working between Maternity and Neonatal Services and now works as one Perinatal Service.

External investigations and scrutiny have promoted the need for cross service multi-disciplinary team working across our Maternity and Neonatal Services.

Examples include:

ATAIN reviews

IUT Pathway (development and ratification)/Exception reportable birth discussions

Collaboration when undertaking NRI's

MDT handover each morning on labour ward

IUT Pathway

Development and Ratification Process- Collaborative Working

Ratification of the CTMUHB IUT Pathway. Aim to provide our birthing people and babies with the best care possible when experiencing threatened preterm labour.

- Work lead by Consultant Neonatologist and Intrapartum Lead
- Multiple MDT meetings held with representation from Maternity and Neonatal services to ensure effective collaborative working
- MDT approach throughout with consideration from each service valued by both parties
- The pathway has now been ratified and is the best it could possibly be because of the success of cross service collaboration

Exception Reportable Births- Case Discussion

If you have fewer than 6 sections feel free to delete

All exception reportable births (Singleton <32 weeks , Twins <34 weeks, BW <1500kg) discussed as a joint MDT to attain in the birth in our units was avoidable or unavoidable- (similar to ATTAIN).

- Joint MDT review with maternity and neonatal representation at each meeting
- Maternity and Neonatal services working as one 'perinatal team' when reviewing care and concluding if the birth in our unit was avoidable or unavoidable
- Any identified learning shared across maternity and neonatal services
- IUT dashboard developed to record cases, collate identified learning and visualise themes and trends in care

Exception Reportable Births- Dashboard

All exception reportable birth data collated onto IUT dashboard- one for each site (PCH/POW)

- Metrics used to identify themes in care for continued learning and improvement
- Metrics used or quality Improvement
- Identified learning collated and shared
- Data presented on various platforms for learning, quality improvement, assurance.
- Dashboard accessible by Maternity and Neonatal teams

Lessons learned

- Delay in final ratification of IUT Pathway- this was because of effective collaboration and time taken by each service to ensure the final pathway was the best it could possibly be.
- Effective collaboration can only improve patient care and outcomes.
- Development of the IUT Pathway and Exception Reportable Birth case discussion has set a president for future collaboration and the progression of the Cwm Taf Morgannwg 'Perinatal Service'.

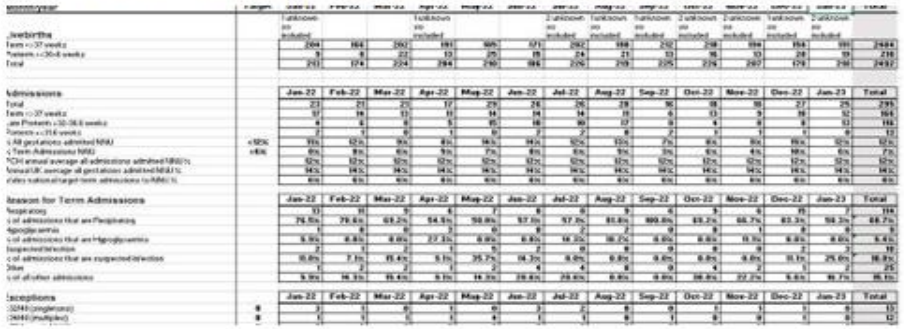
Further information

Dr Amit Kandhari (Consultant Neonatologist)
Mr Mohammed Elnasharty (Clinical Director)
Dawn Aspee (Intrapartum Lead POW)
Leanne Richards (Lead Neonatal Nurse for Improvement)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Neonatal Data

Current Format, how are we now using data?



- Work is underway to integrate neonatal metrics in to the Maternity dashboard- meeting 9th of February.
- Data capture forms completed.
- Additional tabs will be added with the neonatal data, including clinical and workforce metrics
- Combined dashboard will be available to all staff on SharePoint and utilised for quality, safety and improvement purposes

•Triangulate with Prems data

Model for Improvement

Collaboration through our improvement journey

In 2020, CTM also requested an external review of neonatal services. The neonatal services 'Deep Dive' review, resulted in 25 'escalations' for improvement. Joint working between maternity and neonatal colleagues was strengthened as a result.

For sustainably of the improvements made, Maternity and Neonatal Services recognised the need for presenting joint metrics.

Moving forward – developing the Neonatal dashboard

As a part of sustainability arrangements, neonatal services have monitored key metrics and identified areas for improvement on an ongoing basis. The dashboard was developed containing:

- clinical measures
- public health measures
- Governance data
- Commissioning/staffing numbers

All of the above is presented as time series data, refreshed monthly. Data is currently manually sourced from badgernet/mits/e roster every month

Creating a combined Maternity and Neonatal dashboard

Neonatal metrics were being reported regularly, with data extracted from various sources, including staff rosters and BadgerNet. The data were being presented alongside maternity dashboard metrics for an overview of the whole service.

Work has been completed to develop the key neonatal metrics required for a thorough view of the service.

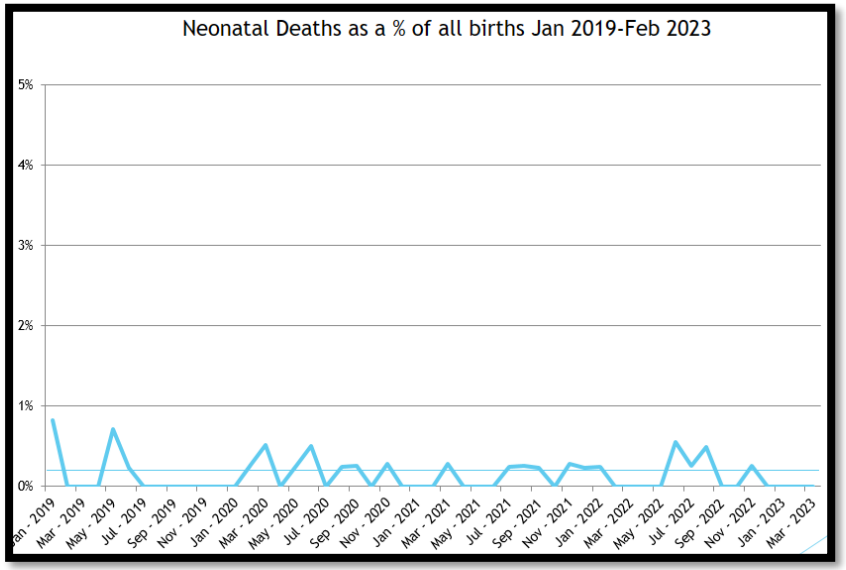
Support is being provided by IT colleagues to create additional tabs on the maternity dashboard that will include the neonatal data to create a combined MatNeo dashboard.

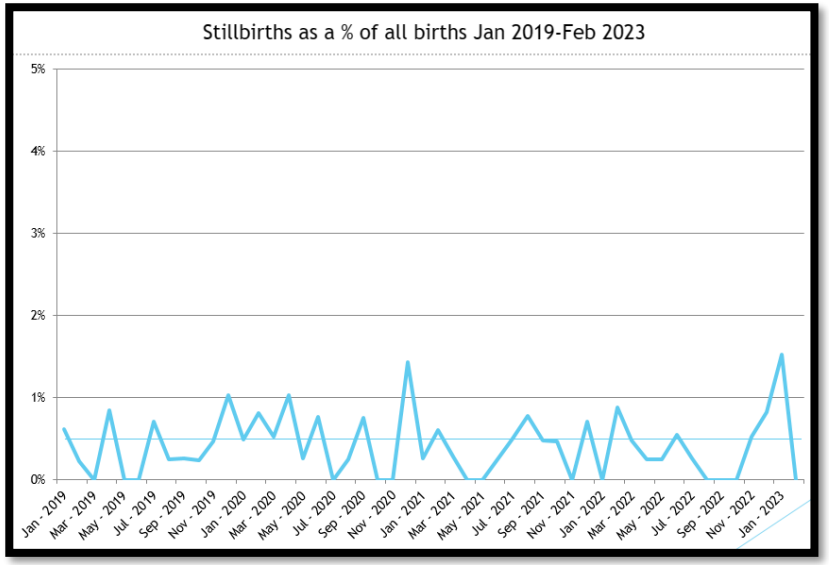
Quality Improvement

- Perinatal approach to improvement
- Mat neo safety support programme
- Peri-Prem Cymru
- Thermoregulation
- ROP
- ATTAIN
- IUT
- Family integrated care
- Golden drops.
- Streamlined pathway for staff to be supported in QI projects.

Data and Performance Working Group

- Ensure that essential data is collected accurately
- Highlight good practice through data collection and disseminate to the neonatal team
- Identify areas for improvement
- Share the highlight report with clinical teams, managers and service leads so that data informs decision making and QI projects
- Engage the junior team and colleagues in QI projects
- Bench mark against similar units and national standards
- Share successful projects throughout the network

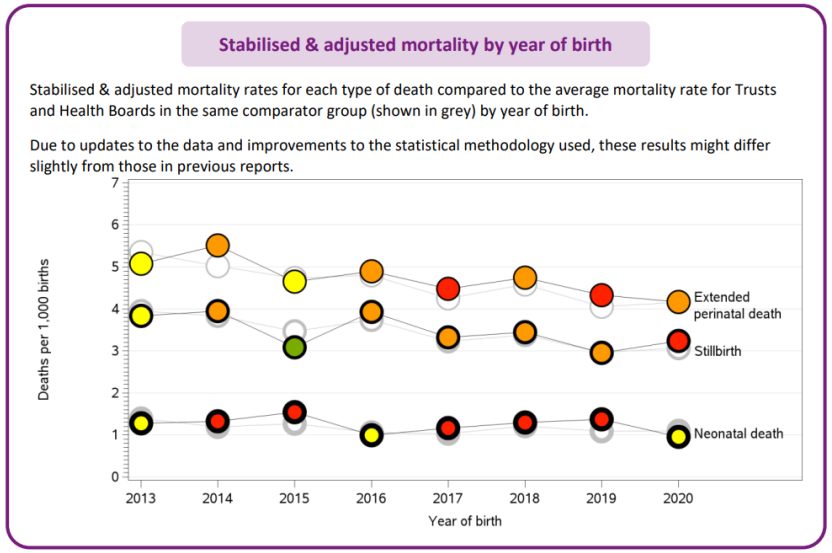




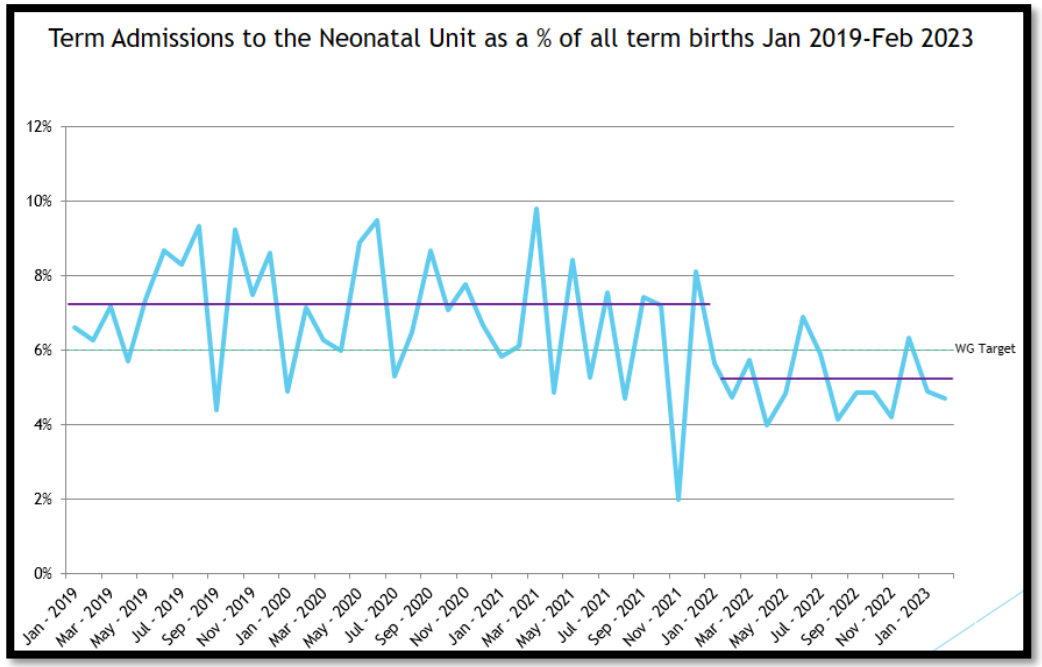
Stillbirth & Neonatal Death rates stable over time.

MBRRACE Data for 2020 cases
Reduction in extended perinatal death.

Local and National QI initiatives in place



MBRRACE 2021

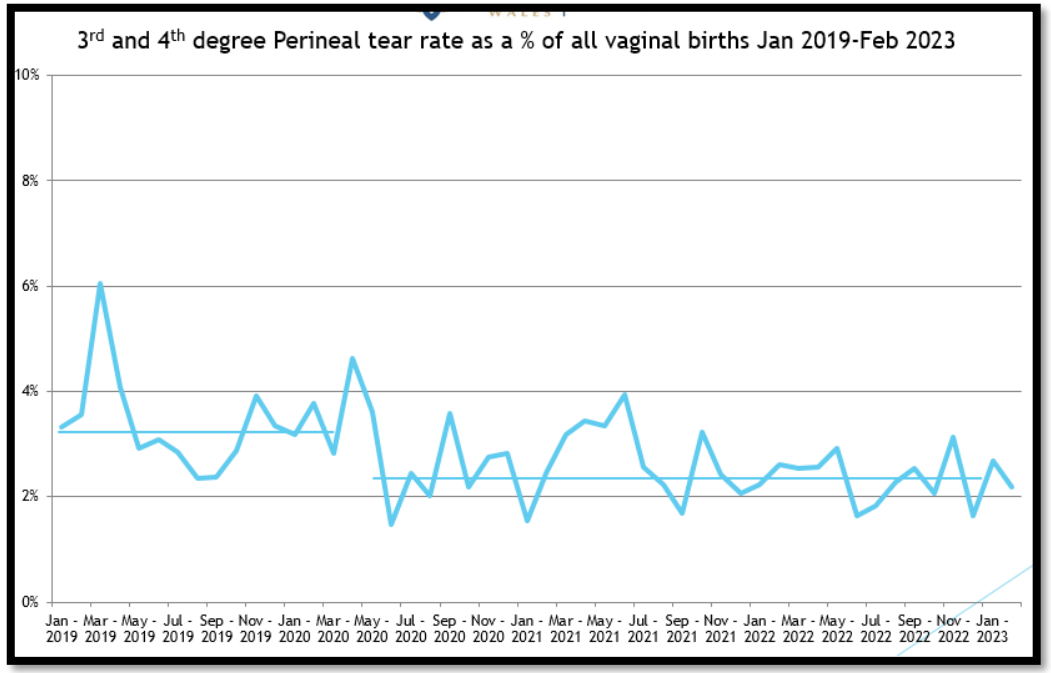


Term Admissions to Neonatal Unit

7.5%. Median re-set Jan 2022 as 6 points below the median line, now 5.1%. ATAIN QI group continues to review and support best practice

3rd & 4th Degree Tear Rate

No change in median for 3 years. Not an outlier.



Maternity & Neo Data, Performance & Quality Improvement - ATAIN

What Went Well..

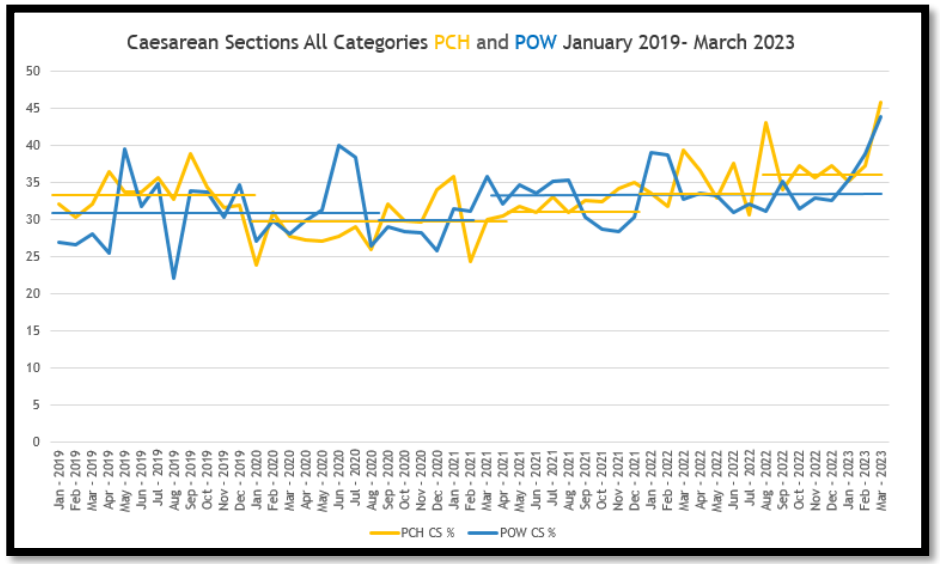
- 7.5%. Median re-set Jan 2022 as 6 points below the median line, now 5.1%. ATAIN QI group continues to review and support best practice.
- Metrics remain stable no exceptions to report.
- There were no babies born outside of gestational criteria in CTM 100% of shifts maintained BPAM standards.

What needs to improve..

- Respiratory distress remains the most common reason for admission of term babies
- Receiving Breast milk on discharge remain low however this is a consistent metric. Repatriated infants have often made this change before admission to CTM.
- Staff unavailable for work in NN units in CTM remains high (POW)
- Watch closely the infants temperature on admission as there is an increase of admission temperatures above 37.5

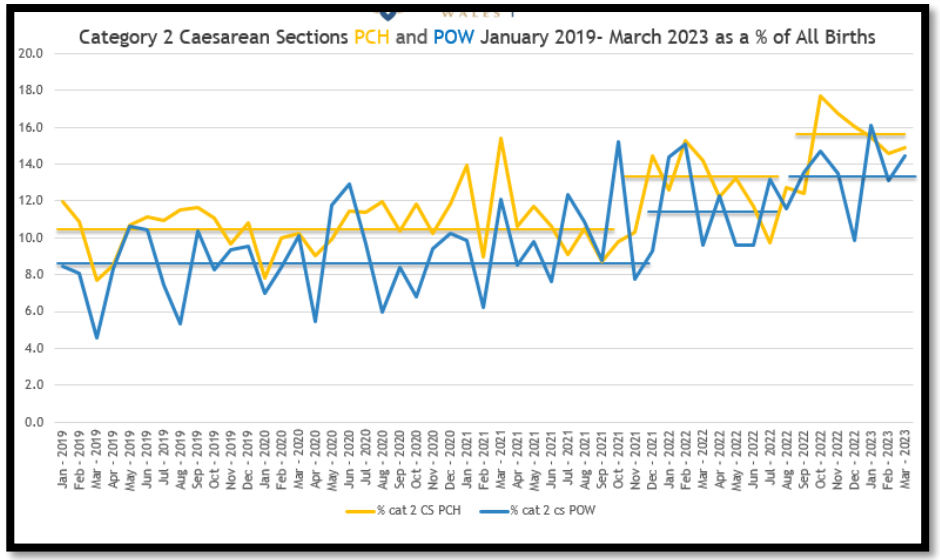
Actions for Improvement..

- On going projects on breast feeding – golden drops, to further improve breast feeding a longer term QI project has commenced.
- Thermoregulation project in first stages – Getting to understand the problem '5 whys' establishing a team.
- Perinatal Quality improvement team has been established to support the delivery of Peri-prem Cymru. Local celebration/launch TBC
- Make safe for staffing in place at POW- across site cover from PCH
- EM to support QI presentation to the Paediatric medical team.



Cat 2 CS (RCOG): Maternal or fetal compromise which is not immediately life-threatening. Birth should be achieved within 75 minutes of the decision. This is where there appears to be the most significant rise in CS

Numbers fluctuate more as they are smaller numbers
PCH 1st 12 points 10.2% median. 6 points above median in dec 2021- May 22. Median reset: 13.7%. Now 15.9%.
POW 1st 12 points median 8.4%. 6 points above median in Dec 21- May 22 Median reset 11.7%. . Aug 22- Jan 23 13.2%



Category 2 Caesarean Sections

- Deeper dive into category 2 caesarean sections, including women's experience of receiving information and being supported to make decisions
- Share with multi-professional team at Governance meeting
- Audit with a specific focus on decision making for category 2 CS
- Use QI tools to understand the current processes (5 Whys, Fishbone etc.)
- Use findings from above to develop programme of QI, using QI methodology including SMART aim

Normal Labour Pathway

- Understand current processes, using QI tools to identify areas for improvement
- Undertake quality improvement programme based on findings

Maternity only Clinical Incidents by level of harm
March 2023 data
Families and Children's care group
(Maternity) data

Note: The Health Board have recently transitioned from an Integrated Locality Model into a Care Group operating model and are also realigning the quality governance structure to support the new operating model. Therefore, reporting going forward will be aligned to the new Care Group model.

Table below demonstrates total no. of incidents reported related to patient safety:

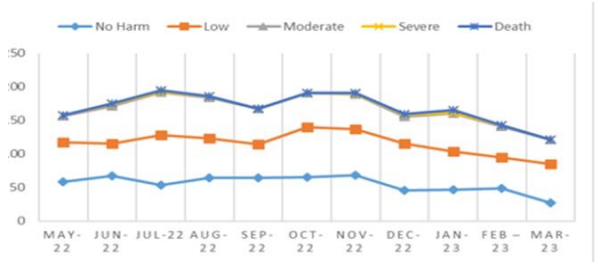
Incident level - harm	May - 22	June-22	July -22	Aug - 22	Sept - 22	Oct-22	Nov-22	Dec-22	Jan - 23	Feb – 23	March - 23
No Harm	58	67	54	64	64	65	68	46	47	49	27
Low	59	48	74	59	50	75	69	69	57	46	58
Moderate	39	56	64	61	53	51	52	40	56	46	36
Severe	1	3	1	2	0	0	1	3	1	2	0
Death	0	1	2	0	0	0	1	1	4	0	0

Table below demonstrated no. of serious incidents:

Incidents	MAY -22	June-22	Jul-22	Aug-22	Sept-22	Oct -22	Nov-22	Dec -22	Jan 23	Feb - 23	Marc - 23
No. of serious incidents outstanding	21	15	15	7	7	7	7	7	7	8	9

Table below demonstrated no. of open/concluded inquests:

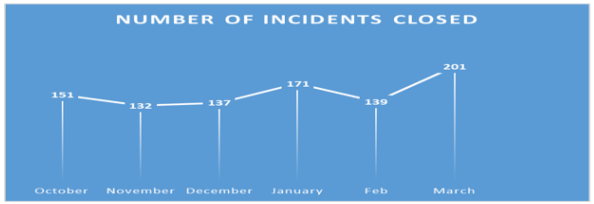
Inquests	May Apr-22	June 22	Jul -22	Aug -22	Sep 22	Oct -22	Nov-22	Dec -22	Jan -23	Feb - 23	Mar 23
Total no. of open inquests	8	8	8	9	9	10	11	11	11	12	12
Total no. inquests concluded	0	0	0	0	0	0	0	0	0	0	0



- As there appears to be a drop in the number of incidents reported for the month of March– this is being cross referenced to ensure reporting is continuing.

Number of Maternity incidents closed across the care group by month

October	November	December	January	February	March
151	132	137	171	139	201

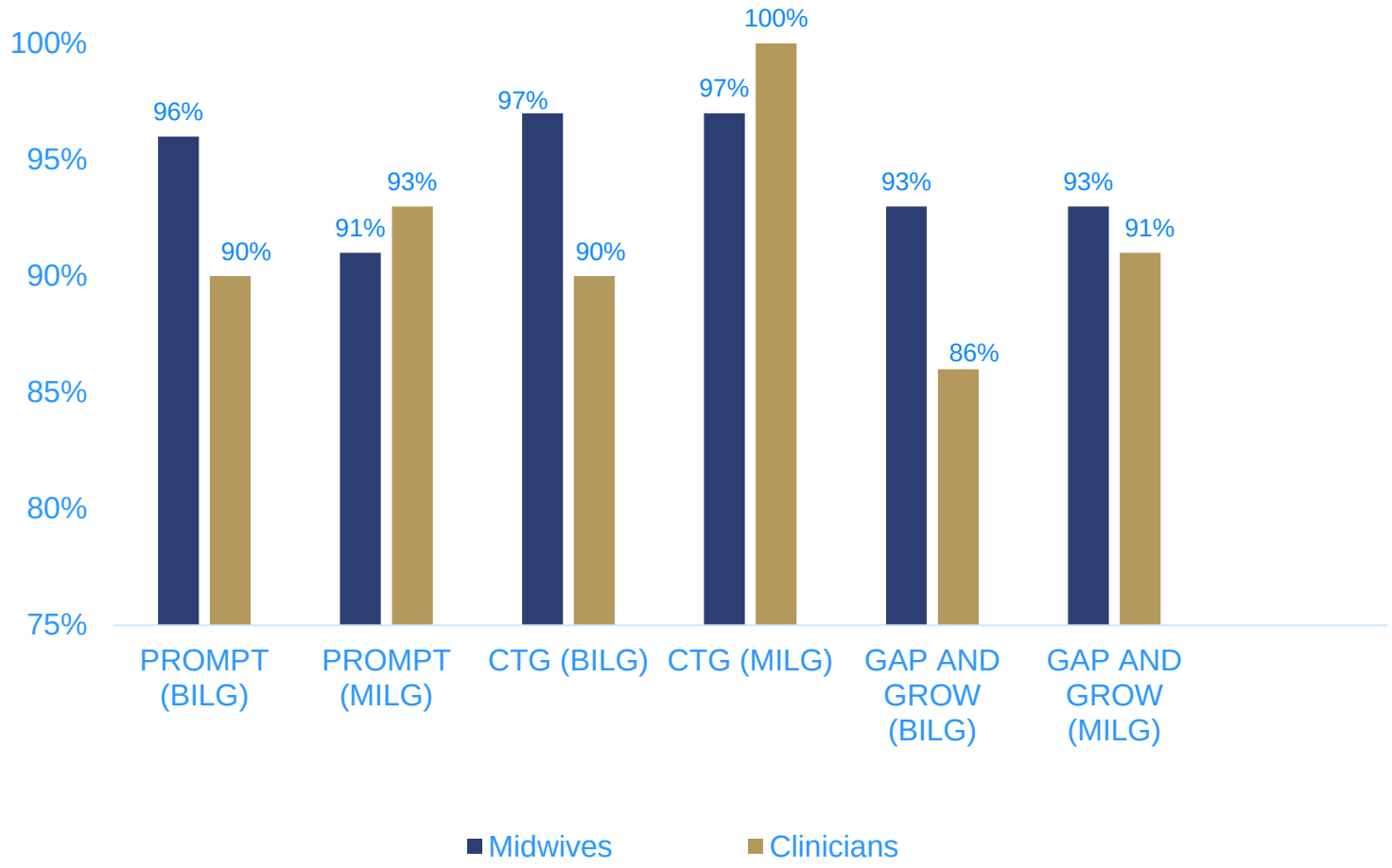


Neonatal Incidents April 2022 to March 2023

Both Sites	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Total Number of incidents	17	29	27	22	8	18	29	26	23	26	18	40	283
Cat/Death	1	0	0	1	0	0	0	0	0	0	0	0	2
Severe	0	0	0	2	0	0	0	0	0	0	0	0	2
Mod	5	5	1	3	0	1	2	1	1	1	1	3	24
Low	3	8	13	10	4	3	3	7	7	11	6	19	94
None	8	16	13	6	4	14	24	18	15	14	11	18	161
Closed	14	28	25	20	7	14	26	23	17	20	8	17	219
Under Invest	3	1	2	2	1	4	3	3	6	6	10	13	54
Awaiting Closure	0	0	0	0	0	0	0	0	0	0	0	1	

Neonatal Incidents Level of Harm

Both Units									
Date	Total Number of Incidents	Cat/Death	Severe	Mod	Low	None	Awaiting Closure	Overdue	Closed
Apr 22	17	1	0	5	3	8	0	3	14
May 22	29	0	0	5	8	16	0	1	28
Jun 22	27	0	0	1	13	13	0	2	25
Jul 22	22	1	2	3	10	6	0	2	20
Aug 22	8	0	0	0	4	4	0	1	7
Sep 22	18	0	0	1	3	14	0	4	14
Oct 22	29	0	0	2	3	24	0	3	26
Nov 22	26	0	0	1	7	18	0	3	23
Dec 22	23	0	0	1	7	15	0	6	17
Jan 22	26	0	0	1	11	14	0	6	20
Feb 22	18	0	0	1	6	11	0	10	8
Mar 22	40	0	0	3	19	18	1	13	17
	283	2	2	24	94	161	1	54	219



Note: MILG - *Important to note workforce numbers increased this month due to returns from sick therefore staff training had improved but does not reflect in the %.*

PROMPT- DNA due to rostering issues – Roster Managers notified to ensure avoidance of future roster issues.

CTG (Bridgend) Only 2 staff non compliant)

Compliance is reviewed/monitored on a monthly basis, staff who are not complaint are contacted by the training team to ensure their compliance. If still not compliant, this is escalated to the Care Group medical director to ensure all the staff are compliant. Rota is adjusted to allow the medical staff to complete any required training.