



AGENDA ITEM

7.4.3

QUALITY & SAFETY COMMITTEE

Proposed Maternity Metrics for Health Board Assurance

Date of meeting	18/01/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sarah Fox – Head of Midwifery/Gynaecology - BILG
Presented by	Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Maternity and Neonatal Improvement Board "huddle"	23/12/21	NOTED

ACRONYMS

RCOG	Royal College of Gynaecologists
RCM	Royal College of Midwives



1. SITUATION/BACKGROUND

- 1.1 Following the RCOG/RCM (2019) report into maternity service provision in (what was at the time) Cwm Taf University Health Board, the establishment of the Maternity Improvement Board (MIB) and more laterly the Maternity and Neonatal Improvement Board (MNIB) provided the scrutiny, oversight and assurance to the Health Board of the ongoing improvement journey of the service.
- 1.2 As the improvement journey progresses, consideration must be made of how assurance will be provided into the future, when the special measures process may be stepped down. The Health Board will require an agreed set of metrics, to be presented regularly, to provide assurance of quality and safe care and the evidence of the improvement journey continuing.
- 1.3 The proposed metrics in this paper are specifically for the purpose of high-level assurance of the Health Board senior leaders. The metrics are complemented by the robust well-developed service governance process and Integrated Locality Group (ILG) assurance processes.
- 1.4 A small review of metrics for this purpose was undertaken. There is no easily available metrics used by other Health Boards and Trusts within the UK at the current time. It is therefore possible that many use standard UK national audits and clinical outcome data (provided in CTMUHB via the service dashboard and run charts). The aim of this specific additional metrics information is to enhance assurance and to evidence continual improvement.

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

- 2.1 The metrics identified in Appendix 1 will be considered an appropriate template in the first instance. These will be reviewed quarterly for the first 12 months and then annually.

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

- 3.1 None identified



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
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) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 For consideration for **APPROVAL**.