



CTMUHB Quality and Safety Committee

Maternity and Neonatal Improvement Programme Highlight Report
June 2022

Date of Meeting	19/07/2022
FOI Status	Open / Public
Prepared by	Steve Sewell, Programme Director MNIP Shelina Jetha, Programme Manager MNIP
Presented by	Greg Dix, Executive Nurse Director
Approving Executive Sponsor	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Report Purpose	Update the group on the progress of the Maternity and Neonatal Programme.

ACRONYMS

ATAIN	Avoiding Term Admissions into Neonatal Units
CNO	Chief Nursing Officer
EPAU	Early Pregnancy Assessment Unit
GAU	Gynaecology Assessment Unit
IMSOP	Independent Maternity Services Oversight Panel
IPAAF	Integrated Performance Assessment and Assurance Framework
MDT	Multi Disciplinary Team
MNIB	Maternity and Neonatal Improvement Board
NNU	Neonatal Unit
QLM	Quality Leadership and Management (Maternity Workstream)
QWE	Quality Women's Experience (Maternity Workstream)
PCH	Prince Charles Hospital
PREM	Patient Reported Experience Measure
PTR	Putting Things Right
SEC	Safe and Effective Care (Maternity Workstream)
SOP	Standard Operating Procedure

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide an update on the progress of the Maternity and Neonatal Improvement Programme in the form of a highlight report.

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

2.1 This section outlines an overview narrative describing some of the key matters within the Maternity and Neonatal Improvement Programme.

2.2 Due to the level of maturity in both the improvement and operational Maternity Quality of Women's Experience work, MNIB approved the transition plan to support the closure of the Maternity Quality of Women's Experience workstream and transfer of remaining work into operational structures

2.4 We've now agreed the 'Conditions for Sustainability' criteria with IMSOP. The internal process to review the 'Conditions for Sustainability' has been designed and is due to be agreed soon. This will include SRO's and Independent member challenge sessions, featuring each of the 13 conditions.

2.5 The SOP for the GAU service at PCH has now been approved by MCILG, with the emergency gynaecology and early pregnancy pathways already being operational, with the remaining elements awaiting estates works planned to take place during August.

2.6 Six of the nineteen immediate Neonatal Deep Dive recommendations and escalations have been verified by IMSOP, improvement work to address the remaining immediate recommendations and escalations is well progressed, with most due to complete by the end of July. Many of these are already going through internal assurance at roughly 2 or 3 per week.

2.7 A Data Showcase was held with IMSOP earlier in the month, which showcased the data the services use, how this is currently verified, used in governance, and examples of how data was being used to drive improvements. This was presented as work in progress as there is still work to do to improve data and its use in the services. The showcase was received positively and in particular the new format Maternity Dashboard.

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

3.1 Please note the "Programme Risks/Issues" are captured on page 2 of the highlight report.

3.2 Work to understand the extent of a new risk added in March is still underway. This relates to a number of recommendations in the Neonatal Deep Dive report specifically seeking additional investment in workforce. Costs have already been predicted to exceed £1m, so this will be significant. A paper to outline the extent of the financial risk is due.

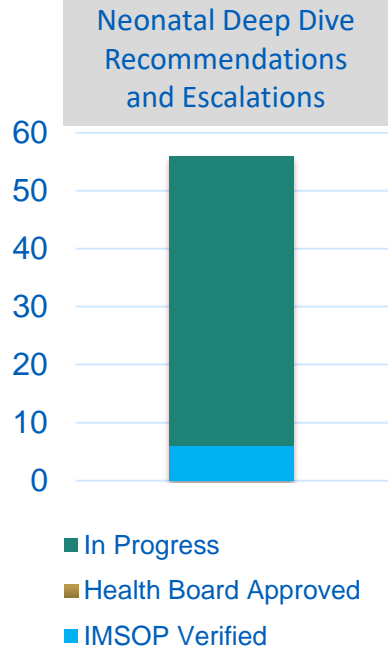
4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below) Please refer to the highlight report for detail.
Related Health and Care standard(s)	Governance, Leadership and Accountability All Health and Care Standards apply.
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) Not required for a progress report.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) Please refer to the highlight report for detail.
Link to Strategic Goals	Improving Care

5. RECOMMENDATIONS

5.1 The Committee are asked to note the report.

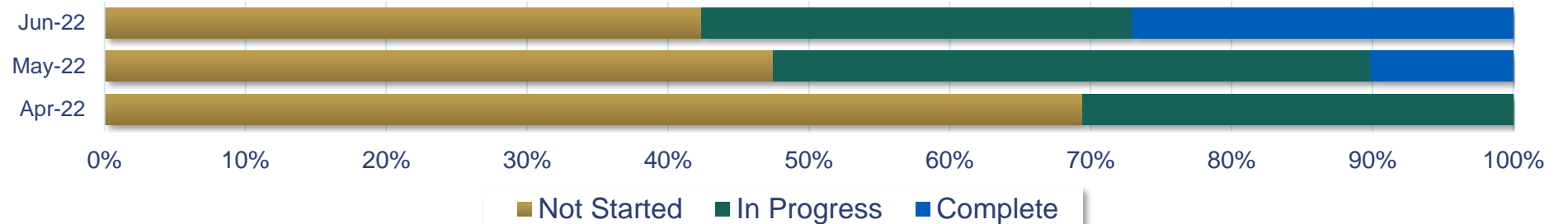
PROGRESS IN NUMBERS:



FOUR THINGS YOU NEED TO KNOW:

- In late May the Health Board accepted the Royal Colleges Recommendations Closure Report with 63 of the original 70 recommendations complete with the remaining elements of these recommendations forming part of the programme milestone plan, as agreed with IMSOP.
- Mid month a Data Showcase was presented to IMSOP, outlining the data we use with examples of how this data is used in governance and how it's used to drive improvements. This was positively received by IMSOP.
- Due to the significant progress made in the Maternity Quality of Women's Experience workstream, MNIB approved the close down of this workstream with the changes made and improvements planned, transferring this work to a wholly operational responsibility.
- The criteria and expected evidence for the 'Conditions for Sustainability' have been agreed with IMSOP. An activity plan has been established to monitor all the key activities in delivering these criteria and evidence. Progress against this plan is shown in the chart below.

CONDITIONS FOR SUSTAINABILITY ACTIVITY PROGRESS



LATEST IPAAF ASSESSMENT

	Basic	Early Progress	Results	Maturity	Exemplar
Safe and Effective Care	MATERNITY				
	NEONATES				
Quality of Women's /Family Experience	MATERNITY				
	NEONATES				
Quality of Leadership and Management	MATERNITY				
	NEONATES				
Joint Working	MATERNITY				
	NEONATES				

SUPPORT AND DECISIONS NEEDED FROM Quality & Safety Committee:

Note – new approach to reporting progress, now focused on Conditions for Sustainability

TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Latest Progress	Rating	Trend
The new Health Board Operating model could create uncertainty and impact progress	The programme will need to monitor progress closely and to mitigate uncertainty will need to respond quickly to circumstances as they evolve. The new model should help with some of the current risks within the programme. Discussions are planned to begin exploring how transition of the programme into operating structure, which the operating model could disrupt. Mitigating this we'll focus on areas where accountability and governance structures can be transitioned with minimal disruption. The arrival of the Health Board wide Director of Midwifery role will aid this transition.	Very High	
Neonatal Deep Dive recommendations lead to increased operating costs	Work is underway to understand the operational cost consequences of a number of recommendations in the Neonatal Deep Dive report (3.3, 3.4, 3.5, 3.6, 3.7 & 3.8). The additional costs are greater than £0.5m, but there are other other posts that need to be scoped and costed. A paper will be generated in the next couple of weeks outlining the expected requirement for consideration within the Health Board.	Very High	
The pressures of running operational services limit operational resource availability and progress of the improvement work	There has been an impact on staffing levels due to COVID19 sick leave. As a programme we continue to support our clinical managers and staff working on the programme, but also try and limit the number and intensity of improvement activities to a manageable level. Note: this may impact on delivery of the NN immediate actions due for completion for 31 st Jul 2022	High	



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Maternity and Neonatal Improvement Programme - Workstreams

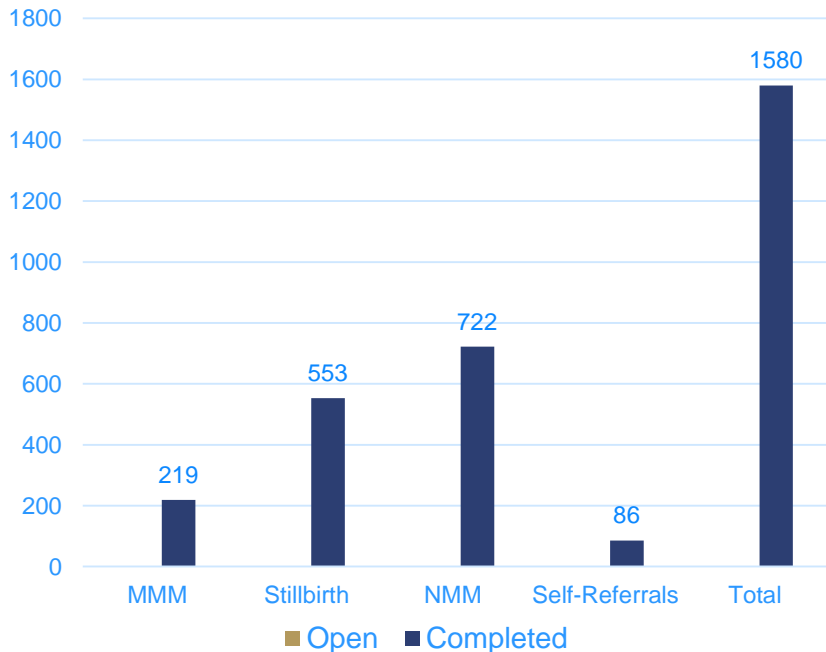
SROs : Greg Dix and Sallie Davies

June 2022

CLINICAL REVIEW:

- 100% of maternity improvement actions are completed, although we are waiting for final approval from IMSOP
- The 35 cases involving an SI have been reviewed and closed by the PCST
- The outstanding 151 case closures have been prepared and are awaiting final process sign off from IMSOP
- Self-Referral Thematic Report was published Monday 4th July

Clinical Review Actions



Decision required: Internal lead required to sign-off 151 non SI case

JOINT MATERNITY AND NEONATAL IMPROVEMENT:

- **Achievements:** 100% NN ATAIN attendance maintained for 4 consecutive months
- **Things to know:** Milestone plan to be reviewed

Key Milestones for:	Due	Progress
Develop and Approve Transitional care business case	May 22	Monthly project meetings held: business case to be developed
Identify Joint QI Projects	Apr 22	Joint QI Manager in post, Joint draft framework/plan developed to be finalised July 22
Implement Joint QI Projects	Jun 22	Framework being finalised; draft dashboard shared for comments; multi-professional CRG set-up; PeriPrem – care bundle being developed in collaboration with Maternity and NN
Develop ATAIN action plan 22/23	May 22	Resource being identified to develop action plan
Develop a process for sharing learning across both services: Audit / Perinatal Mortality; Concerns / complaints Clinical Incidents; ATAIN; PMRT; Other engagement methodologies	Apr 22	PMRT, ATAIN perinatal mortality, clinical incidents, concerns all shared learning where appropriate Working on ensuring joint audit learning sessions

Examples of Maternity and Neonatal collaborative activities:

- Week beginning 27/6 staff crisis requiring joint working between Maternity/NN staff across PCH and POW
- Urgent COP meetings (Network wide) held 2x per week includes Maternity and NN
- Maternity/NN/Obs 'safe start' meetings everyday



Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

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NEONATAL IMPROVEMENT:

Achievements: Update on 14 escalations and 5 immediate actions – 5 verified; 3 submitted for IMSOP review in June and 2 undergoing HB assurance; draft Family Engagement strategy shared with families, staff and IMSOP; successful HB launch of strategy on 21.6.22; strategy now being finalised; Nursing study day 29.6.22 – 20 attendees: included Data Manager on neonatal data dashboard; nurse rotation; surgical stabilisation; feedback on NNIP etc. Data showcase 13.6.22 - well received by IMSOP

Milestone	Due	Progress
Family Engagement strategy	Jun 22	Draft strategy developed to be finalised; shared with staff and families plus IMSOP; successful launch 22/6/22; various engagement activities e.g. FB; bump talk; My maternity my way etc.
Audit: gov. process/outputs and action plan/review by NICU	May 22	30/6/22 Audit governance flowchart developed and to be finalised (part of action Esc. 14)
Shift Co-Ordinator role	Dec 21	To be included in WF business case being developed
Ensure Clinician NLS training is up to date	Nov 21	Awaiting confirmation from Service group Manager
Improvement hub – Op team	Jun 22	MDT discussions held; hub to be changed to training facility; staff identified as champions
Patient Safety Culture Survey	Jun 22	Survey designed; uploaded onto CIVICA ; launch July 2022
Transitional Care proposal/data	Dec 21	BC and SOP being developed jointly with maternity; meetings planned to discuss collection of data
Wales & National reporting	Jan 22	Completed: dashboard; metrics in Q&S; data showcase to IMSOP 13/6/22 – well received
IMSOP suggested proformas	Jun 22	Proforma's completed/to be signed-off-Staff will be trained
Cooling NN pathway/process; /learning etc.	Dec 21	6/6/22: HIE audit presentation with useful feedback. Learning etc.
Radiology – procedure /reporting/review of image by specialist consultant radiologist	Dec 21	Radiology SBAR to be completed including each element for reporting, review and audit. Flowchart for review process completed for review. Interim solutions being sought

MATERNITY IMPROVEMENT:

Achievements: Article published in the May 2022 edition of The Practising Midwife Journal; Successful IMSOP Data showcase 13/6/22; DOM f2f staff engagement sessions in June until Sept; International Day of the Midwife Celebration event across CTM with awards; RCOG Workplace Behaviour Champions appointed for each site; GDAU SOP signed-off; Mat/NN safety programme work on safe staffing

Key Milestones	Due	Progress
QLM: 5 year Strategy development	Sept 22	Strategy development session held 29/6/22; NN to be held 11/7/22 and within CTM; resource identified to develop draft
QLM: LNA	June 22	LNAs identified through various methods i.e. professional Gov. meeting/DOM engagement sessions etc. led to e.g. Develop induction Programmes with HEIW
QLM: re-run culture survey	Jun 22	Proposed milestone change to Dec 2022 - ongoing engagement/time to embed changes
QLM: Culture and Leadership Dev. Plans	Feb 22	Proposed milestone reset to end of September 2022 - Plan shared with staff side 1/6/22. DOM doing f2f engagement sessions across CTM; HFT July / Aug; appointment of RCOG Workplace Behaviour Champions and launch of 'Caring for you Charter'. You said we did' feedback to staff; professional governance meetings; etc. Next C&L meeting 5.7.22
QLM: Develop QI approach/plan/Manager	Apr 22	Proposed milestone reset to middle of July 2022. – Framework finalised and to be ratified at MNIB Huddle in July 2022
QLM: Population Health Needs Assessment	Apr 22	Proposed milestone reset to end of September 2022.- Data published awaiting final copy. IMSOP agreed use of existing information.
SEC: Pilot new management & monitoring of concerns process in MCILG	July 22	100% compliance May 22; 86% for June 22
GDAU SOP / Pathway signed off	May 22	Revised SOP signed-off ILG business meeting 4/7/22
SEC: GDAU service go-live	May 22	Emergency pathway to W5 live; GDAU work being scoped: audiology room refurb 1/8/22

Key Risk: QLM: Clinical leads operational pressures



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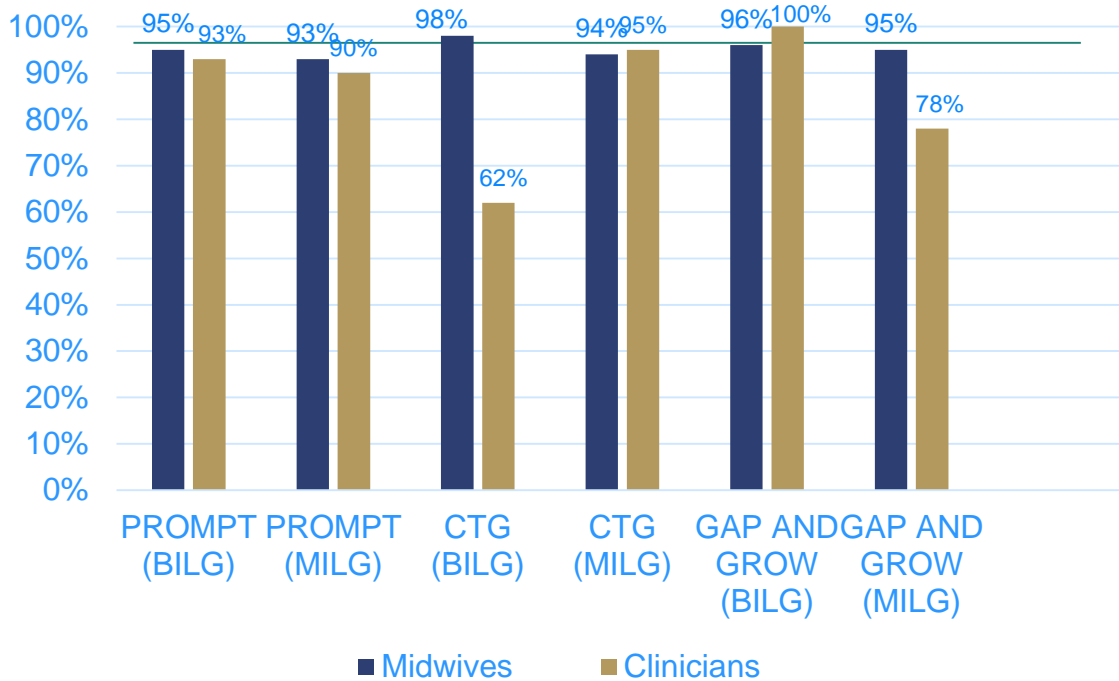
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Training Compliance for June 2022: (Expected compliance 95%)

NB: Data taken from June's Training and Education Newsletter report (1st July 2022)

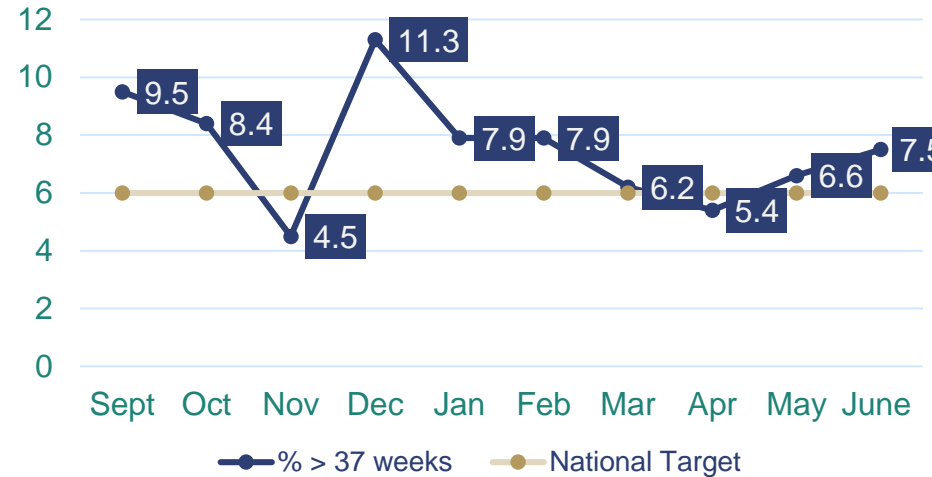


There is a lower level of compliance for CTG Training for Bridgend clinicians as there was a delay in booking the Obstetricians onto the training due to roster manager sickness. All Obstetricians have since been asked to book themselves on and have been provided with dates and venues. (1 booked on July, 2 in August and 4 in September). Please note that the low compliance rate for Gap and Grow training for MC ILG Clinicians is skewed due to a low number of Obstetricians thus when a couple are out of compliance the percentage rate is skewed. There are currently 3 clinicians currently out of compliance and one of which is leaving the UHB in 2 weeks; the remaining 2 aim to complete as soon as possible.

Neonatal Term Admissions

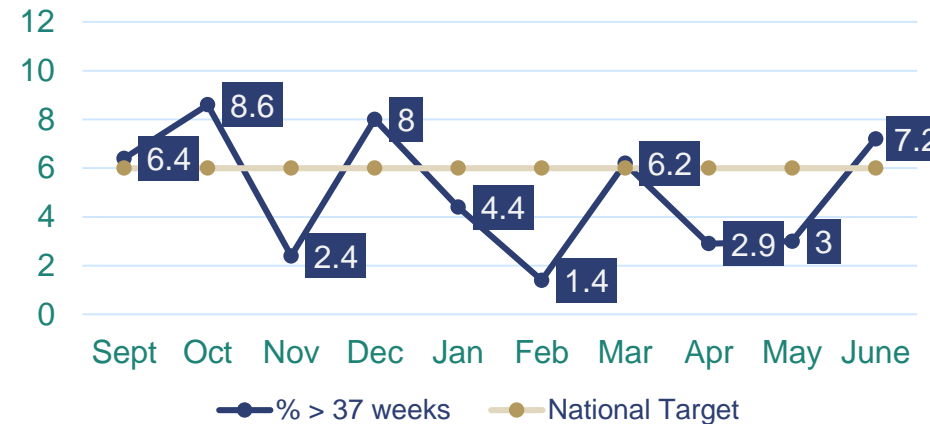
June 2022

% > 37 week of all live births - PCH



PCH – percentage of admissions remain close to national target

% > 37 week of all live births - PoW

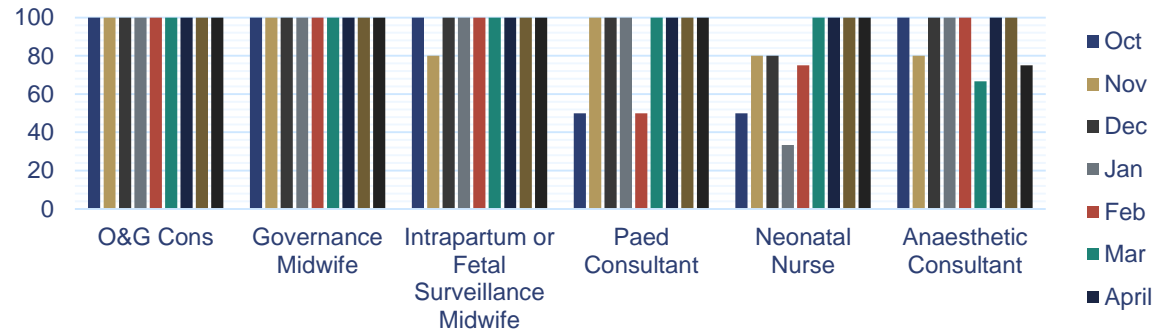


POW – percentage of admissions remain close to national target

KEY PROGRAMME METRICS

ATAIN MDT Average Attendance per meeting during each month by role

PCH ATAIN MDT % Attendance by role



This data is showing high levels of compliant attendance for the last four months in the ATAIN MDT meetings. The backlog of ATAIN cases to review has fallen significantly, thus we don't plan to report on this further and assume the change is sustained.

Neonatal – Nurses and Consultants rotating in UHW tertiary centre each month by role

The first time this metric has been included in this report.

Following agreement with UHW, both nurses and consultants undertake rotations onto the unit at UHW to aid learning and development, and to address one of the Neonatal Deep Dive recommendations. Nurses rotate for a week at a time and are involved in patient care, consultants rotate for 2 days, but in a non-patient care role.

The impact of covid delayed the start of this rotation starting, it's also impacted since. The nurse rotation has been impacted by completing DBS and identity checks and so we'd expect the number of nurses taking part in the rotation to increase over the next couple of months.

UHW Rotation/Observation

