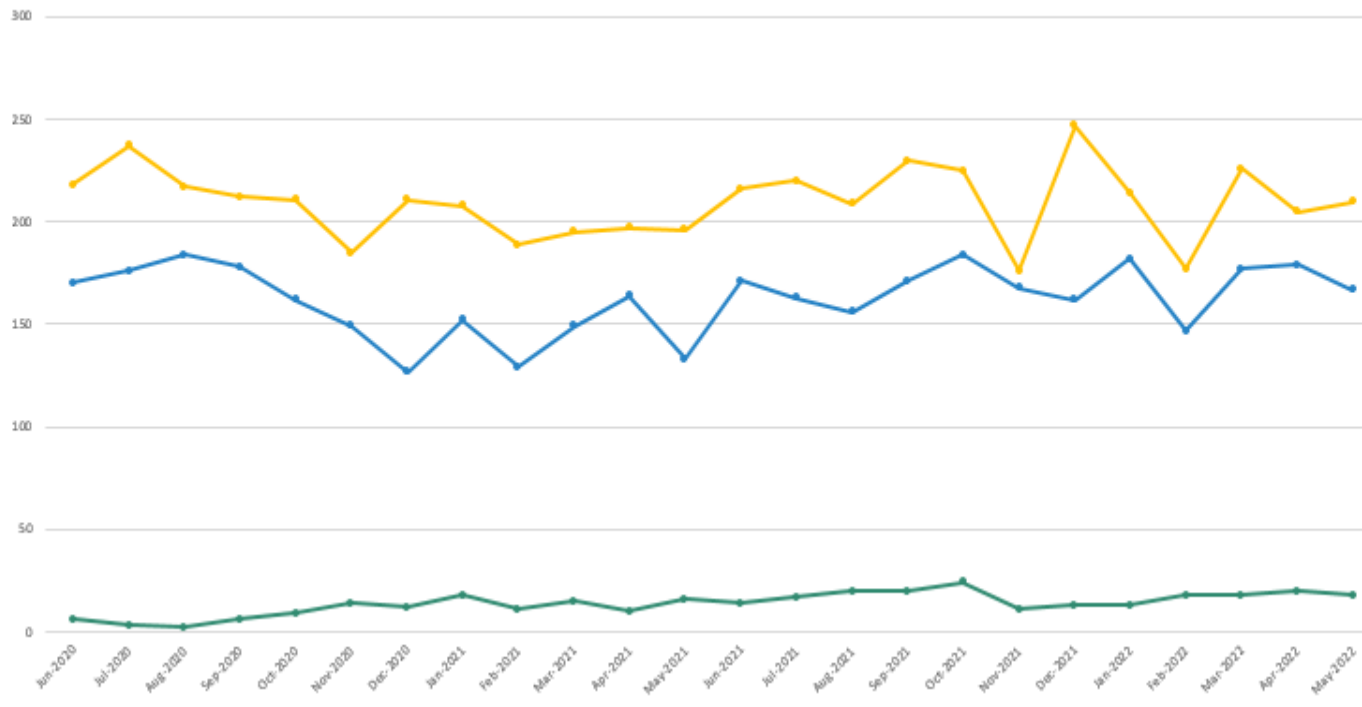


July 2022 - Metrics for CTMUHB Board Assurance
Quality and Safety Committee – Narrative by Exception

These are data from June 2020- May 2022, extracted from Qlik Sense. Data are auto-populated from the Maternity Information System (MITS). Going forward, data will be presented on a rolling 2 year basis unless otherwise indicated.

Total Births PCH, POW & RGH (n)



Notes

Normal variation over time, data stable overall.

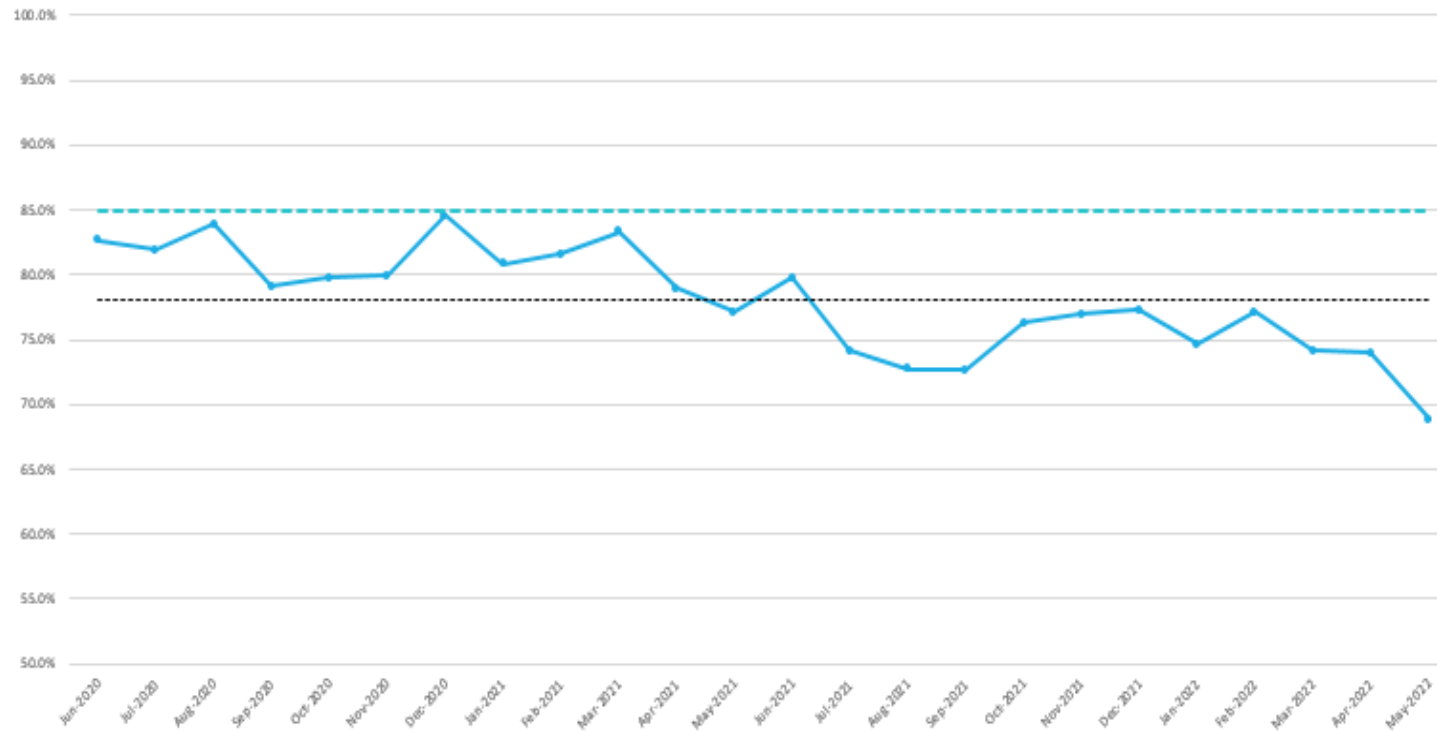
No concerning shifts or trends in the data.

Slow trend in increasing numbers of birth at Tirion MLU.

These data will be reported per site at bi-monthly maternity governance meetings.



New Initial Assessments by 10 Weeks Gestation CTM (%)



Notes

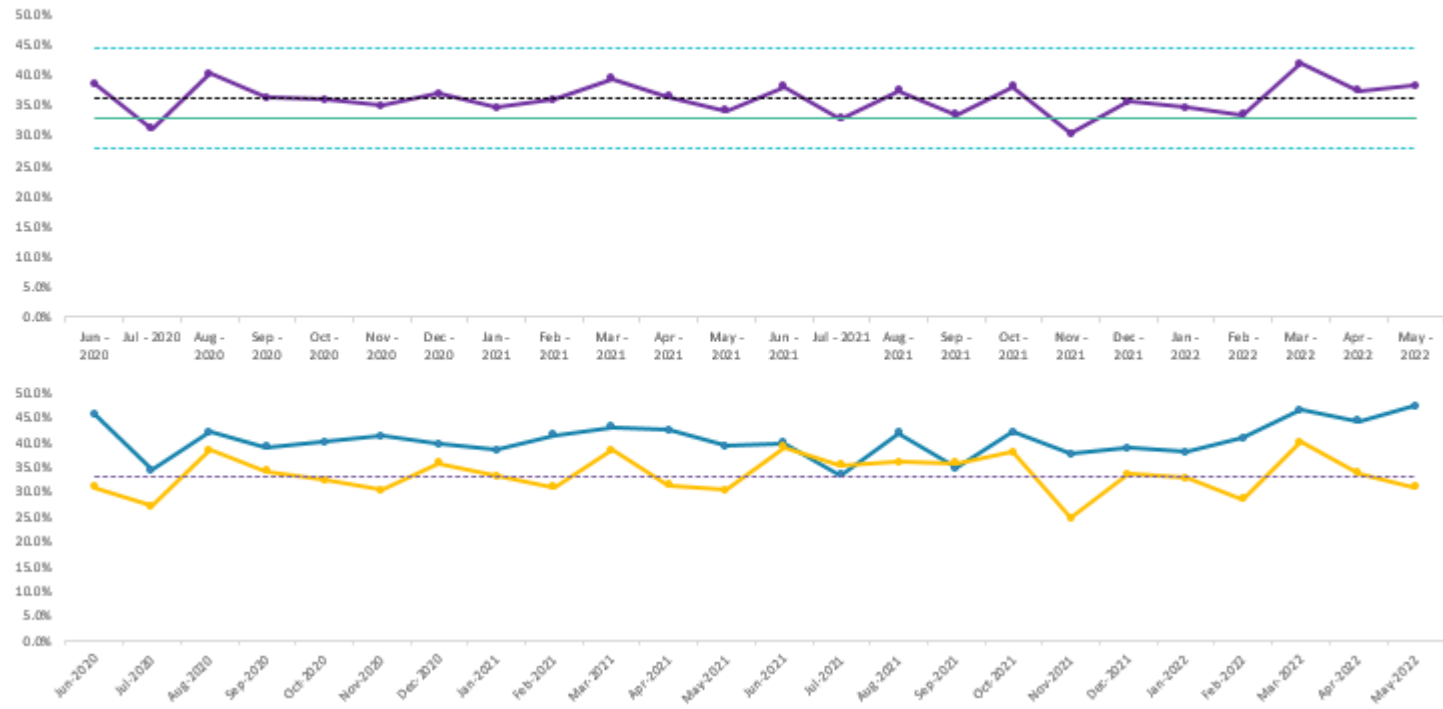
Target 85% (not 100% as some pregnancies are not discovered or reported until later).

Decrease in achieving target of booking by 10 weeks of pregnancy over time.

Improvement plans being developed, including digitising booking system for easier access by Service Users and prioritisation of appointments. These data will provide real time signals of the impact of changes.



Women undergoing induction of labour all CTM, PCH & POW (as a % of all women)

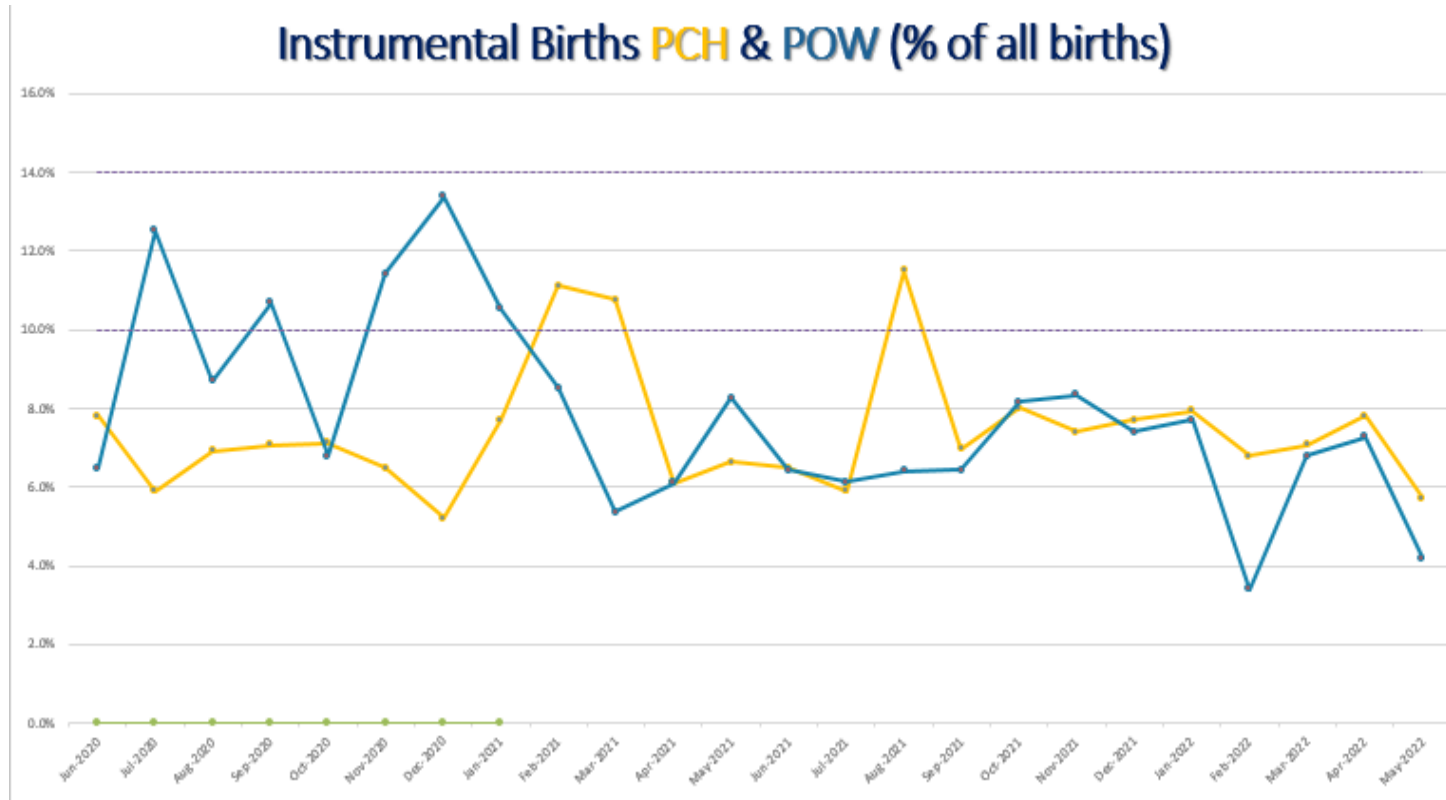


Notes

Rates stable- normal variation but no trend or shift seen over the last 2 years. Apparent increase in rates at PCH- may be normal variation- more data will be needed. This will be monitored monthly.

Induction of Labour rates are increasing across the UK. No target, as rates impacted by many factors, including local population demographics.

Improvement work underway to improve the quality and safety of care. A key metric is the women's experience of IOL.



Notes

No shift or trend seen over the past 2 years.

Positive signs of variation reducing, suggesting practices and processes are becoming more consistent.

- NB. No instrumental births at RGH, as Midwifery Led Care only



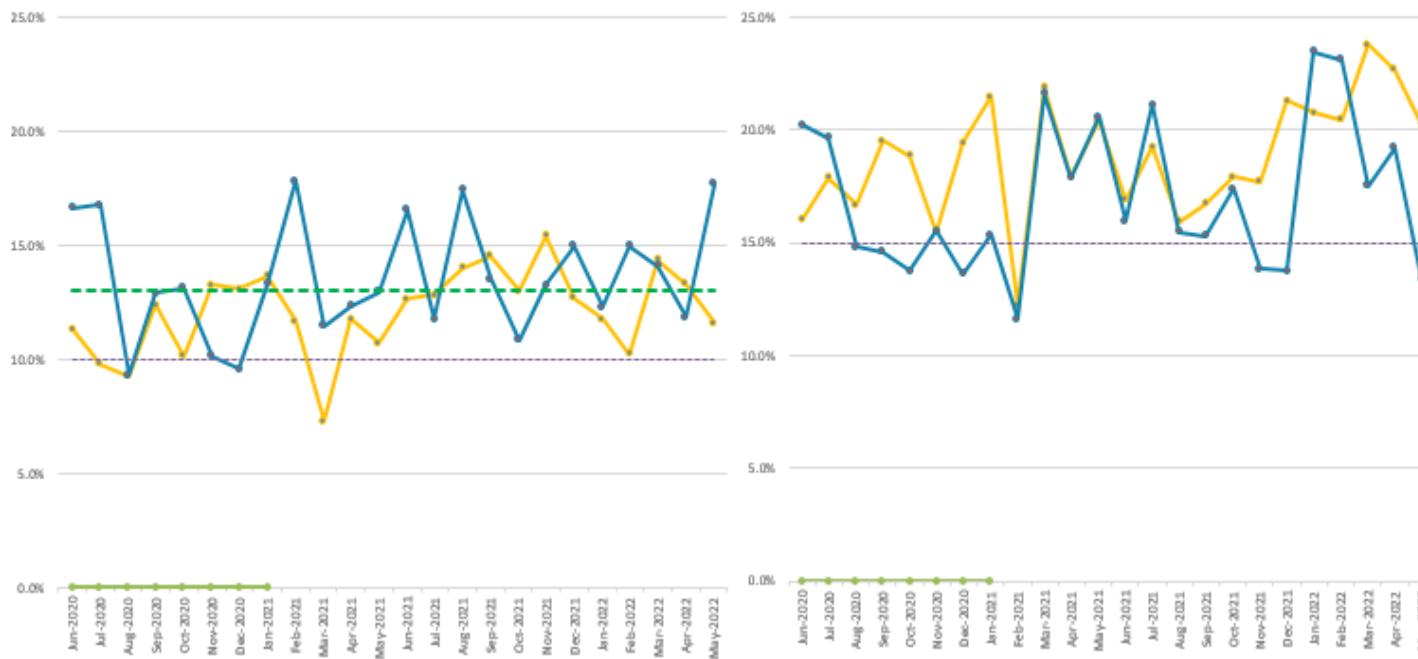
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Category 4 Caesarean Sections

Category 1, 2 & 3 Caesarean Sections

PCH & POW (% of all births)



Notes

CTM not an outlier in Wales (WG performance board 2021).

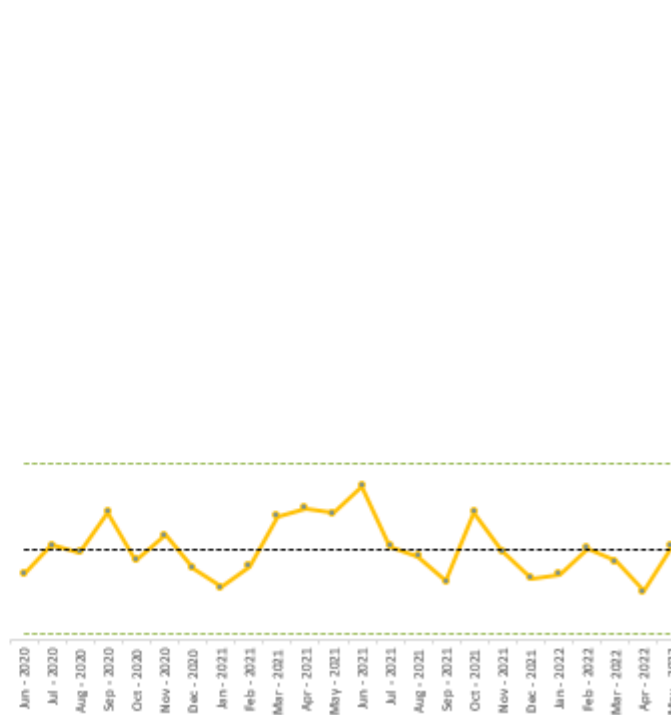
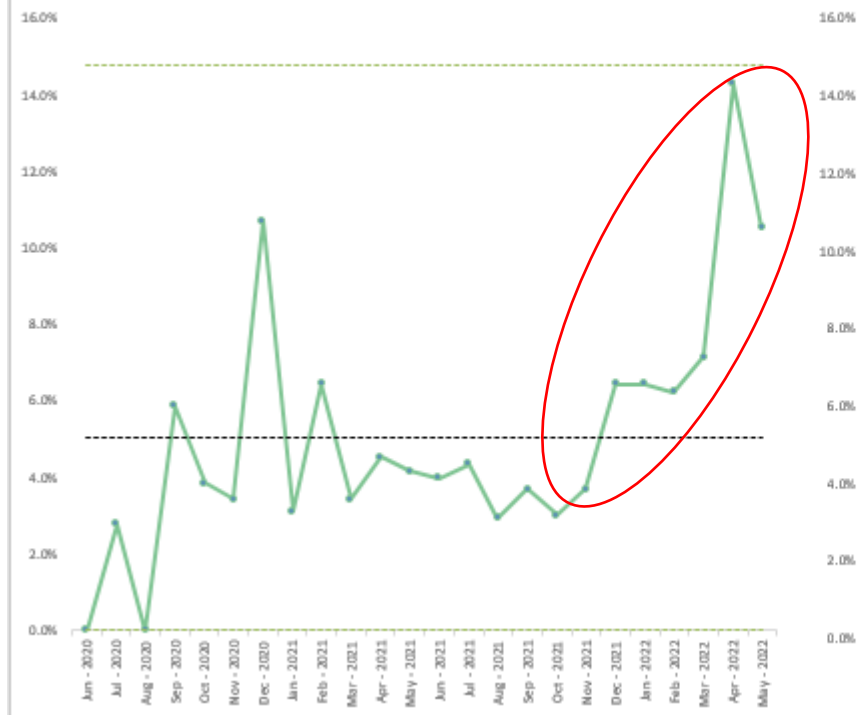
In future, this will be cross referenced against CHKS data, to support data verification.

All Datix reported incidents are reviewed to ensure practice adheres to evidence based care.

- The National Maternity and Perinatal Audit (NMPA) is due to publish data from 2019> later this year. This information affords further opportunity to benchmark across other services in the UK. www.maternityaudit.org.uk.



All CTM 3rd & 4th Degree Tears Instrumental (%) and SVD (%)



Notes

Upwards trend in 3rd & 4th degree tears following instrumental birth (raw numbers are small).

Data stable for tears following a spontaneous vaginal birth.

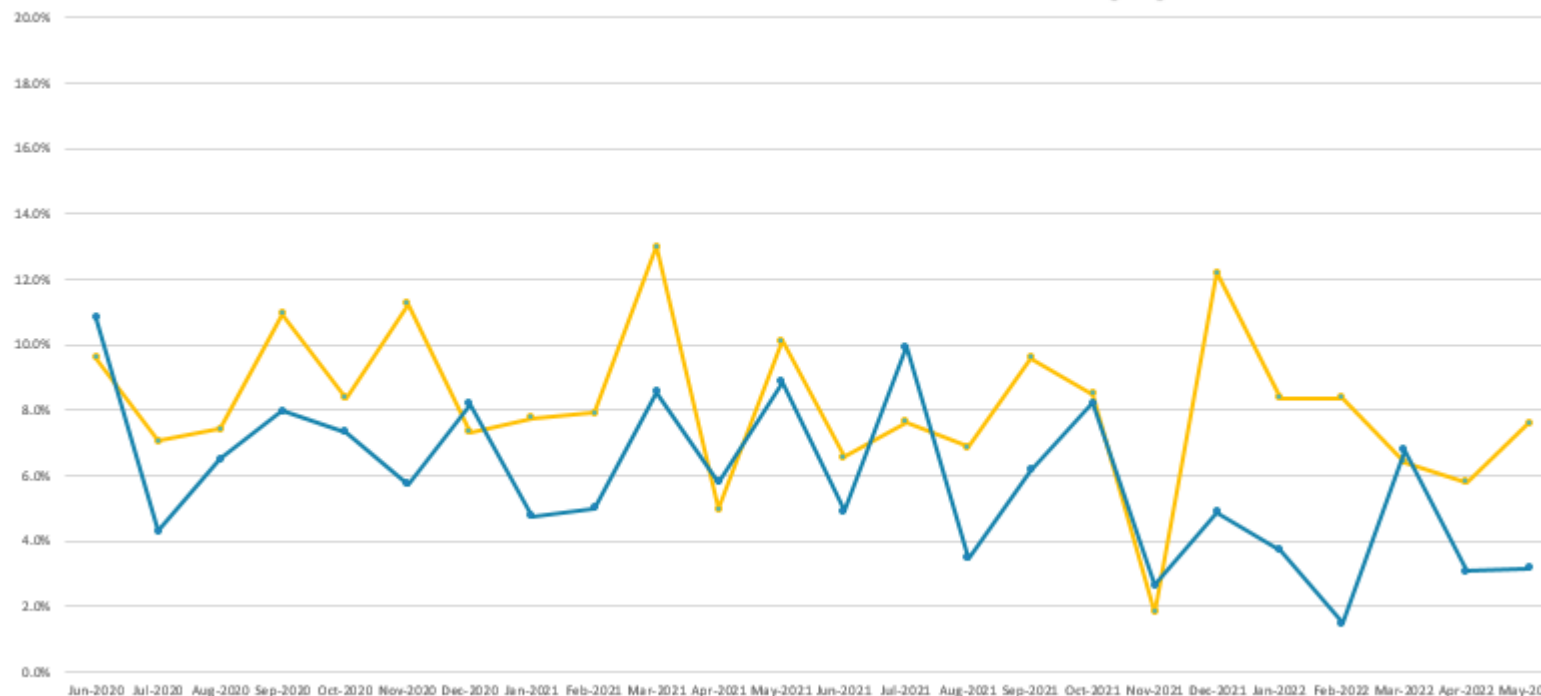
OASI Care Bundle being implemented to support improvements in perineal care.

All Third and Fourth Degree tears are Datix reported. These are reviewed by an MDT.

Follow up offered to all women.



Term Admissions to NNU PCH & POW (%)



Notes

All term admissions to the neonatal Unit are reviewed through ATAIN (Avoiding Term Admission in Neonates), with lessons learned.

Work is underway to develop a transitional care service for babies who meet the criteria. The aim is to reduce term admissions to the NNU and to keep babies with their parents.

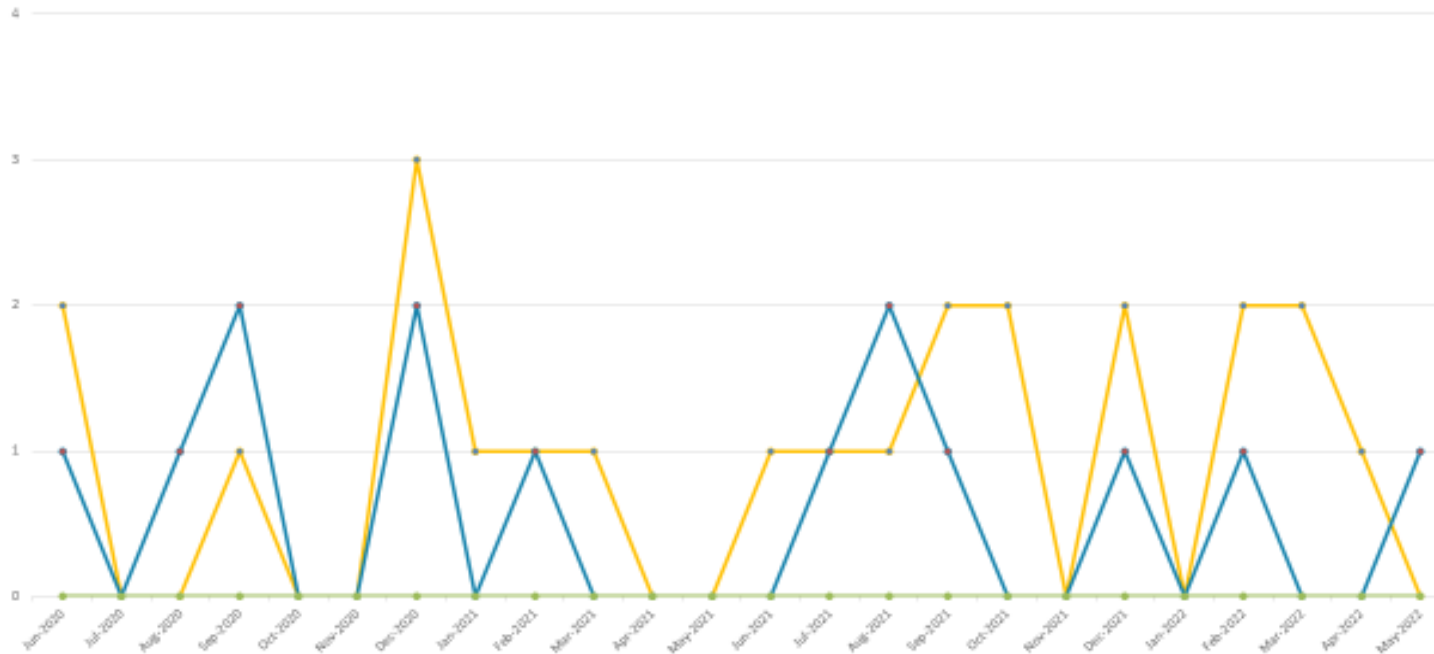
Joint QI work has begun to support the above.



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Stillbirths PCH & POW (n)



Notes

CTM is not an outlier for stillbirth rates (MBRRACE 2021).

These data appear very variable due to low numbers, but the rates are stable, with no signals of change, or data outside normal variation.

All cases are reported to Datix and rapidly reviewed (within 72 hours).

CTM's 'Rainbow Baby Clinic' is in development, to provide enhanced continuity of carer for pregnancy after loss.



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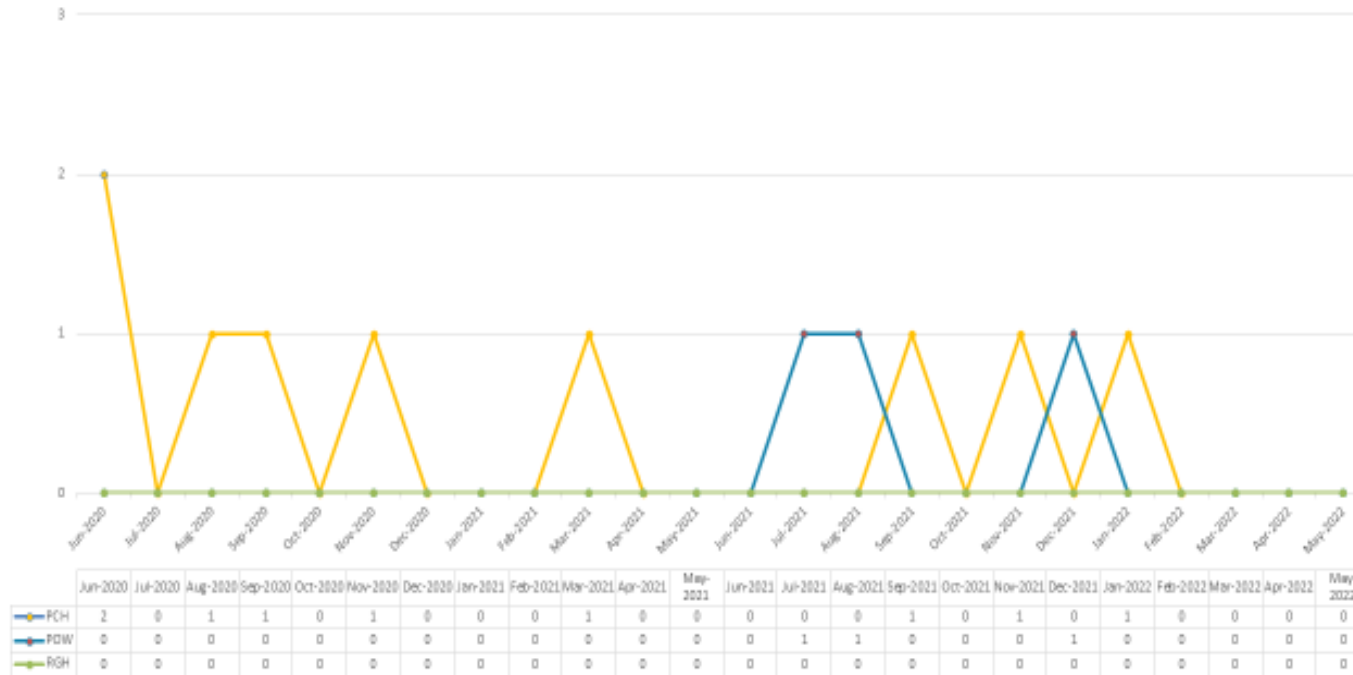
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Early Neonatal Deaths (< 7 days) PCH & POW (n)



Notes

Early neonatal deaths are reviewed by MDT to identify lessons learned.

Data appear unstable, but numbers are low.

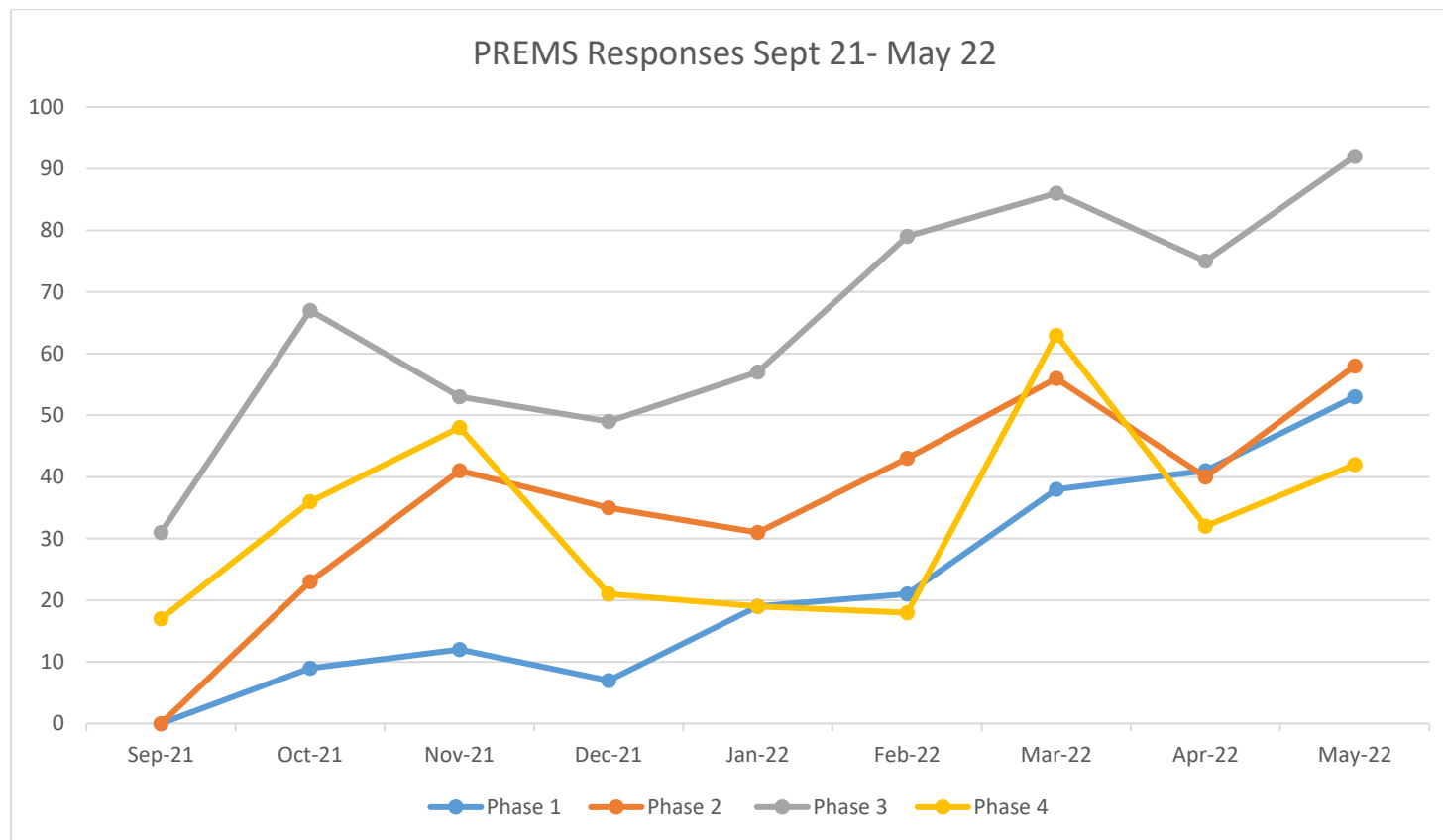
Work is underway to improve the way the data are presented to avoid the impression of significant variation.



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Experience Data, as reported by Service Users



Notes

Patient Reported Experience measure (PREMS) was launched in September 2021, with increasing uptake since.

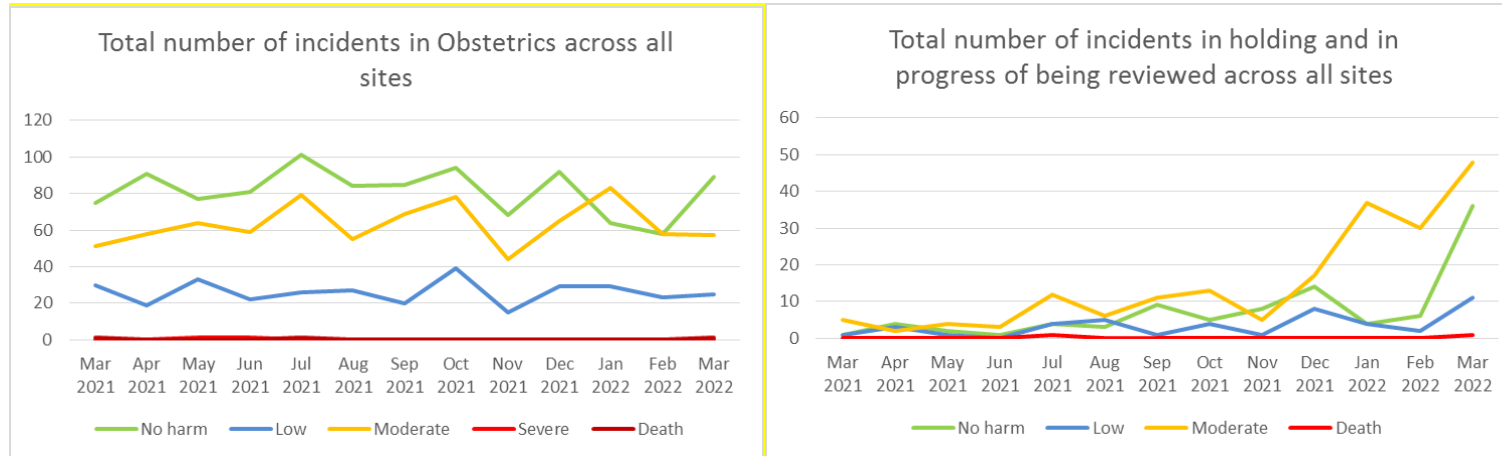
The experience data is becoming a core part of maternity metrics reporting.

Any improvement project will include the relevant PREMs data as a key measure (for example the IOL improvement work will include the IOL experience data reported through PREMs).

Maternity care as experienced by users will be the litmus test for if we're providing the service our community needs and wants.



Incident Reporting by Maternity Service

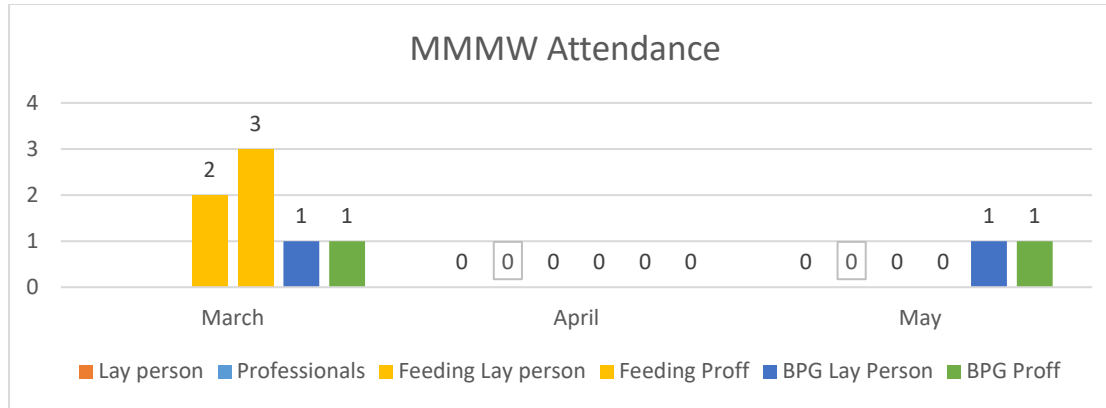


Assurance that reporting remains at the appropriate level.

All incidents are:

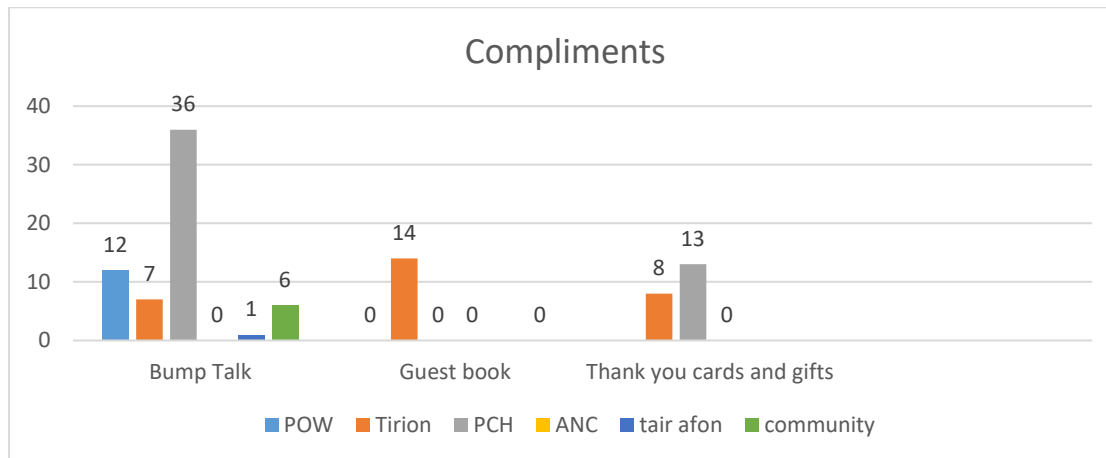
1. Reviewed in the first 72 hours
2. All moderate harm and above – SBAR within 72 hours, reviewed by MDT and overseen by Senior MDT weekly

Service User Engagement and Feedback



Notes

- There was no MMMW meeting in April.
- Total membership is 88 members.
- Meeting dates for 2022 have been agreed with the MMMW Lay Chair and will be held on a 6 weekly basis. MMMW Chair developed drop in coffee engagement events with fellow service users
- Advertisement will continue monthly, with a dedicated area within the maternity website for MMMW and sub-group activities.
- My Maternity My Way Chair Receiving the 'High Sheriff' Award in July for services to maternity services



Notes

We continue to receive a large number of compliments about the Maternity service, via routes including our Guest Books, Thank You cards and the Bump Talk Facebook page. The graph shows the methods that service users have utilised to provide their thanks and compliments.

Maternity, QR Code 'Have your Say' posters have been designed to capture real-time feedback. This was implemented on the 10th of January and are reported via CIVICA.

Concerns

Merthyr Cynon ILG:

During May, we received 7 new concerns:

- 3 early resolutions
- 4 formal concerns

0 cases have been referred to the Public Ombudsman Wales

Bridgend ILG:

During May, we received 5 new concerns,

- 4 OTS/Early resolutions
- 1 formal concerns

0 cases have been referred to the Public Ombudsman Wales

Themes

- Staff attitudes
- Poor communication
- Catheter stand not used, staff kept on accidentally tripping over stand.

Actions

- Incidents discussed with staff and asked to reflect
- Catheter stands that can attach to the bedside have now been ordered.

Debriefs of care

23 women were contacted via the Birth Reflections service during May, with 9 service user debriefs completed.

Themes included:

- Why need for CS- felt 'pushed' into Caesarean birth
- 3 litre PPH post birth, what happened?
- What suturing was completed post birth
- Slow progress of labour, what were the reasons for this?
- Reason for sepsis
- Reasons for instrumental birth

Actions:

- Offered more information regarding procedure
- Happy with debrief and no further questions,
- Stories saved to be used in future governance /audit etc.

Next Steps

- Meeting date for dashboard development stakeholder group (July 2022).
- Review 'red flags' and 'goals' against national benchmarking (July 2022).
- Digital systems scoping meeting (13th July 2022).
- Testing data at governance meeting (11th August 2022).
- Procuring data analysis software to support improved data presentation, particularly for metrics with low monthly numbers (ie stillbirth, 3rd & 4th degree tears).
- Align dashboard with evolving All Wales Maternity Dashboard, and wider programme of Digital Maternity Cymru work (ongoing as All Wales work progresses).
- 'Go Live' date of updated dashboard (26th August 2022).
- Cross-referencing against CHKS score cards will start on a quarterly basis, aligning with reporting cycles. These are generated quarterly against a set of agreed metrics and will provide another dataset against which to validate maternity data. CHKS data is input when notes are returned for coding.
- PREMS is the final check- are we getting it right? The experience data reported through PREMS will tell us if we are delivering the service we think we are.