

Quality & Safety Committee

Maternity and Neonatal Improvement Programme Highlight Report
August 2022

Date of Meeting	20 September 2022
FOI Status	Open / Public
Prepared by	Shelina Jetha, Programme Manager MNIP
Presented by	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Approving Executive Sponsor	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Report Purpose	FOR NOTING

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 IPAAF sessions/SRO challenge- Maternity (Maturity/Exemplar) and Neonatal (Results)

2.4 Conditions for sustainability SRO/ILG challenge – 3 sessions held and approved

2.5 GDAU – Dr Elnasharty – see report

2.6 DD immediate recommendations progress

2.7 Closure of SEC and QLM

2.8 Change to Governance structure (CSG) – programme reporting

2.9 MIP wash-up plan

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.

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.



TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Details	Mitigating actions	Rating
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.	The CSG was formed on 1 st Sept 2022; Triumvirate appointments in new structure of DOM and CD; Maternity and neonatal risk escalation framework developed.	low
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 £1M but there are other posts that need scoped and costed.	Key improvement posts appointed; Workforce plan being developed; Risk Manager appointed 30.8.22; benchmarking of UK models of care and identify 3 potential models of care i.e. ANNP; PA, medical etc. to be discussed at a planned away day Sept.22; Supernumerary shift coordinators allocated – issues to be recorded on Datix; also recruiting to post for Maternity and Neonatal Safety champions	Moderate
Sustainability of improvements	The improvements achieved through the MNIP needs to be embedded in BAU practices and must be sustainable	To ensure the Maternity and Neonatal safety champions monitor improvements, ensuring embedded in BAU practices.	Moderate



FOUR THINGS YOU NEED TO KNOW:

- Neonatal DD immediate recommendations – IMSOP verified 10, 9 remaining
- IPAAF challenge sessions held for Maternity and Neonatal (see below): Maternity: Maturity/Exemplar and Neonatal: Results
- Conditions for Sustainability sessions held (see below): Approved by SROs/ILG
- Closure of QLM and SEC (as per papers)

IPAAF challenge sessions held for Maternity and Neonatal with following

APPROVED assessments:

- Maternity Self Assessment 25.7.22
- Neonatal Self Assessment 26.7.22
- SRO Challenge Session 3.8.22
- IMSOP Feedback 8.8.22 (IMSOP Huddle)
- Neonatal 'revised' Self Assessment 15.8.22
- IMSOP NN feedback session 17.8.22

CONDITIONS FOR SUSTAINABILITY ACTIVITY PROGRESS

Maternity and Neonatal challenge sessions with
ILG/SROs: **'APPROVED'**

- **Session 1 (5.8.22):**
 - IPAAF
 - RCOG recommendations
 - Programme Management
- **Session 2 (16.8.22):**
 - Engagement
 - Serious Incidents (SI)
- **Session 3 (22.8.22):**
 - Corporate Governance
 - Clinical Review

Integrated Performance Assessment & Assurance Framework August 2022			
Quality of Leadership & Management (QLM)		Maternity	Neonates
	Service Assessment	Early Maturity	Results
	SRO Challenge	Early Maturity	Results
	IMSOP	Early Maturity	tbc
Safe & Effective Care (SEC)	Service Assessment	Maturity	Results
	SRO Challenge	Maturity	Results
	IMSOP	Maturity	tbc
Quality of Women & Families Experience (QWE)	Service Assessment	Exemplar	Results
	SRO Challenge	Exemplar	Results
	IMSOP	Exemplar	Results

SUPPORT AND DECISIONS NEEDED FROM BOARD: Recommendations of closure of MIP SEC and QLM; BAU and outstanding items to be delivered outside of MIP i.e. Transitional care; Long term strategy etc.

Neonatal – Summary of Immediate actions/Escalations

- **Total 19**
- **10 verified**
- **9 remaining** to be completed (3 being prepared for assurance/submission)
- **Focus** needs to be on ‘suggested minimal interventions’; quality of relevant evidence rather than quantity
- **Revised internal assurance**
- **HB/IMSOP clinicians** – working together

NN Immediate actions - Verified by IMSOP

No.	Immediate Action/Esc. Unverified no.	Workstream (WS)	Leads	IMSOP Tues meetings - Alan/Kelly	Progress update
1	Esc. 3	Neonatal service workforce - <i>The Health Board must ensure consultant cover for the neonatal service is safe and effective.</i>	Interim Head of Children Young People & CAMHS	N/A	Verified 22/4/22
2	Esc. 3.2	Neonatal service workforce - Extra consultant time needs to be provided to allow for a consultant of the week pattern from 09:00 - 17:00. All consultants who cover the unit on call should have a minimum of four neonatal service weeks per annum.	Interim Head of Children Young People & CAMHS	N/A	Verified 22/4/22
3	Esc. 3.9	Neonatal service workforce - There needs to be an expansion of clinical pharmacist resource dedicated to the neonatal service, including capacity for networking to develop expertise and exemplar practice within the Neonatal Unit.	Interim Head of Children Young People & CAMHS	N/A	Verified 22/4/22
4	Esc. 1	Clinical case assessments - The Health Board must introduce immediate make safes to support safe prescribing in practice.	Consultant Paediatrician/Neonatal Governance Nurse	N/A	Verified 22/4/22
5	Esc. 7.6	Clinical case assessments - Documentation standards must be improved in line with GMC/NMC requirements and there must be senior medical oversight of discharge summaries.	Consultant Paediatrician/Neonatal Governance Nurse	N/A	Verified 22/4/22
6	Esc. 6	Clinical case assessments - The Health Board should immediately review all cases of unplanned extubating occurring in the service.	Consultant Paediatrician/Neonatal Governance Nurse	N/A	Verified 6/7/22
7	Esc. 13	Neonatal service workforce - The Health Board improvement hub and clinical teams must work together to understand the common goal of a safer service.	Interim Head of Children Young People & CAMHS	N/A	Verified 13/7/22
8	Esc. 11 (engagement)	Family Engagement - <i>The Health Board should consider actions to support working with families to understand the impact of the listening exercise and improving family involvement in the service.</i>	Ward Manager, Neonatal Services	Held 2/8/22	Verified 1/9/22
9	Esc. 7.1 (document family communications)	Clinical Case Assessment - <i>Communication with families on the Neonatal Unit must be timely, open and honest and comprehensively documented.</i>	Consultant Paediatrician/Neonatal Governance Nurse	Not required	Verified 1/9/22
10	Esc. 14 (Audit)	Governance, assurance and accountability - <i>The Health Board must introduce a clear audit structure to monitor improvement and evidence the effectiveness of the service</i>	Consultant Neonatologist	Via email 14/8/22	Verified 1/9/22

For submission to IMSOP (slide 1)

No.	Immediate Action/Esc. Unverified no.	Workstream (WS)	Leads	IMSOP Tues meetings - Alan/Kelly	Progress update
BEING PREPARED FOR ASSURANCE					
4	Esc. 5 (cooling)	Clinical Case Assessment - <i>The Health Board must review its cooling practice in line with national frameworks and ensure local practice meets this standard.</i>	Consultant Paediatrician/Neonatal Governance Nurse	Held 9/8/22	Submitted June 22 and unverifield by IMSOP. Being prepared for assurance; upload to IMSOP by 5.9.22 - delayed
5	Esc. 4 (sickest patients)	Clinical Case Assessment - <i>The Health Board must ensure immediate improvements are implemented to support expert clinical decision making for the sickest and most vulnerable patients in the service.</i>	Consultant Paediatrician/Neonatal Governance Nurse		Being prepared for assurance; upload to IMSOP by 5.9.22 - delayed
6	Esc. 8 (term admissions)	National Unit Functionality - <i>The Health Board continue to progress a robust mechanism for reviewing all term admissions to the neonatal unit alongside obstetric and maternity colleagues.</i>	Consultant Neonatologist	Held 16/8/22	Being prepared for assurance; upload to IMSOP by 9.9.22
7	Esc. 9 (Radiology)	Clinical Case Assessment - <i>The Health Board should review current formal radiology reporting mechanisms and request an external review by a paediatric radiologist with neonatal experience to highlight areas of concern.</i>	Consultant Paediatrician/Neonatal Governance Nurse	Tbc	Evidence gathered and being prepared for assurance; upload to IMSOP by 9.9.22
8	Esc. 10 (Documentation)	Clinical Case Assessment - <i>The Health Board must undertake and immediate documentation review and introduce supportive documents to assist in improving documentation standards.</i>	Consultant Paediatrician/Neonatal Governance Nurse	tbc	Evidence to be gathered - upload to IMSOP by 9.9.22

For submission to IMSOP (slide 1)

No.	Immediate Action/Esc. Unverified no.	Workstream (WS)	Leads	IMSOP Tues meetings - Alan/Kelly	Progress update
EVIDENCE BEING PREPARED					
9	Esc.5.1 (data)	Wales and National Reporting - <i>The clinical team must ensure completeness and accuracy of Neonatal Unit data.</i>	Consultant Paediatrician	To hold 30/8/22	tbc after meeting with IMSOP - aim to complete by 15.9.22
10	Esc. 2 (work with Maternity)	Neonatal Unit functionality - <i>The Health Board must continue to show an improvement in the working relationship with maternity services in numerous areas.</i>	Lead Neonatal Nurse	tbc - via email	Evidence being gathered; aim to complete by 16.9.22
11	Esc. 7 (SI/PMRT/Mortality /MDT/NICU)	Clinical Case Assessment - <i>The Health Board must ensure clinical incident reviews, SI reviews and PMRT/Mortality reviews are carried out as an MDT with external support from colleagues within the local NICU to provide clinical expertise and questioning.</i>	Consultant Paediatrician/Neonatal Governance Nurse	tbc	Evidence gathered and being prepared for assurance; aim to complete by 16.9.22
12	Esc. 12 (Culture)	Neonatal Unit functionality - <i>The Health Board must improve the staff culture on the unit to ensure all staff feel valued and listened to.</i>	Lead Neonatal Nurse	tbc	Evidence to be gathered; aim to complete by 30.9.22



THINGS YOU NEED TO KNOW:

- Clinical Reviews programme now closed and BAU
- Self referral process as per link: [our-maternity-improvement-journey](#)
- Joint Maternity and Neonatal improvement: continued collaborative working; milestone plan to be closed as per submission of paper at MNIB huddle – extraordinary meeting; outstanding milestone items to be included in ‘MIP wash-up’ plan;

JOINT MATERNITY AND NEONATAL IMPROVEMENT:

Key Milestones for:	Due	Progress
Develop and Approve Transitional care business case	May 22	To be transferred to ‘MIP wash-up plan’
Identify Joint QI Projects	Apr 22	Framework finalised; staff QI training; staff to be encouraged to identify and develop QI projects; working with Neonatal; plans to implement structured QI approach
Implement Joint QI Projects	Jun 22	Identified 3 key themes: perinatal optimisation; ATAIN and B’ham triga Obs. System for antenatal waiting times and as above
Develop ATAIN action plan 22/23	May 22	ATAIN is a key priority on the QI plan and is a joint mat and NN project. Developing an ATAIN database for both sites to capture themes and create a more structured QI approach.
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:

- Joint QI projects identified
- Joint dashboard being developed
- Joint appointment Mat/NN Safety champions
- Maternity/NN/Obs ‘safe start’ meetings everyday
- Professional Governance meetings once a month with Maternity and NN leadership to share concerns, compliments; learnings etc. to drive continuous improvements
- Review of Mat/NN escalation procedure together
- MDT, IUT reviews and SI governance becoming embedded into BAU practices
- August new trainee Drs to be introduced to joint working
- Plan for a joint Maternity and Neonatal dashboard
- Plans for CSG progressing - DOM and Nursing appointed for new care group structure which will lead to further collaborative working
- Clinical supervision for neonatal nurses which will be provided by clinical supervisors for midwives.

NEONATAL IMPROVEMENT: Achievements: Focus has been on delivery of the immediate actions and escalation, as per previous slides.

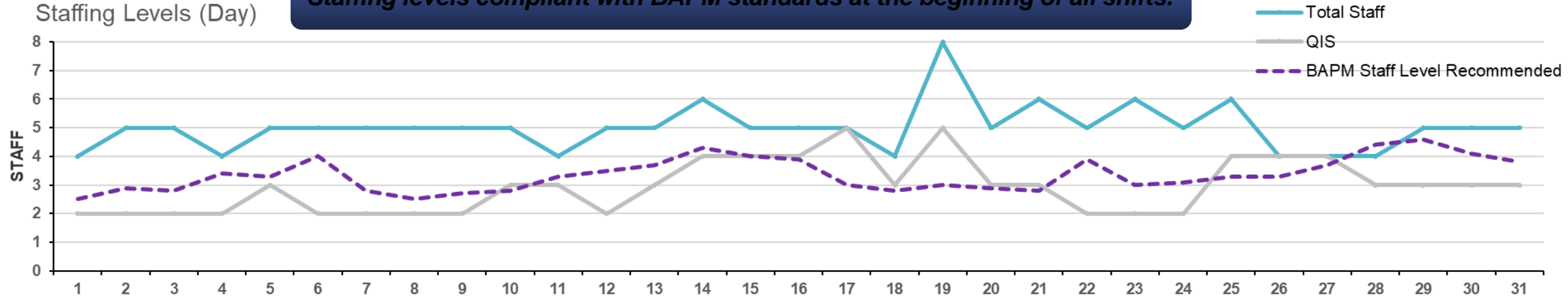
Milestone	Due	Progress
FIC (care team; plan; working group; passports etc.)	July 22	Leads from POW/PCH identified and aim to have a CTM approach but also dependent on All Wales network solution
Audit: gov. process/outputs and action plan/review by NICU	May 22	Audit system governance process map was shared at NNIT 4 th July and further discussion held with clinical leads. Audit process examples provided as part of immediate actions/escalations
Supernumerary Shift Co-Ordinator role	Dec 21	Initiated and instruction to datix if issues arise
Ensure Clinician NLS training is up to date	Nov 21	19 staff members received NLS since 2018 with expiry dates ranging from 2023 to 2027; HB has 5 instructors
IMSOP suggested proformas	Jun 22	Proforma's completed; signed off/some being used by staff
Radiology – procedure /reporting/review of image by specialist consultant radiologist	Dec 21	Paediatric Radiologist appointed by HB; stickers on patients notes being used; scbu audit completed; Longumbilical lines audit completed
PREMS - questionnaire	Aug 22	Developed and shared with Engagement forum; various mediums to be utilised for capturing feedback; trial survey set-up access via QR code and also paper; next - discussion with CIVICA
Plan to handover improvement hub to operational team	June 22	Room identified but requires to be converted to training hub
Safety Culture Survey	Sept 22	Now on CIVICA and live 2.9.22

MATERNITY IMPROVEMENT: Achievements: SEC and QLM workstreams actions BAU – see papers on closure of workstreams; outstanding items to be completed as part of 'MIP wash-up plan'

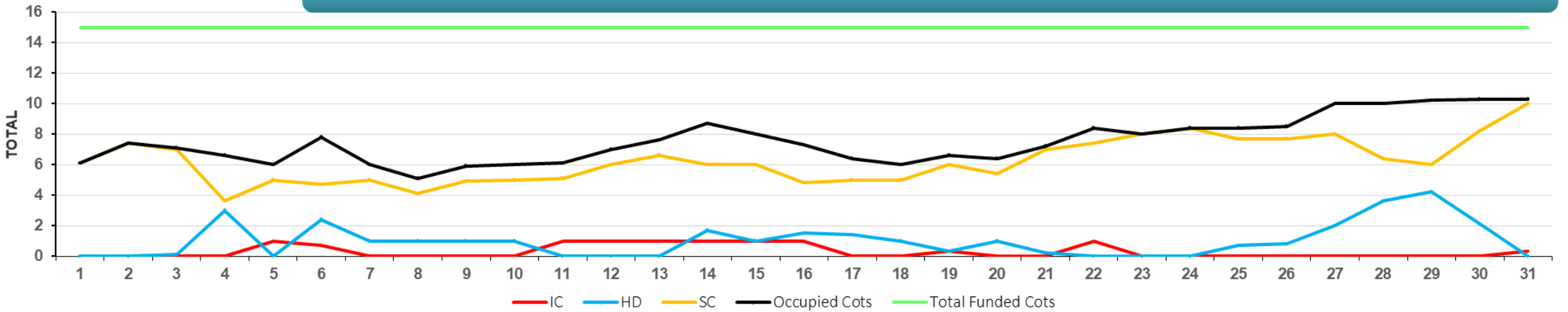
Key Milestones	Due	Progress
QLM: 5 year Strategy development	Sept 22	Strategy development session held 29/6/22; NN to be held 11/7/22 and within CTM; resource identified to develop draft – will be progressed in 'MIP wash-up plan'
QLM: LNA	June 22	LNAs identified through various methods i.e. professional Gov. meeting/DOM engagement sessions etc. led to e.g. Develop induction Programmes with HEIW; 29/7/22 LNA Learning Opportunities Matrix completed
QLM: re-run culture survey	Dec 22	Ongoing engagement/time to embed changes before repeat survey; Will be completed as part of 'MIP wash-up plan'
QLM: Culture and Leadership Dev. Plans	Sept 22	Continued engagement with staff at PCH/POW and community to identify areas of concern and find solutions and 8 small projects identified; 7 minute briefings very popular with staff!; RCOG Workplace Behaviour Champions in place and will work with support from Consultant Obstetrician from Cardiff; Human Factors training being planned; MMMW now also includes NN; MS platform for staff voices survey – live feedback
QLM: Develop QI approach/plan/Manager	Jul 22	Showcase is on 7th September IMSOP on-site visit; progress made on 3 priority projects (ATAIN, BSOTS, booking by 10 weeks) and MDT team members booked for training over coming months
QLM: Population Health Needs Assessment	Sept 22	Data published awaiting final copy. IMSOP agreed use of existing information.
SEC: GDAU service go-live	May 22	GDAU live. See ME report to MNIB huddle
Audit to be undertaken in 6 months time (according to RCOG 7.3)	Mar 23	Tbc

PRINCE CHARLES NEONATAL UNIT

Staffing levels compliant with BAPM standards at the beginning of all shifts.



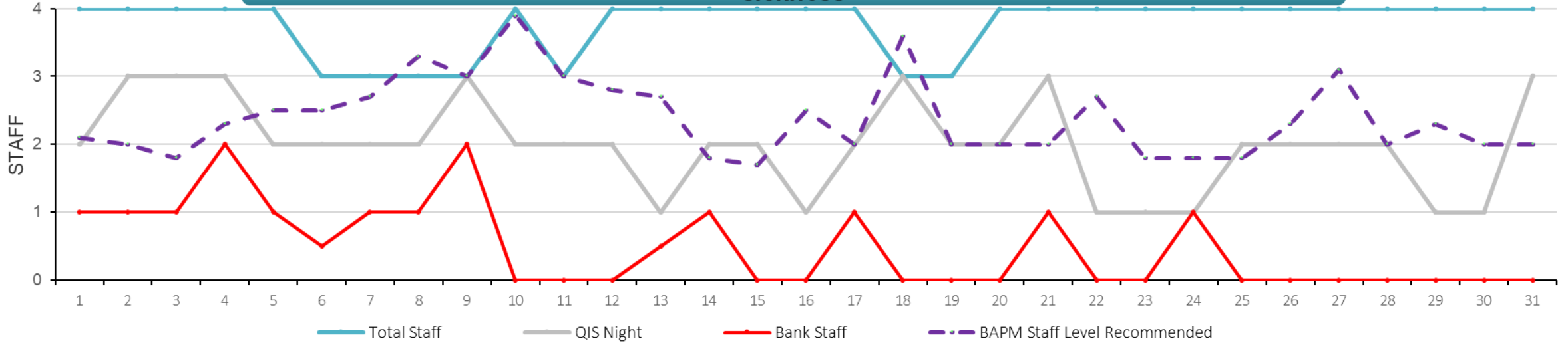
Cots Available (Total 15 cots) = 1 x Stabilisation (IC), 4 x High Dependency (HD) and 10 x Special Care (SC)



PRINCESS OF WALES - SCBU

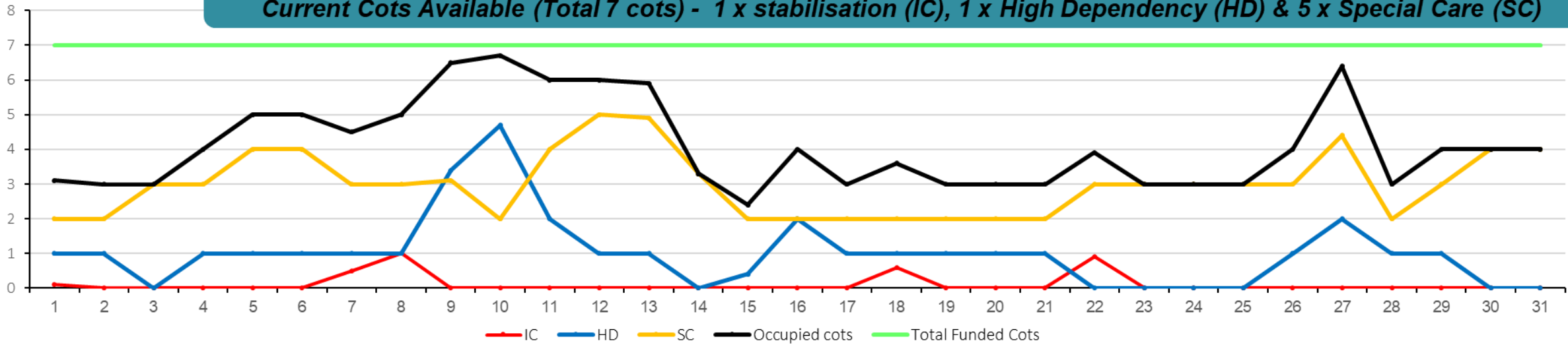
Staffing Levels (Night)

Staffing levels not compliant with BAPM standards on numerous shifts due to staff sickness



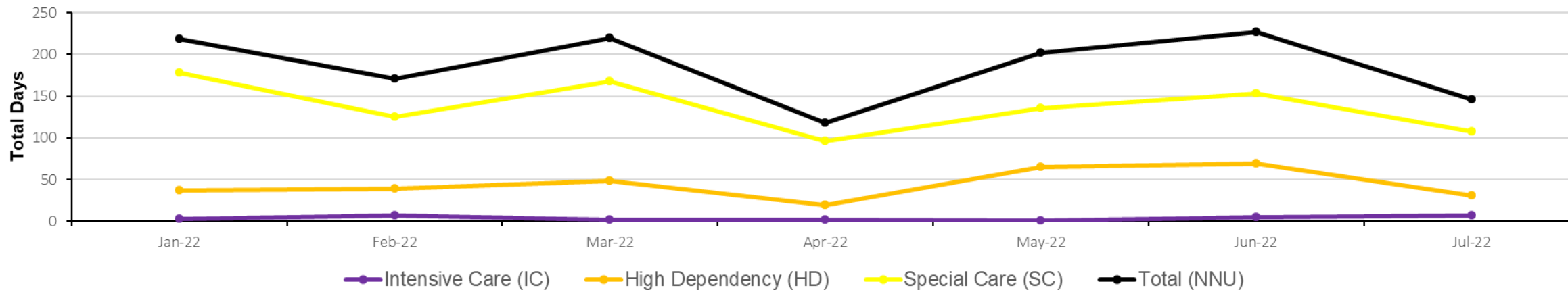
Cot Occupancy (Night)

July - Cots reduced - safety concerns due to staff sickness
Current Cots Available (Total 7 cots) - 1 x stabilisation (IC), 1 x High Dependency (HD) & 5 x Special Care (SC)

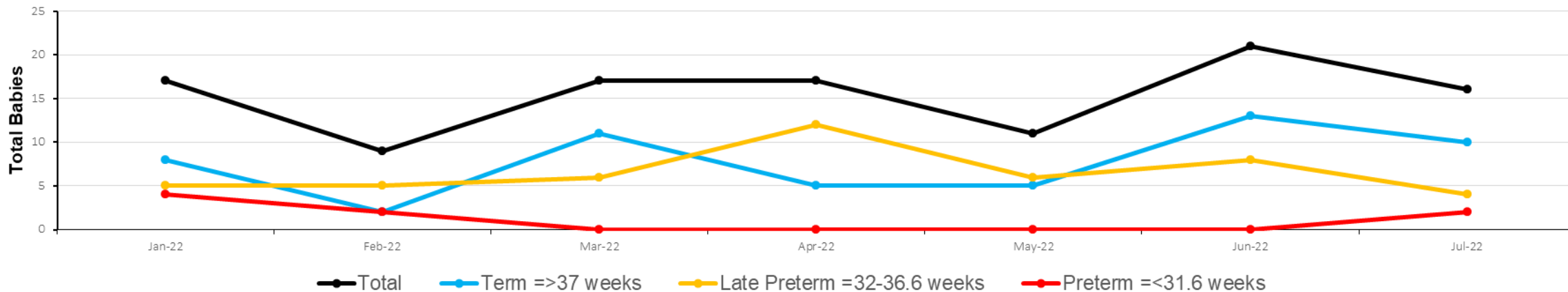


PRINCESS OF WALES - SCBU

Classification of Care Days



Admissions - All Gestations



Admission Exceptions

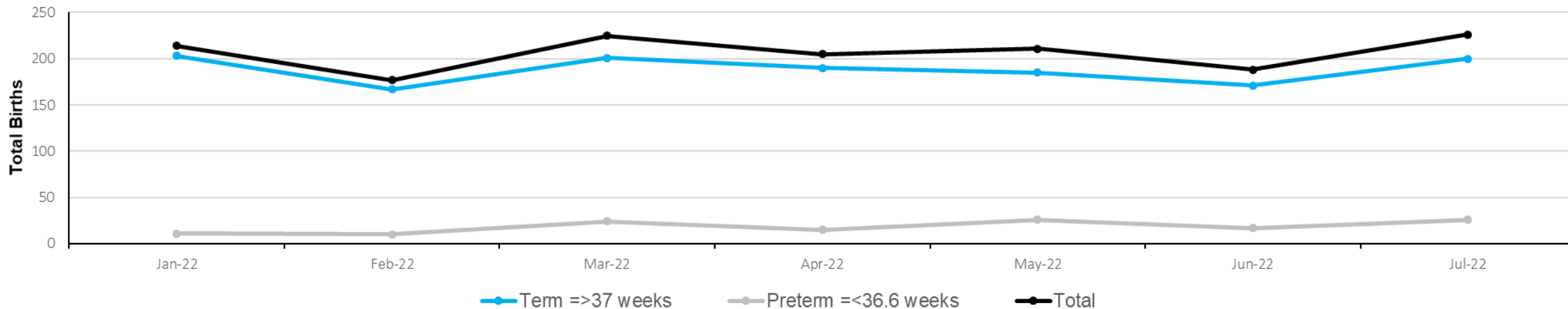
31+4 weeks weight 1820gms - Not transferred to tertiary centre.

23+3 weeks weight 520gms, CHANTS and Local team withdrew care post consultation with family, baby died at 7.5hrs age. RIP.

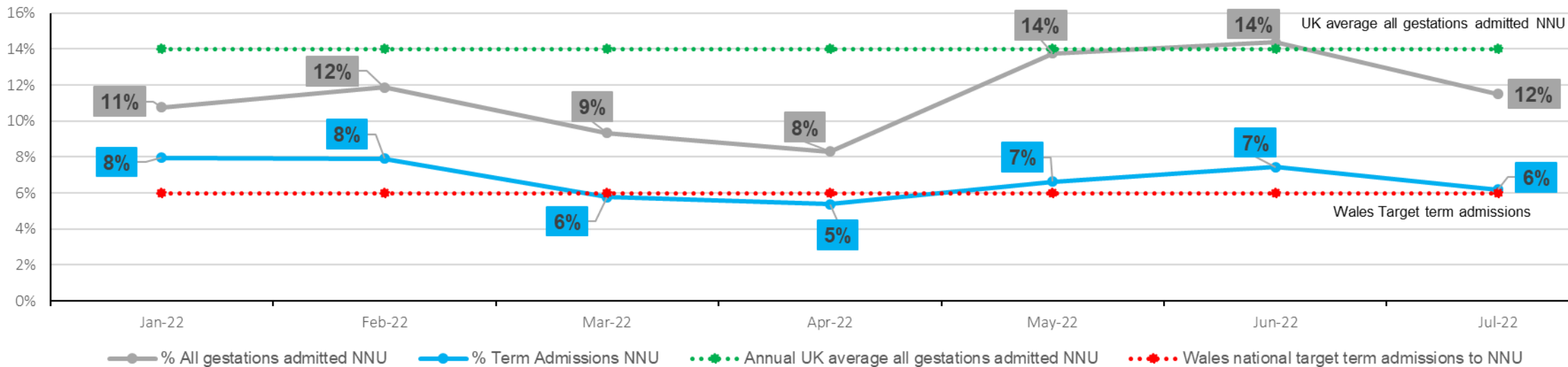
41+3 weeks weight 4150gms, Discussed with Tertiary Centre (CHANTS), Local team withdrew care post consultation with family, baby died at 20hrs age. RIP.

PRINCE CHARLES NEONATAL UNIT

Total Live Births



NNU Admissions %

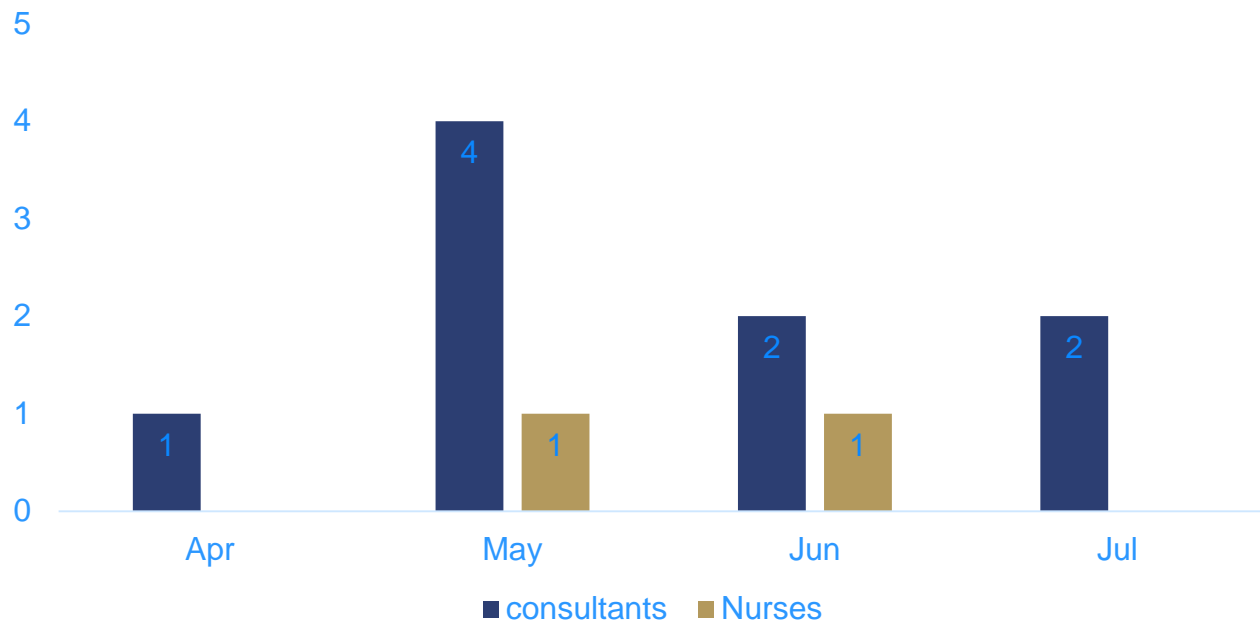


KEY PROGRAMME METRICS

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

- Consultants – 2 day visits in non-patient care role
- Nurses’ rotate for a week and are involved in full patient care
- ISSUES: Nurse rotation delays due to DBS and identity checks; including CTM operational pressures due to COVID related sickness

UHW Rotation/Observation



No rotations in August predominantly due to delays in DBS now resolved and annual leave period requiring staff cover on wards