



Quality and Safety Committee

Maternity and Neonatal Improvement Programme Highlight Report  
April 2022

Date of Meeting	24 <sup>th</sup> May 2022
FOI Status	Open / Public
Prepared by	Steve Sewell, Programme Director MNIP
Presented by	Steve Sewell, Programme Director MNIP
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**

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

## 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 Two significant milestones were achieved in March, with all historic SIs having been processed successfully through closure panel, and all of the IMSOP Clinical Review cases having been through the clinical cabinet process. These signify that the majority of the work for both of these processes has been completed, and whilst there is still work to do for all these cases, plans to step down resources are starting to be actioned, and for SIs, improved operational processes are in place to ensure the high quality of review and learning can be maintained.

2.4 An assurance framework for Maternity and Neonatal services has been signed off after support from the corporate Patient Care and Safety Unit, and engagement with NHS Delivery Unit and ILG Directors. This will be reviewed when changes to the Health Board Operating model have been actioned.

2.5 We have started the process to close down the 70 Royal Colleges recommendations, liaising with IMSOP as we do. Of the remaining 15 open and the 10 follow-up recommendations, 7 of the open recommendations and 8 of the follow up recommendations have been closed. When the remaining recommendations are closed the outstanding elements will be part of improvement plans. We'll work with IMSOP to demonstrate how these outstanding elements are within our improvement plans.

2.6 The GDAU/EPAU at PCH is almost ready to transfer to a new facility, meeting the privacy and dignity requirements from the 2019 Royal Colleges report. The Standard Operating Procedure has now been approved and estates work on the new facility is well progressed.

2.7 Recently the programme initiated an assurance process, which reviews evidence associated with the Neonatal Deep Dive report recommendations and escalations. This process is very similar the RCOG recommendation assurance process i.e. evidence is reviewed internally first, and if signed off as meeting the requirements, the evidence is submitted to IMSOP for verification.

2.8 Nine of the 56 recommendations and escalations have now been reviewed within the Health Board, five of which are now signed off and verified by IMSOP.

2.9 After initial delays due to the impact of Covid on staffing, the planned nurse rotation between PCH Neonatal unit and the Cardiff unit unit began in late April. The numbers of nurses are small at this stage, however we will monitor this rotation to ensure it reaches the levels in the original proposal.

2.10 The latest IPAAF self-assessment completed and was supported by Board in April. Whilst the services have progressed the maturity levels remain the same, except for the Joint Neonatal and Maternity working. This increased from Early Progress to Results.

2.11 During April the services held a showcase event for IMSOP on ATAIN, a joint area of work between Maternity and Neonatal Services to reduce term admissions. The showcase was well received and IMSOP commented specifically on positive progress in how the teams were working together. It was acknowledged by the services and IMSOP that there was still progress to be made.

2.12 Our new Director of Midwifery, Suzanne Hardacre, joined the Health Board at the beginning of the month.

### 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 The Covid situation has improved over the past month and is having much less impact on the improvement work. The risks associated with the impact of Covid-19 have now been removed from this report as they having been at a much lower level of risk.
- 3.3 A new risk was added in March and should be noted. A number of the recommendations in the neonatal Deep Dive report specifically seek additional investment in workforce. We’re working through understanding what this means, but the costs have already exceeded £0.5m, so this will be significant. Once we have a clearer view of this, we’ll submit this to Health Board governance to consider it.

### 4. IMPACT ASSESSMENT

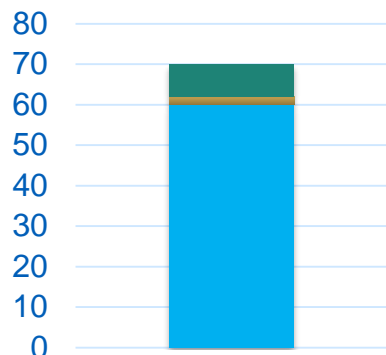
<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below) Please refer to the highlight report for detail.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability All Health and Care Standards apply.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below) Not required for a progress report.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below) Please refer to the highlight report for detail.
<b>Link to Strategic Goals</b>	Improving Care

### 5. RECOMMENDATIONS

- 5.1 The Committee are asked to note the report.

## PROGRESS IN NUMBERS:

### RCOG Recommendations



- In Progress
- IMSOP Verified - follow up required
- IMSOP Verified

## THREE THINGS YOU NEED TO KNOW:

- Following the recent IMSOP assurance visit and submission of evidence, 7 further RCOG recommendations have been closed by IMSOP, 8 of the 10 recommendations requiring follow up were also closed. With only a small number of RCOG recommendations remaining, a process to close all remaining recommendations and ensure all outstanding elements are covered by the Improvement Plan.
- The maternity and neonatal service teams showcased recent progress made in closer working to reduce Term Admissions (ATAIN). The event was well received by IMSOP, although both services and IMSOP acknowledge more progress is needed.
- A recent IPAAF self-assessment demonstrates progress in both Maternity and Neonatal Services with the assessment levels remaining largely the same. However, Joint Working between maternity and neonatal services progressed from Early Progress to an assessment of Results.

## PROGRAMME LEVEL MILESTONES:

Milestone	Due	Progress
Maternity and Neonatal Assurance Framework	Mar 21	Signed off by MNIB
Historic SIs signed off through Panel process	Feb 22	All Historic SIs have been signed for by Assurance Closure Panel and sent to NHS Wales Delivery Unit.
Neonatal Clinical Reviews all reviewed by Clinical Cabinet	Mar 22	All Category 3 (Neonatal) Clinical review cases have now been through Clinical Cabinet
Neonatal Nursing Rotation with UHW begins	Mar 22	After delays due to covid related staff absence, these arrangements began in April,

## 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 BOARD:

Consider the RCOG recommendations closure report (agenda item on the agenda)

Note the new Very High risk re: Neonatal Workforce

## 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 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 wide range of assurance leads to multiple resource intensive processes, distracting from improvement progress.	The recent increase in assurance activity has informed the RCOG Recommendations closure report and assurance relating to these recommendations will now drop away. However, a new assurance process has been established for the Neonatal Deep Dive recommendations and escalations, already 9 recommendations/escalations have been through this process. Additionally, an assurance process needs to be developed jointly with IMSOP to support assurance against the 'Condition for Sustainability'. Assurance work relating to historic Sis and Clinical reviews has already started to reduce although there is still work to do.	High	
The pressures of running operational services limit operational resource availability and progress of the improvement work	The impact of Covid-19 on staffing levels and interactions has fallen over the past month, with staffing levels being much closer to normal. We continue to highlight the importance of the programme will managers and staff, but also try and limit the number and intensive of improvement activities to a manageable level.	High	



# Maternity and Neonatal Improvement Programme - Workstreams

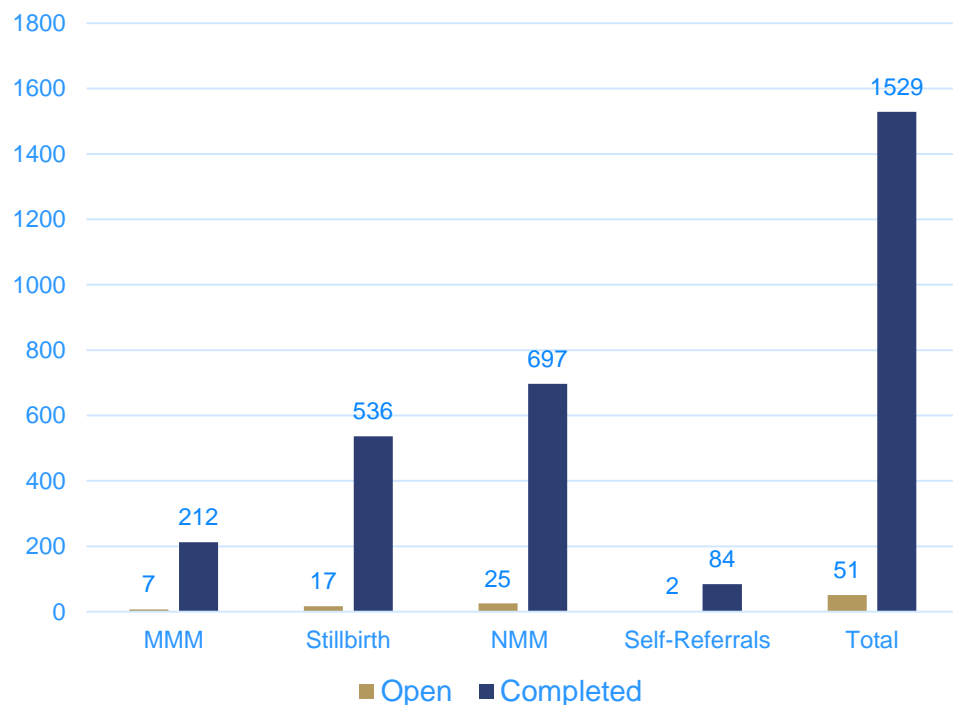
SROs : Greg Dix and Sallie Davies

April 2022

## CLINICAL REVIEW:

- All Clinical Cabinet cycles are complete across all categories
- 97% of CRT maternity improvement actions are completed
- The NMM Thematic Report will be published on the 23rd May

Clinical Review Actions



## JOINT MATERNITY AND NEONATAL IMPROVEMENT:

**Achievements:** Workstream established after recent signoff of the Project Initiation Document for this work, milestone plan finalised, and governance group in place – first meeting held 5<sup>th</sup> May 22 and key actions identified

Key Milestones for:	Due	Progress
Set up Transitional Care working group and agree TOR	Mar 22	Delayed due to capacity issues, first meeting held 5/5/22; next planned for 8/6/22
Ratification of Maternity & Neonatal Assurance Framework	Apr 22	Ratified at Formal MNIB 31 <sup>st</sup> March 2022
Strengthen Forward Audit Plan (FAP) 22/23 to ensure joint Maternity & Neonatal Audits	Mar 22	Joint audits included in audit plan
Identify Joint QI Projects	Apr 22	need to identify what QI projects are happening, Joint QI Manager post out for recruitment
ATAIN Showcase for IMSOP	Apr 22	Held 11/4/22; positive feedback
Develop ATAIN action plan 22/23	May 22	
Develop a process for sharing learning across both services: Audit / Perinatal Mortality Concerns / complaints Clinical Incidents ATAIN PMRT Other engagement methodologies	Apr 22	Re-allocated leads, Concerns / complaints process completed and to be shared

**Key Risk:** Lead midwife contract ends prior to programme completion; change in case closure process – working with PCST to manage closures; lack of capacity causing ATAIN backlog - escalated



Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

# Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

April 2022

## NEONATAL IMPROVEMENT:

**Achievements:** HG pathway to implement May 22; Impact from deep dive on staff mitigated by engagement/assurance (held Mar 22), initial IPAAF sessions held; project plan with 'deep dive recommendations; Family/staff engagement Lead appointed

Milestone	Due	Progress
In-utero transfer pathway/review of maternity decisions where IUT not possible	Apr 22	Completed; in use in CTM; all Wales reviewing pathway and use across Wales
Implement Hypoglycaemia (HG) Pathway	Oct 21	Pathway developed; to implement May 22
Rollout Neonatal Debrief Tool	Oct 21	UHW to provide dates (several cancelled by UHW)
Develop and implement IMSOP suggested proformas	Oct 21	Being developed
Support programme for nurse rotation to tertiary centre (UHW) Approval	Dec 21	Commenced 25/4 – first nurse to visit UHW
Neonatal deep dive report by IMSOP (Feb 22) – new project plan	May 22	To submit 'new' project plan (7 workstreams) to MNIB on 12 <sup>th</sup> May 22 for approval
Family Engagement strategy/Lead	Nov 21	Draft completed; to be finalised by Lead; Snr. Nurse to combine Lead role
Directive – refuse prescription not in good prescribing guide	Apr 22	Completed. MOU developed to support staff.
Joint Neonatal/Maternity audit plan	Apr 22	All audits agreed/active audits uploaded onto AMAT system
Develop Nursing crib sheet/safer prescribing	Apr 22	Developed/distributed and ready to use May 22

Key Risk: Absence of NN lead

## MATERNITY IMPROVEMENT:

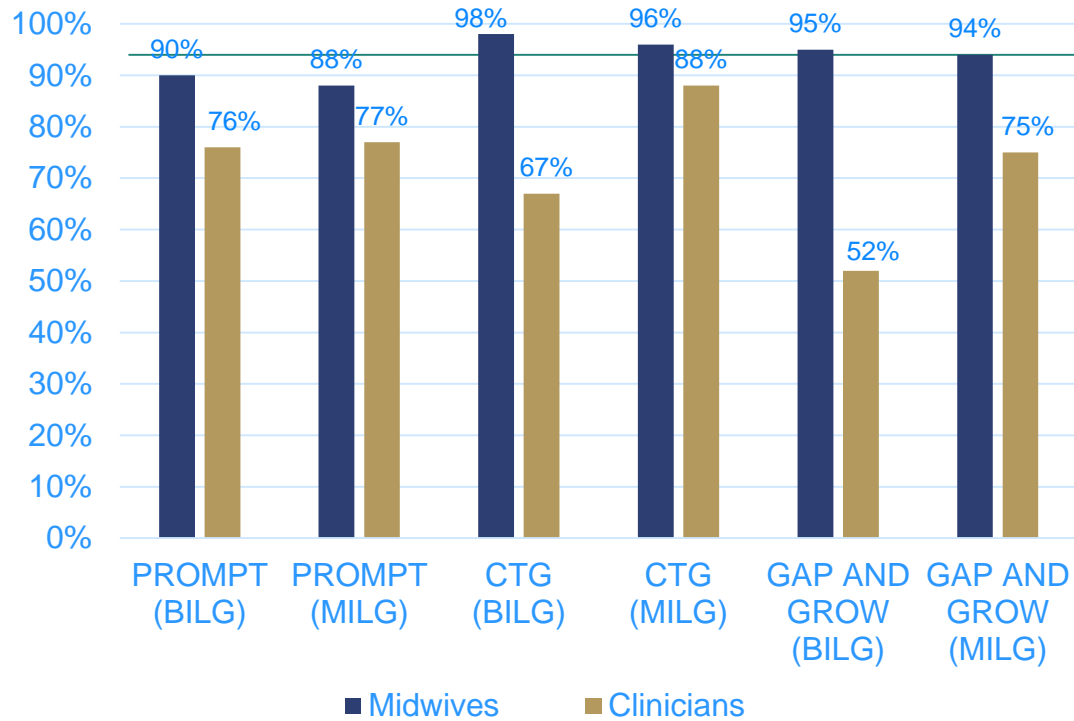
**Achievements:** GDAU Service work completed and launch due in May 22, Human Factors training – 9 staff attended; plans for maternity event in Jul 22 and QWE on-track for completion; recruitment for Maternity & Neonatal QI Manager underway; QLM IPAAF results presented to board; Dashboard being developed

Key Milestones	Due	Progress
QWE - Include feedback from have your say cards into Civica maternity dashboard and include in WESEE reporting	Feb 22	Corporate led and require analyst resource for oversight report / dashboard
QWE: Analysis of women's engagement data	Feb 22	Completed – share at strategy development session
QWE - Feedback from service users/staff engagement events and share with staff/public	Mar 22	Dependent on strategy development
QWE: Birth Rights video to be embedded in service- clinical staff training	Feb 22	Video completed; to edit - resource limitations due to sick leave on comms support
QLM: Strategy development	Apr 22	On hold due to capacity issues
QLM: Culture and Leadership Dev. Plans	Feb 22	Meeting 4/5/22 held to develop plan
QLM: Develop QI approach/plan/appoint QI Manager	Apr 22	Approach/framework created; to sign-off and embed; Manager recruitment underway
SEC: Develop Engagement and Experience dashboard (dependent Once 4 Wales system)	Apr 22	System is not fully functional or compatible with Qlik sense. Once for Wales team are unable to put a timescale on this.
SEC: Human Factors Training (HFT) with cohort of Maternity Team	Apr 22	Welsh Risk Pool supporting HFT (9 staff attended) and arrange further training - DOM as part of a wider training package..
SEC: Establish a safe social space for staff to support informal knowledge sharing	Mar 22	Work completed by 22/4/22; comms to promote space and use in May 22
SEC: GDAU SOP/pathway/service	May 22	SOP/pathway signed off; go- live 9/5/22

Key Risk: SEC Clinical role vacant; QLM: Clinical leads operational pressures and data quality validation



## Maternity - Training Compliance (March 2022) (compliance target 95%)

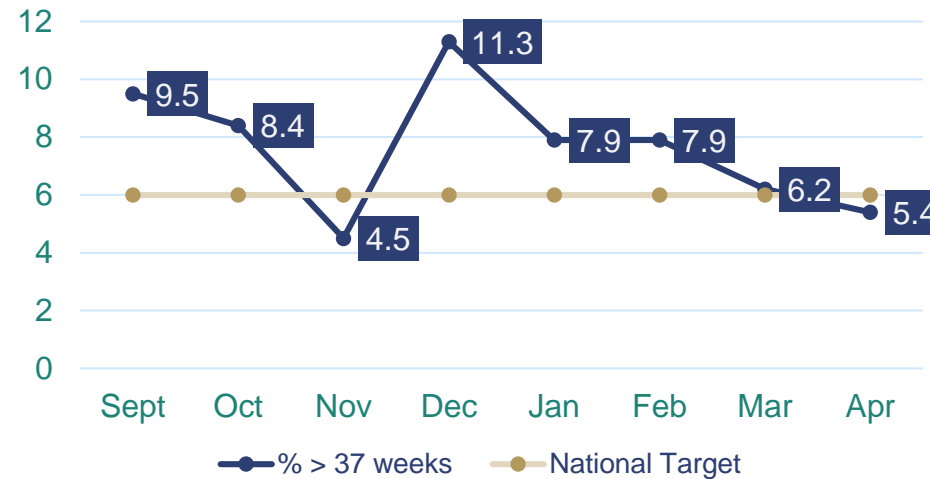


This graph shows the latest position with regard to mandatory training compliance. Training compliance has fallen against target for clinicians in the past month.

Consistent non-compliance has been escalated to the matron and Clinical Director who are currently urgently following up those that are out of compliance.

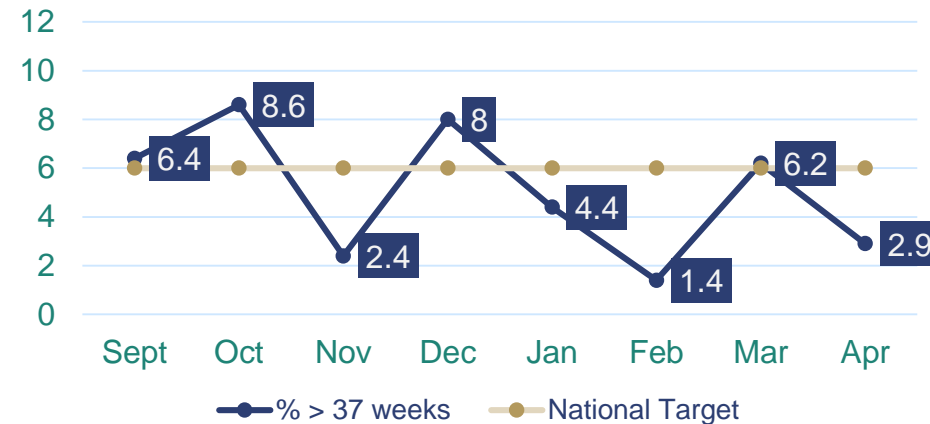
## Neonatal Term Admissions

### % > 37 week of all live births - PCH



Term Admissions in PCH and POW have fallen in April 22. Although birth rate similar to previous month, delivery outcomes improved with no interventions required

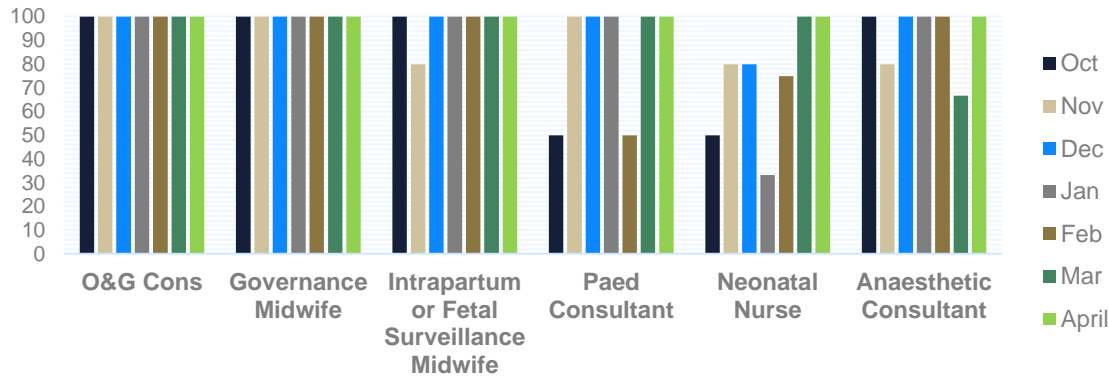
### % > 37 week of all live births - PoW



## KEY PROGRAMME METRICS

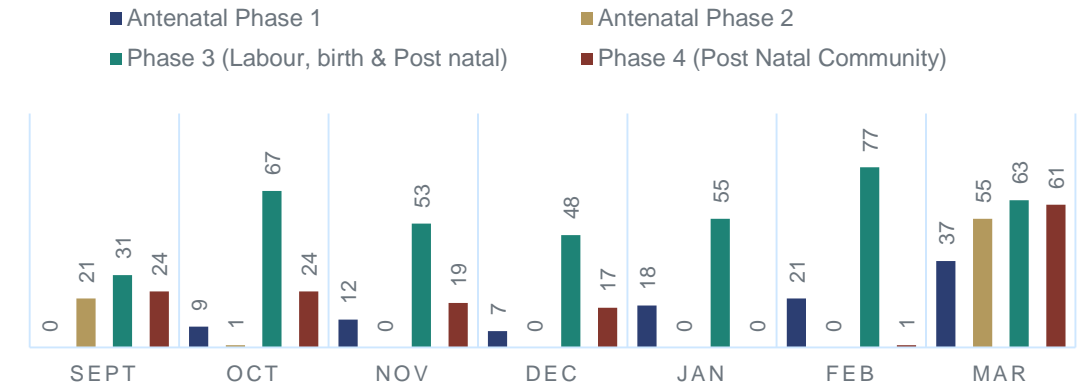
### ATAIN MDT Average Attendance per meeting during each month by role

#### PCH ATAIN MDT % Attendance by role



Due diligence to implement a rota to enable attendance has resulted in 100% attendance in Apr 22.

### Maternity - PREMS Survey Responses



The graph represents PREM responses broken down by month. We can see significant improvement in response rate across all 4 phases of PREM during March, evidencing data fixes in the system.

### Maternity - PREMS Key Question Responses

	Dec 21	Jan 22	Feb 22	Mar 22
Antenatal Did you feel your questions and concerns were listened to?	80%	83 %	78%	82%
Antenatal Was information provided easy to understand and were you comfortable to ask questions?	80%	77 %	65%	74%
Labour- During birth, were you supported to make choices which were right for you?	89%	86 %	86%	83%
Labour- Did you have confidence and trust in the staff caring for you during labour?	95%	95 %	91%	92%

This table shows the average percentage response for 4 key questions within the PREMS survey. This gives an indication of the response levels, however, with small numbers of responses some caution needs to be highlighted when interpreting these numbers. The validity of the responses will improve when response rates rise.