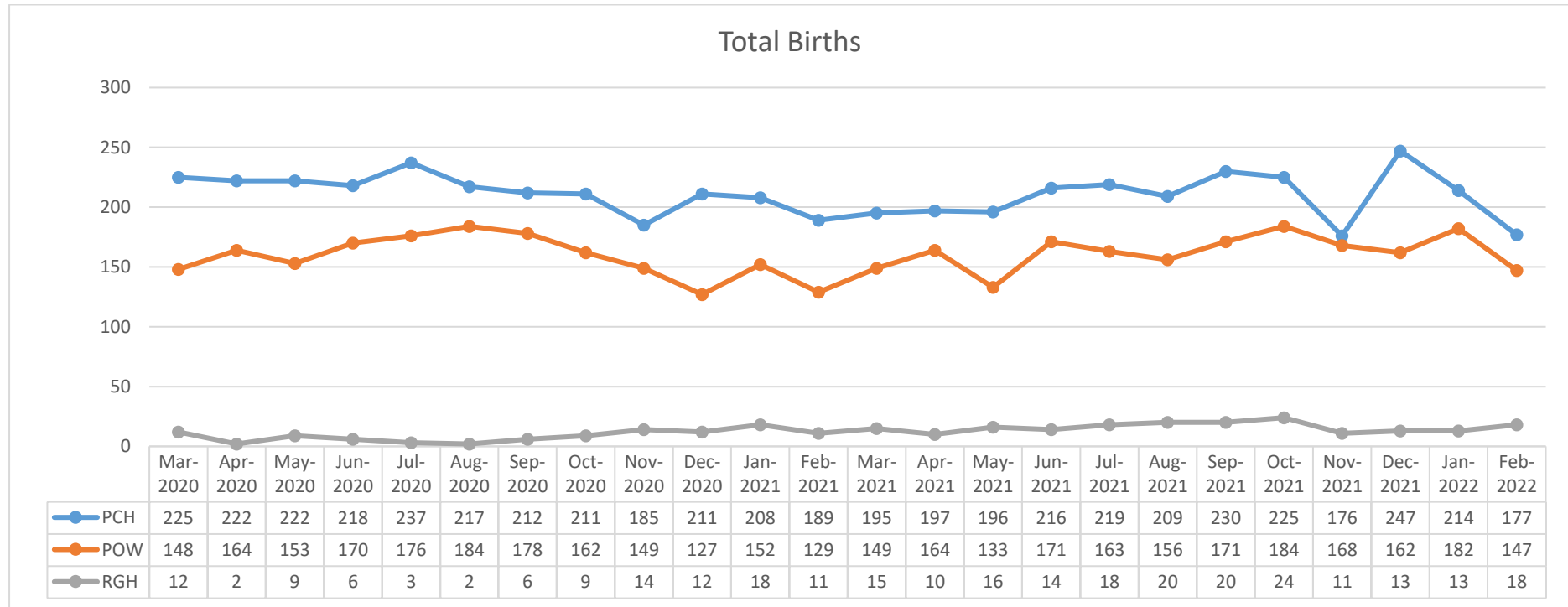


April 2022 - Metrics for CTMUHB Board Assurance

Quality and Safety Committee – Narrative by exception

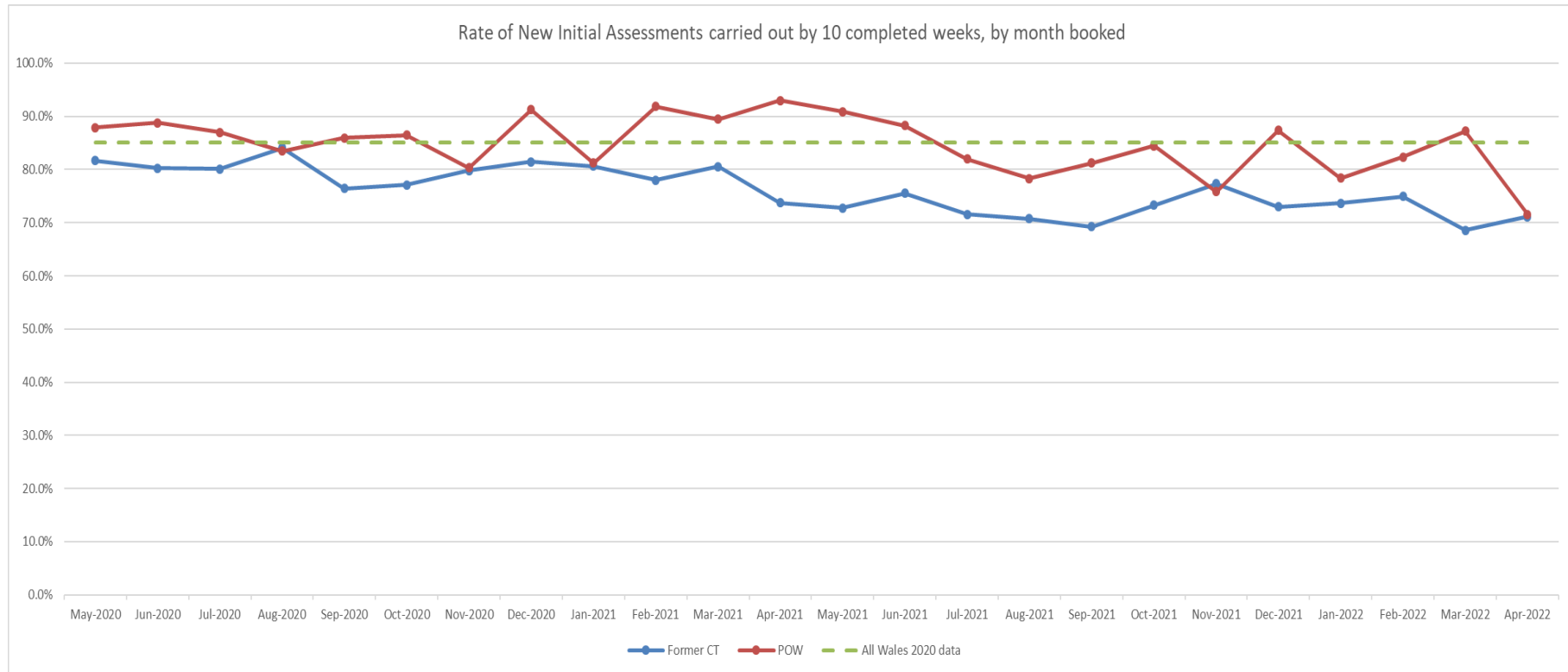
Graph 1 Total Births = 404

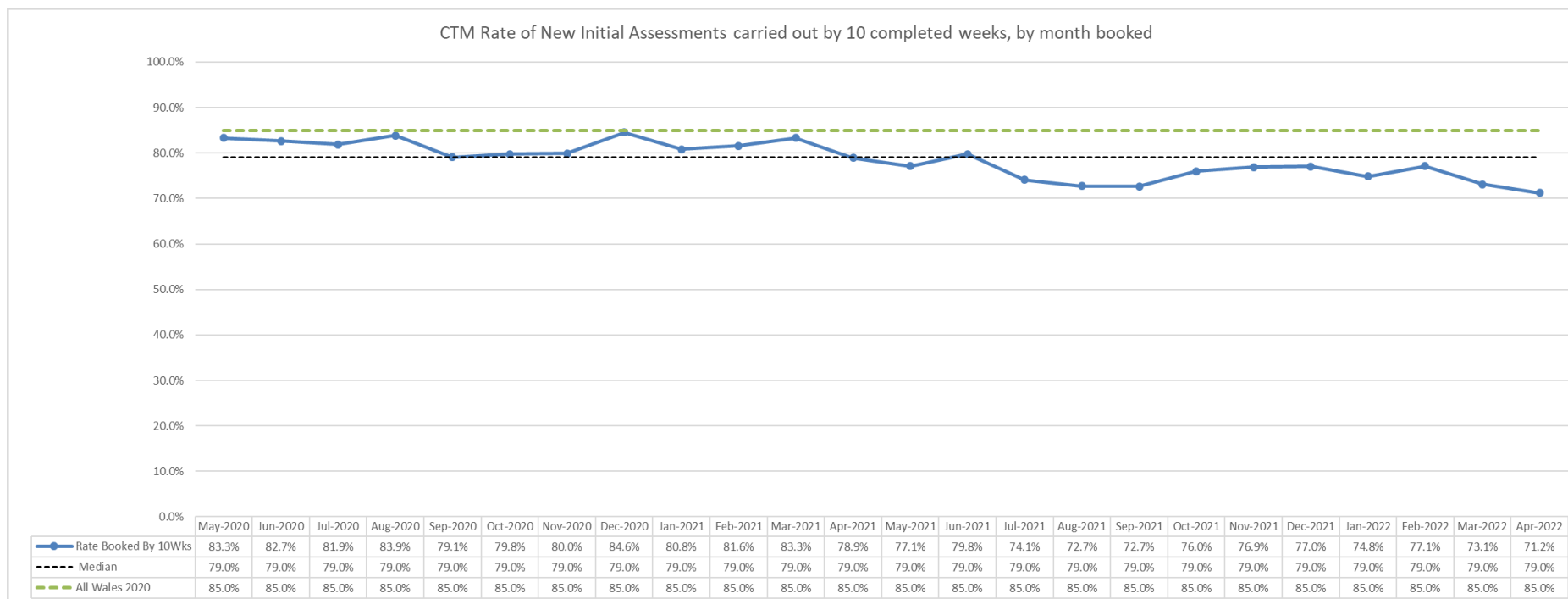
- Re-opening of Tirion Birth Centre following COVID-19 reflects steady rise in birth numbers
- Birth rate for CTM overall stable. Decrease in birth rate during height of COVID-19 Pandemic reflected nationally
- Staffing – recruiting to maintain Birthrate+ compliance. Working with national Birthrate+ team to determine workforce needs for the future & embed continuity of carer models. Local review of workforce requirements underway.
- 21 x 3rd year students have expressed interest to join CTMUHB as newly qualified midwives through Streamlining in September 2022



Graph 2

% maternity “bookings” by 10 completed weeks of pregnancy

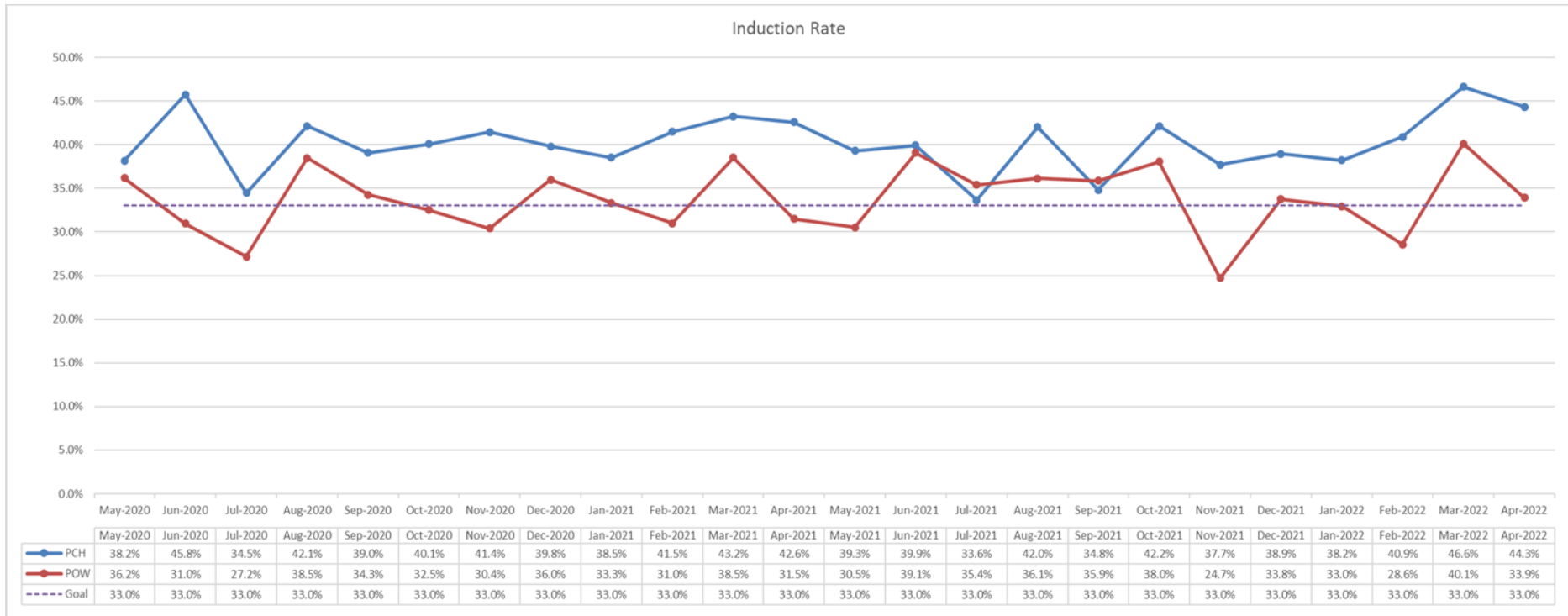




- The Antenatal Screening Wales (ASW) target is 85% - as some women do not know they are pregnant. The target is set to maximise all women's opportunity to access maternity screening tests if desired.
- The Lead Midwife for community services has developed an action plan to increase compliance in this area. The reduction since July 2021 has coincided with the return to face-to-face bookings following the Covid pandemic, however, the target of 85% was introduced pre Covid and will need to be achieved.

Graph 3

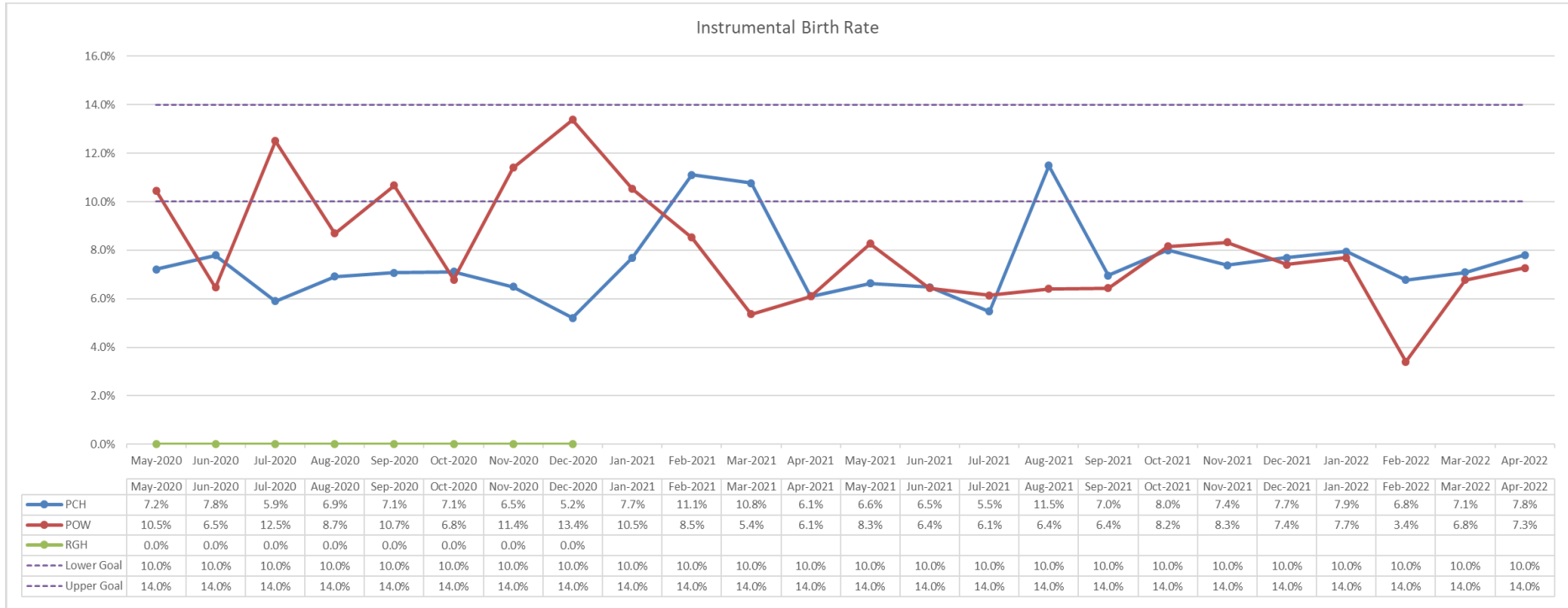
Induction of Labour



- There is no national target for induction of labour however nationally IOL rates are increasing. Evidence suggests that a marked rise in national induction rate in 3 years from 27.9% to 39% may be explained by the implementation of Saving Babies Lives 2 Care Bundle (2019) which reinforces the need for timely induction of labour (Richmond & Sherwin 2021).
- NICE guidance (2021) widens the reasons for to agree a plan for induction of labour with a woman especially around gestational age. This guidance is readily accessible to our population. <https://www.nice.org.uk/guidance/ng207/resources/inducing-labour-pdf-66143719773637>

Graph 4

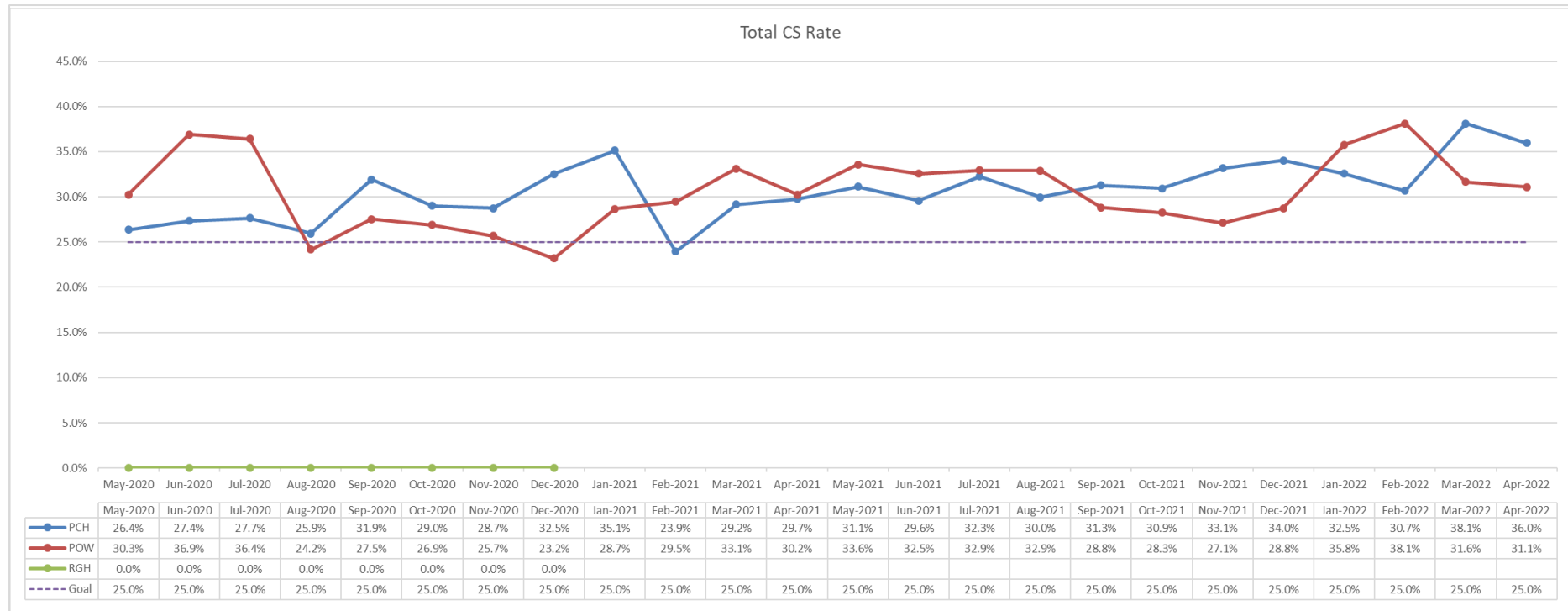
Instrumental Birth Rate (none undertaken within RGH figures)



- Operative Delivery Guideline (2020) supports evidence-based practice. All Datix’s related to this area and examined via multi professional review to ensure all care remains appropriate. There are no current themes of concern in this area. <https://wisdom.nhs.wales/health-board-guidelines/cwm-taf-maternity-file/operative-vaginal-delivery-ctm-guideline-2020-pdf/>

Graph 5

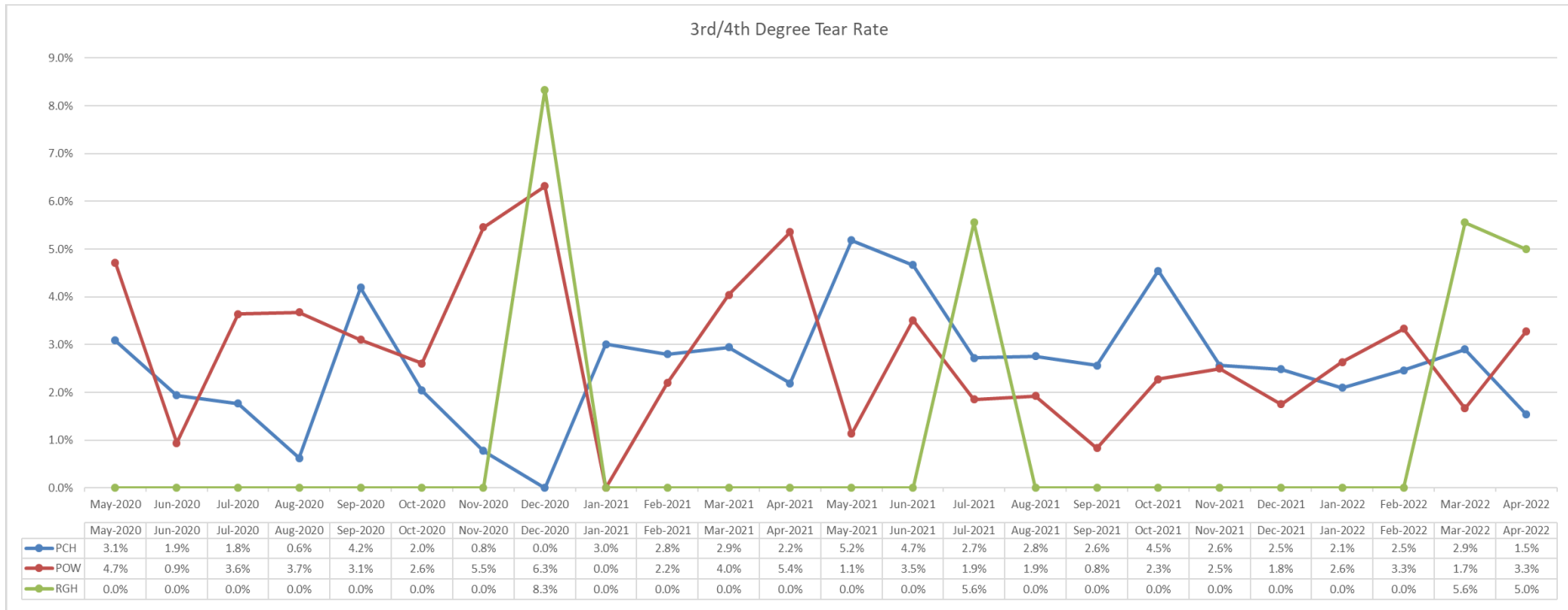
Total Caesarean Section Rate



- WG performance board (2021) data suggested CTMUHB was not an outlier in Wales. All Datix incidents are examined to ensure care adheres to our guideline to support 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.

Graph 6

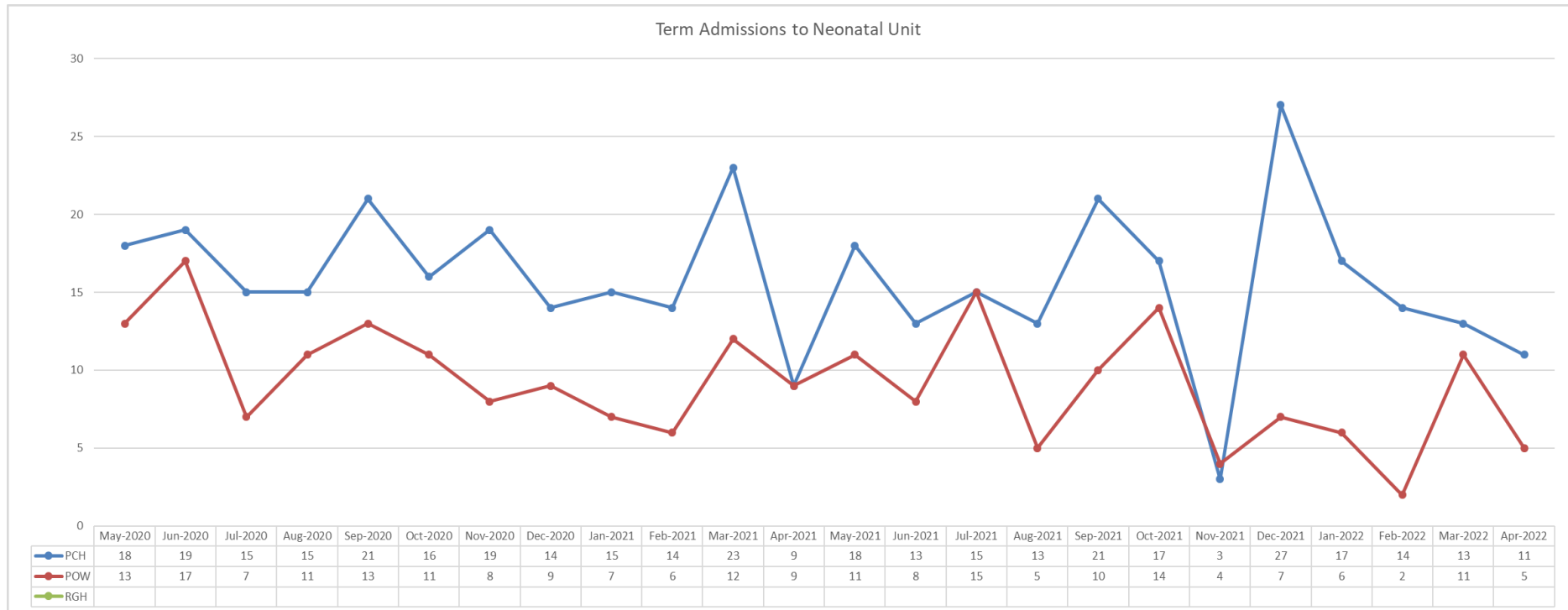
3rd/4th degree perineal tear



- All Third and Fourth Degree tears are Datix incidents.
- Incidences are reviewed by MDT and overseen by senior MDT, measured against our guideline.
- All women given follow up clinical care and proactively offered debriefing opportunity to understand their care and minimise any ongoing anxiety or outstanding questions or concerns.

Graph 7

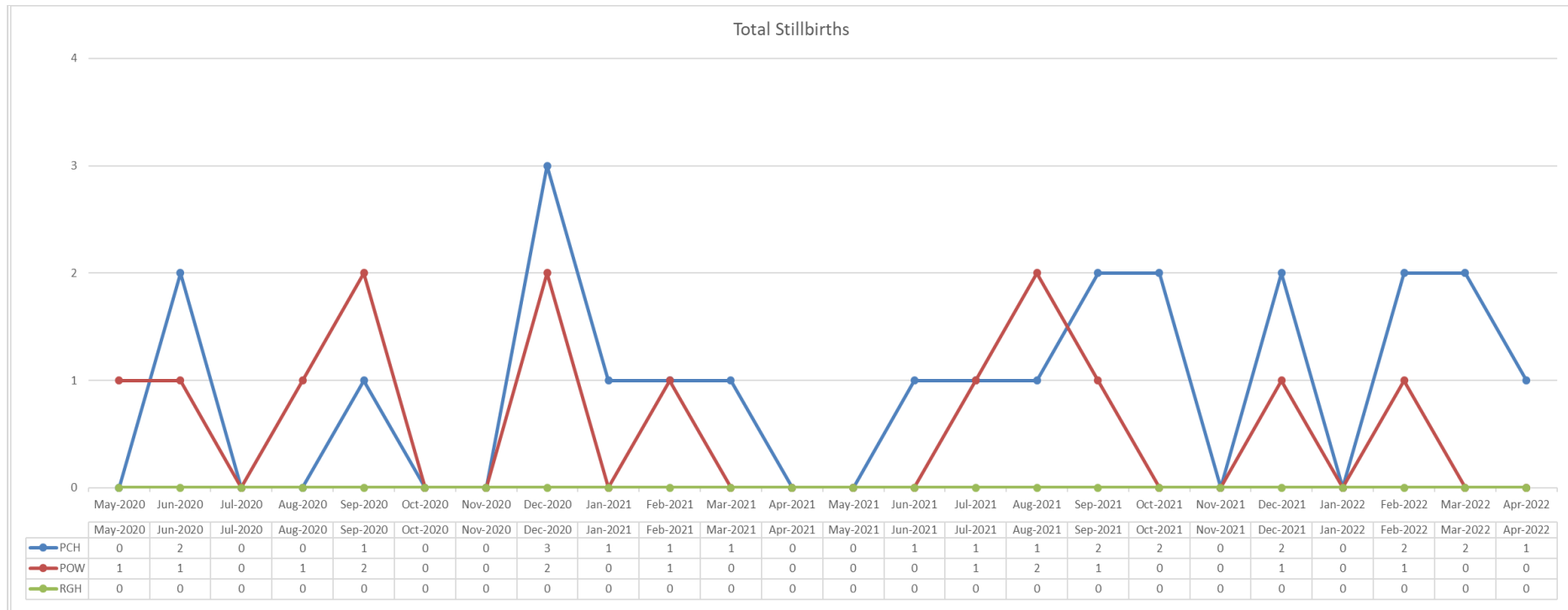
Term admissions to the Neonatal Units



- All cases are reviewed through the Quality Improvement Programme ATAIN (Avoiding Term Admission in Neonates).
- Work to progress development of Transitional Care requirements has begun with neonatal colleagues (30 day acuity audit commenced early May 2022).

Graph 8

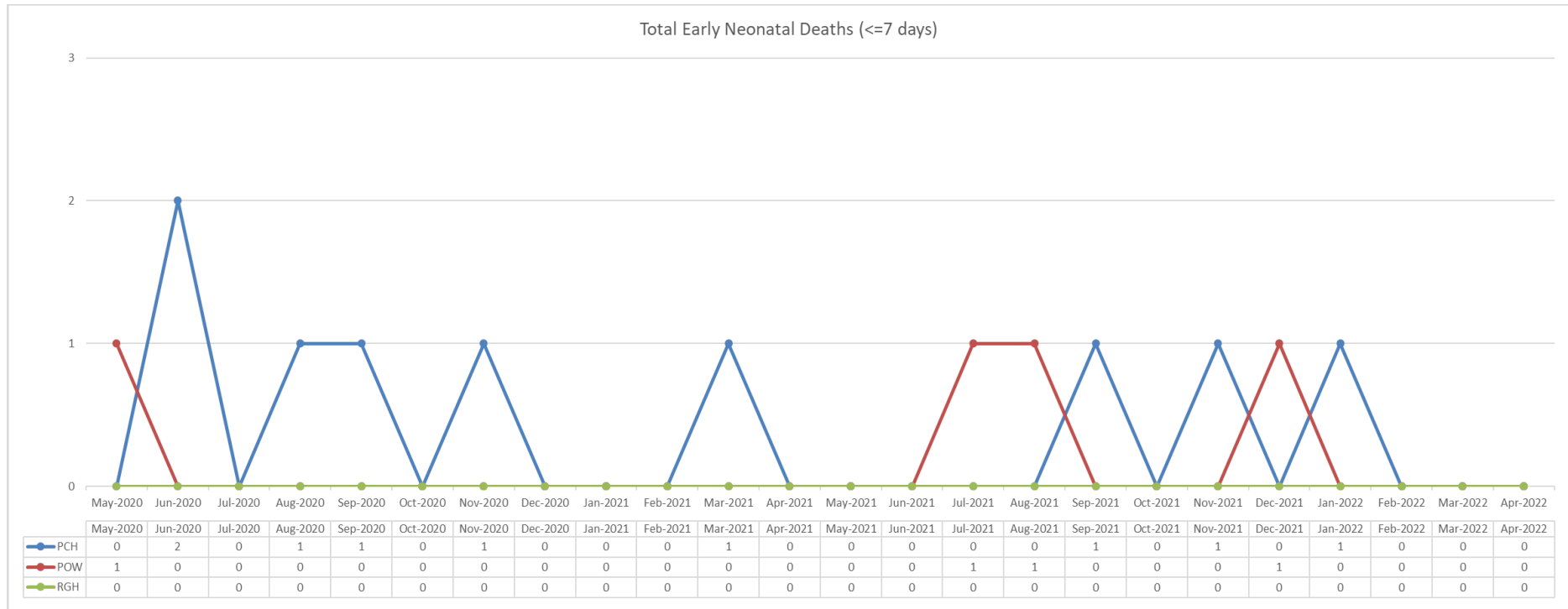
Total Stillbirths



- Stillbirth rates remain within acceptable ranges (MBRRACE 2021).
- All losses are reviewed via MDT and Senior MDT Risk Management Processes including rapid review within 72 hrs.
- Introduction of 'Rainbow Baby' Clinic as modelled on Cardiff and Vale UHB & St. Mary's Hospital Manchester is in development. The clinic will provide enhanced continuity of carer for next pregnancy after loss and ensure timely, dignified care.

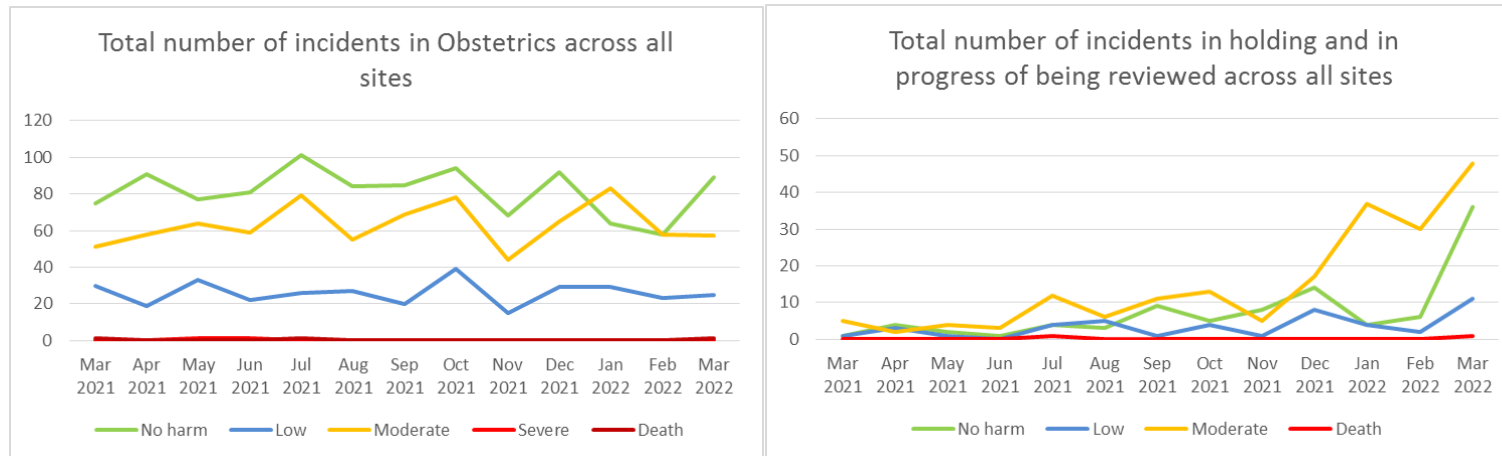
Graph 9

Total Early Neonatal Deaths (by 7 days of life)



Graph 10

Incident Reporting by Maternity Service



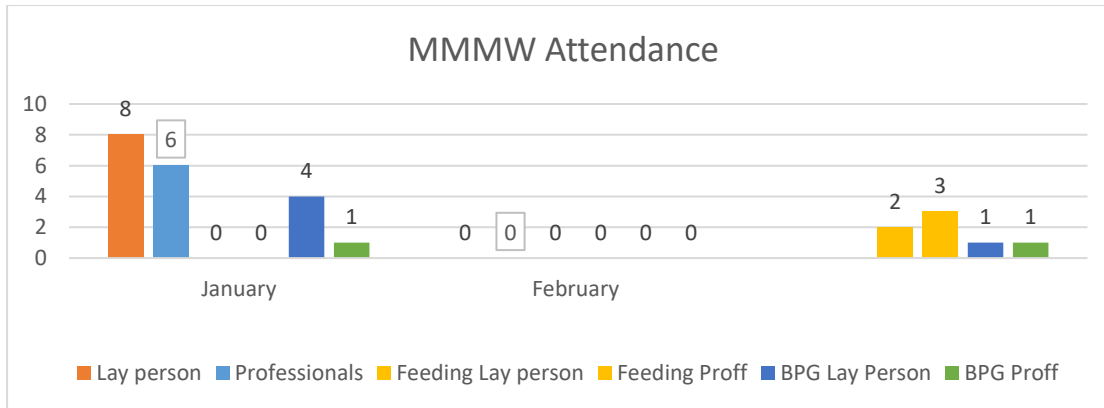
Assurance that reporting remains at the appropriate level.

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

Engagement

My Maternity My Way Attendance – December 2021 and January 2022



My Maternity My Way
Do you want to make a difference to your local Maternity Service?

My Maternity My Way is the local 'Maternity Voice Partnership' of Cwm Taf Morgannwg UHB Maternity Services. The group allows you to give your experiences, ideas and suggestions for improvements to Maternity Services here in Cwm Taf Morgannwg University Health Board..... We need you, your experience and your contact with other parents to help us develop and improve.

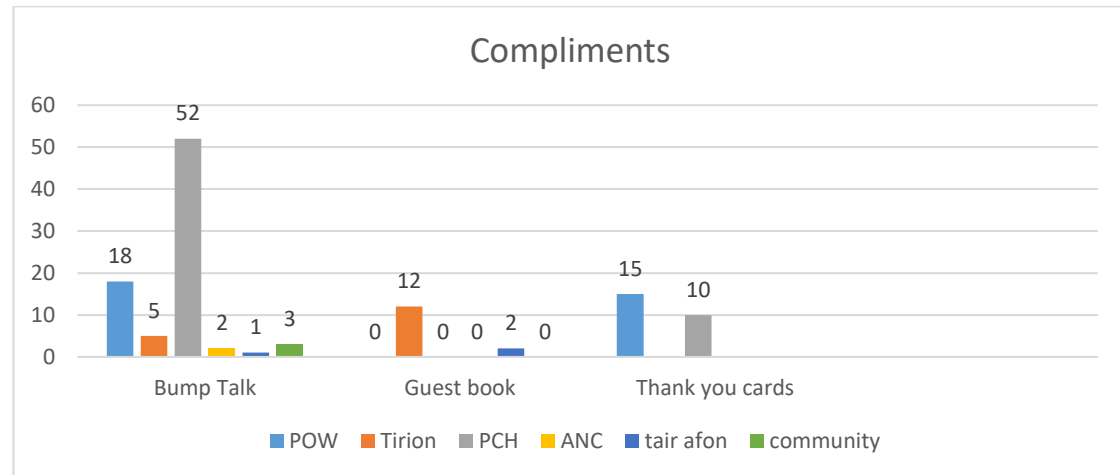
My Maternity My Way 2022:
Thursday 27th January 11am-13.00
Monday 7th February 10.30am-12.30
Wednesday 20th April 11am-13.00
Thursday 2nd June at 11am-13.00
Monday 11th July 11-13.00
Tuesday 23rd August 11-13.00
Wednesday 5th October 11-13.00
Thursday 17th November 11-13.00
Thursday 15th December 10-11.30

Birth Partner Group 2022:
25th January 2022, 11am-12.00
22nd March 2022, 11am-12.00
24th May 2022, 11am-12.00
26th July 2022, 11am-12.00
27th September 2022, 11am-12.00
22nd November 2022, 11am-12.00

Feeding Focus Group 2022:
15th March 2022, 11am-12.00
14th July 2022, 11am-12.00
17th November 2022, 11am-12.00

Please get in touch with Bethan Williams, Lay Chair, or Brandy Tweedie, Consultant Midwife if you would like to be involved, or for more information please contact us on the email address:
@CwmTafMorgannwg
CTM.MyMaternity-MyWay@swales.nhs.uk

Compliments



- **We continue to receive large volumes of compliments to the Maternity service. The graph shows the methods that service users have utilised to provide their thanks and complements.**
- **Tirion and Tair Afon use guest books to capture complements and feedback regarding the experiences of women using these areas. We will soon implement guest books within the labour ward settings in PCH and POW.**
- **Maternity, QR Code Have your Say posters have been designed to capture real-time feedback. This was implemented on the 10th of January. These will be reported via Civica**

Concern Management:-

Merthyr Cynon ILG (March 2022):

- 3 new concerns
- 1 early resolutions
- 2 formal concerns
- 0 cases referred to the Public Ombudsman Wales

Themes included:

Poor communication/staff attitude

Action arising:

Staff involved asked to undertake reflective practice.

Bridgend ILG (March 2022):

- 8 new concerns
- 5 early resolutions
- 2 formal concerns
- 0 cases been referred to Public Ombudsman Wales

Themes included:

Poor communication and staff attitude.

Breach of confidentiality

COVID visiting

Actions arising:

Feedback to staff involved and reflecting on the incident

Visiting restrictions since eased in line with national guidance

Dashboard

Benchmarking against other Health Board and NHS Trust QPSE Service Dashboards was carried out in April 2022:-

Area	Measure	CTM	C&V	Oxford	Cambridge
Activity	number of antenatal bookings		√		√
	number of births	√	√	√	√
	Number of deliveries	√	√	√	
	IOL	√	√	√	√
	Normal births / SVD	√	√	√	√
	% commenced on NLP	√			
	% commenced who completed NLP	√			
	VBAC total attempted	√	√		
	VBAC success	√			
	CLU births		√		
	MLU births		√		√
	Home births (planned / unplanned)		√		√
	BBA's	√	√		
	other medical areas of delivery		√		
	Instrumental Vag delivery	ventouse / forceps	√	√	√
Attempted instrumental		√	√		
Failed instrumental delivery / trial inst proceeded to C/S		√	√		
C-Section	Elective	√	√	√	√
	Emergency	√	√	√	√
	Elective CS <39 weeks no clinical indication			√	
Risk	Number of SI & NRI (Nationally reportable incidents)	√		√	√
	Never Events				√
	Information governance				√
	On call log: number of calls - senior midwife	√			

	On call log: issues (narrative)	√			
	Safety briefings signed at each handover	√			
	Number of datix submitted	√			
	Datix: Exception reporting (Harm/ staff behaviour)	√			
	Number of On The Spot Issues (Thematic narrative)	√			
	Number of Compliments	√			
	Number of informal concerns	√		√	
	Number of Formal concerns	√			
Closure	Number of times unit closed for admission in each month (mat)	√	√		
	Number of days unit closed for admissions each onth (SCBU)	√			
	Number of maternal transfers outside UHB due to closure of CLU and MLU		√		
	Number of maternal transfers outside UHB due to closure of NNU		√		
Covid	number of women attending suspected	√			
	number of women tested	√			
	number of women confirmed	√			
Maternal Readmissions (WRP)	Postnatal readmissions < 28 days		√		
Weight (WRP)			√		
	Babies born < 2.5kg 37 wk & above (SGA)		√		
Maternal Morbidity & Mortality	CSSI Infection rate		√		
	ITU admissions in Obstetrics	√	√		
	Postpartum hysterectomies		√		
	Return to Obs theatres		√		
	PPH => 2L	√	√ (>2.5)	√	√ (1.5)
	Shoulder dystocia		√		
	3rd/4th degree tears Total		√	√	√
	3rd / 4th degree tears SVD Total	√	√	√	
	3rd / 4th degree tears Instrumental Total		√	√	
	ITU admission in obstetrics	√		√	√
	ITU admissions % completed VTE admission			√	

	Postpartum hysterectomies	√			
	Maternal Deaths	√	√	√	√
	Eclampsia				√
	Sepsis			√	√
	Number of Complications - obstetrics	√			
Epidural	Epidural Administered for Pain Relief and/or Labour (Less C/S)		√		
Neonatal morbidity	Admissions to NNU from CLU		√		
	Admission to NNU from MLU		√		
	Admission to NNU from other wards		√		
	Admission to NNU from outside Maernity		√		
	No of still births	√	√	√	√
	Neonatal deaths (<=7days)	√		√	
	Unexpected term admission to SCBU	√		√	√
	HIE 2			√	
	HIE 3			√	
	No of term babies requiring theraputic cooling				√
	Shoulder dystocia	√		√	√
	No. Birth injuries				√
	baby born with a low cord gas <7.1				√
	babies born <=32 weeks gestation	√			
Public Health	Smoking		√	√	√
	Alcohol		√		
	substance Misuse		√		
	BMI		√		
	Breastfeeding		√	√	√
	Antental information		√		
	Birthweight		√		
	Asylum seekers		√		
Domestic Abuse		√			

	SIP (Stress in Pregannacy)		√		
	FGM (Female Genital Mutilation)		√		
	Satisfaction		√		
	Still births		√		
	Teenage pregnancy		√		
	Influenza		√		
	PERTUSSIS		√		
	Weight		√		
Workforce Governance	O&G Medical staff	√			
	Midwifery	√			
	1:1 Care in labour	√			√
	Weekly hours of consultant presence on ward / delivery suite	√		√	
	Staffing issues (Medical Narrative)	√			√
	Staffing issues (Nursing Narrative)	√			
	Sickness (Midwifery / support)	√			
	Sickness & Isolation (Medical)	√			
	Use of bank (narrative)	√			
	Use of agency Nursing / midwifery (narrative)	√			
	Use of Medical Bank	√			
	Use of agency NMedical (narrative)	√			
	Changes to medical rota management	√			
	midwife / birth ratio	√		√	√
	supervisor to midwife ratio	√			
	Training compliance (Midwifery & Medical)	CTG	√		
GAP/Grow		√			
PROMPT		√			
Covid (Nursing & Medical)	Number of staff members self-isolating	√			
	Number of staff redeployed within maternity	√			
	Percentage of staff redeployed	√			

Escalation / Transfers / Closures	Number of escalation: unit on Amber (narrative)	√			
	Number of escalation: unit on Red (narrative) - (added 28/8/19)	√			
	Intrapartum transfers from Birth centre to obstetric care (any delays)	√			
	Intra-uterine transfers out below 32 weeks gestation	√			
	Closure of neonatal unit	√	√		
	Number of times unit closed admissions in each month	√	√		
	Number of maternal transfers outside UHB due to closure of CLU and MLU		√		√
	Number of maternal transfers outside UHB due to closure of NNU		√		

Dashboard Development

The MDT met in May 2022 to discuss the outcome of the Benchmarking exercise and agree the format for presenting maternity metrics in accordance with IMSOP requirements. As information is already collected and available via MITS and WPAS, work is progressing with IT Informatics to develop a dashboard which will be supported the use of QLIK Sense to 'interrogate' the data in more detail.

		Goal	Amber	Red Flag	Measure	Source		Jan - 2016	Feb - 2016	Mar - 2016	Apr - 2016	May - 2016	Jun - 2016	
5														
6	Initial Assessments (Bookings)	Initial Assessments			Total number of new bookings for maternity services	MITS		447	368	364	366	350	388	
7		Initial Assessments (bookings) that have been carried out by 10 completed weeks pregnancy			Total number of women booked that have had their initial assessment carries out by 10 completed weeks of pregnancy	MITS		315	279	263	273	252	276	
8			>=80%	60-79.9%	<60%	% of total women booked (row 6) that had their initial assessment carried out by 10 completed weeks pregnancy	MITS		70.5%	75.8%	72.3%	74.6%	72.0%	71.1%
9		Total Booked Midwifery Led Care				Total number of women booked midwifery led care at the initial assessment	MITS		174	174	163	146	136	147
10			>=60%	40-59.9%	<40%	% of total new initial assessments (row 6) that were booked for midwifery led care	MITS		38.9%	47.3%	44.8%	39.9%	38.9%	37.9%
11		Total Booked Consultant Led Care				Total number of women booked with a consultant at the initial assessment	MITS		265	185	194	210	205	226
12		<40%	40-59.9%	>=60%	% of total new initial assessments (row 6) that were booked for consultant led care	MITS		59.3%	50.3%	53.3%	57.4%	58.6%	58.2%	
13	Lead	Booked and delivered midwifery led care			Total number of women booked and delivered midwifery led care	MITS		49	67	76	58	53	51	
14			>=30%	10-29.9%	<10%	% of women delivering (row 26) that booked and delivered midwifery led care	MITS		14.8%	20.2%	22.8%	18.4%	16.6%	16.3%
15		Booked midwifery led care and delivered consultant led care				Total number of women booked midwifery led care and delivered consultant led care	MITS		73	80	62	77	77	57
16		<30%	30-59.9%	>=60%	% of women delivering (row 26) that booked midwifery led care and delivered consultant led care	MITS		22.1%	24.2%	18.6%	24.4%	24.1%	18.3%	