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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Agenda Item

6.1

Maternity and Neonatal Improvement Programme
Highlight Report
January 2023

Date of Meeting: Maternity and Neonatal Programme Board to be held 13th February 2023

FOI Status: Open / Public

Prepared by: Shelina Jetha, Programme Manager
MNIP

Presented by: As above

Approving Executive Sponsor: Suzanne Hardacre, Director of Midwifery

Report Purpose: Update the group on the progress of the Maternity and Neonatal Programme.

ACRONYMS

NN	Neonatal
NNIP	Neonatal Improvement programme
ATAIN	Avoiding Term Admissions into Neonatal Units
CNO	Chief Nursing Officer
DD	Deep Dive recommendations
ESC	Escalations (as per DD recommendations)
IMSOP	Independent Maternity Services Oversight Panel
IPAAF	Integrated Performance Assessment and Assurance Framework
MDT	Multi Disciplinary Team
MNISB	Maternity and Neonatal Improvement Safety 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
EIA	Equality Impact Assessment
SEC	Safe and Effective Care (Maternity Workstream)
QI	Quality Improvement
NNAP	National Neonatal Audit Programme
MNIP	Maternity and Neonatal Improvement programme
SOP	Standard Operating Procedure
DOM	Director of Midwifery
BAU	Business as usual

SITUATION/BACKGROUND

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.

SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

- NN Improvement programme risks
- Neonatal immediate recommendations progress
- Neonatal deep dive recommendations progress
- PTR
- Neonatal dashboard
- Maternity QI update
- NN Safety culture survey results summary

RECOMMENDATIONS

The Quality & Safety Committee are asked to note the report.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Please note the “**Programme Risks/Issues**” are captured on slide 3 of the highlight report.

Work to understand the extent of a new risk added in March 2022 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.

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



TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Details	Mitigating actions	Rating
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; Risk/Governance Manager for neonatal services appointed 30.8.22; benchmarking of UK models of care and identify 3 potential models of care i.e. ANNP; PA, medical etc. discussed at a planned away day held in Sept.22; Supernumerary shift coordinators allocated – issues recorded on Datix; Also on-going workforce developmental meetings and workforce plan in line with BAPM regarding staffing model with draft business case developed. Business cases for other improvement roles to be developed: Psychotherapy; AHPs and ANNP with relevant departments.	High
MIP Sustainability of improvements	The improvements achieved through the MNIP needs to be embedded in business as usual practices and must be sustainable	Maternity and Neonatal safety champions in post as part of MATNEO SSP phase 1 (discovery). Preliminary report produced Improvement Cymru Dec 2022 to Minister and phase 2 March 2023; NN Operational Clinical Improvement Group (MDT includes Maternity) to drive BAU – meetings held: 9 th Jan and 6 th Feb 2023. Further support provided by Programme Management Office (PMO) team.	Moderate



THINGS YOU NEED TO KNOW:

1. Neonatal DD immediate actions – 18 out of 19 completed
2. Neonatal DD immediate - Esc 7 (SI) – internal assurance
3. QI training for both Maternity and Neonatal staff
4. QI projects – progress on both Maternity and Neonatal services on-track
5. Mat/Neo safety Improvement programme – Cymru visit 13th Jan 2022
6. Work underway on Maternity and Neonatal Dashboard
7. First 'All Share, All Learn' QI forum held on 26th January
8. Neonatal PREMS launched on CIVICA 1.2.23
9. PERIPrem project in planning phase with local champions appointed and baseline data collated
10. Maternity and Neonatal dashboard - development

Next steps:

- Complete remaining DD actions
- Ensure delivered deep dive actions embedded in BAU practices
- Clinical Improvement Lead to work to embed improvements
- Sustainability of improvement roles
- Programme end 31.3.23
- NN – QI projects
- BFI – full report to follow
- Maternity and Neonatal joint dashboard launch

Focus on Neonatal improvement programme:

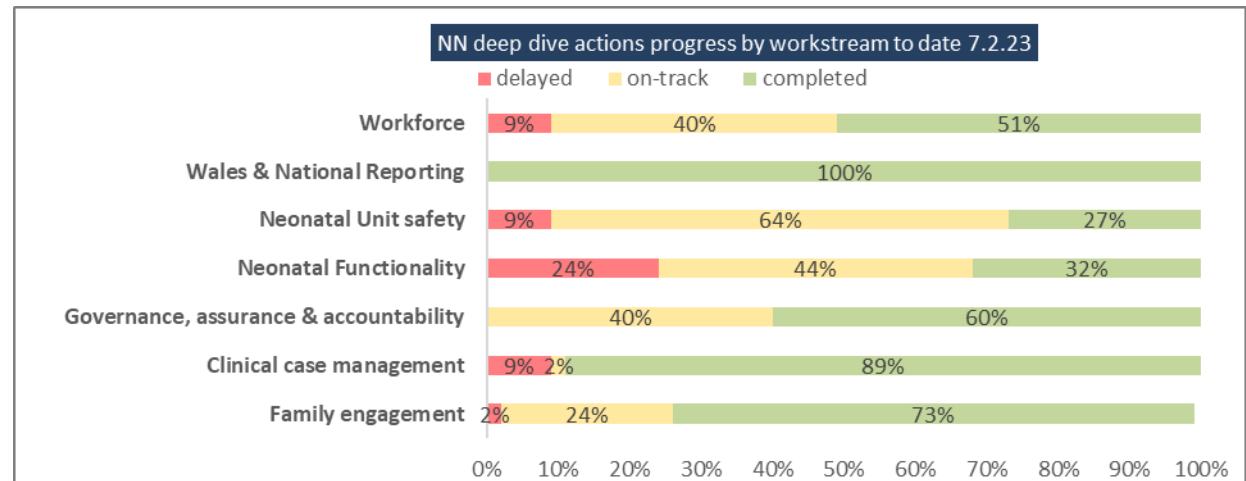
- Total 56 NN deep dive recommendations which include 14 escalations and 5 immediate
- 16 immediate/escalations verified by IMSOP
- Immediate escalation no.2 (IUT) and no. 5 (HIE) *completed*
- Total 18 out of 19 immediate actions delivered
- Immediate Esc 7 (SIs i.e. NRI's) – *going through internal assurance*

Overall	%
Completed	69%
On-track	28%
Delays	5%

Delays overall: Immediate esc. 7 (SI's) and FIC care

Table and chart below demonstrate the progress made in delivery of the deep dive actions, with Wales and national reporting i.e. data 100% - being embedded as BAU and dashboard being developed as per Maternity; QI projects identified through review of data.

Workstream	delayed	on-track	completed
Family engagement	2%	24%	73%
Clinical case management	9%	2%	89%
Governance, assurance & accountability	0%	40%	60%
Neonatal Functionality	24%	44%	32%
Neonatal Unit safety	9%	64%	27%
Wales & National Reporting	0%	0%	100%
Workforce	9%	40%	51%





Things to know: PREMS live on CIVICA; Safety Culture survey completed and with Care group Managers

Rag status:



Milestone	Due	Progress
Family engagement workstream – Lisa Baker		
PREMS now live on CIVICA	Feb 2023	PREMS questionnaire go-live 1/2/23
Family Integrated care (FICare) plan - in conjunction with BAPM standards	Dec 2022	Due to clinical demands and S/L progress has been delayed; however plan for scoping exercise with families who've used tertiary units on their experience on FICare to develop and action plan
Governance, Assurance & Accountability workstream - Gail Clack/Lee Evans		
Clinical Audits must be reviewed by service leaders developing improvement workplans in partnership with clinical teams which are then progressed reviewed and discussed as part of formal clinical governance mechanisms	Dec 2022	Clinical Audit esc. 14 presented evidence with actions/presentations etc; also part of annual cycle; newly appointed clinicians since Feb 23: at PCH and POW
Workforce – Gail Clack		
Explore financial remuneration to support staff rotation	Dec 2022	Financial remuneration to support staff included in the workforce paper
Training - named lead for each workforce group	Dec 2022	PDNs identified at PCH and POW
Annual local resus. Training provision and log e.g. Tier 1 level training	Dec 2022	All medical training comes under College Tutor (Local Programme Director); (LPD) and (Deputy LPDs)
Neonatal Unit Senior Nurse position who is in part Matron and part Improvement Lead Nurse to ensure there is a stable senior nursing leadership structure with the specialist ability and leadership experience to know and deliver 'what good looks like'.	Jan 2023	We have a Senior NN specialist nurse role in post across CTM since autumn 2022.
Opportunities for quality roles should be identified to all staff through mechanisms such as annual appraisal.	Jan 2023	Due to clinical demands due to S/L progress has been delayed
Ensure support for ongoing rotation of staff into quality roles to aid continuity of role provision.	Jan 2023	Due to clinical demands due to S/L progress has been delayed
Protected, allocated time job for quality roles.	Jan 2023	Due to clinical demands due to S/L progress has been delayed

Things to know: Nursing staff Safety Culture survey results analysed; Esc. 2 (IUT) and Esc 5 (HIE) completed

Milestone	Due	Progress
Neonatal Unit Safety - Leanne Richards		
Safety culture survey - for MDT (to include both Maternity and Neonatal)	Dec 2022	Data extracted and analysed; next survey to include MDT; as only nurses included in Sept-Dec survey
Extract data analysis and review outcomes and improve safety culture/repeat at appropriate intervals	Feb 2023	Results analysed; to be shared and actioned
Neonatal Unit Functionality - Leanne Richards		
Culture survey (questionnaire development - as per previous survey - review baseline)/CIVICA	Dec 2022	Delayed due to lead for both Mat/Neo culture survey no longer employed by HB and SL. Plans to repeat maternity culture survey in March 2023. Leadership and culture development plan in place, supported by Caring for You Action plan. Second of two band 7 midwifery leaders away day held 27 th February 2023 (first day 3 rd October 2022).
Esc 2 (IUT) – immediate action not verified by IMSOP	Aug 2022	IUT pathway approved and cases reviewed by MDT (Mat/Neo) every Wednesday and tracker developed to log cases and learnings; Esc 2 re-submitted for internal assurance 8.2.23
Clinical Case Management - David Deekollu/Rebecca Pockett		
Esc 5 (HIE – cooling) – immediate action not verified by IMSOP	Jun 2022	Pathway in place case confirmed 28/12/22 now reviewed; submission being prepared for internal assurance
Esc 7 (SI's/NRI's) – immediate action not verified by IMSOP	Jul 2022	Going through internal assurance
Senior Medical oversight of discharge summaries	Dec 2022	Discharge before baby goes home is signed off by Registrars predominantly by using a checklist. However, agreed that there should be a senior oversight from a Consultant. Proposal to do a snapshot audit to review the quality and also to consider receptionist to bring discharge letter and checklist for Consultants to sign-off. Plan to report back at the Maternity and Neonatal Safety Board to be held 28.3.23.

Risks:1.0 sustainability of improvement roles post 31.3.23; 2.0 Embed improvements as business as usual across CTM

Maternity Improvement Programme (MIP) – ‘wash-up plan’ – remaining actions from RCOG recommendations on closure of the MIP

Things to know: QI (training sessions held and projects identified) and Maternity and Neonatal dashboard development on-track; Medical uptake to be improved; Transitional care pilot to commence 17th April 2023

Milestone	Due	Progress
Long-term strategy	March 2023	Staff and public consultation finalised; Comms dept. for launch
Re-run Culture Survey – Maternity and Neonatal	March 2023	
Quality Improvement (QI) – Maternity and Neonatal	March 2023	Several QI training sessions held; with further ‘ad hoc’ as required; Medics to increase uptake; Neonatal first QI MDT meeting to be held 2.3.23; also All Wales PERIpren launched to be inclusive of NNAP/MDT approach
Transitional care	March 2023	Being scoped; presentation to Maternity and Neonatal safety board 19.1.23; MDT meeting to be held 27.2.23; 3 month pilot to commence at POW on 17.4.23; HOM to arrange visit Tertiary centre in Plymouth
Joint Maternity and Neonatal dashboard	March 2023	NN tab being developed for inclusion onto the Maternity dashboard live (Nov 22); <i>note: Neonatal dashboard developed</i>
Audit to be undertaken in 6 months time to assess the average and range of time taken for emergency admissions to be reviewed at consultant level (CEPOD)	closed	Closed: change in iterations based on Welsh Gov./IMSOP advice; MD presented update to QSE 24.1.23; adhere to existing protocols 18hr window – fully compliant and no safety incidents