AGENDA ITEM
4.6

CTM BOARD

UPDATE ON MATERNITY SERVICES IMPROVEMENT PROGRAMME

Date of meeting	30/1/2020
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Ana Llewellyn, Maternity Improvement Director
Presented by	Greg Dix, Executive Director of Nursing, Midwifery and Patient Care
Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Maternity Improvement Board	10/12/2019	NOTED
Quality and Safety Committee	14/1/2020	NOTED
Management Board	16/1/2020	NOTED

ACRONYMS	

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to provide the Board with an update on Maternity Services. An update on actions taken and the known related implications of the special measures arrangements to date is summarised in this report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The Board is asked to consider the January Highlight Reports for the individual projects in the Maternity Improvement Programme.

2.2 The January Highlight Reports do not include an update on the metrics submitted in the December reports to the Quality and Safety Committee. This is due to revised reporting cycles for the Maternity Improvement data.

2.3 The Highlight Reports have been updated following the Independent Maternity Oversight Panel 'Collaborative Check-In Visits' on 16 and 17 December 2019 and evidence the recommendations that the Independent Maternity Oversight Panel regard as completed.

2.4 Prior to the 'Collaborative Check-In Visits' The Maternity Improvement Team reported that 33 of the 79 recommendations were complete and submitted evidence for review. The Independent Maternity Services Oversight Panel reviewed the evidence provided and verified that 24 were complete including:

- improvements in the quality of training for both medical and midwifery staff together with increased rates of compliance and robust plans for future delivery;
- the creation of a comprehensive clinical governance framework with clear evidence that this is now operating and resulting in improvements in clinical practice;
- confirmation that the midwifery and nursing staffing levels which the Health Board has been working to over the past nine months are in line with Birthrate Plus recommended levels;
- the development of a clinical audit process and improvements in the processes for recording, investigating and learning the lessons from serious incidents.

2.5 Additional evidence has been requested by the Independent Maternity Services Oversight Panel for the other 8 recommendations before these can be verified as complete.

2.6 The Independent Maternity Services Oversight Panel's Winter Progress Report was published on 20 January 2020 and reported that the Health Board has made **good progress** during October, November and December and that the Panel is now **cautiously optimistic** that longer-term sustainable improvement in maternity services at Prince Charles and Royal Glamorgan Hospitals will be delivered as the programme of work matures.

2.7 The Panel also highlighted areas where more progress is required, including additional capacity in the Maternity Improvement Team to further progress the performance framework, the management of concerns and further progress to improve culture. The Health Board is progressing work in these areas for reporting to the Panel in the next quarter.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The improvement/project workforce capacity had been utilised to support the work associated with the Clinical Review Strategy, in addition to supporting the implementation of the recommendations, and this risked delay in achieving the recommendations in a timely manner. On 20 December 2019, the Executive Team gave approval to progress to the appointment of additional posts to support the Clinical Review work. The Maternity Improvement Team is progressing the recruitment process for these additional posts.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Choose an item.
	If more than one Healthcare Standard applies please list below: Safe Care Dignified Care Effective Care Individual Care
Equality impact assessment completed	No (Include further detail below)
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)
	The Improvement / Project Team workforce capacity for the achievement of the recommendations has been utilised to support the Clinical Review Strategy. This has implications on the timely implementation of all recommendations.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

5. RECOMMENDATION

5.1 The Board is asked to **NOTE** this report.