



MATERNITY IMPROVEMENT PROGRAMME
HIGHLIGHT REPORT – Programme Plan
Quality of Leadership & Management

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| Completed by: | Tanya Williams Tarek Allouni | Reporting period: | | To: | 16 th December 2019 |
| Date Completed: | 06/01/2020 | | Next Review Meeting: | | |
| Current status: | Headlines: | | | | |
| | <ul style="list-style-type: none"> • Outcome of the IMSOP validation of evidence for completed recommendations 16th December 2019 • Details of sign off of completed recommendations • Future suggested actions • Five quality of Leadership & Management | | | | |
| Key Achievements This Quarter | | | Project Plan: Proposed Achievements Next Quarter | | |
| <p>Rec: 7.6 – IMSOP validated and approved the recommendation as complete.</p> <p>Rec: 7.25 – IMSOP validated and approved the recommendation as complete. Monitoring require going forward.</p> <p>Rec: 7.28 – IMSOP validated and approved the recommendation as complete.</p> <p>Rec: 7.40 – IMSOP validated and approved the recommendation as complete.</p> <p>Rec: 7.46 – IMSOP validated and approved the recommendation as complete.</p> | | | <ul style="list-style-type: none"> • Full engagement in the Organisational Leadership Programme • Sustainability of the improvements made to date and embedding of the changes. • Development of monitoring plans for recommendations that have been validated and approved. | | |
| Self-Assessment Against Maturity Matrix | | | | | |
| <p>The Health Board is able to evidence <u>early progress</u> against the maturity matrix:</p> <ul style="list-style-type: none"> ✓ The health board monitors staffing levels and takes action to address shortfalls. ✓ The health board has a plan to improve recruitment and retention. ✓ Training compliance and PADR/appraisal rates are monitored. There are plans in place to improve compliance. There is evidence of an increase in the number of personal development reviews undertaken across the service. With initial feedback positive in regards to the new discussion format. ✓ There is evidence that the plan to improve the quality of management and leadership is accepted and endorsed by maternity services staff and staff side representatives | | | | | |

| RCOG Reference | Health Board Action Status | IMSOP validated and approved | Status Trajectory/ Follow-Up | Recommendation | Current Status (Dec 19), Examples of assurance evidence |
|----------------|----------------------------|------------------------------|------------------------------|---|--|
| RCOG Rec: 7.6 | Completed | Complete (16/12/2019) | HB to determine follow up | O&G consultant staff must deliver: A standard induction programme for all new junior medical staff. A standard induction programme for all locum doctors. | <ul style="list-style-type: none"> • Induction programmes have been established by the Directorate. • Feedback for junior medical staff. Feedback from locum staff. Internal feedback surveys. National feedback to Deanery and GMC. • Evidenced through the below documents: HEIW Targeted Visit report Directorate Locum Induction Guide Junior Doctor induction feedback and programme Locum Induction Feedback Forms 360 Appraisal Template |

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| RCOG Rec: 7.25 | Completed , requires monitoring. | Complete (16/12/2019) | 6 monthly follow up by IMSOP required | <p>Appoint a consultant and midwifery lead for clinical audit/quality improvement with sufficient time and support to fulfil the role to ensure:</p> <ul style="list-style-type: none"> • That clinical audits are multidisciplinary • That there is a clinically validated system for data collection • That the lead encourages all medical staff to complete an audit/quality improvement project each year to form part of their annual appraisal dataset • Sharing of the outcomes of clinical audits and the performance against national standards | <p>There is multi professional attendance at clinical audit sessions.</p> <p>The appointment of consultant and midwifery audit leads has taken place.</p> <p>All medical staff are required to complete an audit/quality improvement project each year / revalidation cycle to form part of their annual appraisal dataset.</p> <p>Attendance list at governance day and forums.</p> <p>The sharing of audit outcomes takes place through presentation at governance days.</p> <p>The individual audits are registered and recorded through the Clinical Audit Department.</p> |

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| RCOG Rec: : 7.28 | Completed | Complete (16/12/2019) | HB to determine follow up | <p>Ensure that the executive level lead role for maternity will work with the maternity department and this role is effective and supported. This individual should:</p> <ul style="list-style-type: none"> •Have a direct progress reporting responsibility to the Board, in particular while the issues raised in this report are being resolved •Understand and facilitate improvement in the reporting of safety issues and clinical risk •Provide a single point of reference for liaison with external agencies •Ensure all reports from external agencies and regulators are channelled through a single pathway to ensure priorities remain focussed. | There is dedicated executive lead role for maternity in place. This lead conducts regular ward walk-arounds and escalates any findings of concern directly to the board. |

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| RCOG Rec: 7.40 | Completed December 2019 | Complete (16/12/2019) | HB to determine follow up | <p>Review the skills and competencies of the senior clinical midwives covering for tier 1 doctors to ensure:</p> <ul style="list-style-type: none"> • Their scope of practice is clearly defined • The Health Board and the individuals are protected against litigation risk for their extended roles. | <ul style="list-style-type: none"> • Scope and practice review completed. Competencies in place and scope of practice communicated. |
| RCOG Rec: 7.46 | Completed | Complete (16/12/2019) | HB to determine follow up | <p>Appoint clinical leads in a structure that supports the service with defined role descriptions and job descriptions and objectives to include an individual response for each of the following:</p> <ul style="list-style-type: none"> • Governance and clinical quality to include guideline updating. • Data quality • Medical staff education and training • Multi-disciplinary training | <ul style="list-style-type: none"> • Clinical leads appointed within an agreed structure, these interim arrangements now need to be formalised. • All governance forums are now responsible for updating and aligning Lead consultant for Audit in place. • Women's experience midwife: lead midwife for investigating concerns raised in line with PTR. • A dedicated Data quality informatics lead in |

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| | | | | <ul style="list-style-type: none"> •Audit •Risk management • Incident review •Complaints handling | <p>place to support the Consultant Midwife to review data inaccuracies or concerns. Evidenced through: Governance Structure</p> |