MATERNITY IMPROVEMENT PROGRAMME
HIGHLIGHT REPORT – Safe & Effective Care Project

Completed by	Tanya Williams Jane Phillips	**Reporting period:**		**To :**	16th December 2019
Date Completed:	**06/01/2020**		**Next Review Meeting:**		

Current status	**Headlines:**
R A G	• Outcome of the IMSOP validation of evidence for completed recommendations 16th December 2019 • Details of sign off of completed recommendations • Future suggested actions • 18 Safe and Effective Care Recommendations accepted and validated by IMSOP.

Key Achievements This Quarter	**Project Plan: Proposed Achievements Next Quarter**
• **Rec 7.1** – IMSOP validated and approved the recommendation as complete. Monitoring required going forward. • **Rec 7.3 -** IMSOP validated and approved • **Rec 7.4 -** IMSOP validated and approved • **Rec 7.9 -** IMSOP validated and approved • **Rec 7.10 -** IMSOP validated and approved the recommendation as complete. • **Rec 7.11** - IMSOP validated and approved the recommendation as complete. Monitoring required going forward. (6 monthly) • **Rec 7.12** – IMSOP validated and approved • **Rec 7.14** – IMSOP validated and approved, ongoing checks • **Rec 7.16 –** IMSOP validated and approved • **Rec 7.21 –** IMSOP validated and approved, ongoing checks • **Rec 7.23 –** IMSOP validated and approved • **Rec 7.26 –** IMSOP validated and approved • **Rec 7.36 –** IMSOP validated and approved • **Rec 7.38 –** IMSOP validated and approved, ongoing checks • **Rec 7.59 –** IMSOP validated and approved • **Rec 7.60 –** IMSOP validated and approved • **Rec 7.61 –** IMSOP validated and approved • **Rec 7.65 –** IMSOP validated and approved	• Continue monitoring processes for each approved recommendation. • Risk Register to be provided. • Mandatory meeting attendance to be evaluated and outcomes to be monitored.

Self-Assessment Against Maturity Matrix

The Health Board is able to evidence <u>early progress</u> against the maturity matrix:

- ✓ The health board has a developing quality governance structure and has full engagement from all of the MDT.
- ✓ The health board has a developing quality dashboard and monitors key indicators.
- ✓ Clinical incidents are reported and investigated appropriately and learning is focussed on individual incidents. Changes in practice are recommended but there is limited evidence that these changes are implemented and/or impact on future safety.
- ✓ Responsibility for patient safety and governance is limited to a few key individuals in the maternity service.

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 7.1	Completed	Complete (16/12/2019)	6 monthly follow-up period required	Urgently review the systems in place for: •Data collection •Clinical validation •Checking the accuracy of data used to monitor clinical practice and outcomes •What information is supplied to national audits	• MITS has been upgraded to incorporate the full Trigger List. Audit plan for 2019/20 and achievement/progress of the plan Performance Scorecard devised and in use. Mandatory patient 'M' number required on completion of Datix Improving Datix reporting and recording. Meeting to discuss the significant concerns around data collection took place on the 8th October 2019. • Reporting to National Audits: • MBRRACE • Each Baby Counts
RCOG Rec: 7.3	Completed	Complete (16/12/2019)	HB to determine	Mandate and support a full programme of clinically led audit with a nominated consultant lead to measure performance and outcomes against guidelines.	• Lead nominated May 2019 and Audit Plan agreed via Governance structure. • Planned for 2020 is the appointment of a research midwife to support recruitment into national research projects. Funding provided by the HB research programme • Audit plan being monitored via the Audit & Research Forum

RCOG Rec: 7.4	Completed	Complete (16/12/2019)	HB to determine	Ensure monitoring of clinical practice of all staff is undertaken by the Clinical Director and Head of Midwifery: •To ensure compliance with guidelines •To ensure competency and consistency of performance is included in annual appraisal.	• Personal Development Reviews take place for all staff. • Clinical reflection sessions are embede4d into all of the units – in PCH and POW they are multidisciplinary. These sessions support discussion and challenge in relation to clinical guidance. • Clinical incident meetings are held in both Obstetric units – MDT attendance supports the identification of variation in practice and lessons learnt which are communicated via the monthly risk newsletter or for immediate safety issues via the 'Safety briefing' communication. • The clinical dashboard is shared with staff to ensure clinicians have information on the outcomes. • The Caesarean section and induction of labour reduction groups will support in clinical challenge in relation to adherence to national or local guidance.
RCOG Rec: 7.9	Completed	Complete (16/12/2019)	HB to determine	Develop a trigger list for situations which require consultant presence on the labour ward which much be: •Agreed by all consultants in obstetrics, paediatrics and anaesthetics and senior midwives. •Audited and reported on the maternity dashboard.	• Trigger list has been developed and is embedded within the MITS system. • Data from datix is reported via the dashboard to monitor reporting rates • The Directorate is currently using the draft Serious incident trigger list developed by Heads of Midwifery – this list is currently being reviewed by the National Maternity & Neonatal Network – the HB has representation on the group.

RCOG Rec: 7:10	Completed	Complete (16/12/2019)	HB to determine	Introduce regular risk management meetings which must be: Open to all staff. Conducted in an open and transparent way. Held at a time and place to allow for maximum attendance.	• Clinical governance dates are displayed in each clinical areas. All staff are informed by email prior to the meeting with an attached copy of the agenda. • Weekly incident review meeting – established (see above) • The dedicated fetal surveillance Midwife, monitors DATIX reporting of any patients that fall in the Growth Assessment Protocol (GAP). Any concerns that are identified are fed in the weekly incident review meeting. This midwife also provides GAP training once month on mandatory training days for staff members. Governance day minutes are available to all staff via a shared Maternity Drive, accessible to all. Evidenced through the below documents: Poster outlining the dates for Obs, Gynae & Integrated Sexual Health Governance Days. Poster outlining September's Governance dates. Highlighting free lunch provided & time in lieu provided for attendance. Incident Reporting Newsletters from various dates. Governance day minutes and attendance list, confirming a multidisciplinary attendance to meetings. Fetal Surveillance presentation July 19, outlining cases that have been reviewed and shared. Sustaining and embedding into culture required. Need for a contingency plan for Specialist Midwife roles to cover absence, to ensure that a complete and robust service is continuous.

					03/12/19 Update: Clinical incident meeting - attendance sheets to be produced to monitor attendance.

RCOG Rec: 7.11	Completed, requires monitoring	Complete (16/12/2019)	6 monthly follow-up period required	Ensure mandatory attendance at the following meetings for all appropriate staff. Attendance must be recorded and included in staff appraisals. Ensure that meetings are scheduled or elective clinical activity modified to allow attendance at: •Governance meetings •Audit meetings •Perinatal mortality meetings	• All day Governance meeting implemented Attendance register completed Attendance at Forums via governance structure • Health Board wide participation by all clinicians into the forums (since April POW) • Embedded into culture of services • Further evaluation of outcomes to be monitored
RCOG Rec: 7.12	Completed December 2019	Complete (16/12/2019)	HB to determine	Undertake multidisciplinary debriefing sessions facilitated by senior maternity staff after an unexpected outcome.	Records of debriefs and attendance available. Training and development of maternity team and benchmarking similar sessions taking place.

RCOG Rec: 7:14	Completed	Complete (16/12/2019)	HB to determine	Consultant meetings should: Be regular in frequency. Have a starting agenda item on governance . Be joint meetings with anaesthetic and paediatric colleagues.	Consultant meetings are held monthly, a dedicated one hour slot is allocated at each Governance Day. There is a pre-circulated agenda, with attached minutes of the previous meeting. All maternity staff are invited to attend, along with anaesthetics and paediatric colleagues. Evidenced - By the attached attendance list.

RCOG Rec: 7.16	In progress	Complete (16/12/2019)	Ongoing checks will be complete by panel	Urgent steps must be taken to ensure that consultant obstetricians are immediately available when on call (maximum 30 minutes from call to being present).	• Via incident reviews the risk team are monitoring the number of occasions the consultant is called – 'out of hours' and arrives within the 30 minute recommended response time. This will be reported to the risk midwife for recording purposes. • In 2020 this will be included in the annual record keeping audit undertaken by midwifery and medical staff. Compliance against this standard will then be reported via the audit plan. Consultants have been provided with accommodation on site where required with dedicated O&G Consultant flat. - Availability is monitored and to be escalated where there are concerns
RCOG Rec: 7.21	Completed December 2019	In progress (16/12/2019) -	Ongoing checks will be complete by panel	Improve incident reporting by: •Delivering training on the use of the Datix system for all staff •Encouraging the use of the Datix system to record clinical incidents •Monitor the usage of the incident reporting system	• All staff had datix training – updates on the annual training programme – staff are more confident to report and the trigger list linked to the MITS supports the maintenance of good levels of reporting.

RCOG Rec: 7.23	Complete	Complete (16/12/2019)	Continuous HB monitoring	Improve learning from incidents by sharing the outcomes from SIS on a regular basis and in appropriate, regular and accessible format.	*All serious incidents are reviewed by the MDT. Learning from Serious Incidents is shared within the Clinical Board & Directorate via:* *• Governance newsletter .* *• Clinical audit minutes from Governance Day.* *• Obstetrics Quality & Safety Agenda 24 July 19.* *• Action plan monitoring* *Evidenced through the below documents:* *Incident review meeting attendance sheets* *Incident Reporting Newsletters* *Audit minutes for governance day* *Minutes from staff meeting Quality & Safety Agenda* *Attendance lists completed and Datix numbers of cases discussed noted on the attendance list, but currently no minutes taken at the Wednesday serious incident review meetings.*

RCOG Rec: 7.26	Completed	Complete (16/12/2019)	HB to determine follow up period	Agree jointly owned neonatal and maternity services audits of neonatal service data including: • Neonatal outcome data • Perinatal deaths • Transfer of term babies to SCBU • Babies sent for cooling • Each Baby Counts reporting •MBRRACE Reporting •Breast feeding rates •skin to skin care after birth •Neonatal infection •Baby Friendly accreditation •Bliss Baby Charter accreditation	Audit Plan and National Reporting Forums currently monitor audit performance. Setting a minimum target expected for performance
RCOG Rec: 7.36	Completed	Complete (16/12/2019)	Follow-up with HEIW	Clinical supervision and consultant oversight of practical procedures must be in place of all staff including specialist midwives and doctors.	Consolidation into one obstetric unit with increased hours of resident Labour Ward cover from 40 hours to 60 hours per week. There has been a reduction in handovers from 4 to 2 in any 24 hour period. Subsequently allowing for consultant Labour Ward cover. All consultants complete ward rounds as part of their job plans. The HEIW deanery feedback evidences that this is no longer an issue for trainees.

RCOG Rec: 7.38	Completed	Complete (16/12/2019)	On going checks to be completed	Ensure the consultant on-call for the labour ward has ownership of all patients in the maternity unit for the period in the maternity unit for the period on call. This must involve the antenatal ward round being performed by the consultant.	Consolidation into one obstetric unit with increased hours of resident Labour Ward cover from 40 hours to 60 hours per week. There has been a reduction in handovers from 4 to 2 in any 24 hour period. Subsequently allowing for consultant Labour Ward cover. All consultants complete ward rounds as part of their job plans. The HEIW deanery feedback evidences that this is no longer an issue for trainees. The job plan attached identifies 2 ANC's, one of which is the medical ANC lead.
RCOG Rec 7.59	Completed	Complete (16/12/2019)	Complete - Pre-merger	Urgently carry out a full risk assessment before committing to the merger on 9 march 2019 to ensure women's safety, including: Ensuring that length of stay is reduced safely to allow for sufficient capacity in the new merged unit.	Risk assessment prior to move undertaken. Risk assessment at board level.

RCOG Rec: 7.60	Completed	Complete (16/12/2019)	Complete - Pre-merger	Monitor the effects of the reduced inpatient capacity to avoid any adverse effects on the safety or quality of the service.	Daily Acuity reports are completed to ensure monitoring. PCH operating regularly to full capacity.
RCOG Rec: 7.61	Completed	Complete (16/12/2019)	Complete - Pre-merger	Develop a plan to increase inpatient capacity if that is seen to be required.	DATIX monitoring in use. Overflow area available. Regional contingency planning meetings currently take place on a regular basis. All out of area bookings are monitored through a dedicated staff member within the informatics department. Currently no requirement to increase inpatient capacity (Sep 19), but ongoing monitoring taking place.

RCOG Rec: 7.65	Completed	Complete (16/12/2019)	Complete - Pre-merger	Ensure that criteria for the opening of the new FMU have been agreed by a multidisciplinary maternity guidelines group and that readiness for the merger is assured.	SOP approval and escalation via the governance framework.