



**AGENDA ITEM**

3.3.1

**CTM BOARD**

**MATERNITY IMPROVEMENT POSITION PAPER**

<b>Date of meeting</b>	30/09/2020
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Valerie Wilson, Director of Maternity Improvement Kathryn Doughton, Maternity Programme Improvement Manager
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<b>Presented by</b>	Valerie Wilson, Director of Maternity Improvement
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<b>Approving Executive Sponsor</b>	Executive Director of Nursing
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<b>Report purpose</b>	FOR NOTING
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**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(Insert Name)	(DD/MM/YYYY)	Choose an item.

**ACRONYMS**

RCOG/RCM	Royal College of Obstetricians & Gynaecologists/Royal College of Midwifery
IMSOP	Independent Maternity Services Oversight Panel
MIB	Maternity Improvement Board



SEC	Safe & Effective Care
QLM	Quality, Leadership & Management
NN	Neonatal Services
PCH	Prince Charles Hospital
ILG	Integrated Locality Group
MDT	Multi-Disciplinary Team
MMEC	Medicines Management Expenditure Committee
PTR	Putting Things Right
POW	Princess of Wales
IPAAF	Integrated Performance Assessment and Assurance Framework
RCA	Root Cause Analysis
UHW	University Hospital of Wales
CYP	Children & Young People
CAMHS	Child & Adolescent Mental Health Services
SI	Serious Incident

## 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 to date, actions for consideration and the known related implications of the special measures arrangements to date are summarised in this report.

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

2.1 To date a total of 57 of the 79 RCOG recommendations have been completed, 25 in quarter 1 and 16 in quarter 2 and 16 in quarter 3. The following table provides a snapshot of the recommendations agreed as completed by IMSOP at the evidence review meetings held on 3<sup>rd</sup> and 12<sup>th</sup> August 2020. Six recommendations were also approved for Neonatal Services.



### Recommendations Verified:

RCOG Rec	Work stream	Verified by Panel
7.2	SEC	03/08/20
7.21	SEC	03/08/20
7.23	SEC	12/08/20
7.25	SEC	12/08/20
7.47	QWE	03/08/20
7.49	QWE	12/08/20
7.52	QWE	03/08/20
7.15	QLM	12/08/20
7.18	QLM	03/08/20
7.22	QLM	12/08/20
7.29	QLM	03/08/20
7.30	QLM	03/08/20
7.32	QLM	12/08/20
7.34	QLM	12/08/20
7.37	QLM	03/08/20
7.57	QLM	12/08/20
7.13	NN	12/08/20
7.16	NN	12/08/20
7.29	NN	12/08/20
7.36	NN	12/08/20
7.40	NN	03/08/20
7.55	NN	12/08/20

- 2.2 Highlight reports for the three work streams and Neonatal services submitted to MIB contain further detail of project progress to date.
- 2.3 The following RCOG recommendations and supporting evidence will be the focus for the next reporting period August 2020 to February 2021:

Work Stream	RCOG Recommendation Ref:	Total
Safe & Effective Care	7.1, 7.7, 7.19, 7.20, 7.31, 7.51, 7.63	7



<b>Quality Leadership &amp; Management</b>	7.8, 7.17, 7.35, 7.39, 7.42, 7.44, 7.45, 7.56, 7.62, 7.69	10
<b>Quality Women's Experience</b>	7.53, 7.54, 7.67, 7.70	4

2.4 The Maternity Improvement Team have further revised the Maternity Improvement Plan (MIP) to include clearer milestones, targets and deliverables. The new MIP also includes plans for improvement of the service that are additional to the original recommendations. Going forward, the MIP will be included in the service meeting framework to ensure oversight and engagement with clinician's. The highlight reports also contain information on recommendations verified by the IMSOP panel during this quarter and future recommendations for action.

2.5 The table highlights areas within the project work streams where slippage has been identified:



RCOG Ref:	Slippage:	Update: July 2020
<p><b>RCOG Rec 7.7:</b> Ensure an environment of privacy and dignity of care for women undergoing abortion or miscarriage</p>	<p>Difficulty with identifying a dedicated space on the PCH site. Progress delayed during COVID 19 as ward areas repurposed to manage the pandemic. The Miscarriage group will be restarted in the coming weeks.</p>	<p>Business case has been developed by the service and the task &amp; finish group continues to function.</p> <p>Service is still currently operating under COVID-19 restrictions. Full realisation of the service will be developed as part of an ILG agreed business plan.</p> <p>The bereavement Midwife is now working closely with Gynaecology services to provide training to staff caring for women experiencing early pregnancy loss.</p> <p>We are developing comfort bags to ensure women have essential supplies and also small mementoes of their baby. Additional resource to support this work has also been identified from the nursing team</p>
<p><b>Rec 7.8</b> – Ensure expert facilitation to allow a full review of working practice</p>	<p>Leadership programme and job planning currently suspended due to COVID 19</p> <p>Appointment to two vacant consultant posts</p>	<p>The team are currently working with the company to agree a safe and effective way to continue the programme. Acknowledging that COVID 19 had delayed the good progress being made.</p> <p>2 NHS locum consultant posts and one permanent consultant post is currently advertised. The two NHS locums will replace the long term agency locums within the service with a plan to be made permanent posts within a six month period.</p>
<p><b>Rec 7.37</b> – Develop effective department wide MDT teaching programme – one action relates to evidence of MDT information contained in appraisals</p>	<p>This is proving difficult as appraisals are confidential and not accessible to all.</p>	<p>MDT teaching programme is resuming in a new social distancing format. The service is aligning to the All Wales Prompt Recovery Programme</p> <p>Link to appraisals is being discussed as how to evidence with the executives and IMSOP.</p> <p>Job planning although suspended officially has commenced again within the directorate, however due to the work undertaken to facilitate the move of service in 2019, many job plans are outside the current timeline.</p>

2.6 The remaining three “make-safe” actions along with identified asks within the Next Steps Action Progress Tracker will also be the focus for action and submission to the IMSOP formal panel meeting scheduled for 24 August 2020, the three make safes being:

- To date there are nine guidelines left to be ratified through the MMEC committee in August. Seven guidelines have been through the whole maternity review and sign off process, three of these are new guidelines and were not part of the out of date backlog.

The final two guidelines are currently being reviewed outside of maternity (Diabetes and Epidural), these are to be ratified at the MMEC in August.

The service has now developed a three year look ahead to ensure guidelines and policies are reviewed in a timely manner. The group will provide assurance reports to the service Quality and Safety Group. The service is reviewing and strengthening reporting and assurance processes to include key performance indicators relating to guidelines to ensure that in future 100% of guidelines are in date.

Evidence has been submitted and verified at IMSOP "check-in" visit on 3 August 2020.

- Midwifery staffing levels – updated workforce paper has been tabled for discussion confirming compliance with the Birthrate + assessment
  - A questionnaire has been circulated to staff to gauge their views on culture. The questionnaire was received positively and the results are currently being analysed.
- 2.7 The Health Board are now receiving regular feedback from the IMSOP external reviews. The Committee are asked to note the findings of the review and agree to the recommendations. The cases are triaged by a multidisciplinary team to prepare them for consideration by the Health Board to identify if there are any further qualifying criteria under the PTR process. Additionally, a smart action plan is developed to address any residual or new actions identified, so that these can be considered by the newly implemented 'virtual clinical cabinet'. This is a multi-disciplinary review group that review the documents remotely and either 'vote' to agree or respond electronically with comments. A weekly Teams meeting is held in the diary for direct meetings should any case require more detailed discussion.

The complete documents and IMSOP checklist are then returned to the panel. There is then a meeting with the panel and representatives of Welsh Government to review the Health Board responses. Once agreed, the initial letter can be sent to families which informs them their review is completed and details how they can contact the panel to receive feedback. The final details of this process are in development.

The Health Board is developing a support package (outside of the legal process) to ensure we have internal & external agencies to provide further support for families at this emotional and potentially distressing time. These may include counselling support if required, bereavement services where applicable and further wellbeing support groups/online support.

In addition, we are also working with Workforce colleagues to provide a package of support to staff who may be affected by the feedback process

- 2.8 Following the targeted intervention at POW (tabled for discussion – appendix 4) the IMSOP panel requested that all previous evidence was reviewed to ensure it was

inclusive of the service at the POW site. A review was undertaken by work stream leads and we were able to give assurance that previous evidence has been service wide.

- 2.9 The Director of Midwifery has been working with the Head of Executive Business to align our bench marking and success measures. Going forward the IMSOP maturity matrix and IPAAF process will be aligned to the Health Board process where ever possible.
- 2.10 To support timely and effective review of evidence from actions arising, we propose a bi-monthly meeting to assure evidence and assess progress along the maturity matrix.
- 2.11 Due to recent successful recruitment initiative we are pleased to confirm that the Tirion Birth Centre will be re-opened on the 5 October 2020 under the previous operating model.

#### Immediate Action updates

- Perinatal Mortality Review (PMRT) arrangements have been developed and progressed collaboratively with Maternity/Obstetric colleagues. A number of successful events have progressed the work for the joint reviews with only two cases remaining for review. The stillbirth category will be addressed next and it is anticipated that all 2020 cases will also be reviewed by year end
- A Neonatal Policy and Protocol Group is now being established across the Health Boards Neonatal Units with the initial mapping of policy compliance completed. The service have developed a guideline work plan and all remaining internal CTMUHB neonatal guidance will be reviewed and in date by 30 September 2020.
- The Neonatal service have developed a detailed action plan (appendix 5) in response to the RCOG/RCM benchmarking which was presented to IMSOP for formal sign off on 24 August 2020.
- The revised Maternity Improvement Plan has been developed (appendix 6). It continues to detail the remaining recommendations and is now more inclusive of other improvements within the service. It is an iterative plan that will be updated and added to as new initiatives are identified. It will be used within the service meetings to share and engage the wider workforce in the continual improvement journey. The MIP was presented to IMSOP for formal sign off on 24 August 2020.

#### **Immediate actions**

- The senior maternity team will be undertaking a 'sprint' in relation to quality assuring a number of completed RCA's currently in the backlog of cases.

### Short term actions include (within 1-2 months)

- The Neonatal service has entered into discussions with a tertiary neonatal unit, with a view to developing a business case for a joint Consultant post to work across the tertiary centre and CTM. The proposal is six clinical sessions in UHW and four Governance sessions in CTM. This will facilitate the enhancement of links and develop and strengthen governance arrangements.
- The RCOG action plan is being applied to all other areas of the CYP CAMHS Directorate in order to provide assurances or identify deficits across the range of quality. The reviews are under way within CYP and CAMHS, with each area reporting into dedicated CYP and CAMHS *RCOG meetings*. Action plans are developing and the same will be reported into the respective Quality meetings.
- Services will undertake a sharing exercise to ensure all staff are aware of the new MIP.
- The communications Team will support the production of a communication strategy to underpin the service response to the external review feedback process

### Longer term action (within 2-3 months)

- Service will complete the SI look back review. Work is ongoing and a paper is tabled for discussion.

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

There are none.

## 4 IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Choose an item.
	If more than one Healthcare Standard applies please list below: Safe Care Dignified Care Effective Care Individual Care
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.



<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	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.
<b>Link to Main Strategic Objective</b>	To Improve Quality, Safety & Patient Experience
<b>Link to Main WCFG Act Objective</b>	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.