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Maternity and Neonatal Improvement Programme Highlight Report October 2021	
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Date of Meeting	?
FOI Status	Open / Public
Prepared by	Steve Sewell, Programme Director MNIP
Presented by	Greg Dix, Executive Nurse Director
Approving Executive Sponsor	Greg Dix, Executive Nurse Director Sallie Davies, Deputy Medical Director
Report Purpose	Update the group on the progress of the Maternity and Neonatal Programme.

ACRONYMS

IMSOP	Independent Maternity Services Oversight Panel
MNIB	Maternity and Neonatal Improvement Board
PREM	Patient Reported Experience Measure
PTR	Putting Things Right

1. SITUATION/BACKGROUND

- 1.1 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.

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

- 2.1 The specific matters that are required to be brought to the attention of the meeting are reflected on page one of the highlight report at Appendix 1, under the heading “Things You Need to Know”.

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

Please note the “Programme Risks/Issues” are captured on page 2 of the highlight report.

4. IMPACT ASSESSMENT

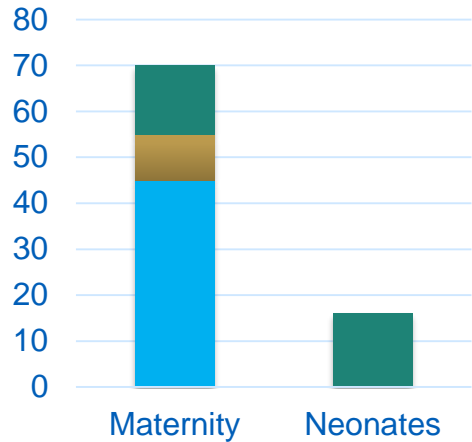
Quality/Safety/Patient Experience implications	Yes (Please see detail below) Please refer to the highlight report for detail.
Related Health and Care standard(s)	Governance, Leadership and Accountability All Health and Care Standards apply.
Equality Impact Assessment (EIA) completed - Please note EIAs 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 new, changed or withdrawn policies and services.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 Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATIONS

- 5.1 Board are asked to note the report.

PROGRESS IN NUMBERS:

RCOG Recommendations



- In Progress
- IMSOP Verified - follow up required
- IMSOP Verified

FOUR THINGS YOU NEED TO KNOW:

- IMSOP Update report published alongside Stillbirth Category Thematic report and Health Board Response on 5th October. Media coverage focused on the Stillbirth report.
- A face to face offsite meeting with IMSOP and Welsh Government is planned for 8th November, to discuss working together and objectives over the next 6 months.
- Health Board work on Neonatal Category Clinical Review cases has begun.
- An internal assurance process to review Neonatal evidence demonstrating progress, responding to the August Deep Dive escalation has been undertaken. Evidence is will be shared with IMSOP/Welsh Governance in the first week of November.
- The SI assurance and closure panels (ACP) continue as planned. 21 cases have now been closed at panel.

PROGRAMME LEVEL MILESTONES:

Milestone	Due	Progress
Strengthened Programme Management Framework	Jun 21	In Progress – final element of the framework, a mature milestone plan, was approved at October MNIB Huddle.
IPAAF Review	Oct 21	A revised IPAAF is to be presented to MNIB on 4 th November.
Agree recommendation definitions with IMSOP	Oct 21	Discussed and agreed 2 recommendations with IMSOP, with a third being reviewed by the IMSOP panel. This will be an ongoing activity.
Programme Communications and Engagement Plan	Nov 21	Early discussions have taken place.

SUPPORT AND DECISIONS NEEDED FROM BOARD:

None

TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Latest Progress	Rating	Trend
Covid Response Impact delays progress	Covid response continues to impact staffing levels, either reducing operational staff involvement or drawing teams of the improvement team into operational areas. IMSOP continue to join virtual meetings and sessions which provided acceptable engagement with services for now.	Very High	▶ 📄
Unclear RCOG recommendation requirements	A workshop to explore and agree definitions for two strategy recommendations has taken place. The outcome needs to be documented. A further definition regarding clinical leadership has been submitted to IMSOP for review. This will be an ongoing activity.	Very High	▼ 📄
The level of available programme team and operational resource impacts on progress	High priority activities, sickness, service pressures and reduced improvement team staffing have meant that the work of the programme is being prioritised, impacting overall progress. The Neonates improvement team has had to prioritise SI and response to recent escalations, after a reduction in SI activities priorities have now shifted to the Neonatal Category Clinical Review work.	Very High	▼
Neonatal Deep Dive makes recommendations that extend the programme	This process has recently escalated concerns and a more detailed action plan prior to reporting. This escalation has identified improvements earlier than anticipated and across areas of existing focus.	Very High	▼
The wider range of stakeholders needing assurance leads to burdensome processes.	Progress reporting and programme management framework has been simplified and review work to simplify the IPAAF has been drafted.	High	▶ 📄

CLINICAL REVIEW:

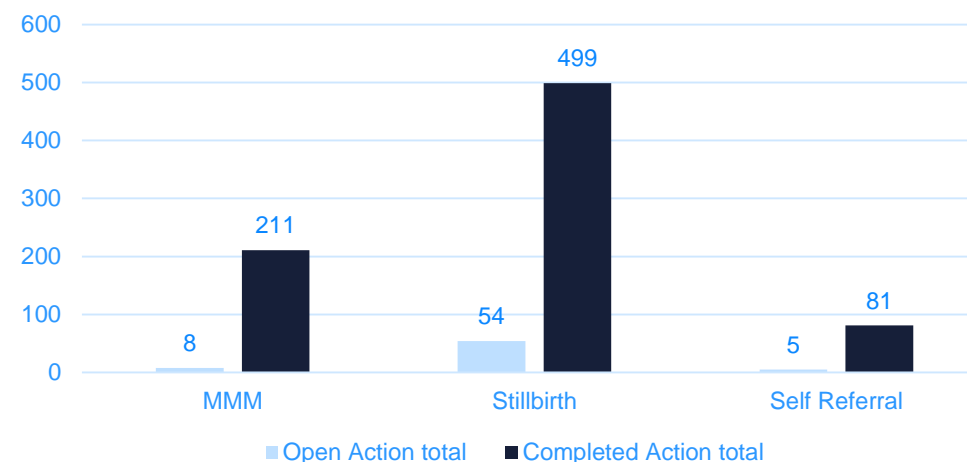
Publication by IMSOP of Still Birth Thematic Report on 5th October.

NMM Clinical Cabinet commenced on 1st November 2021 and will run every 10 working days. Health Board has commenced work on the Neonatal Category reviews.

Welsh Government intended aim to complete Neonatal Category reviews by 31st March 2022.

Key Risks/Issues: Availability of Paediatric and Neonatal Consultants to support the review.

Open and Completed Actions





Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

October 2021

NEONATAL IMPROVEMENT:

Collated evidence of recent progress made and initiated internal assurance of this evidence, prior to submission to Welsh Government.

Clinical Review work on the Neonatal Category reviews has begun.

Milestone	Due	Progress
Dates for Neonatal Policy Group	Sept 21	Complete
Standard Operating Procedure for Prescribing in place	Sept 21	Due to be reviewed and approved at Nov Medicines Management group
Blood gas Monitor insitu to aid reducing hypoglycaemia	Sept 21	Delays have been escalated, awaiting final testing
Neonatal Trigger List Review	Oct 21	Complete
Recruit Data Officer Role	Oct 21	Complete
Documentation Snapshot Audit	Oct 21	Started, due to complete Nov 21
Rollout Maternity Debrief Tool	Oct 21	Dates for training to be confirmed
Implement Hypoglycaemia Pathway	Oct 21	Training Plan in development
Develop and implement IMSOP suggested proformas	Oct 21	2 proformas developed, 2 more in development
Newly appointed Paediatric Consultant with Neonatal contribution due to commence in post	Nov 21	

Key Risk/Issue:

Staffing issues and prioritisation of some activities has impacted on the improvement team workload, leading to delays in some work..

MATERNITY IMPROVEMENT:

Personas drafted to support service user voice through strategic work

Milestone	Due	Progress
QWE: Women's & Staff Experience Boards available in Antenatal clinic & Tirion	July 21	In receipt of Boards, awaiting estates to display in areas
QWE: Launch of public facing Maternity Services webpage	Aug 21	Escalated, work now being prioritised by communications
QLM: Leadership Development Plan	Oct 21	Meeting scheduled to discuss
SEC: Capacity and Training for commissioning of new GAU/EPAU Scanner	Oct 21	Training agreed and due to start.
SEC: Identify dedicated environment of privacy and dignity for women undergoing abortion or miscarriage	Oct 21	Area found on Ward 5. SOP developed.
QWE: Information packs for Booking, Birth plan, Partner & Infant Feeding	Oct 21	Completed and ready for print
QLM: Communication and Engagement Plan	Nov 21	Drafted
SEC: Review joint Neonatal and maternity meetings to ensure effective MDT attendance	Nov 21	Meeting arranged to discuss
SEC: Establish a mechanism to monitor mandatory training recovery compliance	Nov 21	Complete, mechanism to be reviewed in 6 months
SEC: Ensure mechanism in place for structured handovers to involve ward staff and Neonatal team	Nov 21	Complete
QLM: Develop Quality Improvement Plan	Nov 21	Meeting with CTM Improvement team

Key Risk: Operational issues (staff sickness, RSV surge) impacting on staff and management capacity to undertake improvement activities.