



AGENDA ITEM

4.1

CTM BOARD

MATERNITY & NEONATAL IMPROVEMENT POSITION PAPER

Date of meeting	28/01/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	<ul style="list-style-type: none"> Valerie Wilson, Director of Maternity Improvement Jane O’Kane, Director of Neonatal Improvement Programme Kathryn South, Maternity Programme Improvement Manager
Presented by	<ul style="list-style-type: none"> Valerie Wilson, Director of Maternity Improvement Jane O’Kane, Director of Neonatal Improvement Programme Kathryn South, Maternity Programme Improvement Manager
Approving Executive Sponsor	Executive Director of Nursing

Report purpose	FOR APPROVAL
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
QI	Quality Improvement

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to provide the Board with an update on Maternity and Neonatal 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.
- 1.2 Although a formal Maternity Improvement Board (MIB) did not take place in December an extraordinary meeting was held to support Board assurance in relation to progress within the improvement programme.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The following Royal College of Gynaecologists (RCOG) recommendations and supporting evidence will be the focus for the next Independent Maternity Services Oversight Panel (IMSOP) evidence review to be confirmed for February. Although the service has experienced extreme pressure during COVID we continue to work towards producing evidence against the RCOG

	RCOG Recommendation Ref:	Total
Quality Leadership & Management	7.39, 7.42, 7.69	3
	7.18 & 7.22 follow up	
Quality Women's Experience	7.54	1
Neonatal Services	7.1, 7.3, 7.6, 7.9, 7.10, 7.11, 7.14, 7.19, 7.22, 7.27	10

Additional actions which sit outside of the RCOG recommendations have been included in the December work stream highlight reports as part of the agenda for noting and sign off by MIB. There will be a separate summary outlining any slippage or realignment of dates within the Maternity Improvement Programme (MIP).

2.2 The Independent Maternity Scrutiny and Oversight Panel have now completed the maternal morbidity external review category and the Health Board is working with IMSOP in preparation for the publication of the thematic report for this category. A package of support has been developed for both families and staff and a helpline will also be available for the public to contact the Health Board following the publication of the report. The Health Board is now starting to receive feedback relating to the external review from the still birth category.

2.3 The Improvement Team continue to work closely with the Health Board Communications Team to develop supportive and balanced messaging in relation to the reviews. There have been concerns raised by staff in relation to anonymity, the MNIT have worked collaboratively with the Corporate Human Resources Team to develop a supportive and robust process for any concerns relating to individual staff members.

2.4 We continue to work closely with the corporate team in production with the Roadmap. The Neonatal team are developing their maturity matrix with the newly appointed leads and will ensure the Neonatal Standards are reflected and embedded. The Team are also progressing a programme of quality improvement with the support of the Health Boards Quality Improvement (QI) team

2.5 Although clinical rotas remain challenged, there have been no further occasions where the MIT have been redeployed to the front line. The staffing situation is assessed daily.

3 Amendments to the MNIP

The Board are asked to note that the Improvement Team have made amendments to the Maternity & Neonatal Improvement Plan for November/December at this is available upon request.

4 Make-Safe actions

Two of the three outstanding 'make safe' actions identified in the Royal Colleges' report (workforce planning and guidelines) have now been addressed, leaving only one (long term cultural change) still to be fully embedded. There are clear actions within the improvement plan and further discussions are taking place with Health Board colleagues to enhance our approach.

5 Immediate actions

The Maternity Team are currently working on the Health Boards response to the upcoming IMSOP Report of findings from the clinical reviews.

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

- 6.1 Neonatal services were supported by Management Board in December to enhance leadership and governance roles; both Medical and Nursing to progress the required Neonatal improvement. The same has been actioned at pace with a Lead Neonatal Nurse appointed across both sites and a service level agreement now insitu with Swansea Bay UHB Tertiary Neonatal Unit for 2 consultant sessions. The previous arrangement for a Consultant session with University Hospital Wales Tertiary centre continues with support for Princess of Wales (POW) Special Care Baby Unit. A revised business case for 21-22 is being progressed.

6.2 The improvement team are currently recruiting to the Lead Midwife post to cover upcoming Maternity Leave

5 Key Risks

Key risks for consideration within the Maternity Improvement Programme Team since December 2020, these being:

- Delay in Serious Incident (SI) backlog review (post October) associated to workforce challenges
- Delay in culture improvement work, largely associated to the escalating covid pandemic and the need for MIT staff redeployment to support clinical practice.
- Potential impact to the improvement programme ongoing progress due to the impact of operational response to the escalating covid pandemic
- Currently the impact relates to the programme Directors time as operational covid response is requiring increasing time resource.
- Staff acuity & impact of COVID on sickness rates
- Programme Manager to support some corporate elements of ongoing works
- Estate issues with POW Special Care Baby Unit (SCBU) and non-compliance with BAPM standards for cot spacing

6. 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 Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

RECOMMENDATION

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