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University Health Board

Agenda Item

Committee Name

Maternity and Neonatal Improvement Programme Highlight Report August 2021

Date of Meeting

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FOI Status

Open / Public

Prepared by

Steve Sewell, Programme Director MNIP

Presented by

Greg Dix, Executive Nurse Director
Sallie Davies, Deputy Medical 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

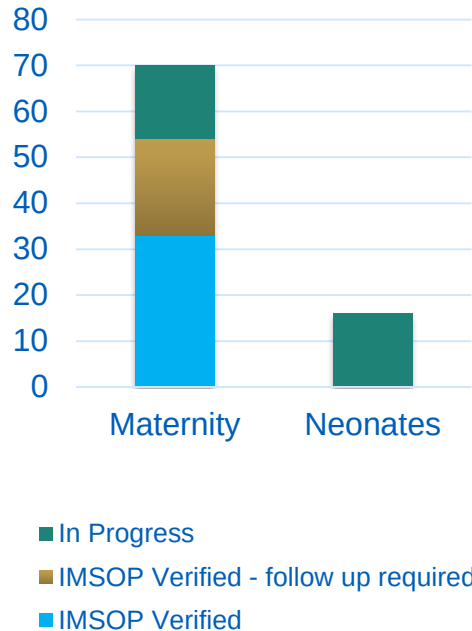
MNIB Maternity and Neonatal Improvement Board

PREM Patient Reported Experience Measure

PTR Putting Things Right

PROGRESS IN NUMBERS:

RCOG Recommendations



FOUR THINGS YOU NEED TO KNOW:

- Many areas of work in the programme have gained greater priority, however, the programme is struggling to maintain momentum with reduced resources and heightened operational pressures.
- Following the IMSOP visit in July, indications are that many of the 'verified – follow up required' recommendations will be signed off. Further evidence has been submitted and a formal response is expected soon.
- IMSOP formally escalated some Neonatal service concerns at the PCH unit, found within the Deep Dive process. Initial responses, building on existing improvement plans, have been submitted and improvement work prioritised.
- The pace of the SI work has increased, thanks to Delivery Unit involvement. Whilst this has impacted on available resource for improvement, three panels have reviewed 22 SIs and one learning event has been held with 14 cases presented.

PROGRAMME LEVEL MILESTONES:

Milestone	Due	Progress
Strengthened Programme Management Framework	Jun 21	In Progress – final element of the framework, a Milestone plan, was approved as working draft. Full signoff expected in September.
Strategy Development Design	July 21	Draft design developed and being considered by QLM workstream leads.
IPAAF Review	Aug 21	An initial set of stakeholder discussions have been completed and a draft approach should be available during September.
Agree recommendation definitions with IMSOP	Aug 21	Internal workshops completed, joint workshops with IMSOP will start in September.

SUPPORT AND DECISIONS NEEDED FROM QUANTITY AND SAFETY COMMITTEE:

- Report presented for noting. No support or decision needed at this stage.

TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Latest Progress	Rating	Trend
Covid Response Impact delays progress	Covid responses continue to impact on staffing levels, either reducing operational staff involvement or drawing teams of the improvement team into . IMSOP continue to join virtual meetings and sessions which provided acceptable engagement with services for now..	Very High	▶
Unclear RCOG recommendation requirements	We've agreed with IMSOP to run a series of joint workshops to work through the definitions. Internally we've held two workshops around 7 key outstanding recommendations and have submitted some questions for IMSOP to consider and will submit full descriptions for discussion with IMSOP soon.	Very High	▼
The level of available programme team and operational resource impacts on progress	High priority activities, holidays, pressures and reduced improvement team staffing have meant that improvement work is being prioritised, which impacts on overall progress. After the recent IMSOP Neonates escalation the Neonates Improvement team is facing significant challenges.	Very High	▲
Neonatal Deep Dive makes recommendations that extend the programme	This process has recently escalated concerns prior to reporting. This escalation has identified improvements that need to be made, 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 is underway.	High	▶

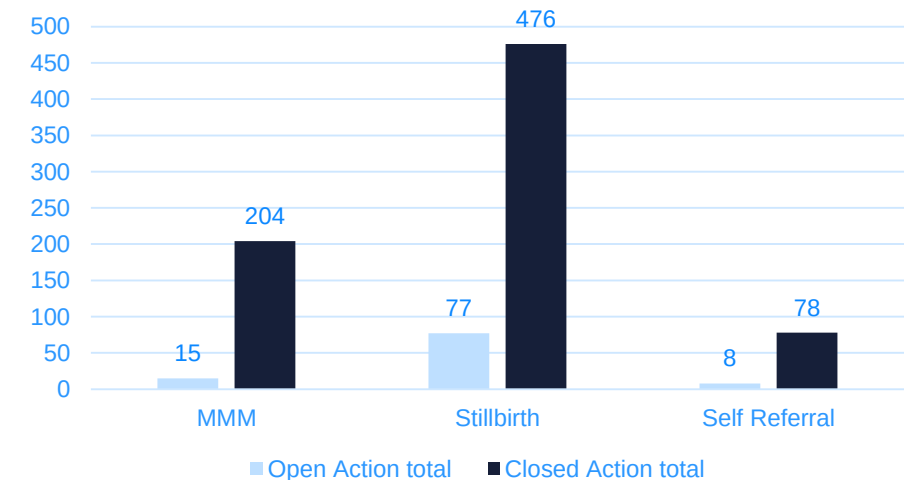
CLINICAL REVIEW:

Closure of actions in the MMM and Stillbirth Categories is accelerating

On track to support the publication of the Thematic Report for the Still Birth category in early October.

Key Risks/Issues:
Neonatal Team Capacity to begin final category work in early September.

Open and Closed Actions



IMSOP Next Step Actions

Action	Status	Progress and Upcoming Deliverables
Development of robust plans to manage the clinical review feedback process.	Complete	Close working between IMSOP and the Improvement team has led to robust plans and processes. Plans to again develop a joint communications plan for the publication of the Stillbirth Category Thematic Report, are underway..
Review of the impact of COVID-19 on the Improvement Programme.	Complete	IMSOP and DU members continue to be invited into many of the key meetings via MS Teams. IMSOP continue to engage with services virtually, which is providing evidence of progress and sustainable developments..
Review arrangements for monitoring, evaluating and reporting progress within the MNIP.	In Progress	A new strengthened and simplified programme management structure is almost in place. The final element is a milestone plan and a working draft has been signed off by MNIB Huddle. Final approved milestone plan due September 21.
Further development of the IPAAF.	Complete	IPAAF for Maternity and Neonatal Services has been developed – and more in depth review of IPAAF is now underway.
Identification of a longer term structural solution to service integration.	Complete	Two new Women and Children Health (WCH) Services Clinical Service Groups in Merthyr Cynon and Bridgend Integrated Locality Groups (ILGs) were established earlier this year.
Progression of an Engagement Cycle Process Map.	Complete	An Engagement plan 2020-2023 was drafted, finalised and shared with Maternity and Neonatal Improvement Board in November/December 2020. The plan encompasses multiple methodologies.
Development of PREMS.	In Progress	The Civica system is live and surveys built, work to structure data, translate surveys, and establish connections to different capture devices (e.g. iPads) should be complete in a couple of weeks. Work to establish safeguards around survey distribution is progressing, replanned 'Go Live' for 6 th September.
Ongoing response to themes from complaints and concerns.	In Progress	Thematic report for Q1 of this financial year has been drafted and is due to be finalised for discussion and action. WeSee meetings will soon be reviewing concerns on a regular basis.
Develop a process to communicate progress.	Complete	Communication has been and continues to be undertaken to keep staff, public, and women and families informed of progress. Recently the Health Board website has been updated, and newsletter produced for staff.
Review the systems and processes for serious incident reviews.	In Progress	NHS Delivery Unit (DU) is supporting the Health Board in achieving the outstanding areas of improvement needed within the overall investigation process. Three successful review panels and one learning event have been held and others are planned in the near future.

Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

August 2021

NEONATAL IMPROVEMENT:

IMSOP escalation of concerns at the PCH Neonatal unit has prompted a reprioritisation of the improvement work.

An SBAR has been generated outlining the additional resource requirement. This will be submitted through Health Board governance in the coming days.

Revised observation chart documentation rolled out.

Milestone	Due	Progress
Engagement Strategy	Jul 21	Delayed due to staffing issues, a new milestone date will be set after a resourcing review
My Maternity My Way neonatal Group	Aug 21	Now planned for September due to team capacity issues.
UHW Reflection Model initiated	Aug 21	Approach being reviewed
CTMU Guideline System Live	Aug 21	Complete
Blood gas Monitor insitu to aid reducing hypothermia	Sept 21	
Improvements put in place to reduce extubations	Sept 21	The need for a better securing tape identified as a cause, new tape being ordered and training organised.

Key Risk/Issue:

Staff related issues and prioritisation of some activities has impacted on the improvement team workload, leading to delays and a need to source yet more capable resource and reprioritise plans.

MATERNITY IMPROVEMENT:

Service Wide Assurance Group Established.

Large Scale engagement Live Q&A session for Breast Feeding took place in Aug 21.

A 'module of the month' has been established to raise training compliance.

Staff receive thank you cards if they have been included in positive feedback

Milestone	Due	Progress
SEC: Review of Learning from Complaints	Jul 21	Awaiting consultation with ILG and QLM action plan to ensure learning
QLM: Agree Scope of Strategy Work	Jul 21	Circulated across the CSGs with scope agreed
QLM: CD Leadership Support package	Jul 21	Unknown
QWE: PREM System Live	Aug 21	Go Live early Sept
QLM: Strengthened staff comms and Engagement Plan	Aug 21	Delayed due to leave and RSV surge planning
QWE: Develop 'How Can I help' campaign	Aug 21	Work progressing, bedside brochures being developed and updating information leaflets
QWE: Consultant Midwives Cymru Survey	Aug 21	Completed, next step is to analyse and share findings

Key Risk: QLM workstream realistic milestone plan outstanding and means workstream isn't defined and progress is limited.