



CTM Board

Maternity and Neonatal Improvement Programme Highlight Report September 2022

Date of Meeting	24 November 2022
FOI Status	Open / Public
Prepared by	Shelina Jetha, Programme Manager 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 Board on the progress of the Maternity and Neonatal Programme.

ACRONYMS

ATAIN	Avoiding Term Admissions into Neonatal Units
CNO	Chief Nursing Officer
EPAU	Early Pregnancy Assessment Unit
GAU	Gynaecology Assessment Unit
IMSOP	Independent Maternity Services Oversight Panel
IPAAF	Integrated Performance Assessment and Assurance Framework
MDT	Multi Disciplinary Team
MNIB	Maternity and Neonatal Improvement Board
NNU	Neonatal Unit
QLM	Quality Leadership and Management (Maternity Workstream)
QWE	Quality Women's Experience (Maternity Workstream)
PCH	Prince Charles Hospital
PREM	Patient Reported Experience Measure
PTR	Putting Things Right
SEC	Safe and Effective Care (Maternity Workstream)
SOP	Standard Operating Procedure

SITUATION/BACKGROUND

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.

SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

This section outlines an overview narrative describing some of the key matters within the Maternity and Neonatal Improvement Programme:

- Conditions for sustainability SRO challenge – 4th session held and approved
- Neonatal immediate recommendations progress
- IMSOP report to Welsh Government to be submitted Oct 22
- Change to Governance structure (CSG) – programme reporting
- Progress on MIP wash-up plan
- Neonatal metrics
- Neonatal engagement – progress (June-sept 2022)
- QI - progress

RECOMMENDATIONS

The Board are asked to **NOTE** the report.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Please note the “**Programme Risks/Issues**” are captured on slide 3 of the highlight report.

Work to understand the extent of a new risk added in March 2022 is still underway. This relates to a number of recommendations in the Neonatal Deep Dive report specifically seeking additional investment in workforce. Costs have already been predicted to exceed £1m, so this will be significant.

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 Goals	Improving Care

TOP PROGRAMME RISKS AND ISSUES:

Risks/Issues	Details	Mitigating actions	Rating
The new Health Board Operating model could create uncertainty and impact progress	The programme will need to monitor progress closely and to mitigate uncertainty will need to respond quickly to circumstances as they evolve. The new model should help with some of the current risks within the programme. Discussions are planned to begin exploring how transition of the programme into operating structure, which the operating model could disrupt. Mitigating this we'll focus on areas where accountability and governance structures can be transitioned with minimal disruption. The arrival of the Health Board wide Director of Midwifery role will aid this transition.	The Clinical Care Group was formed on 1 st Sept 2022; Triumvirate appointments in new structure of Director of Midwifery, Medical Director and Director of Operations. Maternity and neonatal risk escalation framework developed and approved at MNIB Board on the 28 th September and Q&S on the 20 th September.	low
Neonatal Deep Dive recommendations lead to increased operating costs	Work is underway to understand the operational cost consequences of a number of recommendations in the Neonatal Deep Dive report (3.3, 3.4, 3.5, 3.6, 3.7 & 3.8). The additional costs are greater than £1M but there are other posts that need scoped and costed.	Key improvement posts appointed; Workforce plan being developed; Risk Manager appointed 30.8.22; benchmarking of UK models of care and identify 3 potential models of care i.e. ANNP; PA, medical etc. to be discussed at a planned away day Sept.22; Supernumerary shift coordinators allocated – issues to be recorded on Datix; also recruiting to post for Maternity and Neonatal Safety champions	Moderate
Sustainability of improvements	The improvements achieved through the MNIP needs to be embed in BAU practices and must be sustainable	Regular audit in place through AMAT maintained by HoMs, DoM, Consultant Midwives and Clinical Directors. Newly appointed Maternity and Neonatal Safety Champions due to commence in post during November as part of the diagnostic and discovery phase of the Mat/Neo Safety Support Programme. QSE committee (formally SWAG) at service group level to provide scrutiny, assurance and oversight. WEESEE practices embedded and monitored through this group.	Moderate

FOUR THINGS YOU NEED TO KNOW:

- Neonatal DD immediate recommendations – IMSOP verified 15, 4 had been submitted by 30.9.22 but all 4 returned unverified; HB request to ‘push-back’ on Esc 5 (cooling); esc 7 (Sis) and Esc 5.1 (data) and Esc 2 (IUT) further review of evidence; meeting with IMSOP colleagues 18.10.22 to better understand reasons for not verifying
- Conditions for Sustainability last session no. 4 held 21.9.22 (see below): Approved by SROs and independent board member
- IMSOP final report to Welsh Government submitted Oct 22

CONDITIONS FOR SUSTAINABILITY ACTIVITY PROGRESS

Maternity and Neonatal challenge sessions with SROs/independent HB member: **‘APPROVED’**

- **Session 1 (5.8.22):**
 - IPAAF
 - RCOG recommendations
 - Programme Management
- **Session 2 (16.8.22):**
 - Engagement
 - Serious Incidents (SI)
- **Session 3 (22.8.22):**
 - Corporate Governance
 - Clinical Review
 - QI and data

CONDITIONS FOR SUSTAINABILITY ACTIVITY PROGRESS

Maternity and Neonatal challenge sessions with SROs/independent HB member: **‘APPROVED’**

- **Session 4 - final (21.9.22):**
 - Strategic vision (i.e. Long-term strategy)
 - Medical Leadership
 - Culture and Leadership
 - Neonatal – immediate actions
 - Neonatal – Long-term actions
 - IMSOP onsite visit (5th and 7th September 2022)

Neonatal – Summary of **Immediate** actions/Escalations as at 5.10.22

- **Total 19,**
- **15 verified**
- **4 uploaded to IMSOP 30.9.22**
- **All 4 unverified 5.10.22; meeting arranged with IMSOP Neonatal clinical panel 18.10.22**

Submitted to IMSOP 30.9.22 and returned unverified 5.10.22

No.	Immediate Action/Esc. unverified	Workstream (WS)	Leads	Comments
1	Esc. 5 (cooling)	Clinical Case Assessment - <i>The Health Board must review its cooling practice in line with national frameworks and ensure local practice meets this standard.</i>	Consultant Paediatrician/ Neonatal Governance Nurse	Processes and training in place. No case of HIE for 8 months. Sign off contingent on reviewing a case to ensure processes followed
2	Esc.5.1 (data)	Wales and National Reporting - <i>The clinical team must ensure completeness and accuracy of Neonatal Unit data.</i>	Consultant Neonatologist / Consultant Paediatrician	On going development of dashboard. Better understanding of what is required following meeting with IMSOP clinicians
3	Esc. 2 (work with Maternity)	Neonatal Unit functionality - <i>The Health Board must continue to show an improvement in the working relationship with maternity services in numerous areas.</i>	Lead Neonatal Nurse	Under review by HB
4	Esc. 7 (SI/PMRT/Mortality/MDT/NICU)	Clinical Case Assessment - <i>The Health Board must ensure clinical incident reviews, SI reviews and PMRT/Mortality reviews are carried out as an MDT with external support from colleagues within the local NICU to provide clinical expertise and questioning.</i>	Consultant Paediatrician/ Neonatal Governance Nurse	HB completed SI reviews in conjunction with Maternity Improvement programme, HB working to submit recent reviews to comply with IMSOP requirements.

Maternity and Neonatal Improvement Programme - Workstreams

SROs : Greg Dix and Sallie Davies

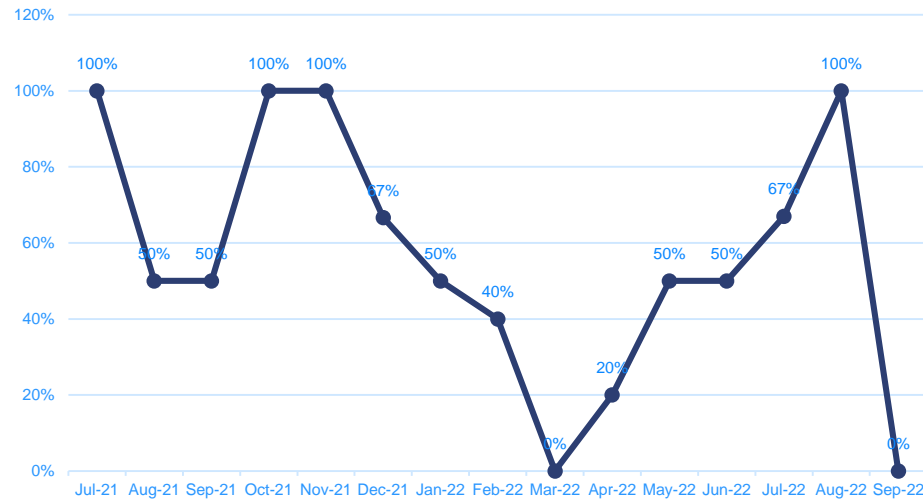
September 2022

Things to know: Focus during September has predominantly been on closure of Maternity Improvement programme SEC and QLM; IMSOP visit on 5th and 7th Sept and delivery of the remaining immediate actions (as per previous slides); Leadership courses with protected time; data dashboard development and presentation in various forums such as Q&S; MNIB board etc Coaching from local NICU; SIMS training; Training programme 28.9.22; Extreme pre-term SIMS 12.10.22 at PCH; engagement progress report June-Sept 2022; Some delays in Engagement workstream due to clinical demands on lead but solution now found to provide further support; Culture and Leadership plan completed and uploaded to IMSOP; joint Maternity and Neonatal in engagement with staff and show

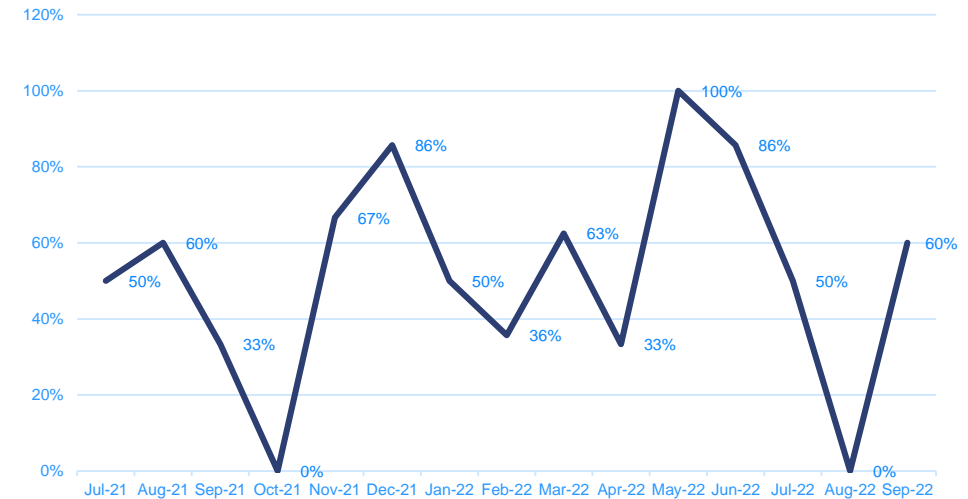
Milestone	Due	Progress
Establish mechanisms/processes (CSG assurance)	Aug 22	Quarterly report June to Sept 2022 compiled; shared at NNIP project meeting 10.10.22 and Oct MNIB huddle
Well-being champions as part of the workforce, working together to provide accessible support for staff and families.	Sept 22	Staff on both sites have accessed the mental health first aider course. Psycho social meetings embedded in both wards also.
FIC (care team; plan; working group; passports etc.)	July 22	Leads from POW/PCH identified and aim to have a CTM approach but also dependent on All Wales network solution; further QI training to be provided; Workstream lead provided with further resources due to clinical demands.
Audit: gov. process/outputs and action plan/review by NICU	May 22	Audit system governance process map was shared at NNIT 4 th July and further discussion held with clinical leads. Audit process examples provided as part of immediate actions/escalations
Supernumerary Shift Co-Ordinator role	Dec 21	Initiated during Aug 22 and instruction to datix if issues arise
Ensure Clinician NLS training is up to date	Nov 21	19 staff members received NLS since 2018 with expiry dates ranging from 2023 to 2027; HB has 5 instructors; CD to ensure all NLS is completed
IMSOP suggested proformas	Jun 22	Proforma's completed; signed off/some being used by staff but require review of implementation and improvement
Infant feeding lead for Neonates JD	July 22	JD completed; protected time and will be included in workforce paper regarding improvement roles and sustainability
Radiology – procedure /reporting/review of image by specialist consultant radiologist	Dec 21	Paediatric Radiologist appointed by HB; stickers on patients notes being used; scbu audit completed; Longumbilical lines audit completed. Verified by IMSOP 21/9/22
PREMS - questionnaire	Aug 22	Developed and shared with Engagement forum; various mediums to be utilised for capturing feedback; trial survey set-up access via QR code and also paper; next - discussion with CIVICA and need to launch on electronic platform
Plan to handover improvement hub to operational team	June 22	This had been showing as delayed in previous reports but has now been set-up and active
Safety Culture Survey	Sept 22	Now on CIVICA and live 2.9.22; next stage to ensure MDT included

Compliance against 30 working day target concerns (O&G) Sept 22

Bridgend Compliance 30wd Formal Complaints

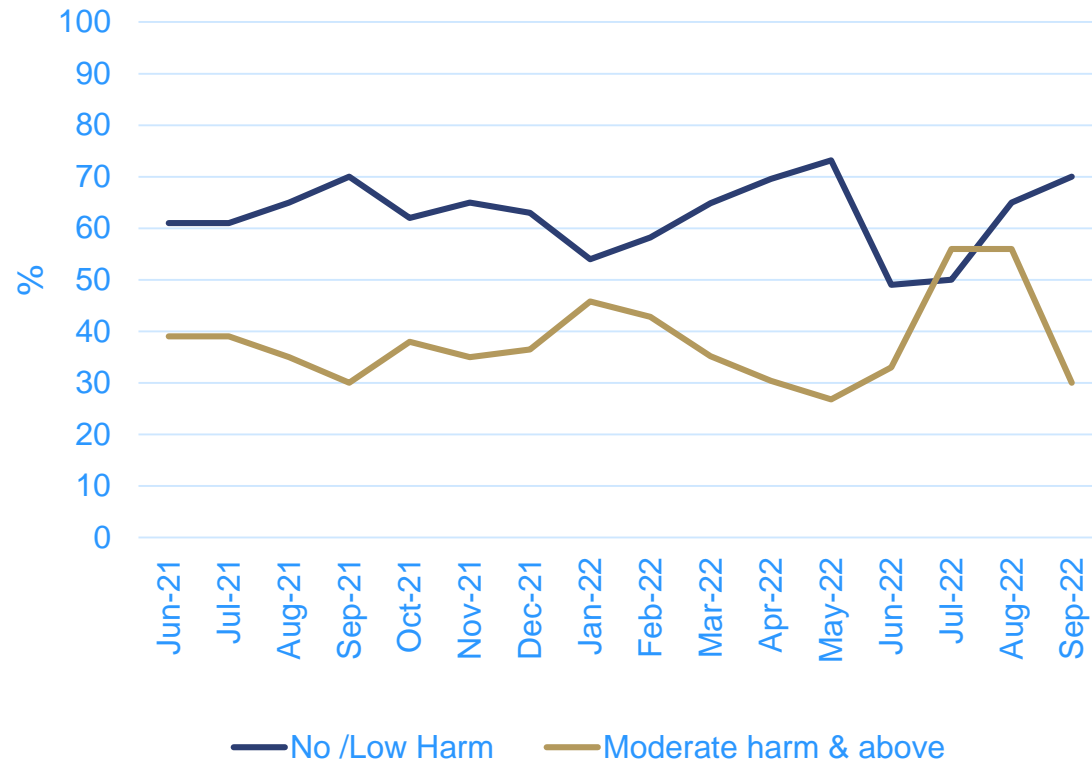


Merthyr & Cynon 30wd Compliance Formal Complaints



Note: All concerns are Quality Assured by the CD and HOM together note: the process is lengthy. Overall, in Sept 6 complaints were closed with an outcome of 'not upheld'. As of 4.10.22 14 complaints are open. One RCA is open and being completed.

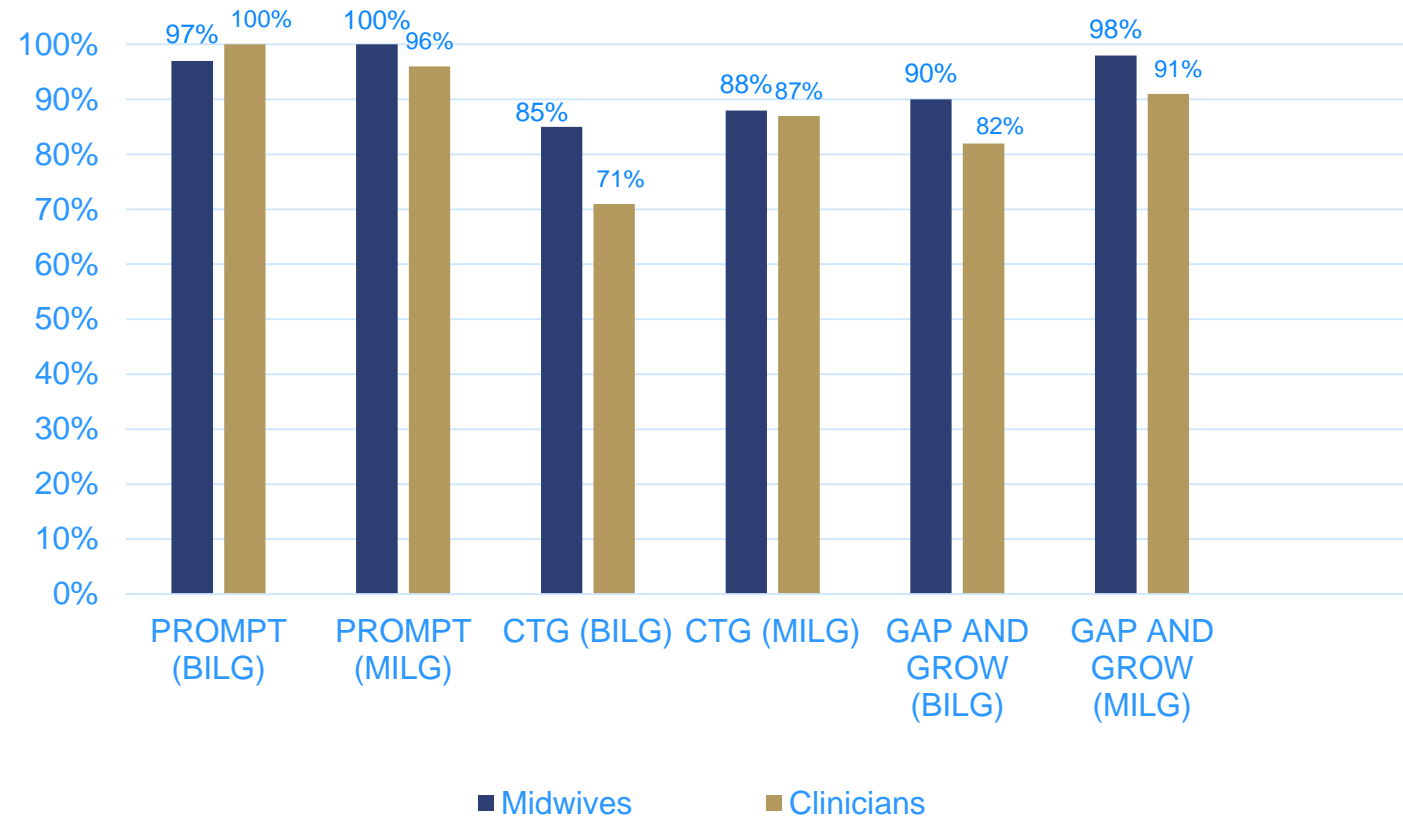
Maternity only Clinical Incidents by level of harm Sept 22



Incidents now reporting on new Once for Wales system which allows a post-review grading of the incident which should provide a more accurate reflection of the severity of the incidents.

Graph indicates low harm showing an increase but moderate harm showing a significant decrease in September.

Training Compliance for Sept 2022 (as at 5.10.22)
(Expected compliance 95%)
(no training in Aug)



MILG: PROMPT Obs 1 out of compliance and 1 new Registrar booked for Oct 22; non-compliance escalated to matron/CD

BILG: PROMPT – 4 midwives outstanding due to short term sickness; last course in July cancelled due to facilitator sickness but poor staff engagement by Obstetricians to meet their compliance; non-compliance escalated to matron/CD

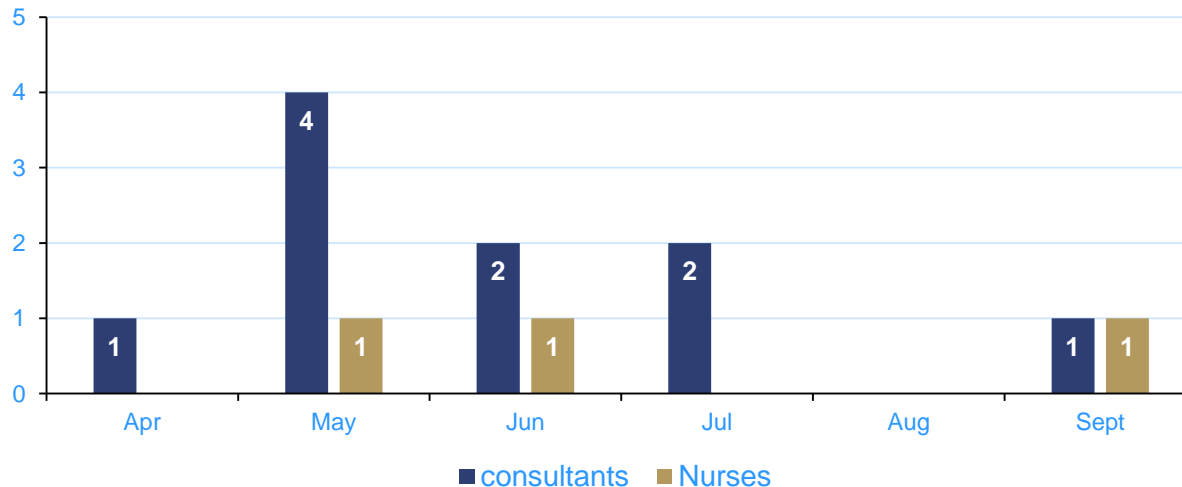
KEY PROGRAMME METRICS

Neonatal – Nurses and Consultants rotating in UHW tertiary centre each month by role

- Consultants – 2 day visits in non-patient care role
- Nurses' rotate for a week and are involved in full patient care
- ISSUES: Nurse rotation delays due to DBS and identity checks

Consultant visit timetable: arranged from April 2022 to December 2022 (except August due to A/L and cover)

UHW Rotation/Observation



- Consultants continue to visit as per agreed plan: 10 on visit plan; 8 visited UHW and 3 have visited twice.
- 39 nurses in the dept. But only 3 rotated and 5 are on Maternity leave.
- Nurse rotations in September poor due to delays in DBS and occupational health checks.
- We are in the very early stages of discussions for rotation to other tertiary centres.
- The shared learning from the nurse's experience is presented on neonatal study days, through reflections and by sharing with their colleagues.

Neonatal – Nurses and Consultants rotating in UHW tertiary centre each month – Example of some LEARNINGS

Some Consultant Learnings

1. Plan introducing Non-invasive ventilation using SLE 6000 ventilators. Arrange Local trial of the new F&P 950 humidification system with a view to replacement of current humidifiers
2. TPN light protective giving sets. Cardiff NICU uses different pumps and syringe drivers.
3. Pharmacist and nurses introducing set times of the day for administering common medications such as Caffeine, Iron and multivitamins (minimise drug errors, be cost effective)
4. Noticeboard - Medications errors on Datix on a noticeboard.
5. Noticed a poster about electronic reporting of Learning from Excellence <https://learningfromexcellence.com>
6. Safety huddle (included signposting to teaching/training events) - our senior nurse has refreshed the framework for safety huddle includes 'key learning messages for the week' emerging from Incident reviews
7. 'neonatal knowledge cards' that go on the lanyard for juniors
8. Re-enforcement of IPC messaging- 'bare below elbow posters'
9. Psychosocial meeting at lunch time - family needs/emotional wellbeing and our working on the same
10. Handwashing/Infection control - reinforce positively the practices of handwashing.

Some Nurse Learnings

Trolleys

- Trolleys for resuscitation were very organised just the essential things/checked daily
- The neobars were boxed up singularly and just one per colour
- Sealed intubation box; checked once a week for dates or once a month to make sure everything on there was in date, but this held everything you needed to prepare drugs for an intubation
- All stock is placed into cupboards on the unit (minimises the need for trolleys)
- Silver trolleys for procedures e.g. blood gases or bloods etc and a sterile pack is opened out onto the trolley

Drugs

- Online library of drug monographs with backup of file
- Nurses when drawing up drugs refer to the guidelines online (our Pharmacist working on this)
- Premade antibiotic - new antibiotic stewardship to administer within an hour of being charted.

Neonatal nugget: 'neonatal nugget'/A4 piece of paper/different topic every month/2 mins to read e.g. hydrops and different topics written by different staff

IPADS: For long term babies – keep them stimulated used youtube e.g. watch and listen to music and things like colourful fish etc.

MILK : laminated label 'CAUTION! SAME/SIMILAR NAME! PLEASE CHECK CAREFULLY USING M NUMBER, NAME, D.O.B'

Charts: 2 sided use e.g. HDU chart had on the back a blood gas record and an apnoea/bradycardia record

Nurse in charge: Oversee everything. (we now have supernumerary shift coordinators – datix if issues)

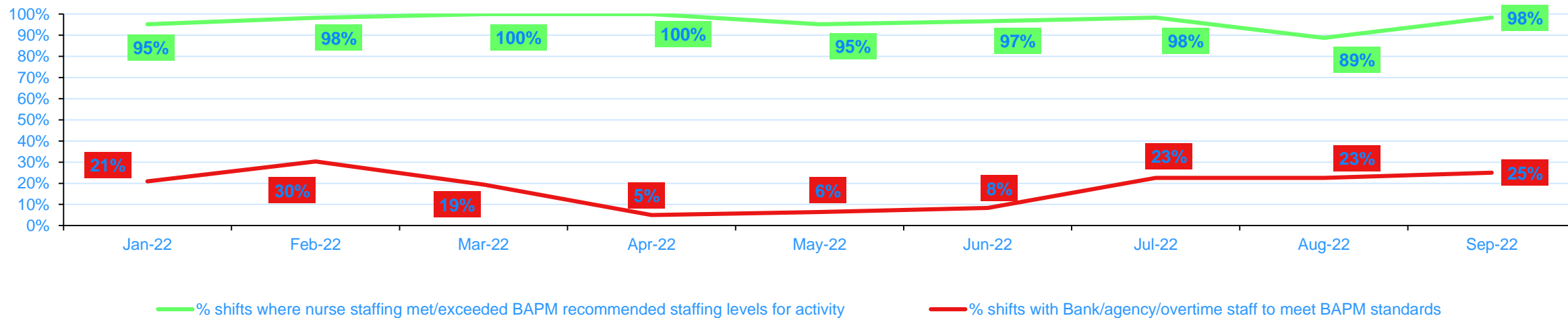
Care Plans: in one place e.g. Respiratory, thermoregulation, nutrition, developmental care and safe environment, are all within the admission booklet

Diaries: All babies have diaries updated on a daily basis,/ parents there really appreciate these little things
Newly qualified nurses: go into ITU, with support; Drs and ANNP's are most of the time – good insight into HDU and ITU before you do your course

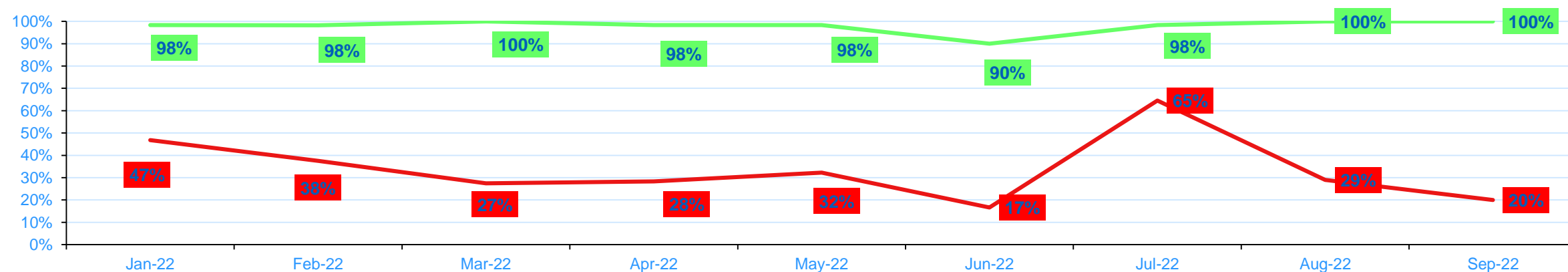
Neonatal Improvement Programme – Metrics
September 2022
David Deekollu/Rebecca Pockett

PCH & POW Nurse Staffing (Based on shifts per month)

PCH Nurse Staffing



POW Nurse Staffing

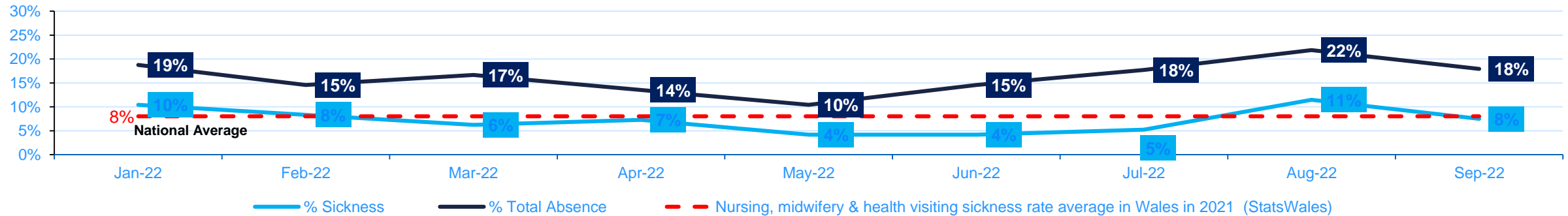


Both Units remained open to admissions. Red line indicates use of bank/agency/overtime staff to maintain BAPM staffing levels, with up to 25% in September.

SICKNESS & ABSENCE 2022

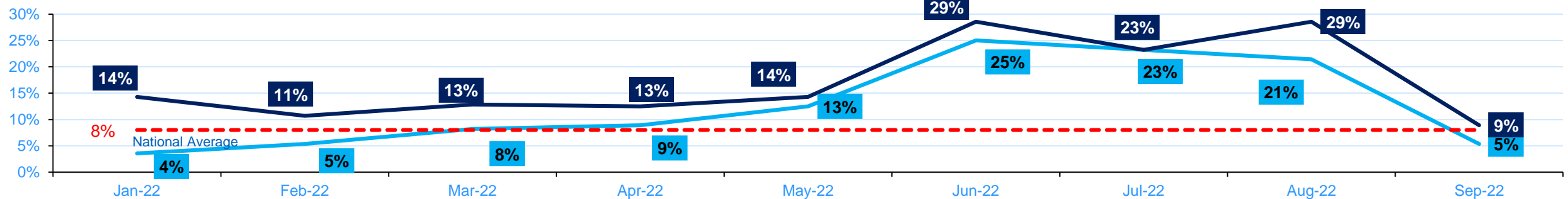
Total absence (unavailable) includes: Sickness, Maternity Leave, Special Leave, Other (e.g. Covid Related).
Annual Leave not included as staff potentially available to work.

PCH - Sickness/Absence %



Compared to the national average PCH sickness rate remains at an acceptable level. The increased absence is due to a number of nursing staff being on maternity leave.

POW-Sickness/Absence %

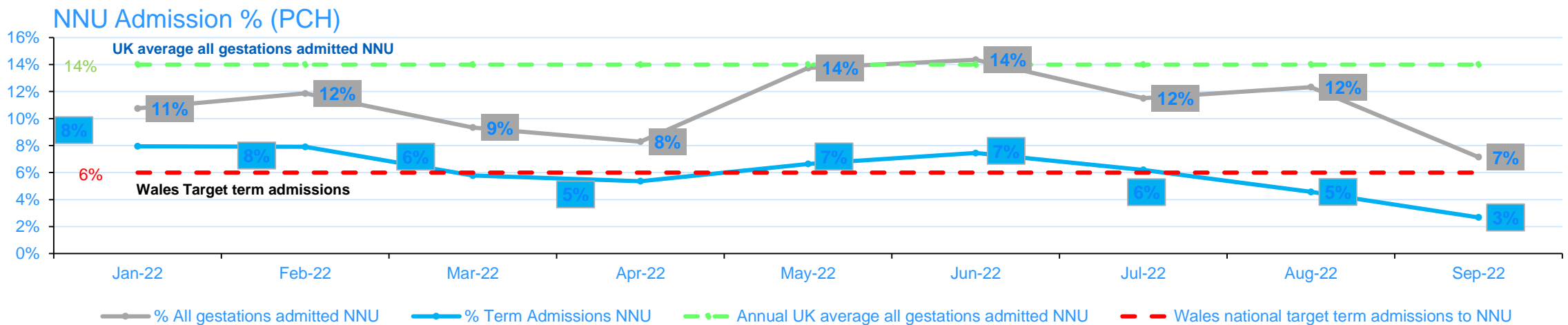


Although for a period of 3 months sickness in POW was above the national average, it has now reduced to be in line with the national average due staff returning after extended periods of sickness.

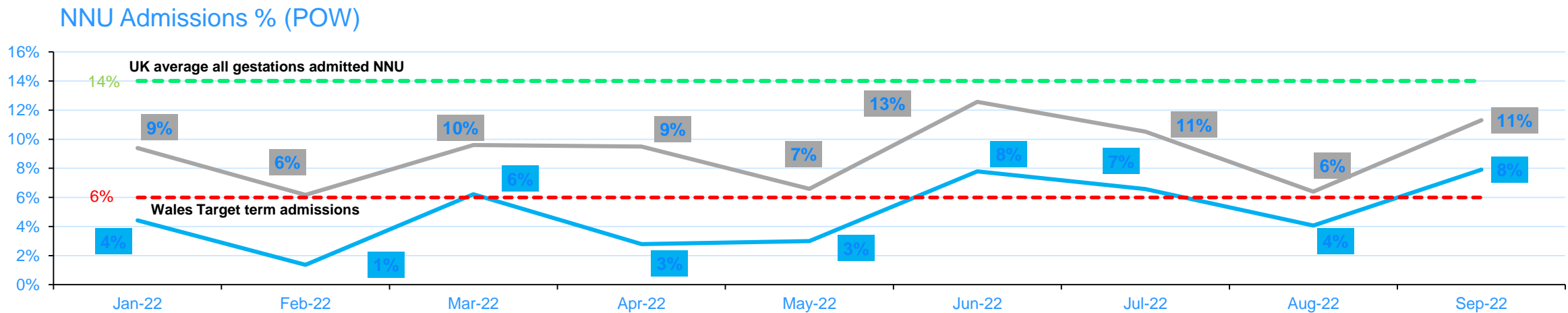


PRINCESS OF WALES - SCBU

September 2022



PCH term admission rate has fallen for the third month in succession to be below the national target. There was a significant decrease in all admissions this month even though the birth rate remained similar to the previous month.

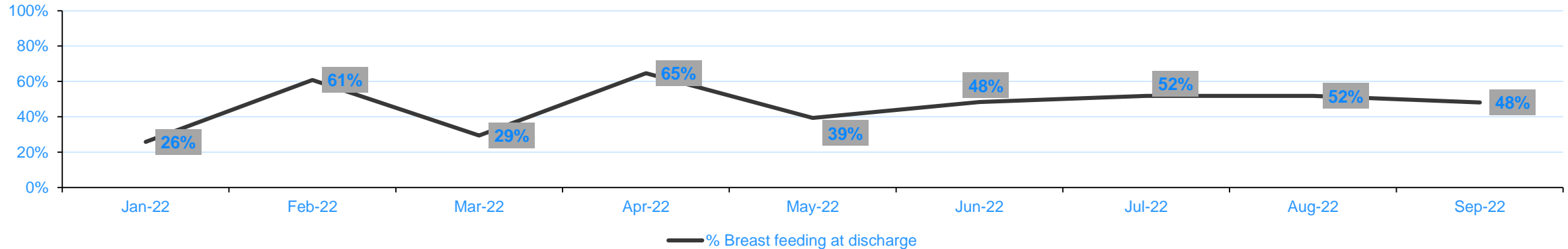


All admissions have doubled from previous month but still below the UK average i.e. all admissions per total births. The term admission rate has doubled and slightly above the national target. Total births has remained similar to previous month.

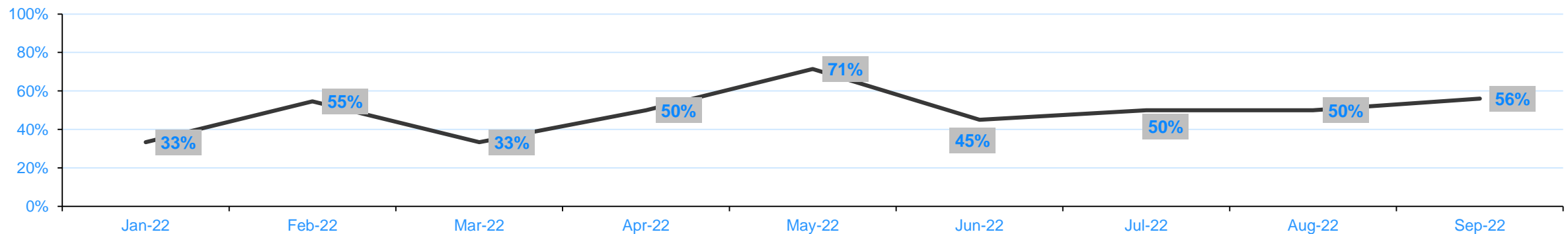
CTM – Receiving Breastmilk on Discharge

Percentage of all babies discharged to either Post natal ward or Home who were breast feeding or receiving EBM.
 (Wales range 54.2% - 80% of new mums breastfeed at birth and between 29.4% - 54.1% of new mums who still breastfeed at 10 days)

PCH - % Breast feeding (receiving EBM) at discharge (all gestations)



POW - % Breast feeding (receiving EBM) at discharge (All Gestations)



Although, further improvements are required to improve breastfeeding rates during some months for both units continue to be relatively successful with breast feeding in the first 10 days.

Maternity Improvement Programme – Metrics September 2022

Elinore Macgillivray

October 2022 – Maternity Metrics for CTMUHB Board Assurance

Quality and Safety Committee – Narrative by Exception

Maternity data are presented as time series data from October 2020- September 2022, extracted from Qlik Sense. Data are auto-populated from the Maternity Information Systems (MITS at PCH &RGH, WPAS at POW). Data will continue to be presented on a rolling 2 year basis unless otherwise indicated. Patient Reported Experience Measures (PREM) will form an integral part of the maternity data set. Measures shown are for October 2021 (launch) to September 2022.

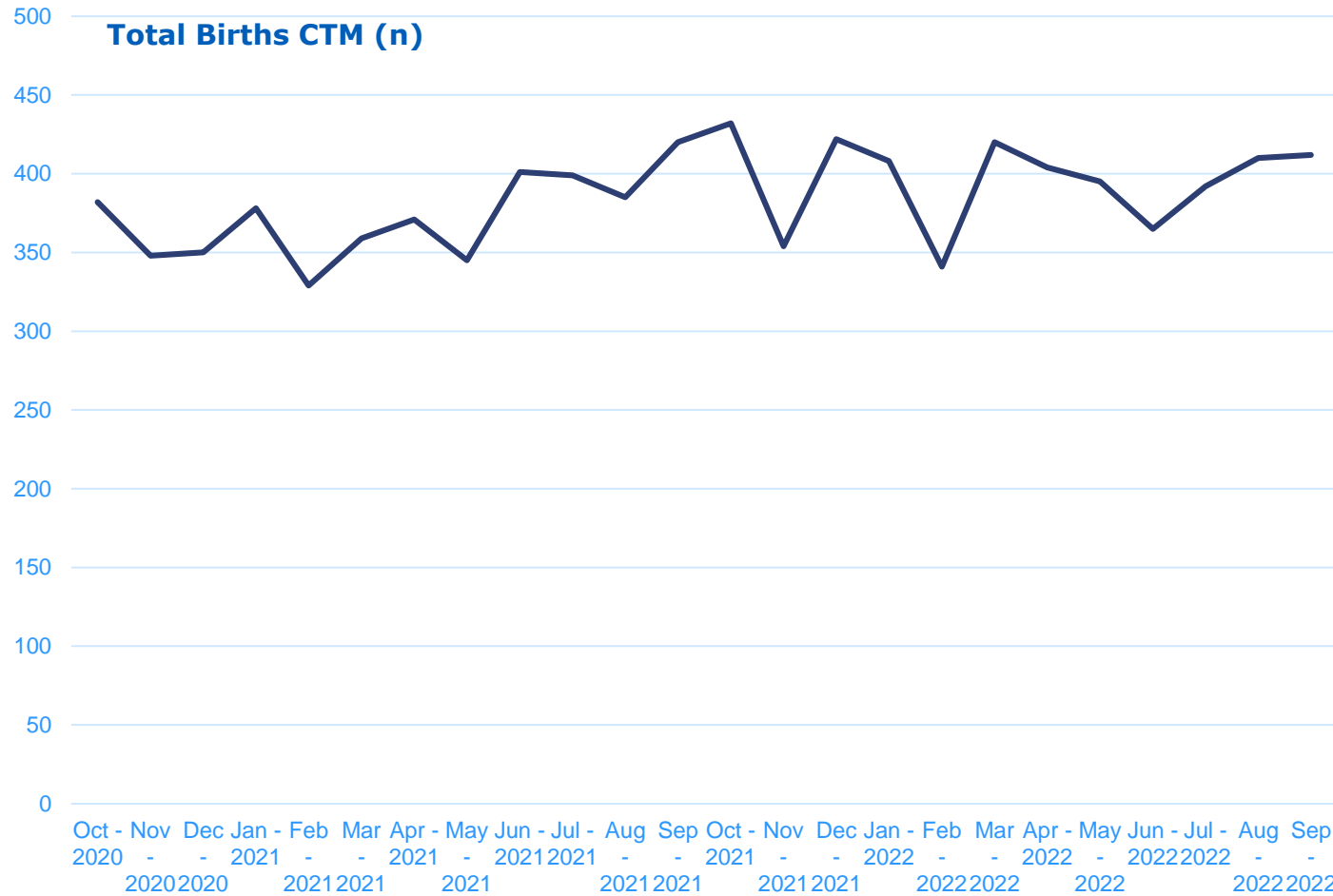
Patient Reported Experience measure (PREMS) was launched in September 2021, with increasing uptake since. The experience data is now a core part of maternity metrics reporting and will be reported as such (as per measures below). All QI projects will include the relevant PREMs data as a key measure (for example the IOL improvement work will include the IOL experience data reported through PREMs).

Neonatal data are manually collected from BadgerNet and input into Excel to create time series data.



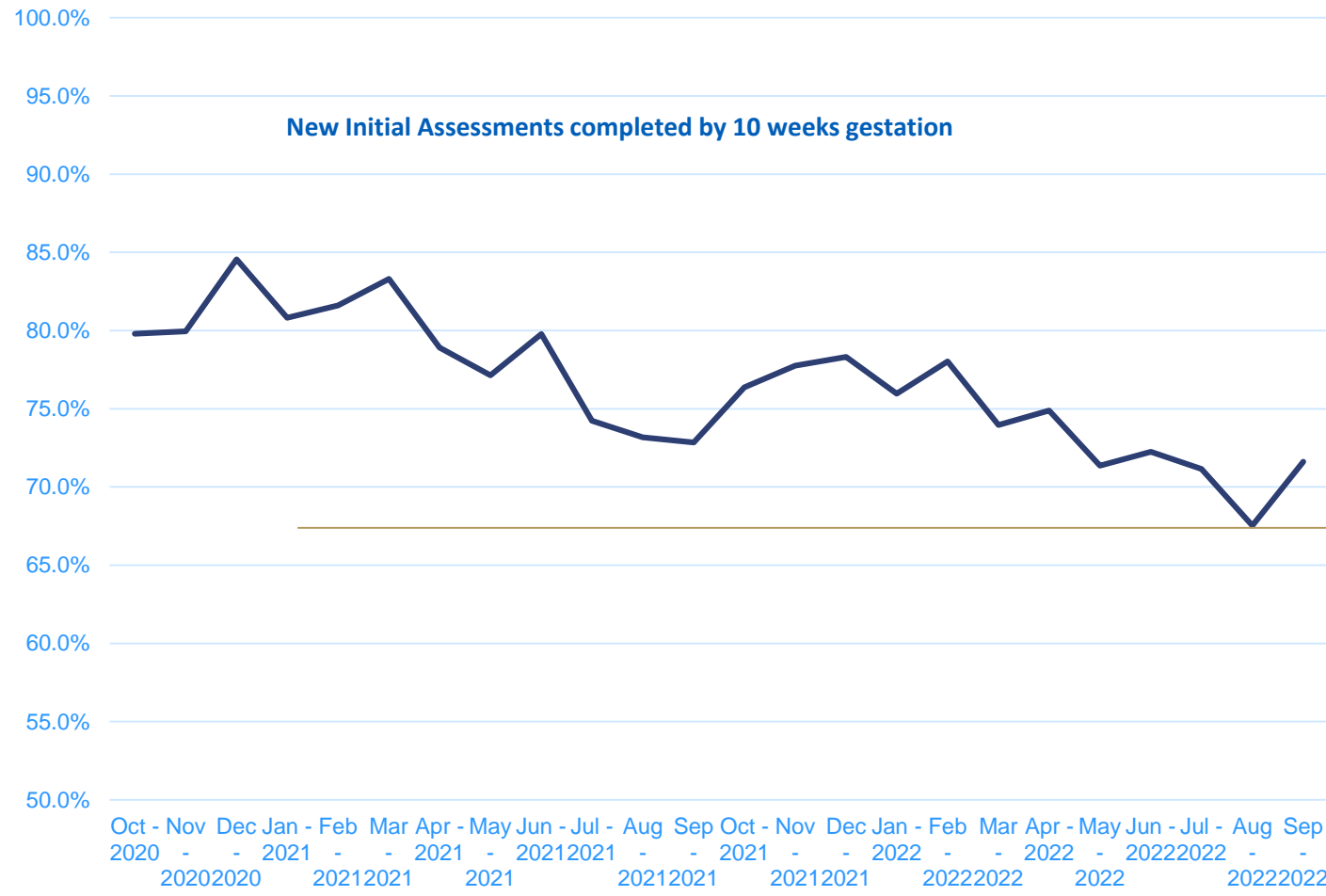
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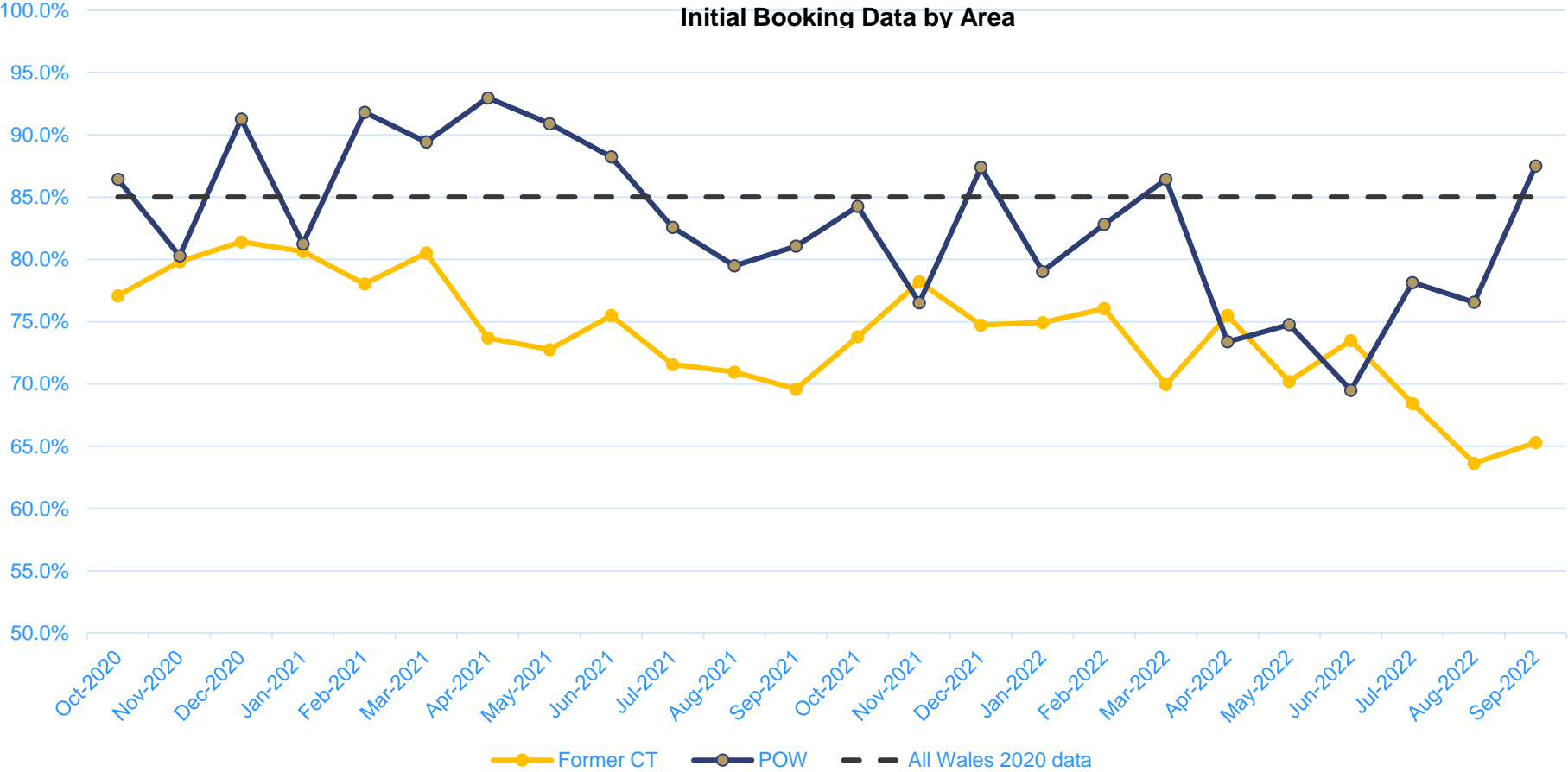
Notes: Total Births

Normal variation over time, data stable overall.
Number of births on each site show no concerning shifts or trends in the data.
Some signs that birth numbers are increasing. This may be a part of normal variation. Next few months' data will be important for understanding the birth numbers.
These data are reported per site at bi-monthly maternity governance meetings.



Notes

WG target is 85% of new initial assessments to be completed by 10 weeks of pregnancy (shown as amber line). Decrease over time in achieving target of completing booking by 10 weeks of pregnancy. Deeper dive into data undertaken. Significant variation in practice identified, as well as waste. Pathway being simplified to release time for midwives to provide care. SMART improvement plans have been developed, including digitising booking system for easier access by Service Users and prioritisation of appointments for women at later gestations. Aiming to test the new system in October. These data will provide real time signals of the impact of planned improvements.



POW are showing significant signs of improvement, although this is not being seen at former CTM. Scoping work suggests this may be down to multiple factors including variation in the initial booking process across sites, and variation in what is considered as the initial booking date.

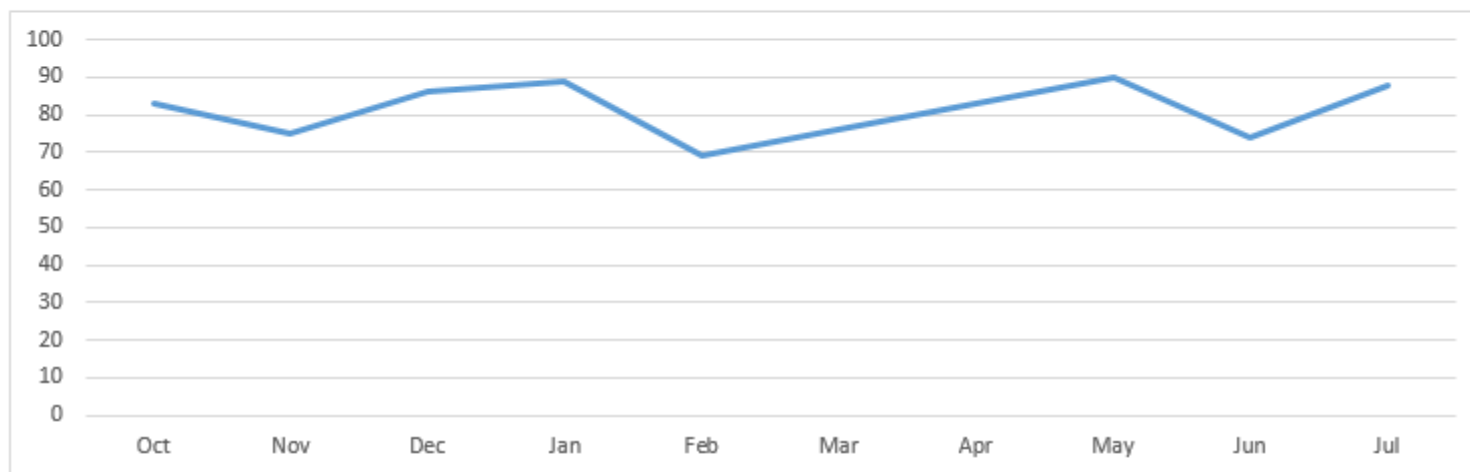


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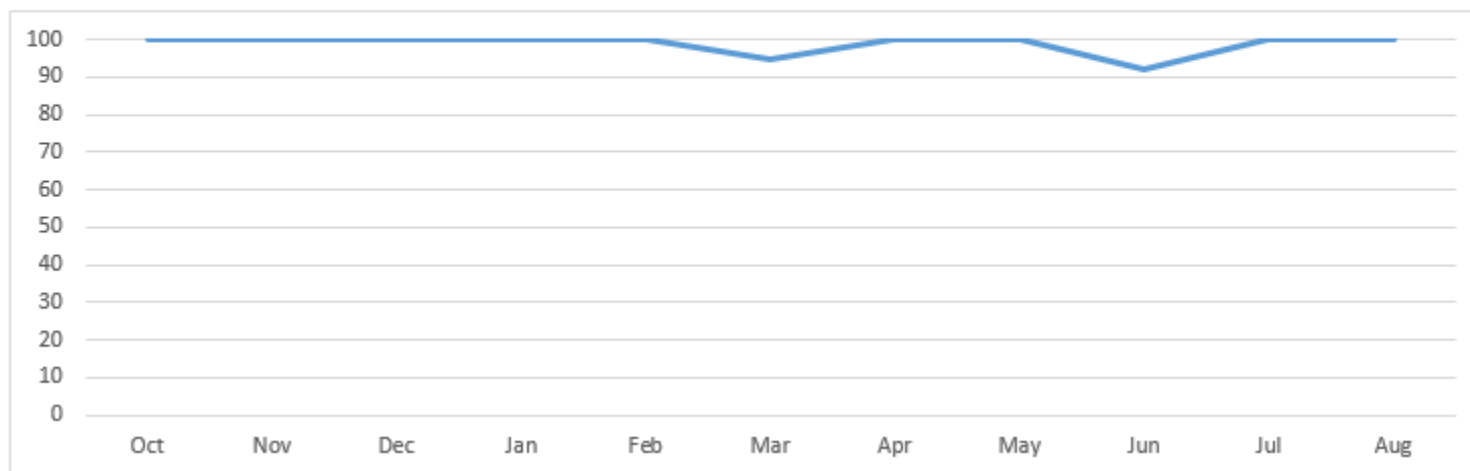
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PREM: What women are telling us about early antenatal care

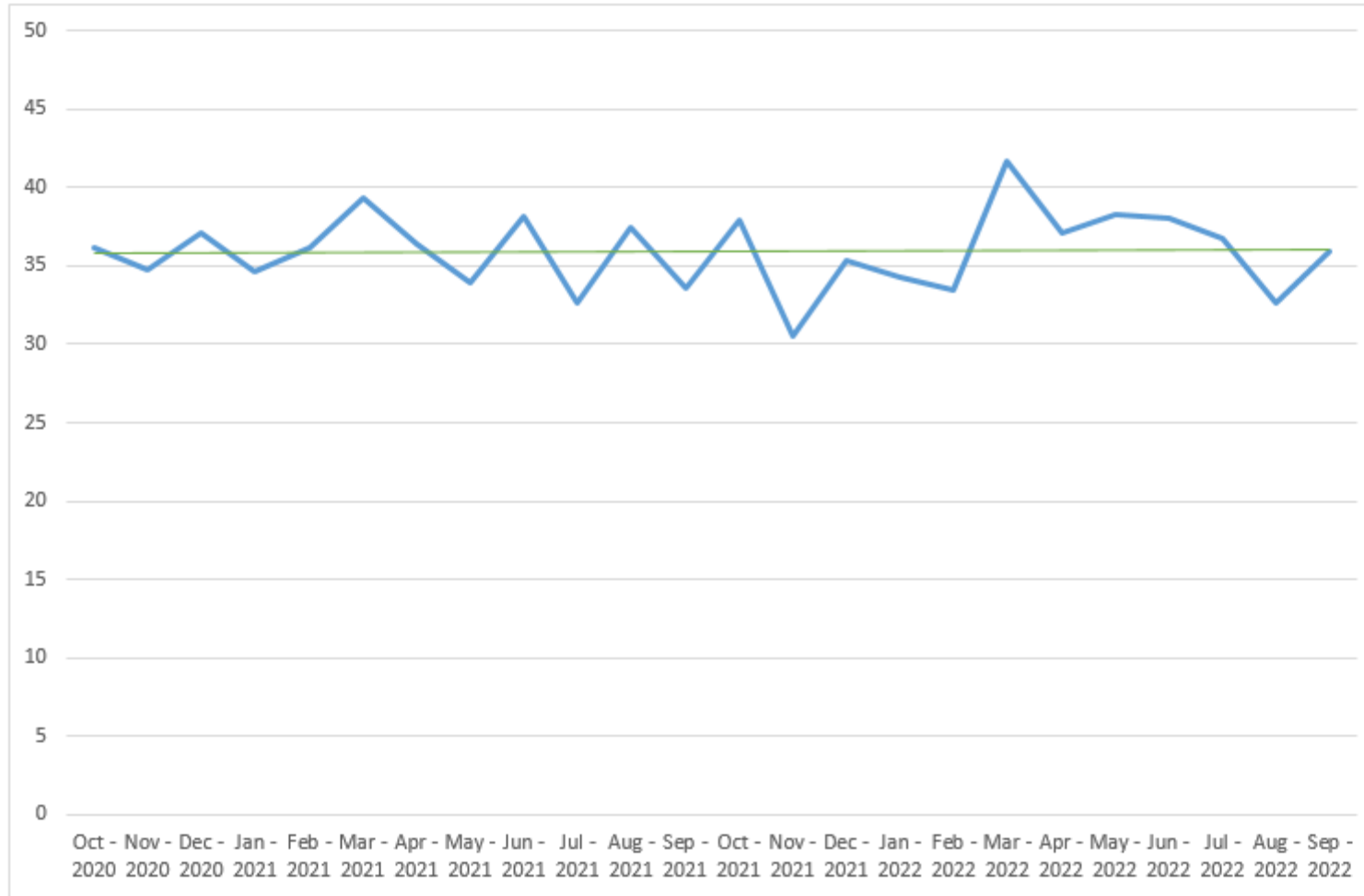
During your early antenatal appointments, were you given enough time to ask questions or discuss your pregnancy?



During your early antenatal appointments, did your midwife ask you about smoking?



CTM Induction of Labour Rates as a % of all births



Notes

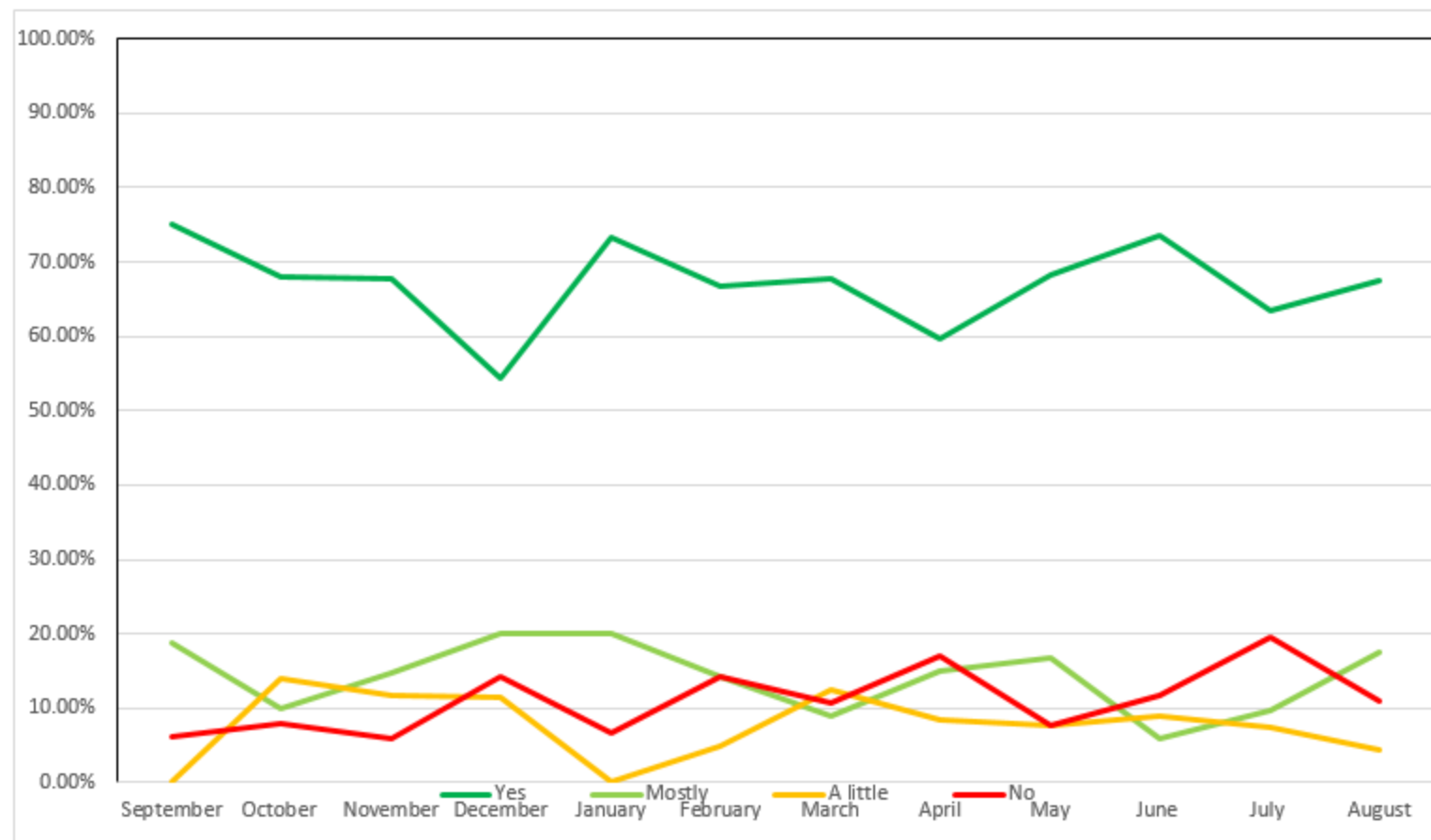
Rates stable- normal variation but no trend or shift seen over 2 year period. Trend line is stable (shown in green).

Induction of Labour rates are increasing across the UK. No target set by WG, as rates impacted by many factors, including local population demographics.

IOL improvement group is undergoing a refresh with a QI methodology approach. Aim is to improve the quality, safety and experience of care. This includes adherence to guidance and supporting women and families with decision making.

What women are telling us about their experiences of making choices about, planning and undergoing induction of labour. These data are extracted from the Patient Reported Experience Measure (PREM) questionnaires sent to women throughout their pregnancy journeys, as previously described.

If you were offered an Induction of labour, did you feel fully involved in the decision for this to go ahead?



Notes

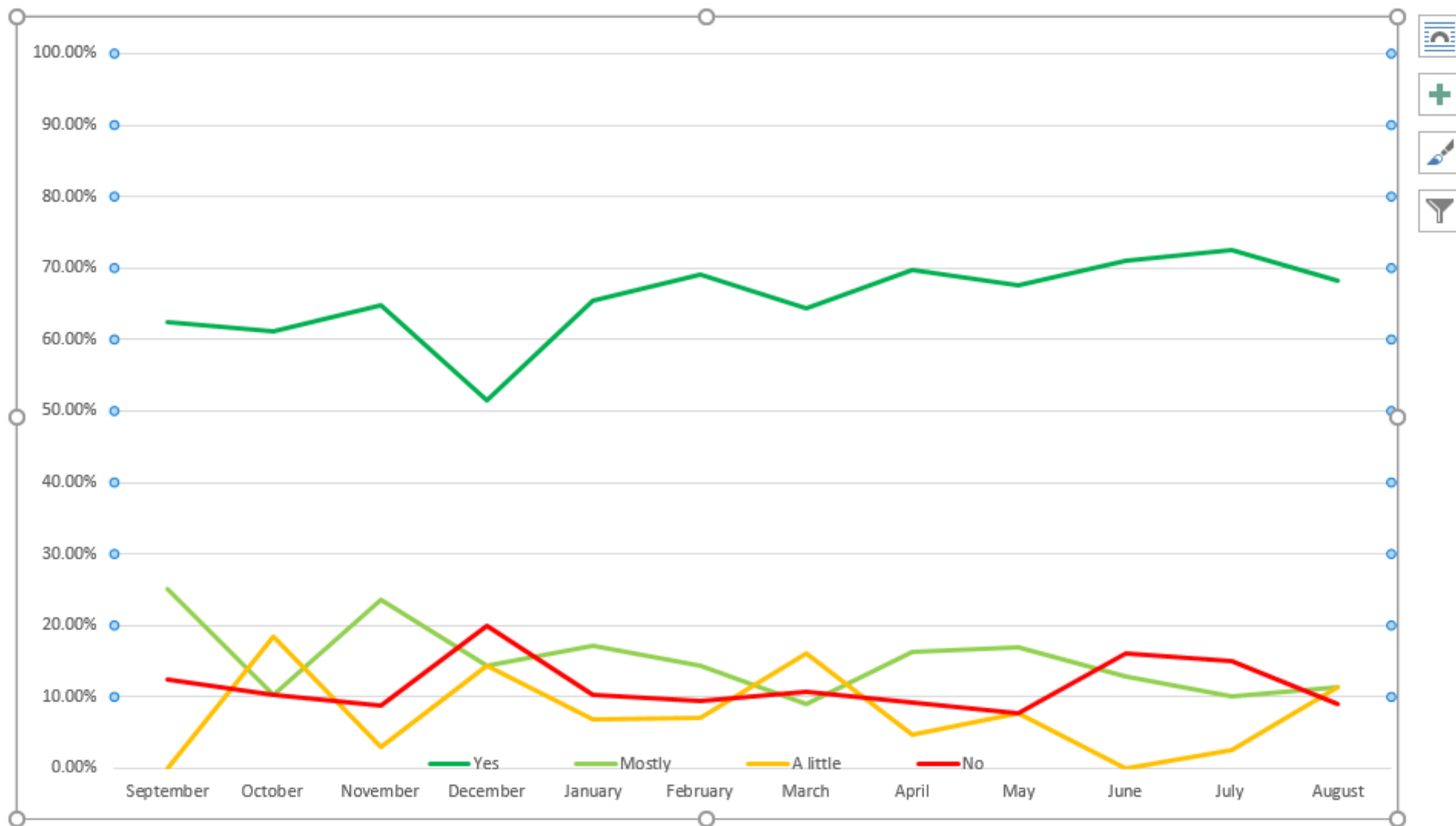
PREMs data relating to IOL will be a key metric of the IOL improvement group.



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If you were offered an induction of labour, did you feel you were supported with enough information or discussion from your midwife or doctor?

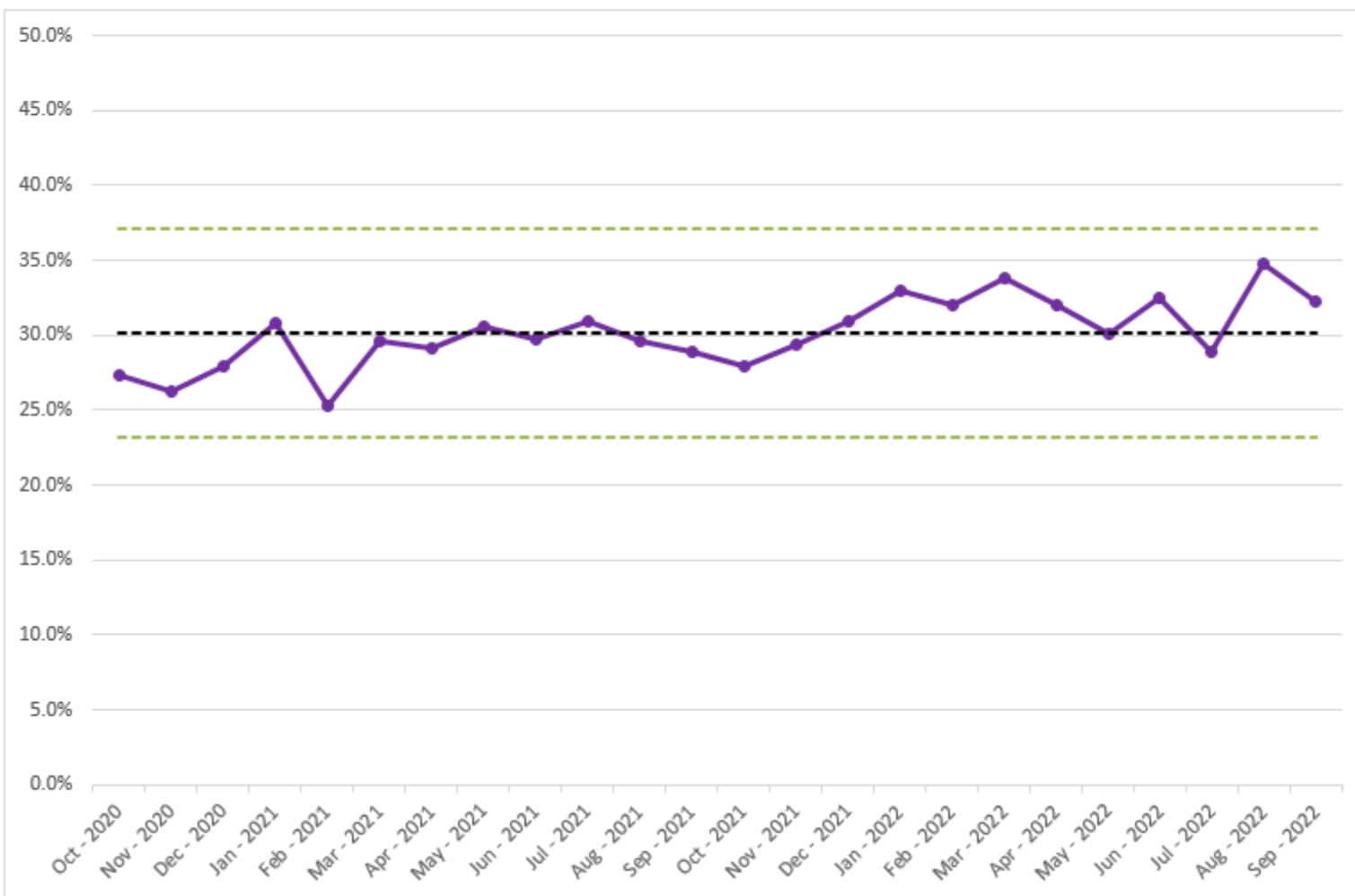




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Total Caesarean Sections as a % of all births all CTM



Notes

In future, this will be cross referenced against CHKS data, to support data verification.

As part of the maternity dashboard update, all grades of CS will be displayed separately (1,2,3 & 4) allowing for better understanding of CS data.

Some signs that total CS rate may be increasing.

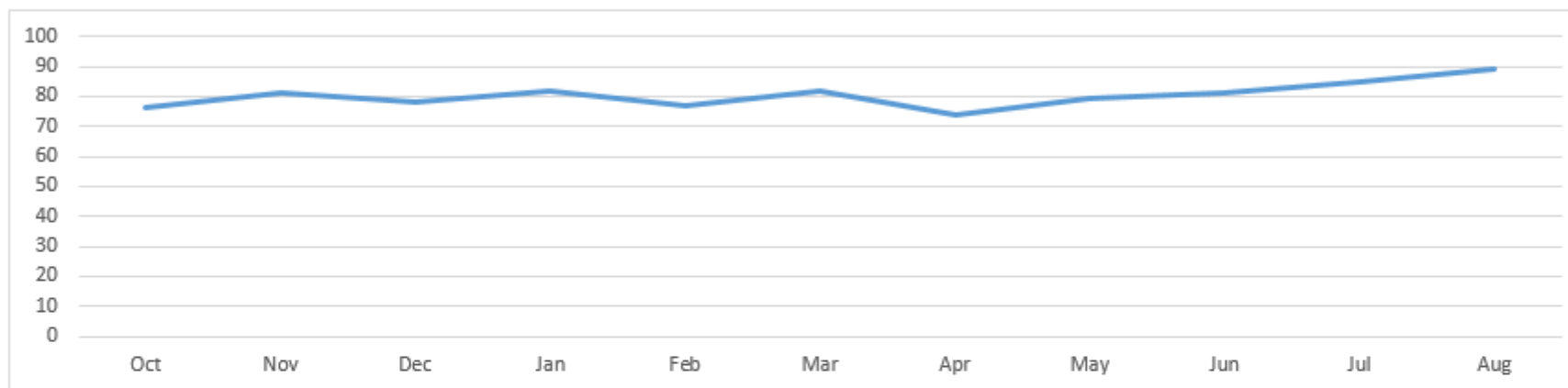
No target rate. Focus on supporting information and choice for women, birthing people and families.



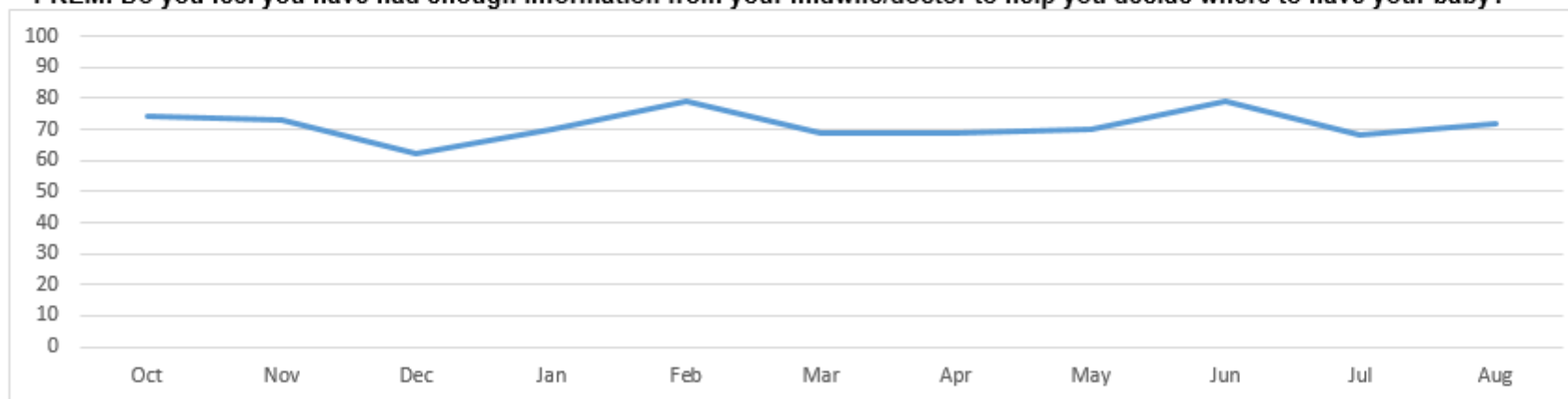
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PREM question relating to birth planning: During your labour and birth, did your midwife and/or doctor listen to and respect your birth plan/s and preferences?

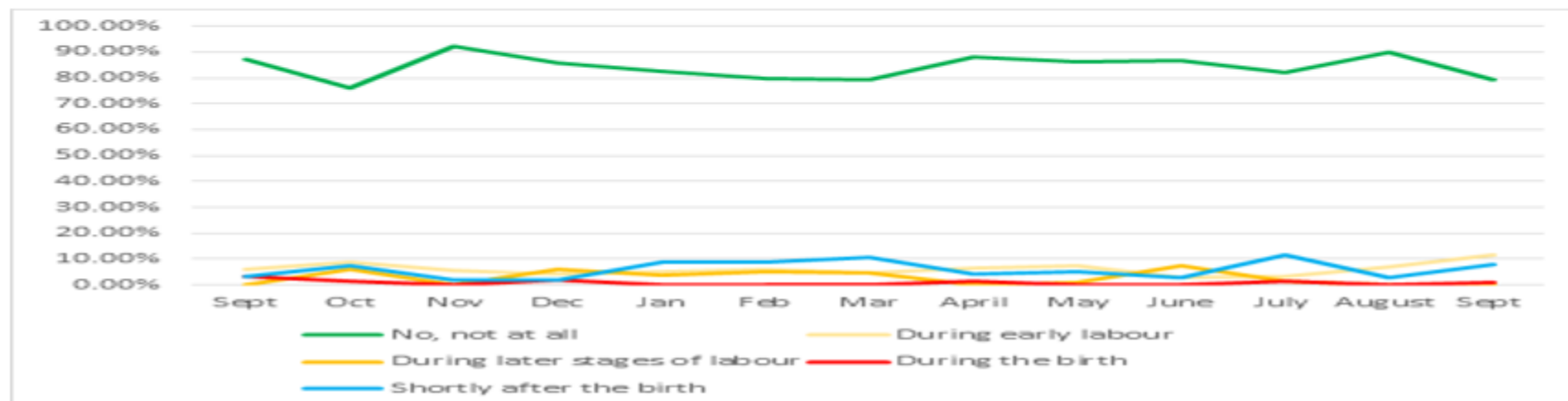


PREM: Do you feel you have had enough information from your midwife/doctor to help you decide where to have your baby?

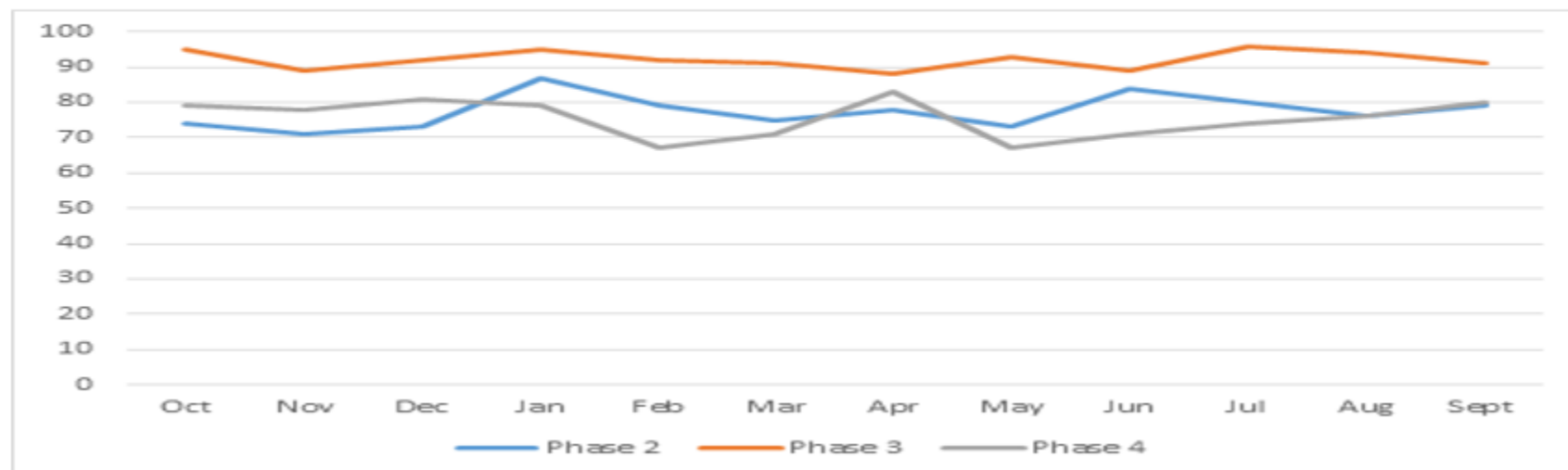


Themes and Trends in PREMs

Were you left alone at a time when it worried you?



Did you have confidence and trust in the staff caring for you?

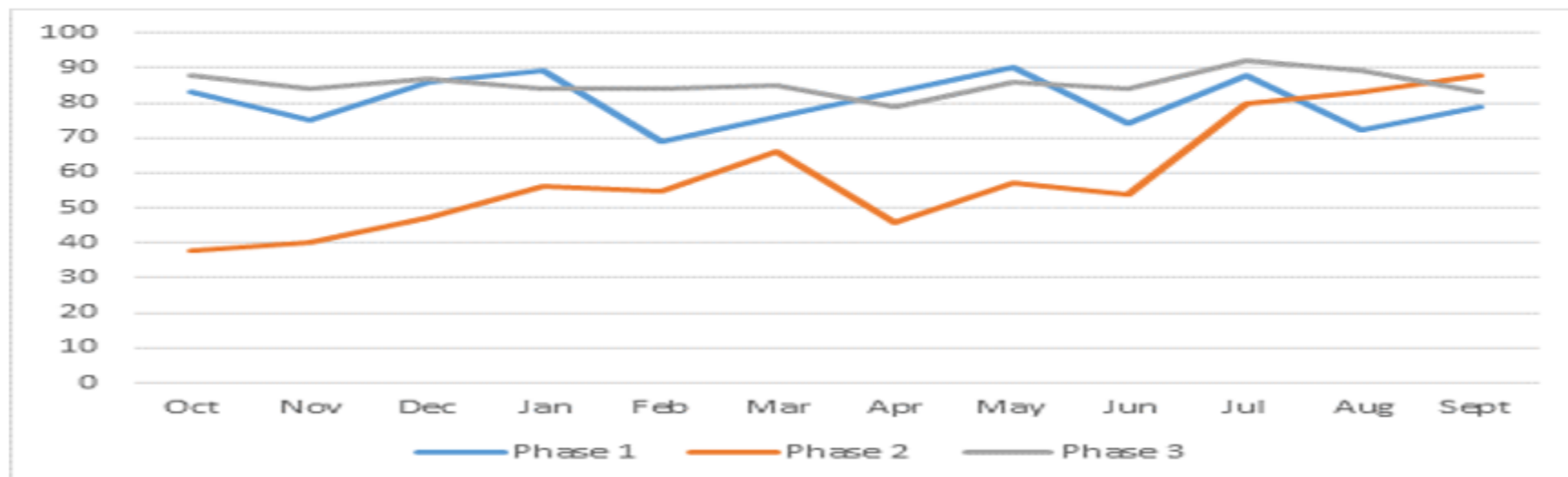




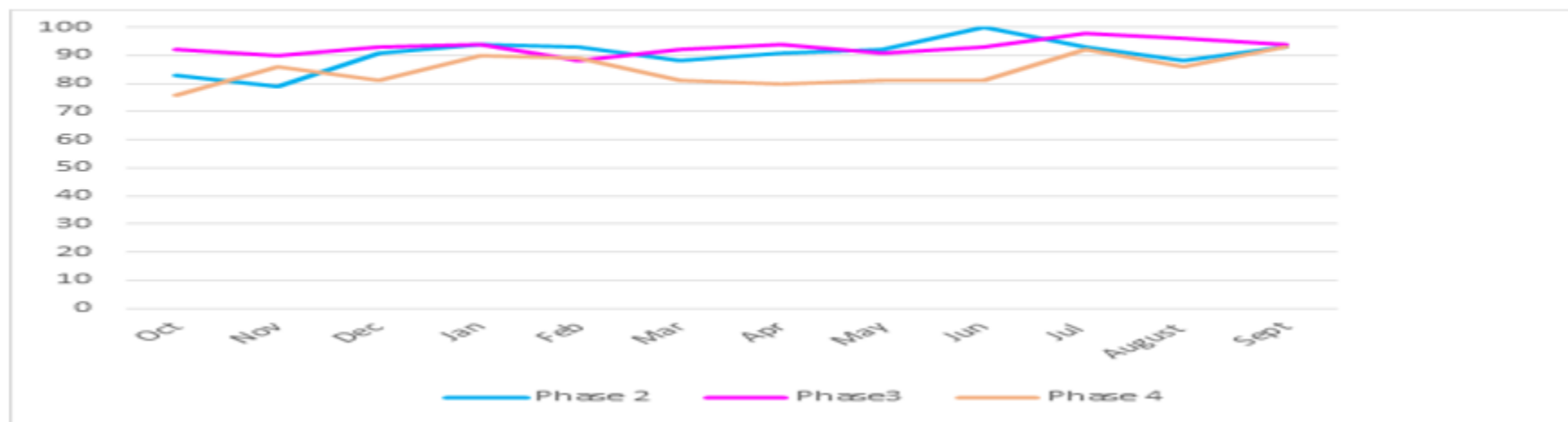
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During your care were you given enough time to ask questions or discuss your pregnancy in a meaningful way?



Thinking about your care, were you treated with respect and dignity?





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Avoiding Term Admissions to the Neonatal Unit (ATAIN)

The ongoing ATAIN programme is undergoing a refresh with a structured quality improvement methodology approach. The newly appointed Neonatal Governance Lead will be leading this across sites with support from the Maternity and Neonatal QI Lead. An ATAIN dashboard has been developed to capture themes arising from ATAIN multi-professional reviews (screen shot below). These themes will then be used to develop SMART action plans.



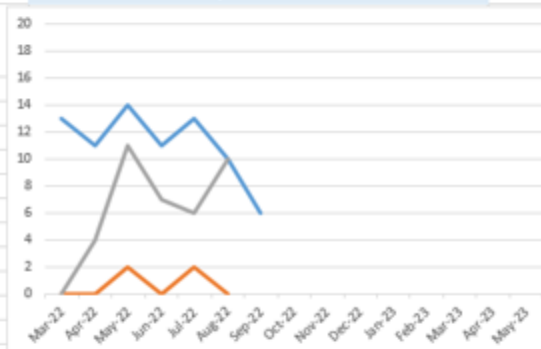
Month	Term Admissions	Avoidable	Unavoidable	Total Births	Term admissions (%)
Mar-22	13	0	0	225	5.8
Apr-22	11	0	4	205	5.4
May-22	14	2	11	211	6.6
Jun-22	11	0	7	188	5.9
Jul-22	13	2	6	226	5.8
Aug-22	10	0	10	220	4.5
Sep-22	6				#DIV/0!
Oct-22					#DIV/0!
Nov-22					#DIV/0!
Dec-22					#DIV/0!
Jan-23					#DIV/0!
Feb-23					#DIV/0!
Mar-23					#DIV/0!
Apr-23					#DIV/0!
May-23					#DIV/0!

August ATAIN Theme	Number
CS before 39 weeks	6
No steroids < 39 weeks	3
Hypothermia	1
Delay in first feed	0
Incomplete NEWT	1



PCH ATAIN Dashboard

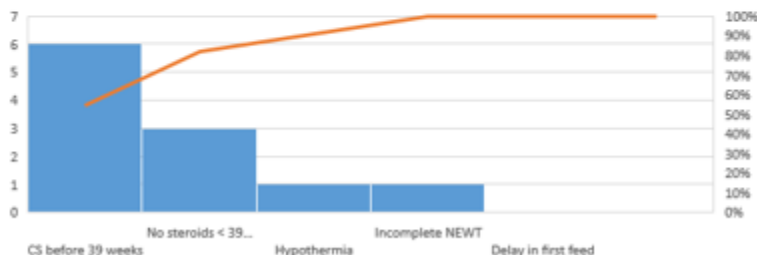
Monthly Term Admissions



Term admissions (%)

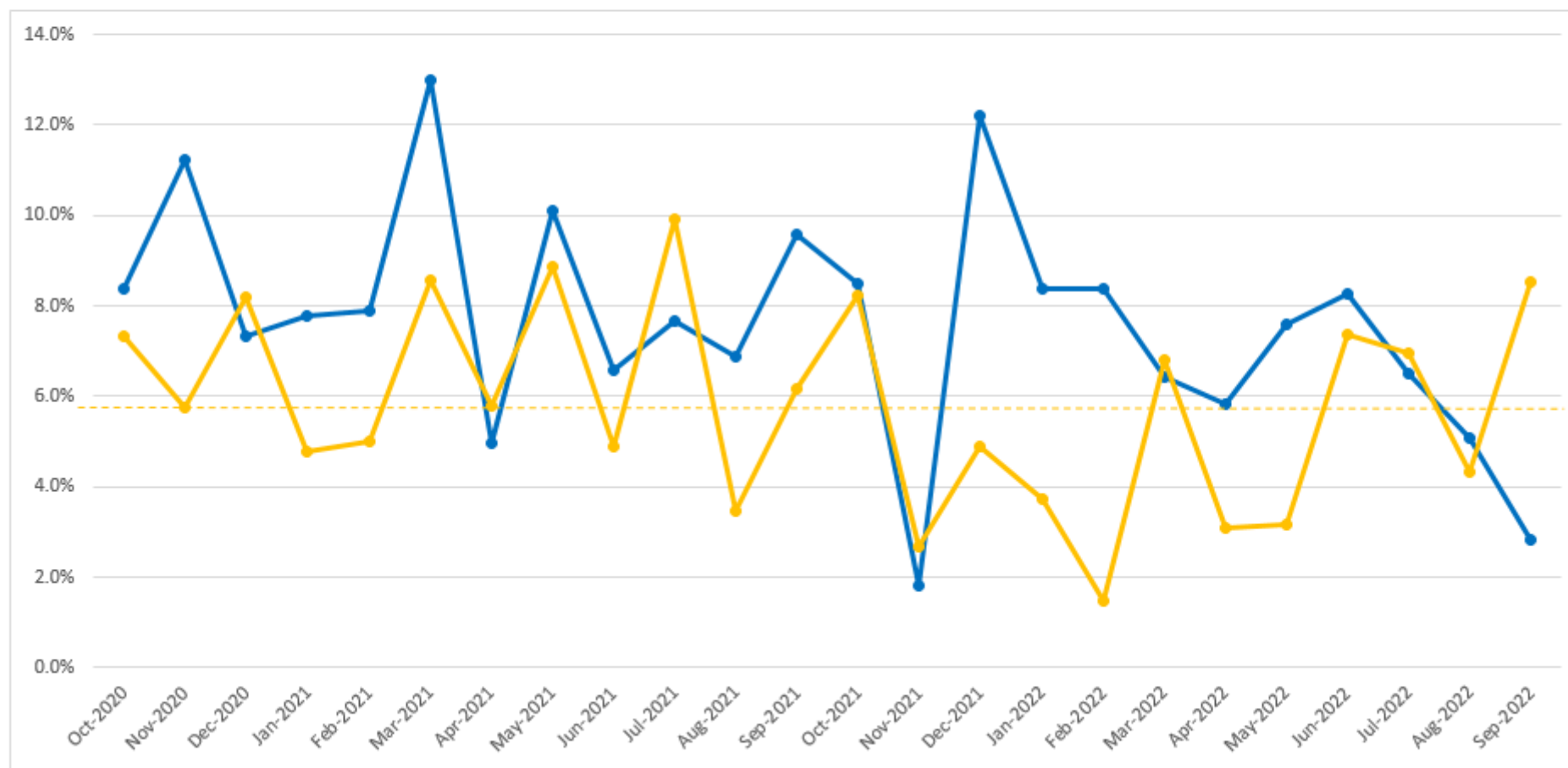


ATAIN Themes



Term Admissions to the Neonatal Unit

Term admission rate at PCH is shown in blue. POW is shown in yellow. There are positive signs of improvement at PCH. The data will continue to be monitored.

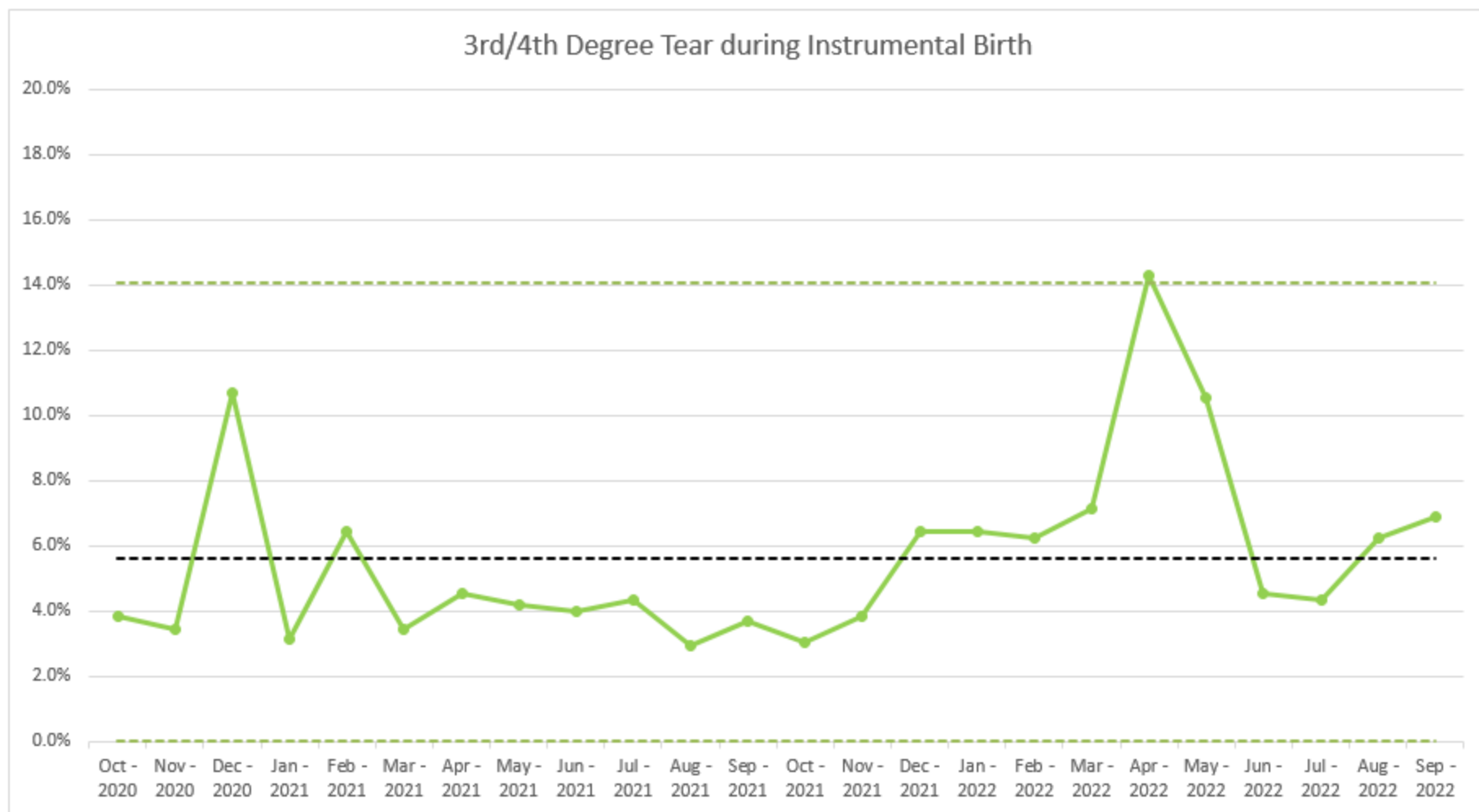




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Previously raised as a concern as 3rd & 4th degree tear rates were increasing following instrumental birth. OASI implementation in progress. Rates now significantly decreased.

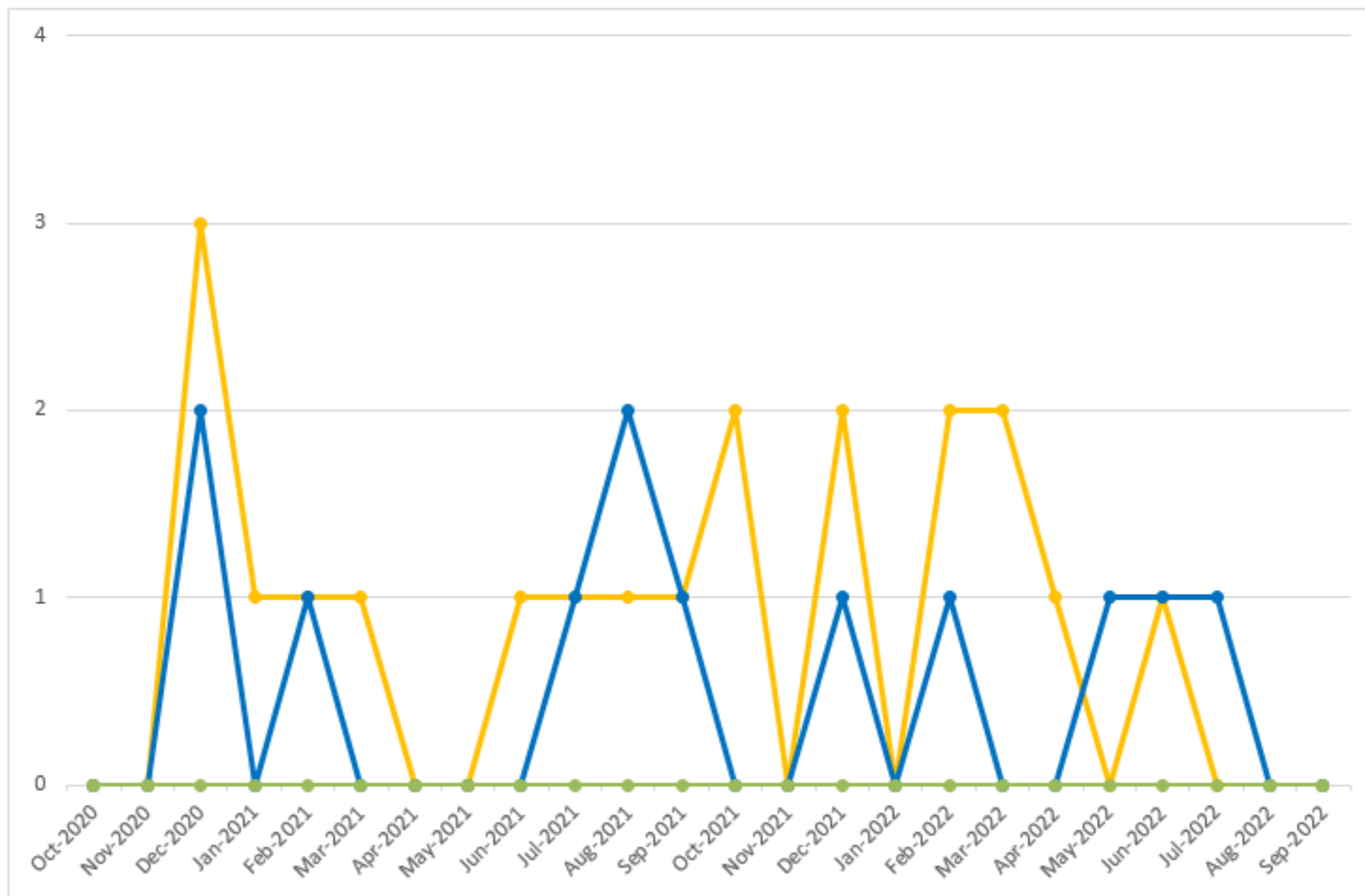




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Stillbirth rates



Notes

CTM is not an outlier for stillbirth rates (MBRRACE 2021).

These data appear very variable due to low numbers, but the rates are stable, with no signals of change, or data outside normal variation.

All cases are reported to Datix and rapidly reviewed (within 72 hours).

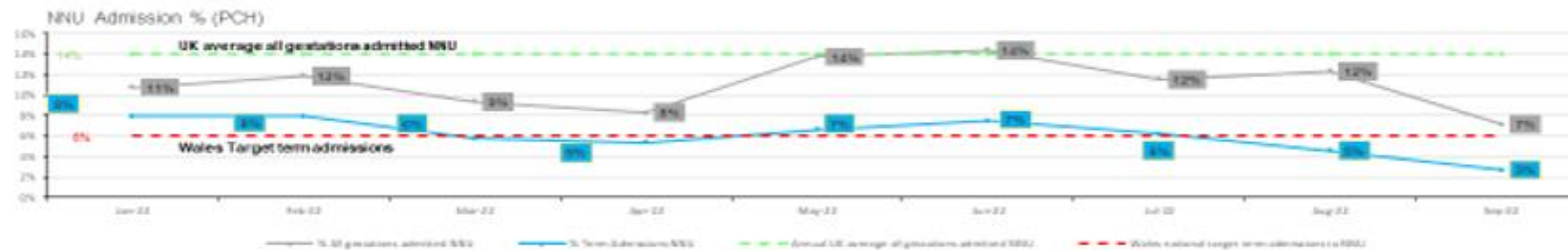
CTM's 'Rainbow Baby Clinic' is in development, to provide enhanced continuity of carer for families experiencing pregnancy after loss.

Neonatal Data

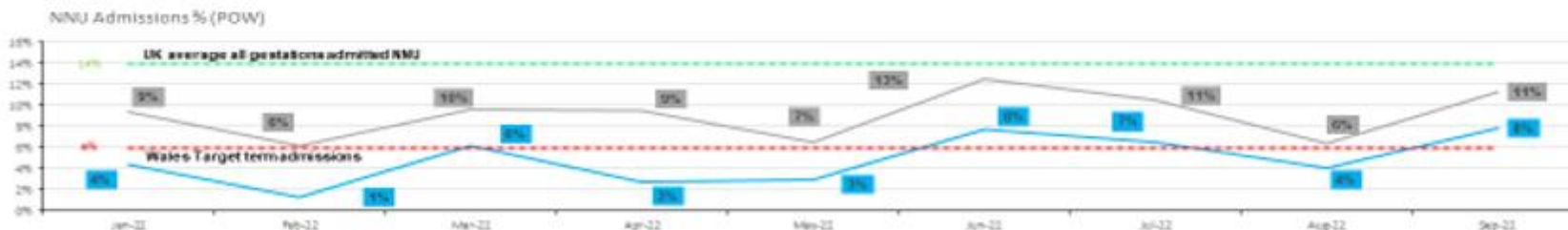
The neonatal dashboard is in early development phase. All data are currently manually extracted from the clinical input system BadgerNet. Options are currently being explored for auto-population of the neonatal monthly dashboard. Some data overlaps with maternity data and therefore could be digitally extracted. Early plans are underway to align the Maternity and Neonatal Dashboard. Currently, there are no examples of this available nationally. Work will align with DHCW's ongoing digital improvement work.

PCH & POW

September 2022



Total live births has remained at a consistent level for the last 3 months. There was a significant decrease in all admissions this month. PCH term admission rate has fallen for the third month (by 2%) and is currently below the national target.



All admissions have doubled from previous month but remains below the UK average for all admissions per total births. The term admission rate has doubled to take the percentage slightly over the national target. Total births have remained similar to previous month.



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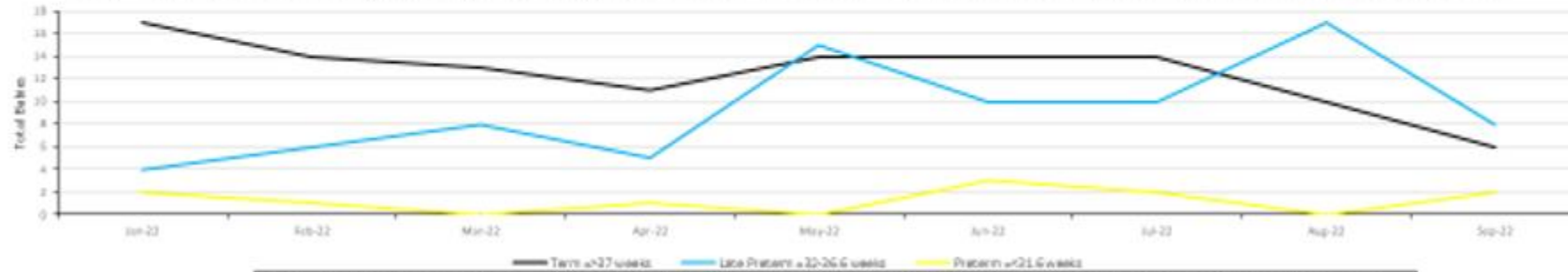


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PCH & POW

September 2022

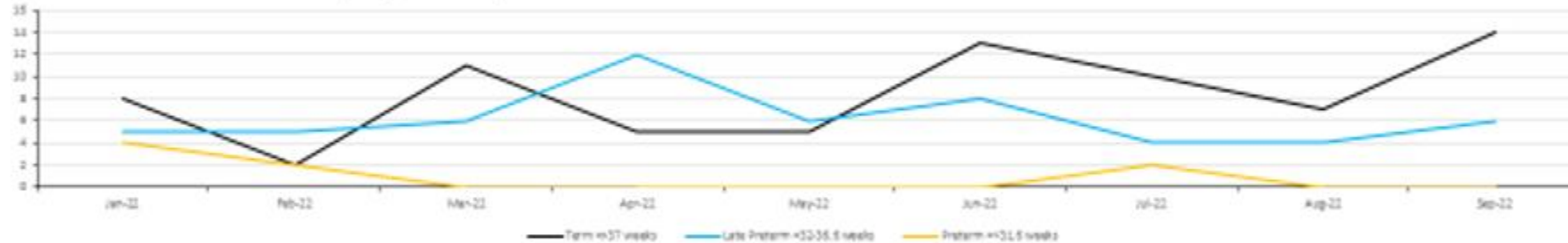
PCH - Total admissions 16 (all gestations). 6 admissions were >37 weeks. 2 admission exceptions outside of unit admission criteria.



Admission Exceptions - 29+6 week twins, transferred to Welsh tertiary centre for intensive care

No Neonatal Deaths

POW - Total admissions 20 (all gestations). 14 admissions were >37 weeks.



No Admission Exceptions

No Neonatal Deaths



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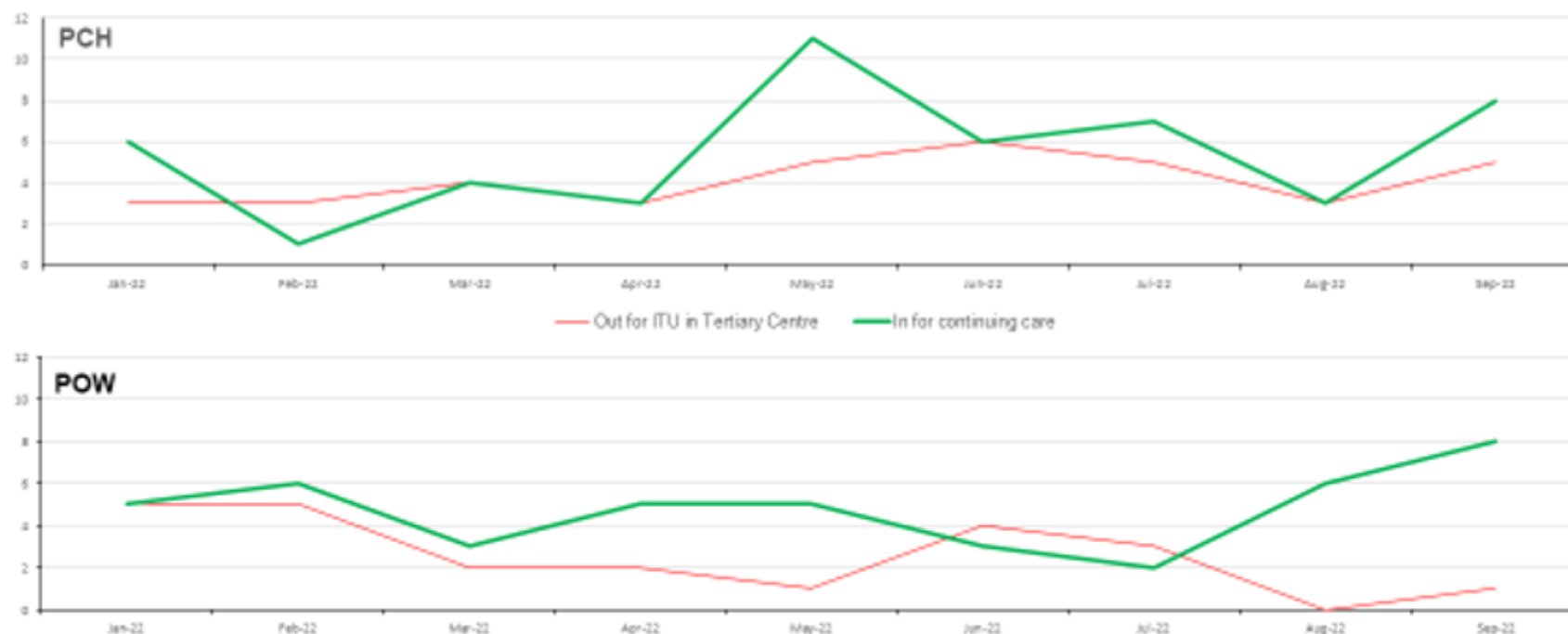
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September 2022

CTM UHB – Neonatal Transfers

Transfers out – All babies requiring an increased level of care. Transferred to tertiary centres for intensive care.

Transfers in – Repatriation to be at booking unit having delivered or received care at another hospital. Supporting local tertiary centres, babies who no longer require that higher level of care are transferred to LNU's helping to relieve occupancy pressure



Both units have supported the tertiary centres with repatriations and accepting babies to relieve occupancy pressure during September.



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PCH & POW Nurse Staffing (Based on shifts per month)

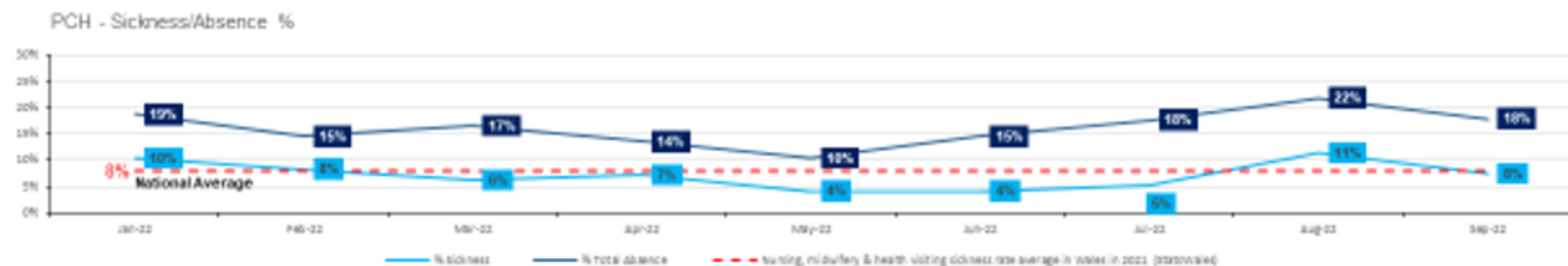
September 2022



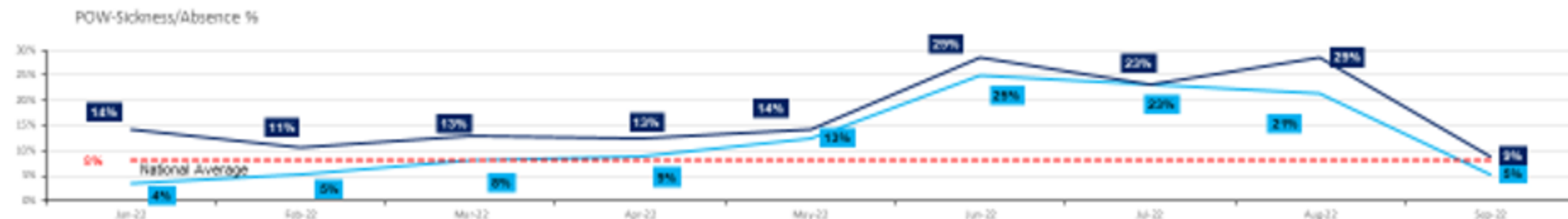
Both Units remained open. The percentages in red are the total number of shifts for the month that required one or more bank/agency/overtime staff to ensure that the units met the BAPM standards.

SICKNESS & ABSENCE 2022

Total absence (unavailable) includes: Sickness, Maternity Leave, Special Leave, Other (e.g. Covid Related).
Annual Leave not included as staff potentially available to work.



PCH sickness rate remains at an acceptable level when compared to the national average. The increased absence is due to a number of nursing staff being on maternity leave.



June to August POW had a sickness rate 3 times the national average. September has seen a significant reduction. This is due to a number of staff returning after extended periods of sickness.

Maternity Incidents September 2022

Maternity Incidents by Level of Harm

	None	Low	Moderate	Total
Other Sites	1	2	0	3
Prince Charles Hospital	32	19	17	68
Princess of Wales Hospital	15	27	28	70
Royal Glamorgan Hospital	2	7	0	9
Total	50	55	45	150

Maternity Incidents by Approval Status (and Unit)

	New incident	Under Investigation	Awaiting closure	Closed	Total
Other Sites	1	1	0	1	3
Prince Charles Hospital	7	41	8	12	68
Princess of Wales Hospital	2	38	5	25	70
Royal Glamorgan Hospital	0	6	0	3	9
Total	10	86	13	41	150

Maternity Incidents by Incident Type

	Other Sites	Prince Charles Hospital	Princess of Wales Hospital	Royal Glamorgan Hospital	Total
Access, Admission	0	1	8	1	10
Accident, Injury	0	2	1	0	3



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Assessment, Investigation, Diagnosis	0	2	4	0	6
Communication	1	2	1	1	5
Equipment, Devices	0	3	0	0	3
Information Governance, Confidentiality	0	0	0	1	1
Infrastructure (including staffing, facilities, environment)	0	14	9	0	23
Maternity adverse occurrence	2	35	40	2	79
Medication, IV Fluids	0	0	1	0	1
Monitoring, Observations	0	1	0	0	1
Safeguarding	0	2	0	0	2
Transfer, Discharge	0	4	1	4	9
Treatment, Procedure	0	2	5	0	7
Total	3	68	70	9	150

Total absence – sickness, maternity, study

Site	Roster area (cost code)	Sick leave				Maternity Leave				Study Leave				Total Leave (wte)	
		Qual		Unqual		Qual		Unqual		Qual		Unqual		Qual	Unqual
		%	wte	%	Wte	%	wte	%	wte	%	wte	%	wte	wte	wte
POW	H432 core	5.1	2.6	7.0	1.5	5.9	3.1	0	0	2.5	1.3	0.1	0.02	16.0	5.7
	H404 ANC	12.6	0.8	32	0.7	0	0	0	0	0.9	0.1	0	0	2.7	1.1
	Midwives Nurses	6.1	0.1			0	0			0	0			0.4	
PCH	1303 core	12%	9.36	18.3%	4.97	3.9%	3.08	1.9%	0.60	2.6%	2.02	0.8%	0.26	26.70	11.35



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	1304 ANC	17.9%	0.42	16.0%	0.56	0	0	0	0	3.8%	0.14	2.7%	0.09	0.56	0.65
Community	H438 Bridgend														
	H438 Bridgend <u>mca</u>														
	MC RTE Community 1306 Cynon 1306 <u>Llan</u> 1306 Merthyr 1306 <u>Ponty</u> 1306 Rhondda	RN 33.3% RM 7.7%	0.32 2.54	0	0	RM 7.6%	2.47	0	0	RN 4.2% RM 3.6%		0.3%	0.01	RN 54.2% RM 36.1%	15.3%
<u>Tirion</u>	4121	0	0	6.7%	1.64wte	0	0	0	0	4.5%	0.30wte	2.6%	0.15wte	1.38	1.95
RGH	4114 YCR	7.8%	0.33	3.3%	0.14	0	0	0	0	1.1%	0.05	1.1%	0.05	0.38	0.19
ISH															
Gynae MCILG RTE			0		3.2		0		0		1		0		3.2
GYNAE BILG	EPAU ANC –qualified nurses														

NB. In future, workforce data will be reported into the dashboard, allowing for monthly review of trends.

Next Steps

The Maternity Dashboard will 'Go Live' in mid-October. Communication will be sent out across the service to ensure all staff members can access the dashboard. Information and training sessions have been planned to demonstrate how to access, understand and utilise the data.

Manual input will need to be timely to ensure the dashboard remains contemporaneous for data which is not currently routinely collected electronically, such as workforce data.

The Neonatal Dashboard is being developed with a view to aligning maternity and neonatal data sets. Neonatal data cannot currently be extracted from BadgetNet the way maternity data can be extracted from QlikSense. Auto-extraction is being explored.

Procuring data analysis software to support improved data presentation and understanding, particularly for metrics with low monthly numbers (ie stillbirth, 3rd & 4th degree tears).

Align dashboard with evolving All Wales Maternity Dashboard, and wider programme of Digital Maternity Cymru work (ongoing as All Wales work progresses).

'Staff Voices' launched in September 2022 to capture real time staff feedback. This will form an integral part of the monthly dashboard and reporting, so the service can triangulate clinical data and workforce data with PREMS and what staff are telling us.

Continue with ongoing priority QI projects: BSOTS Triage Project, Booking by 10 weeks, ATAIN. Also, continue to monitor the dashboard, including PREMs data for early signals of change. To support with QI where data are telling us improvement is required.