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Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Swansea Bay Perinatal Services Enhanced Monitoring

Enhanced Monitoring Meeting

February 20th 2025

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Perinatal Services Quality Framework Domains

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Agenda

1. Introduction to the Quality Framework and the Domains of Assurance
2. Menu of planned demonstration for Enhanced Monitoring Meetings for 2025
3. Maternity and Neonatal Incidents and Governance
4. Workforce
5. Quality Assurance for the monitoring of the deteriorating patient and improvement plan to implement NEWTT2 and MEWS
6. Quality domains for the management of SSI
7. Progress of PERIPrem Cymru

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1. Introduction to the Quality Framework and the Domains of Assurance

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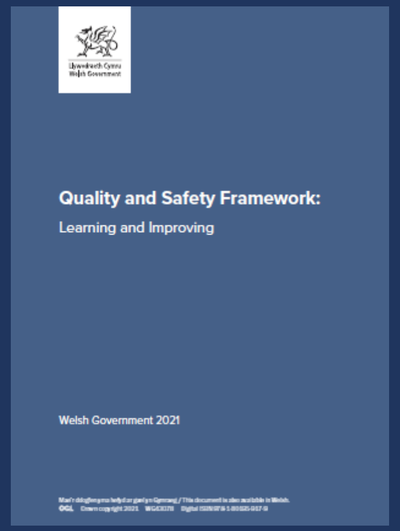
Quality and Safety Framework: Learning and Improving



“To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales”.

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What good Quality should look like!

The then Institute of Medicine described six characteristics of quality:

- Safe - avoid harm
- Effective - evidence based and appropriate
- Person-centred - respectful and responsive to individual needs and wishes
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc.

The focus on the characteristics of quality supports services to deliver against the domains of;

- Quality planning
- Quality improvement and
- Quality control
- Quality Assurance

- all of the above which in triangulation is designed to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales

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2. Menu of planned demonstration of improvments in Swansea Bay Perinatal Services within the domains of Quality Assurance

Month	Topic
March	SBUHB Governance Structure and reporting from Ward to Board
April	Staff Engagement, Retention, Development and Workforce Planning
May	Patient Engagement and Experience – influence in co-production
June	Horizon scanning and engagement with National Reporting for Improvement
July	Mortality and Morbidity – learning for improvement
August	Clinical Audit and Quality Improvement – impact on service delivery

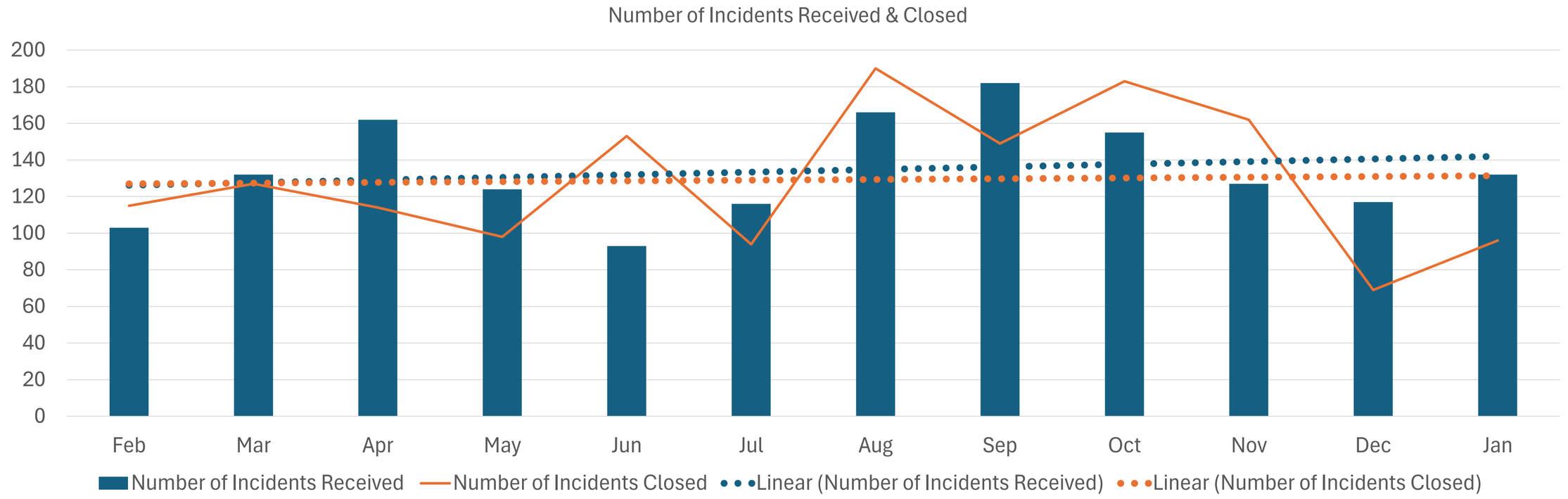
3. Maternity and Neonatal Quality Planning - Incidents and Governance

Maternity Incidents – Activity for January 2025

Total number of new incidents received in January – 132

Out of which, 96 incidents have been closed following investigation

Total number of Incidents open – 117 (as at 03.02.2025) of which 36 are Perinatal incidents for ATAIN



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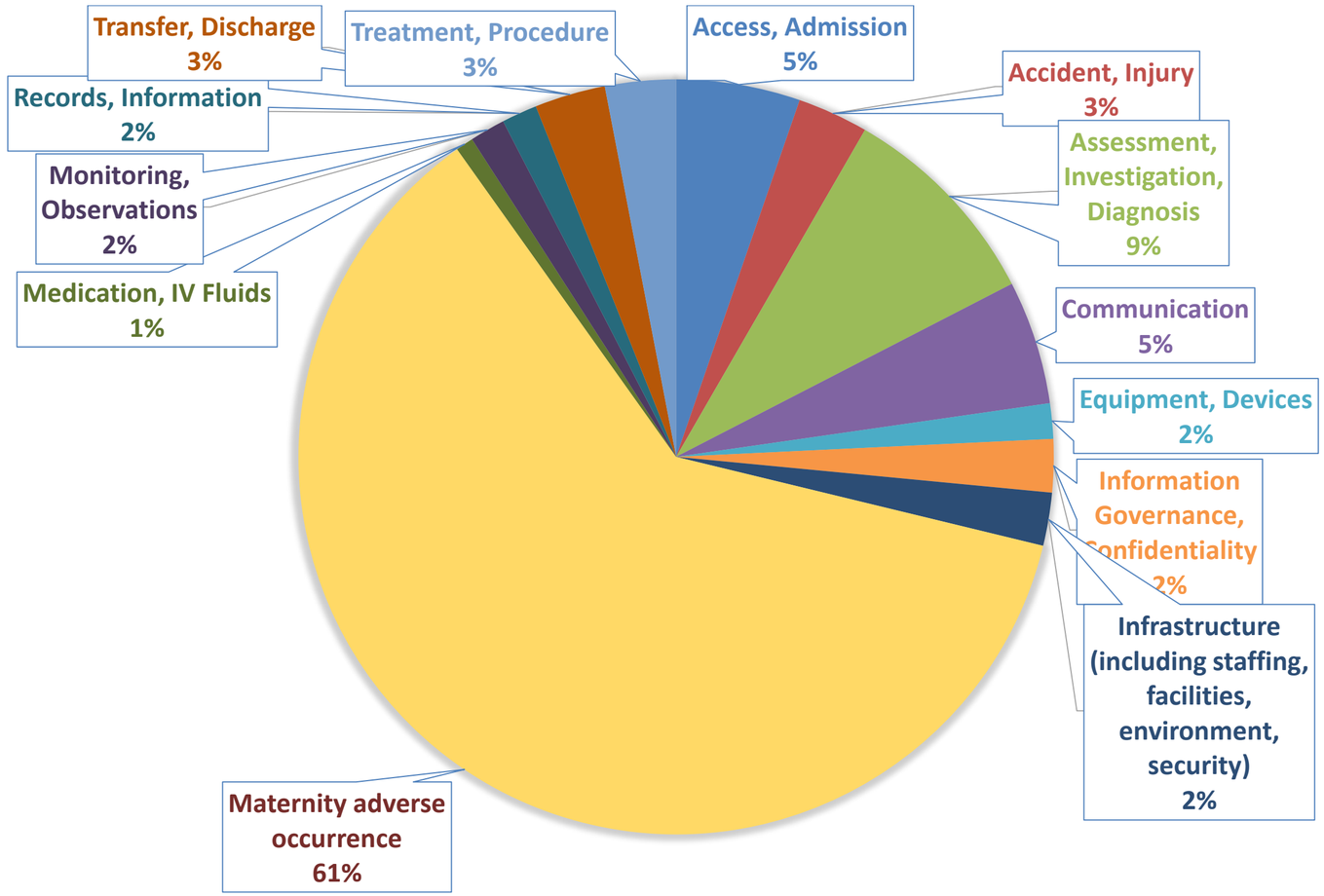
Incident review – Maternity Newly Reported Incidents: 01/01/2025 – 31/01/2025

The largest number of incidents are reported under the Obstetric trigger list and are broke down within this slide and above.

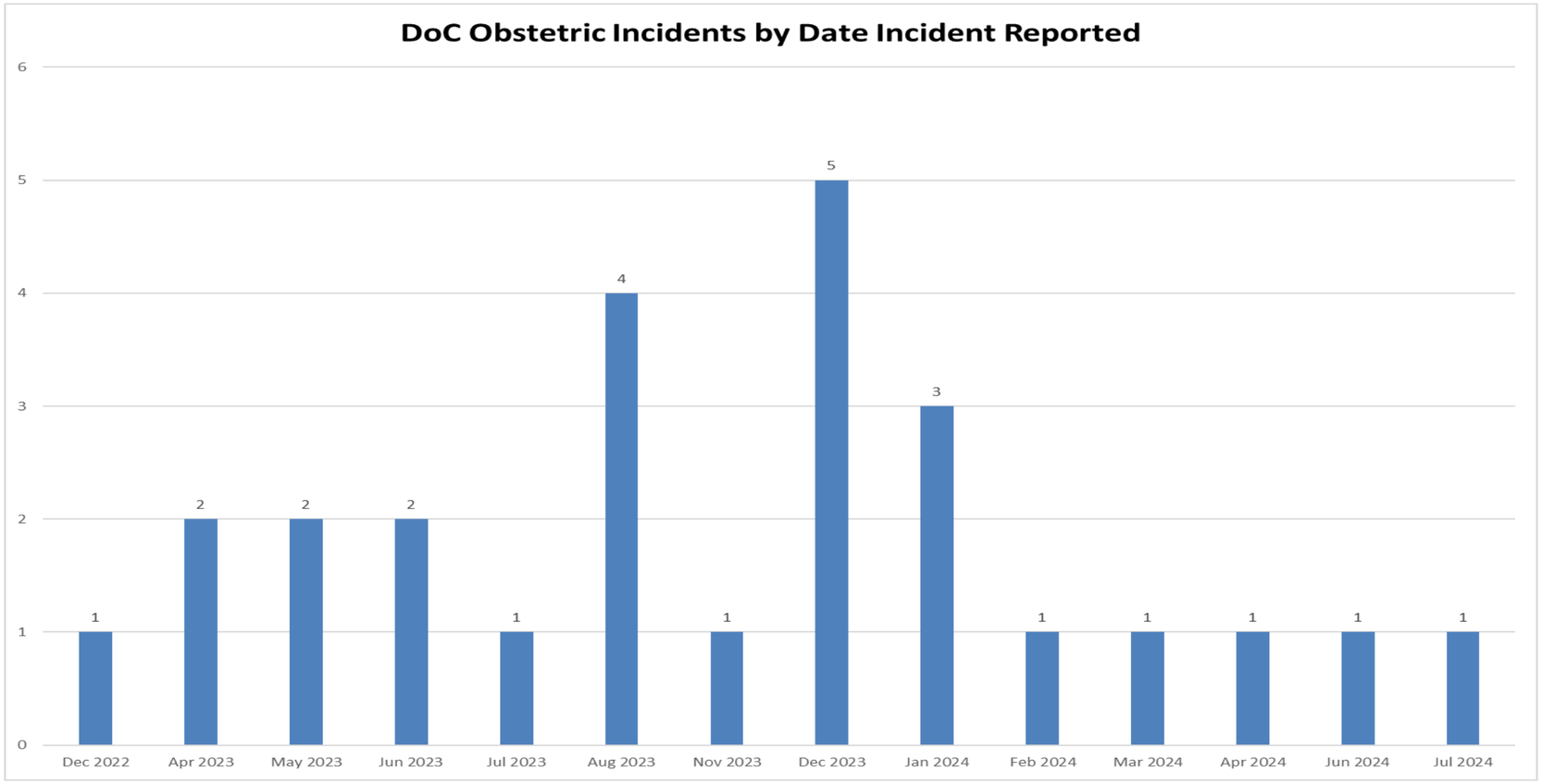


Maternity Adverse Occurrences:
(All low or no harm)

1 x APGAR score <7 @ 5 minutes
15 x Unexpected admissions to NICU
16 x Born under 10th centile
8 x PPH
8 x 3rd/4th degree tear
19 x Other maternity adverse occurrence
2 x Other neonatal adverse occurrence
2 x Delay IOL process
1 x Cord PH issues
3 x Shoulder Dystocia
1 x Stillbirth
1 x Cord Prolapse
2 x BBA
1 x Birth Trauma
1 x Congenital Anomaly

Duty of Candour Incidents - Maternity

The Duty of Candour incidents refer to incidents graded moderate and above.



Duty of Candour Incidents

Following the implementation of DOC from April 2023 all Stillbirths regardless of harm were reported as DOC incidents as letters were sent to families informing of review. Following discussions with PSIT and NHS Exec only Stillbirths where on rapid review of care possibly being a contributory factor were reported from January 2024.

All admissions to ITU and baby's undergoing active cooling for HIE are reported as DOC incidents.

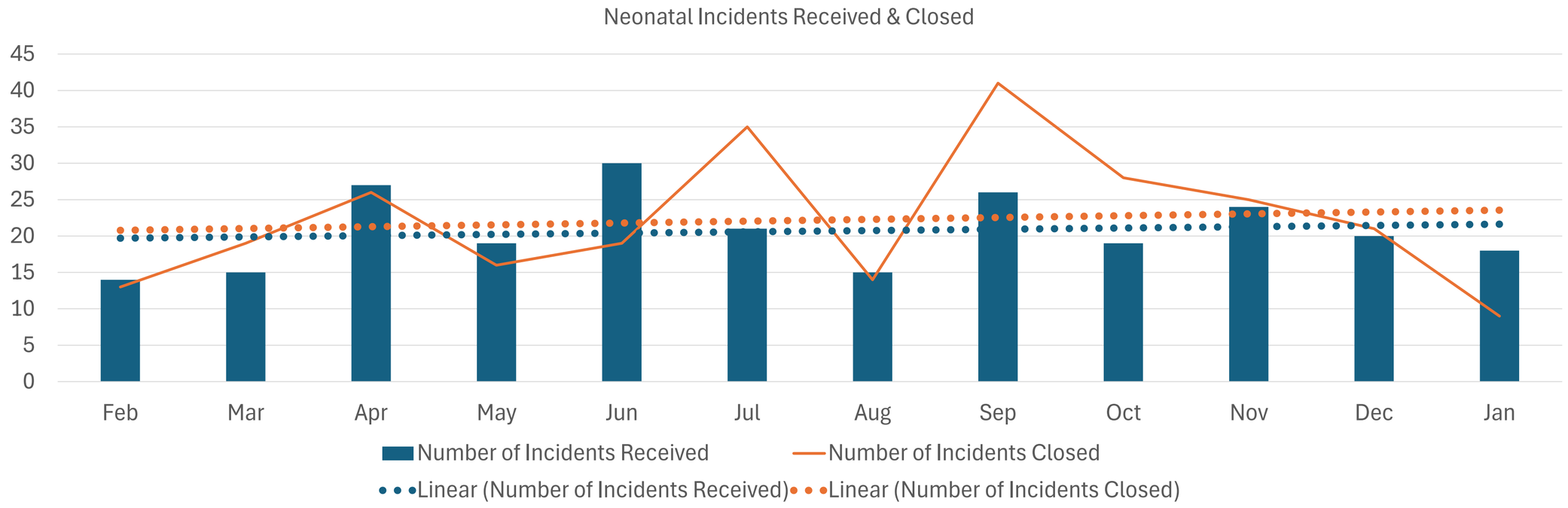
The DOC incidents are categorised as follows;

4 Stillbirths incorrectly reported as red due to death which were closed as no harm.
11 HIE reviews
1 Never Event
2 National Reportable Incidents
2 ITU admissions
5 incidents where DOC was considered for incidents – 3 of these maintained a moderate at closure and 1 no harm. 1 is ongoing an investigation following transfer from neonates for review of incident.

Neonatal Incidents – Activity for January 2025

Total number of new incidents received in January – 18

Out of which, 9 incidents have been closed following investigation



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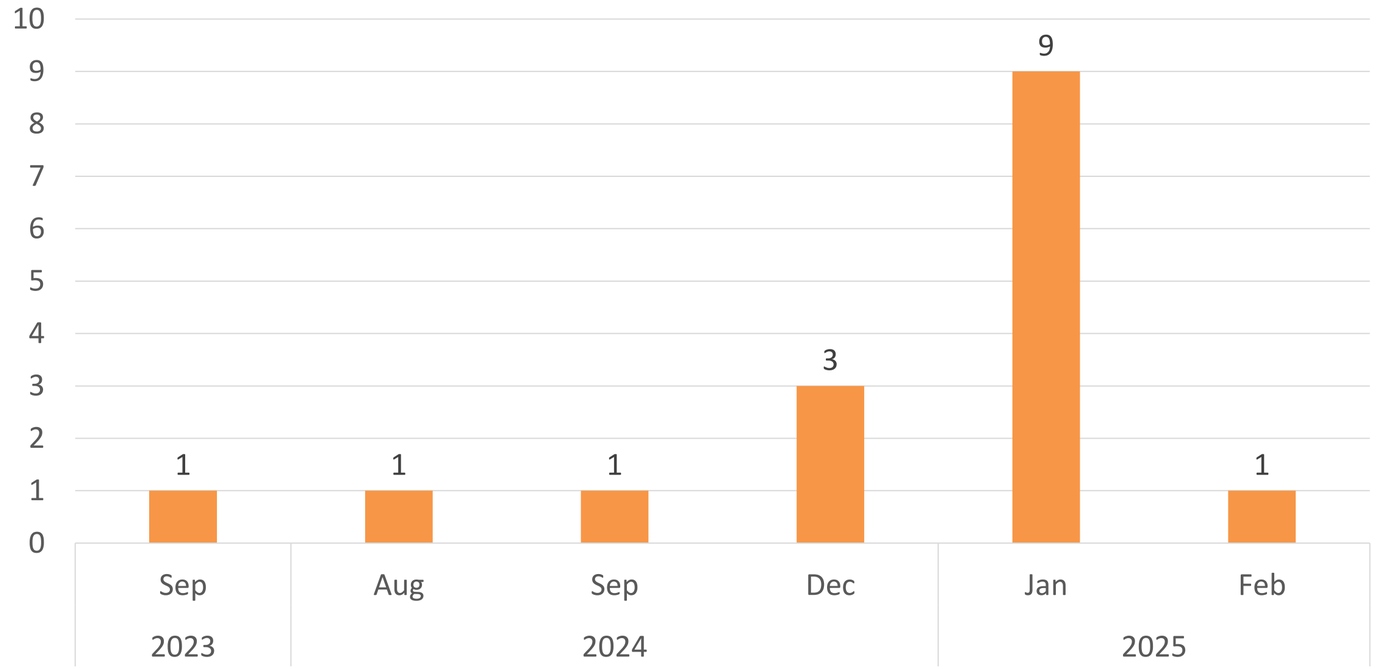
Neonatal Incidents - As at 03.02.2025

Total number of incidents open – 16

Of which 6 incidents are overdue (as at 03.02.2025)



Oldest Incidents

- Sep 2023 – 37091 – Coroner delay

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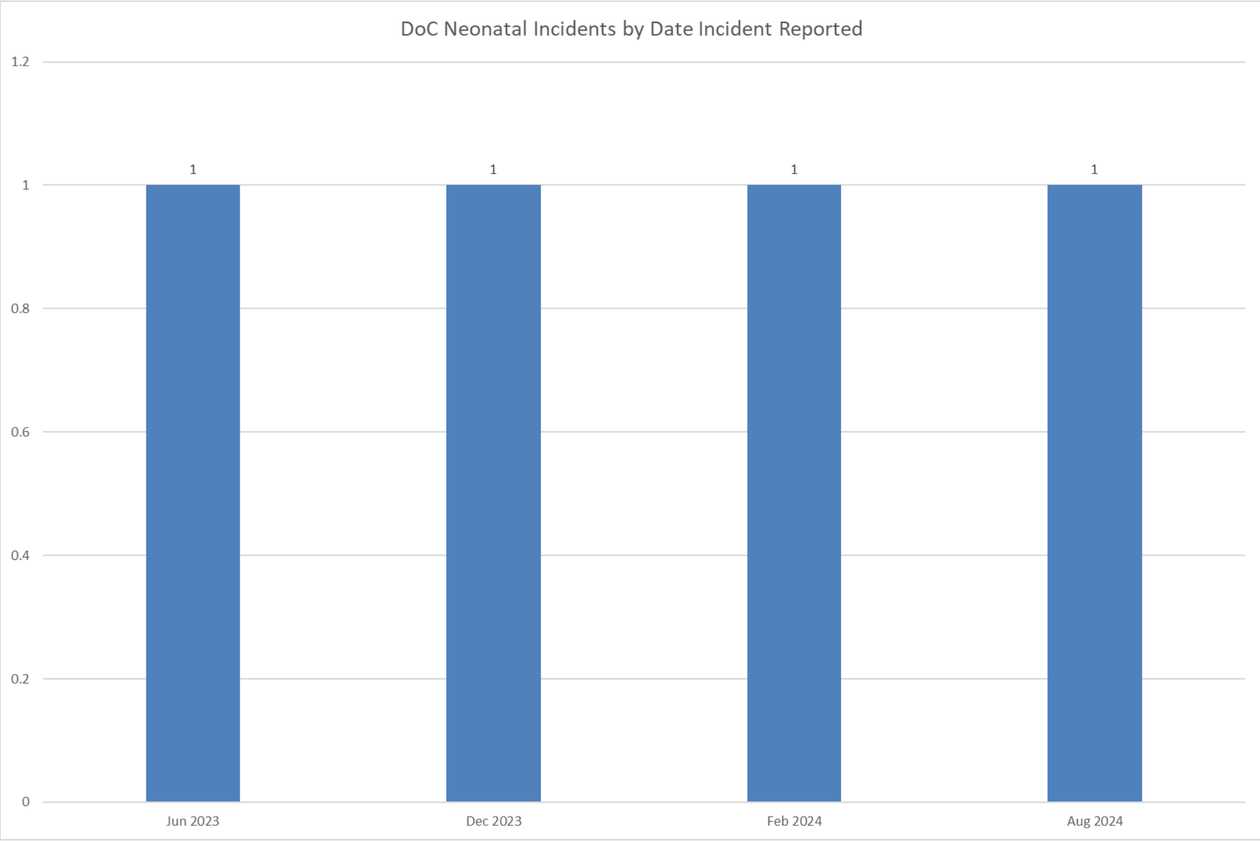
Duty of Candour - Neonates



The DOC incidents are categorised as follows;

1. Grade three pressure ulcer underneath a neobar on a micro prem (22-23 weeks gestation) acutely unwell and high risk patient
2. Drug error – did not increase length of stay or need for further treatment
3. Drug error – gentamycin. Baby required additional follow up however discharged with no further care required.
4. Extravasation.

4. Workforce - Quality Controls

Workforce – Establishments and Vacancies – January 2025

Neonatal Medical Staffing

Grade	Establishment (WTE)	Vacancy
Consultant	11	0
Speciality Registrar	15	0
8A Nurse Practitioner	4	0
8B Nurse Practitioner	2	0

Neonatal Nursing

Band	Establishment (WTE)	Vacancy (WTE)
7	13.92	1.40
6	32.09	9.71
5	36.88	Over 9.32
4	3.41	0.96

Obstetric and Gynaecology Medical Staffing- including Gynaecology Oncology

Grade	Establishment (WTE)	Vacancy
Consultant	22.7	1.6
Speciality Registrar	12	2.4

Midwifery – Obstetric Unit

Band		Establishment (WTE)	Vacancy (WTE)
7		12.94	0
6 / 5		73.92	0 (1.96 WTE)
4		8.53	0

Midwifery – community

Band	Establishment (WTE)	Vacancy (WTE)
Band 7	9.6	0
Band 6/5	39.61	1.92
Band 3	6.8	0.8

BAPM Standards Compliance (Nursing)

	Unit Level	% Shifts at BAPM	% bank Nursing	Ave Nurse on Shift	Ave Nurse required on Shift	Additional shifts required for BAPM
Singleton NICU	3	100	1.09	11.89	9.13	0.0
National Average	3	78.22	7.44	N/A	N/A	N/A

Unavailability Data – January 2025

Data Source – RosterPerform© Date range:
Roster Period 15th December 2024 – 11th January 2025

Neonatal services

Area	Total Unavailability	Parenting	Annual leave	Sickness	Study Leave
NICU Nursing	28.3%	7.4%	7.5%	12.5%	0.9%

Maternity Services

Area	Total Unavailability	Parenting	Annual leave	Sickness	Study Leave
Midwifery	23.38%	1.08%	11.56%	8.86%	1.88%

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Workforce – Training Compliance

Statutory and Mandatory Training		Apr - 24	May- 24	June- 24	July – 24	Aug – 24	Sep - 24	Oct- 24	Nov – 24	Dec - 24	Jan – 25
* Welsh Government Target		85%									
Medical Staff	Obstetric	74.7%	78.1%	85.0%	87.2%	87.2%	84.3%	86.0%	88.0%	94.0%	94%
	Neonatal	86.0%	81.6%	81.0%	83.1%	89.0%	87.3%	85.0%	87.0%	90.0%	91%
Additional Clinical Services	Maternity	85.8%	81.2%	83.0%	90.2%	90.2%	87.5%	87.0%	88.0%	91.0%	92%
	Neonatal	98.7%	72.5%	98.8%	94.0%	95.0%	96.0%	76.0%	88.0%	88.0%	82%
Nursing and Midwifery	Maternity	92.6%	94.1%	94.0%	94.3%	96.0%	94.7%	93.0%	93.0%	94.0%	94%
	Neonatal	93.3%	93.8 %	95.4%	95.0%	95.8%	91.3%	92.0%	96.0%	94.0%	94%

Neonatal Training		May - 24	June- 24	July - 24	Aug – 24	Sep - 24	Oct - 24	Nov - 24	Dec - 24	Jan – 25
NLS	Nursing	98.0%	99.0%	99.0%	99.0%	97.4%	100%	100%	100%	100%
	Consultants	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Juniors - Tier 1	90.9%	90.9%	90.9%	90.9%	100%	100%	100%	100%	100%
	Juniors - Tier 2	100%	100%	100%	100%	100%	100%	100%	100%	100%

Nurses Qualified in Speciality	May- 24	June - 24	July – 24	Aug – 24	Sep - 24	Oct – 24	Nov - 24	Dec - 24	Jan - 25
Module 1	58.0%	58.0%	59.0%	59.0%	59.5%	59.5%	59.5%	59.5%	59.5%
Module 2	53.0%	53.0%	53.0%	53.0%	55.0%	55.0%	55.0%	55.0%	55.0%

Maternity Training		May - 24	June-24	July – 24	Aug - 24	Sep - 24	Oct- 24	Nov - 24	Dec - 24	Jan – 25
Prompt	Obstetric Medical Staff	76%	76%	92%	100%	100%	100%	100%	100%	100%
	Midwifery	86.4%	87.8%	85%	95.6%	95%	95%	96%	92%	91%
	Anaesthetics	-	100.0%	100%	100%	100%	100%	100%	100%	100%

Fetal Surveillance		90.0%	88.8%	92%	94%	94%	94%	94%	94%	94%
NLS		81.0%	82.3%	93%	96%	94%	95%	96%	94%	90%
Gap Grow	Obstetric	92%	92%	90%	91%	100%	100%	97%	83%	*Excep
	Midwives	89.0%	86.3%	90%	91%	96%	95%	91%	91%	85%

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Protected Characteristics - Maternity

Age Band

Age Band	%
21-25	9.09
26-30	16.67
31-35	19.70
36-40	15.91
41-45	12.12
46-50	6.06
51-55	9.85
56-60	6.82
61-65	3.03
66-70	0.76
Grand Total	**100.00**

Disability

Disability Flag	%
No	80.65
Not Declared	0.27
Prefer Not To Answer	0.27
Unspecified	13.71
Yes	5.11
Grand Total	**100.00**

Gender

Gender	%
Female	95.2
Male	4.8
Grand Total	**100.0**

Ethnicity

Ethnic Group	%
A White - British	67.47%
B White - Irish	0.54%
C White - Any other White background	4.57%
CC White Welsh	5.65%
D Mixed - White & Black Caribbean	0.27%
F Mixed - White & Asian	0.81%
G Mixed - Any other mixed background	0.54%
H Asian or Asian British - Indian	1.08%
J Asian or Asian British - Pakistani	1.08%
K Asian or Asian British - Bangladeshi	1.08%
N Black or Black British - African	0.54%
PC Black Nigerian	0.54%
PD Black British	0.27%
S Any Other Ethnic Group	1.88%
Unspecified	7.80%
Z Not Stated	5.91%
Grand Total	**100.00%**

Protected Characteristics - Neonates

Age Band

Age Band	%
21-25	9.09
26-30	16.67
31-35	19.70
36-40	15.91
41-45	12.12
46-50	6.06
51-55	9.85
56-60	6.82
61-65	3.03
66-70	0.76
Grand Total	**100.00**

Disability

Disability Flag	%
No	71.97
Not Declared	0.76
Prefer Not To Answer	0.76
Unspecified	23.48
Yes	3.03
Grand Total	**100.00**

Gender

Gender	%
Female	92.4
Male	7.6
Grand Total	**100.0**

Ethnicity

Ethnic Group	%
A White - British	47.73%
C White - Any other White background	3.03%
CA White English	0.76%
CC White Welsh	6.82%
CF White Greek	0.76%
G Mixed - Any other mixed background	0.76%
H Asian or Asian British - Indian	12.88%
K Asian or Asian British - Bangladeshi	0.76%
L Asian or Asian British - Any other Asian background	0.76%
LE Asian Sri Lankan	0.76%
N Black or Black British - African	0.76%
S Any Other Ethnic Group	3.03%
SC Filipino	1.52%
SE Other Specified	0.76%
Unspecified	9.09%
Z Not Stated	9.85%
Grand Total	**100.00%**

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5. Quality Improvement/Assurance for the monitoring of the deteriorating patient and improvement plan to implement NEWTT2 and MEWS

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NEWTT 2

Quality Planning

Network community of Practice workshops – 11th December, Thursday 16th Jan and next planned 13th February

Local MDT team

MatNeo Champions for Maternity and neonatal (Maternity currently on long term sick)
Intrapartum Lead Midwife
Postnatal ward matron
NIPE midwife
Deputy Head of Midwifery
Consultant Neonatologist
Senior ANNP
ANNP

Launch date March 3rd

Charts are in printing
Training and education plan in place
Analytic support locally

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Quality Control

Prior to Launch –

- > 85% of staff to have completed training package across neonatal staff, midwifes and nursery nurse
- eLearning roll out and compliance
- February face-to-face education/trouble shooting
- Medics education
- Formulate NEWTTS 2 SOP to establish standardisation

On launch Day –

- Remove existing NEWTTS charts from all guidelines and clinical areas

Quality Assurrance

After Implementation of NEWTTS 2 –

- Team will perform monthly audits to check compliance of use and identify if escalation was appropriate
- Use data from incident reporting for an errors
- If performance is non complainant early identification can be established and new improvements can be added to the control system and again re-evaluated
- New staff members to complete eLearning
- Feedback results to MatNeo ssp Network

MEWS

PLANS

To implement MEWS in accordance with the MatNeoSSP

Network community of Practice workshops – 11th December, Thursday 16th Jan and next planned 13th February

Roll out of ESR training for all staff to complete prior to implementation date.

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6. Quality Assurance for the monitoring of SSI

Quality Management System – Surgical Site Infection

PLANS

Data collection for SSI rate's in Swansea was limited during the COVID-19 pandemic therefore SBUHB were not currently assured of their local rates.

CONTROLS

Caesarean section (CS) is one of the most common procedures in the UK,
- accounting for 35 % of deliveries in Wales in 2022 (Maternity and birth statistics, 2022)

Surgical site infection (SSI) rates in a wound after a Caesarean is 2-7/100 - (* RCOG consent advice)
- In 2022, the Welsh average rate was 4.2% (Public Health Wales, 2024)
- 1 in 24 patients had an SSI following their procedure (Public Health Wales, 2024)

Surgical Site Infection (SSI) is an important area for surveillance and remains a complication of surgery where human and financial costs are high

Average Additional cost of a C-Section SSI is approximately £3,716

DATA COLLECTION

All Wales rate
2023
4.58%

Swansea Bay
April 2023 to March 2024

Average SSI rate
10.35%

During COVID pandemic regular reporting of SSI to PHW ceased in view of pressures to the service and dissemination of staff to work clinically.

From April 2023 – all wound swabs which reported a culture were reported. Resulting in an over reporting and incorrect reporting of data

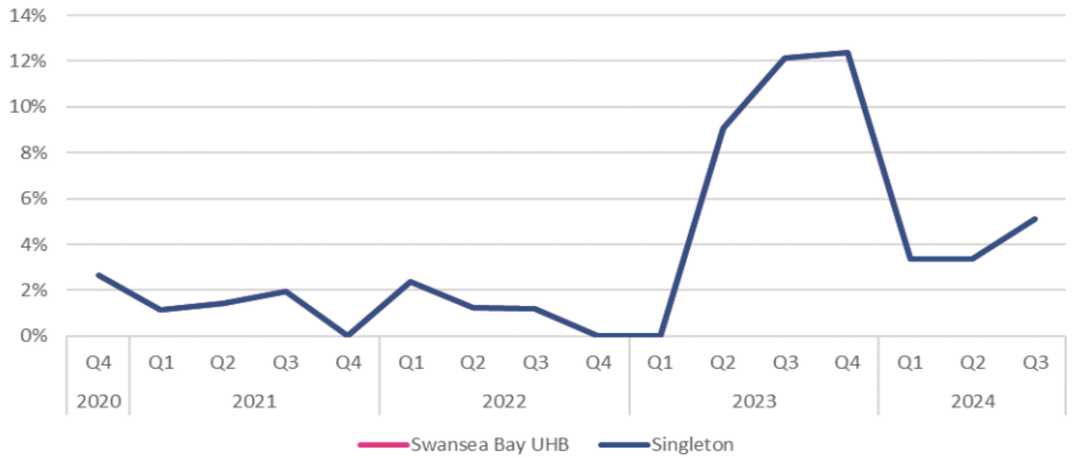
A working group was implemented in April 2024 to review the reporting of SSI and develop OIP to reduce the number of SSI reported.

	2023		2024		
	SSIs	SSI rate	SSIs	SSI rate	
January	0		1	1.0%	
February	0		8	4.1%	
March	0		10	3.4%	–
April	12	12.1%	13	3.1%	
May	19	9.0%	18	3.3%	
June	27	9.1%	21	3.4%	↓22%
July	31	8.4%	31	4.2%	
August	33	8.6%	33	3.9%	
September	40	9.9%	39	4.0%	↓3%
October	42	8.5%			
November	47	9.3%			
December	54	10.4%			

Rates

This section contains a summary of SSI rates, including quarterly rates, overall SSI rates and infection types for the year.

Quarterly rates



QUALITY IMPROVEMENT

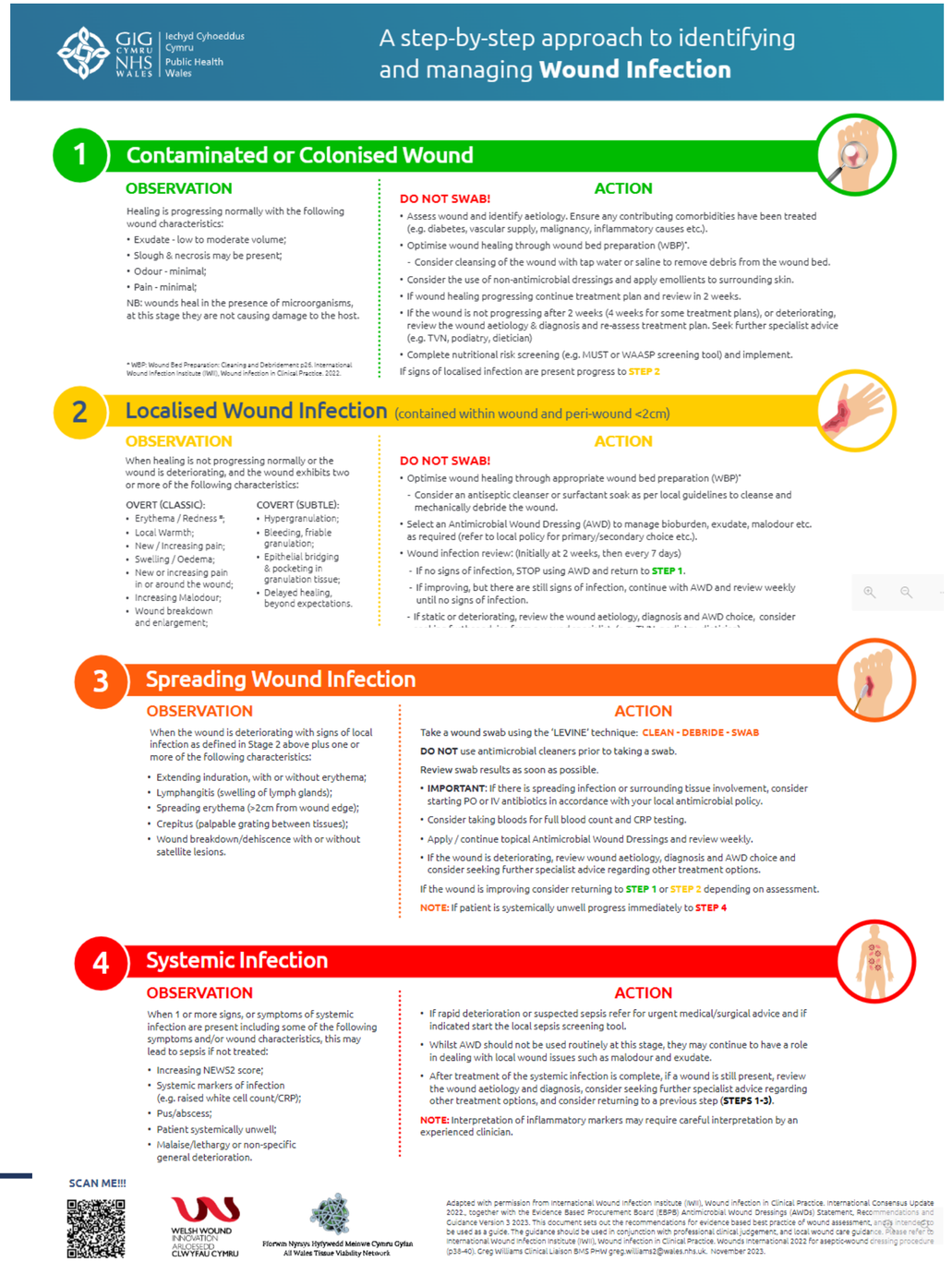
Education Package implemented

Presented to all Community Midwifery Teams

Presented to Obstetric team during new rotation induction

Present to all members of staff on the mandatory training programme for 2024/35.

- Provide valuable resources – how to identify a wound infection, how to obtain a wound swab.
- Ensures staff are up to date and knowledgeable regarding the process of identifying and managing an SSI
- Pre and Intra operative measures
- Postnatal care



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A step-by-step approach to identifying and managing **Wound Infection**

1 Contaminated or Colonised Wound

OBSERVATION

Healing is progressing normally with the following wound characteristics:

- Exudate - low to moderate volume;
- Slough & necrosis may be present;
- Odour - minimal;
- Pain - minimal;

NB: wounds heal in the presence of microorganisms, at this stage they are not causing damage to the host.

* WBP: Wound Bed Preparation: Cleaning and Debridement p26. International Wound Infection Institute (IWII). Wound Infection in Clinical Practice. 2022.

ACTION

DO NOT SWAB!

- Assess wound and identify aetiology. Ensure any contributing comorbidities have been treated (e.g. diabetes, vascular supply, malignancy, inflammatory causes etc.).
- Optimise wound healing through wound bed preparation (WBP)*.
  - Consider cleansing of the wound with tap water or saline to remove debris from the wound bed.
- Consider the use of non-antimicrobial dressings and apply emollients to surrounding skin.
- If wound healing progressing continue treatment plan and review in 2 weeks.
- If the wound is not progressing after 2 weeks (4 weeks for some treatment plans), or deteriorating, review the wound aetiology & diagnosis and re-assess treatment plan. Seek further specialist advice (e.g. TVN, podiatry, dietician)
- Complete nutritional risk screening (e.g. MUST or WAASP screening tool) and implement.

If signs of localised infection are present progress to **STEP 2**

2 Localised Wound Infection (contained within wound and peri-wound <2cm)

OBSERVATION

When healing is not progressing normally or the wound is deteriorating, and the wound exhibits two or more of the following characteristics:

OVERT (CLASSIC):

- Erythema / Redness *;
- Local Warmth;
- New / Increasing pain;
- Swelling / Oedema;
- New or increasing pain in or around the wound;
- Increasing Malodour;
- Wound breakdown and enlargement;

COVERT (SUBTLE):

- Hypergranulation;
- Bleeding, friable granulation;
- Epithelial bridging & pocketing in granulation tissue;
- Delayed healing, beyond expectations.

ACTION

DO NOT SWAB!

- Optimise wound healing through appropriate wound bed preparation (WBP)*
  - Consider an antiseptic cleanser or surfactant soak as per local guidelines to cleanse and mechanically debride the wound.
- Select an Antimicrobial Wound Dressing (AWD) to manage bioburden, exudate, malodour etc. as required (refer to local policy for primary/secondary choice etc.).
- Wound infection review: (Initially at 2 weeks, then every 7 days)
  - If no signs of infection, STOP using AWD and return to **STEP 1.**
  - If improving, but there are still signs of infection, continue with AWD and review weekly until no signs of infection.
  - If static or deteriorating, review the wound aetiology, diagnosis and AWD choice, consider

3 Spreading Wound Infection

OBSERVATION

When the wound is deteriorating with signs of local infection as defined in Stage 2 above plus one or more of the following characteristics:

- Extending induration, with or without erythema;
- Lymphangitis (swelling of lymph glands);
- Spreading erythema (>2cm from wound edge);
- Crepitus (palpable grating between tissues);
- Wound breakdown/dehiscence with or without satellite lesions.

ACTION

Take a wound swab using the 'LEVINE' technique: **CLEAN - DEBRIDE - SWAB**

DO NOT use antimicrobial cleaners prior to taking a swab.

Review swab results as soon as possible.

- **IMPORTANT:** If there is spreading infection or surrounding tissue involvement, consider starting PO or IV antibiotics in accordance with your local antimicrobial policy.
- Consider taking bloods for full blood count and CRP testing.
- Apply / continue topical Antimicrobial Wound Dressings and review weekly.
- If the wound is deteriorating, review wound aetiology, diagnosis and AWD choice and consider seeking further specialist advice regarding other treatment options.

If the wound is improving consider returning to **STEP 1** or **STEP 2** depending on assessment.

NOTE: If patient is systemically unwell progress immediately to **STEP 4**

4 Systemic Infection

OBSERVATION

When 1 or more signs, or symptoms of systemic infection are present including some of the following symptoms and/or wound characteristics, this may lead to sepsis if not treated:

- Increasing NEWS2 score;
- Systemic markers of infection (e.g. raised white cell count/CRP);
- Pus/abscess;
- Patient systemically unwell;
- Malaise/lethargy or non-specific general deterioration.

ACTION

- If rapid deterioration or suspected sepsis refer for urgent medical/surgical advice and if indicated start the local sepsis screening tool.
- Whilst AWD should not be used routinely at this stage, they may continue to have a role in dealing with local wound issues such as malodour and exudate.
- After treatment of the systemic infection is complete, if a wound is still present, review the wound aetiology and diagnosis, consider seeking further specialist advice regarding other treatment options, and consider returning to a previous step (**STEPS 1-3**).

NOTE: Interpretation of inflammatory markers may require careful interpretation by an experienced clinician.

SCAN ME!!!

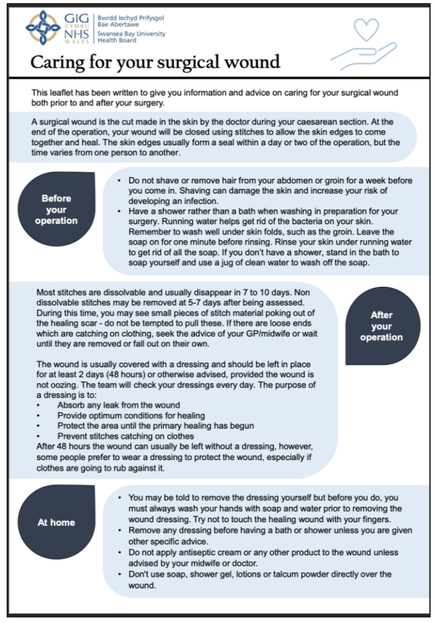
WELSH WOUND INNOVATION ARLOESEDD CLWYFAU CYMRU

Fforwm Nyrsys Hyfrywedd Meinwe Cymru Gyfan All Wales Tissue Viability Network

Adapted with permission from International Wound Infection Institute (IWII). Wound Infection in Clinical Practice. International Consensus Update 2022., together with the Evidence Based Procurement Board (EBPB) Antimicrobial Wound Dressings (AWDs) Statement, Recommendations and Guidance Version 3 2023. This document sets out the recommendations for evidence based best practice of wound assessment, and is intended to be used as a guide. The guidance should be used in conjunction with professional clinical judgement, and local wound care guidance. Please refer to International Wound Infection Institute (IWII). Wound Infection in Clinical Practice. Wounds International 2022 for aseptic wound dressing procedure (p38-40). Greg Williams Clinical Liaison BMS PHW greg.williams2@wales.nhs.uk. November 2023.

Pre and Intra operative Measures

- Patient Information Leaflet
- Chlorhexidine wash cloths, as supported by NICE CS guidelines
- Vaginal cleanse using povidone-iodine
- Chloraprep 2% skin preparation
- Wound not to be cleaned after surgery as will wash away Chloraprep
- IV antibiotic prophylaxis 30 minutes prior to incision – repeat ABX if MBL >1500mls
- Normoglycemia
- Normothermia – warmed IV fluids



Caring for your surgical wound

This leaflet has been written to give you information and advice on caring for your surgical wound both prior to and after your surgery.

A surgical wound is the cut made in the skin by the doctor during your caesarean section. At the end of the operation, your wound will be closed using stitches to allow the skin edges to come together and heal. The skin edges usually form a seal within a day or two of the operation, but the time varies from one person to another.

Before your operation

- Do not shave or remove hair from your abdomen or groin for a week before you come in. Shaving can damage the skin and increase your risk of developing an infection.
- Have a shower rather than a bath when washing in preparation for your surgery. Running water helps get rid of the bacteria on your skin. Remember to wash well under skin folds, such as the groin. Leave the soap on for one minute before rinsing. Rinse your skin under running water to get rid of all the soap. If you don't have a shower, stand in the bath to soap yourself and use a jug of clean water to wash off the soap.

After your operation

Most stitches are dissolvable and usually disappear in 7 to 10 days. Non dissolvable stitches may be removed at 5-7 days after being assessed. During this time, you may see small pieces of stitch material poking out of the healing scar - do not be tempted to pull these. If there are loose ends which are catching on clothing, seek the advice of your GP/midwife or wait until they are removed or fall out on their own.

The wound is usually covered with a dressing and should be left in place for at least 2 days (48 hours) or otherwise advised, provided the wound is not oozing. The team will check your dressings every day. The purpose of a dressing is to:

- Absorb any leak from the wound
- Provide optimum conditions for healing
- Protect the area until the primary healing has begun
- Prevent stitches catching on clothes

After 48 hours the wound can usually be left without a dressing, however, some people prefer to wear a dressing to protect the wound, especially if clothes are going to rub against it.

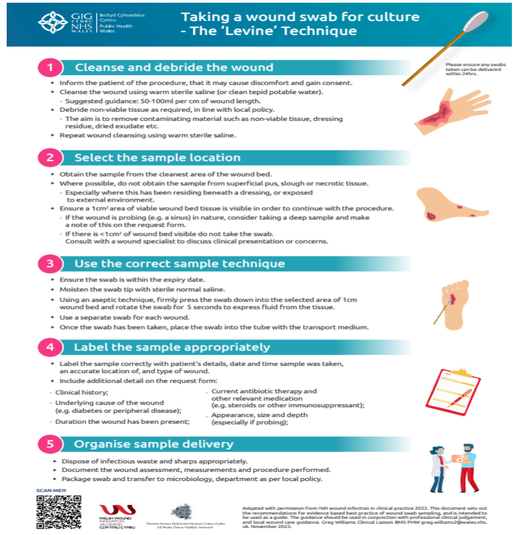
At home

- You may be told to remove the dressing yourself but before you do, you must always wash your hands with soap and water prior to removing the wound dressing. Try not to touch the healing wound with your fingers.
- Remove any dressing before having a bath or shower unless you are given other specific advice.
- Do not apply antiseptic cream or any other product to the wound unless advised by your midwife or doctor.
- Don't use soap, shower gel, lotions or talcum powder directly over the wound.

Wound information leaflet produced and provided to women.

Involvement of MDT

Intrapartum Lead Midwife
Lead Midwife
Microbiologist
Postnatal Ward Manager



Taking a wound swab for culture - The 'Levine' Technique

1 Cleanse and debride the wound

- Inform the patient of the procedure, that it may cause discomfort and gain consent.
- Cleanse the wound using warm sterile saline (or clean tepid potable water).
  - Suggested guidance: 50-100ml per cm of wound length.
- Debride non-viable tissue as required, in line with local policy.
  - The aim is to remove contaminating material such as non-viable tissue, dressing residue, dried exudate etc.
- Repeat wound cleansing using warm sterile saline.

2 Select the sample location

- Obtain the sample from the cleanest area of the wound bed.
- Where possible, do not obtain the sample from superficial pus, slough or necrotic tissue.
  - Especially where this has been residing beneath a dressing, or exposed to external environment.
- Ensure a 1cm² area of viable wound bed tissue is visible in order to continue with the procedure.
  - If the wound is probing (e.g. a sinus) in nature, consider taking a deep sample and make a note of this on the request form.
  - If there is <1cm² of wound bed visible do not take the swab. Consult with a wound specialist to discuss clinical presentation or concerns.

3 Use the correct sample technique

- Ensure the swab is within the expiry date.
- Moisten the swab tip with sterile normal saline.
- Using an aseptic technique, firmly press the swab down into the selected area of 1cm wound bed and rotate the swab for 5 seconds to express fluid from the tissue.
- Use a separate swab for each wound.
- Once the swab has been taken, place the swab into the tube with the transport medium.

4 Label the sample appropriately

- Label the sample correctly with patient's details, date and time sample was taken, an accurate location of, and type of wound.
- Include additional detail on the request form:
  - Clinical history;
  - Underlying cause of the wound (e.g. diabetes or peripheral disease);
  - Duration the wound has been present;
  - Current antibiotic therapy and other relevant medication (e.g. steroids or other immunosuppressant);
  - Appearance, size and depth (especially if probing);

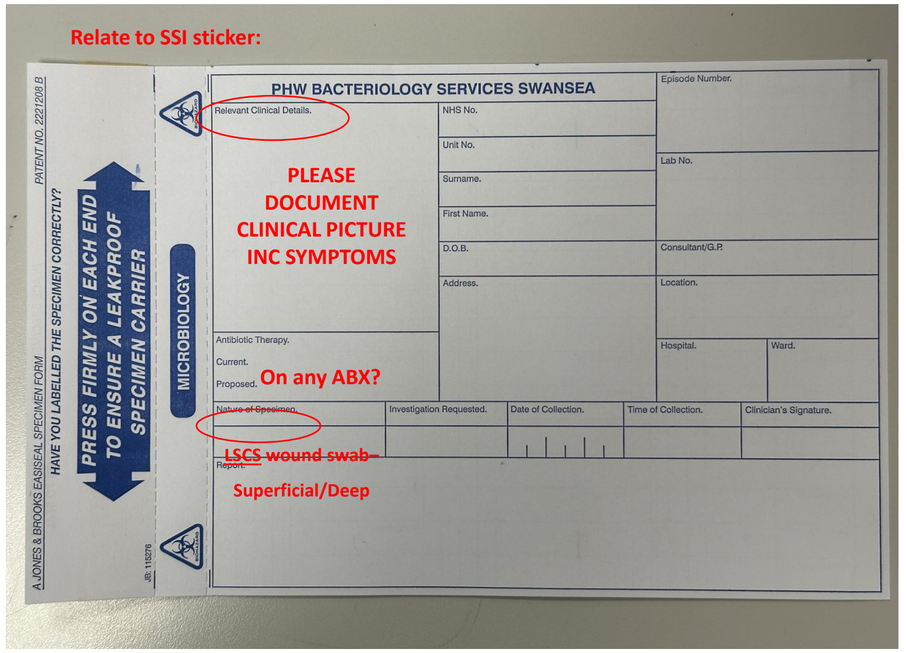
5 Organise sample delivery

- Dispose of infectious waste and sharps appropriately.
- Document the wound assessment, measurements and procedure performed.
- Package swab and transfer to microbiology, department as per local policy.

SCAN MEIE

Adapted with permission from IWII wound infection in clinical practice 2022. This document sets out the recommendations for evidence based best practice of wound swab sampling, and is intended to be used as a guide. The guidance should be used in conjunction with professional clinical judgement, and local wound care guidance. Greg Williams Clinical Liaison IMHS PHW greg.williams2@wales.nhs. uk. November 2023.

Relate to SSI sticker:



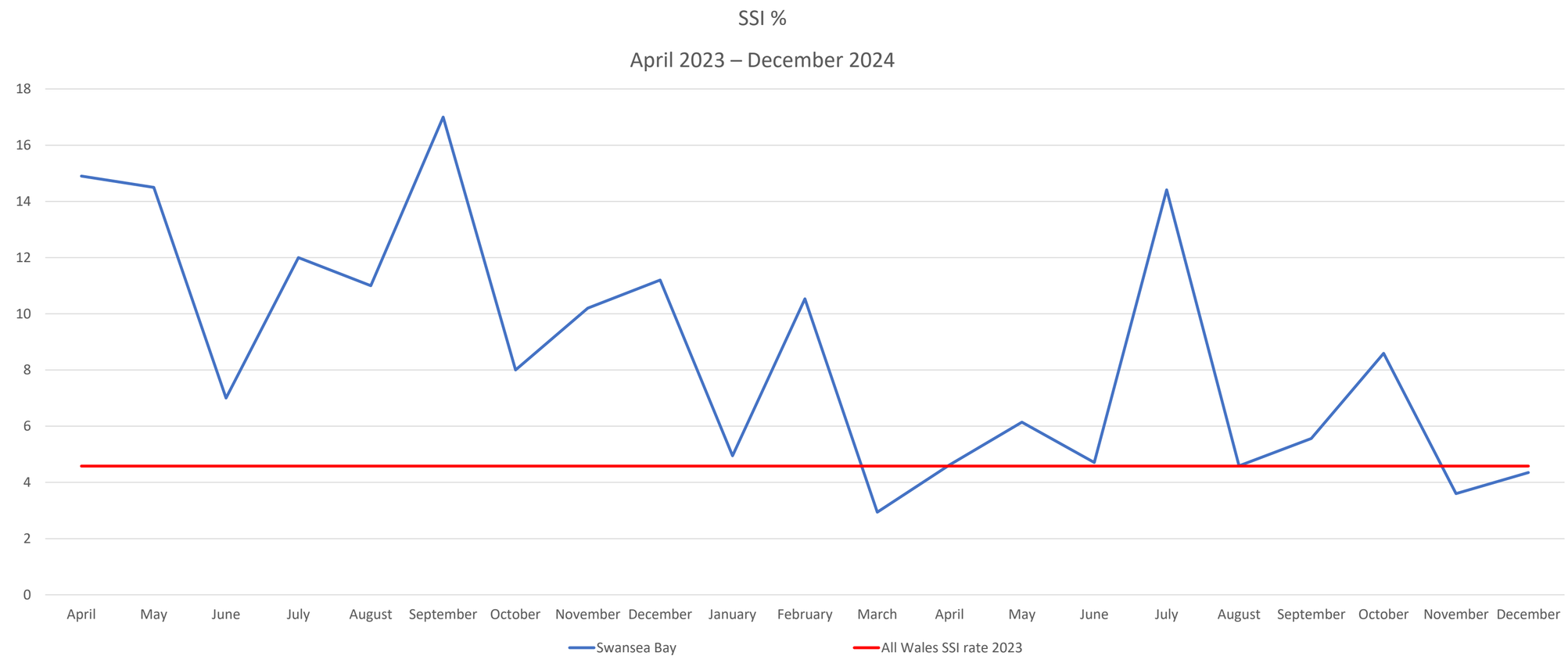
Accurate Data Collection

- Ensure request forms include symptoms and current antibiotics
- Development of SSI sticker to improve data collection for symptoms
- Ensure correct technique for wound swab to ensure valid results for data collection.

Surgical Site Infection (SSI) wound swab

Symptoms: Fever Heat Redness Pain/tenderness
Cellulitis Purulent discharge Dehiscence Abscess
Type of SSI: Superficial □ Deep □ Organ/space □
Diagnosed by: GP □ Midwife □ Clinician □
Wound cleaned with warm sterile water? Yes □ No □
Swab taken from clean infected area? Yes □ No □
Swab taken aseptically? Yes □ No □
Antibiotics prescribed? Yes □ No □

Data Collection following Quality Improvement



The request for an All Wales definition for an SSI to ensure accurate data collection among HB's and ability to benchmark effectively.

PHW have made some amendments for the 2025 spreadsheet -

- From January 2025, we are only capturing swab results recording Staphylococcus Aureus (Flucloxacillin Sensitive) or Staphylococcus Aureus (Flucloxacillin Resistant).
- For other swab results please leave the field blank.

PHW also plan on defining the criteria of an SSI during the next steering group meeting with all Welsh Health Boards on the 19th February.

7. Quality Assurance for the monitoring of PERIPrem Cymru

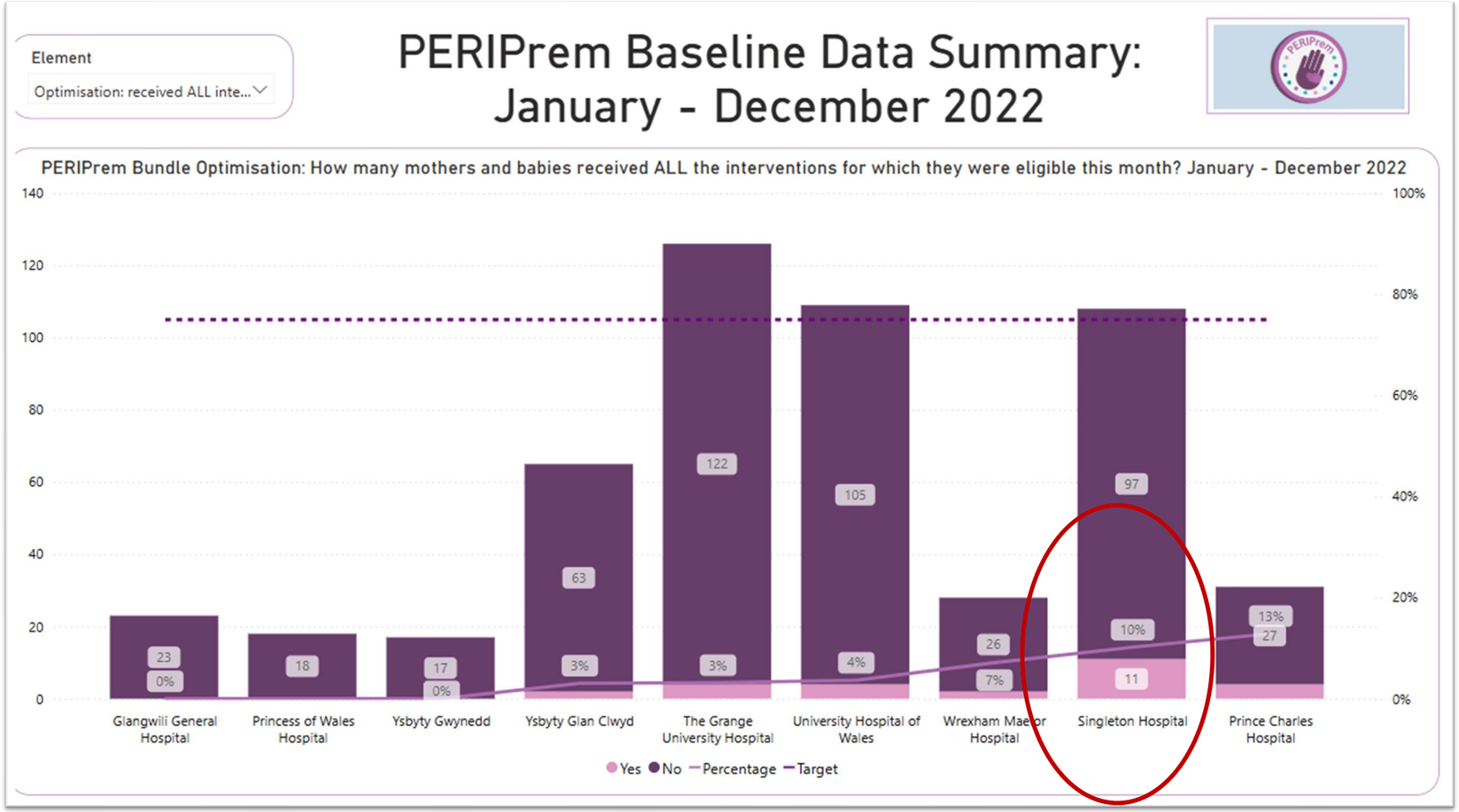
PERIPrem Cymru

Quality Planning –

Implementation of
PERIPrem
Cymru 2022 Baseline Data

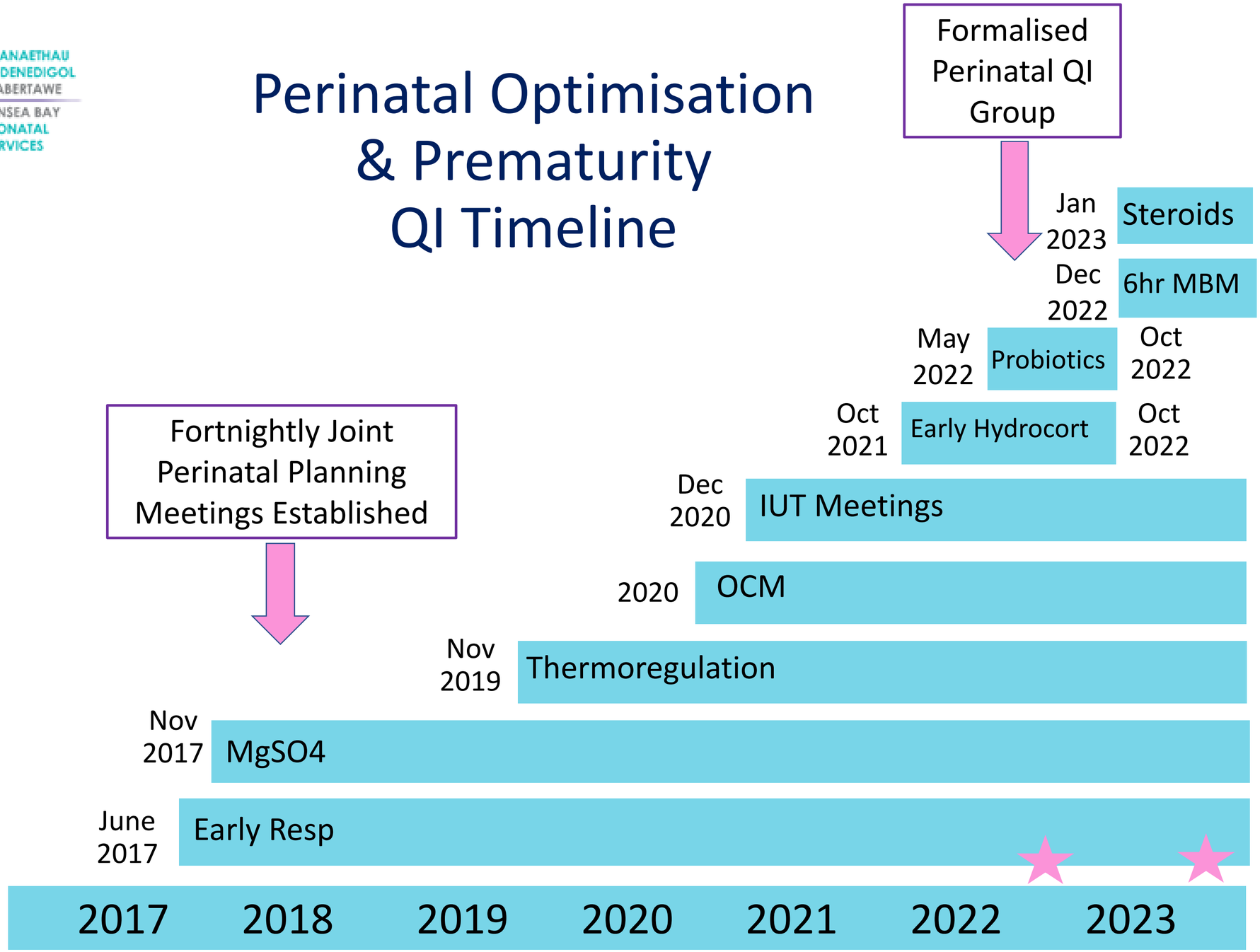
Already positive outliers for wales for mums receiving ALL interventions, as many QI projects were rolling prior to implementation
However, having controls in place identified areas of improvement

- Early Expressed Breast Milk
- Antenatal Steroids
- Antepartum Antibiotics
- Probiotics

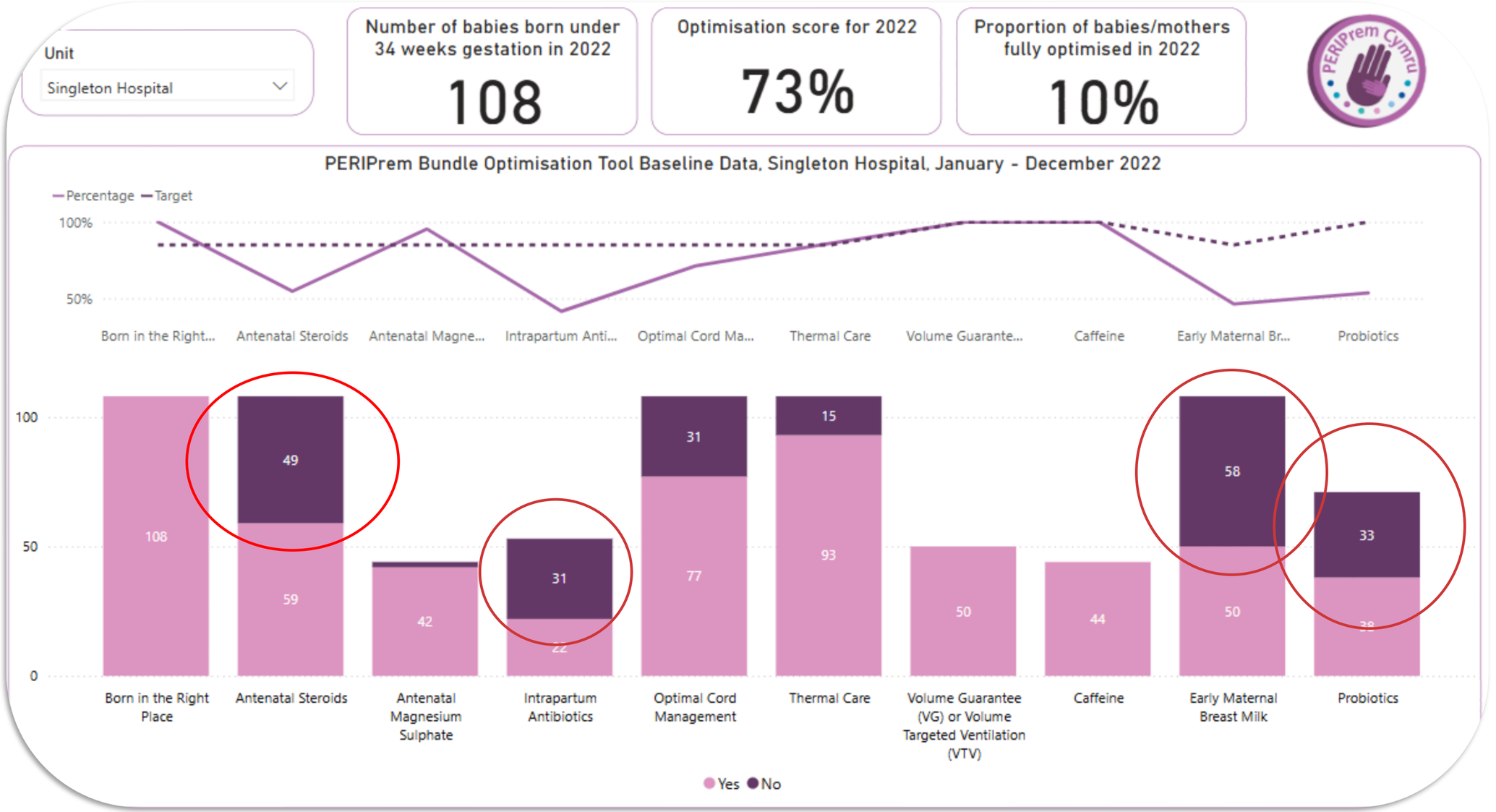


GWASANAETHAU NEWYDDENEDIGOL BAE ABERTAWE
SWANSEA BAY NEONATAL SERVICES

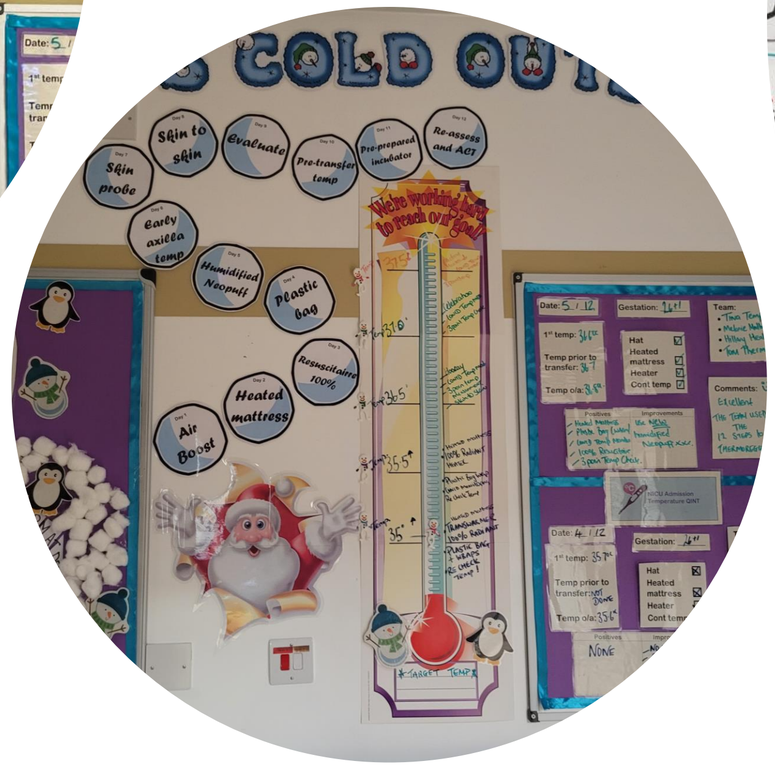
Perinatal Optimisation & Prematurity QI Timeline



Baseline data 2022



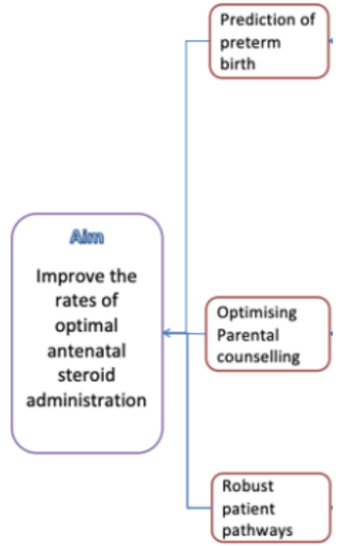
Improving Perinatal Care and Collaborative Working



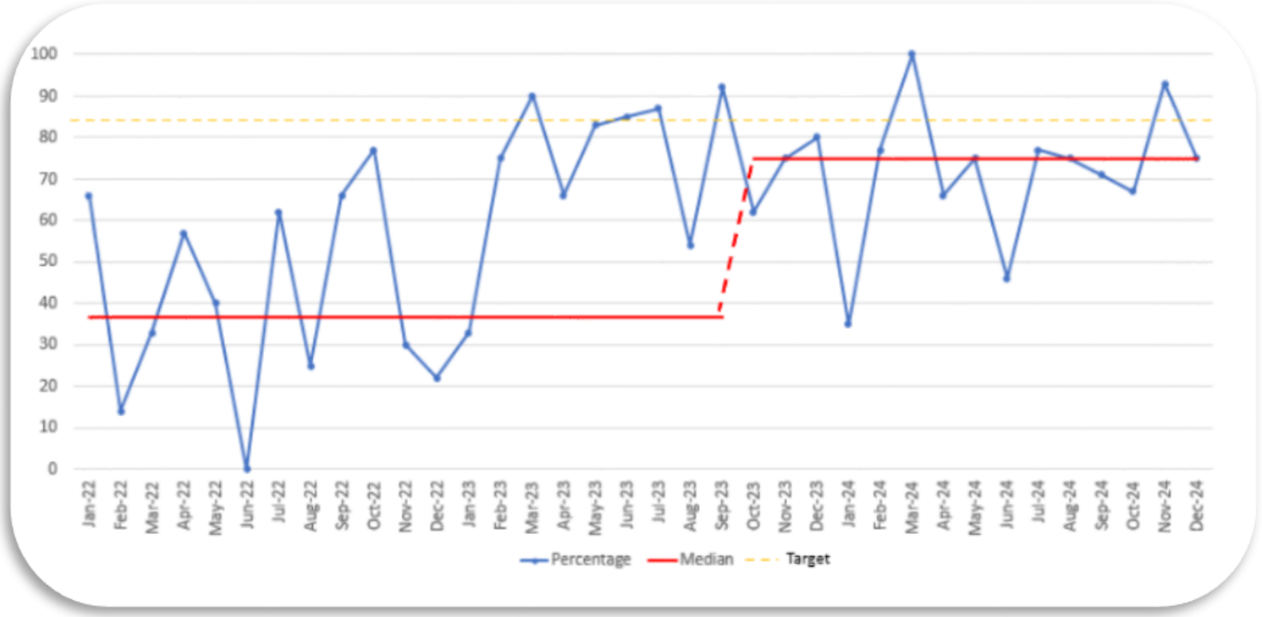
Intervention focused awareness and teaching sessions

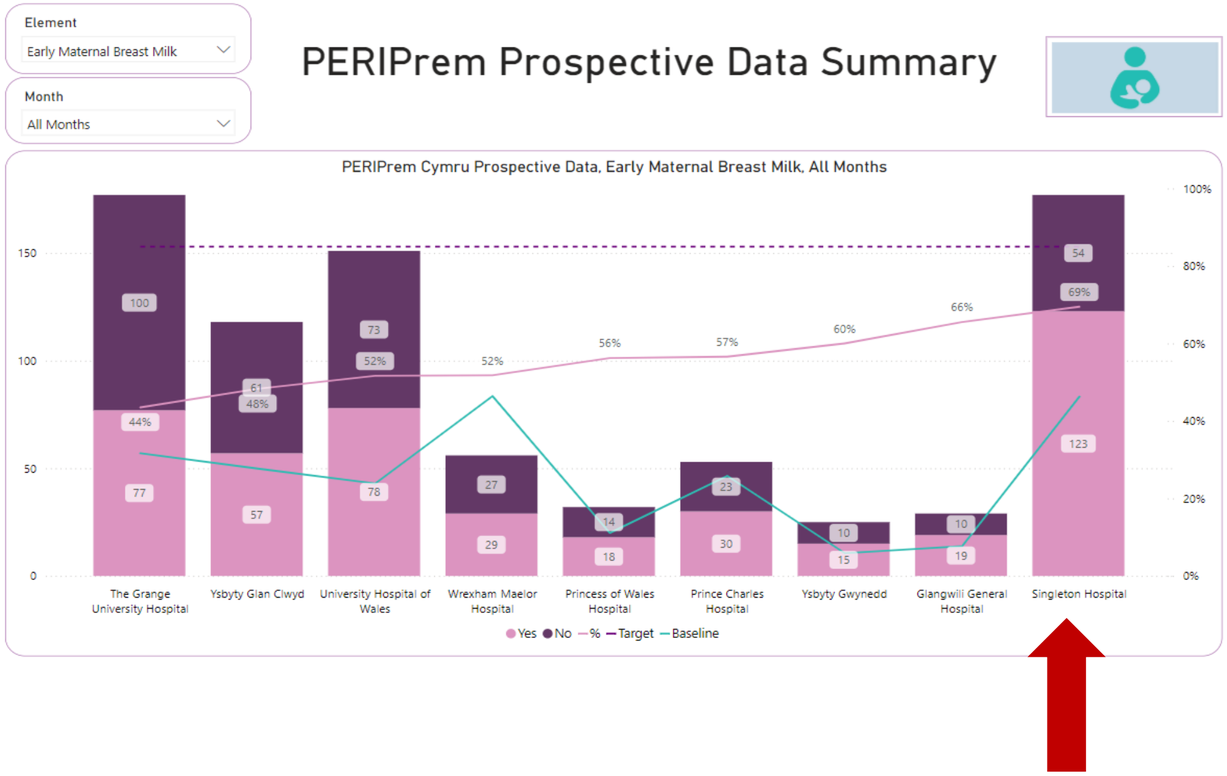
ɔvement
ɔject:
ɔptimising
Antenatal
Steroids

PERIPrem Cymru

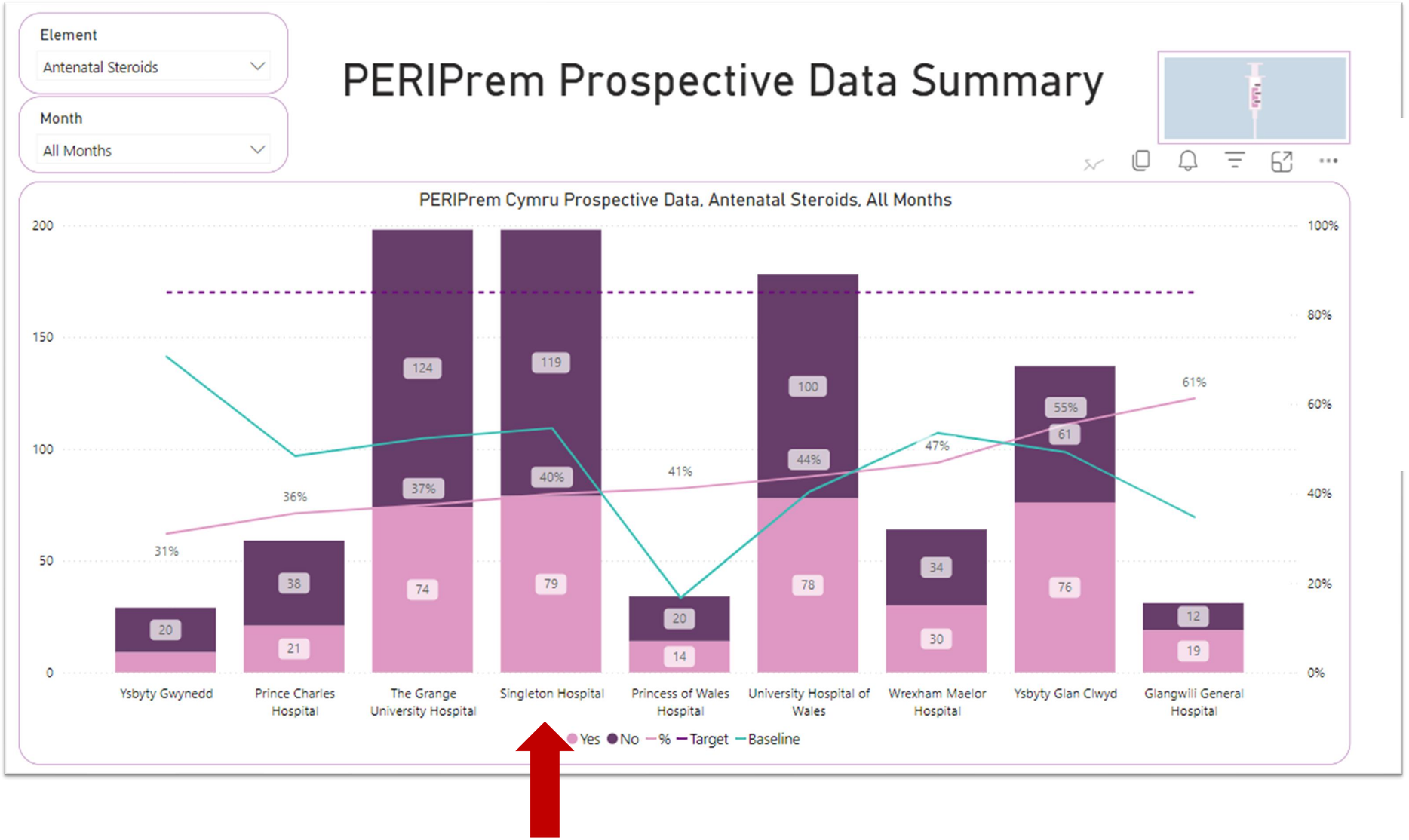


Early expressed breastmilk





Optimally timed Antenatal Steroids

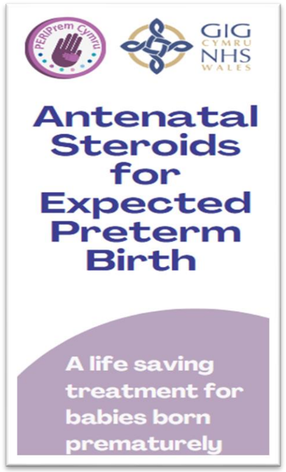


Cochrane

All-Wales antenatal steroid group

Swansea Bay is Proof of concept for Antenatal steroids in Wales

- Leading tertiary unit
- Working alongside Improvement Cymru
- Robust data collection
- Decision making guidelines
- Standardising a Pathway
- Diagnostic training for obstetric staff



PERIPrem Cymru news!

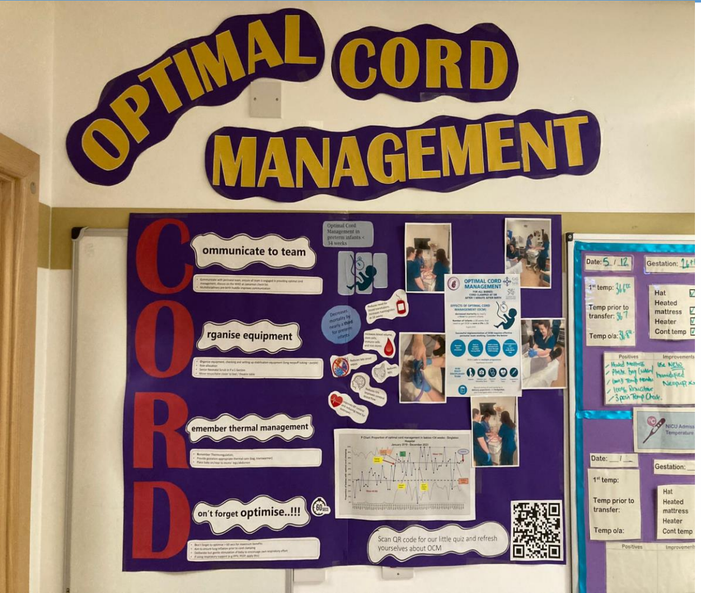
So Far

The last 25 months....

- 245 babies
- 22+0 – 33+6
- 415g – 3305g
- 11% ex- utero transfers

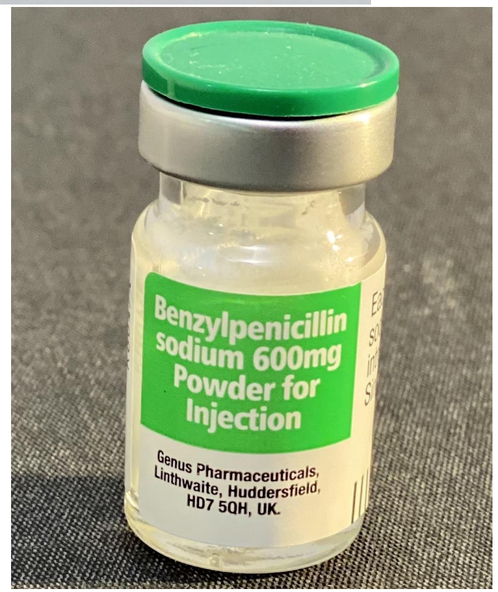
Early breastmilk

46% to 71%
Leading centre in Wales



OCM

Leading tertiary unit at 70%



IAP

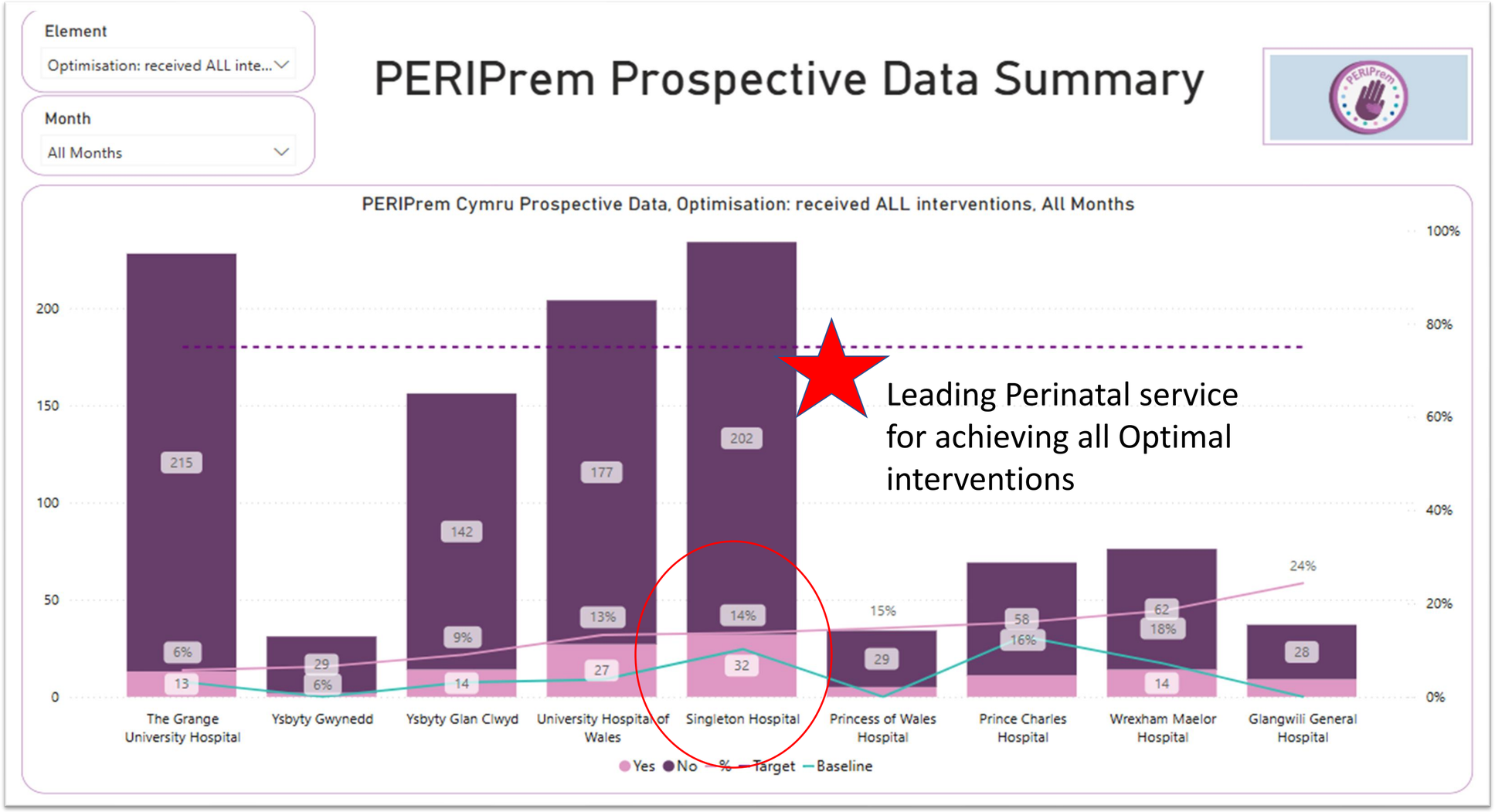
42% to 75%

Second best centre in Wales

>85% babies admitted to NICU with normal temperature

All Wales all optimal interventions

Data captured from 2023 – 2024



Continued focus

Currently at 71 %

Early expressed breast milk

Antenatal Steroids

Currently at 41 %

Currently at 46 %

Probiotics

Quality Control

Quality Assurance

- Local Quad leads continue to collect data
  - Increasing confidence in performance
  - Meeting quarterly
- Identifying variation in results and early warning non-compliance
- Triangulation of long term data with outcomes – benchmarking from NNAP, VON and comprehensive local enhanced neurodevelopmental programme data for high risk infant.
- National recommendation
  - Allocated resources for both maternity and Neonatal Champions
- Local performance should be reviewed monthly in Q+S structures at local and health board level
- Annual Quality reports

Un Bae Ar y Cyd
One Bay Way

Month	Topic
March	SBUHB Governance Structure and reporting from Ward to Board
April	Staff Engagement, Retention, Development and Workforce Planning
May	Patient Engagement and Experience – influence in co-production
June	Horizon scanning and engagement with National Reporting for Improvement
July	Mortality and Morbidity – learning for improvement
August	Clinical Audit and Quality Improvement – impact on service delivery

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe

Swansea Bay University
Health Board

Un Bae Ar y Cyd

One Bay Way