

IQPD Meeting

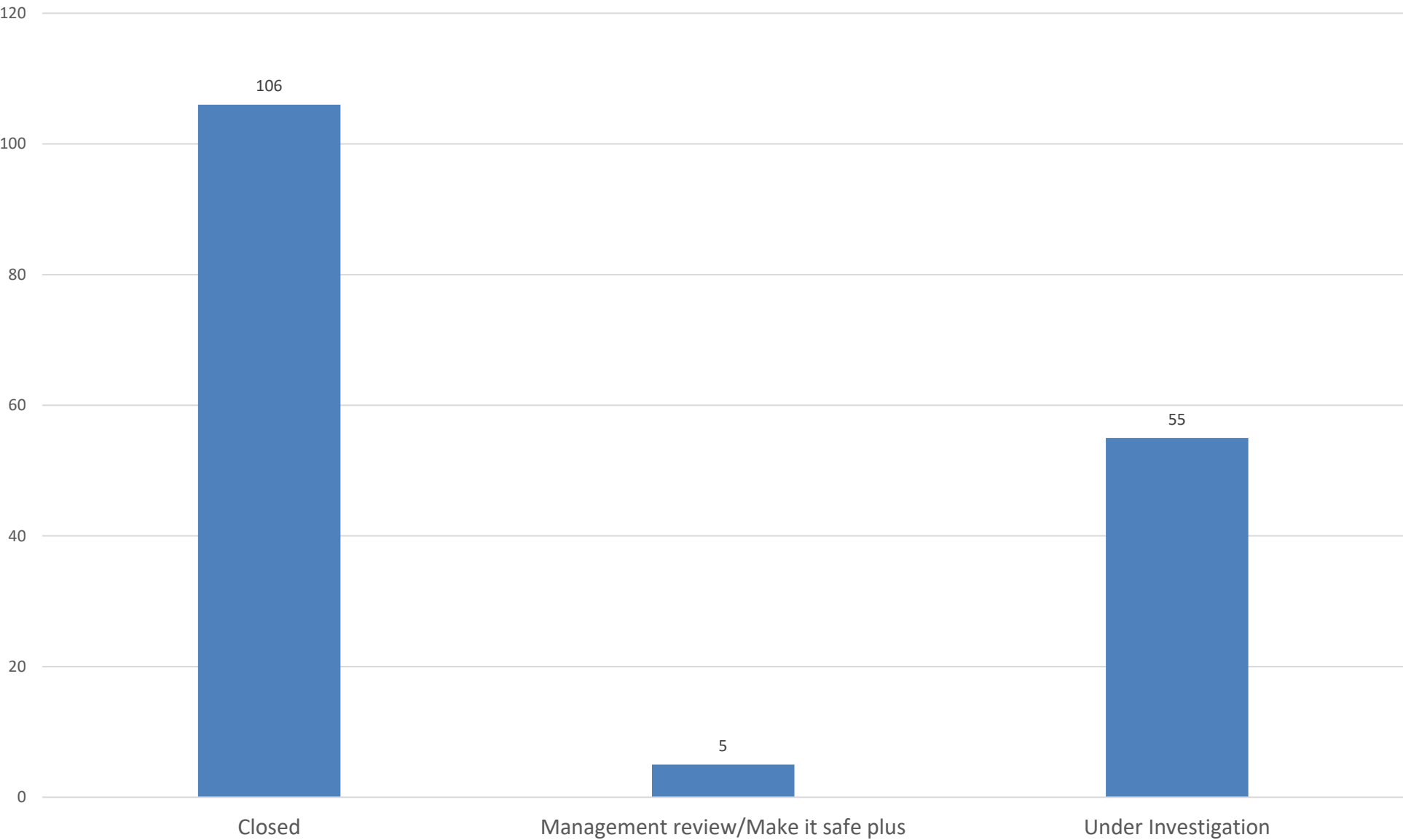
Friday 27th September 2024

14:00 to 15:30

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Maternity and Neonatal

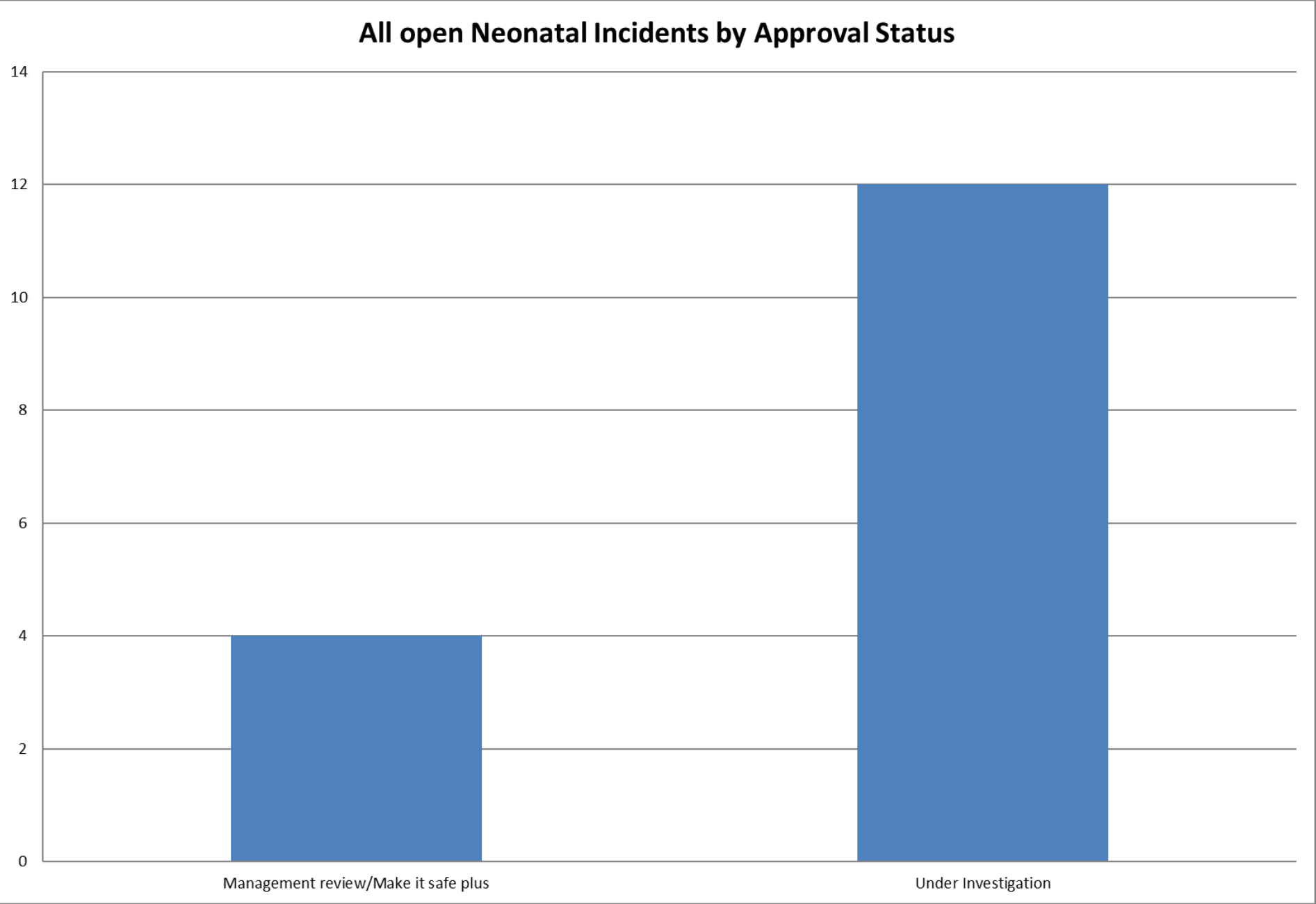
Incidents reported the month of August



Maternity Incidents



Category	Number
Never Events or NRI's	0
'Must Reports'	5 (Stillbirth) currently open.
Early Warning Notifications	0
Duty of Candor (last quarter)	2 incidents 1 – Incorrect blood group documented and therefore missed opportunity for Anti D as 28 weeks (SHOT reported) 1 – Transfer to ITU (Joint review with CTM).
Complaints	18 (10 in time, 8 overdue)
Themes of complaints	Lack of homebirth service Attitude of staff Communication Complications from birth – wound infection (CS and perineal)
Ombudsman	1 open case



Category	Number
Never Events or NRI's	0
'Must Reports'	3 (3 NND including 2 LW deaths)
Duty of Candor	1 Gentamicin error 2 initially graded as D.O.C but downgraded following investigation
Complaints	0 1 compliment via Datix – Card and Chocolates)
Concerns	1 – In final stages (currently with legal services for their approval)

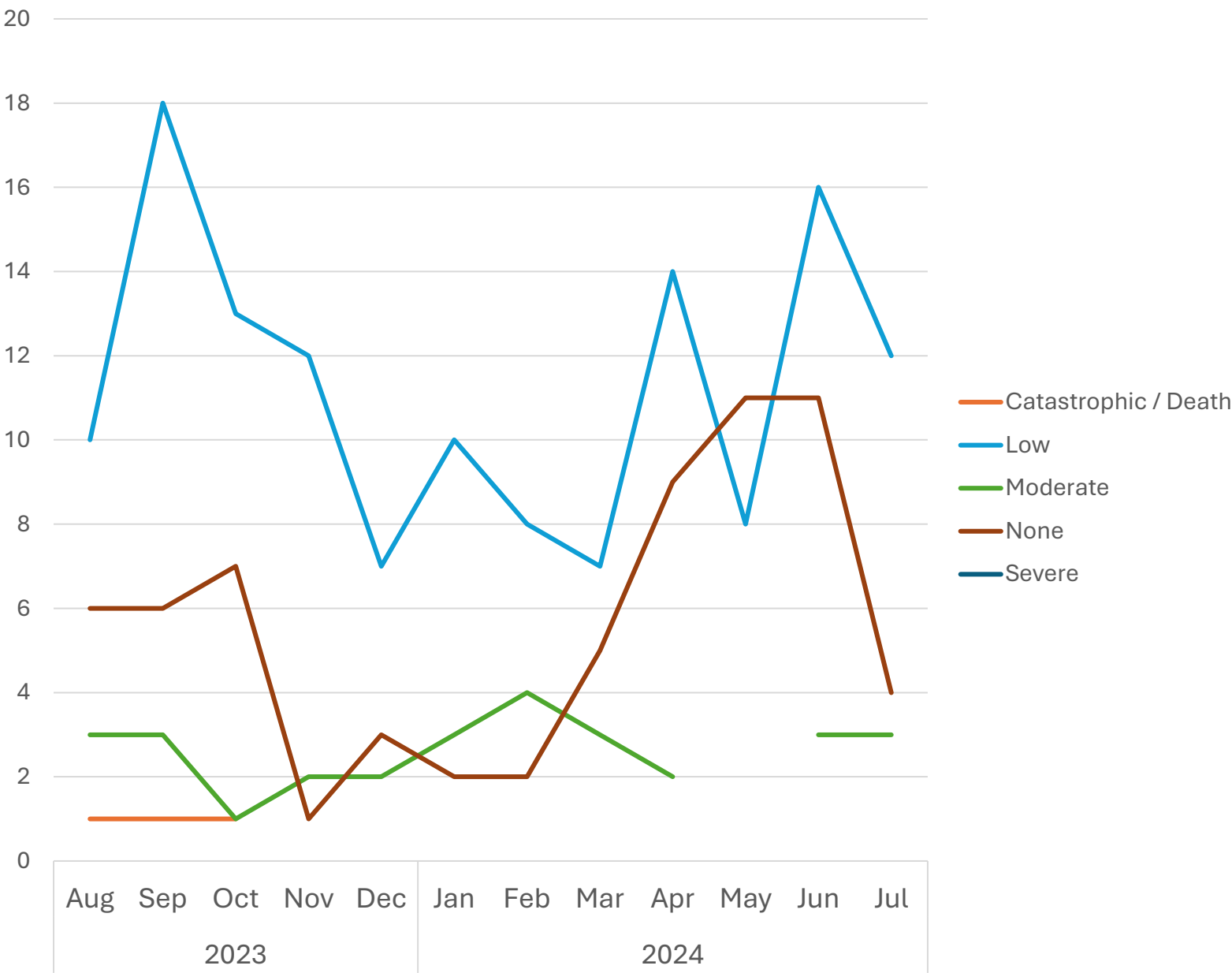
Neonatal Incidents

Feedback through CIVICA

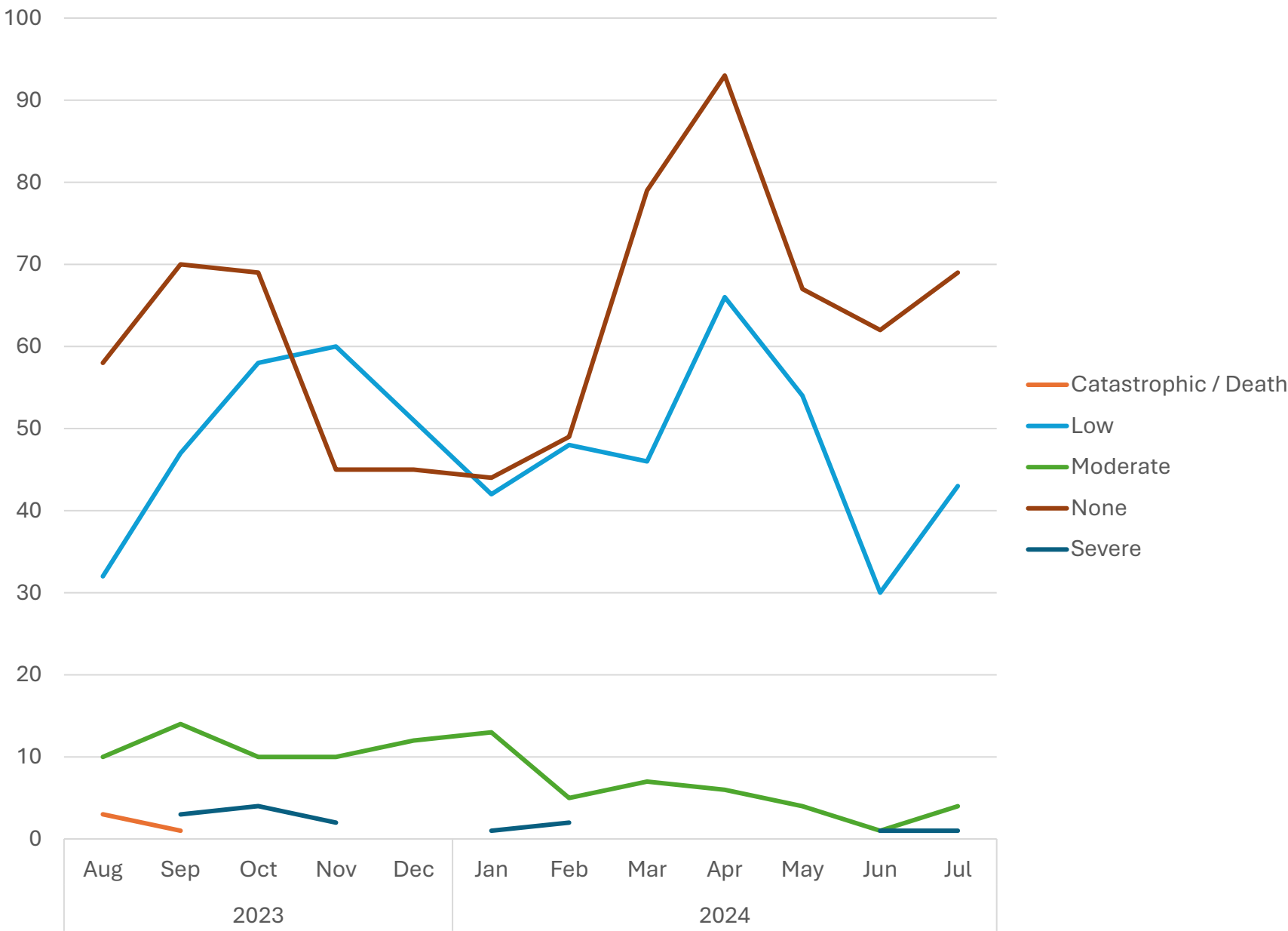
- Development of a feedback form based on the CTMUHB model through CIVICA
- Pilot feedback form created. Awaiting Welsh Translation
- Supported by the patient experience team
- To implement awareness sessions with staff.
- To gain feedback through discharge process – included short stays, long stays and transfers to different hospitals.

Incident Review – 12 Month Incident Reporting Trends

Neonatal Incidents sorted by level of harm by reporter – 6 incidents still under investigation as at 16.08.2024



Maternity Incidents sorted by level of harm by reporter – 115 incidents still under investigation as at 16.08.2024

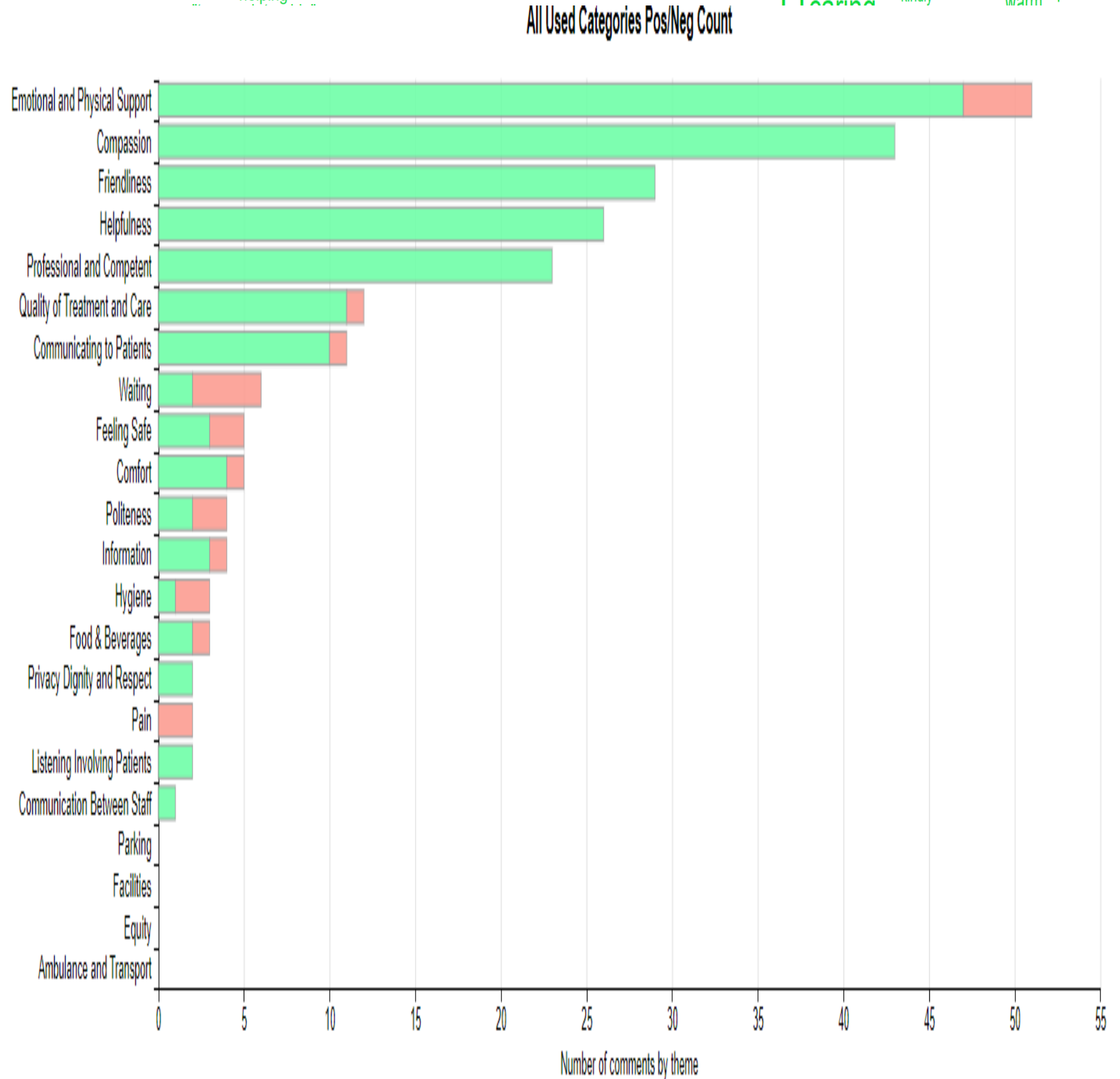
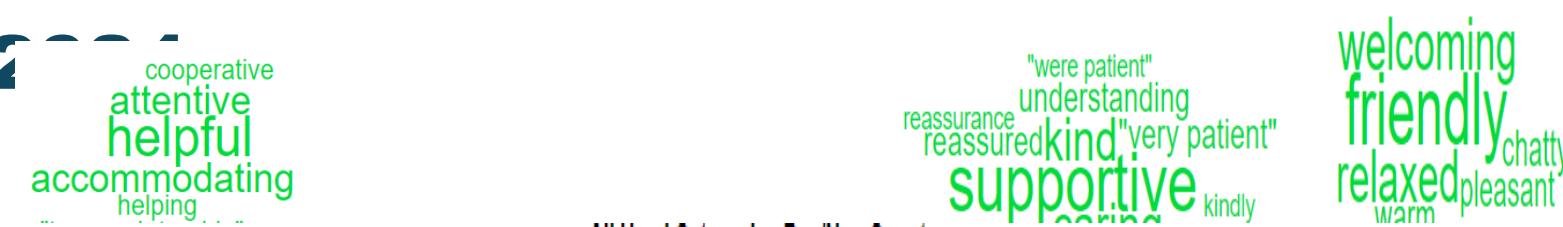


Maternity User Feedback from CIVICA – July and August 2022

For the month of July there were 71 Friends and Family survey returns with an overall score of 97.2%

Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	97.2%	1.4%	71	63	6	1	0	1	0
Antenatal Clinic - Neath Port Talbot	100.0%	0.0%	1	1	0	0	0	0	0
Antenatal Clinic - Singleton	66.7%	33.3%	3	1	1	0	0	1	0
Labour Ward - CDS	100.0%	0.0%	10	10	0	0	0	0	0
Midwife Led Unit	100.0%	0.0%	4	4	0	0	0	0	0
Ward 19 (Antenatal)	96.6%	0.0%	29	23	5	1	0	0	0
Ward 20 (Postnatal)	100.0%	0.0%	24	24	0	0	0	0	0



For the month of August there were 141 Friends and Family survey returns with an overall score of 94.3%

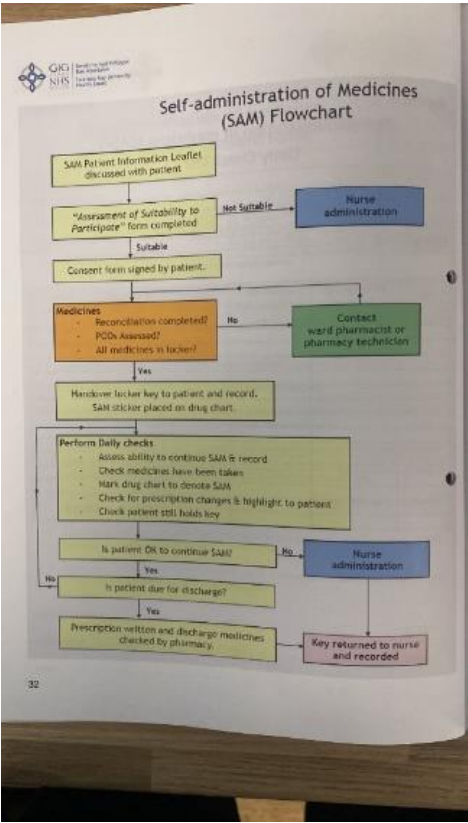
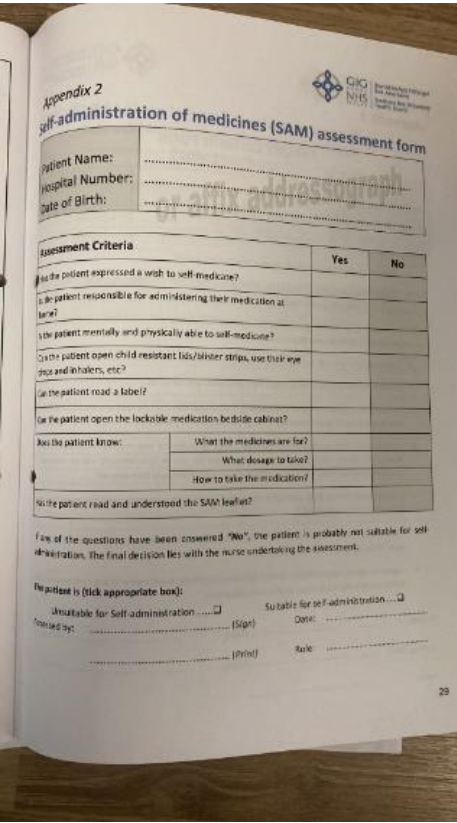
Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	94.3%	1.4%	141	118	15	6	1	1	0
Antenatal Assessment Unit	81.8%	9.1%	11	5	4	1	1	0	0
Antenatal Clinic - Neath Port Talbot	75.0%	12.5%	8	5	1	1	0	1	0
Antenatal Clinic - Singleton	93.3%	0.0%	15	12	2	1	0	0	0
Bay Birth Unit	100.0%	0.0%	1	1	0	0	0	0	0
Labour Ward - CDS	100.0%	0.0%	50	49	1	0	0	0	0
Midwife Led Unit	90.0%	0.0%	10	9	0	1	0	0	0
Transitional Care Unit	100.0%	0.0%	2	1	1	0	0	0	0
Ward 18 (Postnatal)	100.0%	0.0%	1	1	0	0	0	0	0
Ward 19 (Antenatal)	96.0%	0.0%	25	21	3	1	0	0	0
Ward 20 (Postnatal)	94.4%	0.0%	18	14	3	1	0	0	0



Responses to Feedback

Delay in medication when inpatient on the Postnatal ward.



Introduction of the Intrapartum Care bundle which includes SAMS assessment to be completed on Labour ward prior to transfer to the postnatal ward.



Prompts within clinical areas and handover sheets



Information available for SAMS in English and Welsh

Lockable drug cupboards with key card for service-users to store and access medication at the bedside.



Morning	Lunch Time	Afternoon	Evening
<input type="checkbox"/> 06.00 AM Medication Round and Urinary catheter to be removed <input type="checkbox"/> 08.00 AM Observation Round	<input type="checkbox"/> 12.00 PM Medication and Observation Round <input type="checkbox"/> 13.00 PM Huddle	<input type="checkbox"/> 16.00 PM Observation Round <input type="checkbox"/> 17.00 PM Huddle	<input type="checkbox"/> 18.00 PM Medication Round <input type="checkbox"/> 20.00 PM Observation Round <input type="checkbox"/> 22.00 PM Medication Round <input type="checkbox"/> 00.00AM Observation Round <input type="checkbox"/> 04.00AM Observation Round

Additional Information

All Admissions to Ward 20 Require a Full set of Observations

- Please Encourage the USE of SAMS if appropriate and if TTD available
- Any deviations or Triggers on the MEOWS chart please use your clinical judgement to act accordingly as per hospital policy and use the SBAR format if needed

Postnatal ward ‘daily routine’ including drug rounds. Two new drug trolleys purchased for drug rounds

May, June and July 2024
Reduction in feedback responses referencing delay in analgesia.
Continued audit of use of SAMS undertaken.



Actions from Feedback June 2024

Two responses from women regarding duration of glucose tolerance test investigation. One response stated the woman had to miss work.

- **ANC ward managers emailed and asked to share with staff**
- **Safety brief printed for all clinical areas.**
- **Leaflets to be provided to all women on booking a glucose tolerance test.**

URGENT Safety Brief

Following recent Family and Friends Feedback from CIVICA could you please ensure all women booked for a Glucose Tolerance Test are informed of the duration of the investigation and provided an information leaflet at the time of arranging the investigation.

Quality and safety - External Assessments HIW

Immediate Improvement Plan – October 2023

Actions due – thematic heading	Number Actions Due	Number Implemented	Number Remaining
Staffing levels	10	10	-
Mandatory training	8	6	2
Equipment	2	2	-
Security (premises/abduction)	9	9	-
Handovers	2	2	-
IPC	5	5	-
Security of Fluids	4	4	-
TOTAL	40	38	2

Remaining:

Mandatory training – 2 actions related to demonstrating improved outcomes (through achievement of target compliance levels). Revised date the end of September 2024. Current compliance for Obstetric staff and Midwives is 91%, on track to be 95% end of September

Quality and safety - External Assessments HIW

General Improvement Plan - October 2023

Target Month Actions Due (by end of month)	Number Actions Due	Number Implemented	Number Remaining
Completed at time of report	5	5	-
November 2023	11	11	-
December 2023	28	28	-
January 2024	22	22	-
February	13	13	-
March	17	17	-
April	10	8	2
May	0	0	-
June	3	2	1
July	3	3	-
August	0	0	-
September	4	0	4
October	1	0	1
November	0	0	0
December	0	0	0
January 2025	1	0	1
TOTAL	118	109	9

Outstanding Actions for General Improvement Plan HIW visit 2023

April 2024:

- Reopening of NPT Birth Centre- to be discussed at Health Board Special Meeting on the 10th September 2024 – **on track**
- ITU SOP – final draft ratified on 9th September 2024 – **on track**.

June 2024:

- USS GAP/GROW compliance of three weekly scanning- anticipated date to pilot three weekly scans W/C 14th October 2024

Actions due for September 2024:

- Embed MCA role to support breast feeding – **on track**
- Plan implementation of BSOTS for antenatal assessment unit – on track for completion, review taken place, **plan for implementation October 2024**
- Establish review group to review the current layout of the maternity unit to consider any relocation opportunities for the following
 - Bay birth unit
 - 2nd Obstetric theatre - **Meeting arranged 1st October 2024**

Actions due for October 2024

- Implement a new telephone system with one number for the whole service which will direct patients to the correct phone line first time – **on track**

Quality and safety - External Assessments HIW

Immediate Improvement Plan – April 2024

Actions due – thematic heading	Number Actions Due	Number Implemented	Number Remaining
Staffing levels	3	3	-
Documentation	2	2	-
Guidelines	1	-	1
TOTAL	6	5	1

Outstanding Actions;

Actions due for September 2024:

Implementation of Triage BSOTS care pathways - implementation October 2024

Quality and safety - External Assessments HIW

General Improvement Plan – April 2024

Received July 2024

23 improvements identified – 37 actions developed

Target Month Actions Due (by end of month)	Number of Actions Due	Number Implemented	Number Remaining
2024			
July 2024	8	8	0
August 2024	4	3	1
September 2024	14	-	14
October 2024	5	-	5
November 2024	4	-	4
December 2024	1	-	1
2025			
April 2025	1	-	1
TOTAL	37	11	26



Actions due for August 2024:

Baseline assessment for essential equipment completed – Further action to be complete by end of September 2024 – additional equipment above what already sits on the asset register for the clinical areas.

Infection prevention and control July and August 2024

🕒 Compliance with national cleaning standards in line with national standards

🕒 July 2024

NICU – 97.9%
Labour Ward – 95.7%
Antenatal – 95.8%
Ward 20/Post-natal – 100%
Ward 5 (NICU) – 93.5%

August 2024

NICU - 100%
Labour Ward –95.7%
Antenatal –97.9 %
Ward 20/Post-natal – 99%
Ward 5 (NICU) – 100%

🕒 Compliance with hand hygiene audits in line with national standards

🕒 July 2024

NICU – 93.8%
Labour Ward – 100%
Antenatal – 100%
Ward 20/Post-natal – 99%
Ward 5 (NICU) – 100%

August 2024

NICU - 88.5%
Labour Ward – 100%
Antenatal -100%
Ward 20/Post-natal – 100%
Ward 5 (NICU) – 100%

Infection prevention and control

Maternity Services

Overview of SSI position and variance

- 🕒 March 2024 - 102 caesareans overall SSI rate 5.8%. Adapted rate 29.90%
- 🕒 April 2024 – 130 caesarean sections – SSI rate- 4.61%. (calculated following discussion with HARP)
- 🕒 May 2024 – Yet to be finalised – but as of 18th June 114 caesarean sections with 4 SSI's with antibiotics sensitivities recommended.
- 🕒 June 2024 – 101 caesarean sections – SSI rate 4.7%
- 🕒 July 2024 – 104 caesarean sections - SSI rate 15.25%
- 🕒 August 2024- Awaiting data collection. SSI Annual Report being released.

Infection prevention control

Neonates 2024

- All infants were < 29 weeks gestation and all < 900 grams



<u>MONTH</u>	<u>BACTEREMIA</u>	<u>NO</u>	<u>GESTATION</u>	<u>WEIGHT</u>
April	CLABSI	1	26+5	750
April	Klebsiella	1	22+3	505
June	Klebsiella	1	27+1	865
June	E Coli	1	28+2	600
July	E Coli	1	26+2	900
August	Streptococcus dysgalatiae	1	28+2	600
August	Enterobacter Faecalis	1	24+6	720

NNAP LOS

- The latest NNAP preliminary report for 2023 has highlighted Singleton unit as a negative outlier (3SD deviation- called an 'alarm' level) for late onset sepsis. This was primarily due to an unusual upsurge in Staphylococcus Aureus infection.
- Eligible infants 92 (<32 week infants) with 14 pathogenic organism (15.2%) with a treatment effect 10.2% - national average unknown currently for 2023. For reference, 2022 Singleton LOS 6.8 % with a national average of 6.3% with a treatment effect 2.1%.
- Assurances
 - Robust RCA for each case - presented to the HB HCAI and Quality and Safety forums – No themes were drawn out
 - Contemporary hand hygiene audit was really good – 98.3% for 2023
 - Community and HB high rates of SA in 2023 General surge in Staph aureus infection in the HB around that time.
 - We remain within acceptable range for VON (<1500grams) although the trend shows our LOS to be higher than before.
 - Team proactively developed a focused QI programme in Dec 2023 prior to NNAP and VONs reports, involving microbiology, public health, infection control and the wider neonatal team. No Staphylococcus Aureus infections have occurred in 2024 but there have been a high number of LOS in extreme preterm -range (22+3-28+2 weeks, weight 505-900grams)
 - Executive team of HB aware – discussed in improvement group meeting
 - MSSA screening to know background colonisation rate to inform decolonisation approach
 - 'Gloves off' project update to ensure appropriate use of non-sterile gloves
 - Prudent use of blood letting to minimise skin breakage – QI project
 - Routine assessment of ANTT technique as part of departmental induction for medical staff
 - Introduction of the weekly microbiology ward round discussion
 - QI project for reducing blood culture contaminants

**19/7/24 – Current LOS rate
for 2024 as per NNAP data
collected stands at 6.4%
(3/47)**

Quality and safety

Internal Audit - Obstetrics

- Detection of late onset small for gestational age
- Induction of labour quality improvement project
- Introduction of smart phone app to provide information to patients with gestational diabetes.
- Optimum time to rescan patients to detect small for gestational age.

Singleton NICU

2024 QI Priorities

- **Late Onset Sepsis QI Group**
- *Leads G Davies, K Burke & R Morris*

- **UNIVERS**
- **Using Non Invasive Ventilation Early in Respiratory Support.**
- *Leads L Perkins, S Cannell & J Webb*

- **Optimising Antenatal Steroids**
- *Lead T Hixson, L Perkins, M Dey and PERIPrem Cymru Swansea perinatal team.*

- **BLISS Baby Charter QI Mapping**
- *Lead K Burke*



Local governance processes identified rise in Staph Aureus LOS cases Autumn 2023 triggering a local thematic review of 6 cases in October 2023 (no CLABSI's or other correlating factors except 5/6 <1kg). Total 2023 S.A. LOS cases = 9, no related deaths). Await 2023 VON data due to be published June 2024. Several QIP will be undertaken under this umbrella work. MDT set-up with NICU MDT, infection control, pharmacy, microbiology etc.

Reducing BPD QI Group project. Above average BPD rates on NNAP. NNAP 2022 BPD Unit rate 45.9% UK Rate: 39.7% - even if treatment effect applied still positive. Not outliers however and VON more reassuring. BAPM BPD Toolkit identifies DR respiratory management as 2nd of 5 key aspects of BPD prevention. New NNAP measures of NIV only at 1 week for <32 weeks – benchmark below national average. MDT formed. Baseline data collected undertaken & explored problem through QI methodology. Major issue high proportion of babies admitted intubated. SMART Aim: To increase proportion of <32 week infants on NIV at 1 week by 10% in 6 months. 1st PDSA: Providing effective nasal CPAP via shuttle mounted ventilator asap after birth for 25-31 week infants where possible.

High performing across NNAP Optimal Perinatal Care metric thanks to local perinatal QI group and PERIPrem Cymru programme. BUT challenge remains in delivering optimally timed steroids (reduces mortality in preterm infants by around 30%) partly due to challenges in predicting preterm birth. locally qfFN business case May 23 – just approved. Roll-out anticipated. In interim focus on evidence-based counselling PDSA.

Currently mapping wider QI work against BLISS Baby Charter. This crosscovers ongoing work re. Maternal Breast Milk (including PERIPrem Cymru 6 hour target) and DR skin to skin. Planned QI re. 'Active Offer' of Welsh Language.

Maps to:

NNAP Complications of Prematurity Composite Measure – published 2023 data due Oct 2024 **VON** – 2023 data due June 2024

MatNeo SSP: Rec: 12.1 Optimise Maternity & Neonatal Outcomes. G. Consider use of established QI process for neonatal infection e.g. Vermont Oxford Network (VON).

BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) 4.1 NSQI 1 Evidence based care

NNAP - new NNAP quality measure 2022: NIV only <32 weeks for 1st week of life (2022 36.4 vs UK 47.1)

BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) 4.1 NSQI 1 Evidence based care

BAPM Toolkit: Reducing the incidence of bronchopulmonary dysplasia A BAPM Quality Improvement Toolkit December 2023

(Inter) National Guidance: NICE (NG124) Specialist neonatal respiratory care for babies born preterm, 2019 European Consensus on RDS 2022.

NNAP Optimal Perinatal Care composite quality metric – latest data 27.5% (UK 19.1%)

PERIPrem Cymru (Perinatal Excellence to Reduce Injury in Preterm birth, Cymru) – 1 of a 10 intervention bundle being delivered nationally in Wales to reduce severe brain injury and improve survival <34 weeks.

BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) NSQI 2 Team working and communication

BAPM QI Toolkits: Antenatal Optimisation for Preterm Infants less than 34 weeks (2020)

BAPM Service and Quality Standards for Provision of Neonatal Care in the UK (2022) NSQI 3 Parental partnership in care

Mat Neo SSP: 7.4 All Neonatal Units to adhere to Bliss Baby Charter Standards

Declared Service Changes

- Neath Port Talbot Freestanding Midwife Led Unit due to reopen 16th September 2024
- Homebirths to be reinstated 21st October 2024.

Maternity Staffing 2024

Establishment and Vacancy		POST
22.7 WTE	1.6 vacancy	Consultant
12 WTE	2.4 vacancy	Specialty Registrar

FILLED POSTS MIDWIFERY – OBSTETRIC UNIT		BANDS
14.64 WTE	No vacancies	BAND 7
83.05 WTE –	No vacancies	BAND 6/5
9.12 WTE	No vacancies	BAND 4

FILLED POSTS MIDWIFERY – COMMUNITY AND FMU		BANDS
9.6 WTE	No vacancies	BAND 7
39.61 WTE	1.25 vacancy due to secondment	BAND 6/5
6.8 WTE	0.8 vacancy due to secondment	BAND 4

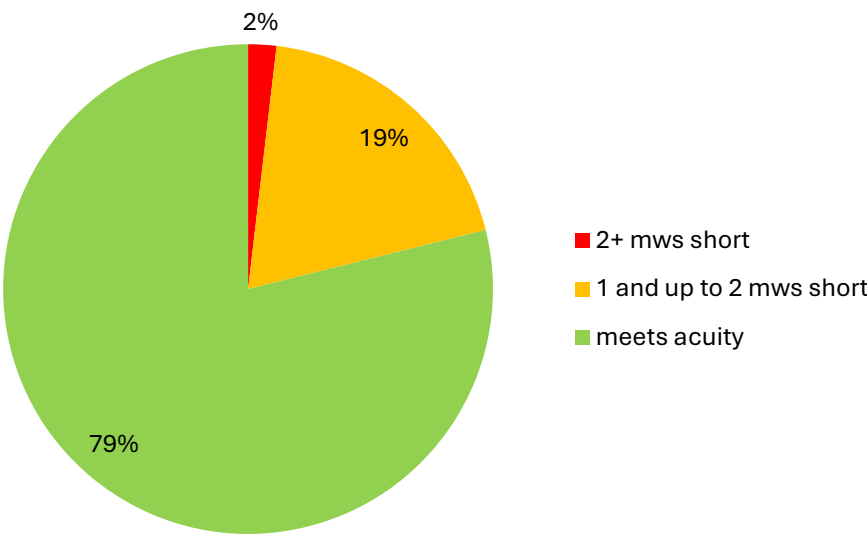
July 2024

97.6% of shifts staffed with 14 or more midwives

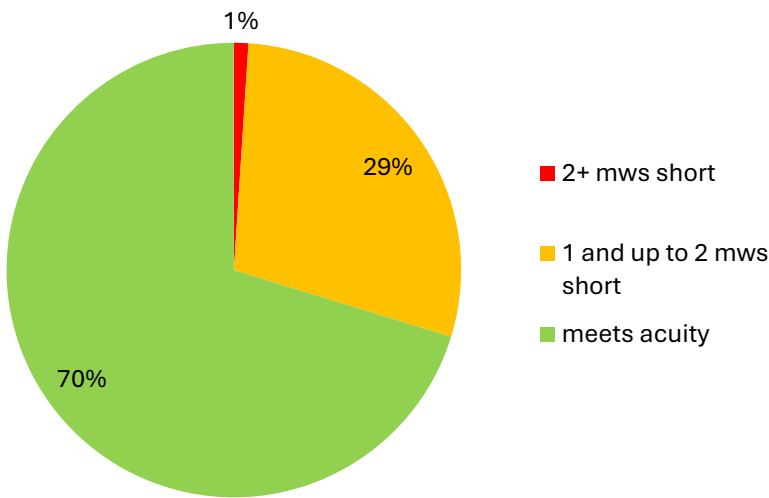
August 2024

97.02% of shifts staffed with 14 or more midwives

SDU Acuity - August 2024



SDU Acuity - July 2024



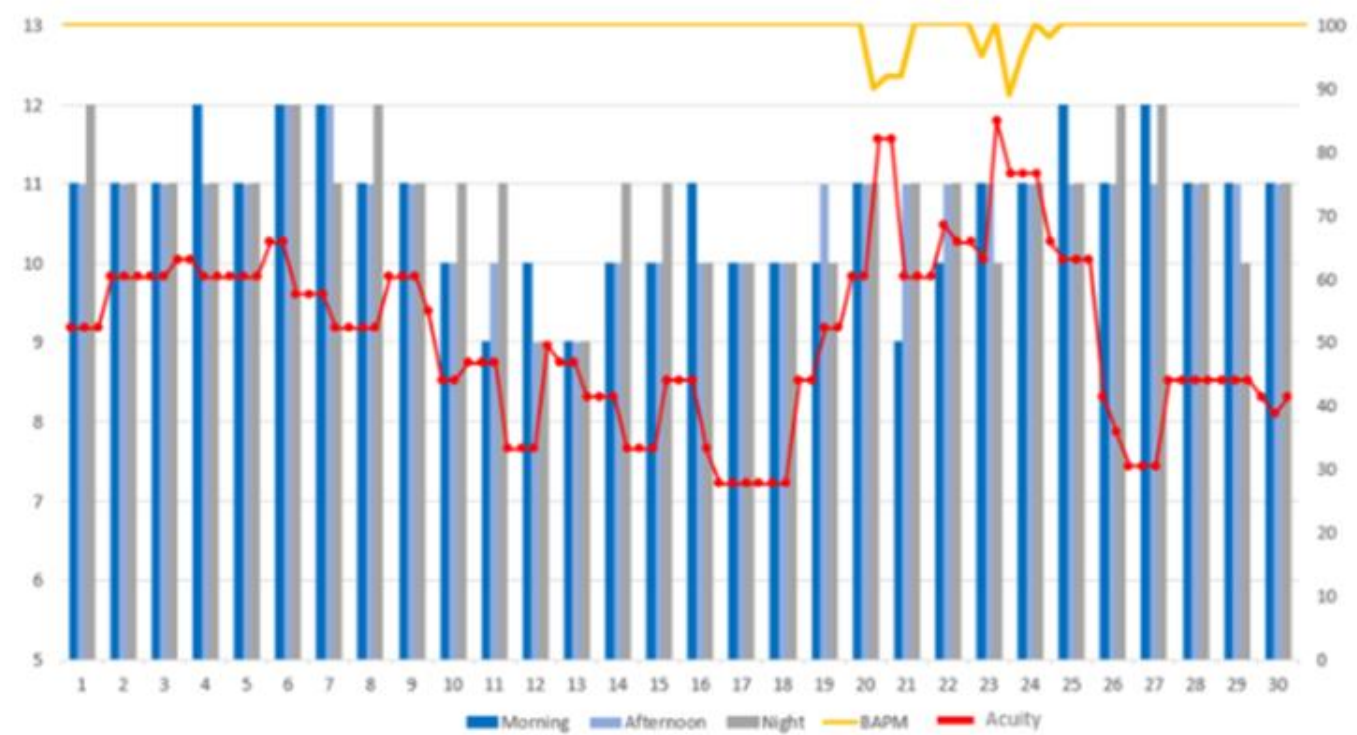
Appropriate escalation at times of high acuity documented in line with the escalation guideline

Neonatal Staffing 2024

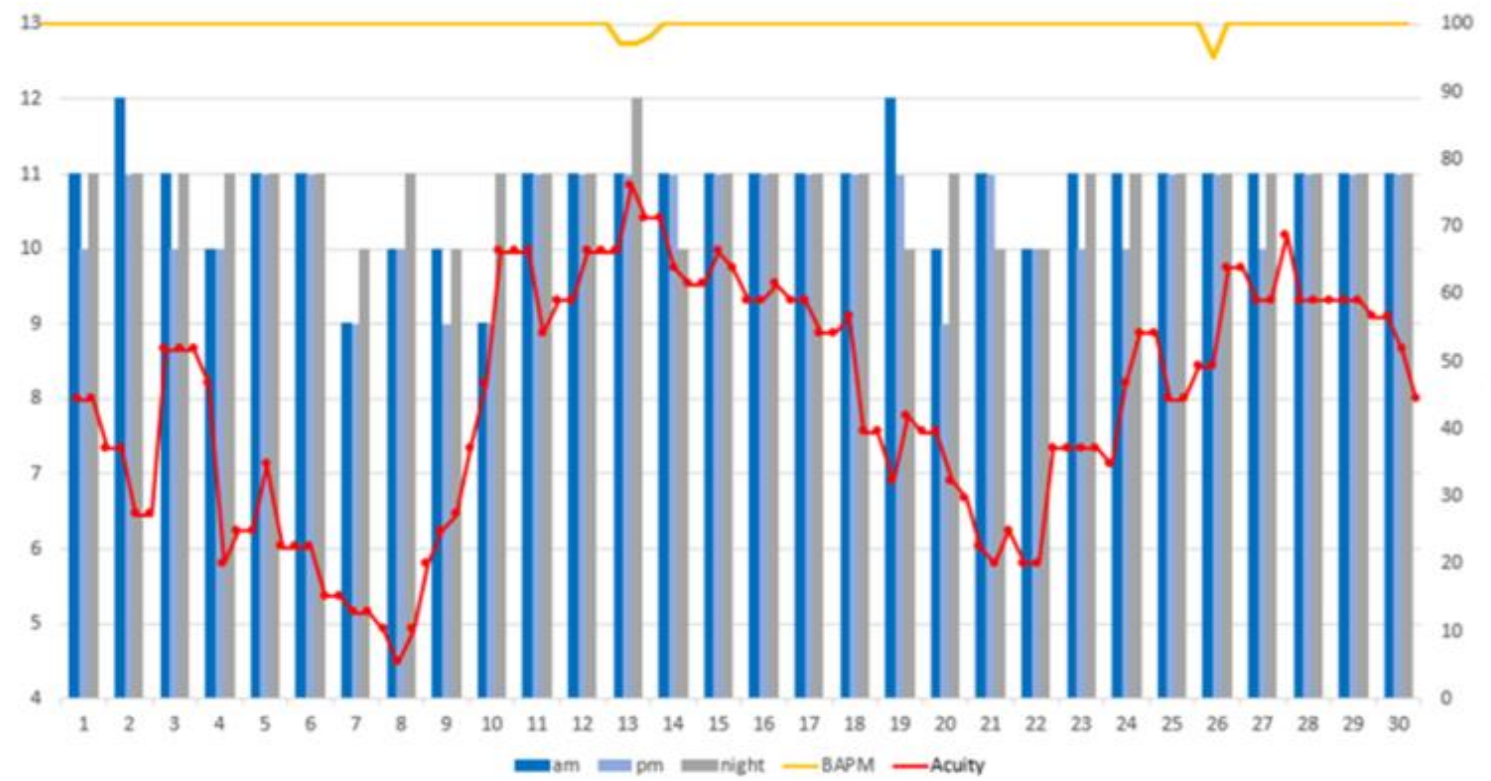
FILLED POSTS MEDICAL	POST
0.8 sessions	Locum Consultant
1 WTE for 12 months	Senior Clinical Fellow
1 WTE for 6 months	Junior Clinical Fellow
1 WTE for 2 years	MTI

FILLED POSTS NURSING	BANDS
2.56 WTE	BAND 7
1 WTE Discharge planning nurse (new post)	BAND 7
0.6 WTE – Outreach nurse	BAND 6
0.8 WTE – Infant feeding coordinator (secondment post)	BAND 6
6.0 WTE – Interviews occurring on 10th September 24	BAND 6
9.8 WTE	BAND 5
11 - Newly qualified via streamlining starting October 2024	BAND 5
1.6 WTE HCSW	BAND 2

Workforce – Neonatal Nursing BAPM compliance – July 24



Workforce – Neonatal Nursing BAPM compliance – August 24



Maternity and Neonatal -Training Compliance

Statutory and Mandatory Training		Apr - 24	May- 24	June- 24	July – 24	Aug – 24
* Welsh Government Target		85%				
Medical Staff	Obstetric	74.7%	78.1%	85%	87.2%	86.1%
	Neonatal	86.0%	81.6%	81%	83.1%	84.1%
Additional Clinical Services	Maternity	85.8%	81.2%	83%	90.2%	89.7%
	Neonatal	98.7%	72.5%	98.8%	94.0%	93.3%
Nursing and Midwifery	Maternity	92.6%	94.1%	94.0%	94.3%	94.9%
	Neonatal	93.3%	93.8%	95.4%	95%	95.4%

Training year completed August 2024 for Maternity and Obstetric.

New training year commenced September 2024 including Fetal Surveillance, Mandatory and statutory and Professional update.

GAP and Grow rolling compliance.

Neonatal Training		May -24	June-24	July - 24	Aug – 24
NLS	Nursing	98.0%	99.0%	99.0%	99.0%
	Consultants	100.0%	100.0%	100.0%	100.0%
	Juniors - Tier 1	90.9%	90.9%	90.9%	90.9%
	Juniors - Tier 2	100.0%	100.0%	100.0%	100.0%

NLS Nursing 99% = 1 person
1 did not pass MCQ

NLS Tier 1 90.9% = 1 person, 1x ANNP was booked into July date but has gone off on possible long term sick so will miss date – will be booked into next date upon return. Is fully up to date with in house training sessions and has completed NLS resus council course prior. Booked onto September NLS course.

Maternity Training 8		May - 24	June- 24	July – 24	Aug - 24
Prompt	Obstetric Medical Staff	76%	76%	92%	100%
	Midwifery	86.4%	87.8%	85%	95.6%
	Anaesthetics	-	100.0%	100%	100%
Fetal Surveillance		90.0%	88.8%	92%	94%
NLS		81.0%	82.3%	93%	96%
Gap Grow	Obstetric	92%	92%	90%	91%
	Midwives	89.0%	86.3%	90%	91%

Nurses Qualified in Speciality	May- 24	June - 24	July – 24	Aug – 24
Module 1	58.0%	58.0%	59.0%	59.0%
Module 2	53.0%	53.0%	53.0%	53.0%



Maternity and Neonatal

Mortality January 2024 – August 2024

Case	NND/SB	D.O.B	Gestation	Ethnicity	Weight	Age of death	Included in SBUHB MBRRACE report
1	NND	29/01/24	22+6	White	515 grams	1	No (< 24 weeks)
2	SB	27/02/24	25+3	White	640 grams	N/A	Yes
3	SB	18/04/24	38+2	Bangladesh i	2460 grams	N/A	Yes
4	NND	22/04/24	22+3	Chinese	505 grams	8	No (< 24 weeks)
5	SB	24/04/24	39+0	White	3590 grams	N/A	Yes
6	NND	16/05/24	33+2	White	2500 grams	2	Yes
7	NND	01/06/24	28+2	White	600 grams	63	No (> 28 days)
8	SB	09/07/24	39+6	White	4020 grams	N/A	Yes
9	NND	09/08/24	37+1	White	2140 grams	5	No (Born GGH)
10	SB	18/08/24	39	White	4020 grams	N/A	Yes
11	SB	22/08/24	28+2	White	1120 grams	N/A	Yes
12	NND	22/8/24	32+5	Pakistani	1945 grams	0	Yes

Maternity and Neonatal

Term HIE incidents for 2024

Case	Place of birth	D.O.B	Gest	MRI findings	Inborn > Outborn	Grading of HIE	Avoidable Yes/No	Outcome
1	SBU	1/1/24	41+6	Small focal cortical/subcortical infarcts of varying ages	Inborn	2	Reported as NRI. Learning identified and BOD. Legal opinion of baby's outcome not being related to HIE	Survived to discharge
2	SBU	20/1/24	40+2	Shallow posterior fossa, left middle cranial fossa subdural haemorrhages. No convincing evidence of HIE	Inborn	2	No	Survived to discharge
3	GGH	28/3/24	36+2	Consistent with and acquired peripartum hypoxic ischaemic injury	Out born	3	N/A	Survived to discharge
4	SBU	8/4/24	39+6	Sub optimal images but reported normal with no intracranial abnormality identified	Inborn	3	No	Survived to discharge
5	POW	5/6/24	39+3	B/L abnormal T1w cortical hyperintensity, most marked in left parietal lobe. Appearances are consistent with perinatal ischaemia/hypoxic injury	Out born	2	N/A	Survived to discharge
6	GGH	25/6/24	40+2	Mum is against having MRI – missed arranged appointments	Out born	2	N/A	Survived to discharge

DMC (Digital Maternity Cymru)

Progress and engagement with Digital Maternity Cymru.



National DMC

Outline Business Case (OBC) and statement of requirements (SOR) – The OBC has recently been circulated for comments to Leads of service, Finance, Digital and ICT teams. A meeting was held with leads to discuss the intention of the document and feedback. SB thematic review to be finalised and comments to be returned for OBC draft submission. Comments around the financial implication for the UHB need reviewing once WG finalise the plan for the programme.

Statement of Requirements (SOR) - comments finalised and submitted. Awaiting new draft to be submitted and agreed by Clinical and Technical Assurance Group. Once the OBC and SOR are finalised the project can move onto the procurement phase. (See phase 0-6 plan on adjacent page)

Process mapping – Collaborative working with business change to ensure the pathways throughout maternity care are digitally prioritised.

Data Standardisation – Care Pathways data mapping and process mapping ongoing for all seven UHBs, working in 3 week sprints to review data items of completed pathways in each Health Board. The pathways completed are now out for HB agreement and so multi-disciplinary workshops are being set up. First sprint PeriPREM, Maternal Vaccinations and Anaemia in pregnancy.

Quality Improvement Framework (National Database)– Digital lead representative on Mat Neo Network to work on data standards towards a national Mat Neo dashboard.

Women’s Information – workshop upcoming to develop how we share information with women through the DMC solution.

Research & Development – Awaiting an agreement to submit Service Evaluation forms to DMC from R&D for use of current and future feedback.

Project roles – Awaiting the recruitment of a project manager for SB/DMC.

Site Visit – DMC site visit planned for SBUHB.

Local Digital transformation projects:

1. Maternity Dashboard.
2. GROW 2.0 digital update.
3. Digital Resource plan for SBUUB.
4. Digital scan referral.
5. Digital service user web page for pregnancy information at discharge.
6. Digital Service user information for all local information.
7. Digital Pregnancy referral form.
8. Language Line applications and mobile devices.
9. Digital Charter for MVP.
10. AMAT implementation.

DMC (Digital Maternity Cymru)

Progress and engagement with Digital Maternity Cymru.

Phase 0	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Discovery project	"Feasibility"	"Definition"	"Delivery - Build"	"Delivery-Implement"	"Operations"	"Closure"
Mar 21-Dec 22	Jan 23-Mar24	April24-March 25	April25-Feb26	March26-Feb27	Feb 27 onwards	March 27
Understand high level needs and scope Understand the market Secure outline WG funding	Establish programme team Pre procurement Outline Business Case Clinical standards Discovery project	Select preferred supplier Full Business Case Deliver MVP clinical standards Requirement and design for dashboarding	Detailed design of services Configure digital system Develop interfaces Conduct testing	7 x Health Board implementation projects (supported nationally) Start measuring benefits National dashboarding/reporting	Handover to BAU Continuous Improvement	Close

Outcome and experience within Maternity and Neonatal services for women and babies with protected characteristics

- Working with WPAS to mandate the ethnicity field to accurately report and understand the demographics of our pregnant population
- Ethnicity related to Stillbirth and NND death are reported via MBRRACE and PMRT reviews in understanding impact on outcomes
- Maternity Voices Partnership have collaborated with the Diverse Outreach Team and have 60 voices from different communities contributing to the Maternity Voices.
- September and MDT from Maternity and Neonatal Services will be completing Diverse Cymru Training.
- Secured funding for 12 months for a Womens Experience Midwife to be appointed supporting Perinatal Services

Impact of temporary closure of POW

- All elective care will be retained within Cwm Taff Morgannwg.
- Staff from CTMUHB have been re-located to the two neighbouring HB's who are supporting the women requiring care in labour.
- CTMUHB have added staffing for their community teams to support the timely and safe management of women in labour.
- Probable numbers of women planning to birth in Swansea Bay UHB 11-20 women per month.
- Daily sit rep meetings are in place to manage acuity across CTMUHB, SBUHB and C&VUHB.
- Safety huddles will be called during periods of escalation outside of the planned morning Sit Rep meetings.
- All Wales Escalation policy alongside local escalation policy is in place to support the flow of acuity.
- WAST escalation in place for periods of business continuity.

External Review of Maternity & Neonatal Services

Analysis of Governance

- Niche Health & Social Care Consulting are undertaking the review of governance and leadership. Niche has delivered some of the largest investigations in England (having also worked extensively in Wales) and is experienced in undertaking reviews of maternity services, across an entire regional service and across individual providers of maternity care. They have also undertaken separate investigations into maternal harms, baby deaths and cases of paediatric death and harm.
- The Governance and leadership strand of the review is in the fieldwork stage with the aim of providing a safety now report in November 2024.

Stakeholder Engagement

- Families have had one to one meeting, with the interim Oversight Panel Chair of the review and several meetings with stakeholders;
- The Family and Community Voices Steering Group has been established to ensure effective engagement is mobilised between all stakeholders and an advert to appoint family co-chairs has been issued through stakeholders.
- This review is reaching out to several thousand families, some of whom will have negative and some positive experiences of care. It is important to represent the views of all families, especially those who are seldom heard.
- Positive relationships have been developed with Llais, AVMA, Peeps, and the Maternity Voices Partnership.
- The review has reached out to the Muslim Council of Swansea, Local authority childcare groups, and Ethnic minority representative groups coordination so that duplication does not occur. Responses have been very encouraging and very supportive of the review.
- The web pages dedicated to this review will be pivotal in aiding communications.

Trust & Confidence in the Review

- This review offers an extensive Terms of Reference which includes significant areas of data analysis, a review of the ‘safety system’ (including governance, risk and human factors) and a review of why past recommendations may not have been embedded.
- Importantly, this review seeks to understand the safety of the unit for those using services today, and for the duration of this review and whilst any recommendations are being implemented.
- This review has broader terms of reference than other maternity reviews, including those delivered by the high-profile maternity reviews.

Supporting Information

- Patient letter received by service – submitted as separate word document

<Redacted>