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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Recommendations - ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS (11th July 2019)
incorporating comment from the recent unannounced inspection by Healthcare Inspectorate Wales (HIW)
where appropriate

Report Ref. RAG rated	Recommendation	Swansea Bay University Health Board (SBUHB) Position	Identified further actions	Executive Lead and/or supporting lead	Completion Date	Method of assurance	Assuring Committee
TOR 1: To review the current provision of care within maternity services in relation to national standards and indicators, as well as national reporting.							
7.1	Urgently review the systems in place for: <ul style="list-style-type: none"> data collection, clinical validation, checking the accuracy of data used to monitor clinical practice and outcomes, 	<p>SBUHB uploads all clinical information to the Welsh PAS and Myrddin maternity module.</p> <p>The maternity dashboard is populated from the Welsh PAS system. Maternity services have 6 hours dedicated administration support and data is available to the senior team.</p> <p>Feedback from the last Welsh Government Performance Review provided positive feedback on the quality of our Health Board data (review November 2018)</p>	<p>Updated dashboard introduced by data manager to include RAG rating for data, based on national standards</p> <p>Dashboard reviewed by HIW stated the dashboard was good and recommended the data is brought up to date.</p> <p>The data manager has a planned meeting with the I.T department for the data to automatically populate the dashboard from WPAS.</p> <p>The dashboard is yet to be presented to the key maternity meetings and Q&S forum. Delayed due to unavailability of data manager.</p>	Director of Nursing and Patient Experience	May 2019	Maternity Services Dashboard review	Board Quality and Safety Committee
	<ul style="list-style-type: none"> What information is supplied to national audits. 	<p>Relevant National audits are supplied with all mandated information.</p> <p>Assurance paper submitted to Executive Team and Welsh Government on publication of any</p>	<p>Post for administrative support for national database reporting has been approved via job re-evaluation. Individual</p>	Medical Director	June 2019	Annual Reports from external national agencies are presented to the Maternity	Board Quality and Safety Committee



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		National Audit Report. Provision of data is currently undertaken by the Intrapartum Lead. The Service has recognised the increased demand in national reporting eg EBC, MMBRACE which has highlighted the need for clerical support for the Intrapartum Lead in order to meet the demands in a timely manner.	identified for appointment however unable to take up post as dependant on filling second post. Training of individual can be commenced while awaiting full release			Quality and Safety group.	
7.2	Identify nominated individuals (consultant obstetric lead and senior midwife) to ensure that all maternity unit guidelines: <ul style="list-style-type: none"> are up to date and regularly reviewed, are readily available to all staff, including locum staff and midwifery staff, have a multi-disciplinary approach, Are adhered to in practice. 	<p>The maternity service develop, write, maintain and update guidelines and protocols through standing forums all attended by the multidisciplinary team</p> <ul style="list-style-type: none"> Antenatal Forum Labour Ward Forum Perinatal Forum Training and Education Forum (T&E) Research Forum Maternity Services Quality and Safety group <p>Maternity services actively use the Health Board wide policies on COIN and Obstetric specific policies are on WISDOM.</p>	<p>HIW considered the policies for maternity services to be relevant and easily accessible for all staff.</p> <p>The system continues to hold out of date policies. The responsible forums have all been contacted with a list to update the policies within their sphere of responsibility</p>	<p>Director of Nursing and Patient Experience</p> <p>Medical Director</p> <p><i>(Head of Midwifery/ Clinical Lead, Obstetrics)</i></p>	June 2019	<p>WISDOM & COIN</p> <p>Maternity Services undertake an annual multidisciplinary record keeping audit.</p>	Board Quality and Safety Committee



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7.3	Mandate and support a full programme of clinically led audit with a nominated consultant lead to measure performance and outcomes against guidelines.	<p>The Maternity Governance Manager supports the nominated Obstetrics and Gynaecology medical Audit leads to manage the Audit programme.</p> <p>The Audit programme is monitored through the Maternity Quality and Safety Group</p>	<p>HIW recommended the audit schedule is reconsidered as currently only held bi-monthly.</p> <p>Report the audit programme to the service Delivery unit's quality and safety committee.</p>	<p>Medical Director</p> <p><i>(Head of Midwifery/ (Clinical Lead, Obstetrics)</i></p>	June 2019	Report on the Maternity Clinical Audit Programme and compliance	Board Quality and Safety Committee
7.4	<p>Ensure monitoring of clinical practice of all staff is undertaken by the Clinical Director and Head of Midwifery:</p> <ul style="list-style-type: none"> To ensure compliance with guidelines 	<p>Non-compliance of a guideline will be identified and managed proportionately through the incident reporting process.</p> <p>All clinical areas complete the health and care standards care metrics. This data is monitored by dedicated unit midwifery matrons to identify hot spot areas requiring intervention.</p> <p>The maternity service actively participate in the board-wide ward assurance programme. This includes undertaking monthly assurance checks covering the use of care bundles, controlled drugs compliance, resuscitation trolley checks- themes, spot checks of patients records and baby armband security compliance.</p>	<p>Maternity clinical forums are responsible for update and maintenance of policies within their sphere of practice</p> <p>Maternity assurance work reviewed by HIW. Resuscitation equipment in one ward not fully compliant. Ward Sister advised for cascade to all staff</p>	<p>Director of Nursing and Patient Experience</p> <p>Medical Director</p> <p>Director of Workforce</p> <p><i>(Head of Midwifery Clinical leads)</i></p>	June 2019	Continuous Audit plans and assurance audits	<p>Board Quality & Safety Committee</p> <p>Board Workforce & OD Committee</p>



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	<ul style="list-style-type: none"> To ensure competency and consistency of performance is included in annual appraisal. 	<p>Clinical supervisors for midwives feedback to midwives on themes and trends identified and escalate concerns relating to individual practice to the midwifery Matron.</p> <p>Monitor and report annually to individual staff as requested, their involvement in Datix incidents and complaints.</p> <p>Midwives participate in the NMC 3 yearly revalidation process. No midwifery breaches or lapsed registrations reported since introduction of requirements.</p> <p>There are currently no open referrals to the NMC.</p> <p>SBUHB participates in peer reviews run by the Revalidation Support Unit who reports annually to the Chief Medical officer.</p> <p>Obstetricians have an annual job planning meeting with the Clinical Lead. In addition, all medical staff</p>	CSfM data and processes reviewed by HIW- no concerns.			Assurance reports from Workforce & OD.	



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		<p>undertake annual appraisal. 100% of the 36 doctors in obstetrics and gynaecology have been fully appraised within the last 13 months.</p> <p>Midwives are required to have an annual Personal Appraisal development review, with rates recorded through the Electronic Staff Record system.</p> <p>Midwives receive four hours of clinical supervision per annum with their Clinical Supervisor as part of their development and ongoing competence.</p> <p>Annual record keeping audit undertaken by midwives. Analysis for themes and trends together with compliance against standards undertaken by Clinical Supervisors for Midwives (CSfM) and results shared with all staff.</p> <p>Junior doctors and Trainees have an educational supervisor to monitor performance.</p>	<p>Work to be undertaken to ensure ESR captures all relevant staff data. ESR currently reporting 66% compliant (Maternity Services report higher compliance using their local data).</p> <p>2018/19 audit analysis to be finalised and shared with staff</p>	<p>Director of Workforce</p> <p>(Head of Midwifery)</p> <p>(Head of Midwifery)</p> <p>(Head of Midwifery)</p> <p>Clinical Lead</p>	<p>May 2019</p> <p>June 2019</p> <p>May 2019</p> <p>May 2019</p> <p>June 2019</p>	<p>Maternity Audit Plan</p>	<p>Board Workforce & OD Committee</p> <p>Board Q&S Group</p>



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							Board Workforce & OD Committee
7.5	Agree a cardiotocograph (CTG) training programme that includes a competency assessment which is delivered to all staff involved in the care of pregnant women, both in the antenatal period and intrapartum.	<p>The All Wales Standard does not include a competency assessment tool</p> <p>SBUHB reports 90% compliance for midwifery staff with the 6 hours fetal surveillance CTG.</p> <p>SBUHB training programme includes:</p> <ul style="list-style-type: none"> • 4hrs mandatory and statutory training day for midwifery and Obstetric staff which includes themes and trends from CTG misinterpretation. • 2hrs additional study are self-directed. All CTG training is recorded on a 'CTG Passport'. <p>Training database shows the majority of medical staff have attended the CTG mandatory training (18/19) but the number of CTG Passport submitted as evidence is low.</p> <p>SBUHB maternity service has cardiotocograph monitors in all clinical</p>	<p>All available staff compliant with training requirements for 2018/19.</p> <p>Business case for CTG Central Monitoring System submitted and progressing through the Health Board process.</p> <p>Foetal surveillance midwife business case to be presented to IBG. The role will support CTG interpretation and learning in the workplace</p>	<p>Director of Nursing and Patient Experience</p> <p>Executive Medical Director</p> <p>Clinical Lead</p> <p>Director of Finance</p>	<p>May 2019</p> <p>June 2019</p>	<p>Maternity Services Training Database</p> <p>Health Board Risk Register</p>	<p>Board Quality and Safety Committee</p> <p>Board Quality and Safety Committee</p> <p>Board Q&S Group</p>



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		areas required for fetal well-being surveillance.					
7.6	Obstetrics and Gynaecology consultant staff must deliver: <ul style="list-style-type: none"> a standard induction programme for all new junior medical staff A standard induction programme for all locum doctors. 	<p>A standard induction programme is provided for all junior medical staff and for substantive senior medical staff.</p> <p>All midwifery staff have a robust 4 week induction programme on commencement of new employment</p> <p>An induction programme is not currently available for locum staff, however it is a rare occurrence to employ a locum unknown to the service.</p>	Induction programme to be prepared for all locum staff employed	Director of Workforce and OD (<i>Clinical Obstetric Lead</i>)	August 2019	Induction programme to be completed for locum staff and monitor use	Workforce and OD
7.7	Ensure an environment of privacy and dignity for women undergoing abortion or miscarriage in line with agreed national standards of care	<p>Women undergoing an abortion or miscarriage are admitted under the care of the Gynaecology Service to Ward 2, Singleton Hospital which is a mixed Gynaecology/Ophthalmology Ward.</p> <p>The Head of Midwifery and Corporate Head of Nursing undertook an assurance visit in 2018 to assess compliance with the RCOG standards. They identified that whilst Ward 2 was compliant with the RCOG clinical standards, the environment was less than satisfactory to enable staff to</p>	<p>Restructure of the management arrangements for gynaecology and EPAU.</p> <p>Independent Board member walk around of ward 2 environment completed 29/05/2019.</p>	<p>Director of Nursing and Patient Experience</p> <p>Medical Director</p>	Sept 2019		Board Quality and Safety Committee



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		preserve women's dignity and respect at a sensitive and highly emotive time.	Recommendations and options, to be reported to the Board Q&S Committee.				
TOR 2: Assess the prevalence and effectiveness of a patient safety culture within maternity services including <ul style="list-style-type: none"> the understanding of staff of their roles and responsibilities for delivery of that culture; identifying any concerns that may prevent staff raising patient safety concerns within the Trust; Assessing that services are well led and the culture supports learning and improvement following incidents. 							
7.8	Ensure external expert facilitation to allow a full review of working practice to ensure: <ul style="list-style-type: none"> patient safety is considered at all stages of service delivery, a full review of roles and responsibilities within the obstetric team, The development and implementation of guidelines, an appropriately trained and supported system 	Strong reporting culture evident from a number of incidents reported in SBUHB There are weekly clinical reflections where incidents and cases of the week are discussed and debated. These meetings are open to all clinical staff. In addition, there are monthly MDT risk management meetings where the outcomes of clinical reviews are discussed and actions agreed. There are clearly identified lead roles with defined dedicated weekly sessions within the Obstetric Team. All maternity forums are Multidisciplinary and are responsible	HIW identified, and were assured, of the reporting culture and processes in SBUHB			Job Planning Maternity Forums Terms of Reference	Board Quality & Safety Board



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	<p>for clinical leadership,</p> <ul style="list-style-type: none"> A long term plan and strategy for the service, There is a programme of cultural development to allow true multi-disciplinary working. 	<p>for implementation and updating of clinical guidelines.</p> <p>Newly appointed consultants participate in the Health Board Consultant Development Programme.</p> <p>Midwives are supported to attend the RCM leadership programme. SBUHB continues to support midwives to undertake Master level courses and has a contract with Swansea University to support post graduate opportunities including Master's level study which include a leadership module.</p> <p>Practical Obstetric Multi-Professional Training (PROMPT) training implemented with Welsh Risk Pool support.</p>	<p>Identify and offer Health Board opportunities for leadership development (Footprints and Bridges).</p> <p>Band 7 midwives to be offered development opportunity to work with matrons for operational management development</p> <p>PROMPT embedded into training programme</p>	<p>Director of Workforce & OD (Head of Midwifery)</p>	<p>July 2019</p>		<p>Board Workforce & OD Committee</p>
7.9	<p>Develop a trigger list for situations which require consultant presence on the labour ward which must be agreed by all consultants in obstetrics, paediatrics</p>	<p>SBUHB has a Standard Operating procedure for when to call a Consultant Obstetrician to Labour ward</p>	<p>Update the MDT Responsibilities of Medical Staff on the Labour Ward Protocol to include a trigger list in line with RCOG recommendations.</p>	<p>Medical Director</p>	<p>May 2019</p>	<p>Datix incident reports</p>	<p>Board Quality & Safety</p>



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	and anaesthetics and senior midwives	It is expected staff will incident report difficulties in gaining Consultant attendance on Labour ward Themes are monitored through Datix system. No theme identified following a deep dive.	Encourage staff to report difficulties in obtaining Consultant anaesthetic or neonatologist attendance to Labour Ward	Medical Director	May 2019		
7.10	Introduce regular risk management meetings which must be: <ul style="list-style-type: none"> open to all staff, conducted in an open and transparent way, held at a time and place to allow for maximum attendance 	SBUHB have regular risk management meetings including; <ul style="list-style-type: none"> Weekly MDT “safety huddle” to review all recent Datix reports Weekly review of overdue incidents and SI reports by the Midwifery Management Team Weekly Reflection meetings on each site facilitated by an obstetrician and a consultant midwife. Obstetric Clinical Incident Review meeting (OCRIM) (monthly), to review completed case reviews. Maternity Quality and Safety group- monthly meeting. Perinatal mortality meetings held jointly with the neonatal team Dedicated Health Board Audit dates 	Member of the SDU to attend Risk Management Group. Reinforce requirement for Senior Maternity Team representation required at Service Delivery Unit Quality & Safety meetings.	Director of Corporate Governance Unit Nurse Director Singleton Service Delivery Unit	June 2019	Terms of Reference and membership / attendance records for each meeting.	Board Quality & Safety Committee



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		<ul style="list-style-type: none"> Activity and outcomes from the various risk meetings are included in the monthly governance paper prepared by the Maternity Governance Manager which is circulated to the Service Delivery Units for inclusion in their Quality and Safety meetings. Good attendance by clinical staff at reflections meetings where there is the opportunity to discuss case reviews in a safe environment 					
7.11	Ensure mandatory attendance at the following meetings for all appropriate staff. Attendance must be recorded and included in staff appraisals. Ensure that meetings are to be scheduled or elective clinical activity modified to allow attendance at: <ul style="list-style-type: none"> Governance meetings, Audit meetings 	<p>See 7.10 for list of formal risk meetings</p> <p>Dates of risk meetings are published for staff to attend</p> <p>Attendance registers taken at all risk management meetings to be scanned and uploaded to a central folder.</p> <p>Level of clinical activity can impact on the availability of midwives to attend meetings.</p>	<p>Midwifery Management Team to consider how to support dedicated time for appropriate staff to attend formal risk meetings.</p> <p>Newsletter to contain all upcoming dates of risk meeting for staff.</p> <p>Arrangement for maternity incident review meeting to be held on a set day each month</p> <p>HIW recommendation to introduce mechanism to</p>	<p>Director of Nursing and Patient Experience</p> <p><i>(Head of Midwifery)</i></p>	Sept 2019	Head of Midwifery to provide assurance paper in relation to midwifery attendance at Risk Meetings.	Board Workforce & OD Committee



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	<ul style="list-style-type: none"> Perinatal Mortality meetings 		ensure staff receive and read governance information circulated				
7.12	Undertake multidisciplinary debriefing sessions facilitated by senior maternity staff after an unexpected outcome.	<p>SBUHB tool kit for managing serious incidents has been introduced to maternity services which requires a multi-disciplinary team learning event to be undertaken as part of the investigation process.</p> <p>Clinical Supervisors for Midwives are available during working hours (Mon-Fri) to support midwifery staff when required.</p> <p>Midwifery Matrons are available to support midwifery staff during working hours.</p> <p>Outside of working hours there is an on-call Manager available to support midwifery staff.</p> <p>Medical Staff contact the on call consultant or their educational lead for support.</p>	<p>Develop and implement a Standard Operating Policy for debrief management of all staff led by Consultants.</p> <p>Consultant Obstetrician and member of Midwifery Management to attend PROMPT multi-disciplinary study opportunity to develop skills in early support a debrief for staff.</p>	Medical Director (Lead Clinician)	Sept 2019	Standard Operating Policy Staff feedback	Board Quality & Safety Committee



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7.13	Identify a clinical lead for governance from within the consultant body. This individual must: <ul style="list-style-type: none"> be accountable for good governance, attend governance meetings to ensure leadership and engagement 	There is a nominated Obstetric lead for clinical governance who is actively engaged in the governance process of maternity services. The Clinical governance lead currently has one session per week for the role			June 2019	Monitor attendance of governance lead for key governance and risk meetings as stated in 7.10	Board Quality & Safety Board
7.14	Consultant meetings should: <ul style="list-style-type: none"> be regular in frequency, have a standing agenda item on governance, be joint meetings with anaesthetic and paediatric colleagues. 	Obstetric Consultant meetings are held regularly chaired by the clinical lead for obstetrics. Clinical governance issues are discussed but is not a standing agenda item. The individual Consultant groups meet separately within their own speciality. There is no formal joint meeting for obstetric/anaesthetic/neonatal consultants There are various risk meetings attended by the speciality consultants e.g. Obstetric Clinical incident review meeting, weekly safety huddle , perinatal mortality meeting	Maternity clinical governance and risk is a standing agenda item to the Obstetric Consultant meeting. Consultant Speciality Leads to work towards formal MDT meetings to include senior midwives.	Medical Director (<i>Clinical lead</i>) (<i>Clinical Leads</i>)	May 2019 Sept 2019	Meeting agenda and minutes.	Board Quality & Safety Board Board Workforce & OD Committee



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7.15	Educate all staff on the accountability and importance of risk management, Datix reporting and review and escalating concerns in a timely manner. Include this at: <ul style="list-style-type: none"> • junior doctor induction, • locum staff induction, • midwifery staff induction, • annual mandatory training 	<p>Governance and risk is included in the induction programme for midwives with a session provided by the Governance team. This is not currently in place for the medical staff induction programme.</p> <p>There is no formal induction programme for Locum medical staff.</p> <p>Risk, themes and trends are included in annual mandatory training as well as reflections meetings.</p> <p>National report outcomes are presented to staff in training sessions.</p>	<p>Arrangement made for Governance team to provide session on medical staff induction.</p> <p>HIW were assured of the positive reporting culture in SBUHB</p> <p>Prepare an induction programme for Locum staff</p>	<p>Medical Director</p> <p>Medical Director</p>	<p>May 2019</p> <p>Sept 2019</p>	Evidence of completion of induction programmes	Board Workforce & OD Committee
7.16	Urgent steps must be taken to ensure that consultant obstetricians are immediately available when on call (maximum 30 minutes from call to being present).	<p>SBUHB obstetric Consultants are available within 30 minutes.</p> <p>Resident Consultant on duty every night from 20.30hrs</p> <p>No themes or trends have been identified through Datix of obstetric consultant failure to attend the labour ward when requested or of an arrival time beyond 30 minutes</p>				Incident reporting	Board Quality & Safety



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7.17	Ensure training is provided for all SAS staff to ensure that they are: <ul style="list-style-type: none"> up to date with clinical competencies, Skilled in covering high risk antenatal clinics and out-patient sessions. 	SAS Staff are required to undertake all mandatory and statutory training. Compliance of the 13 mandated modules is 77%.		Medical Director		Training records	Board Workforce & OD Committee
7.18	Agree cohesive methods of consultant working after the merger with input from anaesthetic and paediatric colleagues.	Not applicable to Swansea Bay University Health Board					
ToR 3: Review the RCA investigation process, how SIs are identified, reported and investigated with the maternity services; how recommendations from investigations are acted upon by the maternity services; how processes ensure sharing of learning amongst clinical staff, senior management and stakeholders and whether there is clear evidence that learning is undertaken and embedded as a result of any incident or event.							
Work is required to address the culture in relation to governance and supporting all staff with their accountability in relation to incident reporting, escalation of concerns and review of Datix in a timely manner.							
7.19	Ensure that a system for the identification, grading and investigation of Serious	From January 2019, SBUHB Maternity Services has implemented the (non-ratified) All Wales SUI Trigger List developed by the Heads of Midwifery.	To continue working with the SI Team with a focus on providing training and support to investigators to:	Director of Nursing & Patient Experience	June 2019	Monitoring of SI reports	Board Workforce & OD Committee



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	<p>Untoward Incidents (SUI) is embedded in practice, through:</p> <p>appropriate training to key staff members,</p> <p>making investigations multidisciplinary and including external assessors</p>	<p>This has resulted in an increase in the number of SUIs reported. 2017/18 = 7 SUIs reported to WG 2018/19 = 14 SUIs reported to WG</p> <p>The Board works to the Welsh Government 60 day assurance target. The overall Health Board compliance at April 2019 = 70 %. The Health Board has received a follow up review by the Delivery Unit into systems of managing serious incidents. This noted significant improvements and notification has been given that the Delivery Unit is not planning further work in this area.</p> <p>A weekly MDT undertakes a review of all recent incidents relating to Maternal and Neonatal cases. A decision is made whether a full RCA is required and whether the incident meets the criteria for SUI or Never Event.</p> <p>Maternity Services worked with SBUHB Serious Incident Team to pilot the HB Serious Incident Toolkit to ensure objective and robust review is</p>	<ul style="list-style-type: none"> Ensure thorough investigation is undertaken; Improvement in completion time to ensure compliance with WG timescales <p>HIW informed and aware of low compliance with timeliness of responses. Action plan for improvement required</p> <p>To assess the maternity service resource and capacity to ensure all SUIs receive an objective and robust review within Welsh Government timeframes. Workforce paper in development to support the governance structures following relocation of service management to Singleton Delivery unit</p> <p>Introduction of SBUHB Serious Incident Toolkit</p>	Director of Nursing & Patient Experience	<p>June 2019</p> <p>Oct 2019</p>		Board Quality & Safety Committee



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		undertaken. This included training for investigators. All case reviews are presented to the monthly Obstetric Clinical incident review meeting (OCRIM).	with training workshop for relevant staff				
7.20	Actively seek to remove the 'blame culture' to allow all staff to develop a willingness to report and learn from SIs	Maternity services participate in the all wales staff survey. The service reports positive results in a number of key areas: <ul style="list-style-type: none"> • <i>Team members trust each other</i> • <i>My line manager makes clear what is expected of me</i> • <i>I would recommend my organisation as a place to work</i> • <i>If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation</i> <p>The survey also highlighted areas needing attention, including higher than average reports of bullying and attending work when unwell.</p> <p>A deep dive of the doctor's annual appraisals has not found evidence of a perverse culture in the appraisal constraint analysis.</p>	Guardian Service being rolled out Health Board wide. Service providers will undertake development with maternity services	Director of Workforce	June 2019	Staff survey results	Board Workforce & OD Committee



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7.21	<p>Improve incident reporting by:</p> <ul style="list-style-type: none"> delivering training on the use of the Datix system for all staff, encouraging the use of the Datix system to record clinical incidents, Monitor the usage of the incident reporting system. 	<p>The governance team attend the induction day for newly appointed midwives and will be attending Medical Staff induction days in future.</p> <p>Strong reporting culture evident from number of incidents reported in SBUHB.</p> <p>There are also spot checks against Maternity data and badgernet to ensure poor outcomes or clinical incidents triggers are being reported.</p>	Governance Team will attend Medical Induction Programme	Director of Nursing & Patient Experience	August 2019	Evidence of sessions during induction programme	Quality and Safety Committee
7.22	Actively discuss the outcomes of SIs in which individual consultants were involved in their appraisal.	<p>In line with GMC requirements all doctors are required to discuss incidents and complaints in which they are involved during their appraisal.</p> <p>Medical staff receive a report prior to their appraisal showing details of any complaints or incidents and are expected to provide a reflection for their appraisal.</p>	Consider developing an automated system for informing clinicians when they are named in a concern.	<p>Director of Nursing & Patient Experience</p> <p>Medical Director</p> <p>Clinical Lead and Obstetricians</p>	Sept 2019	Datix monitoring; Appraisal systems	Board Quality & Safety Committee
7.23	Improve learning from incidents by sharing the outcomes from SUIs on a regular basis and in an	Learning from Serious untoward incidents is shared in a variety of ways;	To liaise with staff and obtain feedback on most effective method of communicating lessons	Director of Nursing & Patient Experience	July 2019	The Maternity Quality & Safety monthly report.	Board Quality & Safety Committee



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	appropriate, regular and accessible format.	<ul style="list-style-type: none"> Learning Events Newsletter Safety Briefs Feedback to staff from Clinical supervisor for midwives and Educational Supervisors. 	<p>learnt. Consider other ways to share learning and feedback.</p> <p>HIW recommendation to ensure staff are receiving and reading governance messages sent out</p>	<p>Gareth Howells</p> <p>Medical Director</p> <p>Clinical Lead and Obstetricians</p>		Bi-monthly MDT audit.	
7.24	Identify a clinical lead from senior medical staff within the directorate to support the current midwifery governance lead.	Obstetric governance lead in place for two sessions per week Neonatal governance link lead in place for one session per week.	Currently do not have midwifery governance lead Workforce paper in development to support the governance structures following relocation of service management to Singleton Delivery unit	Clinical Lead and Obstetricians	June 2019		Board Quality and Safety Committee.
ToR 4: Review how through the governance framework the Health Board gains assurance of the quality and safety of maternity and neonatal services.							
7.25	Appoint a consultant and midwifery lead for clinical audit/quality improvement with sufficient time and support to fulfil the role to ensure: <ul style="list-style-type: none"> clinical audits are multidisciplinary, 	<p>Maternity service prepares a clinical audit programme each year which includes national audits and audits relevant to practice identified from themes and trends following incidents or complaints.</p> <p>There is a designated Obstetrics lead and a separate Gynaecology lead.</p>				Maternity Audit Plan	Board Quality and Safety Committee.



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	<ul style="list-style-type: none"> that there is a clinically validated system for data collection, that the lead encourages all medical staff to complete an audit/quality improvement project each year to form part of their annual appraisal dataset, Sharing of the outcomes of clinical audits and the performance against national standards. 	<p>All medical staff and midwifery staff are encouraged to take part in audit</p> <p>SBUHB has a research Forum with strong links to Swansea University and is consistently involved in national audit and research for example The big baby trial, Phoenix.</p>					
7.26	<p>Agree jointly owned neonatal and maternity services audits of neonatal service data including</p> <ul style="list-style-type: none"> neonatal outcome data, perinatal deaths, 	<p>Neonatal outcome data is reported through the neonatal network</p> <p>Weekly MDT meeting to review Neonatal/Maternity cases/data</p> <p>Monthly Joint Perinatal Meetings to review/discuss mortality and morbidity cases.</p>		Director of Nursing & Patient Experience		Audit returns	Board Quality & Safety



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	<ul style="list-style-type: none"> transfer of term babies to SCBU, babies sent for cooling, Each Baby Counts reporting, Mothers and babies reducing risks through audit and confidential enquiries united kingdom, breast feeding rates, skin to skin care after birth, neonatal infection, Baby Friendly accreditation BLISS (for babies born prematurely or sick) baby charter accreditation 	<p>Term admissions to NNU Assurance paper submitted to WG with accompanying action plan.</p> <p>The intrapartum lead midwife is the lead reporter for national external reporting</p> <p>MMBRACE Perinatal Mortality Report is showing an incidence of up to 10% higher than similar units in UK but this is the same as the other Maternity Units with Level 3 Neonatal in Wales.</p> <p>SBUHB have achieved Baby Friendly Initiative (BFI) accreditation.</p> <p>The Multi-disciplinary team are currently reviewing their reporting structures to ensure joined up systems</p>	<p>Admissions to NNU are to be added to the Maternity Dashboard</p> <p>Develop a pilot/project for a fixed term placement of Fetal Surveillance Midwife for training and development of staff in fetal surveillance. IBG bid in preparation</p> <p>Mapping of meeting structures required to combine where possible meeting arranged for 15/7/19</p>	<p><i>(Clinical Leads for neonatal and obstetrics & Head of Midwifery)</i></p> <p><i>(Head of Midwifery)</i></p> <p><i>(Clinical Leads/Head of Midwifery)</i></p>	<p>June 2019</p> <p>July 2019</p> <p>Aug 2019</p>	<p>Q&S Reporting Structure</p>	<p>Board Quality & Safety</p>
7.27	Consider extra resource to the Maternity Governance and Risk team to ensure:	See 7.19	Workforce paper in development with Singleton Delivery unit for professional and	Director of Nursing & Patient Experience			



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	<ul style="list-style-type: none"> workload is manageable, That Datix are reviewed, graded and actioned in an appropriate and timely manner. 		governance administration roles	SDU Nurse Director/Head of Midwifery			
7.28	<p>Ensure that the executive level lead role for maternity will work with the maternity department and this role is effective and supported. This individual should</p> <ul style="list-style-type: none"> have a direct progress reporting responsibility to the Board, in particular while the issues raised in this report are being resolved understand and facilitate improvement in 	<p>The Director of Nursing is the executive lead for maternity services and within his structure, and the Assistant Nurse Director is a Registered practising midwife.</p> <p>A restructure of maternity services is required to improve the lines of accountability and reporting on all governance issues.</p> <p>The assistant director of nursing and midwifery acts as the single point of contact for the agencies and regulators</p> <p>A maternity steering group has been established chaired by the assistant director of nursing to oversee the areas for improvement</p>	<p>Restructure of maternity services agreed. Move to Singleton delivery unit completed 1st July 2019. Further development to include Gynaecology and EPAU within Womens service group.</p> <p>HoM to attend HB Quality and safety forum to report from national agencies and exception report for maternity</p>	Corporate Executive lead/ Assistant director of Nursing and midwifery /Head of Midwifery/Clinical Lead for Obstetrics and Gynaecology	June 2019	Reporting setting out the revised governance arrangements for maternity services	Quality and Safety Committee



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	<p>the reporting of safety issues and clinical risk,</p> <ul style="list-style-type: none"> provide a single point of reference for liaison with external agencies, Ensure all reports from external agencies and regulators are channelled through a single pathway to ensure priorities remain focussed. 						
7.29	<p>Closely monitor bank hours undertaken by midwives employed by Cwm Taf University Health Board, to ensure:</p> <ul style="list-style-type: none"> the total number of 	<p>SBUHB is compliant with the European Working Time Directive</p> <p>Midwives are offered additional shifts. Overtime is offered in circumstances where additional hours are not available.</p>	<p>Matrons to monitor working hours including hours worked during annual leave.</p> <p>HIW recommendation to ensure CMW's do not</p>	Director of Workforce		Health roster reports	Board Workforce and OD Committee



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	<p>hours is not excessive,</p> <ul style="list-style-type: none"> the Health Board complies with the European Working Time Directive (EWD), These do not compromise safety. 	<p>The maternity services has an on call policy in place. Maternity services is using health roster.</p> <p>The Health Board has a nursing and midwifery workforce group that reports to board workforce and OD committee.</p> <p>Additional hours are monitored.</p>	breach EWTD. Report in preparation				
7.30	<p>Ensure the Medical Director has effective oversight and management of the consultant body by:</p> <ul style="list-style-type: none"> making sure they are available and responsive to the needs of the service. urgently reviewing and agreeing job plans to ensure the service needs are met. clarifying what is to be covered as part 	<p>The service delivery unit medical director is kept informed of issues relating to the consultant body by the Clinical Lead for Obstetrics and Gynaecology.</p> <p>Recent job plans discussions have identified the need for Unit Medical Director presence on occasion. Requests for O&G consultants to train as appraisers has had some limited success.</p> <p>MARS appraisal website shows seven appraisers within Obstetrics & Gynaecology speciality however, two</p>	<p>Service Delivery unit Medical Director to be invited to consultant meetings.</p> <p>Clinical Lead for Obstetrics and Gynaecology to ensure all consultants have the</p>	Medical Director	June 2019	Updates from Medical Director	Board Workforce and OD Committee



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	<p>of SPA activity (audit, governance, teaching, guidelines, data assurance, train more consultant obstetricians as appraisers),</p> <ul style="list-style-type: none"> Ensuring the most unwell women are seen initially by a consultant and all women are seen by a consultant within 12 hour NCEPOD recommendation⁴ (national standard). 	<p>of these work within the Wales fertility unit leaving 5.</p> <p>Internal audit assess the Health Board's appraisal and revalidation system in Spring 2019 'reasonable assurance'.</p> <p>A consultant antenatal ward round is undertaken every 24 hours but women on the labour ward are seen at least x2 and more often x3 per 24 hours by a consultant routinely. Ill women are seen promptly by a consultant as required.</p>	<p>opportunity to receive training as appraisers.</p>				
7.31	<p>Ensure a robust plan of births anticipated in each midwifery led unit and consultant led unit is undertaken:</p> <ul style="list-style-type: none"> ensure involvement of paediatric staff for all future service design 	<p>Maternity dashboard to be adapted to capture births by Estimated Due Date to advise capacity planning.</p> <p>South Wales paediatric/obstetric and neonatal (PON) contingency planning group convened to monitor flows across the South Wales HB's. The maternity and neonatal network support at times of high acuity. Escalation status for neonates</p>	<p>Maternity Dashboard to be presented at Maternity Service quality and safety Group.</p> <p>Ensure PON board reports to Chief executives</p>	<p>Director of Nursing and Patient Experience Director of Strategy</p>	June 2019	Maternity dashboard	Quality and Safety Committee



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	reviews and actions	features as part of the Health Board wide sitreps and on call arrangements. Maternity status needs to be included The health board has been supported with a welsh government capital programme funding to enhance neonatal capacity and a transitional care unit at the singleton hospital site					
7.32	<p>Ensure obstetric consultant cover is achieved in all clinical areas when required by:</p> <ul style="list-style-type: none"> reviewing the clinical timetables to ensure that 12 hour cover per day on labour ward is achieved, Undertake a series of visits to units where extended consultant labour ward presence has 	<p>SBUHB are fully compliant with the RCOG recommendations for Labour ward cover (> 60 hrs per week)</p> <p>Resident consultants are in place to cover night shifts on labour ward from 2030hrs</p> <p>A second senior Obstetric Consultant is available on-call from home in support of resident consultants</p>				Consultant staff in post and rosters.	Quality and Safety Committee



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	<p>been implemented.</p> <ul style="list-style-type: none"> considering working in teams to ensure a senior member of the team is available in clinics and provide cross cover for each other, considering the creative use of consultant time in regular hours and out of hours to limit the use of locums 						
7.33	Actively share the findings of this Royal college of Obstetrician and Gynaecologist review with the Welsh Deanery and urgently encourage them to revisit the Health Board to:	<p>Positive feedback received from Welsh Deanery in relation to junior doctor training and experience in Swansea bay University Health Board</p> <p>There is a named Royal College of Obstetricians and Gynaecologists</p>	Continue to receive and evaluate Welsh Deanery feedback	<p>Medical Director</p> <p>Director of Workforce</p>	October 2019	Welsh Deanery feedback	Board Workforce and OD Committee



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	<ul style="list-style-type: none">reassess the quality of induction, training and supervision in obstetrics,seek assurance on the suitability of this service for trainees,Appoint a named Royal College of Obstetricians and Gynaecologists College tutor to provide support for the trainees currently on the RGH site with adequate time and resource to fulfil this function.	consultant tutor for Singleton Hospital trainees.					



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7.34	<p>Allocate all trainees currently in post a clinical and educational supervisor</p> <ul style="list-style-type: none"> the role of clinical supervisor and educational supervisor should be documented and closely monitored by the Director of Medical Education, The competency assessments for trainees must be provided in-house under the supervision of the Royal College of Obstetricians and Gynaecologists College Tutor. 	All trainees have a nominated clinical supervisor					



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7.35	Undertake a training needs assessment for all staff to identify skills gaps and target additional training.	Personal appraisal and development review inform the Continuing professional development needs of the midwives. Clinical supervisors for midwives and educational supervisors work with the Multidisciplinary team to identify and offer additional training opportunities as identified or requested					
7.36	Clinical supervision and consultant oversight of practical procedures must be in place for all staff including specialist midwives and staff doctors.	Clinical supervision and consultant oversight of practical procedures is in place for all staff and staff doctors. SBUHB do not employ specialist midwives on a doctor rota	Continue to ensure clinical supervision is in place	Medical Director Director of Workforce		Feedback reports from deanery and supervisors of midwives are positive.	Board Workforce and OD Committee
7.37	Develop an effective department wide multi-disciplinary teaching programme. <ul style="list-style-type: none"> This must be adequately resourced and time allocated for attendance by all staff groups including 	Currently adhere to all Wales Practical Obstetric multi-disciplinary training and cardiotocograph training which is Multi-disciplinary team based.	Continue to identify and develop Multi-disciplinary training opportunities	Medical Director Director of Nursing & Patient Experience Chief Operating Officer	Sept 2019	Monitor training and education database for attendance, report to maternity Quality and safety group	Board Q&S Group



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	<p>specialist clinical midwives and speciality and associate specialist doctors.</p> <ul style="list-style-type: none"> attendance must be monitored and reviewed at appraisal 	<p>Database of attendance at training maintained via Training and Education forum</p>	<p>Improve current database of training compliance</p>			<p>Monitoring system in place</p>	
7.38	<p>Ensure the consultant on-call for the labour ward has ownership of all patients in the maternity unit for the period of call.</p> <ul style="list-style-type: none"> This must involve the antenatal ward round being performed by the consultant. 	<p>The antenatal ward round is undertaken by a consultant colleague who then hands over any concerns to the consultant on call for the labour ward.</p> <p>The current system is considered effective and leaves the consultant on the labour ward for emergencies.</p>					



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7.39	<p>Review the working practice for how consultant cover for gynaecology services will be delivered after the merger.</p> <ul style="list-style-type: none"> A risk assessment must be performed to determine the case mix of planned surgery on the Royal Glamorgan site when there is no resident gynaecology cover. 	Not applicable Swansea Bay University Health Board. There has been no impact post boundaries changes.					
7.40	<p>Review the skills and competencies of the senior clinical midwives covering for tier 1 doctors to ensure:</p> <ul style="list-style-type: none"> their scope of practice is clearly defined, 	Not applicable Swansea Bay University Health Board. The health board adheres to the all wales advanced practice framework					



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	<ul style="list-style-type: none"> The Health Board and the individuals are protected against litigation risk for their extended roles. 						
ToR 6: Review the working culture within maternity including inter-professional relationships, staff engagement and communication between health care professionals and their potential impact on improvement activities, patients' safety and outcomes.							
7.41	Consider the impact of the planned merger on the current culture of the organisation. The Board needs to carefully consider whether the planned merger of two units, both of which are described as having significant issues with their working culture, is likely to compound the problems rather than correct them	Not applicable Swansea Bay University Health Board					
7.42	In conjunction with Organisation Development undertake work with all grades of	It is expected that all staff work to the SBUHB values: <ul style="list-style-type: none"> Caring for each other 	Maintain an open door policy for all staff to raise any concerns regarding unprofessional behaviours.	Director of Nursing and Patient Experience		Monitor concerns and incidents related to staff attitudes.	



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	<p>staff around communication, mutual respect and professional behaviours.</p> <ul style="list-style-type: none"> staff must be held to account for poor behaviours and understand how this impacts on women's safety and outcomes 	<ul style="list-style-type: none"> Working together Always improving <p>Royal College of Midwives 'caring for you' initiative adopted</p> <p>All staff invited to attend workshop on bullying behaviours presented by All Wales Obstetric Lead, for dignity at work.</p> <p>Engaged with corporate lead for patient experience to deliver targeted sessions for staff in the clinical areas.</p> <p>Themes and feedback from women monitored through friends and family - HB wide 95%, maternity 98%. Return rate 9,121 (1 year period) All Wales survey -Communication 96% Privacy 96% dignity 97%, Cleanliness 94% overall score 89%</p> <p>Introducing a health board-wide Guardian service. The service providers will undertake some development work with maternity services.</p>		<p>Medical Director</p> <p>Director of Workforce</p>		<p>Monitor dignity at work incidents</p> <p>All Wales staff survey results</p> <p>Numbers of disciplinary cases</p>	



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ToR 7: Identify the areas of leadership and governance that would benefit from further targeted development to secure and sustain future improvement and performance.							
7.43	<p>Undertake an in-depth assessment of the service as it moves into the future with its new ways of working and the likelihood of an increased demand for services.</p> <ul style="list-style-type: none"> This can determine the structures and competencies of clinical leadership and governance that will support the service. 	<p>Swansea Bay University Health Board came into being in April 2019.</p> <p>The boundary change has offered an opportunity to take a refreshed view of maternity services management</p>	<p>Maternity services are hosted in Singleton delivery unit from July 1st 2019. Phase two of the transfer will be the development of Womens Services to include Gynaecology and EPAU</p> <p>Workforce, Governance and structure paper in development with the Delivery unit</p>	Executive Board/ Service Delivery Unit Management/ Head of Midwifery/Clinical Lead for Obstetrics and Gynaecology	May 2019	Monitor and maintain oversight of reporting structures for maternity services. As previous section plan in place agreed by executive team	Board Workforce and OD Committee
7.44	<p>Support training in clinical leadership.</p> <ul style="list-style-type: none"> The Health Board must allow adequate time and support for clinical leadership to function. 	<p>The clinical leadership training is ad-hoc requiring a more streamlined and planned approach.</p> <p>Management Team are currently at capacity working towards service re-design as 7.43</p>	To assess the maternity service resource and capacity to support clinical leadership to function.	Medical Director	August 2019	Monitor all functions of leadership are performed at a high quality and within a timely manner	Board Workforce and OD Committee



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7.45	Provide mentorship and support to the Clinical Director <ul style="list-style-type: none"> define the responsibilities of this role, ensure there are measurable performance indicators, ensure informed HR advice to consistently manage colleagues' absence and deployment of staff to cover the needs of the service, Consider buddying with a Clinical Director from a neighbouring Health Board. 	There is no Clinical Director in Obstetrics and Gynaecology only a Clinical Lead	Define the role of Clinical Lead for Obstetrics and Gynaecology or consider the re-introduction of the CD role for O&G within a combined structure	Medical Director	August 2019		
7.46	Appoint clinical leads in a structure that supports the service with defined role descriptions and objectives to include an	There are leads in governance, multi-disciplinary team, audit and risk management.	Ensure succession planning is in place for leads in governance	Executive Team Director of Workforce	August 2019	Monitor leads are in place	Board Workforce and OD Committee



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	individual responsible for each of the following: <ul style="list-style-type: none"> • governance and clinical quality to include guideline updating, • data quality, • medical staff education and training, • multi-disciplinary training, • audit, • risk management, • incident review, • complaints handling 			Medical Director			
ToR 8: Assess the level of patient engagement and involvement within the maternity services and determine if patient engagement is evident in all elements of planning and service provision. Assess whether services are patient centred, open and transparent.							
7.47	Develop and strengthen the role and capacity of the Maternity service liaison committee to act as a hub for service user views and involvement	The Maternity service liaison committee has a lay chair and members include lay members, a Community health council representative, Swansea university,	Consider how digital technologies can support maternity services to reach more service users for engagement with	Director of Nursing and Patient Experience	July 2019	Monitor function and attendance to Maternity service liaison committee	Board Q&S Group



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	<p>of women and families to improve maternity care:</p> <ul style="list-style-type: none"> Appoint a Lay Chair as a matter of priority and increase lay membership numbers with appropriate support and resources, Support lay members to engage with women using services in the Free-standing midwife unit at Royal Glamorgan Hospital and at Prince Charles Hospital to assess satisfaction and to identify 	<p>National childbirth trust, and co-opted members as required.</p> <p>The Maternity service liaison committee meet 5 times a year</p> <p>Family and friends feedback is shared with the Maternity service liaison committee.</p> <p>The Maternity service liaison committee plan to visit every clinical area within the business year and report findings.</p> <p>The Maternity service liaison committee produces an annual report of activity and achievements each year.</p>	Maternity service liaison committee activities			<p>There have been no Community council visits of maternity services</p> <p>There have been no regulator escalation issues.</p>	



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	<p>issues relating to choices,</p> <p>Enhance the Maternity service liaison committee</p> <ul style="list-style-type: none"> Monitoring role in order to assess whether patterns of concerns are found and to ask for regular feedback on action taken. 						
7.48	<p>Utilise the role and strengths of the Community Health Council:</p> <ul style="list-style-type: none"> Ensure appropriate resources to act effectively as an independent advocate, Ensure that information is available to families 	<p>The CHC has a seat on the Maternity service liaison committee and maternity services actively engage with the CHC activities</p> <p>The CHC support role is promoted internally.</p> <p>The Chair and Chief Exec have regular liaison meetings with the CHC</p>	<p>Review the Governance arrangements for reporting and action CHC reports to Board and within the broader board governance requirements.</p> <p>CHC report received into Health board June 2019, response from Chief executive July 2019.</p>	Director of Strategy	Sept 2019	CHC reports	Board Quality & Safety Committee



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	<p>regarding its role and contact details,</p> <ul style="list-style-type: none">• Explore provision of Community Health Council to act as point of contact and provide direct support for women and families, in addition to acting as a conduit referring to other agencies and support,• Involve the Community Health Council in the early implementation of the new maternity facilities at Prince Charles and the free-standing midwife unit at Royal Glamorgan Hospital so they can be assured regarding the impact on access and satisfaction with maternity services.						



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7.49	<p>Develop the range and scope of engagement with women and families.</p> <ul style="list-style-type: none"> review the effectiveness of patient experience methodology and its impact on service change and improvement as a result of feedback, as a priority, review and address the monitoring of the outcomes of patient experience as a key part of the governance structure, feedback the outcomes of all engagement to 	<p>SBUHB utilise the Friends and Family test for gathering feedback. Positive feedback is cascaded and is used toward service improvement. Friends and family feedback is shared with the Maternity service liaison committee to review for themes and trends to inform their work plan.</p> <p>The Matrons and Ward Sisters are sent their Family and Friends reports weekly. Positive feedback is shared with staff and areas of concern/improvement acted on.</p> <p>Complaints and compliments are used to progress service change</p> <p>Maternity services has engaged in the health board wide roll out of digital stories.</p>	Member of Team identified to train for patient stories to share with health professionals toward individual personal development and service improvement	Director of Nursing and Patient Experience	October 2019		<p>Board Quality and Safety Committee</p> <p>Board Quality and Safety Committee</p>



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	<p>women and families,</p> <ul style="list-style-type: none"> Explore methods to hear directly from women and families about their experience including patient stories, diaries, 'mystery shopper' or observation techniques. 						
7.50	<p>Continue to work with and build on the community based engagement approaches being suggested by the Maternity service liaison committee.</p> <ul style="list-style-type: none"> Explore working with external partners, including the community health council and community 	<p>SBUHB engage widely with community partners.</p> <p>The CHC are a key partner within the maternity service liaison committee</p> <p>A good example of partnership working includes providing a "Family Festival" in April 2019, an open day for maternity services to showcase their service. The day was attended by a number of key partners from family services across the region. There was good attendance and the plan is to</p>	Plan next family festival to make annual event	Director of Nursing and Patient Experience	August 19		Board Quality and Safety Committee



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	based organisations.	repeat next year in a different location.					
7.51	<p>Ensure responses to complaints and concerns is core to the work being undertaken to improve governance and patient safety:</p> <ul style="list-style-type: none"> Review and enhance staff training on the value of listening to women and families, Review the process of investigation of concerns, compiling responses, handling 'on the spot' issues and ensure that all responses and discussions are informed by comprehensive 	<p>Swansea Bay University Health board manage complaints and concerns in line with "Putting Things Right" (PTR).</p> <p>Key messages are shared through various forums.</p> <p>A Governance paper is prepared every month by the governance manager that is shared with the Service Delivery Units.</p> <p>The maternity Quality and safety group is the key multi-disciplinary team opportunity to triangulate the information from the various strands of effective governance</p> <p>The monthly governance paper is shared with senior clinical midwives at the monthly Professional Midwifery Forum (PMF).</p> <p>Maternity Services includes sessions in mandatory training days to feedback</p>	<p>Patient feedback training officer is undertaking bespoke training for staff in relation to key themes identified from complaints.</p>	<p>Director of Nursing and Patient Experience</p>	<p>July 2019</p>	<p>Complaints monitoring</p>	<p>Board Quality and Safety Committee</p>



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	<p>investigations and accurate notes,</p> <ul style="list-style-type: none"> • Prioritise the key issues that women and families have highlighted to improve the response, • Ensure that promises of sharing notes and providing reports to families are delivered, • Clarify the process regarding the triangulation of the range of information sources on patient experience, SIs, complaints and concerns and 	to staff key themes and examples of complaints.					



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	<p>other data and ensure that there is a rigorous approach to make sense of patterns of safety and quality issues,</p> <ul style="list-style-type: none"> Review the learning from the serious untoward incident in relation to misdiagnosis, failure to seek a second opinion and inappropriate patient discharge. 						
7.52	<p>Learn from the experience of women and families affected by events</p> <ul style="list-style-type: none"> Respond and work with 	Families are contacted to advise of a review when there is an unexpected outcome.				Family & Friends Feedback / Complaints	Board Q&S Group



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	<p>families in the way they require,</p> <ul style="list-style-type: none"> Feed the learning into the design of a comprehensive training and support programme that will give women and families confidence in the skills, expertise, communication, safety and quality of maternity care. 	<p>Families are provided a nominated contact within the SBUHB (most often the Service delivery unit matron).</p> <p>Families are asked how they want to engage with the service.</p> <p>Learning is shared in many forums and meetings (see 7.23)</p>					
7.53	<p>Review the communications, support and engagement approach and strategy.</p> <ul style="list-style-type: none"> Ensure that the focus is not solely on management of key messages, 	<p>Face to face feedback is offered to families where failings in care are identified.</p> <p>Families are told what changes have taken place as result of learning from their experience.</p> <p>Following a feedback meeting families are sent a letter including the meeting</p>					Board Quality and Safety Committee



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	<ul style="list-style-type: none"> Demonstrate openness, honesty and transparency, admission of fault, and learning from this. 	notes and support provided through the corporate legal team where appropriate.					
7.54	<p>Prioritise an engagement programme with families at its heart.</p> <ul style="list-style-type: none"> Women and families affected by events should be part of the improvement, co-design and culture change of the new service, 	<p>Women and their families were consulted and heavily involved in the co-production of <i>Changing for the better</i>. This was used to inform the South Wales programme strategic design of Maternity and Neonatal Services.</p> <p>Women and their families were heavily involved in the co-design of Neath Port Talbot Birth centre.</p> <p>Women and their families were heavily involved in the co-design of bereavement and family accommodation when babies are in Neonatal unit.</p>					
7.55	Review the level and effectiveness of the bereavement service.	SBUHB has a comprehensive policy to support clinical staff who care for women who have suffered a	Monitor Post mortem consent training attendance to ensure a member of staff trained is	Director of Nursing and Patient Experience	Sept 2019	Monitor feedback for the Swansea Bay University	Board Quality and Safety Committee



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	<ul style="list-style-type: none"> Ensure that appropriate support and counselling is available for all families as required, Consider implementing the National Bereavement Care Pathways which has been developed by Sands in collaboration with stakeholders including women and their families, Royal College of Obstetrician and Gynaecologists and Royal College of midwives. 	<p>miscarriage, stillbirth or neonatal death.</p> <p>The National Post mortem consent training is mandated for senior midwives and doctors within the clinical areas and all clinical staff are encouraged to attend the training for their advice and information.</p> <p>SBUHB has a bereavement midwife who provides counselling and clinical support for women following a bereavement. The midwife has recently been nominated for a national award for excellent care.</p>	<p>available in the clinical areas at all times.</p> <p>PM training included in new midwives induction programme</p> <p>Identify midwives with an interest in bereavement care to support succession planning</p>				
7.56	<p>Provide training for staff in communications skills, in particular on:</p> <ul style="list-style-type: none"> Empathy, compassion and kindness. 	<p>Training for staff communications is provided in all health professional pre-registration courses.</p> <p>SBUHB Values are embedded into practice and discussed at the annual PADR.</p>				Monitor FFT results and complaints and concerns	Board Quality and Safety Committee



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		<p>Training has been provided on the annual Mandatory and statutory study day</p> <p>Individualised training is planned as required</p> <p>Complaints are monitored for concerns regarding staff attitudes and poor communication, and are acted on.</p>					
ToR 9: Consider the appropriateness and effectiveness of the improvement actions already implemented by the Health Board.							
7.57	Continue with efforts to recruit and retain permanent staff.	<p>Maternity staffing with Swansea Bay University Health board is monitored and maintained within Birthrate+ and RCOG requirements.</p> <p>The health board has supported funding through the nurse staffing act group to uplift the deficit in birth rate plus.</p> <p>We are currently compliant with only 2.4 wte midwifery vacancies (which are being recruited to).</p>		Director of Workforce		Monitor staffing in line with Birthrate+ and RCOG Standards	Board Workforce and OD Committee



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7.58	Seek expert external midwifery and obstetric advice for support in developing the maternity strategy and use the opportunity of change to explore new ways of working.	Not applicable to Swansea Bay University Health board	Service plan will be reviewed in line with WG's refreshed All Wales Maternity Vision				
7.59	Urgently carry out a full risk assessment before committing to the merger on 9 March 2019 to ensure women's safety, including: <ul style="list-style-type: none"> Ensuring that length of stay is reduced safely to allow for sufficient capacity in the new merged unit. 	Not applicable to Swansea Bay University Health board				Featured as part of boundaries considerations	
7.60	Monitor the effects of the reduced inpatient capacity to avoid any adverse effects on the	Not applicable to Swansea Bay University Health Board					



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	safety or quality of the service.						
7.61	Develop a plan to increase inpatient capacity if that is seen to be required.	<p>Ongoing monitoring of birth activity in Neath Port Talbot stand alone and Singleton Hospital.</p> <p>Birth rate plus asked to provide an update, based on current case mix, but incorporating projected increase in women attending Singleton Hospital. BR+ report an additional one whole time equivalent per 31 births.</p>				Paper presented on projected increased in birthing activity within Singleton Hospital for those women residing in Swansea Bay who historically would have given birth in POW.	
7.62	<p>Independent Board members must investigate the lack of action by the Executive Team and Board following receipt of the consultant midwife's report in September 2018.</p> <ul style="list-style-type: none"> Independent Board members must challenge the executive over the 	<p>Not relevant for Swansea UHB. However, the Health Board has undertaken development during the year, which illustrates the Independent Members holding the Executive Team to account. The strengthened leadership and governance is reporting in the Wales Audit Office Structured Assessment.</p>					



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	<p>contents of this report,</p> <ul style="list-style-type: none"> Independent Board members must ensure they are fully informed on the monitoring of planned improvements. 						
7.63	Independent Board members must challenge the quality of the data which informs the reports which they receive and rely upon for assurance.	The Health Board has agreed a number of governance priorities for 2019/20 which is reflected in the Governance Work Programme for 2019/20. This action plan should be read in conduction with this work programme.	Review of the quality governance arrangements this will include the functioning of the Quality and Safety Committee	Director of Nursing and Patient Experience	June 2019	Review and new arrangements in place and approved by the Health Board	Quality and Safety Committee
7.64	Independent Board members should receive training in the implications of The Corporate Manslaughter and Corporate Homicide Act 2007 to better understand their role in ensuring the safety of the services which the Board provides	<p>The Health Board has undertaken a development programme with the Kings Fund during 2018/19</p> <p>Board Development Programme in place</p>	<p>Include within the Board Development Programme for 2019/20</p> <p>Undertake readiness work in preparation for the Quality Governance Bill and Duty of Candour</p>	<p>Director of Corporate Governance</p> <p>Director of Nursing and</p>	<p>June 2019</p> <p>June 2019</p>	<p>Board Development Programme for 2019/20</p> <p>Board Development Session on Duty of Candour</p>	Health Board



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				Patient Experience			
ToR 10. To make recommendations based on the findings of the review to include service improvements and sustainability. Advise on future improvements, future staffing and maintenance of quality, patient safety and assurance mechanisms							
7.65	Ensure that criteria for the opening of the new Free standing midwife led unit have been agreed by a multidisciplinary maternity guidelines group and that readiness for the merger is assured.	Not applicable to Swansea Bay University Health Board There is Free standing midwife unit in SBUHB, established 14 years ago and supporting more than 400 births annually					
7.66	Update the risk register and review regularly at Board level.	<p>The maternity risk register has been separated across three service delivery units and since April 2019 across two service delivery units.</p> <p>The Health Board has put in place a 'refreshed' Risk Register and established a Risk Management Group.</p> <p>An internal audit on the risk management process has been</p>	<p>The restructure of the maternity services will ensure all maternity risks are held in one place</p> <p>Ensure a nominated individual attends the Risk Management Group from the Singleton Delivery Unit</p> <p>Development Session with the Senior Leadership</p>	Director of Corporate Governance and Board Secretary	<p>May 2019</p> <p>May 2019</p>	Monitor risk register at monthly maternity quality and safety group meetings Deep dive of maternity risks identified – 12 on the register 1 at Risk Score 20 (Central monitoring).	Health Board Audit Committee



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		<p>undertaken during 2018/19 which was a 'reasonable' assurance rating.</p> <p>The Health Board Risk Register is considered by the Senior Leadership Team monthly and Units are asked to provide a monthly escalation report for items of consideration</p> <p>Approach to the development of the Board Assurance Framework agreed by the Board</p>	<p>Team on 'top risks' for the organisation</p> <p>Completion of the recommendations in relation to risk management</p> <p>Implementation of the Board Assurance Framework</p>		<p>June 2019</p> <p>June 2019</p> <p>July 2019</p>	<p>2 at Risk Score 16 which are both under review and will be deescalated.</p> <p>Development Session</p> <p>Recommendations completed and assurance provided to the Audit Committee through internal audit tracker report. Board Assurance Framework in place and considered by the Board.</p>	
7.67	Develop a strategic vision for the maternity service and use the current opportunity of change to create a modern service which is responsive to the women and their	The All Wales Maternity Vision will be adopted on publication.					



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	families and the staff who provide care.						
7.68	<p>Consider examining other UK maternity services to seek out models for delivery which could better serve their population regarding:</p> <ul style="list-style-type: none"> • methods of service delivery, • consultant delivered labour ward care, • the role of and function of a resident consultant, • achieving a balance between obstetrics and gynaecology commitments, • Reducing the use of speciality and associated specialist doctors for out of hours service delivery and 	SBUHB is compliant with RCOG staffing recommendations.	<p>Benchmark exercise completed on publication of National maternity service reports to assess working models and service delivery.</p> <p>To review the Terms of Reference of the Board Quality & Safety Forum to include the Head of Midwifery and a regular reporting standard arrangement through to the Board Quality & Safety Committee.</p>	<p>Executive Director of Nursing</p> <p>Executive Medical Director</p> <p>Clinical Lead for Obstetrics and Gynaecology</p>		Maternity services regularly benchmark with other maternity services within and out of wales	Board Quality & Safety Committee



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	developing their in hours role.						
7.69	Identify and nurture the local leadership talent.	<p>SBUHB supports leadership development including</p> <ul style="list-style-type: none"> • coaching • formal study; “footprints”, “bridges” • Shadowing opportunities • Secondment • Career breaks to enhance life skills 	Undertake a Training Needs Analysis for all staff groups.	Director of Workforce (Head of Midwifery)	August 2019		Workforce & OD Committee
7.70	<p>Ensure that any future service change for the development process of the maternity service as a whole is inclusive for all staff and service users.</p> <ul style="list-style-type: none"> • Ensure the service is adequately staffed to ensure that all staff groups are able to participate in developing the vision • Consider an externally facilitated 	<p>SBUHB staffing in line with Birthrate+ and Royal College of Obstetrics and Gynaecologists standards.</p> <p>Robust recruitment process currently managed across two service delivery units.</p> <p>Maternity service liaison committee undertake reviews in all clinical areas.</p> <p>Community health council and Swansea University are external stakeholders who support service reviews.</p>					Workforce & OD



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	<p>and supported process for review.</p> <ul style="list-style-type: none"> Consider seeking continued support from Healthcare inspectorate Wales and the Royal Colleges to undertake a diagnostic review of the service particularly in relation to changes in service provisions. 	<p>Head of Midwifery is a representative of the Board-wide Nurse Staffing Act/Workforce Group</p>					