

## EXECUTIVE SUMMARY

# Improving Together for Wales

**Maternity Neonatal Safety Support Programme Cymru**  
Discovery Phase Report

JULY 2023

# Executive summary

This report explores the landscape of maternity and neonatal services in Wales and was broad in its remit, including detailed views of work culture, leadership and learning alongside workforce and clinical outcome measures for mothers and babies across the nation. The findings of this Discovery Phase of work, conducted from Dec 2022 – Feb 2023, and the recommendations reflect that broad scope. Moving forward, we must work as one perinatal team, to improve care for women and families.

We welcome the recognition from the Welsh Government that the first 1,000 days of life, from conception to the age of two years, is the most critical time to influence health outcomes for both individuals and nations. Getting things right at the start of life is an important foundation for health and wellbeing for all of us in Wales.

The approach we took to this work has its roots in appreciative inquiry and the Institute for Healthcare Improvement's Framework for Safe, Reliable, and Effective Care. We found examples of good and excellent practice in services across Wales and further afield, which could be shared and scaled up to improve services around the country.

This work was not a review of services, but through meeting and communicating with maternity and neonatal teams, we have identified some opportunities to improve care and governance. Safe and equitable care is the aim in all services, and it has been heartening to see some excellent improvement projects already underway.

There are public health challenges for the health and wellbeing of families in Wales, some of which require work that will fall outside the scope of NHS care. High levels of obesity and smoking for example, and pockets of deprivation, cannot be tackled by the NHS alone. However, there are actions our health service can take to optimise outcomes for women and babies.

There are also serious workforce challenges, not unique to Wales, which will require creative solutions and investment. Our workforce is the foundation of the care we provide. Appropriate staffing underpins everything we want to achieve for women and families in our care. Staff wellbeing, support and retention are key priorities as well as recruitment.

The priorities we identified require personal, local, regional and national actions – along with systemic change, a sustained co-ordinated approach to improvement, and strong collaborative leadership. The report is presented in categories based on the Welsh Government's document: Maternity Care in Wales: a five-year vision for the future (2019-2024), with relevant priorities for improvement within those sections. The detailed table of all recommended **priorities for action** is provided at the end of this report. Top priorities, which should be actioned as soon as possible, are highlighted in teal and included in this summary.

# Priorities for action

## 1. Safe Care Collaborative

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**KEY PRIORITY:**

*Develop a Safe Care Collaborative for maternity and neonatal services and bring together expert reference groups involving clinicians, allied health professionals and service users across Wales to drive improvements in care across the service.*

## 2. Leadership

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Identification and support of compassionate, strong leadership.

**KEY PRIORITY:**

*Representation at board Quality and Safety committee for the perinatal 'quad' team, with Director of Midwifery, consultant neonatologist and consultant obstetrician safety leaders and senior neonatal nurse representation.*

**KEY PRIORITY:**

*Regular structured executive walk rounds.*

## 3. Workforce

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We found significant challenges amongst the workforce, with teams strained by gaps and ad hoc cover, which impacted on wellbeing, education, training, research and other services.

**KEY PRIORITY:**

*A workforce strategy ensuring optimum numbers of skilled and highly motivated staff alongside new models of care in both maternity and neonatal services.*

**KEY PRIORITY:**

*NHS Wales should ensure provision of psychological support, within each maternity department and neonatal unit, for all maternity and neonatal staff.*

**KEY PRIORITY:**

*Administrative support for clinical care and staff training.*

## 4. Perinatal teamworking

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Teams that work together should train together.

PROMPT (Practical Obstetric Multi Professional Training) Wales is already leading the way in multidisciplinary training for maternity staff.

**KEY PRIORITY:**

*Time and space for training need to be prioritised.*

**KEY PRIORITY:**

*Neonatology should be included in multidisciplinary training alongside local NLS (New-born Life Support) training.*

## 5. Safer pregnancy

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Supporting women with evidence-based interventions will optimise pregnancy outcomes and reduce inequalities. It is particularly important to recognise and provide additional care for women with pre-existing medical conditions, previous obstetric complications, obesity and smoking.

**KEY PRIORITY:**

*Highlight national guidance relating to pregnancy and birth across NHS Wales, improving access and reducing variation through quality improvements.*

**KEY PRIORITY:**

*Midwifery posts within Welsh Ambulance Services Trust (WAST) for clinical advice, information and partnership working. Support development of national 'Labour Line' and 'Triage Line' telephone services and WAST education.*

**KEY PRIORITY:**

*Establish a Maternal Medicine Network(s) ensuring appointment of one or more obstetric physicians in Wales.*

**KEY PRIORITY:**

*Refresh the NHS Wales Safer Pregnancy campaign incorporating actions from Saving Babies' Lives Care Bundle version 3. This will require funding & implementation of sonography services, computerised cardiotocography (cCTG) availability, Placental Growth Factor (PLGF) testing in suspected pre-eclampsia and quantitative fetal fibronectin, to wrap around the PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) Cymru care package.*

**KEY PRIORITY:**

*Midwifery continuity of carer models should be reviewed and optimised.*

## 6. Families are supported and enabled to stay together

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### KEY PRIORITY:

*Keeping families together means working to avoid unnecessary admissions, supporting families when a baby is admitted, and implementing models which enable care at home in the community.*

### KEY PRIORITY:

*Investing in Transitional Care in all maternity units, aligned with national standards.*

## 7. Improving clinical standards and outcomes for babies at the start of life

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Evidence-based neonatal care aimed at reducing mortality and morbidity by:

### KEY PRIORITY:

*optimising and sustaining breastfeeding, particularly for babies on neonatal units,*

### KEY PRIORITY:

*tackling infection and*

### KEY PRIORITY:

*addressing measures which reduce chronic lung disease.*

## 8. Bereavement care

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Some families experience stillbirth or the death of a baby soon after birth. As well as working to improve maternity and neonatal outcomes, ensure families are supported through bereavement.

### KEY PRIORITY:

*NHS Wales to fully implement The National Bereavement Care Pathway.*

## 9. Clinical governance structures

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### KEY PRIORITY:

*Standardise governance roles within maternity and neonatal services, with senior oversight and optimised collaborations with quality improvement departments.*

### KEY PRIORITY:

*Standardise local perinatal quality-surveillance dashboards to enable real-time activity/outcome measurement and monitoring to support local improvements.*

### KEY PRIORITY:

*Align NHS Wales Datix fields with agreed national Trigger Tools and analyse data at Health Board and national level to identify themes and guide continual improvement.*

### KEY PRIORITY:

*Commissioning of external independent review for all cases of maternal death; term intrapartum stillbirth; early neonatal death >37 weeks; and perinatal brain injury.*

## 10. Strategic joint planning of maternity and neonatal services

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As maternity and neonatal services are interdependent, it is important that reviews of service planning and funding are undertaken together.

### KEY PRIORITY:

*Strategic planning and commissioning of maternity and neonatal services 'from cot to community' should be coordinated jointly and include representation from all members of the perinatal team.*

These top priorities form just part of the journey to ensure high quality, safe and effective services for women and their babies across Wales. All the other priorities are by no means less important and it is vital to consider them at both local and national level in order to drive better outcomes for families across Wales.