

OFFICIAL- SENSITIVE

1.	Recommendation				
Ensure that women are aware of how they can request information or support in their language of choice.					
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)	
Develop a directory for staff of all available maternity related leaflets in different languages to provide to women or signpost to an on-line service	On the labour ward forum workplan. Priority for the digital midwife	Digital Midwife	March 2024	In progress	
Identify 10 women whose first language is not English and undertake an audit of their All Wales Maternity Record for evidence of access to interpreter services and other forms of information provision that have been offered.	This was tasked to community Matron pre Covid - however, there has been significant staff change since. This action will be revisited and the Deputy HOM will progress urgently	Deputy Head of Midwifery (DHOM)	Original: April 2021 Revised: July 2023	In progress	

2.	Recommendation			
Ensure that wherever possible, women are able to communicate in their language of choice.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Identify 10 women whose first language is not English and undertake an audit of their All Wales Maternity Record for evidence of access to interpreter services, sign language (face to face or language line) and this has been available at each visit.	As above	DHOM	Original: May 2021 Revised: July 2023	In progress
Maintain the Health Board interpreter services information is directly accessible from Maternity guidelines page (Wisdom)	Ongoing work in progress regarding information.	Matron Community and AN OPD	Completed	Complete

3.	Recommendation				
Consider how water birth options can be made available across all units.					
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>	
Maintain the option for water birth in each Intrapartum Area within Swansea Bay UHB,	Two birthing pools available in the alongside midwifery led unit. One birthing pool available on labour ward. Neath Port Talbot Birthing Centre currently closed.	Consultant Midwife / Head of Midwifery	Completed	Complete	
Secure capital funding for replacement of pool in NPT for upgrade as service degraded and porous	The initial bid for funding was not supported when considered alongside other health board service bids. A further Risk Assessment supported by IPC review will be undertaken.	Consultant Midwife / Service Manager	Original: March 2022 Revised: October 2023	In Progress	

4.	Recommendation				
Take steps to ensure that women have contact with a consistent group of healthcare professionals, to improve continuity of care.					
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action (Complete/In Progress/Not Actioned)	Status
Collate baseline information for current continuity of care provision by community midwives	<p>Completed at time of original response.</p> <p>Further review required and will be undertaken as part of Work Transformation Board.</p>	Consultant midwife	<p>Originally Completed</p> <p>Further Action Target: November 2023</p>	In progress	
Community service working group set up to review of working patterns to ensure community midwives caseloads and working practices support antenatal and postnatal continuity of care model	Nurse Group Director immersion into maternity services - paper presented at Management Board with recommendations. Workforce Transformation midwife employed and project board developed. Community Organisational Change Process (OCP) has been written and awaiting approval by Senior Management Team (SMT).	Head of Midwifery (HOM)/DHOM/Community Midwife (CM)/Matron Community and Ante Natal (A/N) OPD.	<p>Original: Sep 2021</p> <p>Revised: October 2023</p>	In progress	

	Development of Band 3 Maternity Care Assistant role to support midwives in practice.			
Review of Obstetric antenatal clinic provision commenced in July 2020-delayed due to Covid pandemic. Group reconvened February 2021. Continuity of obstetric team to be included within the parameter of the review	Once Obstetric and Community OCP complete this work will be reconvened.	Head of Midwifery / Clinical Lead / Service Group manager	Original: Sep 2021 Revised: January 2024	In progress
5.	Recommendation			
Consider the introduction of smoking cessation leads.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain Public Health Midwife role to lead on smoking cessation.	A collaborative business case was completed between maternity / HMQ and Public Health Team and submitted to WAG, which was initially declined. A further business has been completed and submitted WAG. Currently awaiting funding decision.	Head of Midwifery	October 2023	In progress

<p>Multi professional action plan developed for all staff to support smoking cessation activity in the Health board</p>	<p>Public Health midwife member of multidisciplinary of new Tobacco Control working group, chaired by Public Team to support smoking cessation across HB and WAG national 'smoke free Wales - 2030 strategy'</p>	<p>Public Health Midwife</p>	<p>Completed</p>	<p>Complete</p>
<p>Reintroduce CO monitoring in line with all Wales guidance (currently not in place due to Covid pandemic)</p>	<p>CO monitoring at routine antenatal appointments reinstated since July 2022. Recent snap shot survey identifies compliance low. Training opportunities for midwives made available. Training session delivered to all new MCA's to support Midwives with screening and increase uptake of monitoring.</p>	<p>Public Health Midwife</p>	<p>Revised date: January 2023</p>	<p>In progress</p>
<p>Swansea Bay UHB to develop a strategy for informing women of the new legislation related to smoking on hospital grounds. To include;</p> <ul style="list-style-type: none"> • Maternity helpline to advise women at first point of contact of the new legislation banning smoking on hospital grounds • Communication for service users and their families in 	<p>Strategy was developed pre Covid pandemic</p>	<p>Head of Midwifery / Clinical lead / Service Group Manager</p>	<p>Completed</p>	<p>Complete</p>

<p>relation to all Wales smoking ban in hospital. Posters for public information to be placed in public areas</p> <ul style="list-style-type: none"> • Provide information on Health Board Facebook page for women and families in relation to the new law 				
6.	Recommendation			
Consider working with Public Health Wales to further promote healthier living and lifestyles.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Swansea Bay UHB employ a Public Health Midwife to link with Public Health Wales. Public Health midwife will continue to collaborate with Public Health Wales on the Stop Smoking initiative for health gains among pregnant women	Public Health Midwife collaboration with Public Health Wales continues.	Public Health Midwife	Completed	Complete
Continue representation of Swansea Bay maternity service health professionals at national working groups who have core membership from Public Health Wales (e.g.	Primary Care Weight Management Working group, including the development of a systems approach postnatal care pathway.	HoM/ Clinical lead	Completed	Complete

Maternity and Neonatal network, 1 st 1000 days).	Representation on the Early Years Pathfinder Steering group. Representation on Maternity and Neonatal Network workstreams and steering group.			
To ensure specialist midwifery team who have a Public Health aspect to their role, work in collaboration with Public Health Wales to identify Quality Improvement Initiatives.	Public Health midwife participates in HB's Weight Management Workshop. The workshop is chaired by Public Health Team with aim of development of adult weight management service in SBUHB. This aligns with healthy Weight Healthy Wales Strategy. Public Health Midwife leads on development / QI initiatives with a focus on first 1000's days	Deputy Head of Midwifery	Original: May 2021 Revised: May 2023	Complete
7.	Recommendation			
Ensure the appropriate level of breastfeeding advice, guidance, and support is provided at all times.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Swansea Bay UHB will complete the BFI action plan as provided as an outcome	Review undertaken and accreditation achieved.	HoM/IFC	July 2021	Complete

of the assessment and reaccreditation review February 2021.				
To develop a business case to increase the current provision for Infant feeding Coordinator (IFC) hours to full time in line with the Welsh Government infant feeding strategy and the BFI action plan (Currently have 0.5 WTE in post)	Employed for 18.5 hours now Increased 22.5 hours. Risk assessment been complete and SBAR to be submitted to Senior Management Team to increase to full time.	HoM/Service Group manager	Original: July 2021 Revised: September 2023	In progress
Devise a development programme for midwife champions to support women with feeding choices in all clinical areas	Development of band 3 MCA role delegated to support infant feeding. 4 champions in community and 4 in the obstetric unit	Infant Feeding Coordinator	Completed	Complete
Maintain locality based infant feeding support clinics across Swansea Bay UHB	Support clinics continue across both Swansea and Neath.	Infant Feeding Coordinator	Completed	Complete
8.	Recommendation			
Review the adequacy and availability of perinatal and postnatal mental health support for women.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Recruit to a new post for perinatal mental health midwife for Swansea Bay University Health Board.	Perinatal Mental Health Midwife recruited.	Head of Midwifery	April 2021	Complete

<p>Make the following improvement to the current perinatal mental health clinics:</p> <ul style="list-style-type: none"> • A dedicated multi-professional team of obstetrician, midwife and mental health professional • Continuity of carers • Links with the Swansea Bay UHB mental health teams and primary care • Links with third sector services for referral and support e.g. (NSPCC/MIND) 	<p>Meetings in diaries to take this work forward</p> <p>Transformation work in line with Antenatal Clinic review</p>	<p>Clinical lead / Head of Midwifery / PRAMS / Perinatal mental health midwife</p>	<p>Original: December 2021</p> <p>Revised: December 2023</p>	<p>In progress</p>
<p>Complete a random sample of records for assurance all women with significant perinatal mental health issues have individualised care plan</p>	<p>A pre training notes audit was completed, but this was not around the inclusion of a mental health care plan as such, it was focussing on the inclusion of mental health enquiry and quality of documentation in the handheld records.</p>	<p>Deputy Head of Midwifery / Perinatal Mental Health Midwife</p>	<p>completed</p>	<p>Complete</p>
<p>Complete a Training needs analysis to assess midwife skills & confidence to provide care for women with PNMH issues</p>	<p>A training needs questionnaire went out during the scoping exercise before the introduction of the Perinatal Mental Health (PNMH) Role. The recommendations from the Perinatal network is that midwives are offered the</p>	<p>Deputy Head of Midwifery / Perinatal Mental Health Midwife</p>	<p>completed</p>	<p>Complete</p>

	<p>opportunity to attend the multi professional Institute of Health Visiting Perinatal and Infant Mental health training delivered by the local champion group within Swansea Bay. Given the staffing challenges which prevents uptake, an approach has been taken to offer individual midwives and obstetricians consultation spaces with the PNMH midwife to case discuss, which offers an opportunity for individualised upskilling of the maternity workforce, whilst offering supervision.</p>			
9.	Recommendation			
Consider the introduction of PRAMS across its services.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Swansea Bay University Health Board has a well-established PRAMS service. Maintain Senior maternity representation at the PRAMS steering	PRAMs Service continues to operate. Following changes within service, current HOM not on steering group.	Head of Midwifery	Originally Completed Revised date:	In progress

group toward Future perinatal mental health service development.	A meeting is planned to discuss future representation.		September 2023	
10.	Recommendation			
Ensure that staff are able to access bereavement training in a timely manner.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Training for post mortem consent maintained during the pandemic using TEAMS for initial and update training	Training continues to be in place.	Bereavement midwife	Completed	Complete
Develop and maintain a central database of health professional who have completed the training in PM consent	Database of trained staff in place.	Bereavement midwife	Completed	Complete
Develop bereavement Champions in all clinical areas of the service.	Champions now in place in clinical areas.	Bereavement midwife	Completed	Complete
Bereavement Midwife to present at all health professional induction programme into the health board	Bereavement presents on induction training programme.	Bereavement midwife	completed	Complete

11.	Recommendation				
Consider what steps can be taken to ensure that learning from women’s experiences can be improved, with a particular focus on sharing what has changed in response to feedback.					
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action (Complete/In Progress/Not Actioned)	Status
Engagement Strategy “Maternity Voices partnership ” action plan developed for introduction in 2021	<p>Appointed Chair and Vice chair Launch event</p> <p>Attending Maternity Forums and meetings.</p> <p>Annual action plans.</p> <p>Established the SBMVP Board meetings underway.</p> <p>Annual report 2023</p> <p>Recruitment underway for maternity service user representatives.</p>	Consultant midwife	September 2021	Complete	
All clinical areas to have a lead midwife for Womens feedback who must maintain the “YOU SAID WE DID” poster board in all public areas	<p>Feedback boards in clinical areas</p> <p>Ipads and QR codes given to women and their families to feedback regarding services. Feedback boards in clinical areas.</p>	Deputy HoM/ Maternity Matrons	Completed	Complete	

	Governance process includes asking women for feedback and comments to include in reviews.			
Continue to monitor the Swansea bay UHB Maternity service Facebook page for feedback and follow up-	A team of administrators who review and respond to comments and direct messages, signposting as required.	Consultant Midwife	Completed	Complete
12.	Recommendation			
Consider strengthening arrangements for sharing patient stories at board and quality and safety committees.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Identify staff to develop and train to undertake patient stories within maternity services.	2 members of staff have been trained with others to be identified.	Deputy HoM	July 2021	Complete
Maintain a repository of patient stories available to the corporate team for use in relevant multi-professional forums	Due to staffing escalation difficulty in release trained midwives to take patient stories. Plan going forward to have one a quarter.	Consultant Midwife/Strategy team	Original: July 2021 Revised: September 2023	In progress

Appoint to the “Maternity Voices partnership ” following approval	As discussed above, chair and vice chair appointed. In the process of service user representatives recruitment.	Consultant midwife	September 2021	Complete
13.	Recommendation			
Ensure the ongoing monitoring in line with health board policy of neonatal resuscitaires and emergency medical equipment.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
The operational leads will monitor the daily check and is reviewed as part of the matron monthly assurance audit. Increase monitoring frequency where compliance is not at required standard	Monthly assurance/ audits are saved as evidence and assurance.	Midwifery Matron	Completed	Complete
Purchase a new resuscitaire funded from capital for Neath Port Talbot Birth Centre	New Resuscitative purchased for Neath Port Talbot Birth Centre, to replace old so that all resuscitaires are same throughout Maternity services.	Midwifery Matron	Completed	Complete

14.	Recommendation			
Ensure staff awareness of procedures and responsibilities to follow in the event of a medical emergency.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Prepare annual plan for Skills and drills to be undertaken in the clinical areas	Intrapartum Lead taking the lead on annual training plan.	Training and education lead / fetal surveillance leads / PROMPT leads	Completed	Complete
All health professionals in maternity to undergo annual PROMPT training and report 100% compliance of mandated available staff to Welsh Risk Pool	Revised Action: Service to ensure improved uptake of PROMPT training by relevant health professionals in order to achieve the national 95% target.	SBUHB PROMPT	Original: August 2021 Revised: September 2024	In progress
All maternity service health professionals undergo annual BLS and ALS training	BLS annual training continues.	CPD/Education leads	Completed	Complete
All staff undergo managing medical/obstetric emergencies during their induction period	All new staff receive PROMPT training during their first 6 months as part of induction.	CPD/Education leads	Completed	Complete

<p>Train 4 additional midwives to become NLS trainers at earliest opportunity to develop a sustainable training service for all midwives and doctors undergo NLS training</p>	<p>We have sent 15 midwives on the NLS course so far this year filling all available spaces, with 4 midwives identified to complete the Generic Instructors Course to teach on our NLS updates on the upcoming M & S days. We are waiting on dates for the next available Generic Instructors Course (GIC) courses for them to attend to become trainers. We have 2 further dates this year for NALS training which 10 midwives have already been allocated.</p> <p>Neonatal team supporting training midwives.</p>	<p>HoM/Service manager</p>	<p>March 2022</p>	<p>Complete</p>
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15.	Recommendation			
Ensure staff awareness of procedures and responsibilities to maintain the safety of the women using water birthing facilities.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Guideline developed on use of water for birth	Guideline available on <i>WISDOM</i>	Consultant midwife	Completed	Complete
Evidence pool evacuation training and maintain training log for required staff attendance	Training video available to staff on Z drive	Consultant midwife	Completed	Complete
Produce a video for training purposes of pool evacuation for all staff to access	Training video available to staff on Z drive.	Consultant midwife	completed	Complete
16.	Recommendation			
Ensure that a clutter free and safe environment is maintained across units.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain Monthly environmental assurance audit	Monthly audits undertaken and results maintained on file.	Operational lead midwives/matrons	Completed	Complete

Plan environmental area inspections with the Fire safety officer for clinical areas as standard	Completed on CDS, ward 19 and ward 20, Antenatal Clinic Neath Port Talbot and Singleton.	Matrons	March 2022	Complete
Ensure a 100% of available staff are compliant in the following mandatory training: <ul style="list-style-type: none"> • Fire safety • Manual handling 	Staff would have had access to virtual fire safety training via ESR at time of initial action. Revised action: Service to ensure improved uptake of fire safety training by all Health Care Professionals in order to achieve national target.	CPD lead midwife	April 2021 Revised: September 2023	In progress
17.	Recommendation			
Ensure adequate infection control measures are in place, and adhered to.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maternity services will introduce an IP&C monitoring and improvement group	IP&C Maternity meetings introduced. Due to Covid and staffing unavailability these meetings have been postponed on occasions.	Deputy Head of Midwifery	April 2021 (Completed originally) Date for Revised	In progress

	Revised action: For Maternity meetings planned bi monthly.		Action: July 2023	
All clinical areas will complete monthly environmental audits	Monthly environmental audits in clinical areas completed by ward managers and feedback to matrons.	Deputy Head of Midwifery	completed	Complete
Each clinical area to have a minimum of two handwashing assessors	Handwashing assessors trained at time of action. Further staff identified to undergo training to enable assessment in all clinical areas.	Operational lead midwives/matrons	May 2021 (Completed at time of action) Date for Revised Action: December 2023	In progress
Letter sent to all staff to inform them to complete the required e-learning by March 31 st 2021	Letter was sent to all staff at time of original action. Revised action: Matrons developed action plan to ensure that all staff have completed required E-Learning	Head of Midwifery Matrons	Completed at time of original action Date for Revised Action: September 2023	In progress

Datix reporting of hospital acquired infections and completion of required RCA's	Staff continue to report and investigate hospital acquired infections.	Midwifery Matron	Completed	Complete
Ensure a 100% of available staff are compliant in the following mandatory training: Level 2 Infection prevention and Control	Compliance low in staffing groups- action plan developed by Matron and area leads, to improve compliance.	Matrons / Area Leads / PDM	April 2021 Revised dates: October 2023	In progress
18.	Recommendation			
Ensure the safe storage of COSHH substances at all times.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maternity services will introduce an IP&C monitoring and improvement group	Bi monthly meetings commenced at time of the action. Due to Covid and staffing unavailability due to clinical requirements, meetings postponed. Revised action: Recommencement of Bi monthly meetings.	Deputy Head of Midwifery	April 2021 (Completed at time of action) Revised date: July 2023	In progress

19.	Recommendation			
Ensure that staff are aware of their responsibilities in relation to the safe storage of medication.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain monthly Controlled drug audits are undertaken in relevant clinical areas	Monthly CD audits completed, evidence saved on file	Operational lead midwives/matrons	Completed	Complete
Maintain monthly assurance checks in all clinical areas to ensure: <ul style="list-style-type: none"> • All medicines are locked in a secure cupboard in a secure clinical room • All medicines trolleys are locked and secure • Lockable cupboards available in bedside lockers if self-administration of medicines used 	Part of monthly assurance checks and reviews of storage continues.	Operational Lead midwives/matrons	Completed	Complete
All midwives who are employed by Swansea bay UHB will undergo medicines management training on their induction programme to comply with medicines policy for safe storage of medication	Medicine management training continues for new staff.	CPD lead	Completed	Complete

Ensure Health Board Policy available to all staff	Medicine management policy available to all staff on <i>COIN</i> .	Operational lead midwives/matrons	Completed	Complete
20.	Recommendation			
Ensure that the prescription and administration of medication for the induction of labour is done in line with health board policy.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
To update the Induction of Labour Policy	Induction in labour policy updated - available on <i>WISDOM</i> Further action: Due for update June 2023	Clinical Director	Completed	Complete (Further update due Sept 2023)
Update the information leaflet for women	Information leaflet updated - Available on <i>WISDOM</i> and shared with women. Further action: Currently updating working with MVP.	Clinical Director	Completed	Complete (Further update due Sept 2023)
Obstetrician to review all women undergoing IOL on a daily ward round	Daily ward consultant ward rounds continue on the antenatal ward.	Clinical Director	Completed	Complete

Maintain delays in Induction of labour on the risk register- update three monthly	All delays in induction of labour are reported through Datix and attached to risk register, which is reviewed.	HoM/Clinical lead/Service manager	Completed	Complete
Ensure Datix reports are completed for all women who experience delays in transfer to labour ward in a timely manner	As above	Operational leads	Completed	Complete
Undertake a service evaluation using 20 sets of records to ensure compliance with the administration of medication for IOL is in line with health board policy	Audit not fully carried out due to staffing unavailability and requirement to work clinically. Revised action: audit to be undertaken.	Governance lead	Original: April 2021 Revised: July 2023	In progress

21.	Recommendation
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Ensure women have access to Female Genital Mutilation clinics.

Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain dedicated clinic for women with FGM	Identified Obstetric consultant to care for women with FGM, women assigned to	Lead Obstetrician FGM clinic/antenatal	Completed	Complete

	their clinic for review and management of care.	clinic lead midwives		
Undertake a service evaluation of FGM clinic management to include: <ul style="list-style-type: none"> • Appropriate referrals to the dedicated clinic • Health professional knowledge and management of safeguarding issues including handover to health visitor when female child 	SBUHB do not currently hold an FGM clinic but have an allocated Obstetric Lead to see women. Referral process in place and assessment tool.	Lead Obstetrician FGM clinic/antenatal clinic lead midwives	June 2021	Complete
Provide a training update for all midwives for issues related to FGM for 2021/22 year	Training provided for all available midwives 2021/2022.	Safeguarding lead midwife	March 2022	Complete
22.	Recommendation			
Ensure learning and service improvement actions are implemented following incidents, concerns of audit, is effectively shared with staff across all sites.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Develop a Quality Improvement Notice Board in every clinical area. Ward leads	The following boards are being implemented in clinical areas,	Matron / operational lead / governance		In progress

and community leads to ensure a staff board is prepared and maintained.	<p>Communication Board</p> <p>Theme of the month</p> <p>Guideline update board</p> <p>Periprem boards</p> <p>Training and Education board</p>	midwife / intrapartum lead	Revised Date: September 2023	
Notice Boards to be reviewed monthly during the matrons assurance audit	This will be added to assurance audits from September 2023	Matrons	Original: June 2021 Revised: September 2023	In Progress
<p>5 midwives to be asked each month if they have received communication related to learning which can include:</p> <ul style="list-style-type: none"> • Wellbeing service access • Safety briefs • Newsletter • Use of email • Learning events • Themes and trends 	Added assurance audits: 5 midwives asked regarding seeing newsletters, themes and trends and learning from safety briefs that have been released. Wellbeing service access shared via emails and asked during any sickness episodes and in PADRs.	Matrons	Completed	Complete
Register of attendance at monthly audit meetings to be maintained	Meetings are on teams which are recorded.	Audit leads	Completed	Complete

23.	Recommendation			
Ensure that steps are taken to encourage staff to speak up and report incidents without fear of reprisal or repercussion.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
All staff to receive introduction to Datix reporting during their preceptorship period in the health board	All staff receive introduction to Datix on induction from governance team.	CPD lead midwife/ Governance team	Completed	Complete
Midwives are appointed a Clinical Supervisor for Midwives and line manager in each of the clinical areas.	Action in place as described	Matron/CSfM Operational Leads	Completed	Complete
Maintain an excellent reporting culture to include; <ul style="list-style-type: none"> • CSfM's prepare quarterly report of themes and trends to HoM • Maintain positive relationships through established forum with workplace representatives 	Action in place as described	HoM/Clinical Lead	Completed	Complete

<ul style="list-style-type: none"> • Ensure all staff are aware of the health board Guardian service • Maintain Manager on call rota's for maternity services • Ensure all clinical leaders maintain "open door" practice • Maintain Consultant on call rotas to support medical staffing in relation to escalation/jump call reporting • Maintain feedback to staff when an incident is being closed of actions taken. 				
24.	Recommendation			
Ensure the timely implementation of a single maternity dashboard across Wales.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain multi-professional representation within the clinical maternity and neonatal network toward dashboard development	Workstream currently paused due to development of Digital Maternity Cymru. Members are on distribution lists for engagement as this work progresses.	HoM/Clinical Lead/Consultant midwife	completed	Complete

25.	Recommendation			
Ensure that policies and procedures are updated, ensuring staff are aware of updates to maintain the delivery of safe and effective care.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Maintain oversight of policy and guidance at all clinical forums pertaining to their sphere of practice.	Guidelines and policy oversight are on agenda in relevant forums. Revised action: Future plan will be to develop a guideline and policy forum to have more robust oversight.	Forum leads Consultant Midwife	Completed Revised date: October 2023	In progress
Ensure all new and revised guidelines (once ratified) are reported via the maternity MDT Quality and Safety group	All new and revised policies and guidelines are taken to Maternity Quality and Safety Forum and shared with staff groups.	Forum Chairs, Clinical Lead, HoM, Service Manager	Completed	Complete
Forum Chair to ensure all ratified guidance is available to all staff via WISDOM	Forum chairs are responsible to ensure uploaded to Wisdom, so staff can access easily.	Forum Chair	June 2021	Complete
Develop a notice board to advertise all updated policies in each clinical area for all staff	Guidelines are shared in clinical areas and put up on communication boards.	CSfM/ Intrapartum Lead/Governance Lead.		

	Guideline Boards to be implemented in all clinical areas.	Ward Managers	October 2023	In progress
Any new or amended guidelines are communicated to staff via email and the quarterly newsletter	All amended guidelines shared via emails, discussed on daily safety briefs at handovers in all clinical areas.	Governance team/CSfM	completed	Complete
26.	Recommendation			
Ensure all midwives complete appropriate training before being required to assist in theatre.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Multi-professional working group convened to review obstetric theatre staffing requirements and present option appraisal presented to service directors	Option appraisal was completed. Now part of the Midwifery Transformation Board.	D/HoM Senior Matron Theatres	Completed	Complete

27.	Recommendation			
Consider the implementation of champion midwives to support further innovation and research.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Maintain funded post for Research team in partnership with Swansea University to deliver and maintain an active research programme	Research team consists of band 7 lead and two band 6 midwives, funded by Research and Development.	Consultant Midwife Research and Development Lead.	Completed	Complete
Maintain Consultant Midwife and Obstetric Consultant lead for research	Consultant midwife and Lead Obstetrician for research in place.	Clinical lead/HoM	Completed	Complete
Develop champion midwives in various aspects of the midwifery service to support midwife specialists	Bereavement, Infant feeding coordinator and diabetes champions in place. Further Action: to have further champions for other specialisms.	Specialist midwives	Completed Further Action Date: December 2023	In progress

28.	Recommendation			
Consider the introduction of live stream CTG monitoring in all units.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Gain confirmation for Capital funding for central monitoring system to be introduced in 2021	Funding was confirmed, a system procured and Implemented in June 2023.	Clinical lead/Head of Midwifery/Service Group manager	Completed	Complete
Complete evaluation of introduction of Fetal surveillance midwife (evaluation of year 1)	Fetal Surveillance role evaluated after a year and is now permeant.	Clinical lead/Head of Midwifery/Service Group manager	May 2021	Complete
29.	Recommendation			
Ensure that staff have timely access to the training that is required for them to carry out their roles effectively.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status (Complete/In Progress/Not Actioned)
Maintain the Multi-professional Training and education Group established to lead	Training and education is a multidisciplinary forum and training	Clinical Lead/Head of	Completed	Complete

<p>on maternity service training availability. Their role is to</p> <ul style="list-style-type: none"> • Devise the training programmes • monitor compliance with mandatory training • monitor when staff are called off training for clinical need • identify themes and trends for preparation and delivery of updates where issues arise • review feedback from training for continual evaluation and improvement 	<p>programmes are developed around clinical need and identified themes and trends from incidents.</p>	<p>Midwifery/Service Group manager CPD and Obstetric lead PROMPT Leads Fetal Surveillance leads</p>		
<p>30. Recommendation</p>				
<p>Review their workforce plans to ensure appropriate actions are being taken to address the impact of staff working excessive hours, and any shortfall across staff groups.</p>				
<p>Initial action submitted</p>	<p>Action progress update</p>	<p>Responsible Officer</p>	<p>Timescale</p>	<p>Action Status <i>(Complete/In Progress/Not Actioned)</i></p>
<p>Monitor and rearrange the teams in line with the Birthrate plus conducted in Swansea Bay October to December 2020</p>	<p>Initially completed</p>	<p>HoM</p>	<p>September 2021 (completed previously)</p>	

	Further Birthrate plus assessment in 2022- Workforce Transformation programme commenced to monitor and develop appropriate staffing and skill mix in all areas in Maternity Services.		Further Action Date: November 2023	In progress
Establish a baseline of current working practices and measure against EWTD and service requirements	Established baseline of current working practices. Continued work reviewing service through Midwifery Transformation Board.	HoM/Matrons	Completed	Complete
Complete baseline assessment to review current practice and consider alternative models of service delivery where needed	Delayed due to covid and staffing unavailability. However an assessment has been undertaken and the Workforce Transformation Programme is Underway.	HoM/Matrons	Sept 2021 originally Revised Date: May 2023	In progress
Maintain RCOG obstetric staffing standards at consultant level. Middle grade and junior gaps- covering with locums where available	Compliant with RCOG obstetric staffing levels.	Clinical lead/Service manager	completed	Complete
Ensure anaesthetic staffing within OOA standards	Anaesthetic staffing levels in line with OOA standards but are partially met for the split of Elective and Emergency Caesarean Sections.	Anaesthetic lead	completed	Complete

31.	Recommendation			
Consider implementation of positive initiatives to recognise the good work carried out by staff within the midwifery and medical teams.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Ensure Feedback given to staff when compliments received	Feedback given to staff with regards to complaints through line managers, senior leads and CSfM.	HoM/D HoM/Matrons/Clinical lead	Completed	Complete
Work with the local Royal College of Midwives workplace representatives to support the “random acts of kindness” initiative,	Stopped due to Covid and shortly due to resume due to efforts to reignite local RCM Branch. Caring for you REP x2 recruited awaiting affiliation, will undertake Employee of the Month and also monthly act of kindness staff wellbeing.	HoM/DHoM/Matrons RCM workplace representatives	Completed at time of original action. Revised date: January 2024	In progress
Ensure Feedback positive good practice messages to groups and individuals from learning events	Positive feedback is shared with groups and individuals verbally and through emails.	Governance lead midwife	Completed	Complete

32.	Recommendation			
Ensure that a high standard of documentation is maintained, in particular ensuring that the standard of patient records is improved.				
Initial action submitted	Action progress update	Responsible Officer	Timescale	Action Status <i>(Complete/In Progress/Not Actioned)</i>
Clinical Supervisors for midwives (CSfM) to complete annual record audit	CSfM team provide annual report and audits. Not completed for 2021/2022 due to internal audit process.	CSfM	March 2021 Revised date: December 2023	In progress
Action plan from audit findings to be developed toward improvement	Record keeping Audit analysis for 2020/2021 undertaken by CSfM. Learning presented to staff.	CSfM	May 2021	Complete
Ensure monthly assurance audit for notes and bundles completed	Area leads complete monthly audits of notes and bundles.	Matrons	Completed	Complete

Development of bundle booklet to replace loose sheets	Awaiting booklet to be printed	Operational Lead Labour Ward	Original: June 2021 Revised: August 2023	In Progress
Maintain Safeguarding files in electronic format and centrally held – complete annual audit of compliance with safeguarding records	Safeguarding files are now electronic and held centrally. Audits of the Sharing information. (SIP 1,2 and 3)	Safeguarding lead midwife	Completed	Complete