



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Swansea Bay University Health Board JET 2024/25

15th May 2024



Un Bae Ar y Cyd
One Bay Way



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Health Board

1. Review end of year position across performance, year-end financial position and progress against escalation and accountability conditions.



Un Bae Ar y Cyd
One Bay Way

Delivering Our Plan: Achievements in 2023/24

Quality

- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]

Resources, Estate & Sustainability

- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]

Workforce

- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]

Population Health

- ✓ [Redacted]
- ✓ Agreed funding, started recruitment for Maternal Smoking Cessation service
- ✓ [Redacted]
- ✓ [Redacted]

Digital

- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]
- ✓ [Redacted]

Maternity and Neonatal

- ✓ Plan for Birth Centre re-instatement will be taken to Health Board at the end of May 2024 for approval
- ✓ Secured funding uplift for SBUHB neonatal service as a result of the phase 1 WHSSC cot capacity reconfiguration across South Wales.
- ✓ Continued implementation of the outcome of the OCPs, with recruitment to key posts in community services and the obstetric unit. . This will support our aim of women being seen by no more than 2 midwives in the community and support us in reopening community services by redirecting staff and patients from Singleton back into the birth centre and home births
- ✓ Appointment to Head of Midwifery post successful.

Accountability Conditions & Escalation Conditions

Accountability Conditions	Progress
[Redacted]	[Redacted]
[Redacted]	<ol style="list-style-type: none"> 1. [Redacted] 2. [Redacted] 3. [Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Escalation in 23/24	Progress against de-escalation criteria
[Redacted]	<ul style="list-style-type: none"> • [Redacted] • [Redacted] • [Redacted] • [Redacted] • [Redacted] • [Redacted] • [Redacted]
Mat Neo	<ul style="list-style-type: none"> • Progress ongoing as per enhanced monitoring arrangements continuing into 24/25 – see slide 16 for detail.



Maternity and Neonatal Interventions

De-escalation Criteria

Reporting and Governance

1. Evidence of effective board scrutiny and oversight of maternity and neonatal services, including progress reporting against the maternity and neonatal improvement plan
2. Evidence of the dashboard being embedded across the service to demonstrate that data is driving real decision making
3. Effective and immediate response to any issues raised through the independent review

Quality Management Systems

4. Regular review against agreed outcomes to demonstrate that there is continued embedding of the LRI/NRI's, complains and concerns process within quality governance, ensuring that all are responded to within the required timeframe.
5. Evidence of joint and effective PMRT meetings across the service with engagement of affected families.
6. Reopening of the birth centre and the homebirth service in line with the agreed vision and plan

Workforce and staffing

7. Maintain the required staffing establishment at appropriate numbers and grade
8. Achievement and maintenance of training and compliance rates for all staff in maternity and neonatal services.

Engagement, patient and family feedback

9. Summary of PROMs and PREMs data for maternity and neonatal services, demonstrating corrective action if required.
10. Evidence of how women and family feedback has shaped service design.

Progress against criteria

Meeting	Chair	Remit	Reporting to
Neath Port Talbot Service Group (NPTSSG) Quality Safety and Risk (QSR) Group	Group Nurse Director / Group Medical Director	Assurance and oversight of Quality, Safety and Risk within the Service Group, reporting to the Group Management Board and Health Board Quality and Safety Group	NPTSSG Management Board
Women's Health and Ophthalmology and Children's and Young People QSR Forum	Clinical Director / Clinical Lead / Head of Nursing CYP / Head of Midwifery	Assurance and oversight of Quality, Safety and Risk within the Service Group, reporting to the Service Group Quality, Safety and Risk Group	NPTSSG QSR Group
Maternity Improvement and Assurance Board Inc. Midwifery Workforce Transformation Sub-group and Midwifery Improvement Sub-group	Group Nurse Director	Implementation of the Midwifery workforce transformation programme Implementation and oversight of HIW, Ockenden, MNIN governance review, Safeguarding Improvement plan	<ul style="list-style-type: none"> • NPTSSG QSR Group • Maternity and Neonatal Quality Assurance, Performance and Improvement Group • NPTSSG Senior Management Team Meeting
Peri-Natal Forum (inc MBRRACE and Matneo Safety Support Programme)	Clinical Director Neonatal Services		<ul style="list-style-type: none"> • CYP QSR forum • Maternity and Neonatal Quality Assurance, Performance and Improvement Group

Maternity and Neonatal Workforce

Midwifery – Obstetric Unit

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

Obstetric and Gynaecology Medical Staffing- including Gynaecology Oncology

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

Midwifery – community

Band	Establishment (WTE)	Vacancy (WTE)
RM	51.64	2.36

Neonatal Medical Staffing

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

Neonatal Nursing

Band	Establishment (WTE)	Vacancy (WTE)
7	11.92	2.32
6	32.09	9.47
5	36.14	Over 8.78
4	4.25	0.8