Meeting: Trust Board Meeting in Public

Date: 28 February 2024

Agenda item	Maternity Quarterly Quality Report Q3 23/24
Board Lead	Karen Bonner Chief Nurse
Author	Michelle East Director of Midwifery
Appendices	Appendix 1 Q3 PQSM report Appendix 2 Q3 ATAIN audit Appendix 3 Q3 claims scorecard Appendix 4 Q3 Improvement highlight report Appendix 5 CQC action plan
Purpose	Assurance
Previously considered	EMC 06.02.2024

Executive summary

This report provides an overview of current maternity quality issues focusing on the following workstreams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby
- Themes relating to litigation, complaints and serious incidents
- Performance related to external assurance
- Indicator of staff culture and service user feedback

In Q3 there were a total of five stillbirths and no neonatal deaths. Each of these deaths will be reviewed via the perinatal mortality review tool (PMRT) in the required timeframes. There were no maternal deaths or ITU admissions. There were no emergency hysterectomies.

Smoking rates remained within common cause variation. All smokers are now referred to the maternity tobacco dependency advisor at booking. Engagement rates have increased from 9% (Dec 22) to 68% (Dec 23).

All women had risk assessment at booking for IUGR and preterm birth. There has been a consistent reduction in the number of babies born greater than 37 weeks below the 10th centile which has now been below target for six months. The preterm birth rate has been within common cause variation.

Term admission rates to NNU were increased in September and October, largely due to respiratory symptoms. Rates improved in November and December and were below target.

During Q3 all women were risk assessed for pre-eclampsia and VTE. There were no hospital acquired VTE and no cases of eclampsia.

An action plan following the CQC inspection of maternity services is in place. Of the five must do actions, two are complete. The remaining three are on track, however require support external to the maternity service and additional funding.

All 10 elements of the maternity incentive scheme year 5 have been met and are on track for submission on February 1st.

Workshops are planned with the senior midwifery team as part of a wider culture improvement programme and in response to staff survey results. A MDT planning event is taking place in early February to set team objectives for 24/25 relating to culture as part of the Single Delivery Plan.

Midwifery staffing remains at risk, vacancy rate 17.5% (decrease from 28%).

The Perinatal Culture and Leadership programme continues with the SCORE survey on track to take place across January and February. Monthly Speak-Up sessions now planned.

Public engagement around Wycombe Birth Centre re-design is underway.

On 6 February 2024, Executive Management Committee were assured by the content of the report. The issue with access to comparable data across the system was discussed and support offered to seek a resolution to the delayed development of a system wide dashboard. The committee recommended further review of maternity triage once key actions have been completed.

Decision	The Board is requested to discuss and take assurance

Relevant strategic priority			
Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☐

Relevant objective		
☐ Improve waiting times ☒ Improve safety ☐ Improve productivity	☐ Improve access and effectiveness of Trust services for communities experiencing the poorest outcomes	☐ Improve the experience of our new starters ☐ Upskill operational and clinical managers

Implications / Impact	
Patient Safety	This paper provides updates on patient safety and maternity quality improvement work streams, issues and any risks to compliance.
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards CRR Midwifery staffing
Financial	NHSR Maternity Incentive Scheme: Trusts that **do not meet** the ten-out-of-ten threshold will **not** recover their contribution to the CNST maternity incentive fund, but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.
Compliance CQC Standards Safety	Safety Person centred care Duty of candour Good governance Complaints
Partnership: consultation / communication	Acute paediatrics- neonatal services Local Maternity and Neonatal System Maternity voices partnership Maternity and neonatal safety champions
Equality	It is essential to have an increased focus on reducing health inequalities for Black, Asian

	and minority ethnic women and women who are affected by social deprivation. Maternal mortality is 3.7 times greater for Black women and 2 times greater for Asian and mixed ethnicity women than white women (MBRRACE 2022). Perinatal mortality is greater for Black and Asian babies- the highest rates of stillbirth affect Black African and Black Caribbean babies from the most deprived areas; the highest rates of neonatal death affect Pakistani and Black African babies from the most deprived areas (MBRRACE 2022).
Quality Impact Assessment [QIA] completion required?	No

Glossary and Abbreviations

ATAIN	A patient safety programme (an acronym for '**avoiding term admissions into neonatal units**') to reduce avoidable causes of harm that can lead to infants born at term (i.e., ≥ 37+0 weeks gestation) being admitted to a neonatal unit.
BOB LMNS	Buckinghamshire, Oxfordshire and Berkshire West local maternity and neonatal system - a partnership of maternity and neonatal service providers, commissioners, local authorities and maternity and neonatal voices partnerships, who are working together to transform maternity services
CQC	Care Quality Commission
MIS	Maternity Incentive Scheme - The scheme supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST.
MNVP	Maternity and Neonatal Voices Partnership - is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care
NHSE	NHS England – leads the national health service for England
NHSR	NHS Resolution- the operating name of NHS litigation authority, is an arm's length body of the department of Health and Social Care
NNU	Neonatal Unit
PCSP	Personalised care and support plan – a holistic person centred process that enables the person to identify their needs and outcomes
PMRT	Perinatal Mortality Review Tool
PQSM	Perinatal Quality Surveillance Model – a framework for increasing oversight of perinatal clinical quality in the NHS, England
RCOG	Royal College of Obstetrics and Gynaecology
SBAR	A communication tool to convey critical information requiring immediate action and advice
VTE	Venous thromboembolism

1 Introduction/Position

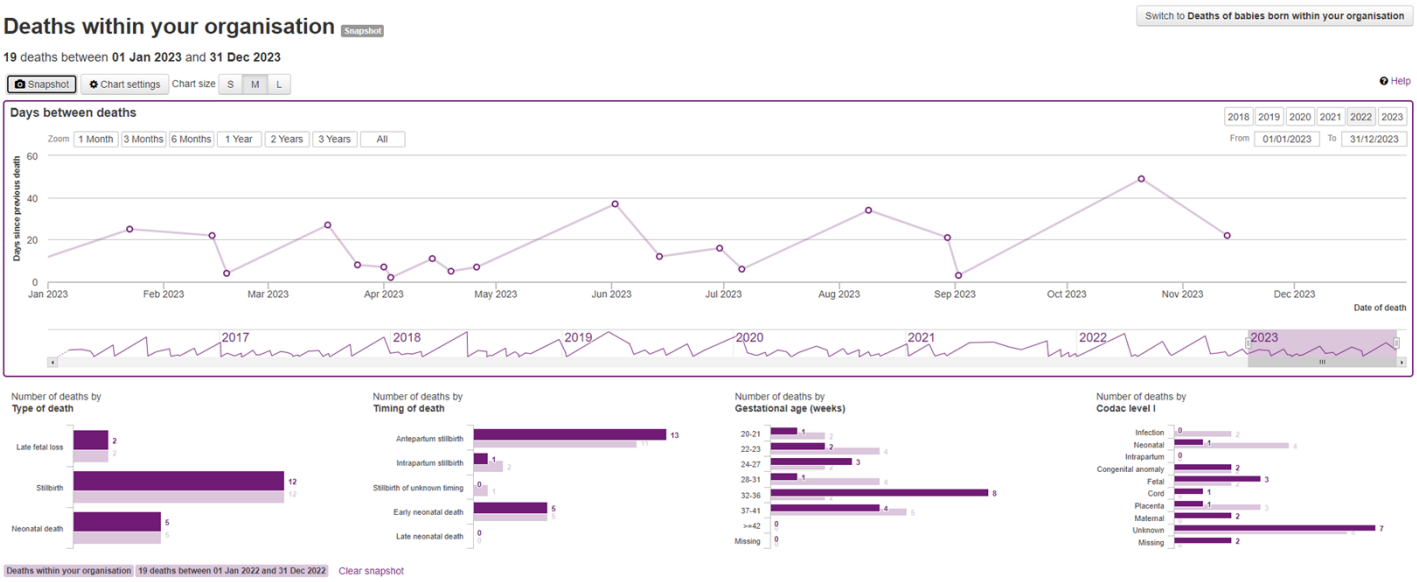
This report provides an overview of current maternity quality issues in line with NHS England (NHSE) guidance on perinatal quality surveillance and NHS Resolution (NHSR) maternity incentive scheme standards and is aligned with one of five maternity breakthrough objectives: 50% reduction in severe and moderate harm events by March 2024. This report will highlight performance against the key drivers to deliver and maintain a safe, high quality maternity service and will focus on the following workstreams:

- Perinatal mortality and morbidity relating to both woman and fetus/baby
- Themes relating to litigation, complaints and serious incidents
- Performance related to external assurance
- Indicator of staff culture and service user feedback

2 Perinatal Mortality and Morbidity

The BOB local maternity and neonatal system (BOB LMNS) have a defined perinatal quality surveillance reporting model to ensure a standardised reporting process.

Buckinghamshire Healthcare NHS Trust (BHT) perinatal quality surveillance data for this reporting period is detailed in full in Appendix 1.



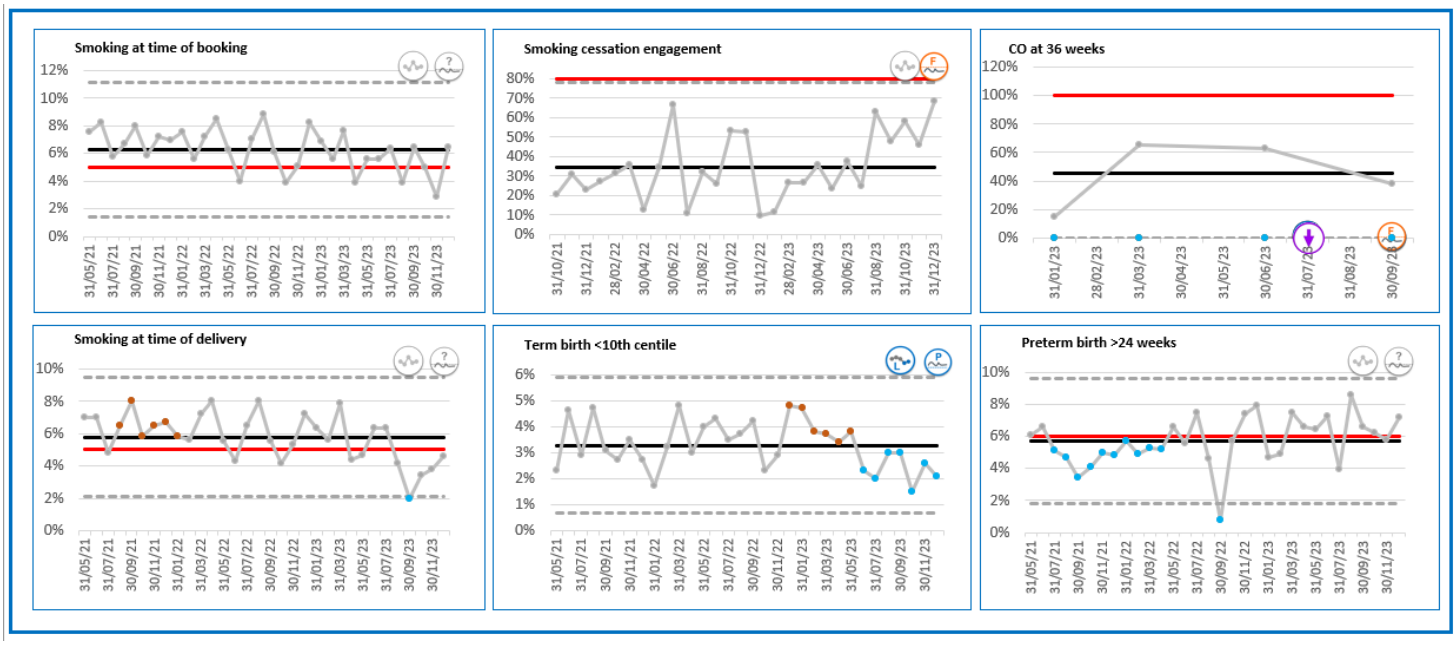
In Q3 there were a total of five stillbirths and no neonatal deaths. Data for 2023 is comparable with the same period of the previous year, however, there appears to be an increase in perinatal mortality at 32-36 weeks gestation. Each of these deaths will be reviewed via the perinatal mortality review tool (PMRT) in the required timeframes to identify themes. There were no maternal deaths or ITU admissions. There were no emergency hysterectomies. The Enhanced Maternal Care pathway continues to enable women to remain safely in the maternity unit and avoids separation from their newborn.

2.1 Fetal/neonatal mortality and morbidity

Indicators for possible fetal or neonatal loss include smoking, ethnicity, deprivation, and risks associated with intrauterine growth restriction (IUGR) and/or preterm birth.

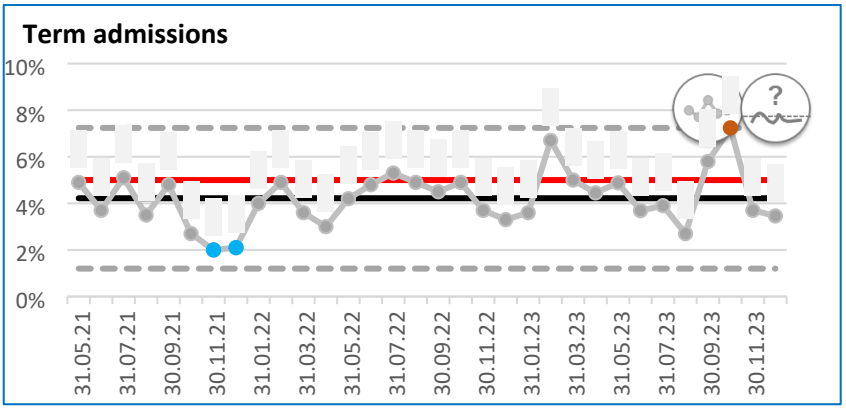
During Q3 overall rates of smoking at time of booking are 4.6%, smoking at time of delivery is 4%. This is a reduction since Q1 and an indicator that smoking cessation pathways implemented are starting to make an impact. A new dashboard is being developed to understand whether this service is having a positive impact in our more vulnerable communities where 25% of women who experience a pregnancy loss are smokers.

All women were subject to risk assessment at booking for IUGR and preterm birth. In this quarter the rate of babies born beyond 37 weeks with IUGR (below the tenth centile) was below target. Preterm birth rates remain within common cause variation, but above target. A more detailed analysis of cases has identified that there is a need for a more robust risk assessment at booking, this is now under development by the preterm birth midwife.



None of the women who experienced a fetal or neonatal loss during this quarter were smokers although one had a slightly elevated CO reading at booking. One woman was Pakistani and lived in a more deprived area, there were no documented communication barriers. Two of the five losses were terminations of pregnancy for fetal abnormality. One loss was following maternal choice to continue with the pregnancy despite the fact the fetus had abnormalities that would have prevented survival. One loss was a spontaneous loss of a twin at 26 weeks, the final loss was a 22 week stillbirth, both cases are currently being reviewed as part of the PMRT process.

The ATAIN programme continues to be embedded in practice through the annual ATAIN action plan.

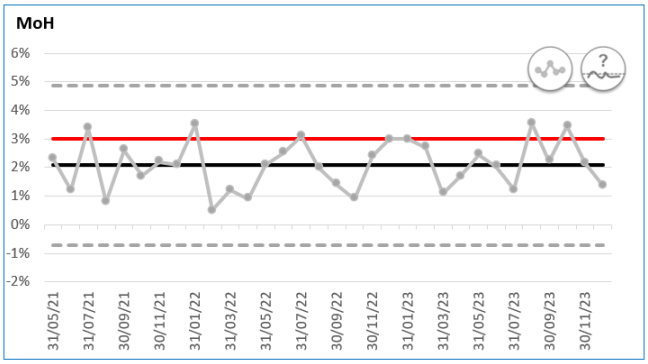


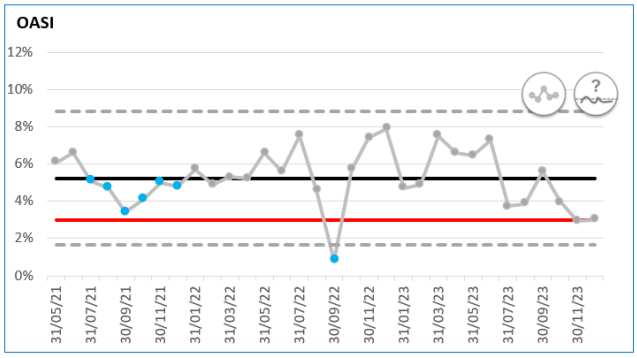
Whilst the aggregated term admission rate to NNU remains below target it increased in September and October. The Q3 audit (Appendix 2) shows that the most common reason for admission is respiratory, following birth by caesarean section. In Q2 there appeared to be a specific theme emerging around admissions at early term (37 weeks) following elective caesarean section. This is likely due to the change in practice around antenatal steroid administration, a deeper dive into this data did not highlight any themes, although there were two cases when birth could potentially have been delayed to a slightly later gestation.

2.2 Maternal mortality and morbidity

Indicators for possible maternal mortality or morbidity include venous thromboembolism, massive haemorrhage, obstetric anal sphincter injury and eclampsia. During Q3 all women were risk assessed for pre-eclampsia and VTE. There were no hospital acquired VTE and no cases of eclampsia.

	No of days since
Eclampsia	No cases in past 3 years
ITU admission	241
Hysterectomy	235





In Q3 the overall obstetric haemorrhage rate was 3.3% this is a reduction from the previous two quarters and can be attributed to implementation of a new risk assessment and emergency proforma and an increase in in-situ simulation featuring this emergency. The OASI rate for Q3 rate was 2%, whilst this is below target, it has not been sustained consistently and is therefore being featured in the mandatory training for midwives and doctors this year.

3 Themes relating to litigation, complaints and serious incidents

Themes from litigiation cases are triangulated with complaints and serious incidents and are reflected in Appendix 3. These themes are driving improvement initiatives relating to clinical handover and postnatal care.

4 Performance related to external assurance

Maternity Incentive Scheme

Safety Actions		Oct '23	Nov '23	Dec '23	Comments/Actions
SA 1	PMRT				
SA 2	MSDS				
SA 3	Transitional care services				
SA 4	Clinical workforce planning				
SA 5	Midwifery workforce planning				
SA 6	SBLCBv3				
SA 7	Service user feedback				
SA 8	In-house MDT Training & Core competency framework				
SA 9	Safety Champions				
SA 10	HSIB cases & NHSR ENS				

Single Delivery Plan Progress

Theme/objective	Progress	A	B	C	D	E	F
Listening to and working with women	Objective 1						
	Objective 2						
	Objective 3						
Growing, retaining and supporting our workforce	Objective 4						
	Objective 5						

	Objective 6						
Developing and sustaining a safety culture	Objective 7						
	Objective 8						
	Objective 9						
Standards and structures to underpin safe, equitable care	Objective 10						
	Objective 11						
	Objective 12						

5 Culture

The maternity and neonatal quadrumvirate are participating in the National Perinatal Culture and Leadership programme which is being hosted by NHSE. This programme comes with the offer to undertake the SCORE survey which includes individual follow-up and action planning for each participating Trust. The maternity and neonatal service have accepted this offer and the survey is due to commence in February.

5.1 Responding to feedback from staff and service users

Monthly speak up sessions scheduled for colleagues within maternity to join. The current session raised the following issues:

- Homebirth bags
- Urinary catheterisation practices on labour ward
- Midwifery resource for the diabetic team

Solutions to these challenges have already been implemented. Self-rostering was piloted in December and is now successfully in place for all inpatient areas and due to be rolled out across the whole service in response to staff reporting that they would like greater autonomy. Weekly video recorded by Director of Midwifery to highlight key achievements for the week and share any important communications in response to staff feeling that they are not always kept up to date.

In response to service user feedback, overnight stays for partners on Rothschild Ward have been re-introduced. 15 steps will be taking place across all service areas in February and March.

6 Improvement initiatives

The initial data from the triage rapid improvement project follow-up has now been collated. This demonstrates an improvement in time to initial risk assessment and initial midwifery review. There remains some delay in doctors review, decision and discharge. Options to overcome this are being explored by the SDU lead for O&G, the Labour Ward Lead Consultant and Director of Midwifery.

The enclosed Improvement highlight report (Appendix 4) outlines other key improvements implemented or in progress during the quarter, along with key risks.

7 CQC Maternity Inspection

The final action planned following receipt of the CQC inspection report in October is included as appendix 5. The service is on track to complete all locally derived actions. Yet to be completed are the actions relating to the Tendable pharmacy audit and the 'should do' action for improvement of the Maternity Triage environment which is awaiting options appraisal from the Estates team and allocation of budget where required.

8 Action required from the Board/Committee

The Board is requested to:

a) Discuss and take assurance

APPENDICES

Appendix 1 Q3 PQSM report
Appendix 2 Q3 ATAIN audit
Appendix 3 Q3 claims scorecard
Appendix 4 Q3 Improvement highlight report
Appendix 5 CQC action plan

Trust's Perinatal Quality Surveillance Model Report (PQSM Report)

Data request: Q3 2023 – 2024 Oct, Nov, Dec 2023

Trust name: Buckinghamshire Healthcare NHS Trust **Submitted by: Michelle East**
Date submitted:

The following report template is based on the Perinatal Quality Surveillance guidance published by NHSE/I in Dec 2020. It has been further edited to allow a standardised reporting form across the BOB LMNS. The PQSM report is produced at trust level and feeds into the trust board before it goes to the LMNS board on a bimonthly. The data requested is for a three-month period. Elements of this will feed into the Regional Maternity and Neonatal Safety Concerns Group (RMNSG) on a quarterly basis and it will also go directly to the ICB Systems Quality Group (SQG).

Whenever PQSM reports are requested, the LMNS will also require a **dashboard** from each trust.

Please contact the LMNS if you require any assistance.

1. Total Number of Births/month

Please provide the total number of births per month as declared on your dashboard, this is help to give context to the data within the report

Number of Births	October 2023	November 2023	December 2023
	388	378	377

2. Findings of reviews of Perinatal deaths

Table 1: Number of perinatal deaths recorded trust.

Months	Enter numerical Data	Oct '23	Nov '23	Dec '23
Total Number of Deaths				
Type of Mortality	Antepartum Stillbirths	2	2	0
	Intrapartum Stillbirths	0	0	1
	Neonatal Deaths	0	0	0
Gestational Age	<24 weeks	2	1	0
	24-27 weeks	0	1	0
	28 - 31 weeks	0	0	0
	32 - 36 weeks	0	0	0
	37-41 weeks	0	0	0
	≥ 42 weeks	0	0	1

Please note that there was one termination of pregnancy in October and one in November that are recorded in Table 1 as an antenatal stillbirth.

Table 2: Themes/Trends and Actions from cases closed at PMRT for Oct, Nov, Dec 2023

Themes/Trends	Actions
Themes include failure to ask domestic violence questions at booking, undertake CO monitoring and failure to use a partogram for intrapartum care.	**Actions identified from an SI report which was also included in PMRT data in Q2 are listed below.**

Did you have an external panel member for this quarter for all your panels? *(expected 100%). Base this on* **data for Oct, Nov, Dec 2023.**

Month	Oct '23	Nov '23	Dec '23
% attendance	100	100	100

3. Findings of reviews of all cases eligible for referral to HSIB

Provide a summary based on the months of reporting for example: how many cases were reported to HSIB **Please provide all data for Q3 2023 in Table 2.** If any final reports were received**, please ensure this data into table 3.**

Table 3: Summary of cases referred to the MNSI

Investigation reference	Summary (to include ethnicity and if a translator was required and used)	Duty of Candour Letter sent	Duty of Candour information given

Table 4. Recommendations from any final MNSI reports in this reporting period

Investigation Reference	Recommendations
No reports completed	

4. Findings of reviews of declared SI cases closed at BOB LMNS SI panel (*only if not already referable to the HSIB*)

Provide a summary based on the months of reporting for example: historic SI's presented, AAR's, cases for shared learning, that did not meet the MNSI referral criteria**. Please provide all data for this quarter in the following table.**

(Data is required for Oct, Nov, Dec '23)

Table 5: Summary of Closed SI's and seen at BOB LMNS SI panel

Investigation reference	Report Summary with findings, recommendations, actions plans and learning shared (to include ethnicity).
October	The patient presented, with her partner to maternity triage at Stoke Mandeville Hospital in her third pregnancy at 27 weeks gestation with abdominal pain. Shortly after arrival there was spontaneous rupture of membranes and a significant drop in the baby's heart rate was seen on the CTG. This led to a transfer to theatre to deliver the baby by emergency caesarean section. Upon entry to theatre the patient experienced a substantial vaginal bleed. Their baby boy was born in poor condition and needed significant levels of resuscitation. He was transferred to the neonatal unit for ongoing care and sadly died at eight hours old. This investigation has identified that the patient was on the appropriate antenatal care pathway given the complexity of her history and presenting symptoms. Maternal care was delivered in line with current local guidance and appropriate referrals were made to specialist teams during the antenatal period. There was prompt recognition of deterioration in triage and help was summoned immediately. Help arrived swiftly and the patient was transferred to maternity theatre where delivery was facilitated. Appropriate senior expertise was consulted and requested to attend. The baby, sadly, had suffered a catastrophic event prior to his birth, made worse by a difficult birth, resulting in significant widespread bruising. Through this investigation, it is regrettable that there are several areas of care where the neonatal team must improve. Highly effective communication is a fundamental skill when caring for premature and very unwell babies as their condition can change at any time, however optimistic the prognosis.

	The baby was born with no cardiac activity, despite this, the team efficiently resuscitated the baby and transferred him to the NNU. He was connected to the ward ventilator and commenced on IV fluids as per national and local recommendations. Over the course of the next few hours the care that he received was primarily targeted at improving his respiratory acidosis and obtaining circulatory access to provide longer term care. However, he struggled with ventilation, and his pre-set targets were often not met. Progressively he deteriorated, requiring reintubation. From that point onwards he remained unstable, eventually leading to his collapse and subsequently he died. Had his needs been recognised earlier, escalation to the highly specialist expertise of the neonatal service at the tertiary centre of the John Radcliffe Hospital, would have led to guidance with an emphasis on central access, invasive blood pressure monitoring, inotrope use and clotting products.
November	**None**
December	**None**

5. Number of current open Patient Safety Incidents and MNSI cases

Please only enter a numerical figure with no detail of the case.

(Data is required for Oct, Nov, Dec '23).

Table 6: Number of current open SI's and MNSI cases

	Oct '23	Nov '23	Dec '23
Number of open SI's	**1**	**1**	**1**
Number of open HSIB cases	**2**	**2**	**2**

6. Incidents logged as moderate or above and any themes identified

Provide a summary based on the months of reporting for example: how many incidents were graded red/amber or moderate or above in the months of reporting. **Please provide data for Q3 (***Please note this section may change as the PSIRF is implemented)*

Table 7: Number of reported incidents logged as moderate or above

Actual Impact reported per month	Oct '23	Nov '23	Dec '23
Death	**0**	**0**	**0**
Minor	**0**	**2**	**4**
Moderate	**2**	**0**	**0**
Near Miss	**0**	**0**	**0**
No Harm	**136**	**106**	**83**
Total	**138**	**108**	**87**

Table 8-Themes and Trends identified within reported incidents at moderate or above

MONTH	Themes and Trends identified
Oct 2023	One moderate harm case awaiting 72 hour reported. One reallocated from paediatrics, awaiting further information
Nov 2023	NA
Dec 2023	NA

7. HSIB/NHSR/ENS/CQC/RCOG/Coroner Reg 28/HEE concerns of requests for action

Please raise any concerns of requests from the following organisations/regulations. **Please provide data for Q3 '23-if not applicable state N/A**

Category	Concerns of request for action
Oct '23	
HSIB	None
NHSR/ENS	None
CQC	Report received. Overall grading of 'requires improvement'
RCOG	None
Coroner Reg 28	None
NHSE	None
Nov '23	
HSIB	None
NHSR/ENS	None
CQC	None
RCOG	None
Coroner Reg 28	None
NHSE	None
Dec '23	
HSIB	None
NHSR/ENS	None
CQC	None
RCOG	None
Coroner Reg 28	None
NHSE	None

8. ATAIN-% of term admissions to the Neonatal Unit

Percentage	Oct '23	Nov '23	Dec '23
	7%	**4%**	**3%**
Action Plans if any			
	ATAIN action plan 2023-24 FINAL.docx		

9. Babies born in the right place

Number & percentage of babies <27 weeks born outside of a tertiary NICU/maternity unit (perinatal optimisation care pathway

Percentage/Number	OCT '23	NOV '23	DEC '23
	0	**0**	**0**

10. Training compliance related to MIS Year 5 Safety Action & core competency framework

Provide a summary based on Q3 '23 of reporting for example: *if figures are below target provide reasons why or if above target share best practice etc.* **Training plan and compliance in line with MIS Year 5 Safety Action 8 and Core Competencies Framework v2 (if not applicable state N/A)**

Subject	Metric	Goal (%)	Oct '23(%)	Nov '23	Dec '23
Education and training - **PROMPT** attendance at maternity specific mandatory training days *(CNST Year 4-at least one of the 4 emergency scenarios should be conducted in the clinical area, ensuring full attendance from MDT team)*	All Midwives	90%	97.6	100	98.2
	MSWs	90%	90.4	100	97.8
	Consultant Obstetricians, Trainees ST1-7, Staff Grades, and FY DRs who contribute to obstetric rota	90%	82.4	92.2	95.5
	Obstetric Anaesthetic consultants, all Anaesthetic Drs **who contribute to the obstetric rotas**	90%	92.7	97.6	85.7
Education and training – **FETAL MONITORING** attendance at maternity specific mandatory training days	All Midwives	90%	99.4	95.0	98.2
	Consultant Obstetricians, Trainees ST1-7, Staff Grades, and FY DRs who contribute to obstetric rota	90%	86.7	97.3	76.3
Education and Training- **NEWBORN LIFE SUPPORT** (local)	All Midwives	90%	Included in PROMPT		
	Neonatal/Paediatric Consultants, Junior neonatal Drs (who attend births), ANNP's	90%			
	Neonatal Nurses	90%	84	84	94.7

11. Minimum staffing (Please provide Red flag data for reporting data, or add your BR+ data)

Subject	Metric	Goal	Red Flag	Measure	Oct '23	Nov '23	Dec '23
Support in Labour	Midwife: birth ratio staff in post	1:29.5	>1:31	Clinical staff: delivery ratio	x	x	x
	Midwife: birth ratio utilised workforce	1:29.5	>1:30	Clinical staff: delivery ratio	x	x	x
	Weekly hours of dedicated senior obstetric cover on delivery suite				74.5	74.5	74.5
Consultant attendance for clinical incidence-as per RCOG guidance	Units should monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person.	100%	<100%		100	100	100

October

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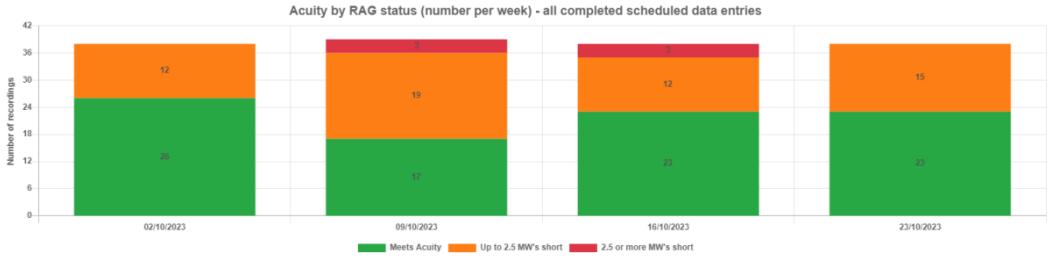
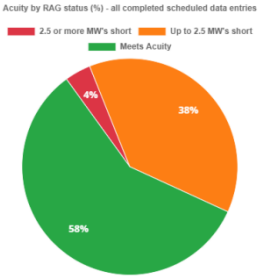
Buckinghamshire Healthcare NHS Trust - Labour Ward



Overall compliance during the data period for weeks commencing 02/10/2023

Completed scheduled data entry	91.1%
Missed scheduled data entries	8.9%



November

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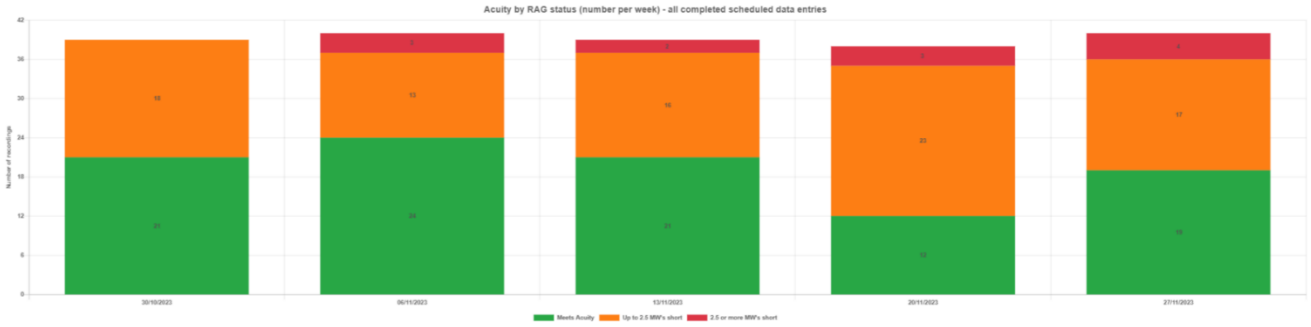
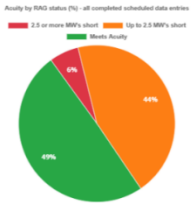
Buckinghamshire Healthcare NHS Trust - Labour Ward



Overall compliance during the data period for weeks commencing 30/10/2023

Completed scheduled data entry	93.3%
Missed scheduled data entries	6.7%



December

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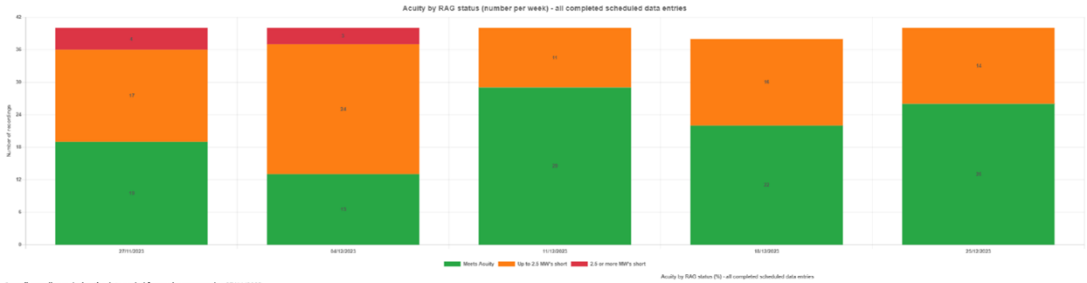
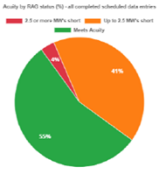
Buckinghamshire Healthcare NHS Trust - Labour Ward



Overall compliance during the data period for weeks commencing 27/11/2023

Completed scheduled data entry	94.3%
Missed scheduled data entries	5.7%



12. Service users voice feedback

Provide thematic summary of MVP feedback for latest quarter. Complaints and key themes from these can also be used in this section (general themes and actions taken).

MONTH	Themes and Trends identified; actions taken
Oct '23	• Unsatisfactory care following birth due to staffing levels, being left alone and the management of retained products.
Nov '23	• Theme emerging from women regarding lack of encouragement to choose home as a place of birth. Regional work underway in addition to production of paper for discussion with safety champions regarding provision of high risk homebirth.
Dec '23	• No new themes or complaints for this month

13. Staff feedback from Safety Champions walkabout for Q3 '23

Issue Raised	Summary	Action Taken
Providing care to bereaved families on LW	Feedback highlighted that this was not an appropriate place given the presence of women giving birth.	Reassurance provided that the placement of the bereavement suite to provide access to emergency theatres and the right team is vital. Options being explored for soundproofing of this space.

14. Top three Audit findings

Please provide the top 3 issues related to findings of trust/system safety/quality audits

Audit Information		Actions/Mitigations
1	Breastfeeding at Birth	Infant feeding lead to work with area leads to improve compliance
2	Term admissions to NNU	Deep Dive by Consultant midwife into admissions data now collected, to be analysed
3	CO monitoring at 36 weeks gestation	Transformation midwife supporting with equipment replacement as this was highlighted as an issue.

15. Progress with MIS 10 safety actions

Provide RAG rating & outstanding actions for each safety action as below. Any overall risks and issues can be summarised.

Safety Actions		Oct '23	Nov '23	Dec '23	Comments/Actions
SA 1	**PMRT**				
SA 2	**MSDS**				

SA 3	**Transitional care services**				
SA 4	**Clinical workforce planning**				
SA 5	**Midwifery workforce planning**				
SA 6	**SBLCBv3**				**Q1 compliance for 1 of 6 elements below required compliance. Projected to meet compliance in Q2 prior to MIS submission**
SA 7	**Service user feedback**				
SA 8	**In-house MDT Training & Core competency framework**				
SA 9	**Safety Champions**				
SA 10	**HSIB cases & NHSR ENS**				

16. CQC Maternity Ratings as appropriate, or update on MSSP

CQC Maternity Ratings Overall	Overall	Safe	Effective	Caring	Well – Led	Responsive
	Requires improvement	Requires improvement	Not inspected	Not inspected	Good	Not inspected

Appendix A.1 LMNS reporting deadlines

Trust gives data for…	DEADLINE to send to BOB LMNS	BOB SAG	LMNS board dates	RMNCG	BOB SQG
Q1.2023-2024 April, May, June 2023	**16th July 2023 Midday**	16/08/2023	13th September 2023	Q2 meeting on 23rd August 2023 data for **Q1.** '23-24	19th July 2023
Q2.2023-2024 July, Aug, Sept 2023	**17th October 2023 Midday**	18/10/23	8th November 2023	Q3 meeting on 15th November 2023 data for **Q2** July, August, September '23-24	13th November 2023
Q3 2023-2024 Oct, Nov, Dec 2023	**12th January '24 Midday**	06/12/23	10th January 2024	Q4 meeting on 28th February 2024 data for **Q3** October, November, December '23-'24.	17th January 2024
Q4 2023-2024 Jan, Feb, March 2024	**TBC**	TBC	TBC	Q1 RMNCG date TBC-the data request will be **Q4** Jan, Feb, March '23-'24.	TBC

Appendix B: Dashboard

October

Maternity Performance Board

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Smoking at time of booking	Oct 23	5%	5%			6%	2%	11%
CO at booking	Oct 23	97%	95%			63%	49%	76%
Smoking cessation engagement	Oct 23	58%	100%			33%	-10%	76%
Risk assessments - FGR, PTB, PET, Diabetes	Oct 23	100%	100%			99%	98%	101%
VTE risk assessment	Sep 23	100%	100%			99%	97%	101%
CO at 36 weeks	Mar 23	65%	100%			40%	#N/A	#N/A
Preterm birth >24 weeks	Oct 23	6%	6%			6%	2%	10%
Preterm Birth <24 weeks	Oct 23	0%	6%			0%	0%	0%
Term birth <10th centile	Oct 23	2%	7%			3%	1%	6%
Birth <3rd centile	Oct 23	1%	2%			2%	-1%	5%
Apgar less than 7 at 5 minutes	Oct 23	3.0	1.0			3.7	-0.5	7.9
Arterial pH less than 7	Oct 23	0.0	1.0			2.9	-1.4	7.2
MoH	Oct 23	3%	3%			2%	-1%	5%
OASI	Oct 23	4%	3%			5%	2%	9%
Breastfeeding at delivery	Oct 23	71%	80%			73%	62%	83%
Smoking at time of delivery	Oct 23	3%	5%			6%	2%	10%
Skin to skin	Oct 23	80%	100%			81%	74%	88%
Term admissions	Oct 23	7%	5%			4%	1%	7%
Breastfeeding at discharge	Oct 23	79%	80%			68%	51%	85%
PCSP at booking	Oct 23	79%	100%			85%	67%	103%
Perinatal mortality (over 24 weeks)	Oct 23	1.0	0.0			1.3	-2.2	4.9
Overdue Datix	Oct 23	35.0	10.0			65.1	-6.3	136.6
			0%					
			-					
			-					

November

Maternity Performance Board

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Smoking at time of booking	Nov 23	3%	5%			6%	2%	11%
CO at booking	Nov 23	94%	95%			64%	51%	77%
Smoking cessation engagement	Nov 23	46%	100%			33%	-9%	76%
Risk assessments - FGR, PTB, PET, Diabetes	Nov 23	100%	100%			99%	98%	101%
VTE risk assessment	Oct 23	100%	100%			99%	97%	101%
CO at 36 weeks	Sep 23	38%	100%			45%	#N/A	#N/A
Preterm birth >24 weeks	Nov 23	6%	6%			6%	2%	10%
Preterm Birth <24 weeks	Nov 23	0%	6%			0%	0%	0%
Term birth <10th centile	Nov 23	3%	7%			3%	1%	6%
Birth <3rd centile	Nov 23	1%	2%			2%	-1%	5%
Apgar less than 7 at 5 minutes	Nov 23	4.0	1.0			3.7	-0.4	7.8
Arterial pH less than 7	Nov 23	2.0	1.0			2.8	-1.5	7.2
MoH	Nov 23	2%	3%			2%	-1%	5%
OASI	Nov 23	3%	3%			5%	2%	9%
Breastfeeding at delivery	Nov 23	74%	80%			73%	62%	83%
Smoking at time of delivery	Nov 23	4%	5%			6%	2%	10%
Skin to skin	Nov 23	81%	100%			81%	74%	88%
Term admissions	Nov 23	4%	5%			4%	1%	7%
Breastfeeding at discharge	Nov 23	80%	80%			69%	52%	85%
PCSP at booking	Nov 23	78%	100%			84%	67%	102%
Perinatal mortality (over 24 weeks)	Nov 23	0.0	0.0			1.3	-2.3	4.8
Overdue Datix	Nov 23	38.0	10.0			64.3	-5.1	133.6
			0%					
			-					
			-					

December

Maternity Performance Board

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Smoking at time of booking	Dec 23	6%	5%			6%	1%	11%
CO at booking	Dec 23	94%	95%	H	F	65%	52%	78%
Smoking cessation engagement	Dec 23	68%	80%		F	35%	-9%	78%
Risk assessments - FGR, PTB, PET, Diabetes	Dec 23	100%	100%	H		99%	98%	101%
VTE risk assessment	Oct 23	100%	100%	H		99%	97%	101%
CO at 36 weeks	Sep 23	38%	100%			45%	#N/A	#N/A
Preterm birth >24 weeks	Dec 23	7%	6%			6%	2%	10%
Preterm Birth <24 weeks	Dec 23	0%	6%	L	P	0%	0%	0%
Term birth <10th centile	Dec 23	2%	7%	L	P	3%	1%	6%
Birth <3rd centile	Dec 23	2%	2%			2%	-1%	5%
Apgar less than 7 at 5 minutes	Dec 23	7.0	1.0			3.8	-0.4	8.1
Arterial pH less than 7	Dec 23	1.0	1.0			2.8	-1.5	7.0
MoH	Dec 23	1%	3%			2%	-1%	5%
OASI	Dec 23	3%	3%			5%	2%	9%
Breastfeeding at delivery	Dec 23	79%	80%			73%	62%	84%
Smoking at time of delivery	Dec 23	5%	5%			6%	2%	9%
Skin to skin	Dec 23	83%	100%		F	81%	74%	88%
Term admissions	Dec 23	3%	5%			4%	1%	7%
Breastfeeding at discharge	Dec 23	86%	80%	H		69%	53%	86%
PCSP at booking	Dec 23	90%	100%			85%	67%	103%
Perinatal mortality (over 24 weeks)	Dec 23	1.0	0.0			1.3	-2.2	4.8
Overdue Datix	Dec 23	33.0	10.0	L		63.3	-4.2	130.8
			0%					
			-					
			-					

Buckinghamshire Healthcare NHS Trust

Clinical Effectiveness Department

Review of admissions to the neonatal unit with a birth gestation of ≥37 weeks. (PCG109)

Requested by: Maternity Incentive Scheme requirement for the Trust.

Reported by: Gaynor Tyler

Date: 2nd January 2024

Safe & compassionate care,

every time

1. CONTENTS

2. EXECUTIVE SUMMARY/RESULTS SUMMARY

ATAIN, an acronym for Avoiding Term Admissions into Neonatal units, is a programme of work to reduce harm leading to avoidable admission to a neonatal unit (NNU) for infants born at term, i.e. ≥ 37 +0 weeks gestation. A central aim of the work is to prevent harm leading to separation of mother and baby

This audit reviews:

- the number of babies admitted to the neonatal unit at term (>37 weeks)
- the reasons for admission
- any care issues identified
- any themes or trends identified
- areas for quality improvement in the management of term babies
- any baby's admitted that could have been cared for in the postnatal ward/transitional care.

The national target for admission rates of term babies is <6%. The regional target is <5%.

- In this reporting period the rate of term admissions to the neonatal unit at BHT is 3.99%.
- The most common reason for admission continues to be respiratory issues and the majority of these babies were born by caesarean section which is known to be associated with increased neonatal morbidity.
- There has been a year-on-year reduction of the number of babies admitted with suspected infection (2022-2023 8.6%,2021-2022 12%). In this reporting period, there were no term admissions for suspected infection.

Conclusion

- All babies were appropriately admitted and could not have been managed on the post-natal ward/transitional care.
- The only identifiable theme is that the majority of babies admitted to the neonatal unit due to respiratory issues were born by caesarean section. As this trend persists, all future audits should examine further if these admissions are related to planned or emergency caesarean sections and the key clinical indication for the caesarean section to understand if there are any common themes and associated improvements that can be made.

Recommendations

- Continue to monitor the mode of birth for babies admitted to the neonatal unit due to respiratory issues.
- As caesarean birth continues to be associated with the majority of babies admitted to the neonatal unit due to respiratory issues, future audits should examine further if these admissions are related to planned or emergency caesarean sections and the key clinical indication for the caesarean section to understand if there are any common themes and associated improvements that can be made.

3. INTRODUCTION

3.1. Background/history

Improving the safety of maternity services is a key priority for the NHS and the number of unexpected admissions of full-term babies (those born at 37 weeks or more), is seen as a proxy indicator that harm may have been caused at some point along the maternity or neonatal pathway. It has been identified that over 20% of admissions of full-term babies to neonatal units could be avoided.

ATAIN, an acronym for Avoiding Term Admissions into Neonatal units, is a programme of work to reduce harm leading to avoidable admission to a neonatal unit (NNU) for infants born at term, i.e. ≥ 37

+0 weeks gestation. A central aim of the work is to prevent harm leading to separation of mother and baby.

Data is collected on all term babies admitted to the Neonatal Unit through Badgernet an electronic platform used by all neonatal units within the country for the collection, storage, and reporting of live neonatal patient data, this project aims to look at a selection of these cases more deeply to understand the reason for admission and to identify strategies that could be introduced to reduce the number of term admissions to the NNU.

3.2. Subject / Introduction / Standards

The maternity and neonatal services work together, through the ATAIN programme to identify babies whose admission to a neonatal unit could be avoided thereby promoting the importance of keeping mother and baby together when safe to do so.

In 2017 NHS England requested that the Neonatal Operational Delivery Networks lead the implementation of the National ATAIN Improving Value Scheme. The National ATAIN scheme required all Trusts to aim for admission rates of term infants below 6% by March 2019 with the NHS South target to be below 5% by March 2019.

At BHT the rate of term infant admissions to the neonatal unit in 2020/2021 was 4.1% and a slight improvement was seen in 2021/2022 of 4.0%. The results for 2022/2023 have seen a slight increase in overall term admissions of 4.46% but remains below the NHS South target.
The Maternity Incentive Scheme Year 5 (NHS Resolution) requires that:
A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.

3.3. Aims/Objectives

The key aims of the audit are:

- To assess whether any of the term admissions to the NNU could have been managed on the postnatal ward/ transitional care (TC)
- To identify areas for quality improvement in the management of term babies.

3.3. Timescale

This audit reports on term admissions to the Neonatal Unit located at Stoke Mandeville Hospital every three months between 1st April 2023 to the 31st March 2024.

4. METHODOLOGY

4.1. *Data Collection*

Data was collected using Badgernet. All babies ≥37 weeks' gestation (term), that had been admitted onto the Badgernet system between the 1st October 2023 to 31st December 2023 (Q3) were evaluated. Data is also collected for the small cohort of babies that attend the neonatal unit but are not formally admitted and this applies to babies requiring a short period of observation of < 4 hours (ward attenders).

4.2. *Sample*

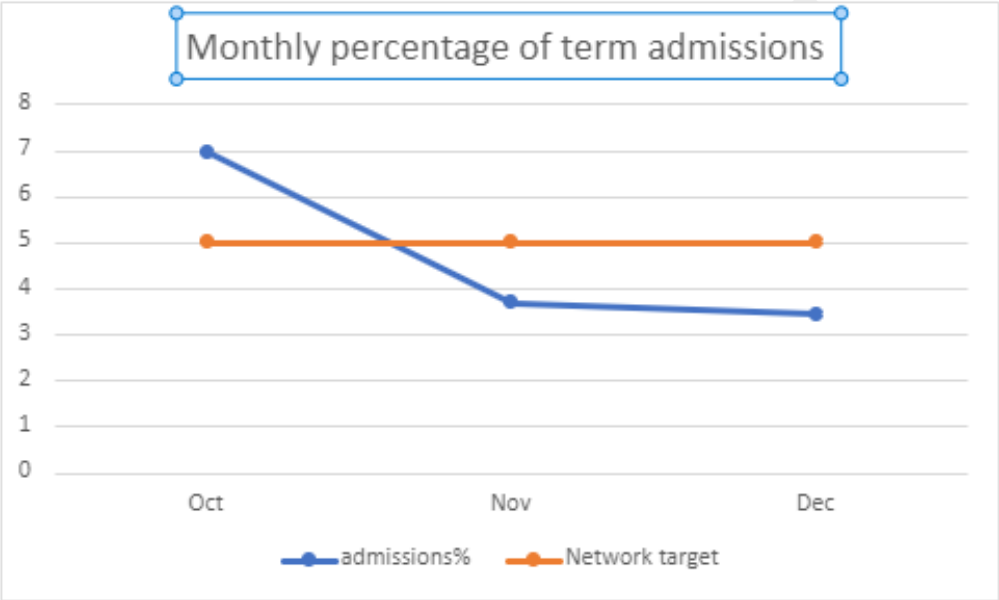
A total of 55 term babies were admitted to the neonatal unit and reviewed in this audit and an additional 15 term babies were not admitted but were managed as ward attenders.

4.3. *Methodology*

A total of 55 sets of Badgernet notes and the corresponding data were examined.

5.RESULTS

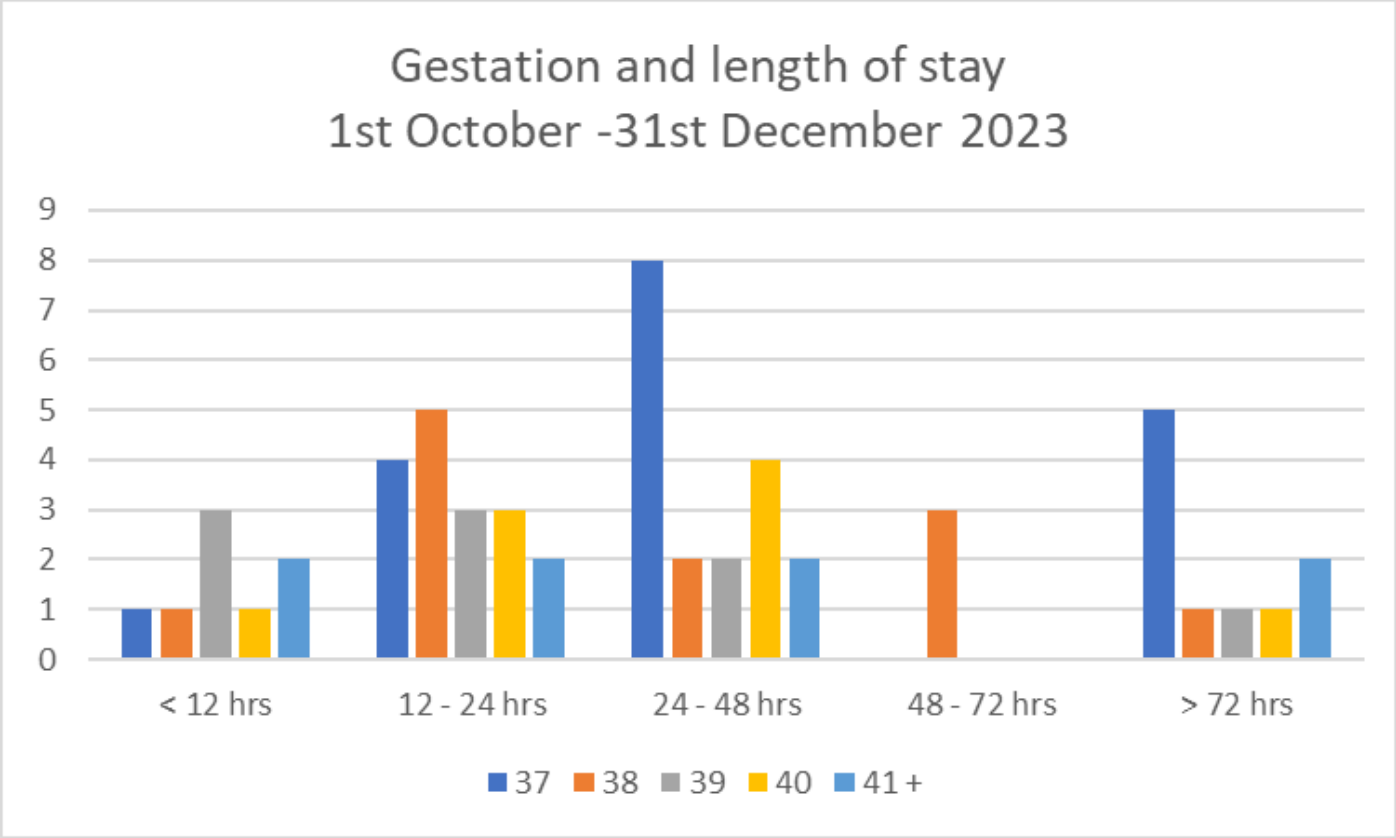
5.1. Monthly percentage of term babies born at BHT requiring admission to the Neonatal Unit



The total number of term admissions to the neonatal unit was 55 babies. This is an increase from 45 babies admitted in Q2 (23-24). Total overall percentage for Quarter 3: 4.71%, this is a slight increase from 3.99% in Q2 (23-24).

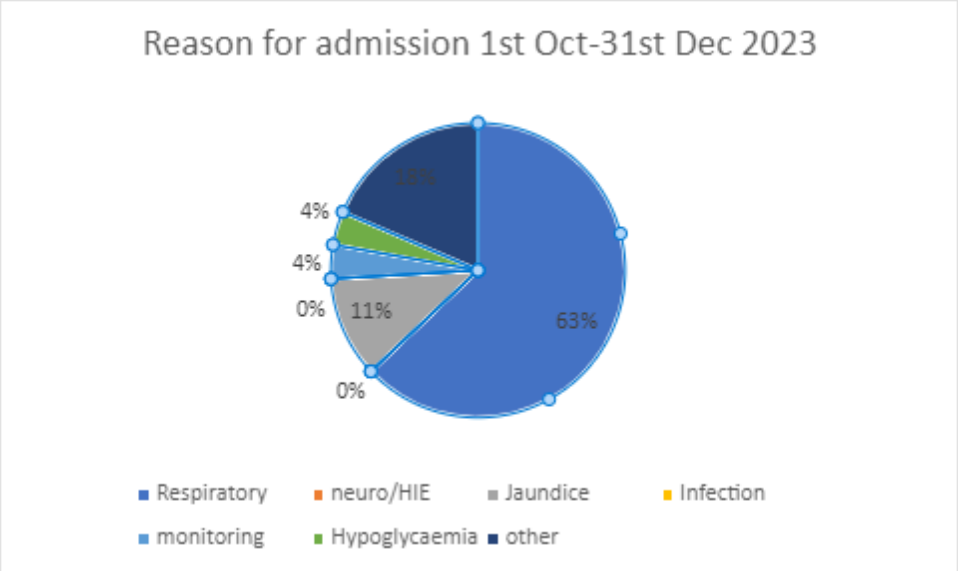
5.2. Gestation and length of stay

The table below indicates the gestation of term babies admitted and their total length of stay.

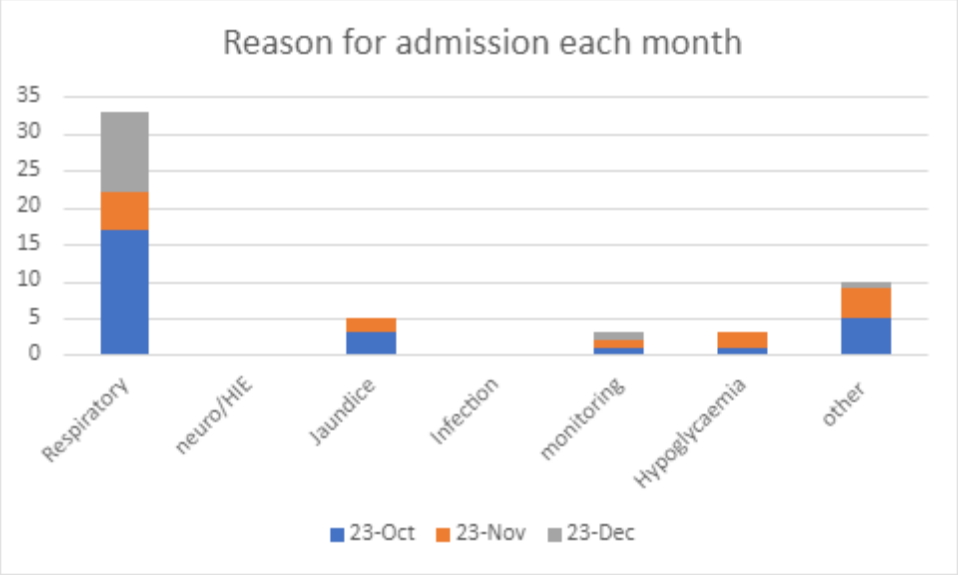


5.3. Reason for admission

The graph below indicates the primary reason for admission, highlighting the six parameters that are monitored within the Trust's ATAIN action plan for 2022-2023.

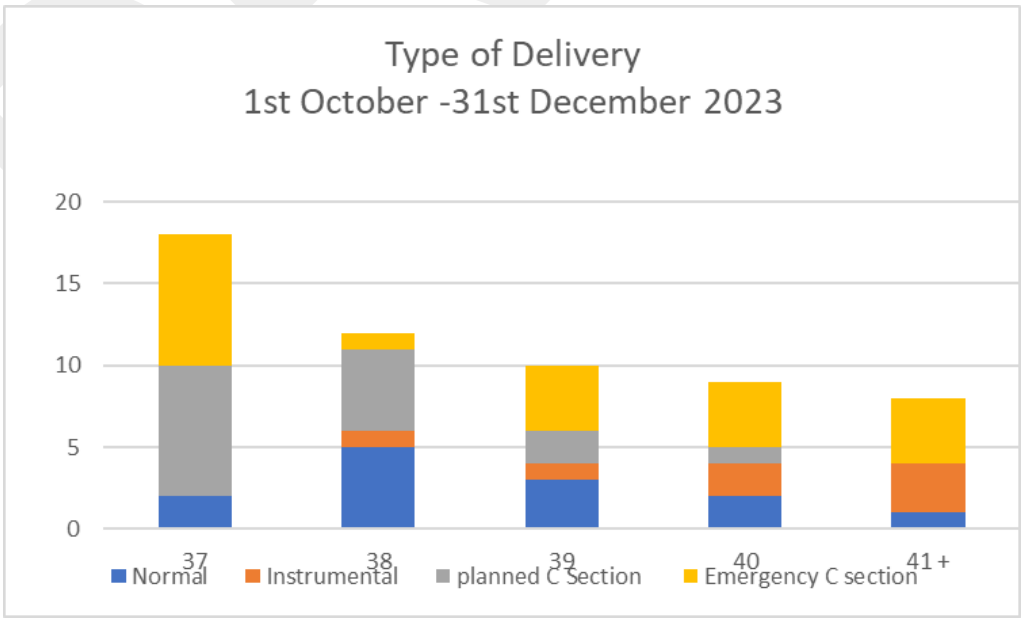


The graph below indicates the number of admissions each month and the primary reason for admission.



Respiratory remains the primary reason for admission (63%, this is an increase from last quarter which was 56%) one of these term admissions required ventilation. An additional twenty-eight babies had respiratory support via high flow oxygen therapy and eight were managed with supplementary oxygen therapy via nasal cannula. Although no themes could be identified it was noted that 63% of these cases were delivered by caesarean section. Caesarean section is known to be associated with an increased rate of neonatal morbidity (RCOG Planned Caesarean Birth (consent advice) 2022).

The graph below indicates the type of delivery and the specific gestation at time of delivery.



No babies were admitted for suspected HIE.

The number of babies admitted with jaundice remains fairly constant at 9% (5 babies) of term admissions , three babies were admitted from delivery suite due to pathological jaundice. All these babies had serum bilirubin's at or above the exchange line and therefore required intensive phototherapy. Two admissions were from the post-natal ward, one baby was noted to be jaundiced

within 24hrs of birth due to pathological jaundice, the other baby presented with physiological jaundice on day 1 .

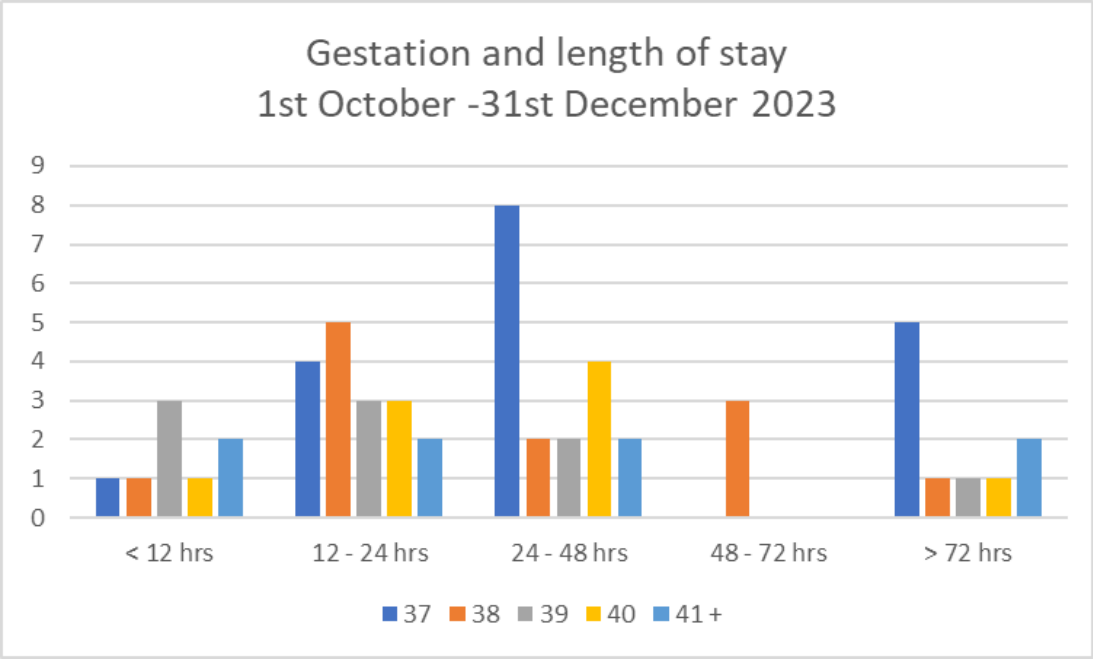
Admissions due to hypoglycaemia continue to remain low following the introduction of antenatal education for diabetic mothers and early intervention and management of babies at risk of hypoglycaemia.

Suspected infection is included in the ATAIN action plan as there had previously been an increase in the number of babies being admitted to the NNU with this as the primary reason. Since then, there has been a year-on-year reduction (2022-2023 8.6%,2021-2022 12%). In this reporting period, there were no term admissions for suspected infection. These improved results are due to the ongoing improvements in the management of women and babies with known group B streptococcus, prolonged spontaneous rupture of membranes and early recognition and treatment of suspected sepsis.

Three babies were admitted from the post-natal ward for monitoring. These babies were reviewed to ascertain whether their admission could have been assigned a different reason for admission (see below).

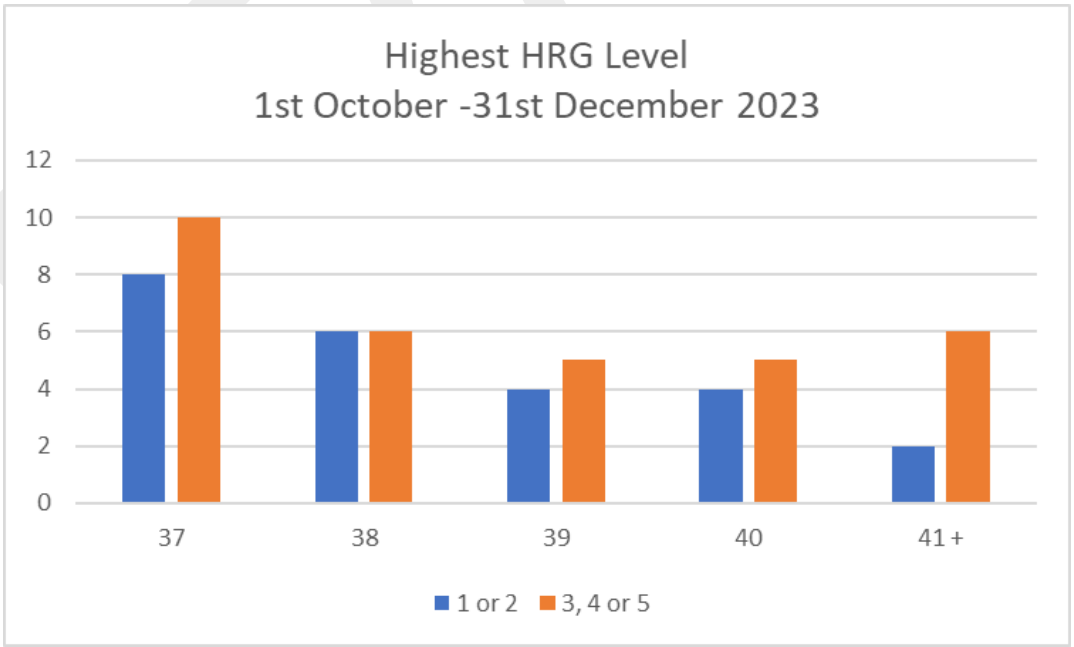
Baby	Brief summary of admission and care	No. of care hours	Alternative admission reason?
1	Admitted to the NNU as was observed to be grunting at 30 minutes of life. with low oxygen saturations and needed support with CPAP, he later required treatment with highflow nasal oxygen Due to grunting septic screen completed which initially showed a CRP of <1 however repeat CRP was 54. He had already been commenced on IV BenPen and Gent, however due to the CRP was required to have a Lumbar puncture - the biofire was negative and culture was pending at time of discharge. Blood cultures grew a Group B Strep which was sensitive to penicillin.	48-72hrs	An admission of suspected sepsis would have been a more appropriate reason for admission.
2	Admitted on Day 2 of life via Children's ED due to floppiness and duskness post feeding. Mother noted floppy and dusky episode at home after feeding. Also noted breatholding episodes. Baby was wretching and try to vomit brought to ED where he had another episode witnessed by team. Underwent partial septic screen and admitted to NNU with IV antibiotics and observation and to support feeding. During stay, there was no further episode noted. Baby has been remain clinically well and responsive breast and bottle feeding. Baby was transferred to PN ward and plan to continue IV antibiotics until blood culture negative.	12-24hrs	An admission of monitoring was appropriate as no cause of floppiness was confirmed.
3	Fell out of mum's arms whilst feeding and rolled onto the floor. Sustained no visible injuries but was brought to the neonatal unit for 24hours observations as per protocol. Neurological examination was normal and neurological observations remained normal therefore discharged back to the postnatal ward after 24hrs of monitoring.	12-24hrs	An admission of monitoring was appropriate as no injuries were identified.

5.4 Length of Stay



5.5 Highest HRG Level of Care During Admission

HRG levels are graded 1-5 and relate to standard groupings of clinically similar treatments which use common levels of healthcare resource.
Level 1 Intensive Care, Level 2 High Dependency Care
Level 3 Special Care, Level 4 Transitional Care, Level 5 Normal Care.



Three of the term babies admitted in this audit period were classed as short stay admissions of less than 72 hours, who did not receive intravenous antibiotics, phototherapy, respiratory support or additional oxygen. These babies were reviewed to establish whether they could have avoided an admission to the neonatal unit and been cared for on the postnatal ward or as transitional care. It was determined that only one of these admissions could have potentially been managed on the postnatal ward transitional care environment (see below).

Baby	Reason for admission	Number of care hours	Could baby have received all their care on PNW / TC? Treatment / monitoring required
1	Baby was born at 40+4 weeks gestation age via C-section due to face presentation. During the NIPE examination was noted to have increased work of breathing and subcostal recession leading to a partial septic screen and treatment for EOS. Raised inflammatory markers resulted in baby requiring a lumbar puncture that was reported negative and continues a 5 days IVABX. Baby remains responsive breastfeeding, no feeding concerns.	<12 hrs	Yes- all this care could have been managed on the TC ward with support from the NNU TC link nurse.
2	Baby was admitted on D6 with 17.7% weight loss, hypernatremic dehydration and uraemia. Baby was exclusive breast feeding on admission and did not pass urine for almost 24 hours. Baby had hypernatremia (158), uraemia(20.7) on admission apparently due to inadequate feeding from EBF which slowly normalised with correction of the dehydration by NGtube feeding. This was after unsuccessful cannulation attempts and commencement of top up feeding in addition to breast milk was started in the afternoon prior to admission. After admission initially baby's feeding was maintained by Breast feeding in addition to NGT 3 hourly top up formula/EBM, later on baby established responsive feeding with top ups and started gaining weight successfully.	>72hrs	No – baby required NG feeds which cannot be facilitated on the PN ward TC setting at present.
3	Baby was born at term via emergency caesarean section. At 3:15am on 11/10/23 baby unfortunately fell out of mum's arms whilst feeding and rolled onto the floor. Baby sustained no visible injuries but was brought to the neonatal unit for 24hours observations as per protocol. Baby's neurological examination was normal and neurological observations remained normal.	12-24hrs	No- current hospital policy is that any baby suspected of a head injury on the postnatal ward is monitored for a 24-hr period of observation on the NNU.

6. CONCLUSIONS & DISCUSSION

The total number of term admissions to the neonatal unit was 55 babies. This is a slight increase from 45 babies admitted in Q2 (23-24). Total overall percentage for Quarter 2: 4.71%, this is an increase from 3.99% in Q1 (23-24). Term admissions peaked in October with an overall percentage of 6.99% was seen. Activity in November and December was much improved and averaged out at 3.75%

The main reasons for admissions were:

- Respiratory (63%)
- Jaundice (9%)

The only identifiable theme is that the majority of babies admitted to the neonatal unit due to respiratory issues were born by caesarean section.

A review of all planned (category 4) caesarean sections from April to October 2023 was undertaken in response to the increase in admission to NICU within this cohort. Within this period, there were 470 category 4 caesareans from 37+0 weeks gestation. The rate of admission within this cohort was as follows:

	Total cat 4 ELCS	Cat 4 admitted	% cat 4 admitted
37-37+6	57	12	21.1
38-38+6	92	6	6.5
>39 weeks	321	12	3.7

Each case was reviewed by an obstetrician and midwife to determine if the indication for delivery was appropriate. No inappropriate indications were noted.

Of the babies admitted, one could have been managed on the post-natal ward/transitional care.

7. RECOMMENDATIONS

- Continue to monitor the mode of birth for babies admitted to the neonatal unit due to respiratory issues.
- These recommendations will be added to the ATAIN action plan for 23/24. They are not added separately to this audit report.

8. REFERENCES

NHS Resolution (2023) Maternity incentive scheme year 5.

NHS Resolution (2017) Reducing harm leading to avoidable admission of full-term babies into neonatal units: Maternity incentive scheme.

Claims Scorecard April 13 – March 23

Top injuries by volume:	Top injuries by value:
• Unnecessary pain (6) • Bowel damage/dysfunction (5) • Stillbirth (5) • Psychiatric/psychological damage (4) • Fatality (4)	• Brain damage (3) • Cerebral palsy (1) • Wrongful birth (1) • Bowel damage/dysfunction (5) • Psychiatric/psychological damage (4)
Top causes by volume:	**Top causes by value:**
• Failure/delay in diagnosis (11) • Fail/delay in treatment (9) • Fail to recognise complication (6) • Inadequate care (5) • Fail – antenatal screening (4)	• Fail to monitor 2nd stage labour (2) • Fail/Delay treatment (9) • Failure to respond to abnormal FHR (4) • Fail –antenatal screening (4) • Failure/delay in diagnosis (11)

Complaints Q3 23-24

Traumatic birth/poor birth experience (4)
Postnatal care (3)
Missed/delayed diagnosis (1)
Early pregnancy pathway with ED (1)

Incidents Q3 23-24

Neonate that met criteria for active cooling – HSIB referral (1)

Maternity Incentive Scheme - SA9
Quarterly review of Trust's claims scorecard alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at a Trust level (Board or directorate) quality meeting

Buckinghamshire Healthcare NHS Trust

Themes Q3 23-24

- Poor handover leading to missed observations (link to Datix incidents)
- Poor patient experience on the postnatal ward (link to complaints and birth reflections)

Learning Q3 23-24

- Learning from serious incidents in Q3 is mostly related to the importance of maintaining oversight of the full clinical picture
- The feedback in Q3 has identified a need to provide more consistent information to women during the postnatal period
- Recurrent issues related to inadequate handover between clinical areas is increasing patient risk

Action Plan Q3 23-24

Not started	In progress	Completed

Implement Careflow Connect to aid handover between clinical areas	By 31.12.2023	
Obtain improved data from Careflow Vitals	By 31.1.2024	
Develop postnatal videos in multiple languages to standardise information delivery prior to discharge	By 31.1.2024	

Improving Maternity Services at BHT – (Q3 23/24)

Buckinghamshire Healthcare NHS Trust

Programme Overview

- Improve quality and safety of maternity services through a series of quality improvement projects to:
  - Improve the patient experience
  - Reduce health inequalities
  - Improve patient safety
  - Improve staff satisfaction

Key Achievements

- First audit of new triage pathway shows positive improvement
- Maternity incentive scheme completed with all 10 safety actions met
- New neonatal representative for the MNVP recruited
- Pilot of the first SE preterm in situ simulation programme
- 10 o'clock stop commenced on Rothschild Ward

General Updates

- Improvement plans continue for the following areas:
  - Labour ward/triage
  - Postnatal ward
  - Preterm birth
  - Transitional care
- No overdue SI actions or breached SI reports or complaints
- Careflow Connect successfully implemented in inpatient areas
- CQC required actions underway
- Resolving issues on data reporting for Careflow vitals with QI team
- Successfully transitioned to new Care Group!
- New Head of Midwifery commenced in role

Escalation and Risks

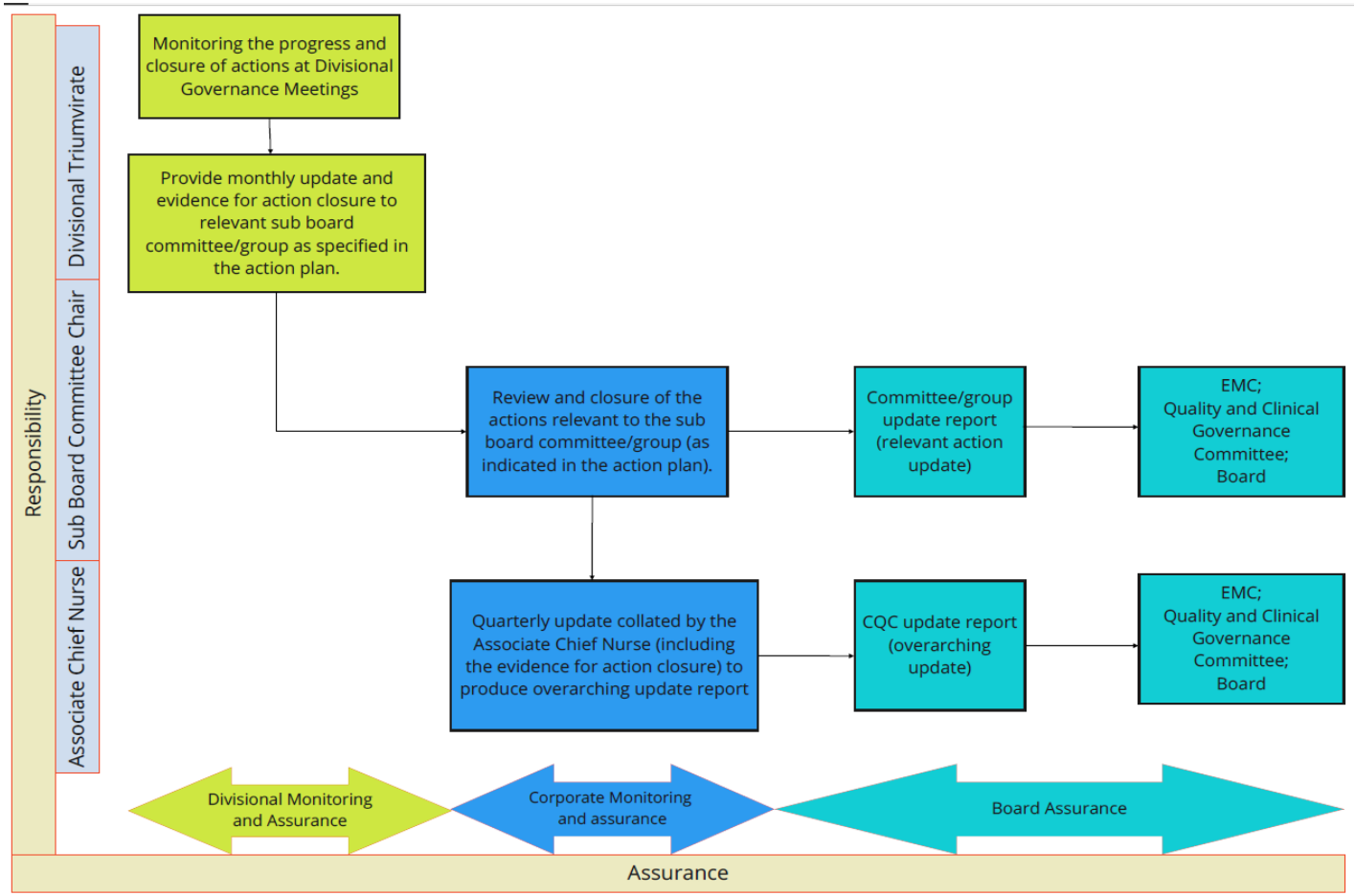
- Ongoing staffing capacity to enable teams to focus on improvement.
- Ability to meet CQC actions relating to the triage estate without significant investment
- Risk to homebirth service owing to inability to resolve care outside of guidance

Next Steps

- Commence Badgernet EPR project and agree timelines
- Continue to explore estates requirements for triage
- Offer midwifery services from Unit 33
- Build smoking and health inequalities dashboard
- Undertake engagement project for Wycombe Birth Centre redevelopment

CQC inspection on Maternity Services on June 2023 focusing on Safe and Well-Led has elicited an action plan and monitored through the Maternity Division. Column E of Tab 2 (MUST Do) and tab 3 (Should Do) specify the actions that need to be reviewed, monitored and closed as a part of the monthly Divisional Governance Meetings. The Governance Structure (below) sets out where the progress on the CQC action plan will be reported and monitored. If you have any questions, please do not hesitate to contact me at rmay.parsons1@nhs.net or 07929852752.

Audits or training actions will closed when 90% target is met. Sustainability will be maintained through monthly monitoring for 6 months.



BHT Maternity CQC Action Plan																
16-Feb	Version: 1											BRAG				
Ref	**ACTION NAME**	**CQC WORDING**	**Action ID**	**Actions to complete**	**Action Lead**	**Executive Lead**	**Deadline**	**Monthly Monitoring**	**Quarterly Monitoring**	**Status Update**	**Current State**	**BRAG status**	**Completeness**	**Evidence**	**Assured?**	**Outcome**
MD1	Safe Care & Treatment	The service must ensure anaesthetic staff are up-to-date with maternity mandatory training modules. Regulation 12(1)(2)(c).	MD1.1	Record attendance to mandatory maternity training by Consultant Anaesthetists	Anaesthetic Lead for training/Practice Development team	CMO	07-Dec-23	Divisional Governance	Quality and Clinical Governance Committee	21-Dec-23	On track, MIS requirements to be submitted for 12 month period ending 07/12/2023 evidencing 90% attendance compliance to NHSR		On Track to achieve in line with MIS requirements	Training compliance >90% at end of 2023 across all groups. See Q3 PQSM report		
			MD1.2	Flag any risk to not achieving 90% compliance	Practice Development Team	CMO	07-Dec-23	Divisional Governance/ Weekly Compliance meeting	Quality and Clinical Governance Committee	21-Dec-23	Regular contact between PDT and Anaesthetic leads to flag any risk to non compliance		Ongoing	Training compliance >90% at end of 2023 across all groups		
			MD1.3	Any newly appointed Consultant Anaesthetist completes training within 3 months	Anaesthetic Lead for training/Practice Development team	CMO	07-Dec-23	Divisional Governance	Quality and Clinical Governance Committee	21-Dec-23	System in place with obstetric anaesthic lead to notify of any new consultants joining the anaesthetic team		Ongoing	Training compliance records		
MD2	Premises and equipment	The service must ensure they have a suitable environment to triage pregnant women and birthing people which includes sufficient suitable equipment. Regulation15(c)	MD2.1	Procure Medicines cupboard in Birth centre drugs room	Triage Lead Midwife/ Labour Ward Matron	CMO	Jul-23	Labour ward forum	Quality and Clinical Governance Committee	24-Nov-23	Complete		Complete	Medicine cup in situ and in use		
			MD2.2	Create a Triage waiting area using Birth centre infrastructure	Triage Lead Midwife/ Quality improvement lead	CMO	Jul-23	Labour ward forum	Quality and Clinical Governance Committee	24-Nov-23	Complete		Complete	Birth centre room now established as a waiting room and in use		
			MD2.3	Replace traditional beds with trolleys to increase available space	Triage Lead Midwife/ Quality improvement lead	CMO	Feb-24	Labour ward forum	Quality and Clinical Governance Committee	21-Dec-23	Procurement process underway, awaiting availability of funds from MIS re-imbursement		In progress			
MD3	Good governance	The service must monitor the triage improvement plan to ensure women and birthing people are triaged and reviewed according to their clinical need and urgency. Regulation 17(1)(2)(a)(b)(c)	MD3.1	Audit Triage improvement plan	Triage Lead Midwife/ Quality improvement lead	CMO	31/01/2024	Divisional governance	Quality and Clinical Governance Committee	24-Nov-23	Audit schedule in place		Ongoing	Audit/ Meeting minutes		
			MD3.2	Report audit findings at Divisional and local meetings/ forums	Triage Lead Midwife/ Quality improvement lead/ Obstetric LW Laad	CMO	31/01/2024	Divisional governance/ LW forum	Quality and Clinical Governance Committee	22-Dec-23	November audit complete, report to be shared at January clinicalgovernance meeting		Ongoing	Audit/ Meeting minutes		
			MD3.3	Monthly review of Triage improvement plan to ensure sustainability and progression	Triage Lead Midwife/ Quality improvement lead/ Obstetric LW Lead	CMO	31/03/2024	Divisional governance/ Weekly LW update meeting/ LW	Quality and Clinical Governance Committee	30-Nov-23			Ongoing			
MD4	Safe Care & Treatment	The service must improve the governance of medicine management. Regulation 12(1)(2)(g)	MD4.1	Increase completion compliance with Trust quality audits	Clinical Matrons	CMO	01/01/2024	Divisional Governance/ Trust Safety huddle	Quality and Clinical Governance Committee	24-Nov-23	Monitoring compliance via Tendable audit programme		Ongoing	Tendable reports		
			MD4.2	Create appropriate action plans and review regularly	Clinical Matrons	CMO	02/01/2024	Divisional Governance/ Trust Safety huddle	Quality and Clinical Governance Committee	24-Nov-23	Monitoring compliance via Tendable audit programme		Ongoing	Tendable reports		
MD5	Safe Care & Treatment	Quality Audits	MD5	Tendable question sets reviewed by Deputy CNO	Deputy CNO		31-Dec-23	Divisional Governance / Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	30/11/2023 - Cleansed question sets sent to Deputy CNO along with Safety huddle question sets		Ongoing	Tendable reports		

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Ref	ACTION NAME	CQC WORDING	Action ID	Actions to complete	Action Lead	Executive Lead	Deadline	Monthly Monitoring	Quarterly Monitoring	Status Update	BRAG Status	Completeness	Evidence	Outcome
SD1	Privacy and Dignity	The service should consider how they can improve confidentiality of women and birthing people attending triage.	SD1.1	Create a Triage waiting area using Birth centre infrastructure	Triage Lead Midwife/ Quality improvement lead		Jul-23	Labour ward forum	Quality and Clinical Governance Committee	24-Nov-23		Complete		
			SD1.2	Scoping exercise to out source Triage calls	Divisional Directors		31-Jan-24	Divisional Governance/ LW forum	Quality and Clinical Governance Committee	30-Nov-23		Ongoing		
			SD1.3	Explore opportunities with Estates to redesign current environment	Triage Lead Midwife/ Quality improvement lead		Mar-24	Divisional Governance/ LW forum	Quality and Clinical Governance Committee	24-Nov-23		At risk due to infrastucture		

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Ref	ACTION NAME	Safety feature	Action ID	Actions to complete	Action Lead	Executive Lead	Deadline	Monthly Monitoring	Quarterly Monitoring	Status Update	Current state	BRAG Status	Completeness	Evidence	Outcome
MM1	Safe Care & Treatment	Medication Documentation	SD1.1	Prescription charts to be completed fully and include: Staff Signature Contact details for prescriber Start and stop times Discontinued medications 72 hr reviews VTE assessments (inc. TEDs,LMWH)	Matrons		31/01/2023	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	30/10 MD has updated messages on LW white board that is read to all Doctors as well as midwives. DN has also sent an email to all junior doctors highlighting the importance of compliance. MD has also increased Medicines and Documentation to twice a month rather than Monthly. 20/11 SR confirms its part of Roths messages. Doctors not part of roths handover however are receiving same message from LW handover. DN sent out information to Obstetric staff. On Message of the day board		Ongoing	Tendable reports	
MM2	Safe Care & Treatment	Medication storage	MM2.1	Appropriate storage of medication below 25 degress	Matrons		31/01/2023	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	20/11 address at time of CQC inspection. Noted to have proper monitoring/documentation of temperature management on the ward. Twice daily check now in place. Pharmacy confirmed temperature on ward is appropriate and no changes needed. To escalate if concerns. 21.11 SDV. following CQC viit, Twice daily Room Temp check list was commenced in Prep-room, in OBS Bay in Birth Centre Fridge room . Flow chart visible to staffing for escalation 30/11 - Clarification on temperature control. ? 30 degrees for consecutive months.		Ongoing	Tendable reports	
			MM2.2	Storage of medications in trollies in original boxes	Matrons		31/01/2023	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	30/11 RF/KC/SR discussed with staff at time of CQC inspection and raised as messages. Plan to continue spot checks as failsafe inspection. 27.11 SDV. PPH Trolley was reviewed at the time of the CQC inspection, Medicine boxes for management of PPH were taken out and box placed in Fridge. message of the day was gievn to all staff about keeping only necessary Medicine in Trolley, in the boxes. PPH List was changed accordingly.		Ongoing	Tendable reports	
			MM2.3	2nd set of CD keys	Matrons		31/01/2023	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	18/9 MD - Pharmacy came to complete the contolled drug audit and this is a question within it - I questioned who has the 2nd key and where would it be kept - They were unsure and would try to find the answer, Pharmacy are understaffed and have not come back to me as of yet. 20/11 Roths have spare key for outside cupboard but not the inside CD cupboard. Awaiting pharmacy to confirm as above 21.11 SDV. discussed previosuly with pharmacyst during Tendable Audit. pharmacy was happy to separate the CD Keys (to be kept by coordinator) and ordinary drugs keys to be kept locked in the safe within the Drug Prep Room . Pharmacy was aware of spear keys kept in the Matron Office. 30/11 SM to contact pharmacy for 2nd set of CD keys for internal storage unit		Ongoing	Tendable reports	
			MM2.3	Fridge checking audit via Tendable	Matrons		31/01/2023	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	20/11 Was raised at time of CQC inspection. Was added to daily messages re importance of checking fridge. Complaince has improved. and is part of monthyly tendable checks. 21.11. SDV Fridge Temp Checking was ongoing at the time of CQC Inspection, however, it was highlighted to Band 7 coordinators to check that Daily checs Tracker is updated daily. Also Housekeeper was trained to check Temp and instructed to escalate any concerns accordingly.		Ongoing	Tendable reports	
MM3	Safe Care & Treatment	Quality Audits	MM3.1	Tendable question sets reviewed by Deputy CNO	Deputy CNO		31-Dec-23	Divisional Governance/ Trust safety huddle	Quality and Clinical Governance Committee	24-Nov-23	30/11/2023 - Cleansed question sets sent to Deputy CNO along with Safety huddle question sets		Ongoing	Tendable reports	

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MD4	Safe Care & Treatment	The service must improve the governance of medicine management. Regulation 12(1)(2)(g)	
SD1	Privacy and Dignity	The service should consider how they can improve confidentiality of women and birthing people attending triage.	
MM1	Safe Care & Treatment	Correctly completing documentation relating to medications management in line with Trust guidance.	
MM2	Safe Care & Treatment	Ensuring appropriate storage of medications relaitng to Trust guidance	