Maternity update

East Suffolk and North Essex NHS Foundation Trust

Maternity and Neonatal Update

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February 2024

Escalations from Maternity and Neonatal Safety Champions

Safety concerns to patients and staff from the flooring in the neonatal unit at Ipswich Hospital, which needs to be replaced.

Red Flag report came to Mat Neo for the first time – will now be a standing agenda item to ensure wider oversight of staffing incidents

Triage update from both sites. Ipswich had 91% women seen within 15 minute timeframe, Colchester current at 79%. To note Colchester sees almost twice the amount of attendances within triage than Ipswich site

Action plan to implement Three year Delivery Plan for Maternity and Neonatal services on track for delivery. However some concerns escalated around the coproduction aspect with the challenges with engagement with our MNVP

MIA reported a cultural shift within maternity services which has also been reflected in the interim 60 steps regional review and also triangulated with the Rapid Quality Review update.

Lack of independent Triage phone line in Ipswich escalated as a safety concern, plans to address are currently with the division

NNU on both sites have now achieved stage one BFI (Baby Friendly Initiative)

Maternity Dashboard, SBL & CNST updates

	Indicator	Green	Amber	Red	ESNEFT Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numbers	Pre term Births (<37 weeks) annual rolling rate	<6%		>=6%	8.16%	8.51%	8.56%	8.36%	8.54%	8.73%	8.45%	8.40%	8.40%	8.42%	8.18%	8.03%	8.06%
Smoking	% of Women Smoking at Delivery	<=10%	10-11%	>=11%	7.78%	8.54%	8.37%	6.20%	7.95%	7.48%	7.28%	6.70%	6.55%	4.42%	6.31%	6.98%	8.95%
Unit Diverts	External	No target			1	0	0	0	0	1	4	0	1	1	0	1	1
Maternal Morbidity and Mortality	% PPH >=1500mls - Vaginal (NMPA Criteria)	<=2.9%	2.9-3%	>=3%	1.96%	2.54%	3.25%	4.74%	2.79%	2.63%	2.83%	3.44%	2.98%	4.13%	2.40%	4.31%	3.15%
Neonatal Morbidity and Mortality	Term Admissions to NNU as a % of babies born	<=6%		>6%	5.02%	4.62%	5.03%	4.49%	3.91%	4.79%	8.09%	6.47%	5.86%	5.48%	7.84%	6.54%	4.81%
	Number of Stillbirths	0	1-2	>=3	2	5	0	2	2	4	1	0	5	2	2	2	1

Assessed compliance with CNST MIS 10 Safety Actions Yr 5		
	Please identify unit	**ESNEFT**
1	**Perinatal Mortality review tool**	C
2	**MSDS**	C
3	**Transitional care / ATAIN**	C
4	**Clinical workforce planning**	C
5	**Midwifery Workforce planning**	C
6	**SBLCB V3**	C
7	**Listening to women, parents & families / co-production with service users**	C
8	**Core competency framework / Multi-prof training**	C
9	**Board level assurance**	C
10	**HSIB (MNSI) /Early notification scheme**	C
Repayment of CNST (since introduction) Y/N and MIS yr		C

Key (current position for CNST and SBL)		
Compliant	**Compliant** with all aspects of element	C
Working towards / Partially compliant	**Working towards** (MIS & SBLCB) / **Partially compliant** (Ockendon)	W
Not compliant	**Not compliant** with all aspects of element	N

Evidence of SBLCB V3 Compliance			
	Element	**Colchester**	**Ipswich**
1	**Reducing smoking in pregnancy**	W	W
2	**Fetal growth: Risk assessment , surveillance and management**	W	W
3	**Raising awareness of Reduced Fetal Movements**	C	C
4	**Effective Fetal monitoring during labour**	C	C
5	**Reducing preterm birth and optimising perinatal care**	W	W
6	**Management of pre-existing Diabetes in Pregnancy**	C	C
SBLCBv3 Fully compliant (National Tool)		93%	93%

Dashboard highlights

- The Trust had set a target for the percentage of PPH >1500mls via vaginal delivery at 2.5%, although our dashboard has different red, green and amber targets. Using the dashboard target and the Trust target we have only achieved a green score once in the last three months. We have specific PPH workstreams with the LMNS, and following a recently declared PSII the Patient Safety team are now completing a thematic review. Ipswich have achieved the <2.5% target on 5 out of last 9 months, but the problems exist in Colchester where they have only achieved that target once this year. To ensure consistant reporting the AF, and dashboard targets have now been adjusted to fit with the National NMPA target of less than or equal to 3.3%. This is also aligns to the RPQOG report to region
- Smoking at the time of delivery has consistently achieved the target of <10%, however in December Colchester in isolation was 13.77%.
- For the first time in four months both sites have achieved the term admission target which has helped to meet the ESNEFT target. Due to lower numbers the outstanding ATAIN reviews have decreased in numbers.

SBLCB v3

- Minimum target standards exceeded.
  Element 1: Improvement needed in CO at every appointment for women / pregnant people who smoke and 36 week CO for Colchester.
- Element 2: Non-compliant re: digital BP monitors – concerns about lack of monitors validated for use in pregnancy. GROW 2.0 approved - implementation plan underway with aim for 'go live' date in March 2024.
- Element 3: 100% compliant
- Element 4: 100% compliant.
- Element 5: JD's for leads outstanding. Neonatal team reviewing NNAP brain injury data for Colchester.
- Element 6: 100% compliant.

Statutory update

REGULATORY BODIES								
CQC DOMAINS	Rating (last inspection)							
Unit	Date of last inspection	S (Safe)	E (Effective)	C (Caring)	R (Responsive)	W (Well led)		Action Plan Status
Colchester	March/April 2021							
Ipswich	April 2021							

CQC DOMAINS
Outstanding
Good
Requires improvement
Inadequate

CQC Action plan status
To commence
Progressing
Completed

CQC (Colchester Maternity visit update)
Action plan from the Colchester maternity visit remains on track with 3 of the actions completed and in the benchmarking process prior to sign off and completion. 5 remain in progress with good traction.

Inspection	Service/Department	Number of recommendations	Number of actions	Status not progressing	Action in progress	Action reviewed for assurance	Ready for approval by DMT	Approved by DMT	% complete with evidence approved by DMT
20230427 INS2 - 14914781711 - RDEE4 CQC Visit 7 March 2023	Maternity Services Colchester	8	8	0	3	5	0	0	**0.0%**
	Maternity Services Ipswich	8	8	0	3	5	0	0	
Total				0	6	10	0	0	

Blue	Action approved by DMT
Blue	Ready for approval by DMT
Green	Action reviewed for assurance
Amber	Action in progress
Red	Status not progressing

Maternity services Improvement plan
The Trust continues to work with the Maternity Improvement Advisors (MIA) and we report on progress trough Every Birth Every Day (EBED) programme. Across the last quarter we have been advised by local commissioners that they are pleased with the progress we have made and some of the improvements detailed within the EBED programme.

60 steps
The Sixty Supportive Steps to Safety (SSSS) tool is intended to provide support to maternity services so a Trust can feel confident they are improving safety outcomes and the experiences for women and birthing people. It runs alongside the safety concerns identified in several high profile national midwifery reviews, and supports Trusts conveying their three-year delivery plan for Maternity and Neonatal services. To complete the tool, in December 2023 we welcomed a team at Colchester that comprised representatives from the Regional midwifery teams, the LMNS, our Maternity and Neonatal Voices Partnership (MNVP) and our MIA. They formed the basis of the visiting team and looked at 60 areas (steps) – they commented on how welcoming our staff made them feel during the visit, and this helped to provide an open and honest culture. We received the visiting teams final report at the end of January 2024. We have benchmarked ourselves against the previous SSSS visit in 2021/22, and we have created an action plan to address any concerns from the visit. When the team visit Ipswich in March 2024 we will combine both action plans to form a merged process for improvement.

Requests/concerns raised by external bodies
We have not received any external concerns.

Coroner Regulation 28 reports made directly to the Trust
None received in the reporting period

Staffing Update

Midwifery staffing

	Midwife no's	%age of total staff	Funded establishment (all MWs WTE)	All contracted midwifery staff in post (WTE)	Head count (all Midwives)	Current midwifery maternity leave (WTE)	Sickness midwives (%)
Colchester	4.6 wte	3.38%	136	131.4	178	6.82 wte	7.79%
Ipswich	3.87 wte	3.01%	128.5	124.63	167	4.3 wte	7.66%

Training Update

Colchester - 12 month Rolling Compliance

Saving Babies Lives and Audit (day 1)			Maternity Statutory Training (Day 2)			PROMPT			SBL Fetal Moitoring Workshop OR Fetal Monitoring Study Day in last 12 months		
Overall	97.22%		Overall	91.77%		Overall	96.06%		Overall	100.56%	
Midwives	143	97.95%	Midwives	132	90.41%	Midwives	145	99.32%	Midwives	148	101.37%
Consultants	12	92.31%	Nurses	5	100.00%	Nurses	5	100.00%	Consultants	13	100.00%
Doctors	20	95.24%	Support Worke	55	94.83%	Support Workers	58	100.00%	Doctors	20	95.24%
			Consultants	10	76.92%	Consultants	12	92.31%			
			Doctors	21	100.00%	Doctors	19	90.48%			
						Neonatal Nurse	34	85.00%			
						Anaesthetic Cons	20	100.00%			
						Anaesthetic Doct	24	88.89%			

Ipswich - 12 month Rolling Compliance

Saving Babies Lives and Audit			Maternity Statutory Training			PROMPT			Fetal Monitoring Study Day		
Overall	97.37%		Overall	83.54%		Overall	93.65%		Overall	88.95%	
Midwives	156	98.11%	Midwives	144	90.57%	Midwives	152	95.60%	Midwives	143	89.94%
Consultants	14	100.00%	Nurses	5	100.00%	Nurses	5	100.00%	Consultants	14	100.00%
Doctors	15	88.24%	Support Wo	37	88.10%	Support Wo	40	95.24%	Doctors	12	92.31%
			Consultants	9	64.29%	Consultants	13	92.86%			
			Doctors	3	17.65%	Doctors	16	94.12%	Only been running since April 2023		
						Neonatal Nurses					
						Anaesthetic	10	100.00%			
						Anaesthetic	15	100.00%			

We are currently in the period stipulated within our CNST return for Safety Action 8, whereby we declared compliance but with the understanding that we had not met the 90% target for one group of clinicians so they would be prioritised to ensure we do meet the target. Overall we continue to have our PROMT programme in place and we are trying to work collaboratively across both sites to improve the rolling compliance for training.

Service User Feedback – FFT

Antenatal –

- ✓ "Just found the service very helpful and informative. Have always been listened to and taken seriously which has eased my anxieties massively"
- ✓ "They listened to me and were very supportive. They talked me through everything and made me feel comfortable."

Birth –

- ✓ "Full support from start to finish. Couldn't ask for better help. The student midwives were excellent and we wouldn't have known they were students."
- ✓ "Friendly, helpful staff. Made what could have been a very stressful and anxious time a VERY positive one!"
- ✓ "Midwives were very supportive and provided background reassurance before the birth. They were very patient and generous to mom, dad and baby throughout."

Postnatal –

- ✓ "Midwives and staff are amazing - couldn't be more helpful"
- ✓ "All of the people working on Orwell are such kind and welcoming people from the cleaners to food order people to midwives doctors everyone I have spoken to has been amazing and made the whole experience so much nicer than it could have been. I thank every single person who helped me and my baby boy and his arrival into this world"
- ✓ "Amazing support with breast feeding. The midwives had plenty of time to spend with us to help - it never felt like they were in a rush to be elsewhere. Felt very well informed by the midwives and no ask was too big or too little"

Ockenden Action Plan Update

Section	Number of actions	Overdue actions (Red)	On-target actions (Amber)	Completed actions (Green)	Actions completed and evidence signed off (Blue)	% complete with evidence signed off
Section 1: Workforce Planning and Sustainability	11	0	0	2	9	81.8%
Section 2: Safe Staffing	10	0	1	1	8	80.0%
Section 3: Escalation and Accountability	5	0	0	1	4	80.0%
Section 4: Clinical Governance Leadership	7	0	0	0	7	100.0%
Section 5: Clinical Governance - Incident Investigation and Complaints Handling	7	0	0	0	7	100.0%
Section 6: Learning from Maternal Deaths	3	0	0	0	3	100.0%
Section 7: Multidisciplinary Training	7	0	0	0	7	100.0%
Section 8: Complex Antenatal Care	5	0	0	0	5	100.0%
Section 9: Preterm Birth	4	0	0	0	4	100.0%
Section 10: Labour and Birth	6	0	1	0	5	83.3%
Section 11: Obstetric Anaesthesia	8	0	0	0	8	100.0%
Section 12: Postnatal Care	4	0	0	0	4	100.0%
Section 13: Bereavement Care	4	0	0	0	4	100.0%
Section 14: Neonatal Care	8	0	0	1	7	87.5%
Section 15: Supporting Families	3	0	0	0	3	100.0%
Total	**92**	**0**	**2**	**5**	**85**	**92.4%**

Blue	Action complete and signed off
Green	Status updated and on track within timescale
Amber	Status not updated/completed and the deadline passed
Red	Status not updated/completed and deadline passed by more than one month

Highlights and exceptions

The Ockenden action plan has been superseded by the 3 year delivery plan and all of the actions from Ockenden that were incomplete have been amalgamated into the delivery plan. Whilst the focus is now on delivering the 3 year plan we are continuing to close off any actions without evidence from Ockenden. We currently have 7 actions still to sign off and we aim to complete this by the end of 2023/24. Within the last month we have been able to close a number of the actions for section 14 (Neonatal care) after our compliance for neonatal Qualified in Speciality (QIS) exceeded the target.

3 Year Delivery Plan Update

The reporting mechanism for the 3 year delivery plan has been changed in the last month to reflect templates supplied by NHS England. We now have a clearer supporting tool that displays the plan in 4 clear sections:-
Theme 1: Listening to and working with women and families with compassion.
Theme 2: Growing, retaining and supporting our workforce.
Theme 3: Developing and sustaining a culture of safety, learning and support.
Theme 4: Having standards and structures that underpin safer, more personalised, and more equitable care.

Our deliverables in relation to these themes have not changed since the design of the plan in the middle of 2023, but the performance and monitoring metrics to deliver these items have changed. The plan continues to be reviewed for updates to be added every month and a lot of the items are already business as usual.

To address compliance issues for a plan that is lasting 3 years we have now implemented a weighted progress on each item, accepting that some deliverables will be achieved well within the 3 years and others might take longer.

Our weighting has a 5 stage approach - 0 = 'Not Started', 1 = 'Started', 2 = 'Completion Plan in place', 3 = 'Working within 3 year plan', 4 = 'Completed', 5 = 'Completed - and evidenced'.

To support our monthly monitoring of progress we have listed any strengths, weaknesses, opportunities and threats.

STRENGTHS
- Inequalities and system wide working with the LMNS is helping to deliver in a number of areas, including Choice & Personalisation tasks and working with partners on service improvements. These enhancements include future plans around the development of an IOL work stream.
- Auditing processes are fully embedded and in line with a number of deliverables on the plan. We have our ACAP almost completed for 2023/24 and we are currently involving clinicians in the design of the ACAP for 2024/25 – and this will be ready for commencement in April 2024.

WEAKNESSES
- The outcomes for the Admin reviews (as part of Objective 4) are not yet completed/ and changes have not been implemented. This is impacting on clinical leadership delivery and not allowing clinical time to be significantly freed up.
- Objective 5 (and deliverables in some of the other objectives) reference the need for survey reviews and analysis. We have seen a number of completed survey but not the outcomes. Whilst this is currently a weakness it does provide opportunities for thematic reviews of the various surveys – and to show value towards the workforce by giving feed back and shared learning.

OPPORTUNITIES
- The plan has several connected deliverables in relation to learning and improvement, and Objective 8 is specifically in relation to this aspect. We are extracting clear learning, but we need a program of work that triangulates all these – for example we have audit half days, PM&M learning, Oversight committee – so the opportunity is now to bring all these together in one area, and have a more triangulated approach to learning and improvement.
- There are various opportunities in the plan to call on the work previously done through Ockenden actions, and using some of the evidence from completed actions, particularly around our staffing and workforce reviews.

THREATS
- Coproduction – our plan indicates areas where third party involvement might be difficult, i.e. MNVP involvement in Trust complaints process.
- Upward reporting (Objective 9) was hard to demonstrate at times for CNST has been concluded – so clear lines of reporting are being designed and implemented to ensure all areas of escalation are clearly defined.
- Objective 12 is focused on EPR and other deliverables are very reliant on the implantation of the new EPR – although this is very much outside the control of maternity services it will threaten delivery on some items.

Obstetric Scorecard Overview

Maternity Incentive Scheme yr 5 - 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

Claims Scorecard April 13 – March 23

Top injuries by volume: • Psychiatric/Psychological damage (18) • Fatality (14) • Stillborn (11) • Unnecessary pain (9) • Brain damage (9)	**Top injuries by value:** • Brain damage (£54,608,556) • Cerebral palsy (£28,245,002) • Psychiatric/Psychological damage (£15,285,972) • Wrongful birth (£10,475,000) • Incontinence (£3,197,795)
Top causes by volume: • Fail/delay in treatment (26) • Fail antenatal screening (10) • Failure to monitor 2nd stage labour (8) • Failure/delay in diagnosis (7) • Perineal tear- 1st, 2nd, 3rd Degree (6)	**Top causes by value:** • Fail antenatal screening (£25,548,593) • Fail to monitor 2nd stage labour (£16,547,415) • Births defects (£14,769,421) • Fail/delay admitting to hospital (£14,508,001) • Failure/delay diagnosis (£14,497,782)

Complaints Q3 23-24 – Total: 34

Communications (15)
Access to treatment or drugs (5)
Patient care (5)
Appointments (2)
Trust admin/policies/procedures including patient record management (2)
Values and behaviours (staff) (2)
Privacy, dignity and well-being (1)
Property (1)
Waiting times (1)

Incidents Q3 23-24 – Total: 579

Term admission to NNU (67)
PPH=1500mls or affecting woman's health (50)
Maternity red flag (34)
Inappropriate skill mix/staff shortage (30)
Readmission of baby (21)
Readmission of mother (19)

Themes Q3 23-24

- 16 of the red flag incidents and 9 of the Inappropriate skill mix/staff shortage incidents reported were regarding a delay in Induction of Labour (IOL) due to staffing/acuity.
- 5 of the red flag incidents was due to BSOT breaches.

Learning Q3 23-24

- Clearer communication and documentation of drugs required / given needed.
- PPH proforma not being completed.
- All communication to be rechecked to ensure correct patient details.
- Improvements needed in fluid balance documentation in labour.
- Staff reminded to continue to communicate with women when delays are expected.
- Correct pathway followed when baby or mother readmitted.

Going forwards a thematic review for the previous quarter, compared to claims scorecard to be undertaken and shared through Divisional Governance meetings. This will then enable an action plan to be formed and monitored – to be shared in the next report.

Risk and Governance Update (January data)

PSII
Number of new declared – 0
Currently open – 2

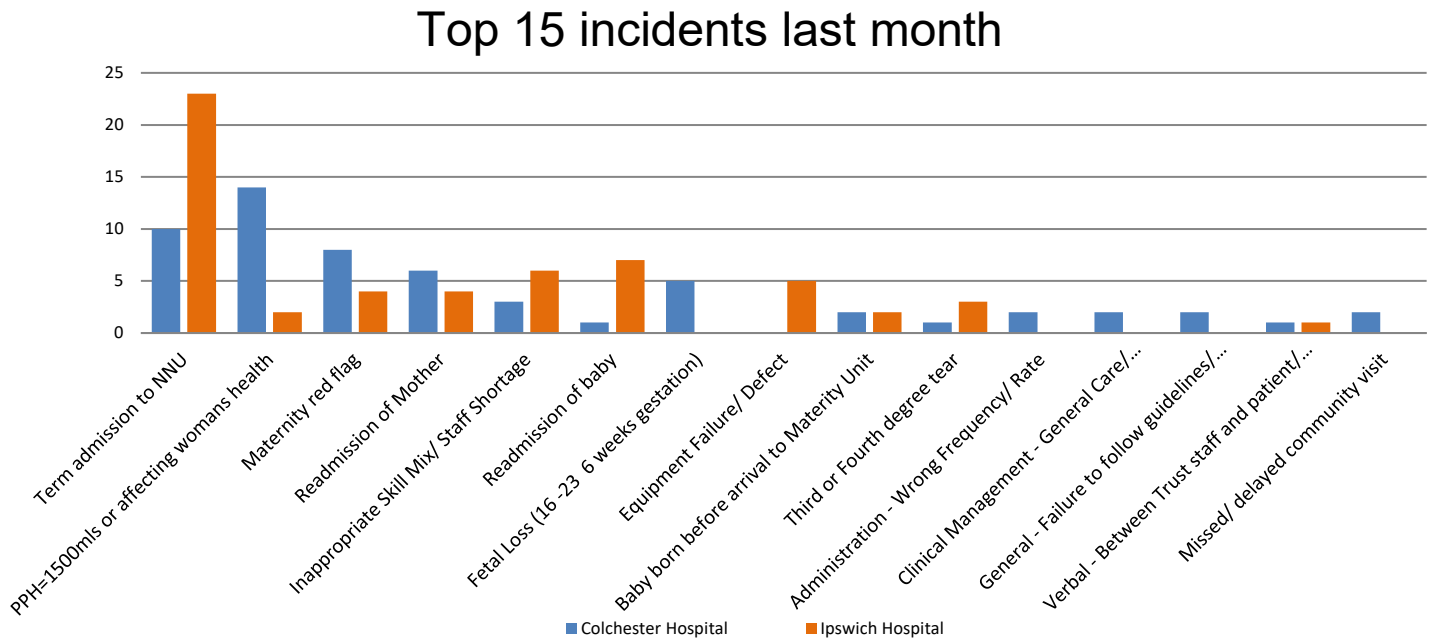
PSR
Number of new declared – 1

ELR
Number of new declared – 4

MNSI
Number of new declared – 0
Currently open – 1

Complaints
New – 3
Call back compliance – 100%
Overall compliance – 100%

Risk Register
New risks – 0
Closed risks – 1: 1268 IPH: Ultrasound capacity will potentially cause an inability to arrange USS within stipulated timeframes during a pregnancy. Update: Pay discrepancy between sites now resolved and no reported incidents of inability to perform USS within required timeframe.



Learning from Incidents (MIRG, ELR, PSR/PSII)

- Stillbirth at Ipswich site; concerns identified regarding the processes for the handling of the triage hotline telephone and incorrect advice being given. Division has been requested to identify mitigation to address patient safety concern. A draft risk assessment has been worked up on the risk register and business case drafted to consider having a dedicated midwife to answer the telephones, review the patient records on evolve and document 'live' on to the evolve system to ensure that previous phone call information is readily available.

- Baby born at home in poor condition. Required resuscitation and transfer in via ambulance. Baby subsequently transferred out to another provider. As a result of discussions at Maternity Investigations Review Group (MIRG) the inflation breaths in O2 to be reviewed.

- Baby born by spontaneous vaginal delivery with apgars of 6 at 1, 6 at 5 and 6 at 10 minutes and with poor gases (arterial pH 6.99). Transferred to NNU and also found to have Supraventricular tachycardia (SVT) requiring ant-arrhythmia medication and Amiodarone. As a result of discussion a MIRG research is needed around if SVT can be seen on dopplers or if there are limitations.

Completed PSII Investigation for Learning – Jaundice case

What happened

Neonatal Death

Key findings

- Pre-natal and labour care was provided within guidance and there were no concerns with the standard of care provided. All decisions made during labour were appropriate and timely.
- The Neonatal Jaundice Guideline for all babies across maternity and children's services V3.0 (CGH) which was in place at the time, gave no guidance for assessing and referring in babies with black or brown skin where jaundice is suspected.
- The Neonatal Jaundice Guideline for all babies across maternity and children's services V3.0 (CGH) which was in place at the time, stated that visual inspection alone should not be relied on to estimate bilirubin levels in babies with suspected jaundice and that bilirubin levels should be measured and recorded urgently within 6 hours. The baby did not have his bilirubin levels checked on day 5 when mild jaundice was noted and therefore this guideline was not followed.
- There were only two Transcutaneaous Bilirubinometers in the community at the time, both of which were kept in the base office and therefore required a return visit to measure, or refer the other to CAU. Staff are therefore more inclined to do a visual assessment rather than follow guidance and measure the levels.
- Day 4 visit was via telephone call and was therefore a missed opportunity by the clinical team to review the baby, putting the responsibility to identify any issues on the parent, who in this case reported no concerns.

Key Changes

- The Neonatal Jaundice Guideline for all babies across maternity and children's services to be merged to create an ESNEFT version. Consideration to be made mandating bilirubin checks for babies with black/brown skin where there is a suspicion of jaundice.
- A review to be undertaken of the number of bilirubin meters available within the community teams to ensure there is ample provision to the teams.
- Training and education to be rolled out as per the Neonatal Jaundice Guideline and any updates
- Align the ESNEFT post-natal Care Guideline and consider ensuring the day 4 visit is a face to face visit by either a midwife or MCA.

Completed MNSI Investigation for Learning – Cooling case

What happened:

Baby required therapeutic cooling

Key findings from HSIB:

1. When the baby was suspected to be small for gestational age (SGA) an ultrasound scan (USS) was arranged. The growth was within the expected range. Symphysis fundal height (SFH) measurement was reduced at the subsequent appointment, the Mother was not referred for an USS as it was less than 2 weeks since the previous USS. At the next appointment the SFH suggested a normal growth trajectory this meant that a further growth USS was not considered.
2. There was an interval of up to 45 minutes when the baby's heartbeat was not heard, which means it is not known when decelerations of their heartbeat first occurred. A CTG was undertaken, and the Mother was transferred to the labour ward for further care.
3. On this night there were both a locum obstetric and gynaecology consultant on call and a locum obstetric and gynaecology doctor on duty within the maternity hospital, which meant that neither were known to the Mother. On learning there were locum doctors on duty overnight the Mother contacted senior colleagues, one of whom agreed to come in.
4. The Mother's transfer to labour ward from the midwife led unit for fetal heart rate concerns, and the attendance of the senior doctor, was not discussed with the on duty obstetric team which meant that they did not provide any clinical oversight of the Mother's care prior to the obstetric emergency call for fetal bradycardia.
5. Before the onset of a fetal bradycardia led to staff making an emergency call to the on duty obstetric team, the CTG trace of the Baby's heart rate was considered to have features which were not associated with the presence of fetal hypoxia which meant that intervention to achieve an earlier birth did not take place.
6. When staff were alerted to a change in the Baby's heart rate at 03:27 hours there was prompt escalation to the on duty obstetric doctor who made the decision for a category 1 caesarean section birth which was achieved within the expected time frame.
7. The placenta was smaller than the expected range, with a weight on the 3rd centile, and there was an absence of Wharton's jelly around the umbilical blood vessels with a marginal insertion of the cord to the placental disc. This meant that the Baby, who was small for gestational age, had reduced reserves to compensate for a restricted blood flow through the umbilical cord during labour.

Safety Recommendation(s):

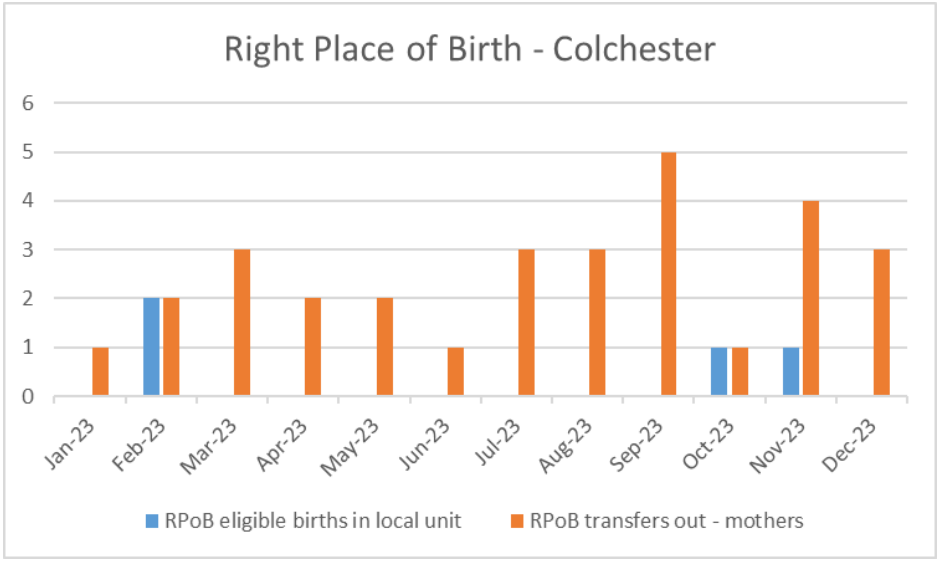
1. The Trust to ensure clear communication and effective clinical oversight is maintained by the multidisciplinary team when care is provided by senior obstetric staff outside of the on-call rota.

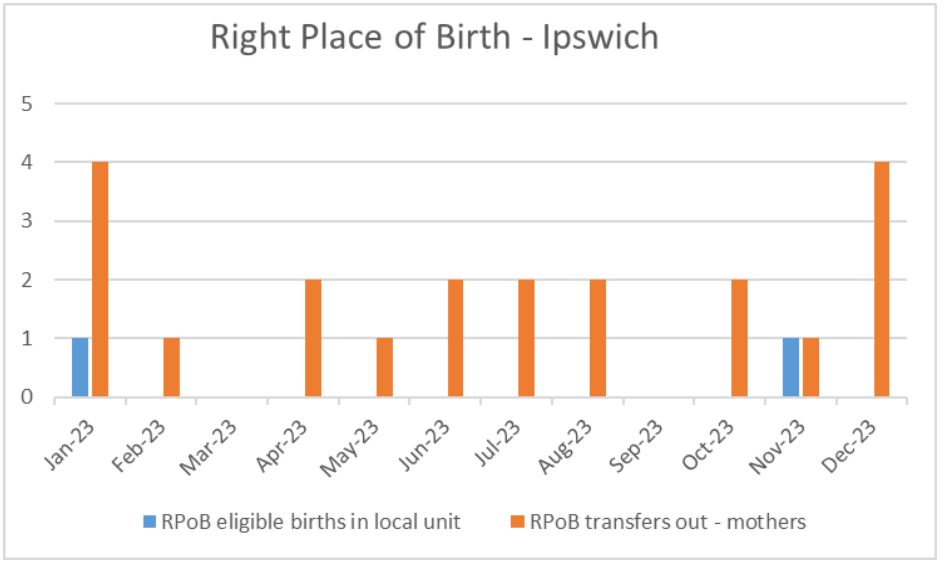
Compliance and Learning from Regional Exception Reports

Month:		Q3 Oct - Dec 23		Number of babies under 34 weeks gestation born at the unit this month	25
How many babies did we ensure were born in the right place? Target: 85%	0%	% antenatal interventions that could be optimally timed ↓	% antenatal interventions that were optimally timed ↓	For babies that required ventilation, how many were ventilated using a VTV/VG mode? Target: 100%	100%
How many babies mothers received antenatal steriods? Target: 85%	88%	55%	55%	How many babies received caffeine within first 24 hour of life? Target 100%	100%
How many babies mothers received antenatal Magnesium Sulphate? Target: 85%	67%	33%	33%	How many babies received Early Maternal Breast Milk (EMBM) within 6 hours of birth? Target: 85%	40%
How many babies mothers receive intrapartum antibiotics? Target: 95%	75%	89%	67%	How many babies received a multi strain probiotic within first 24 hours of life? Target: 100%	33%
How many babies benefited from Optimal Cord Management? Target: 85%	88%	Total % antenatal interventions that could be optimally timed →	59%	How many eligible babies received prophylactic hydrocortisone within first 24 hours of life? Target: 85%	43%
How many babies had a normothermic temperature (36.5-37.5C) measured within one hour of birth? Target: 90%	84%	Total % antenatal interventions that were optimally timed →	54%	PERIPrem Bundle: Optimisation Score for the unit this month [Total number of interventions given/Total number of optimal	70%
				PERIPrem Bundle Optimisation: How many mothers and babies received ALL the interventions for which they were eligible	12%

Quarter 3 data demonstrates a slight reduction in compliance percentages for all optimisation elements, with the exception of optimal cord clamping (from 81%) and early maternal breast milk (from 15%). Antenatal steroids and magnesium sulphate administration were optimised at every opportunity. Still requiring some improvement in optimisation of IV antibiotic administration, as well as probiotics and hydrocortisone use (Colchester now in the process of adopting Regional hydrocortisone guideline)

Three Right Place of Birth (RPoB) exceptions in quarter 3 (all appear unavoidable on initial investigation).
Four successful RPoB in-utero transfers to a tertiary centre.
ESNEFT RPoB percentage for quarter 3: 57.1%





Audit Update (exceptions)

Audit		Site	Project lead
In Progress			
Audit & QI plan	Delivery Suite Ward round re-audit Ockendon	CGH	Oriyomi Adebowale
	MEWS/MEOWS, fluid balance, escalation & Maternal sepsis screening/sepsis 6 compliance	ESNEFT	Camilla Eyley-Scott
Additional Audits	Management of pregnant women with thrombo-embolism	Ipswich	Mamta Banerjee/ Ruta Gada/Ritisha Basu
	Audit of the Use of Translation Services in Maternity	CGH	Zoe Oswick, ANNB Lead
Additional Projects	Evaluating the extent to which health inequalities, including a focus on the Equality Diversity and Inclusion Agenda, impact on pregnancy and outcome	ESNEFT	Anglia Ruskin
	Readmission to maternity service evaluation	Colchester	Louise Hawkins & Sam Shopland Reed
Awaiting Presentation (via audit afternoon)			
Audit & QI plan	SBLCB - element 4 - Effective fetal monitoring during labour	Ipswich	Jillian Hart
	SBLCB - element 4 - Effective fetal monitoring during labour	Colchester	Kate Prazsky
	Assisted birth re-audit	Colchester	Jinisha Selveraj
	Complex Pregnancies re-audit Ockendon (ESNEFT)	Colchester	Wilson Ofunne
Additional Audits	Smoking In Pregnancy	Ipswich	Angela Leach & Carly Rose
	Perineal Care in second stage of labour	Ipswich	Chloe Thomson, Annette Ballard

Equality and Equity update

- The division are working through plans to develop a continuity of carer team for our most deprived area in Jaywick. This will form of our business planning for this coming year.
- New training manikins have been ordered with black and brown skin tones
- Bilirubinometers now arrived in Trust and in community for improved diagnosis of neonatal jaundice for babies of all skin tones
- Ethnicity to be included as part of the incident investigations to ensure we are caputiring better data and better understanding of health inequalities

Neonatal Update

Highlights

- ✓ Band 7 governance post interviews planed for 16th February
- ✓ Final report received following peer review last year – positive feedback for both units. Action plan meetings booked for February 24.
- ✓ Breast Feeding Initiative (BFI) cross site training days commenced both units working towards stage 2 accreditation.
- ✓ Ipswich Qualification in Speciality (QIS) 68.4%
- ✓ Transitional Care Business Case in development going to CDG 28th February for approval

HII and audit results

Ipswich HII ↑84.4%

Colchester 100% for both HII and handwashing

Training CNST Safety Action 8

All nurses to attend PROMT this year to aid development, multidisciplinary working and in anticipation of a change in CNST requirement.

Newborn Basic Life Support (BLS) yearly update

Colchester 99.6%

Ipswich 98%

Incident themes

Medication errors

Neonatal Serum Bilirubin (SBR) incorrectly plotted / wrong chart used

Learning across the service

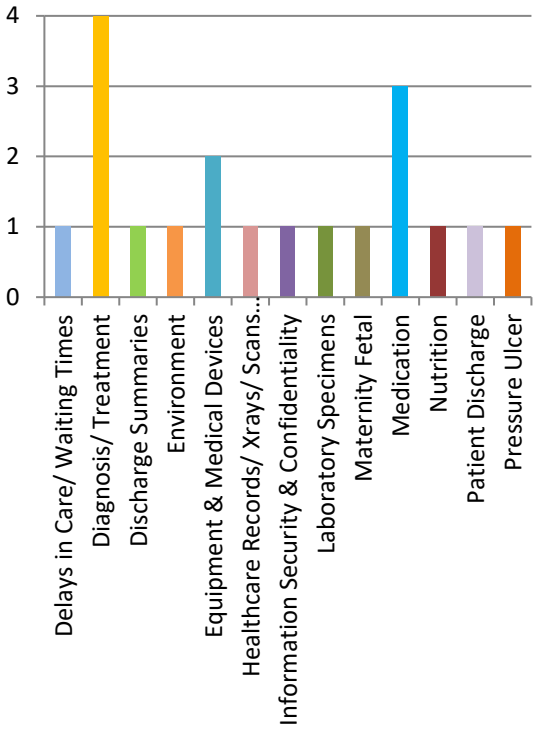
Medication Deep Dive at Ipswich NNU in progress

Plotting of SBR's to be double checked on both neonatal units

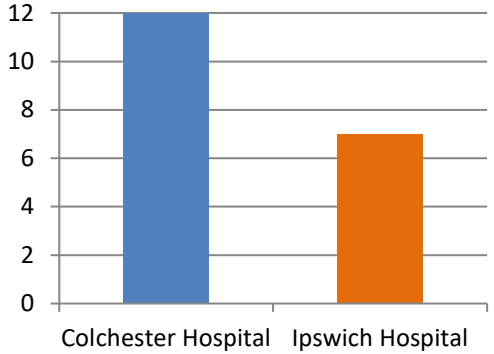
NNU Activity	Ipswich	Colchester
IC Days	25 ↑	10 ↓
HDU Days	94 ↓	94 ↑
SC Days	238 ↑	222 ↑

NNU Exceptions	Ipswich	Colchester
<27 weeks	1	1
> 44 weeks	0	0

Neonatal incidents by category @lastmonth



Neonatal incidents by unit @lastmonth



PSII learning from Jaundice case

2 of the market leaders in saturation monitoring Nellcor and Masimo

State of vigilance within ESNEFT NNU – Email the NNU team (cross site) – asking for a Datix to be submitted if any concerns with probes or SaO2 trace.

Raise awareness amongst teams of the importance of appropriate probe selection and placement – Teams Days and Huddle notices

Review current supply of SaO2 probes on the NNU.

Colchester Massimo probes for <1kg and for <3kg >40kg. No probe available for patients >3kg on NNU, these are available within maternity. **To order Infant pulse oximeter sensor (3-20kg)**

Ipswich Nellcor probes for 3-20kg (x2 different ones) **NNU team to order probes for babies <3kg and <1kg.**

Complaints – 0

PALS – 1

Ipswich: Communication regarding patients treatment plan and parental wishes. Tertiary centre involved. Learning

Deaths/Mortality – 1

Colchester: Baby born 25 weeks gestation by EMLSCS for abruption. No opportunity for mum to be transferred to tertiary unit for delivery, or optimisation for baby. Born in very poor condition, not stable for transfer to tertiary unit, re direction of care. MDT debrief offered to all staff.

Staffing

Colchester: Internal Band 6 promotion. Band 5 interviews booked Feb 24.

Ipswich: Band 6 x1 permanent post ECF – to go out to advert

FFT feedback

- ✓ "Medical staff were fantastic, your nurses/midwives are amazing - neonatal team cannot be faulted! We owe so much for everything they did. Our only suggested improvements are 1) increase number of breast pumps because once one was free it was invaluable making things infinitely easier. The team struggled to make them available to all mothers. 2) the fixed chairs are atrocious for breastfeeding whereas the wheeled, reclining, green chairs are more appropriate. Please consider repurposing the bucket ones and obtain more recliners. 3) the food was not maintained regular enough in the kitchen (expired)"
- ✓ "Everyone was really informative and accommodating to our needs, treated us both equally as 2 mums, treated our daughter very well and were very happy"