

Maternity Incentive Scheme Year Two ATAIN Action Plan 13 May 2019

Three wavy lines in blue, green, and pink/magenta colors that sweep across the bottom of the page.

Agenda Item No: 11.3



Trust Board Report

Meeting Date:	13 th May 2019
Title:	Maternity incentive scheme – year two ATAIN action plan
Executive Summary:	<p>NHS Resolution is operating a second year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.</p> <p>The maternity incentive scheme applies to all acute trusts that deliver maternity services and are members of the CNST. As in year one, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.</p>
Action Requested:	Agreement of action plan
For the attention of the Board	<p>Required standard:</p> <ul style="list-style-type: none">a) Pathways of care for admission into and out of transitional care have been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care.b) A data recording process for transitional care is established, in order to produce commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2.c) An action plan has been agreed at Board level and with your Local Maternity Systems (LMS) and Operational Delivery Network (ODN) to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews.d) Progress with the agreed action plans has been shared with your Board and your LMS & ODN

Assure	<p>This action plan represents work started in 2017 to address term admissions to neonatal unit. Attached action plan shows the progress made to date in relation to reducing unnecessary separation of mother and infant, focusing on the key reasons which lead to admission to Neonatal unit.</p> <p>Key achievements include establishing a transitional care ward where babies requiring additional support can be nursed alongside their mother, reviewing the processes to ensure risks are reduced prior to and during labour, and a robust multi-professional system to review and learn lessons from all term admissions to NNU. Phototherapy units have been updated to more effective units and we have increased the numbers in line with increasing birth rates.</p> <p>A dashboard is being developed locally to enable clear tracking of impact.</p>
Advise	
Alert	<p>Changes to national guidance for hypoglycaemia in newborns has identified the need for more accurate testing specific to newborns and the unit has put actions in place to mitigate risk while equipment is sourced.</p>
Author + Contact Details:	<p>Matron K Cheshire – Matron for neonatal services Ext 5181</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	<p>Not known at the present as the Directorate are working through an action plan, business cases for bilicoocoon and bilirubinometers are been written.</p>
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p>

	<p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	NHS Resolution (MIS@resolution.nhs.uk) Local Maternity Systems (LMS) and Operational Delivery Network (ODN)
References	NHS Resolutions (2018) Maternity incentive scheme – year two https://resolution.nhs.uk/wp-content/uploads/2018/12/maternity-incentive-scheme-year-two.pdf
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details

--	--

Appendices

1	ATAIN action plan
---	-------------------

Maternity Incentive Scheme – Year Two

Can you demonstrate that you have transitional care (TC) services to support the Avoiding Term Admissions Into Neonatal units Programme?

The maternity incentive scheme includes ten maternity safety actions; this action plan addresses identified and modifiable local factors from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews for Safety action 3.

Key

Green – Action complete / system established

Amber – Action in progress

Red – Action to be addressed

	Area of focus	Actions	Progress and date	Time Scale & Identified Lead	RAG – Evidence to support
1.	ATAIN guidance published	Robust system of identifying term admissions to neonatal units (NNU).		Completed August 2018	
		Establish multi-professional ATAIN group and terms of reference		Completed August 2018	

		Term admissions themes and selected cases are reviewed by the ATAIN group – lessons learnt shared via multi-professional groups	Admissions to NNU reviewed and learning shared through Term admission group and maternity neonatal forum.	August 2018 Completed	
		Data will be shared monthly via neonatal dashboard	Jan 2019 Plans been made for a unit dashboard.	July 2019	
2.	Jaundice	<p>Phototherapy delivered in transitional care and post-natal wards to reduce separation.</p> <p>Earlier identification of jaundiced infants in the community to reduce numbers requiring admission to NNU</p>	Trial of transcutaneous bilirubinometers on postnatal ward	<p>Completed</p> <p>Maternity ward manager Completed Dec 2018</p>	

			Business case for transcutaneous bilirubinometers.	Group manager May 2019	
		Increase number of phototherapy units as birthrate increases and	Business case for purchase of additional phototherapy devices including Bilicocoon to minimise separation agreed.	February 2019 Group manager	
3.	Respiratory	Audit process in place to review term admissions with respiratory symptoms.	Monthly case reviews	Completed Consultant ATAIN lead	
		Feedback mechanism in place to share learning	Monthly Multi professional meetings	Completed	
			Pathways reviewed	Completed	
		Identified potential pathway from another trust in network.	Local pathway to be finalised involving neonatal outreach service within maternity	July 2019 TC ward manager / ANNP	

		Educational needs of TC staff identified training needs	Educational package and competencies for all staff grades developed	February 2019 PEF completed	
4.	Hypoglycaemia	National guidance identified	New guidance implemented in line with national requirements.	Completed 04/18	
		Review of case identified via monthly audit process	Every admission reviewed and learning shared through local governance meetings.	Completed July 2018 Infant feeding midwife	
		Identification in gap in near patient testing on postnatal ward	Change in local practice to mitigate risk. Repeat samples will be done using blood gas analyser on NNU	Completed Dec 2018	

		National gold standard requires hypoglycaemia managed using equipment calibrated to accurate readings at high or low levels	Business case for purchase of appropriate equipment to meet national standard to be submitted	July 2019 Group manager	
5.	Asphyxia	<p>Reviews including neonatal, obstetric and midwifery teams.</p> <p>Justification for planned birth before 39 weeks</p> <p>Steroids</p> <p>Lead Midwife for MTU/MIU commenced role to monitor all delays</p> <p>New Staffing Model introduced – dedicated team familiar with aims</p> <p>RAG Rating System</p>	<p>Robust review system in place to review weekly – lessons shared via governance reports/newsletter</p> <p>All delays monitored by Risk Management Team</p> <p>Delay Audit Ongoing 3/12 data collated</p>	<p>Maternity Midwifery safety champion Completed</p> <p>January 2019</p>	

		introduced to highlight delayed inductions Datix completed for all inductions delayed > 8 hours/labourers delayed > 1 hour			
6.	Hypothermia (monthly audit process hasn't identified any admissions to NNU)	Provision of heated cots for use in transitional care wards.	Purchased and guidance for use embedded	Completed	
			Review of pathway for at risk babies	Postnatal ward manager / TC ward manager June 2019	
7.	Infants at risk of infection	Neonatal assessment and delivery of antibiotics where appropriate within an hour of birth on delivery suite	Established local practice and designated TC nurses available to assist	Completed	
8.	Infants 34 – 36 weeks gestation	Staffing model for TC reviewed to maximize capacity and allow admission directly from	Staffing includes one nurse, one midwife and a band 3 support worker on each shift	Completed	

		birth. Pathway to admit well babies 34 – 36 weeks directly to TC Thermal care pathway on TC Nasal gastric feed can be administered on TC	Established local practice is embedded within postnatal areas		
--	--	---	---	--	--

Action plan for signed off and progress reviewed by trust Board, ODN and LMS and progress with action plan is documented within minutes of meetings at Board ODN/LMS.