The Shrewsbury and Telford Hospital NHS Trust

Maternity Governance – April 24

Agenda item				
Report	**Transitional Care Audit Q4 Report**			
Executive Lead	**Hayley Flavell Director of Nursing**			
	Link to strategic pillar:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√		
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting	√		
	For information	√		
	For consent			
Presented to:	Maternity Governance – April 24			
Dependent upon:	NA			
Executive summary:	This paper is to provide assurance that transitional care is audited in line with the standards as directed by BAPM and reflected in the maternity guideline. In line with the CNST maternity incentive scheme safety point three this paper supports the process of auditing Transitional Care Services. The Transitional Care audit was completed for Q4 using electronic Badgernet records only from January 24 – March 24. The main findings of this report are: • 100 % babies admitted had daily reviews by the neonatal team, which is an increase from 84% last quarter. • 100% of Newborn and Infant Physical Examination (NIPE) were completed with 72 hours of birth by the appropriate person. • 2 NIPE examinations were not documented on BadgerNet, but they were documented appropriately on NIPE Smart, these babies were initially on NNU. • The main reason for admission to Transitional care was suspected infection (96%) and prematurity (4%) . • 62.5 % had observations inline with guidance. • 12 % of the sample needed support with thermoregulation.			

1.0 Introduction

The philosophy of transitional care is to keep mothers and babies together, mothers become the primary care provider for their babies with care requirements in excess of normal newborn care but do not require admission in a neonatal unit and ensures a smooth transition to discharge home.

Transitional care is not a place but a service and this can be delivered either in a separate transitional care area, within the neonatal unit and/or in the postnatal ward setting.

Principles include the need for a multidisciplinary approach between maternity and neonatal teams; an appropriately skilled and trained workforce, data collection with regards to activity, appropriate admissions as per HRGXA04 criteria and a link to community services.

2.0 Data Collection

The monthly transitional care audit will be in line with the standards set out in the guideline:

Reason for admission to Transitional care
Reason Recorded and appropriate as guidance
Observations and investigations as guidance and documented appropriately
The use of green discharge proforma
Daily neonatal team review
Appropriate NIPE examination
Outcomes

This audit was taken on a random selection based on the monthly transitional care audit of 8 transitional care babies per month totaling 24 babies audits over a quarter which is approximately 20-25 % of babies who are admitted under the transitional care pathway, recommendations will be shared on a quarterly basis to the Director of Midwifery, Divisional Director of Nursing, Maternity and Neonatal Governance teams and the Neonatal Triumvirate.

3.0 Findings

100% babies admitted to Transitional Care were seen daily by the neonatal team with a clearly documented plan of care (Appendix 1).

The NIPE was completed in the correct timeframe by the appropriate person, however this was not correctly documented on Badgernet on 2 occasions and was only documented on NIPE Smart. This was due to the baby being on NNU at the time of the NIPE and NNU do not use maternity badgernet.

62.5% of the notes audited had observations in line with local guidance. This is a significant reduction from 84 % in the last quarter. From reviewing the notes there were no adverse outcomes, changes to management or admission to neonatal unit. No themes were identified from an individual perspective to identify individual learning. The staffing and acuity across the maternity unit has been a challenge in this quarter. Communication has been shared with the team on the huddle board and at ward meeting to improve this compliance and a suggestion to inform the Manager of the Day if they do not have the capacity to complete the observations when they should be completed.

All babies had a completed neonatal discharge summary on badgernet.

12% (4) of the sample needed support with thermoregulation, in which 50 % skin to skin was used as the first step to resolve this issue, communication has been shared with the team.

4.0 Conclusion

Monthly audits must continue to monitor and escalate any concerns with observation frequency whilst babies are in TC, this will identify any training needs or themes.

Action Plan
A robust action plan has been developed.

Action	Action owner	Date
Monthly Audits to continue to monitor and escalate concerns	Neonatal Lead	ongoing
Communication shared with the team in relation to NEWTT observations.	Sarah Whitehead	16.04.24
Communication shared with the team in relation to escalation process if unable to perform observations at the time they are due.	Sarah Whitehead	16.04.24
Communication shared with the team in relation to Skin to Skin as first step in thermoregulation	Sarah Whitehead	16.04.24

Appendix 1 – Data Collection analysis

Reason For Admission To TC from birth	Number	Percentage
Babies receiving IVAB	23	96%
Babies at risk of Neonatal Abstinence Syndrome	0	0%
Congenital Anomaly	0	0%
Low birth weight	0	0.00%
Preterm	1	4%

Reason For Admission to TC from NNU	Number	Percentage
Step down care' following admission from NNU who is more than 1.6kgs and maintaining temperature	0	0.00%
step down care' tolerating a minimum of three hourly feeds	0	0%

	Reason Recorded	Hospital Notes	Obs in line with GL	Green Proforma	NIPE	Seen Daily
Yes	24	24	15	24	24	24
No	0	0	9	0	0	0
Total Percentage - Yes	100%	100	62.5 %	100%	100%	100 %
Total Percentage - No	0%	0%	17%	0%	0%	0%