

Board of Directors September 2024

Agenda item				
Report Title	Quality Improvement project - Reducing Term Admissions to NNU when poor feeding requires NG tube feeding & Early recognition of Chorioamnionitis			
Executive Lead	Hayley Flavell			
Report Author	Quality Governance Team, Women and Children's Division			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	
	Our governance	√	Responsive	√
	Our partners		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	Link to risk register:	
	For decision / approval	√		
	For review / discussion	√		
	For noting			
	For information			
	For consent	√		
Presented to:				
Executive summary:	<p>Year 6 of the CNST Maternity Incentive Scheme requires Trusts to register and undertake a Quality Improvement project to help reduce the number of term admission to the neonatal unit.</p> <p>This report details the QI project we have registered with the aim to reduce term admissions to the neonatal unit for poor feeding requiring nasogastric tube feeding, and for infection due to chorioamnionitis. The aim is to reduce and maintain the percentage of term babies needing admission to the neonatal unit at below 6% in line with the national target.</p>			
Appendices	Project Brief			
Executive Lead	Hayley Flavell			

Introduction

What is the Maternity Incentive Scheme?

The Maternity Incentive Scheme (MIS) is a financial incentive program designed to enhance maternity safety within NHS Trusts. It rewards Trusts that can demonstrate they have implemented a set of core safety actions, ultimately aiming to improve the quality of care for women, families, and newborns.

Maternity safety remains a critical area of focus within the NHS. The MIS was established on the instruction of the Department of Health and Social Care to incentivise Trusts to actively adopt best practices and implement essential safety measures. This not only reduces the risk of adverse outcomes, including brain injuries, but also fosters a culture of continuous improvement in maternity services.

The ten agreed groups of Safety Actions are:

1. Perinatal Mortality reporting and investigations.
2. Maternity Services Dataset reporting (digital).
- 3. Transitional Care and avoiding separation of families. Investigation of admissions to neonatal units.**
4. Medical workforce (including obstetric, anaesthetic, and neonatal)
5. Midwifery workforce
6. Saving Babies' Lives. Implementation of the NHS England care bundle.
7. Maternal and Neonatal Voices Partnership. Working with families and ensuring their voices are heard.
8. Training.
9. Board oversight and Safety Champions ensuring floor to Board communication.
10. Reporting all qualifying incidents to MNSI and the Early Notification Scheme for investigation

Safety action 3

Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?

Required Standard

- a) Pathways of care into transitional care (TC) are in place which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice

Or

Be able to evidence progress towards a transitional care pathway from 34+0 in alignment with the British Association of Perinatal Medicine (BAPM) Transitional Care Framework for Practice and present this to your Trust & LMNS Boards.

- b) Drawing on insights from themes identified from any term admissions to the neonatal unit, undertake at least one quality improvement initiative to decrease admissions and/or length of stay. Progress on initiatives must be shared with the Safety Champions and LMNS.

SaTH response

There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reasons, an essential practice in maternity services and an ethical responsibility for healthcare professionals.

This report provides details of newly registered Quality Improvement project plan for reducing term admissions to NNU when poor feeding requires NG tube fed provision & early recognition of Chorioamnionitis and to reduce the impact of separation of mum and newborn in the postnatal period. In line with the national target of reducing number of term admissions to NNU below 6%.

SaTH maternity services have registered a Quality Improvement Project with the aim to reduce term admissions to the neonatal unit for poor feeding requiring nasogastric tube feeding, and for infection due to chorioamnionitis. The aim is to reduce and maintain the percentage of term babies needing admission to the neonatal unit at below 6% in line with the national target.

Background

ATAIN (avoiding term admissions into neonatal units) meetings take place bi-weekly at SaTH. During these meetings, the maternity and neonatal notes for term babies admitted to the neonatal unit are reviewed and discussed in a multidisciplinary forum with obstetric, neonatal, midwifery and nursing representation.

It has been noted that several babies were being admitted due to poor feeding which required support with nasogastric tube feeding. Ideally, these babies could be managed on the postnatal/transitional care ward, which would reduce separation of mothers and babies. The current process in place at SaTH is for babies needing NG tube feeding to be admitted to the neonatal unit due to a lack of competence and training in tube feeding among the midwives and support workers on the postnatal ward.

It has also been noted that delays in recognising chorioamnionitis were linked to babies being admitted with infections. The multidisciplinary team identified a gap in the Mandatory Fetal Monitoring training around the recognition of chorioamnionitis.

Project Aim's

The QI project we have identified is:

Quality Improvement project - Reducing Term Admissions to NNU when poor feeding requires NG tube feeding & Early recognition of Chorioamnionitis.

The aims of the QI project are:

- To create NG tube feeding training for midwives and support staff.
- To plan and allocate training days to deliver NG tube training.
- To produce the training literature.
- To release staff to attend training sessions.
- To include the recognition of chorioamnionitis in the competency booklet.
- To include training on chorioamnionitis on the Fetal Monitoring training day.
- To display an information poster in all relevant areas.

Current Status

The QI project is currently being planned, and the aim is to go live at the end of September 2024. The stakeholders that have been identified are: neonatal consultants, the neonatal education team, the NMVP (neonatal and maternity voices partnership), digital midwifery, and the maternity education team.

Project Brief

Project Title:	Reducing Term Admissions to NNU when poor feeding requires NG tube fed provision & Early recognition of Chorioamnionitis
-----------------------	---

Division(s)	Specialty/Department	
Women & Children's	Maternity /Neonates	
Project Brief Prepared By	Date	Genba Lead for Project
Jo Kench/Jasmin Smith	03/07/2024	Jo Kench

Section 1 - Project Information

Project Aim	<i>(SMART - Specific, Measurable, Achievable, Relevant, Timebound)</i>		
	To reduce the impact of separation of mum and newborn in the postnatal period. In line with the national target of reducing number of term admissions to NNU below 6%.		
Background	<i>(Provide current position of service, reason for the project. Identify the problem to be addressed, key area for focus, drivers for change)</i>		
	<p>The current position is we have noticed in ATAIN that avoidable admissions are due to NG tube feeding and early recognition of Chorioamnionitis.</p> <p>Currently no midwifery staff and MSW are competent and trained to provide support for NG tube feeding when newborn requires NG feeding on Postnatal ward. Following MDT review for ATAIN an avoidable theme was identified where babies were transferred to the NNU as required NG tube feeding support for poor feeding. Lack of staff trained to support NG tube feeding.</p> <p>Chorioamnionitis there has been an increase in 2024 of babies admitted to NNU due late recognition of Chorioamnionitis in labour. We have identified there is a gap in the MDT Mandatory Fetal Monitoring training.</p>		
Project Planning Start Date	03/07/2024	Project Go-Live Date	End of Quarter 2

Section 2- Stakeholders – Who will be impacted by, or have an impact or influence on your project?

Patients	Senior Leadership team Maternity & Neonates	Digital Midwife
Midwives	ANMP	Neonatal Ward manager
MSW	Neonate Consultant	
Practice Educators	Maternity Governance Team	
Is the project a material change that requires public involvement? (if Yes or Unsure contact hannah.roy@nhs.net)	Yes	No Unsure

Section 3 - Project Scope – IN (what is <u>included</u> within this project?)	Project Scope – OUT (what is <u>excluded</u> within this project?)
--	---

Term babies who are admitted to NNU for support with poor feeding – NG tube Early recognition of Chorioamnionitis	Any other babies admitted to NNU for ongoing support
--	--

Section 4 - Learning from others (any other learning you could network with? e.g. GIRFT, Model Hospital, NHS Collaborations, FAB, other organisations).

Worcester hospital

Section 5 – Measurement - Work with the Improvement Hub to complete this section.

How will you know your change is an improvement?	Measure	Data source
Outcome Measures (related to main aim)	Reduction in admission of term baby to unit	BadgerNET
Process Measures (processes that need to happen to achieve aim)	Training /Competency booklet for NG Tubing Chorioamnionitis guideline to be created	LMS training portal
Structural Measures (e.g. forms, equipment, training)	Correct equipment / specific training bundle	Audit of Procurement stock levels
Balancing Measures (that might indicate adverse outcomes)	Staff unable to be released for training / lack of equipment availability	Audit

Section 6 – PDSA - Work with The Improvement Hub to complete this section.

Proposed interventions (PDSA tests of change – Plan, Do, Study, Act)

Intervention	Start date
Create NG tube feed competency training	
Plan and Allocate training days to deliver NG tube training	
Produce any training literature	
Release staff to attend training sessions	
Chorioamnionitis included in the competency booklet	
Chorioamnionitis to be added to Fetal Monitoring Mandatory training day	
Case Study Target Date	Case Study Lead

Section 7 - Resource Requirements

(Consider additional resources that could be required to support your project, for example; staff time, specialist input/ equipment, materials, data/ information or training)

NG tube equipment

Information training document/ Poster to be displayed in all areas of postnatal.

Staff to be released to attend training sessions & updates.

Section 8 - Communication Plan

Will your project require any wider communication to your stakeholders?

Maternity and Neonatal Voice Partnership

Neonatal Education team

Section 9 – Risks

A risk is something that you need to plan for. (Low – Medium – High)

Consider the 4Ps: If there are any gaps in what we rely on to achieve our aims, these could be considered as a risk:

People: Workforce **Products:** Equipment **Processes:** SOP/Standard work **Premises:** Estates/Maintenance issues

Low Staffing availability , lack of Equipment availability, training document unavailable, location of bedspace

Project Sponsor		Link to Strategic Pillar	Link to CQC Domain		
Name	Kim Williams	Our patients and community	✓	Safe	✓
Title	Head of Midwifery	Our people	✓	Effective	✓
Contact Details	01952 641 222 Ext: 4846	Our service delivery	✓	Caring	✓
Improvement Hub Support		Our partners	✓	Responsive	✓

Improvement Hub team member	Gemma Styles	Our governance	✓	Well Led	✓
Date	24/06/24	IHub Level of Support		Individual Project Support	