

# North Tees & Hartlepool NHSFT

## Wave 1

National maternal and neonatal health safety collaborative

Team members: Maternity & Neonatal Staff

MatNeo Improvement Leads:  
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Executive Sponsor: Julie Lane

September 2019

 @MatNeoQI  
[improvement.nhs.uk](http://improvement.nhs.uk)



# Wave Year 1: SBAR Communication

## Why did we choose this project?

Clinical incidents relating to communication issues

## What was our aim?

>90% of maternity staff to use a standardised approach (SBAR) to patient related communication by 31/03/18

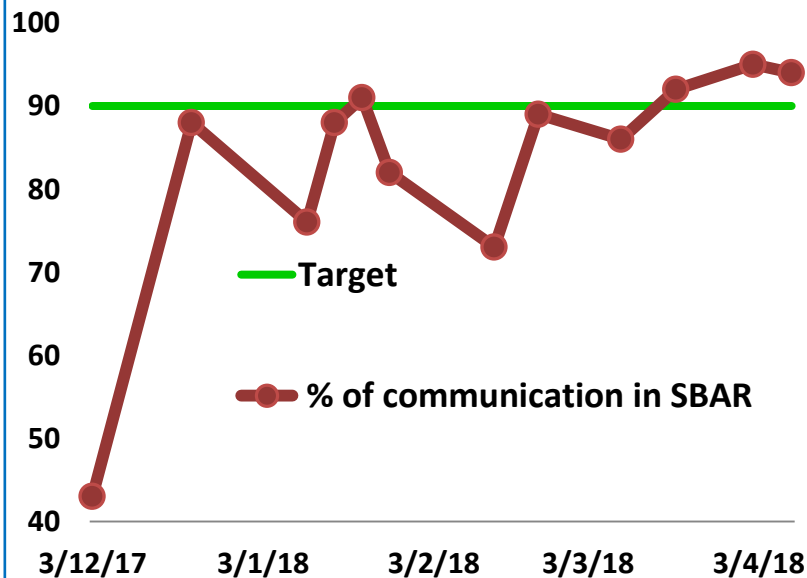
## What did we do?

Developed ward based SBAR champions  
PDSA cycles  
Change ideas:  
SBAR Focus poster,  
SBAR pocket cards & Incident box.  
SBAR Training video



## What have we achieved?

Significant improvement in communication



# Wave 1 Year 1: Antenatal Risk Assessments

**Why did we choose this project?** Missed opportunities for early implementation of appropriate pathways.

**What was our aim?** 100% women risk assessed for diabetes, hypertension, small for gestational age & venous thromboembolism at the booking appointment & evidenced in handheld notes by 30th September 2018.

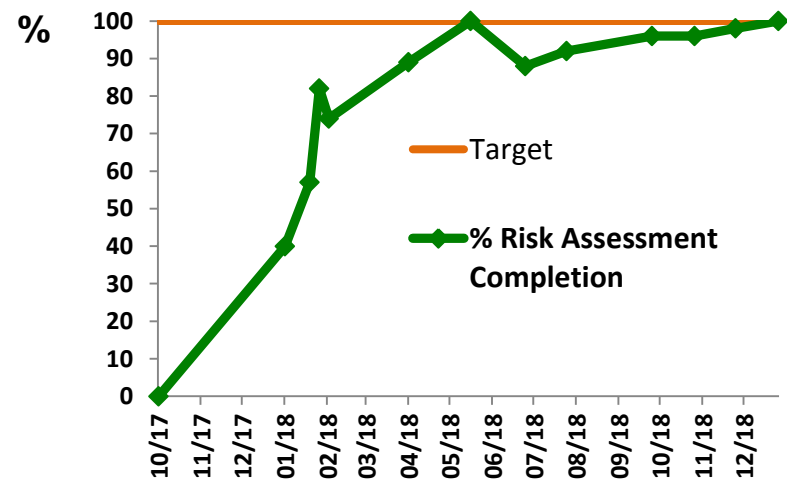
## What did we do?

Process mapping & PDSA Cycles  
Staff engagement, designed new risk assessment tool, small test of change, staff feedback, revised tool

The image shows a detailed screenshot of a risk assessment form. It includes a table with columns for 'Risk Factors for Diabetes', 'Hypertension', 'Small for Gestational Age', and 'Venous Thromboembolism'. The table cells are color-coded (red, yellow, green) to indicate risk levels. To the right of the table are sections for 'Antenatal', 'Postnatal', and 'Antenatal (TINZARA)' with associated checkboxes and notes. The form also includes fields for 'Patient I.D. Sider here' and 'Patient I.D. Sider here'.

## What did we achieve?

Significant improvement in risk assessment at booking



# Wave Year 1: Term admissions to Neonatal Unit

## Why did we choose this project?

We identified that we had a high rate of term admissions to the neonatal unit and that two of the commonest reasons for admission, hypoglycaemia and hypothermia, were potentially avoidable.

## What was our aim?

To reduce by 20%, the rate of term admission to the neonatal unit due neonatal hypoglycaemia or hypothermia by 30 September 2018.

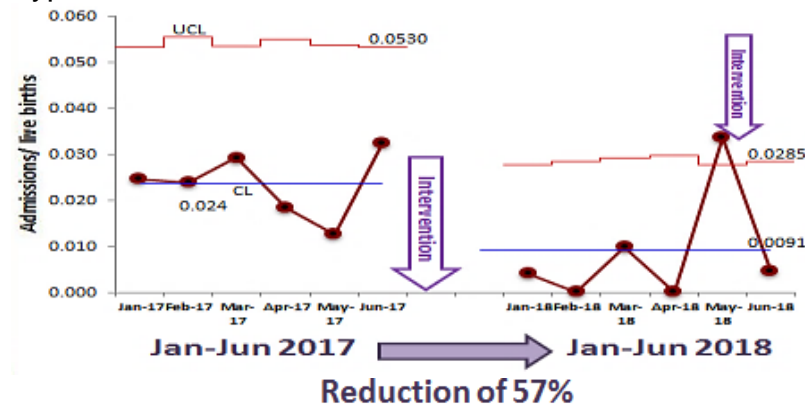
## What did we do?

Process mapping, staff engagement, PDSA Cycles



## What did we achieve?

Significant reduction in our term hypoglycaemia or hypothermia admissions to the NNU



# Wave 1 Year 1: Reduced Fetal Movements

## Why did we choose this project?

It was identified that some women were delaying reporting reduced fetal movements and therefore delaying the assessment and management of their care

## What was our aim?

95% of women know how and when to report reduced fetal movements by 31/03/2019

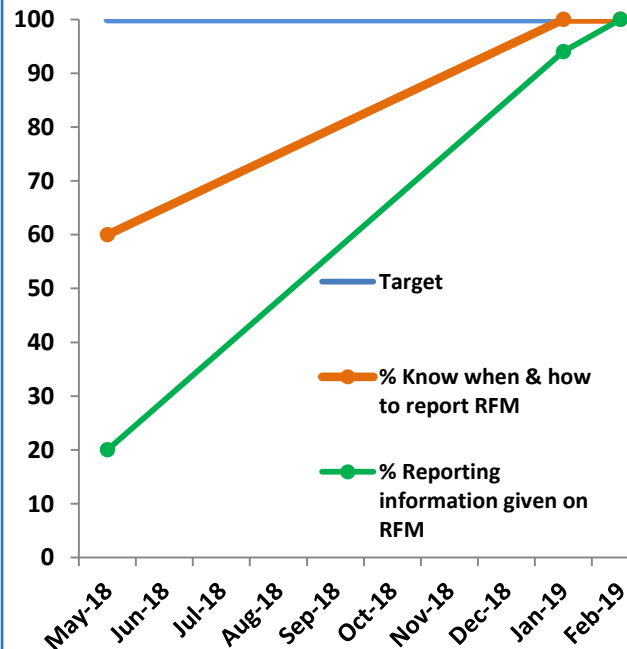
## What did we do?

User group surveys  
Process mapping  
Staff engagement.  
Change ideas – Posters / credit card / road show information.



## What did we achieve?

Significantly improved awareness



## Wave 1 Year 2:

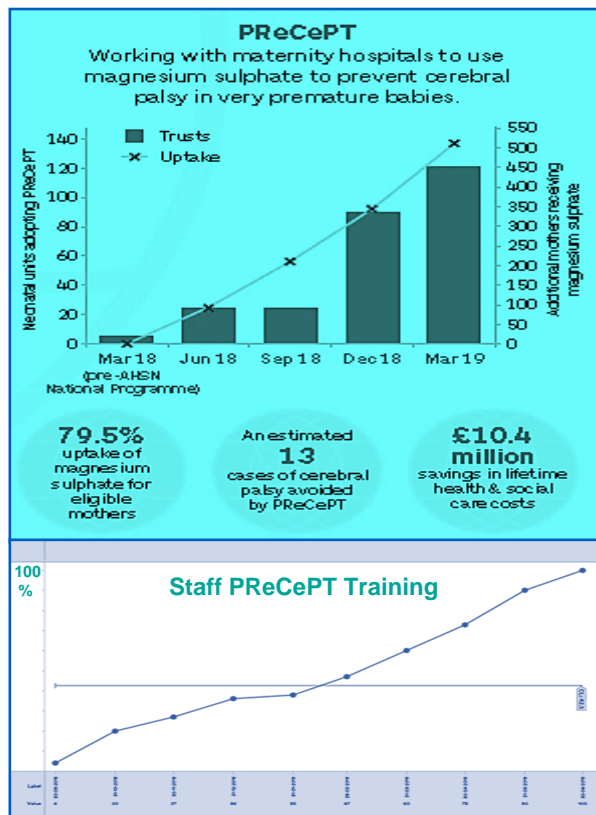
# PReCePT

### Why did we choose this project?

We joined the national programme to reduce cerebral palsy rate in preterm deliveries.

### What is the national aim?

To increase the numbers of eligible women offered magnesium sulphate to prevent cerebral palsy in preterm labour from 43% to 85% nationally with a stretch target of 95% to all units in England between 2018 and 2020.



### What did we do?

Joined PReCePT training methodology trial  
PReCePT put into mandatory training days  
'Tea trolley' training at handover  
Included in SIM training  
Promotional PReCePT board on labour ward  
Adoption of regional guideline into Trust  
Modified transfer papers to promote MgSO<sub>4</sub>  
Shared updates in MatNeo Newsletter

### What have we achieved so far?

Improved staff awareness to consider MgSO<sub>4</sub> in preterm birth  
Achieved staff training targets



# Wave 1 Year 2: Smoke Free Pregnancy

## Why did we choose this project?

Our smoking rate at the time of delivery for 2017/18 was 17% which is above the national and regional average. Smoking cessation strategies are established for clinics however there were missed opportunities help smokers admitted during the antenatal period.

## What is our aim?

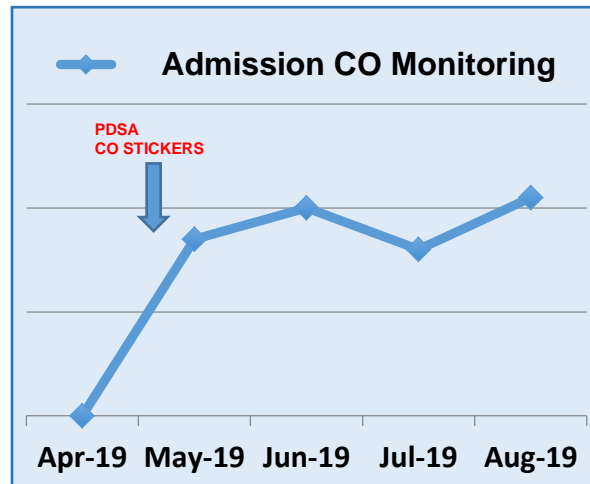
To improve the rate of offering specialist stop smoking support and nicotine replacement therapy to antenatal women admitted to the maternity unit and identified as smokers from 0% to >50% by 31 October 2019.

## What did we do

- New team with ward based champions
- Baseline measures & process mapping for identifying & recording smokers
- Early link with IT

## Change ideas

- Stop smoking boards on wards
- Training staff – CO monitoring, smoking cessation advice, referral process
- PDSA :CO Monitoring admission stickers
- Midwifery prescribing of NRT



## What have we achieved so far?

- Change in practice - CO monitoring on admission is happening
- Improved referral to smoking cessation
- Beginning to achieve NRT prescribing

## Issues to be resolved

- Easy access to reports to calculate outcome measures
- NRT prescribing agreement for midwifery staff

# SCORE Survey

- Score survey debrief sessions were held with staff groups
- Actions being merged with actions from Trust staff survey
- Progress plans to be discussed at department meetings
- Minimal actions implemented to date



# Key challenges of the MatNeo Collaborative so far

- Finding the time for the project work, project team meetings and completing reports
- Achieving staff engagement in the early days
- Resistance to a different way of working
- Ensuring sustainability
- The SCORE culture survey debriefs and improvement plans

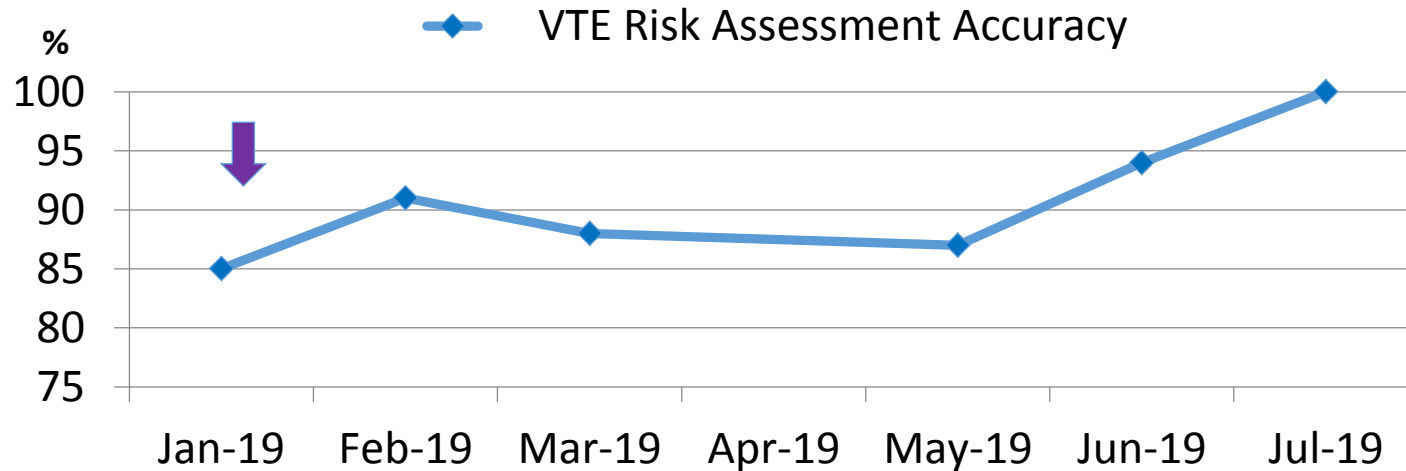
# Key successes of the MatNeo Collaborative so far

- Completed 4 MatNeo projects with positive clinical impact
  - ✓ Improved structured communication
  - ✓ Reduced term admissions to NNU due hypoglycaemia/hypothermia
  - ✓ Standardised risk assessment at booking
  - ✓ Improved awareness of actions on reduced fetal movements
- Two more projects on-going
- More staff engaged in QI work
- Shared our learning locally, regionally and nationally
- Contributed to the MatNeo NENC Learning System



# Next steps

- Sustain the improvement
  - SBAR pocket cards / SBAR promotion in circulars & guidelines
  - Continue to monitor term admissions to SCBU & MgSO4 rates
  - Follow on work on quality of risk assessment



# Next steps

- Complete the change ideas and measures for the smoke free pregnancy project
- Continue to share work with quarterly Trust MatNeo Newsletter and national highlight reports
- Make progress on staff safety culture survey work
  
- New Project in diagnostic / planning stage
  - Planning meeting scheduled for 9<sup>th</sup> October 2019
  - Improve the early recognition and management of deterioration of either mother or baby during or soon after birth
  - Project will be joint maternity/neonatal teams around reducing our term admissions to SCBU for respiratory indications
  
- Continue to embed QI methodology in departmental work
- Continue to support the sharing of learning at the NENC MatNeo Learning System