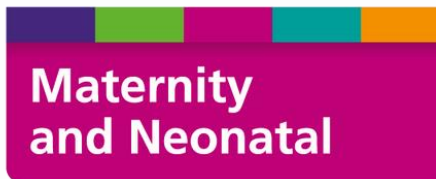


BSOTS Event

National Patient Safety
Improvement Programmes



Health Innovation
North East and North Cumbria



Health Innovation
Yorkshire & Humber



Humber and North Yorkshire
Health and Care Partnership



North East and North Cumbria
Local Maternity and Neonatal System



House Keeping

- Please ensure your microphone and video are turned off during the session unless asked otherwise. This is to help with the streaming of the session.
- If you need to take a break, please feel free to drop off the call at any time and re-join.
- Live captions are available if required.
- This event will be recorded and photographs may be taken.
- Please ask any questions you have through the chat facility. We will try to address questions during the event, but if we don't manage to do this we will follow up after the event.
- If you can't see the chat please email your question/s to yoyo.kwan@healthinnovationnenc.org.uk
- Speaker presentations and recording will be circulated following the event.



Welcome



House Keeping

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Timings (approximate)	Agenda Item	Speaker	
09:30	Welcome	Julia Wood MatNeoSIP Lead, NENC	
09:35	Setting the scene	Jenna Wall Director of Nursing and Midwifery North East and North Cumbria Integrated Care Board	Talitha Grandison Quality Improvement Manager (Maternity) Y&H Clinical Network Safety Champion Y&H Maternity Clinical Network NHS England – NHS North East and Yorkshire Region
09.55	Northumbria Healthcare NHS FT	Leila Swarbrick Ward Manager Pregnancy Assessment Unit	Annabel Blythe PAU core team midwife Pregnancy Assessment Unit
10.20	Sheffield Teaching Hospitals NHS FT	Jessica Wakeling Interim Labour Ward Matron	
10.45	South Tees Hospitals NHS FT	Dr Karen Lincoln Consultant Obstetrics Post Graduate Quality and Program Training Development Lead	Sally Young Maternity Triage Manager
11.10	Break		
11.20	Q&A		
11.30	How can we measure success?	Talitha Grandison Quality Improvement Manager (Maternity) Y&H Clinical Network Safety Champion Y&H Maternity Clinical Network NHS England – NHS North East and Yorkshire Region	
11.50	Next Steps	Dr Elizabeth Sweeting GP	
11.55	Resources	Julia Wood MatNeoSIP Lead, NENC	

Setting the scene

Jenna Wall

Director of Nursing and Midwifery
North East and North Cumbria
Integrated Care Board

Talitha Grandison

Quality Improvement Manager (Maternity)
Y&H Clinical Network Safety Champion
Y&H Maternity Clinical Network
NHS England –
NHS North East and Yorkshire Region



BSOTS – the future of maternity triage

Jenna Wall, Director of Nursing & Midwifery NENC ICB

Why now.....?

- Ockenden report and recent peer reviews
 - CQC reports nationally
 - MNSI theme
 - CQC maternity survey results
 - PSIRP
 - RCOG position paper
 - Links to escalation
 - Complaints
-
- Never an 'easy time'



Structured Triage Survey Results July 2023

Author:

Talitha Grandison, Quality Improvement Manager, Y&H Maternity Clinical Network

With contributions from:

Paula Elliott, Quality Improvement Manager, NENC Maternity Clinical Network

Hilary Farrow, Network Manager, Y&H Maternity Clinical Network

Background

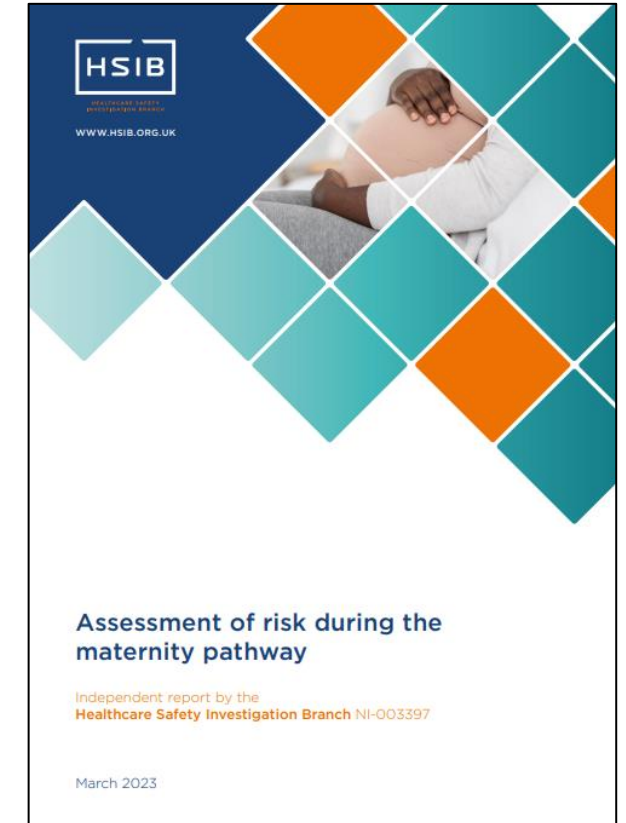
HSIB report 'Assessment of risk during the Maternity Pathway' was published in March 2023 which identified Triage as an identified learning theme and stated:

- Face-to-face triage in maternity units should use a structured approach to prioritise pregnant women/people to be seen in order of clinical need.

and included prompts for Trusts to consider:

- Is a structured approach used so that pregnant women/people are seen in order of clinical need within your maternity face-to-face triage service?

[Report: Assessment of risk during the maternity pathway \(hsib.org.uk\)](https://www.hsib.org.uk)



Background

Recent Care Quality Commission maternity inspections have focussed on 'Safe' and 'Well-Led' elements of care and commented on Maternity Triage areas:

'Systems, process and risk in the ANDU/Triage were not well managed which led to long delays in women and birthing people being seen'

'The service did not have a robust, formal triage process for women and birthing people who attended the maternity assessment unit'

'The service had introduced BSOTS to better access and treat women quickly.....Early data showed that over 95% of women were triaged in an average time of 20 mins'
'Staff spoke proudly of it's implementation'

'There was no process in place for appropriate triage'

'there was no formal process to ensure women and birthing people were seen, risk assessed and treated in a timely way'

Introduction

- Discussions held at NE&Y Perinatal Quality and Safety Oversight Group, identified the need to understand the current position for the presence of a structured triage system in Trusts and support sharing good practice.
- In the absence of a national standardised triage system, Birmingham Symptom Specific Obstetric Triage System (BSOTS) was developed and is now a nationally recognised tool using a colour coded system for identifying urgency of clinical risk assessment.
- 13 Trusts in Y&H were surveyed during June/July 2023 to assess the current position for implementation of a structured triage system to improve the safety of women, birthing people and babies by means of a prompt, standardised triage assessment where there are clinical concerns.
- The position for the 8 Trusts in NENC was collated during April 2023 by the NENC Clinical Network so the survey was not undertaken in this LMNS. An updated position was provided for this report.

Y&H Survey Results: Implementation of a structured triage

Trust	Have you implemented structured triage your Trust?	If yes, has this been fully implemented?	If no, when do you expect to be fully implemented?
Airedale	No	-	
Barnsley	No	-	Registering with BSOTS Sept/Oct 2023. Implementation after estates and staffing issues resolved
Bradford	Yes	Yes	
Calderdale	Yes	Yes	
Doncaster & Bassetlaw	Yes (DRI) No (BDGH)	No	December 2023. Unable to implement at BDGH due to unit size
Harrogate	Yes	Yes	
Hull	No	N/A	Nov '23 – Feb '24
Leeds	Yes	Yes	
Mid Yorks	Yes	Yes	
NLAG	Yes	No	September 2023
Rotherham	No	N/A	September 2023
Sheffield	Yes	Yes	
York & Scarborough	Yes	No	

Type of structured triage implemented

Trust	Type of structured triage system	Descriptions and reason for choice	Date of implementation
Bradford Teaching Hospital	BSOTS	Birmingham Symptom Specific Obstetric Triage System (BSOTS) - following a review this was felt to be the best tool to meet the needs for our service and improve risk assessment and safety.	June 2021
Calderdale and Huddersfield	BSOTS	BSOTS - Structured support provided from the university of Birmingham. BSOTs provided standardised documentation. Similar to the what we were using prior such as a traffic light system risk assessment.	March 2022
Doncaster and Bassetlaw Teaching Hospital	BSOTS – 1 site	BSOTS on the DRI site Unable to fulfil at BDGH due to size of the unit	2019 – relaunched in the last year
Harrogate	Modified BSOTS	At Harrogate District Foundation Trust we have implemented our own modified structured tool which is similar to BSOTS. However, due to us being a smaller unit we were unable to staff triage as required by BSOTS. We launched our modified tool Mid May and have a month of data collection which shows it is running well.	15 th May 2023
Leeds Teaching Hospitals	BSOTS	BSOTs chosen as analysis of themes from the regulatory identified concerns with the lack of a framework to safeguard women who were admitted into triage maternity services.	2020
Mid Yorkshire Teaching Hospitals	BSOTS	BSOTS Rationale - clear framework.	2021
Northern Lincolnshire and Goole	BSOTS	BSOTS	April 2023
Sheffield Teaching Hospital	BSOTS	BSOTS	September 2022
York & Scarborough Teaching Hospitals	BSOTS / Modified BSOTS	York – BSOTS Scarborough – modified version of BSOTS.	York - May Scarborough – BSOTS planned for November 2023

Plans for implementation

Trust	Planned structured triage tool	Expected timeline for implementation
Airedale	We have developed a bespoke triage tool that we are calling the Maternity Assessment Triage System (MATS). Our MAC sees women with booked and acute admissions, so this tool incorporates both types of admission	Guideline approved at governance this month. Digital training to start development this month. Training to be rolled out within the next 6 weeks. MATS to be implemented when staff are trained. This is in our CQC action plan. Target date was May 2024 for the guideline to be implemented, evaluated and embedded.
Barnsley	A modified BSOTS <i>(N.B – currently have a Triage Guideline which is audited)</i>	Action plan includes; increasing staffing in triage, increasing staffing in day unit so the right women are seen in the right place, registering with BSOTS, on-going audit, improve estates to suit new model, inform GP's, educate staff and educate service users. Estates is an element of this work so difficult to put a timeframe. Plan to be registered with BSOTS during Sept/Oct 2023.
Hull	BSOTS	We have an action plan following a recent CQC inspection. We are currently in the process of doing building works for a dedicated triage area - should be completed end of August 2023. Our plan was to introduce BSOTS with the implementation of the new Badgernet system - we are currently in talks about when this is going to be - either Nov 23 or Feb 24
Rotherham	A modified BSOTS which we are working on at the moment	Shared the model with the Triage team Proforma developed SOP currently been updated Plan to implement by September 23

Audit processes

Trust	Do you have an audit process in place?	Focus and frequency of audit
Bradford	Yes	<ol style="list-style-type: none"> 1. Increase the number of women attending MAC for unplanned care, having a BSOTS triage assessment and increase the number of women triaged within 15 minutes of arrival and 2. Reduce the number of delayed transfers out of MACU by 20%, by December 2022, therefore, does having a supernumerary co-ordinator on MAC improve patient flow Monthly audit as part of QI project
Calderdale	Yes	Admission time to triage. what types of admission e.g DFM or PVB. RAG Rating - Number of red, orange , yellow, green. How many patient attend the unit, telephone calls volume/suitability. Monthly audit
Doncaster & Bassetlaw	Yes	
Harrogate	Yes	Datix completed for every breach in either obstetric or midwifery care Staff encouraged to Datix periods of high activity to enable us to establish how often this is occurring and what provisions we can put in place to ensure safe staffing in triage. Weekly reviews of Datix for breaches, monthly review of processes, feedback to staff and review of implementation after 3 months
Leeds	Yes	Admission time / length of review by obstetric/ time spent prior to initial assessment/ overall length of stay/ number of admits/ training needs of staff. Frequency dependent on the results and if improvements required
Mid Yorks	Yes	Time to triage Time to assessment Time for transfer to ward bed for women admitted Continuous with monthly report
NLAG	No	Planned audit of telephone triage and experience
Sheffield	Yes	Admission to triage timeframe Monthly audit
York & Scarborough	Yes	Admission time to triage and length of time prior to obstetric review. This is in development and plans to present similar to ED Monthly audit

Additional comments

Trust	Additional comments
Airedale	MAC opening hours to be extended from 5 days per week to 7 days as from 4/9 roster period. Discussions with existing staff re how their working pattern will change.
Barnsley	We have a current triage guideline with a red, amber, green priority rating. We have audited and found this reassuring around seeing women in a timely manner.
Bradford	Achieving the BSOTS timescales when acuity is high is a challenge. The MACU environment is not always conducive
Calderdale	Use of K2 not fully integrating BSOTs as of yet therefore limiting in auditing time for obstetric review at present
Doncaster & Bassetlaw	Staffing numbers are effecting full implementation We are looking to increase the audits undertaken. We have recently recruited a new triage manager and are considering how best to run a service at BDGH. We have centralised triage calls based at DRI, and send the women to the most appropriate site depending on risk. We have just secured funding to have a call handling system for triage to support us to know how many calls are waiting and for how long.
Harrogate	Our triage is currently staffed with 1 midwife and 1 maternity support worker, the data so far shows that this is adequate for our activity, we were unable to fully implement BSOTS due to our staffing levels, the fact that we also see planned day unit admissions in our triage and differences in escalation to the consultants overnight. Our next project is to try to remove day unit admissions from triage and create a dedicated antenatal day unit in antenatal clinic.
Hull	No further comment
Leeds	Staffing is an issue to implement properly - both medic and midwifery. Whilst a framework is good you can't bespoke a tool developed for another unit to bespoke to your own unit which is problematic
Mid Yorks	We benchmarked against the BSOTS best practice standards - meet all criteria
NLAG	Working towards full implementation of maternity triage (drip feed approach). Supported by BSOTS National Lead
Rotherham	We have discussed with other units who have implemented the model to support implementation
Sheffield	None
York & Scarborough	Telephone Triage is coordinated from York, no specific JD in use, would be interested if there is a national profile.

Y&H Survey Summary

Implementation:

- 9 of 13 Trusts have implemented a structured triage tool, of these:
 - 8 Trusts have implemented the Birmingham Symptom Specific Obstetric Triage System (BSOTS)
 - 1 Trust has implemented a locally modified version of BSOTS
 - 2 Trusts with multiple sites have a different processes:
 - D&B – Doncaster BSOTS and Bassetlaw no structured triage
 - Y&S – York BSOTS and Scarborough modified BSOTS
 - 2 Trusts are gathering data to inform implementation decision
- 4 remaining Trusts plan to implement a structured triage tool, of these:
 - 1 plans to implement BSOTS
 - 2 plan to implement a modified version of BSOTS
 - 1 plans to implement a bespoke locally developed tool
- 8 out of the 9 Trusts undertake an audit

Challenges to implementation:

- Achieving BSOTS timescales at times of high acuity
- Staffing numbers effecting full implementation

North East and North Cumbria position – July 2023

Trust	BSOTS	Audit
Gateshead	Implementation in progress	
Northumbria	Implemented April 2022	2 x compliance audits completed. To be repeated every 6 months
South Tees	Implemented November 2022	Number of women attending, waiting times. Re-audit planned
Cumbria	Implementation in progress	
North Tees & Hartlepool	Gathering local data Project not progressed. Intend to implement BSOTS but no timeframe for implementation , not aiming for 2023.	
County Durham & Darlington	Currently using OTAS. Moving to BSOTS in the future.	Audited weekly as part of improvement framework
Sunderland & South Tyneside	Gathering information. Planning to implement with BadgerNet in March 2024	
Newcastle	Implementation planned Sept 2023	Current paper process subject to audit

- 3 out of 8 Trusts have implemented BSOTS or the Canadian Obstetrical Triage Acuity Scale (OTAS) [OBSTETRICAL TRIAGE ACUITY SCALE \(OTAS\) Guideline HCS-207-01 \(ahsnet.ca\)](#) (NB: CDD plan to move to BSOTS in the future)
- 2 Trusts are in progress with implementation.
- 2 Trusts are planning implementation in Sept 2023 and March 2024
- 1 Trust is gathering data to inform decision on implementation – no timeframe for implementation)

NE&Y Regional Summary

Implementation:

- 12 of 21 Trusts (57%) have implemented a structured triage tool, of these:
 - 10 Trusts have implemented the Birmingham Symptom Specific Obstetric Triage System (BSOTS)
 - 1 Trust has implemented a locally modified version of BSOTS (*Harrogate*)
 - 1 Trust has implemented the Canadian Obstetrical Triage Acuity Scale (OTAS) and plans to move to BSOTS (*CDDFT*)
- 2 multiple-site Trusts with variation on sites:
 - D&B – Doncaster BSOTS and Bassetlaw no structured triage
 - Y&S – York BSOTS and Scarborough modified BSOTS
- 9 Trusts plan to implement a structured triage tool, of these:
 - 4 plan to implement BSOTS
 - 2 plan to implement a modified version of BSOTS
 - 1 plans to implement a bespoke locally developed tool (*Airedale – MATS*)
 - 1 Trust is gathering data to inform decision-making (*NTHT*)

NEY Implementation Plans Summary

For those not yet implemented or commenced implementation:

Trust	Planned structured triage tool	Expected timeline for implementation
Airedale	Maternity Assessment Triage System (MATs)	May 2024 for the guideline to be implemented, evaluated and embedded
Barnsley	A modified BSOTS <i>(N.B – currently have a Triage Guideline which is audited)</i>	Registering with BSOTS Sept/Oct 2023. Estates issues need resolving prior to implementation
Hull	BSOTS	Either Nov 23 or Feb 24 – with BadgerNet
Rotherham	Modified BSOTS	September 2023
Newcastle	BSOTS	September 2023
Sunderland and South Tyneside	BSOTS	March 2024 – with BadgerNet
North Tees and Hartlepool	BSOTS	No date planned, not during 2023

Considerations



North East and North Cumbria
Clinical Networks



Yorkshire and the Humber
Clinical Networks

Survey Limitations/considerations:

- This survey considered triage systems as a whole and did not separately identify Telephone Triage as a process. Trusts are advised to consider if their telephone triage process fulfils HSIBs recommendations of:
 - Do telephone triage services facilitate 24-hour support for systematic risk assessment?
 - Are clinicians equipped with the appropriate training, skills and competencies to manage an effective telephone triage service?
- There is a variation in auditing process. For consistency of evidencing care, consider an LMNS or regional template for audit.
- This survey did not include service user experience.

Areas for further discussion

- Is there any evidence of improvement from a service user perspective?
- Where there isn't a structured Triage process implemented, has a risk assessment been undertaken?
- Is there evidence of pre and post implementation response times?
- Is there any improvement in outcomes?
- Is there any reduction in complaints or incidents reported?
- Where Continuity of Carer is in place, is there a reduction in triage attendance?

Next steps

Next Steps to support Trusts and LMNSs with implementation:

- Share the survey findings with NE&Y PQSOG
- Share the survey findings with Regional Maternity Team, LMNS's, DoMs/HoM's and Obstetric Clinical Leads
- Share findings with MNVPs and consider service user experience survey
- Share the findings at next Y&H Clinical Expert Group and NENC Clinical Advisory Group
- Facilitate any shared learning to support implementation where required
- Discuss BSOTS and telephone triage at Labour Ward Co-ordinators Network and Intrapartum Care Group as part of the escalation theme
- Identify and share any existing job descriptions for telephone triage midwife
- WY&H LMNS are establishing a Triage Implementation Group. Share any good practice to support implementation across NEY
- Review the areas for further discussion and identify any actions required.

Northumbria Healthcare NHS FT

Leila Swarbrick
Ward Manager
Pregnancy Assessment Unit

Annabel Blythe
PAU core team midwife



WELCOME TO MATERNITY TRIAGE

EFFECTIVE USE OF BSOTS



Leila Swarbrick
Annabel Blythe



NORTHUMBRIA NHS FOUNDATION TRUST

Background
Key Findings
Impact on Patients
Actions for Improvement

Background

The Birmingham Symptom-Specific Obstetric Triage System (BSOTS) was developed to better assess and treat pregnant women who attend hospital with pregnancy related complications or concerns. The system involves completion of a standard clinical triage within 15 minutes of the woman's attendance which defines clinical urgency using a 4-category scale. This guides timing of subsequent assessment and immediate care (if required) using algorithms.

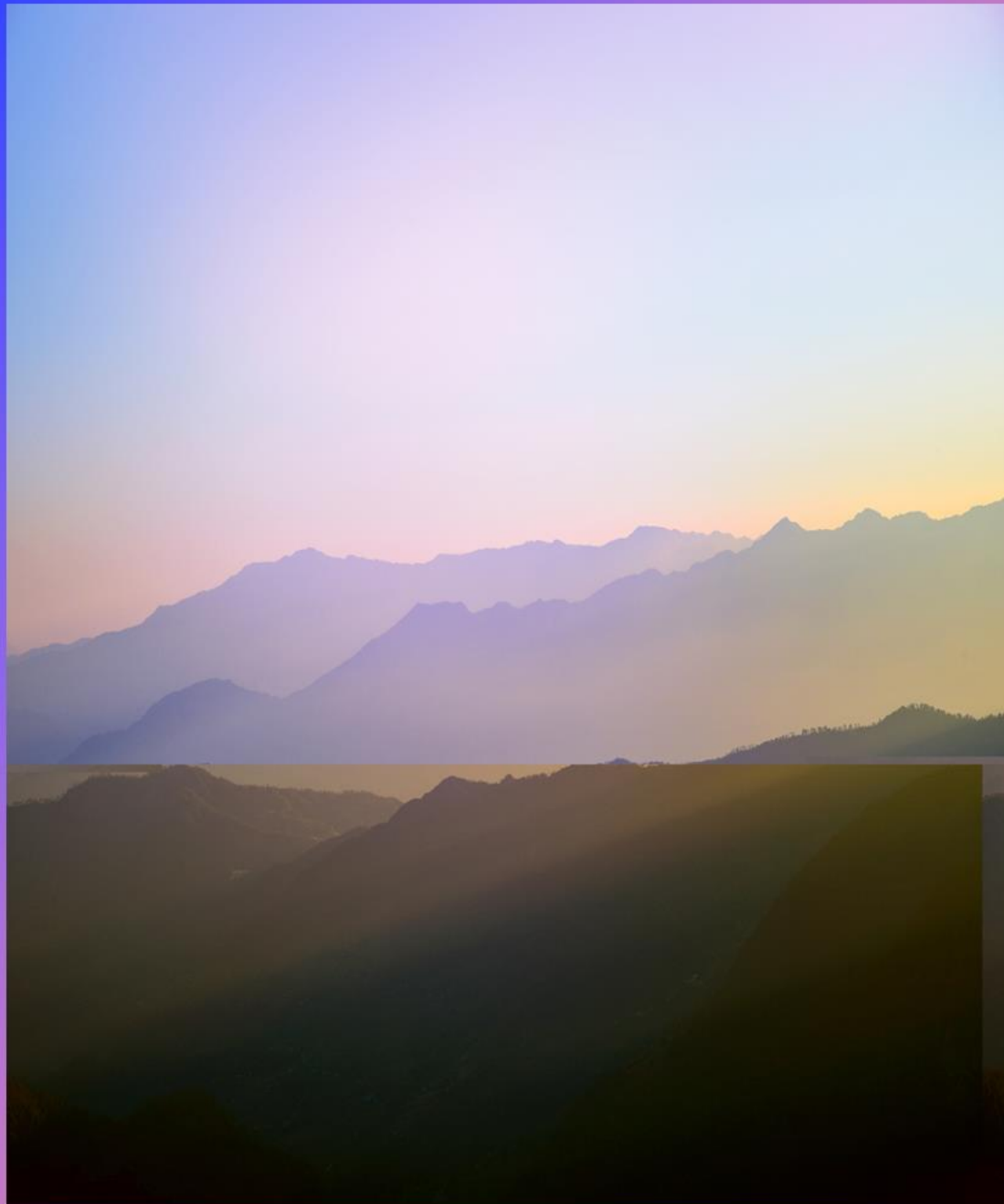
BSOTS guidance states that the woman should be triaged within 15 minutes of attendance and risk rated based on urgency. They should then be seen within the required timeframe based on risk.

BSOTS was introduced into Northumbria's Pregnancy Assessment Unit (PAU) in April 2022 to support the move from traditional triage where women were often seen in the order in which they arrived, rather than following an initial standardised triage assessment and clinical prioritisation, thus supporting the delivery of safe and effective care.



KEY FINDINGS THAT ARE ESSENTIAL TO BSOTS

- **Estate**
 - New unit with waiting area visible on department
 - Elective work
- **Staffing**
 - 3 Midwives for BSOTS
 - Impact if staffing 'pulled' to cover high acuity
- **MDT Approach**
 - Involvement of Obstetricians and separate cover to labour ward on-call team
- **Elective Workstream**
 - Elective work undertaken on PAU – Impact on emergency stream
- **Staff Breaks**
 - Shift overlap
- **PAU Core Team**
 - Core Midwife 24/7
 - Increasing core team capacity and skills
- **BSOTS Training**
 - Rotational staff need BSOTS training in advance of rotation to PAU
- **Measuring Success**
 - Service user feedback, patient experience
 - Audit



Positives

1. Recognised triage system
2. Women are seen promptly, and risks identified and categorised
3. Well trained core team with knowledge and understanding of the pathways of care
4. Improved outcomes – evidenced in audit and service user feedback

Areas for Improvement

1. Disjointed care when attending for triage and then continued assessment care
2. Women attending through the elective stream can feel neglected as they aren't 'priority'
3. Differing staff knowledge of the BSOTS triage system
4. Fill rate on staffing for elective shifts, 7 days / week

Impact on Patients



Actions for Improvement

- Rolling audit of the BSOTS process and compliance
 - *biannually in-depth audit
 - *monthly report to review 15-minute triage targets.
- MDT approach – review of obstetric cover on PAU and compliance with BSOTS
- Amend PAU escalation SOP to reflect change to staffing establishment and escalation process if breach in triage times
- A system is required to clearly document when SOP escalation has occurred, to evidence actions taken and outcomes
- Implementation of a new BSOTS e-learning module within ESR BSOTS, to support training for all staff prior to working on PAU
- Measuring success – patient experience feedback.

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THANK YOU

Leila Swarbrick

PAU Ward Manager

Leila.Swarbrick@nhct.nhs.uk

Katy Lissaman

Head of Midwifery

Kathryn.Lissaman@nhct.nhs.uk

Sheffield Teaching Hospitals NHS FT

Jessica Wakeling
Interim Labour Ward Matron





Introducing BSOTs at Jessop Wing

Leanne Rutkowski - Quality and Safety Matron

Jessica Wakeling – Labour Ward Matron

Paige Hoyland – MAC Lead Midwife



PROUD TO MAKE
A DIFFERENCE



Multidisciplinary

approach

Midwives
Obstetricians
Operations Team

**What did we
need to do?**



Space

Need specific assessment
room
Improved office area
Increased capacity

Records

New documentation
Information for
women/birthing
people/ families

Assurance

Live and
retrospective data
Statistics
Audit

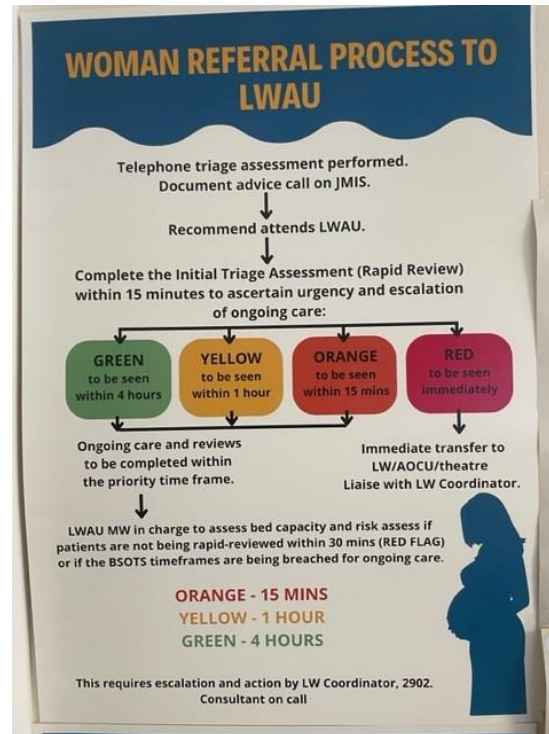
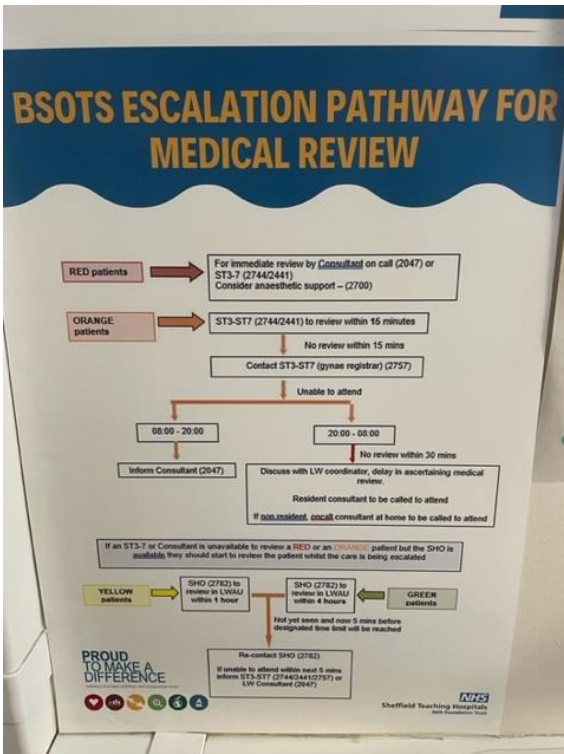
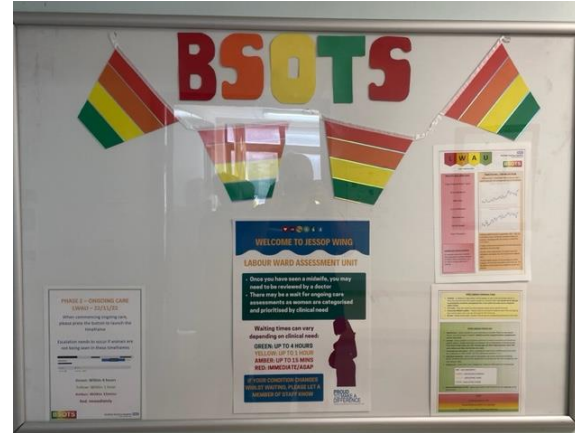
Staffing

Right staff in right place
at right time
Midwifery and Obstetrics

Launch 5th September 2022



Training for staff
Consultant
training
Huddles



Live Data

Assurance

Labour Ward Assessment Unit - Current Admissions

Patient	Arrived	Left	Rapid Review	Pathway	Ongoing Care Commenced
[REDACTED]	Mon 5th, 11:53		Amber 8 mins	TBP	✓ 24 mins
[REDACTED]	Mon 5th, 12:05		Yellow 12 mins	RFM	✓ 45 mins
[REDACTED]	Mon 5th, 12:55		Yellow 6 mins	PAIN	✓ 7 mins
[REDACTED]	Mon 5th, 13:06		Green 4 mins	PAIN	✓ 5 mins
[REDACTED]	Mon 5th, 13:42		Amber 2 mins	PAIN	Waiting: 63 mins
[REDACTED]	Mon 5th, 13:58		Green 13 mins	PN	✓ 21 mins
[REDACTED]	Mon 5th, 14:03		Yellow 1 mins	PAIN	✓ 1 mins
[REDACTED]	Mon 5th, 14:33		Yellow 14 mins	PAIN	✓ 1 mins

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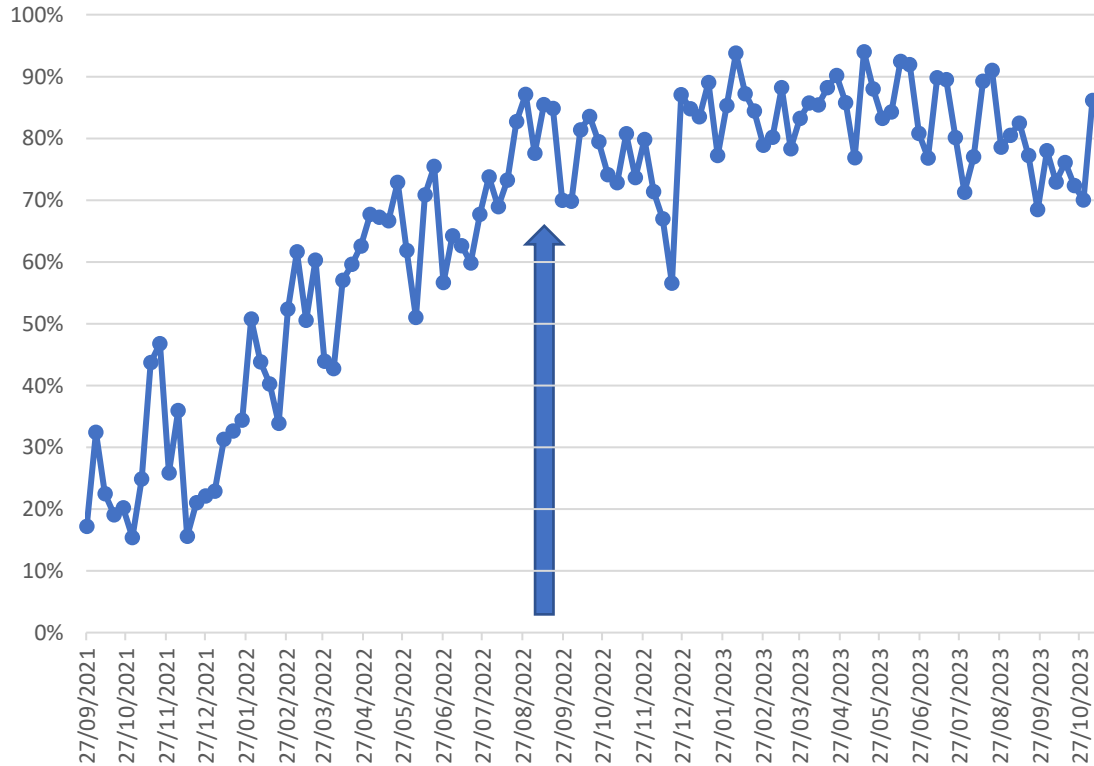
Assurance

Ongoing Monthly report to Directorate Q+S meeting

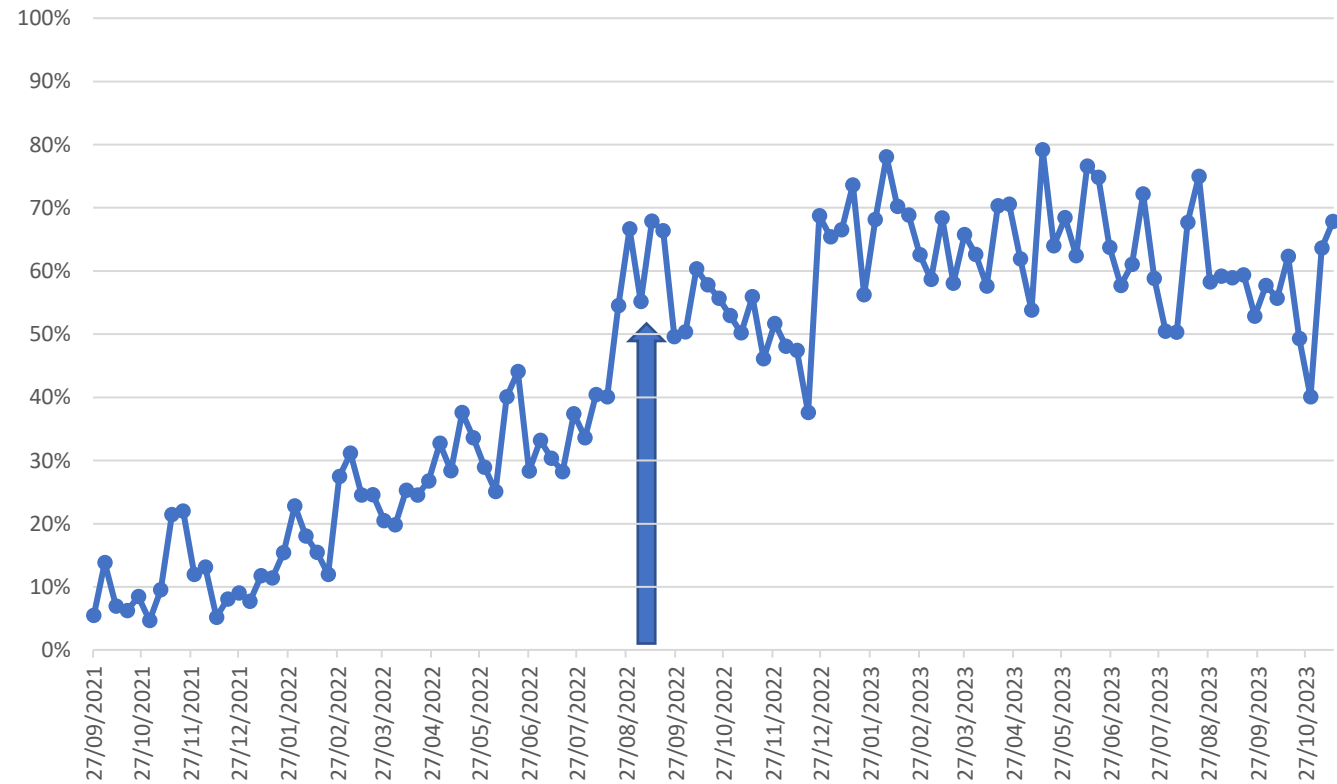
LW Assessment

	Apr 21	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23
Calls to Triage Service	2601	3011	2906	2861	3252	3077	2778	2749	2863	2909	2548	2459	2938	2730	2911	2799	3181	3202	3132	3116
LWAU Admissions	1093	1110	1051	1038	1180	1060	1100	1066	1124	1175	964	961	1168	1088	1214	1168	1243	1351	1321	1293
LWAU Rapid Reviews %	48.31	89.82	95.81	93.06	94.49	96.04	95.36	96.81	96.98	97.02	96.99	96.57	97.69	97.61	97.94	97.09	97.43	98.52	97.96	96.67
LWAU Rapid Review Time (mins)	38	38	32	30	33	23	20	29	22	29	16	14	18	15	15	15	22	20	21	19

Rapid review complete in <=30 minutes %



Rapid review complete in <=15 minutes %



Continual journey of improvement

- Continual learning and changes based on incidents/staff/women feedback
- All reduced fetal movements to attend LWAU immediately
- Reduced incidents of harm / reduced complaints

LWAU
Issue 3 April/May 2023

Learning from Incidents & Changes to LWAU

Please can we check JMG alerts and ensure all vulnerabilities records are checked on each admission. Please add to the initial care plan to update vulnerabilities team following admission and document in the BSOTS paperwork when this has been completed.

Following changes to the SRQM guideline please ensure we are asking if the woman would prefer immediate management of IOL or expectant management. Liaise with the coordinator if the woman would prefer immediate IOL and update the IOL events with the preference chosen. Please add all SRQM's to the labour ward induction list for the current day.

Please ensure all MEOWS scores are recorded as part of the rapid review. The MEOWS score alone can change the assessment category. In addition please add to the care plan the action required regarding MEOWS.

It is everyone's responsibility to ensure MEOWS is completed on arrival and acted upon.

For example:
MEOWS = 2, recheck MEOWS in 1 hour

Rapid Reviews - how we are doing

March saw an average wait time for rapid reviews at 18mins and in April it was an amazing average wait time of 15mins.

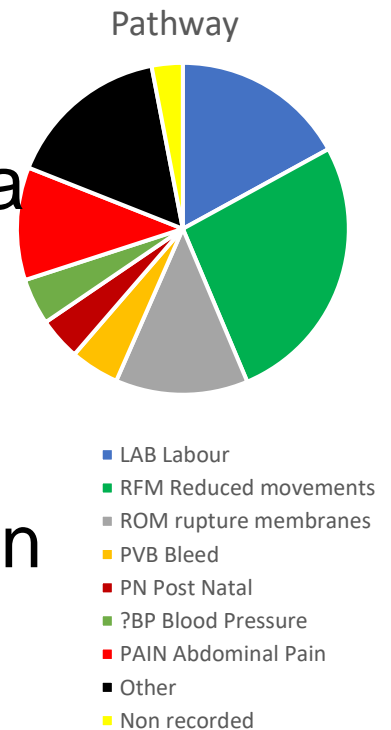
Labour Ward Assessment Unit - April 2023
Number of women seen in LWAU - 2023

RR Assessments - 2023

RR midwife should not be providing any of the ongoing care and clear boundaries need to be set. The RR midwife should always be available to assess new women and reassess changes whilst waiting.

Ongoing care tab is now live, once care has been handed over to the ongoing care midwife please complete this tab. In emergency cases it is not always possible to complete in real time but when appropriate please complete and insert the time ongoing care was commenced in the time tab.



- B6 core team leading on learning in the area and changes for improvement
- Escalation of staff numbers into the area during high acuity times
- Staff morale increased – staff want to work in this area



Continual journey of improver

- 1 MW x 24hrs on the advice line
- Dedicated telephone system – embedded since 2018
- However limited structure/guidance and learn on the job!
- Telephone assessment SOP – standardised information, documentation and advice
- Includes escalation/DNA and monitoring
- Audit of policy – fantastic results



<p>In 98% of the cases Reviewed the SOP guidance was followed.</p> 	<p>43 people were advised to attend Triage. for 42 (97.7%) this advice was appropriate.</p> 
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Telephone Triage Standardised Advice

1. Scope and exceptions

This procedure applies to:

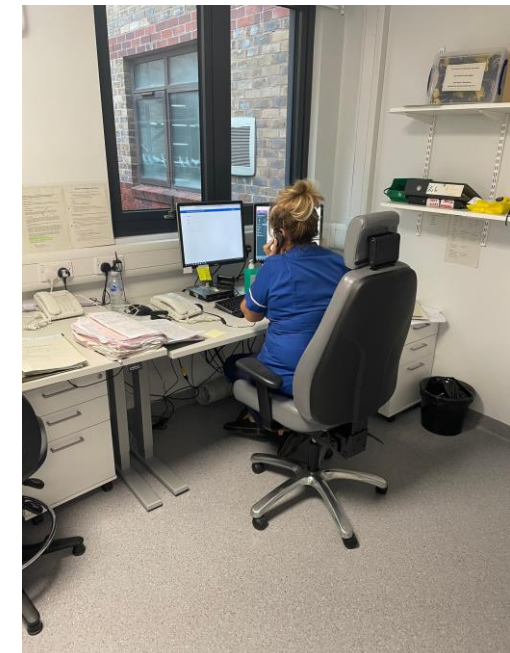
Setting	Maternity, Obstetrics
Individuals	Maternity, Obstetric and Operational Staff
Activities	Standardised advice to be given to all maternity women via telephone.

"The guideline uses the terms "woman" or "mother" throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth"

Scope

This Standard Operating Procedure (SOP) provides advice for staff when working in telephone triage. It provides a standardised care pathway to ensure safety of women ensuring they are assessed in accordance with local guidance.

This guidance has been produced in response to the need to standardise telephone triage. It is based on the National recommended work completed via BSOTS.





What's Next Maternity Assessment Centre (MAC)

- Extension, remodel and renamed
- September 2021 - 4 rooms and cupboard
- March 2024 – Separate entrance away from LW corridor, Rapid Assessment room, 6 ongoing privacy rooms (including an isolation room), 5 assessment bays, drug room, 2 waiting areas, dedicated scan room.
- Another restructure of midwifery staffing
- Sept 2021 – 1 MW + 1 TT
- March 2024 – 1 TT + 1 Rapid assessment, 2 ongoing care (minimum!)
- Core staff with non-medical prescriber qualification
- But ... Always learning, sharing and improving as a team



Thankyou

Any Questions



**PROUD TO MAKE
A DIFFERENCE**



South Tees Hospitals

NHS FT

Dr Karen Lincoln

Consultant Obstetrics

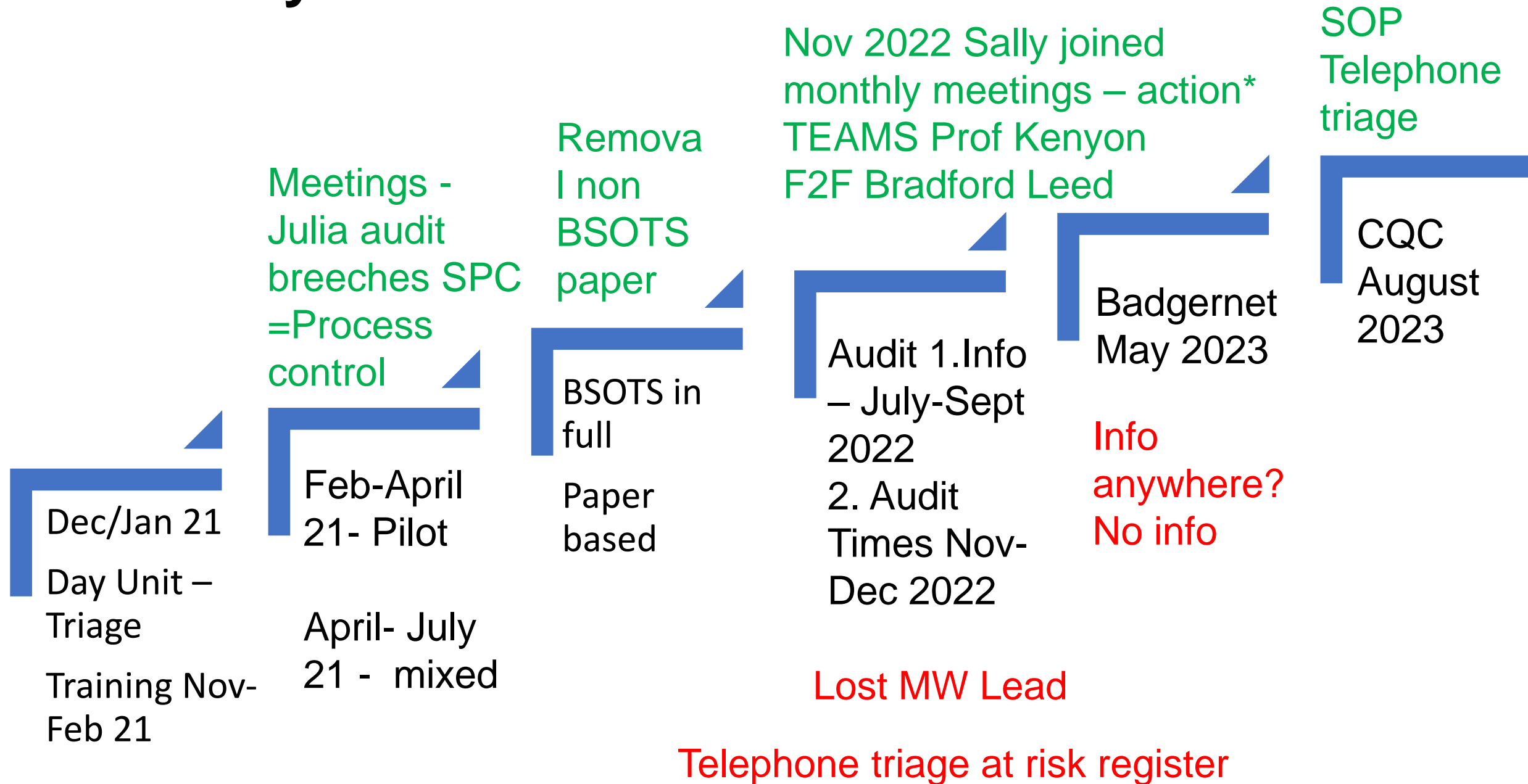
Post Graduate Quality and Program Training Development Lead

Sally Young

Maternity Triage Manager



The Journey – Dec/Jan 2021-Now



Audit - 80% rule



Time

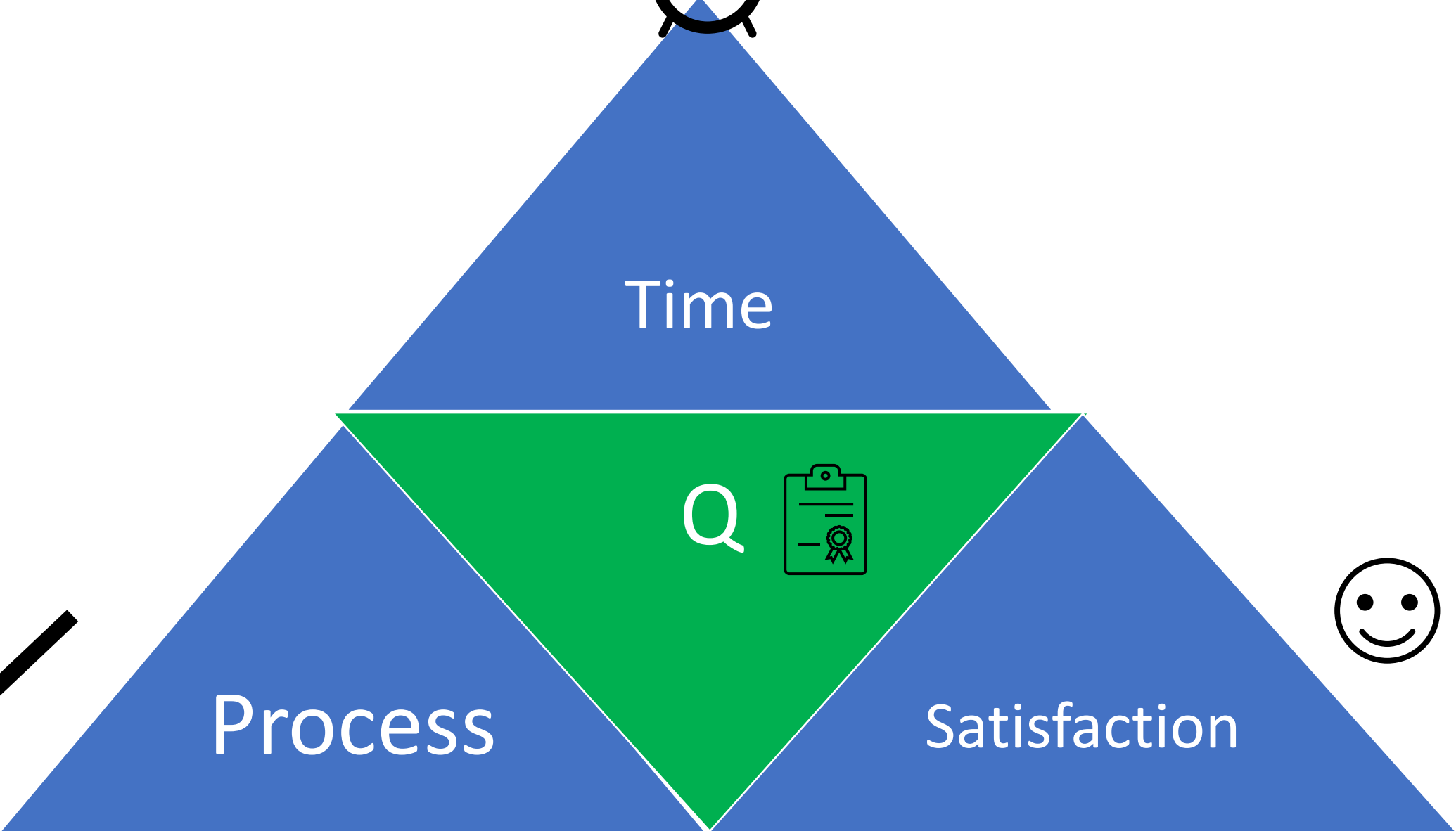
Q



Process

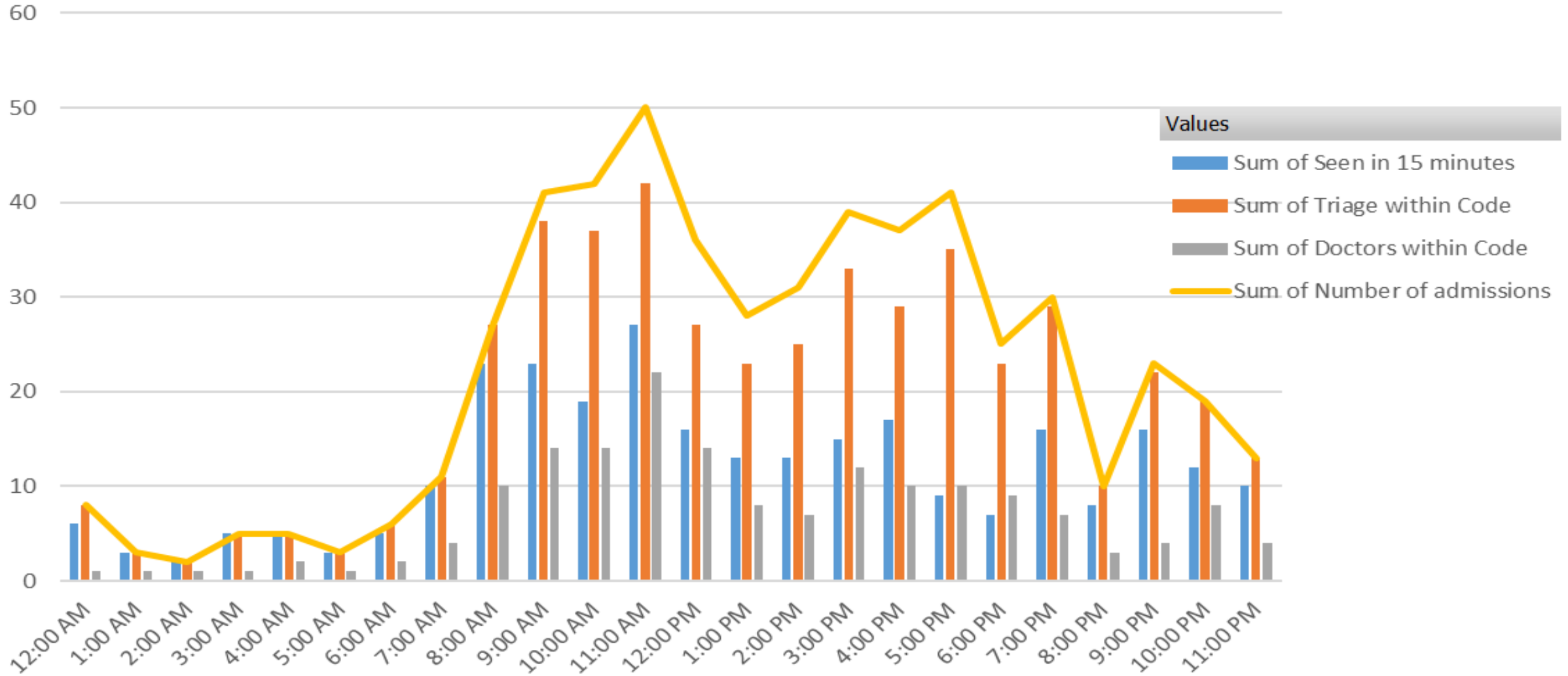


Satisfaction



Times Overview of admission 2022/2023 n= 535

Sum of Seen in 15 minutes Sum of Triage within Code Sum of Doctors within Code Sum of Number of admissions



Time ▾

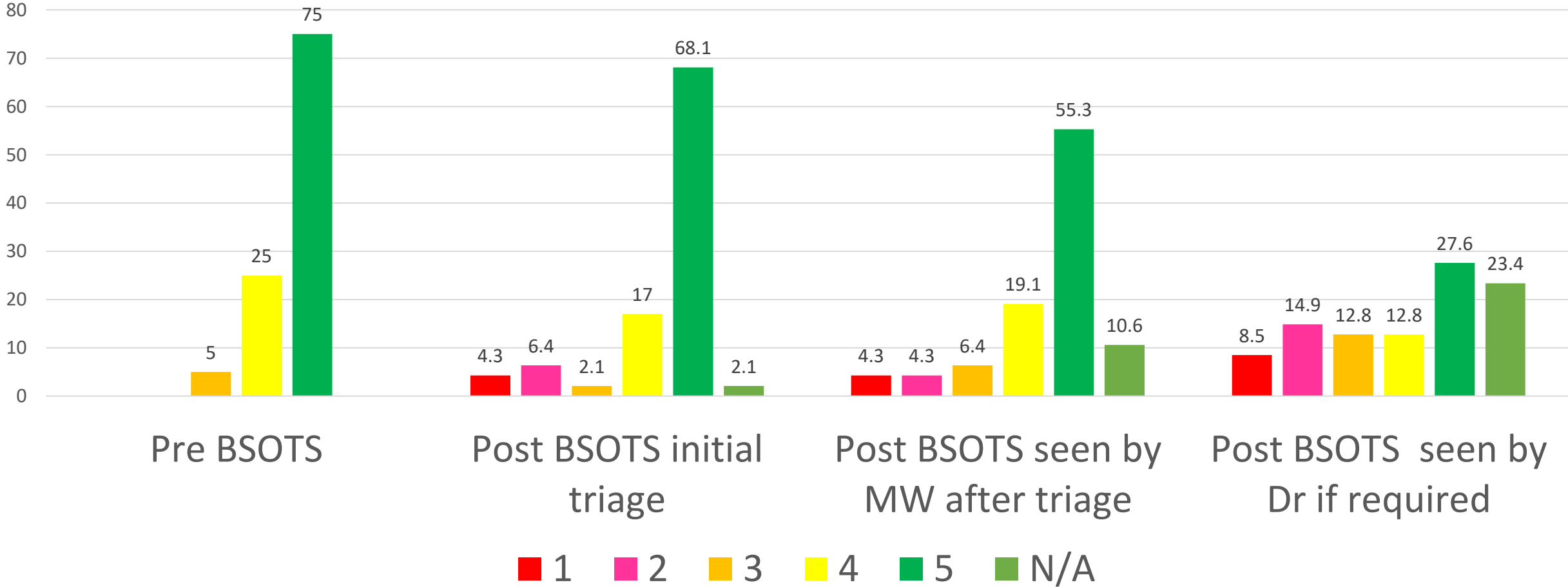
	Initial triage in 15 mins	Initial Triage in 30 mins	Initial Triage in 45 mins	Initial Triage in 1 hour	Floor MW – see within TAC	Dr Seen within TAC/guidelines
Nov-Dec 2022 n= 535	53%	76%	87%	94%	89%	61%
July 2023 n>200	80.6%	90.4%				69%
Oct 2023 n = 239	80.6% Nb4%				87% Nb 2%	15min/15min/1hr - 38% 15 min 1hr/1hr-70.7% 1 hr for all -76% 1hr/1hr/2 hr -94%

Satisfaction free text (English /Urdu/Arabic)

- Staff lovely x6
- Staff helpful
- Understanding
- Welcoming
- Efficient
- All things
- Seen immediately
- Waited ages to see a doctor
- Waited hours for scan reviews
- Not enough staff
- Staff Looked busy
- Waited hours
- Don't want to be left waiting
- Not enough staff

Were You Happy With The Waiting Time? n = 47

Liket Scale 1-5 as a percentage with the scale response (1 not at all satisfied to 5 very satisfied)



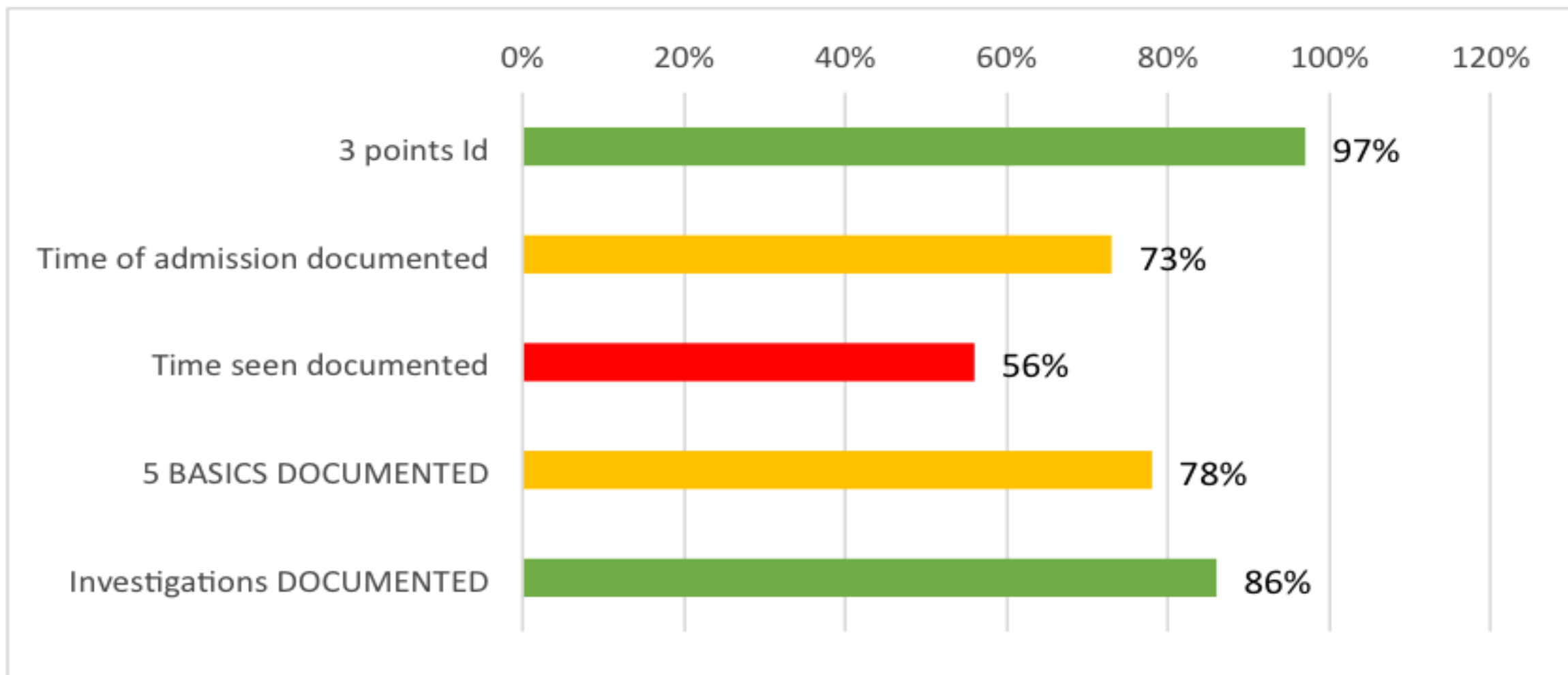
Summary of Satisfaction

	Welcomed	Introduced	Awareness wait Time	Updated if a delay	Plan Explained	Understand Plan Understand What to Do If a Problem
Pre BSOTS	100%		76%			
Post BSOTS	100%	94% Always N/A 6% Sometimes	81% Yes/N/A 70% aware of waiting time after initial triage	91.5% always/some times/N/A	95.7%	91.5% 93.6%

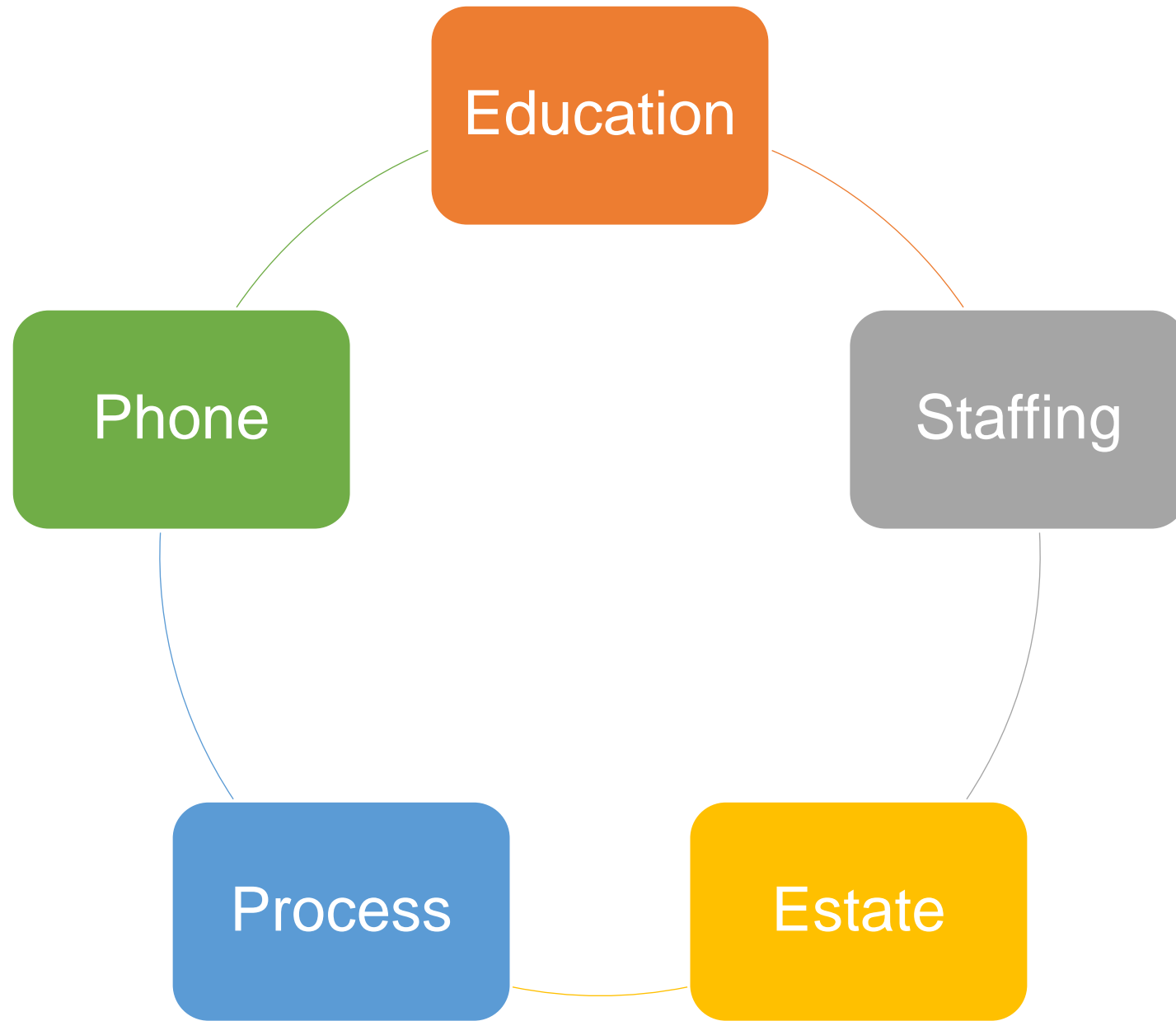
Process and Information n = 263

Postnatal notes





Smoking, CPIS , SBAR poorly documents



Education

- Part of all Induction for medical and midwifery/HCA staff
 - Consultant Meetings
 - Champions for Medical Staff
-
- Future
 - Video/podcast
 - Top tips



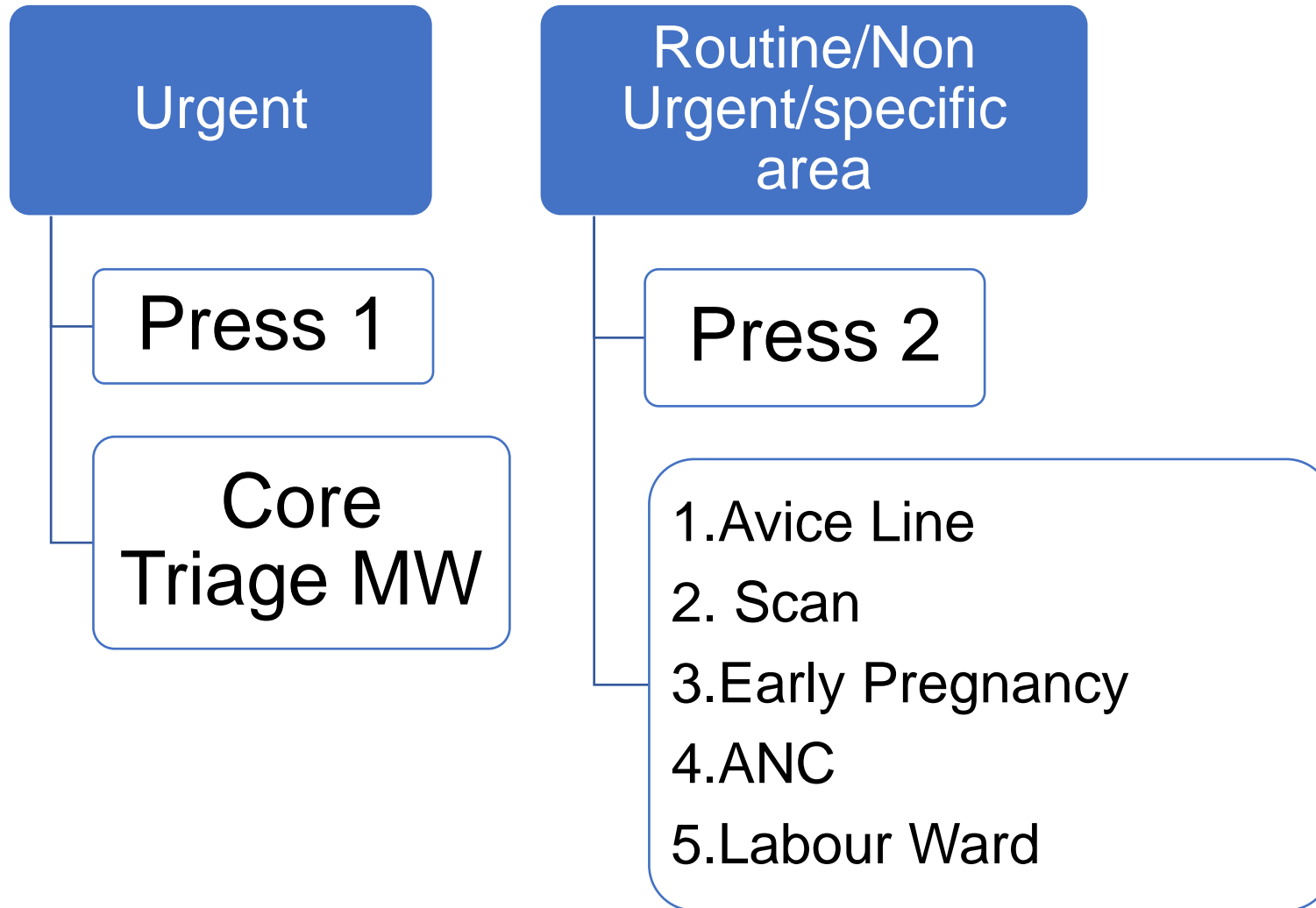
Telephone Line – Presently at FHN

Calls halved
with clerks



- When busy – floor MW JCUH
- Floor MW busy – manager
- Answering machine
- E mail - record missed calls
- Recorded on Badgernet

Triage Advice Line Jan 24 - Emergency – dial 999 (5, rings e mail)



Process - Monthly Meetings



- SOPS/Pathways
- Consultant Scan Review Clinic & SOP for ultrasound
- Hypertension SOP
- Peripheral Unit/MDU - GTT
- Boards and cards
- Huddle -LW team– floor MW
- Escalation Tool
- Regional Decreased Fetal Movements Guideline/HSIB requirements
- Limited Slots/MCA in Day Unit
- Out with the ??
- Clinic - Pre clarking
- Day unit
- Regular BP/PN reviews
- ICP reviews
- US reviews
- IV iron
- Regular CCTG
- AN ward - hyperemesis

TRIAGE MIDWIFE: BELLA

TO COME IN:

10:00	10:05	10:10
-------	-------	-------

AWAITING TRIAGE:

10:00	10:05	10:10
10:15	10:20	10:25

RECEIVED:

AWAITING CARE:

10:00	10:05	
10:05	10:10	
10:10	10:15	
10:15	10:20	
10:20	10:25	
10:25	10:30	
10:30	10:35	
10:35	10:40	
10:40	10:45	
10:45	10:50	
10:50	10:55	
10:55	11:00	

BED	NAME	REASON	10:00-10:05	10:05-10:10	10:10-10:15	10:15-10:20	10:20-10:25	10:25-10:30	10:30-10:35	10:35-10:40	10:40-10:45	10:45-10:50	10:50-10:55	10:55-11:00
2	[Orange]		✓	✓										
3	[Green]		✓											
4	[Orange]		✓											
A														
B														
C														
D	[Yellow]													
E														

DOCTOR - ALL REVIEWS	GRADE OF DR + PRIORITY	TIME BLEE'D
[Green]	• SHO ①	1018
[Green]	• Reg ③	1010

WAITING ROOM - THIS TEST TABLE

[Yellow]	10:00	10:05	10:10
----------	-------	-------	-------

BED	NAME	REASON	ISSY	CARD	SIGN
2	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> WOMAN 10 PN ? wound infection </div>		Issy	Reg ⊖ 1004	✓
3	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> WOMAN 39+4 Low dep ? SRM </div>		Kate		✓
4	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> WOMAN 38+2 + BP + FM Also pain </div>		Kate		✓
A					
B					
C					
D	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> WOMAN 32+4 ↓ FM </div>		Issy	Reg ⊕ 1000	✓
E					

TRIAGE MIDWIFE:

BELLA

TO COME IN:

LAWAITING TRIAGE

EXAMPLE:
NAME
GESTATION
REASON

BREACH
TIME
ONLY

Woman
2
18+6
PUB

Woman
2
36+2
↓ FM

10

Woman
3
24+0
↑ BP

10

MESSAGES:

MATERNITY TRIAGE STAFFING AND ESCALATION TRIGGER TOOL

Triage must always be open

Telephone MW prioritised at all times

TAC – Triage assessment code

OOH – Out of hours Midwife

MOD – Matron on Duty

0700-1930 2MW 1 MCA

1700-0100 1MW

0900-2130 1 MW

1900-0730 2MW 1MCA

1000-2230 1 MW

>3 breeching initial triage
>2 breeching time for floor MW
Any red/orange breeching
>12 requiring treatment
Depleted staffing as ECA in another area/sickness

>3 waiting 1st on call medical review
>3 waiting Reg review bleep 0001
Any TAC red not seen immediately or moved to LW
Breeching medical review as per TAC

>5 awaiting medical review total
TAC Red still on triage unit after 15 mins
Breeching medical review per guideline after Reg escalation – allow 1 hr
>4 hrs wait for scan review
> 15 in department requiring treatment

Those not needing rooms to waiting area
Floor M breeching to cover if just triage
Inform floor manager/MOD/ask OOH
Ask TL on LW for staff/take patients
No help in 1 hour inform senior MW on call directly

Those not needing rooms to waiting area
Inform Senior Reg bleep 0009
Senior Reg busy- call consultant on call. Consultant on call busy call ward consultant 0900-1300
Or Reg in ANC to attend 13.00-17.00

Inform Consultant on call and MW management

Medical Staffing

- 1 Registrar 9-5 for wards and triage Monday-Friday
- 1 Consultant for LW/triage /wards all times
- 1 Consultant elective CS Monday –Friday
- 0900-13.00 1 Consultant AN wards/outliers/**scan reviews**

- Registrar, Senior Reg and SHO at all times +/- F1
- Gynaecology Registrar and SHO

- Midwifery Advanced Practitioners all left

Estate

• Present

- Bay
 - 3 Parker Knowles
 - 2 beds
- 3 side rooms
- Triage room 1 computer
- Phone line room
- Small office
- Sally's office
- 2 mobile workstations



• Future

- Change Beds/Parker Knowles to trollies
- Change bathroom to doctors Assessment room/ 2nd triage room
- Desk in Room

Summary and Questions

- Multiple Changes
- Continuing Process
- Staffing an Issue across Maternity
- Careful with Standards
- Limitations of Estate
- Badgernet - still a long way to go



Break



Q&A



How can we measure success?

Talitha Grandison
Quality Improvement Manager (Maternity)
Y&H Clinical Network Safety Champion
Y&H Maternity Clinical Network
NHS England – NHS North East and Yorkshire Region



Mural Board for discussion

Link: <https://shorturl.at/zHLZ4>

Questions:

1. What data can you collect for audit purposes?
2. What tools would be useful to support triage audit?
3. How can we measure improvement in outcomes?
4. Can we evidence pre and post implementation response times?
5. How can we evidence service user experience and whether this improves with BSOTS implementation?
6. Is there any reduction in complaints or incidents reported following implementation?
7. Where there is CoC in place does this reduce triage attendance?

Next Steps

Dr Elizabeth Sweeting
GP



Next Steps: Sessions for NENC & Y&H Trusts

- **Six virtual sessions**
- One per month. PROVISIONAL dates:
 - 31st January
 - 28th February
 - 27th or 28th March
 - 24th April
 - 29th May
 - 26th June
 - 12 – 1.30
- **Email if you are interested in taking part:**
 - **NENC:**
Julia.wood@healthinnovationnenc.org.uk
 - **Y&H:**
Elizabeth.Sweeting@yhia.nhs.uk
- Each session will be in two parts:
- Part 1: Quality Improvement
 - Session 1: Getting Started
 - Session 2: Diagnostic
 - Session 3: Design
 - Session 4: Implement
 - Session 5: Sustain
- Part 2: Action Learning Set
 - Challenges/barriers highlighted by Trusts and the group collectively identifies solutions
- Session 6: Celebration Event

Next Steps: Targeted Support

- The MatNeoSIP Leads are offering quality improvement hands on support to all teams
- **Email if you are interested in accessing this support:**
 - **NENC:**
Julia.wood@healthinnovationnenc.org.uk
 - **Y&H:**
Elizabeth.Sweeting@yhia.nhs.uk

Resources

Julia Wood
MatNeoSIP Lead, NENC



Maternity Triage webinar from the South-East

Recording on 19th September 2023

<https://future.nhs.uk/SouthEastMaternity/view?objectId=47075664>

The screenshot displays the FutureNHS web application interface. At the top, there is a blue header with the 'FutureNHS' logo and navigation links for 'Home', 'My Dashboard', and 'My Workspaces'. A search bar is located on the right side of the header. Below the header, a left-hand navigation menu lists various categories such as 'Co-production', 'Communications', 'Events', 'Maternal Medicine Network', 'Midwifery Continuity of Carer', 'Neonatal', 'Pelvic health', 'Perinatal Equity', 'Perinatal Mental Health', 'Personalised care and support planning', 'Safety Bulletins', 'Triage', and 'Workforce'. The main content area is titled 'South East Maternity and Neonatal' and features a banner image of a baby and a woman with the NHS logo. Below the banner, there is a 'Welcome to South East Maternity and Neonatal Workspace' message, a 'Workspace update in progress' notification, and a blue button labeled 'Co- production resources'. A footer note states: 'You will find a wealth of resources in this workspace, ranging from webinar slide packs to regional communications.'



Maternity Triage (Good Practice Paper No. 17)

Link:

<https://www.rcog.org.uk/guidance/browse-all-guidance/good-practice-papers/maternity-triage-good-practice-paper-no-17/>



Close

