PATIENT SAFETY AWARDS 2020 Brought to you by HSJ HSJ

MATERNITY AND MIDWIFERY SERVICES INITIATIVE OF THE YEAR





Maternity triage system used in 27 units which consists of a prompt and brief assessment (triage) of the women on presentation, and then a standardised way of determining the clinical urgency in which they need to be seen.



UNIVERSITY^{of} BIRMINGHAM





National Institute for Health Research

WEST MIDLANDS AHSN, UNIVERSITY OF BIRMINGHAM, BIRMINGHAM WOMEN'S AND CHILDREN'S FT, NIHR ARC WEST MIDLANDS AND THE ROYAL WOLVERHAMPTON TRUST BSOTS - BIRMINGHAM SYMPTOM SPECIFIC OBSTETRIC TRIAGE SYSTEM

Prior to the development of BSOTS there was no standardised triage system for women presenting to maternity services with urgent concerns. BSOTS is a specific maternity safety tool for triage which was co-designed by clinicians and researchers to facilitate clinical prioritisation and improve safety. It consists of a prompt and brief assessment (triage) of women on presentation, which includes physiological observations, and then a standardised way of determining the clinical urgency in which they need to be seen. The system is easily understood by women and maternity staff, as it mirrors the well-established triage systems used in emergency departments.

JUDGES COMMENTS

The judges felt that enthusiasm from the staff about this innovative project shone through. The initiative has reduced variation, improved safety, and generated a positive experience for women. It also shows a wide spread of use and positive affirmation from stakeholders across the UK.



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HIGHLY COMMENDED



London Ambulance Service Trust Expanding and enhancing maternity training in the London Ambulance Service

The LAS was the first UK Ambulance Service to recognise the value of a midwifery leader, employing a substantive Consultant Midwife role. In 2018, it extended its commitment to safe, effective and high quality training by expanding the reach of maternity training by developing a role of the practice lead for pre hospital maternity care. The ambition of the trust was to provide the first maternity training for emergency medical dispatchers to enhance call taking through specific training; to provide sector based joint maternity training aligned to the Local Maternity System geography engaging local community midwives; and to engage a maternity scenario in the core skills refresher training, offered annually to all frontline staff (targeting up to 3,000 clinicians).

JUDGES COMMENTS

The judges felt that this was an innovative project focused on key but often forgotten area of safety for women, and were thrilled to see the world of 'prehospital obstetrics' become safer. This project demonstrated improved outcomes and how to change practice through training and collaborative partnership working. The multidisciplinary training is particularly useful in normalising birth for the paramedics who do not see it every day.

FINALISTS



Baby Lifeline

Addressing variability in the community: giving midwives the tools to improve patient safety out of the hospital

Baby Lifeline's 'Childbirth Emergencies in the Community' training is a highly

evaluated one-day course focusing on the practicalities of managing emergency situations which may arise during community births. Recognising the urgent need to standardise equipment carried by midwives to births in the community, as well as clear processes to keep equipment and supplies fully stocked and up to date, the charity worked with NHS professionals to convene a multi-professional clinical working group to develop a 'gold standard' community midwifery bag. Following a successful 4-month pilot scheme, Baby Lifeline is now supplying midwifery bags to NHS Trusts across the UK. The ultimate ambition for this project is to create a national standard and Baby Lifeline will continue to promote national uptake.



Cambridge University Hospitals FT Obstetric Close Observation Unit

The Rosie Hospital, part of Cambridge University Hospitals (CUH) NHS Foundation Trust is a tertiary level

centre with a birth rate of 5,400 per year. They provide care for a proportionate amount of women requiring complex medical and obstetric care. Prior to the implementation of the Obstetric Close Observation Unit (OCOU) women who needed acute care in the postnatal period were sent to the main Trust Intensive Care Unit or High Dependency Unit; this meant that the mothers were often separated from their babies. The ambition of this project was to improve care for women who required acute care as per the Intensive Care Society's "Level of Care Document". In 2013 OCOU, a 3 bedded unit staffed by 5.5 WTE Band 6 Midwives and 1 Level 3 WTE Maternity Support Worker (MSW), which had the facilities to monitor and care for women (along with their babies), inclusive of invasive monitoring and single organ support was opened.



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FINALISTS



Imperial College Health Partners with Maternity Services at Chelsea and Westminster Hospital FT, Northwick Park Hospital,

Queen Charlotte's and Chelsea Hospital, St Mary's Hospital, The Hillingdon Hospitals FT and West Middlesex University Hospital

PReCePT-Preventing Cerebral Palsy in Preterm Labour

Imperial College Health Partners (ICHP) led a partnership which brought together 6 maternity services, Local Maternity Network, Neonatal Operational Delivery Network, Maternity Voice Partnership and voluntary sector to deliver Prevention of Cerebral Palsy in Preterm Labour (PReCePT) programme across North West London.

With the aim to reduce the incidence of cerebral palsy in babies born preterm, NWL set their ambition higher than the national target of 85% of eligible mothers receiving magnesium sulphate and kept the focus on achieving a stretch target always above 85%, achieving 93%. ICHP used a centrally-coordinated locally-led approach to build awareness, provide support and enable leadership around PReCePT to achieve this ambition.



Oxford AHSN, Oxford University Hospitals FT, Royal Berkshire FT, Health Education England e-Learning for Healthcare and OxSTaR An 'Intelligent' approach to

Intermittent Auscultation to

improve outcomes for low risk mothers and babies in labour In 2017/2018, two consultant midwives from Oxford University Hospitals and Royal Berkshire Hospital collaborated on a maternity and midwifery service safety initiative. They launched a unified approach to teach and assess competency of Intermittent Auscultation (IA), prompted by a worrying variation in how midwives' practice when caring for low risk women and babies in labour in their organisations.

The aim of the initiative is to improve midwifery knowledge and skills to undertake IA of the baby's heartbeat in an intelligent, safe and effective manner. It emphasises midwives' responsibilities to appropriately risk assess and escalate abnormalities in the baby's heart rate improving safety for low risk labouring women and their babies. By sharing data and problem solving together in an open and transparent manner the maternity services demonstrated a positive culture of collaborative working towards a common goal of improving safety for women and babies.



Tameside and Glossop Integrated Care FT Making Smoking History

As part of the Greater Manchester's Smoke Free pregnancy programme utilising the Greater Manchester's wider Making Smoking History strategy

the ambition is to continue to reduce the smoking rates in pregnant women. Historically the approach taken involved the team working alongside the generic stop smoking service. The initiative was taken to refer all pregnant smokers directly to a Specialist maternity service to undertake a collaborative approach utilising the proven 'Babyclear' model through which smokers who are pregnant are provided with behavioural support, medication and advice to quit.

This package of care has now enhanced in Tameside and Glossop and has actively reduced the Smoking at Time of Delivery figure for this area. The combination of this support and an innovative package of incentives aids women to stop smoking and stay quit up to at least their child's first birthday. The service is delivered by the Tameside Maternity Specialist Smoking Cessation Team and consists of midwives and maternity support workers.



Yorkshire & Humber AHSN and Calderdale and Huddersfield FT Improving detection and rule out of pre-eclampsia

Before Placental Growth Factor (PIGF) testing, women with hypertension

were assessed and managed on clinical assessment, signs and symptoms, urinalysis and a Protein Creatinine Ratio test. Calderdale and Huddersfield NHS Foundation Trust implemented Roche's Elecsys SFIt-1/PIGF ratio test in October 2019. The PIGF blood test is used to identify those women at very low and very high risk of imminently developing pre-eclampsia. The test assists with clinical decision making and enables appropriate care and treatment for pregnant women with suspected pre-eclampsia. It also ensures only women in need of admission are admitted, allowing those who are found to be at low risk to be discharged home with robust plans in place for follow up and retesting. This frees up beds in the unit and provides both an improved patient experience and financial benefit for implementation.



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