

<b>Reporting to:</b>	Trust Board 1 <sup>st</sup> December 2016
<b>Title</b>	Neonatal Term Admissions – CQUIN Action Plan Q2
<b>Sponsoring Director</b>	Sarah Bloomfield – Director of Nursing & Quality
<b>Author(s)</b>	Dr Sanjeev Deshpande – Clinical Lead Tina Kirby – Business Manager
<b>Previously considered by</b>	N/A
<b>Executive Summary</b>	<p>The purpose of this paper to inform the Trust Board of achievement of the CQUIN at Q2 for neonatal care; reducing avoidable admissions of babies born at term gestations.</p> <p>The achievement of the CQUIN delivers improvement in the quality of care by avoiding unnecessary separation of mothers from their babies. The CQUIN proposed by the Specialised Commissioning requires that admissions of term new born babies to the Neonatal Unit be reviewed jointly by the neonatal, obstetric and midwifery staff, and an action plan be developed to avoid such admissions.</p> <p>Following weekly joint reviews of all term neonatal admissions at the Trust; neonatal and obstetric teams have identified some areas for further action/development which may help to avoid such admissions. The paper includes a delivery plan developed by the neonatal team to address the CQUIN domain requirements.</p>
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input checked="" type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the <b>Delayed Transfer of Care (DTOC)</b> lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and

	<p>performance standards</p> <p><input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve</p> <p><input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients</p> <p><input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment</p>
<b>Care Quality Commission (CQC) Domains</b>	<p><input checked="" type="checkbox"/> Safe</p> <p><input checked="" type="checkbox"/> Effective</p> <p><input checked="" type="checkbox"/> Caring</p> <p><input checked="" type="checkbox"/> Responsive</p> <p><input checked="" type="checkbox"/> Well led</p>
<p><input checked="" type="checkbox"/> Receive    <input type="checkbox"/> Review</p> <p><input type="checkbox"/> Note        <input type="checkbox"/> Approve</p>	<b>Recommendation</b>

### Introduction

The purpose of this paper to inform the Trust Board of achievement of the CQUIN at Q2 for neonatal care; reducing avoidable admissions of babies born at term gestations.

### Background

The review process for term admissions identified in the CQUIN includes the following requirements:

- All admissions to be reviewed daily at the neonatal board round using a standard template.
- Admissions for clinical review identified.
- Weekly meeting of neonatal and obstetric clinical leads to undertake review and identify improvement actions.
- Improvement actions recorded on template.

## CQUIN Action plan

Clinical Lead: DOCTOR Sanjeev Deshpande			Operational Lead: Tina Kirby		
Action Plan					
Neonatal Term Admission CQUIN Delivery					
Milestone	Date	Owner	Update	Status	RAG
Complete weekly Joint Reviews of all cases.	ongoing	SD	Weekly jointly reviews undertaken	Ongoing	G
1. Respiratory Distress a) Attention to thermo-regulation on postnatal ward	15.12.2016	WT	Feedback through neo-maternity governance advising of the need for continued skin-to-skin contact and continued thermal care for at risk infants	Open	A
b) longer period of observation on post-natal ward	15.01.2017	SD	Explore the use of pulse oximetry on the post-natal ward to assess baby's oxygen saturations by neonatal staff	Open	A
c) Use of antenatal steroids	15.12.2016	Sd/SH	Discuss the evidence for and against for the use of antenatal steroids prior to elective LSCS at the Perinatal Forum	Open	A
2. Hypoglycaemia a) Provision of oral dextrose gel	March 2017 (depending on publication of the Framework by BAPM and NHSI)	SD	Await the publication of BAPM/NHSI Framework of Practice for Prevention and management of hypoglycaemia for implementation of oral dextrose gel	Open	A
b) Provision of nasogastric tube feeds	15.06.2017	Working group on transitional care	Explore the possibility of extending the skill set on transitional care through provision of a band 5	Open	A
c) Attention to thermoregulation	15.06.2017	WT	Feedback through neo-maternity governance the need for continued skin-to-skin contact and continued thermal care for at risk infants	Open	A