



# Scottish Patient Safety Programme (SPSP) Maternity and Children Quality Improvement Collaborative (MCQIC)

NHS board virtual site visits summary report

March 2023

**Healthcare Improvement Scotland**

**Published March 2023**



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## **Acknowledgements**

Healthcare Improvement Scotland and the SPSP MCQIC would like to extend their appreciation and thanks to all those who gave their time to join the virtual visits.

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# Introduction

## Background

The Maternity and Children Quality Improvement Collaborative (MCQIC), part of the Scottish Patient Safety Programme (SPSP), works in partnership with the 14 Scottish NHS boards, each providing a range of maternity, neonatal and paediatric services.

As part of the SPSP MCQIC, visits are made to each NHS board to discuss current and future priorities and their data and SPSP MCQIC activity. Due to the Covid-19 pandemic, aspects of the SPSP MCQIC programme were hibernated, and direct contact with NHS boards was carefully considered to avoid adding any pressure to the system. With the reactivation of the programme in April 2021, these visits formed an important part of the national team's understanding of the opportunities and challenges being considered at the NHS board and unit level.

The team had initially planned to complete the visits by the end of 2021, however as a result of significant system pressures within the boards, some visits were postponed and rearranged several times in line with clinical colleagues' capacity to engage. We completed all visits in November 2022.

This report summarises the main focus areas and themes from visits to help inform the next steps and provide an opportunity for both boards and SPSP MCQIC to reflect on the effectiveness of partnership agreements that were designed to improve engagement with the SPSP MCQIC programme by setting out the key improvement priorities.

## NHS board virtual visit purpose

Each visit was a two-hour MS Teams call, with an opportunity to:

- listen to how Covid-19 has affected maternity and neonatal services
- understand the NHS board's current and future priorities concerning SPSP MCQIC areas of focus
- review measures and the recent local data
- discuss the Essentials of Safe Care (EoSC)
- provide an update on the developments in the SPSP MCQIC
- discuss quality improvement support locally and from the SPSP MCQIC, and
- review the partnership agreement and refresh it in light of the current context following the visit.

As the SPSP Paediatric Care programme was in a scoping stage at the start of the visits in August 2021, SPSP MCQIC only used the visits to update the boards on the progress of the initial scoping work for this programme. Following the SPSP MCQIC Paediatric Clinical Lead recruitment in August 2022, the programme was relaunched with revised priorities.

## Who we listened to

We met with various healthcare professionals as illustrated in the graphic below. Colleagues from paediatric services joined some of the visits; however, as the focus of the meetings was mainly on maternity and neonatal services, there was not much discussion of the paediatric programme. This ensured that the SPSP MCQIC team engaged with staff responsible for managing, delivering and improving maternity and neonatal services.

The SPSP MCQIC team comprised the senior improvement advisor, improvement advisors, midwifery, obstetric and neonatal clinical leads and a project team member.



## What we shared

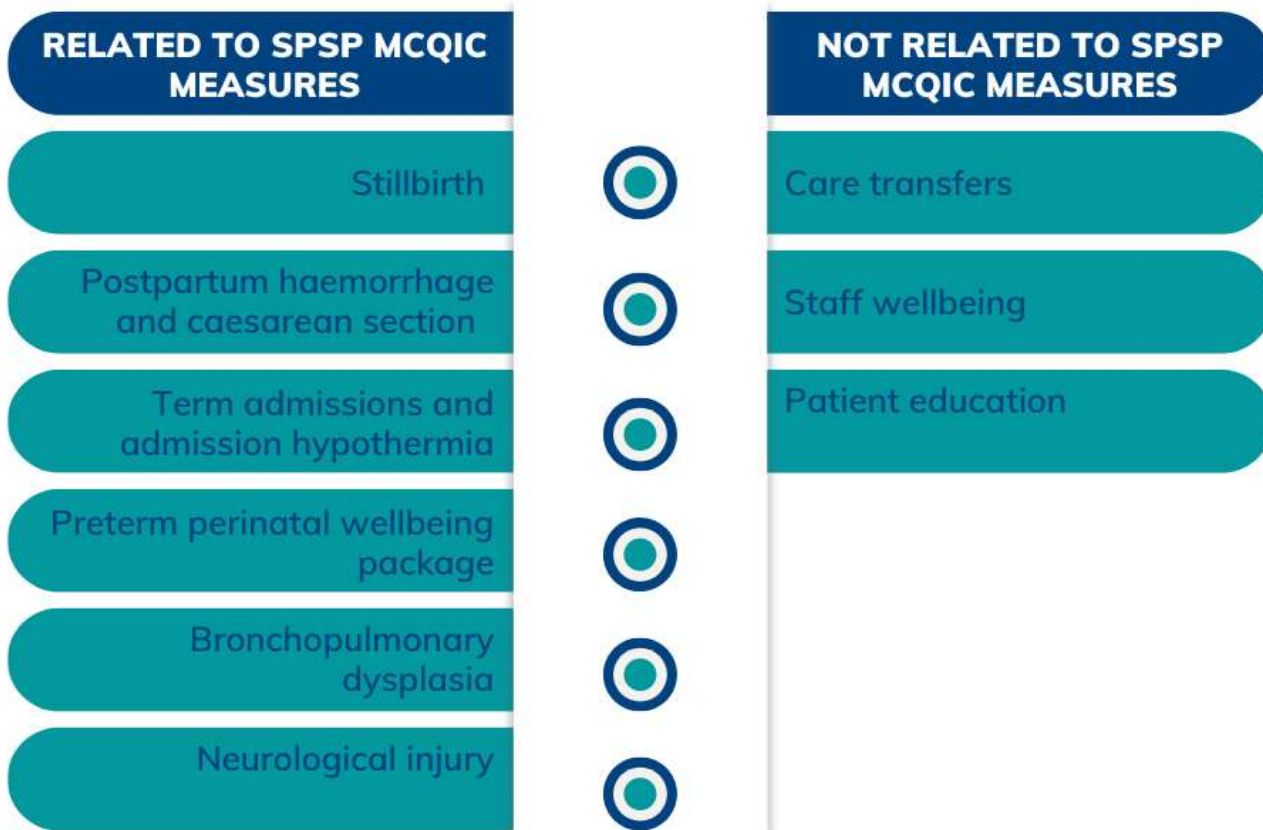
During the virtual visits, we shared the below information to aid discussions with the individual boards.

1. Recent local outcome data for maternity and neonates. The SPSP MCQIC team presented each board's outcome data on a unit-by-unit basis, using the data submitted by the NHS boards on measures including stillbirth, postpartum haemorrhage (PPH), term admissions, admissions hypothermia and each element of the preterm perinatal wellbeing package (PPWP). We focused the discussions on what the data meant in a local context and the level of QI activity around each measure.
2. The SPSP MCQIC outline of programme priorities and developments for 2022-23.
3. [EoS driver diagram](#), the foundation in which the SPSP MCQIC is taking the improvement priorities forward.

# Learning

## Focus areas

During the virtual visits, we discussed recent local outcome data and QI activity for maternity and neonates, allowing us to build a picture of the focus areas within the NHS boards, as outlined in graphic below. SPSP MCQIC will use this information when developing the programme's national improvement offer.



**Table 1: NHS boards' focus areas**

<b>Stillbirth</b>	<b>14 of 14 NHS Boards</b> consider the stillbirth measure an ongoing priority focus area.
<p>We noted that boards take a proactive approach when stillbirths occur by setting up short-life working groups to look at each case individually. They determine emerging themes or highlight where stillbirths occur as a result of complex anomalies or during the intrapartum period. We also heard of work underway to deal with poor outcomes for mothers and families:</p> <ul style="list-style-type: none"> <li>• implementing initiatives such as Saving Lives Bundle and telemetry to monitor the fetal heart in labour for safer delivery</li> <li>• focusing on antenatal care pathways to identify priority areas in systems and processes of antenatal care, or</li> <li>• increasing reliability with the holistic antenatal pathway of the care bundle.</li> </ul> <p>Several boards have mentioned fetal movement, a process measure for the stillbirth measure. We heard great examples of how the boards support this measure, namely by :</p> <ul style="list-style-type: none"> <li>• promoting nurture ribbons to prompt women to take time out to think about their baby's movement and to call triage immediately should there be any changes, and</li> <li>• launching projects such as “My baby’s voice” resulting in a significant improvement in the use of teach-back to evidence woman’s understanding of fetal movement.</li> </ul> <p>We also picked up on issues with insufficient data and how data might not reflect what happens, highlighting the need for work on data collection and BadgerNet training.</p> <p>Data collection on risk assessment on the admission of labour is an area for improvement because of inconsistencies in documenting and training issues with BadgerNet that resulted in an incomplete data picture. Cardiotocography (CTG) was mentioned as needing a refocus because of deterioration with compliance, i.e. with the 'fresh eye' approach. However, we also heard of initiatives to help improve it, such as appointing fetal monitoring leads or setting up a CTG champion task force.</p>	
<b>Postpartum haemorrhage (PPH)</b>	<b>14/14 boards</b> consider the PPH measure an ongoing priority focus area.
<p>Screening for special risk factors is a process measure for preventing PPH. Some boards reported that their focus was on increasing compliance to ensure women are risk assessed on admission. They put efforts in place to raise compliance, using BadgerNet and locally developed tools or implementing changes so that every patient is risk assessed. With anaemia being a risk factor for PPH, one board’s QI aim is for 85 % of pregnant women at term (≥ 37 weeks) to have an optimal Haemoglobin (≥10.5 g/l) in preparation for birth.</p> <p>Some boards highlighted an increase in the rate of PPH of around 1500-2000 ml. They highlighted the need to establish if it correlates with increased caesarean sections and what improvements are required to reduce the rate.</p> <p>We have also heard boards stating that although the PPH rate is low, more work is required to measure cumulative blood loss. One NHS board highlighted they are developing a graph on cumulative blood loss and ensuring that there are weights in delivery rooms. Another board shared</p>	



about new processes around PPH and quantitated blood loss processes supporting reduced PPH rates.

<b>Caesarean section</b>	<b>13 out of 14 boards</b> consider caesarean section as an area of work which should be prioritised.
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The NHS boards acknowledge the variation in caesarean section rates and are keen to understand this and make improvements. One board said they wanted to improve ultrasound scans and start a service for the external cephalic version (EVC). Another board’s proposed QI aim is improving reliability with the intrapartum pathway of care. We have also heard of plans to focus on induction of labour, caesarean-section and venous thromboembolism (VTE) risk assessments to identify improvements in PPH rates.

<b>Term admissions</b>	<b>11 out of 11 applicable boards</b> consider the term admissions measure an ongoing priority focus area.
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Several NHS boards commented that the leading causes of potentially avoidable admission to the neonatal unit are monitoring, feeding, respiratory distress, hypothermia, hypoglycaemia and jaundice. We heard about the various projects, initiatives, and QI aims around those themes:

- SCIL project on reducing TA with respiratory symptoms
- GOto mums, Keeping mum and baby together
- undertaking phototherapy within postnatal wards and looking at how to extend this to lower birth-weight babies
- managing babies in the postnatal ward and transitional care unit
- decreasing separation of baby from mother through the reduction in short stay (<4hrs) admissions
- reducing the number of babies routinely commenced on antibiotics, and
- complying with the beside mum antibiotic package.

<b>Admission hypothermia</b>	<b>11 out of 11 applicable boards</b> consider the admission hypothermia measure an ongoing priority focus area.
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The focus areas for NHS boards concerning admission hypothermia in preterm and term babies are:

- the implementation of the keeping babies warm bundle
- education of parents on how to keep babies warm, and
- collaborative working with obstetric teams to reduce the rate.

<b>PPWP</b>	<b>10 of out 11 applicable boards</b> consider the PPWP measures an ongoing priority focus area.
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Most boards reflected that improvement is required around mum’s milk received within 24 hours. However, we also heard from a board implementing successful QI projects to help with the early expression of milk, and one in which two proposed QI aims are linked to breast milk for babies admitted to the neonatal unit.

The other area of required improvement noted by some boards was cord clamping.

**Bronchopulmonary dysplasia (BPD)**

Work on BPD includes early effective continuous positive airway pressure (CPAP) and optimising early respiratory management in infants <34 weeks.

The BPD was mentioned by a couple of NHS boards, with one considering QI aim in BPD through compliance with elements of the BPD reduction package and another doing ongoing work around airway support.

**Neurological injury**

Two NHS boards highlighted neurological injury.

**Areas of discussion which are not SPSP MCQIC measures****Care transfers**

All three NHS island boards commented on more women declining advice on transfer to the mainland to receive care when assessed as high risk. The three areas were noted as requiring focus:

- policy development to safeguard staff by ensuring that women are adequately informed of potential risks,
- importance of setting expectations by explaining criteria and care processes during pregnancy and following labour to help to alleviate concerns, and
- balancing patient choice with organisational capacity.

Concerning neonatal transfers, attention was called to instances where women balance the decision with having to leave children and family behind. This issue might be further exacerbated by the cost of living crisis, as leaving a partner at home might be financially challenging for some.

**Staff wellbeing**

Two NHS boards called out staff wellbeing as an area of focus, with one board highlighting the introduction of regular meetings, dissemination of Newsletters and evoke sessions.

**Patient education**

One of the boards called out the focus on additional support to mothers to help ensure informed choices about their care.

## Themes

The feedback received during the virtual visits has been captured under four themes described by NHS boards.

The themes highlighted are shown in the graphic below.



### Staffing challenges and staff wellbeing

Boards attributed the staffing challenges within maternity and neonatal services to various factors.

Due to the pandemic and winter pressures, staff redeployment was a significant challenge faced by many boards. For example, we heard about neonatal staff working in acute paediatrics because of an increased number of sicker children.

Covid-19 isolation and general sickness levels resulted in high staff absences and further contributed to the staffing challenges.

In addition, many boards that faced high vacancy rates, particularly within nursing roles, called out challenges with recruitment and retention of staff and how it impacts their ability to maintain safe staffing levels to ensure care delivery.

We also heard about staff burnout and low morale, as demands on staff were unrelenting, and COVID-19 regulations only exacerbated the situation. A call for action on SPSP MCQIC to focus on staff culture resulted in SPSP MCQIC creating a series of [Safety Culture Webinars](#) based on the [EoSC driver diagram](#) and the primary driver of 'leadership to promote a culture of safety at all levels.'

The three webinars within the series were hosted between February-April 2022 and can be accessed on our website along with supporting case studies.

Whilst acknowledging the negative impact on staff, it was clear that staff have responded to meet the challenges posed by the pandemic and the broader system issues. One board commented on the excellent collaboration between the maternity and neonatal team, and many NHS boards said that despite the challenges, they are seeing improvements in practice and introducing new initiatives to empower staff.

- NHS Ayrshire & Arran undertook work to address culture and behaviours in the Ayrshire Maternity Unit. Subsequently, Attica Wheeler, Head of Midwifery, Associate Director of Nursing Women and Children Services, talked at the SPSP MCQIC Safety Culture Webinar Series on Psychological Safety.
- NHS Borders achieved the UNICEF UK Baby Friendly Initiative Sustainability in 2020 and 2021, holds employee of the month within the maternity unit and had the majority of women achieve early discharge following elective section.
- NHS Greater Glasgow and Clyde ran a successful collaborative project 'GO To Mum' to keep mothers and babies together.
- NHS Shetland recruited four non-residential consultants who provide support on a rotational basis. This was a move away from a GP model and, along with 'Near me', has meant that women can receive care closer to home.

## Reduced capacity and capability for QI work

From our conversations with NHS boards, it was clear that many factors contribute to the reduced capacity and capability for QI work.

Covid-19's impact on staffing, the ability to bring people into the hospital and meet within socially distant spaces, has affected the time for QI training and made it difficult to focus on QI work. One board commented that they struggled to maintain the QI approach to improvements during the pandemic. Another board stated that capacity to support SPSP diminished during Covid caused by staff absence and redeployment.

Staffing challenges resulting in low morale impacted staff engagement with QI work.

Low staff numbers, staff redeployment to other areas and lack of QI experience for new staff contributed to reduced engagement around QI, as highlighted by one of the boards. Nursing staffing numbers in the neonatal area impacting on QI capacity was quoted by another board. The above not only resulted in improvement projects being put on hold but in a lack of capacity for data collection and audit.

However, it was also clear that the boards are working hard to overcome the challenges, as highlighted in the examples below.

- An NHS Ayrshire & Arran staff member has undertaken an improvement project on reducing term admissions as part of the Scottish Improvement Leader Programme.
- NHS Greater Glasgow and Clyde (GGC) obstetrics and gynaecology improvement group was set up to look at national and local priorities, involve different teams, share learning and run QI surgeries. This has led to local QI group which support and mentor their teams. NHS GGC also encourage staff to complete the online QI fundamentals learning when participating in a project and support further learning with the Foundation Improvement Skills Cohort.
- NHS Western Isles clinical governance team is testing an improvement skills course run by NHS Education for Scotland, with the intention to evaluate and share the learning once those in Cohort 1 complete their training.

### Increased acuity of patients

NHS boards told us that the services experienced an increase in patient acuity levels, related to:

- larger number of children who were sicker than usual
- spikes in neonatal admission were mums had Covid-19, and
- increased acuity in mothers.

### Impact of changes to visiting

We have heard from boards how the Covid-19 pandemic resulted in restrictions that have made it difficult for families to visit. This made it difficult for staff and parents and impacted on communication.

## Next steps

The learning highlighted during the virtual visits will form the basis of a new improvement offer from the SPSP MCQIC from 2023, and a renewed focus on the online SPSP member's area and SPSP MCQIC web pages to network with other boards and share QI hints and tips as part of our learning system.

The themes from this report will be shared with our communities and stakeholders to inform the design, content and publication of improvement resources.

The SPSP MCQIC team will also share this report within Healthcare Improvement Scotland, the SPSP and NHS boards to support our current understanding of the system and inform planning.

Published March 2023

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