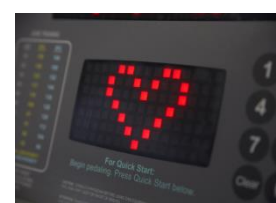


# Maternity Incentive Scheme

**Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?**



## Data

- Number of cases taken to theatre at night 50
- Number of cases discussed with the consultant on call prior to theatre 50
- Number of cases attended by the Consultant on call in person 14
- Reasons for attendance:
  - Trial of instrumental +/- CAT 1 = 6
  - 2<sup>nd</sup> theatre = 1
  - Pathological CTG = 5
  - Preterm <28 weeks = 1
  - PPH > 2 L = 1

## MUST attend

MUST attend	October 2021 attendance
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary	
Caesarean birth for major placenta praevia / abnormally invasive placenta	
Caesarean birth for women with a BMI >50	
Caesarean birth (<28/40)	1
Premature twins (<30/40)	
4th degree perineal tear repair	
Unexpected intrapartum stillbirth	
Caesarean birth 2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated	1

**Situations in which the consultant must ATTEND unless the most senior doctor present has documented evidence as being signed off as competent.**



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Reason	October attendance
Trial of instrumental birth	7
Vaginal twin birth	
Caesarean birth at full dilatation	5
Caesarean birth for women with a BMI >40	
Caesarean birth for transverse lie	
Caesarean birth at <32/40	
Vaginal breech birth	
3rd degree perineal tear repair	

## Good practice points

1. Night-time safety debrief sessions – Attended by on-call night consultant along with coordinators, day and night team registrars +FOC.
2. Good communication and discussion with on-call consultant and on-call night registrar – 100% involvement in decision making.
3. Consultant presence in theatre when requested by the Night Registrar and/or by the Co-ordinators.

## Things to improve on

- Having a documented evidence on the conversation between registrar on-call and the consultant on-call regarding capabilities and entrust ability levels for procedures.
- Registrars to record their conversations with on-call consultant clearly on the patient notes or procedure notes and reasons for calling them in or not.
- Consultants attending in the night to document their presence in the patient notes or Medway/EPR that they have attended the call.
- When opening second theatre at night this should be a direct trigger for on-call obstetric consultant to make his/her way into the hospital.