

SBL Care Bundle RAG Rating - Survey 6 (v2)

Bradford Teaching Hospitals NHS FT
RAE

Reducing Stillbirths Care Bundle Elements	
Element 1: Reducing smoking in pregnancy by carrying out a Carbon Monoxide (CO) test at booking to identify smokers (or those exposed to tobacco smoke) and referring to stop smoking service/specialist as appropriate	1a. Are you meeting all requirements of the modified version of Element 1 of the care bundle, which was changed due to the COVID-19 pandemic?
	1a.i. Once CO testing is re-introduced, will your trust meet all the requirements of Element 1 of the care bundle?
	1b. Are you carrying out any improvement activity designed to reduce smoking in pregnancy?
	1c. Does your standard operating procedure (e.g. guidelines) include the following: i. CO monitoring at booking and additional CO testing throughout pregnancy including the 36 week antenatal appointment, with the outcome recorded? ii. Referring expectant mothers, with elevated CO levels (4ppm or above), to a trained stop smoking specialist, based on an opt out system with a pathway that includes feedback and follow up processes?
	1d. Do the improvement activities include training all maternity staff on the use of the CO monitor and having a brief and meaningful conversation with women about smoking?
	1e. Have all recorded outcomes of CO testing in pregnancy relating to element 1 activities been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions?
	1f. If you answered "no" to question 1b, are you planning on introducing this type of intervention / improvement activity?
	Please use the free text box below to detail any barriers your maternity service is experiencing in implementing element 1 of SBLCBv2 or submitting the required data to MSDSV2, and to provide details of any learning developed as a result of the implementation.
	Element 2: Identification and surveillance of pregnancies with fetal growth restriction
	2a. Are you meeting all requirements of the modified version Element 2 of the care bundle, which was changed de to the COVID-19 pandemic? NB The modified version of element 2 should only be implemented in the case of significant COVID-19 related staff shortages.
	2a.i. In the case of you having no significant COVID related staff shortages, do you meet all requirements of Element 2 of the care bundle?
	2b. Are you carrying out any improvement activity designed to risk assess and manage babies at risk of Fetal Growth Restriction (FGR)?
	2c. Does your standard operating procedure (e.g. guidelines) include the following: i. Assessing women at booking to determine if a prescription of aspirin is appropriate using the algorithm given in Appendix C of the care bundle or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network? ii. Risk assessment and surveillance of women at increased risk of FGR, with triage of women at increased risk of FGR into an appropriate clinical pathway? iii. Risk assessment and management of growth disorders in multiple pregnancy in compliance with NICE guidance or a variant agreed locally following advice from the provider's Clinical Network?
	2d. Regarding women not undergoing serial ultrasound scan surveillance of fetal growth does your standard operating procedure (e.g. guidelines) include assessment performed using antenatal symphysis fundal height (SFH) charts by clinicians trained in their use?
	2e. Does your standard operating procedure (guidelines) include differentiation between the management of the SGA and growth restricted fetus in accordance with the pathways and guidance outlined in version 2 of the Saving Babies Lives Care Bundle?

Survey 1 (v2)	Survey 2 (v2)	Survey 3 (v2)	Survey 4 (v2)	Survey 5 (v2)	Survey 6 (v2)
No	No	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)
(New from Survey 3)	(New from Survey 3)	No	Yes	Yes - excluding MSDS	Yes - excluding MSDS
(New from Survey 3)	(New from Survey 3)	No	No	Yes - excluding MSDS	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	No	No
N/A	N/A	N/A	N/A	N/A	N/A
No designated smoking cessation lead midwife due to withdrawal of funding.	No detail provided.	1c ii. The feedback and follow up process is not yet in place but there is a plan to address this which should be in place by the end of the year/early New Year as it requires recruitment.	Issues with snomed codes, therefore unable to submit to MSDS. Weekly meetings with data team. Data midwife recently in post.	Work is ongoing to enable CO data MSDS v2.0 submissions.	Introduction of new electronic patient records in March 2022 should enable submission in MSDS but currently there has been no confirmation that this is being achieved. A new digital midwife has also been appointed.
No	No	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)	(No longer requested, from Survey 3)
(New from Survey 3)	(New from Survey 3)	Yes	Yes	Yes- excluding MSDS	Yes- excluding MSDS
(New from Survey 3)	(New from Survey 3)	No	No	Yes- excluding MSDS	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes

	2f. Does your standard operating procedure (e.g. guidelines) include the following: i. Following recommended guidance on the frequency of ultrasound review of estimated fetal weight (EFW) when SGA is detected, in accordance with appendix D of SBLCBv2 or a variant agreed locally following advice from the provider's Clinical Network? ii. Maternity care providers caring for women with FGR identified prior to 34+0 weeks having an agreed pathway for management which includes network fetal medicine input (for example, through referral or case discussion by phone)? 2g. Accepting the proviso that all management decisions should be agreed with the mother in the cases of fetuses <3rd centile and with no other concerning features does your standard operating procedure (e.g. guidelines) include the following principles: - Initiation of labour and/or delivery should occur at 37+0 weeks and no later than 37+6 weeks gestation. - Delivery <37+0 weeks can be considered if there are additional concerning features, but these risks must be balanced against the increased risk to the baby of birth at earlier gestations. 2h. Does your standard operating procedure (e.g. guidelines) include individualised care of fetuses between 3rd - 10th centile using a risk assessment including Doppler investigations, assessment for the presence of any other high risk features such as recurrent reduced fetal movements, and the mother's wishes ; and in the absence of any high risk features the offer of delivery or the initiation of induction of labour at 39+0 weeks? 2i. Have all findings of small for gestational age fetuses been recorded on your MIS enabling their submission in MSDS v2.0 monthly submissions? 2j. If you answered "no" to 2b, are you planning on introducing this type of intervention / improvement activity? Please use the free text box below to detail any barriers your maternity service is experiencing in implementing element 2 of SBLCBv2 or submitting the required data to MSDSV2; and to provide details of any learning developed as a result of the implementation.	No	No	Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes	Yes	Yes
		No	No	Yes	Yes	Yes	Yes
		No	No	Yes	Yes	Yes	Yes
		No	No	No	No	No	No
Element 3: Raising awareness amongst pregnant women of the importance of detecting and reporting reduced fetal movement (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM		N/A	N/A	N/A	N/A	N/A	N/A
		Potential scan capacity. Current maternity information system does not collect detail of SGA fetuses. Much of the above will be resolved through guideline amendment, education and training. Potential increase to induction of labour rates.	2e. Guideline in process of review and update.	2e.f. i. g.h: All require SOP/guidance changes. The guideline has been updated to reflect the recommendations but has not yet been ratified through governance and rolled out. Anticipated to be complete by November. All MIS elements have been answered as 'no' as we do not yet have confidence in the data.	Medway upgrade completed 11th Feb - BI teams trying to run extracts and process data according to MSDS submission formats. Audit completed for MIS validation.	Work is ongoing to enable SGA data MSDS v2.0 submissions.	Introduction of new electronic patient records in March 2022 should enable submission in MSDS but currently there has been no confirmation that this is being achieved. A new digital midwife has also been appointed.
	3a. Are you meeting all requirements of Element 3 of the care bundle?	No	No	No	No	Yes- excluding MSDS	Yes- excluding MSDS
	3b. Are you carrying out any improvement activity designed to raise awareness among pregnant women of the importance of Reduced Fetal Movement (RFM)?	Yes	Yes	Yes	Yes	Yes	Yes
	3c. Do the improvement activities include providing pregnant mothers with information and an advice leaflet on reduced fetal movement based on current evidence, best practice and clinical guidelines?	Yes	Yes	Yes	Yes	Yes	Yes
	3d. Do the improvement activities include giving pregnant mothers this information by 28 weeks of pregnancy at the latest?	Yes	Yes	Yes	Yes	Yes	Yes
	3e. Do the improvement activities include discussing RFM with pregnant mothers at every subsequent contact?	Yes	Yes	Yes	Yes	Yes	Yes
	3f. Do the improvement activities include making use of an approved checklist to manage the care of pregnant woman who report reduced fetal movement, in line with national evidence-based guidance?	Yes	Yes	Yes	Yes	Yes	Yes
	3g. Have all findings of reduced fetal movement been recorded on your MIS enabling their submission as Coded Clinical Entry in MSDS v2.0 monthly submissions?	No	No	No	No	No	No
	3h. If you answered "no" to 3b, are you planning on introducing this type of intervention / improvement activity? Please use the free text box below to detail any barriers your maternity service is experiencing in implementing element 3 of SBLCBv2; and to provide details of any learning developed as a result of the implementation.	N/A	N/A	N/A	N/A	N/A	N/A
Element 4: Effective fetal monitoring during labour		Current lack of computerised CTG machines in all antenatal areas, only used in ANDU. 3g requires a prompt response and action from System C to update the MIS to capture this information. Potential financial barrier if System C charge for this update.	No detail provided.	All MIS elements have been answered as 'no' as we do not yet have confidence in the data.	Medway upgrade completed 11th Feb - BI teams trying to run extracts and process data according to MSDS submission formats. Audit completed for MIS validation.	The SNOMED CT code is still under development for RFM.	Snowmed CT code still under development - national issue.
	4a. Are you meeting all requirements of Element 4 of the care bundle?	No	No	No	Yes	Yes	Yes
	4b. Are you carrying out any improvement activities designed around effective fetal monitoring during labour?	Yes	Yes	Yes	Yes	Yes	Yes
	4c. Do your improvement activities include annual multidisciplinary training and competency assessment on cardiotocograph (CTG) interpretation and use of auscultation for staff who care for women in labour?	Yes	Yes	Yes	Yes	Yes	Yes
	4d. What is the percentage of staff who care for women in labour that have undertaken this training in the last 12 months?	95%-100%	95%-100%	(No % given)	90% to 99%	Yes 90-99%	Yes 90-99%
	4e. Do you have a system that, irrespective of place of birth, assesses risk at the onset of labour to determine the most appropriate fetal monitoring method, as described in SBLCBv2?	No	No	Yes	Yes	Yes	Yes
		No	No	Yes	Yes	Yes	Yes

	5f. Have all instances of maternal antenatal administration of corticosteroids for fetal lung maturation been recorded on your MIS enabling its submission as in MSDS V2.0 monthly submissions?
	5g. If you answered "no" to 5b, are you planning on introducing this type of intervention / improvement activity?
	Please use the free text box below to detail any barriers your maternity service is experiencing in implementing element 5 of SBLCBv2 or submitting the required data to MSDSV2; and to provide details of any learning developed as a result of the implementation.

No	No	No	No	No	No
N/A	N/A	N/A	N/A	N/A	N/A
No detail provided.	No detail provided.	All MIS elements have been answered as 'no' as we do not yet have confidence in the data.	Medway upgrade completed 11th Feb - BI teams trying to run extracts and process data according to MSDS submission formats. Audit completed for MIS validation.	Work is ongoing to enable MSDS V2.0 submissions for corticosteroids.	Introduction of new electronic patient records in March 2022 should enable submission in MSDS but currently there has been no confirmation that this is being achieved. A new digital midwife has also been appointed.