Maternity Incentive Scheme- Reaudit (June 2022)

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 44
- Number of cases discussed with the consultant on call prior to theatre 44
- Number of cases attended by the Consultant on call in person 5
- Reasons for attendance:

Trial of instrumental +/- CAT 1 = 2

2nd theatre =1

Pathological CTG = 1

PPH > 2 L = 1

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	1
Caesarean birth for major placenta praevia / abnormally invasive placenta	
Caesarean birth for women with a BMI >50	
Caesarean birth (<28/40)	
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

Reason	October attendance
Trial of instrumental birth	2
Vaginal twin birth	
Caesarean birth at full dilatation	1
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. Nighttime 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 Cordinators
4. Documented evidence of discussion with consultant in view of CERNER tick box

Things to improve on

- 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

Maternity Incentive Scheme- Reaudit (October 2022)

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: 57
- Number of cases discussed with the consultant on call prior to theatre: 43 (Not documented: 14).
- Number of cases attended by the Consultant on call in person: 14
- Reasons for attendance:

  Trial of instrumental +/- CAT 1 = 5

  CAT 1 = 2

  CAT 2 = 4

  EUA = 2

  Manual removal of placenta =1
- Second theatre cases = 9 (consultant present in 4)

Data

- Number of cases discussed with a consultant and managed by a trainee with evidence of required competencies and in line with the RCOG standards =9

  Trial of instrumental delivery = 5

  3rd degree tear repair= 3

  Post partum Hemorrhage= 1

MUST attend	October 2022 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)	
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	

Reason	October 2022 attendance
Trial of instrumental birth	5
Vaginal twin birth	
Caesarean birth at full dilatation	
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. Nighttime 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 in majority
3. Consultant presence in theatre when requested by the Night Registrar and/or by the Cordinators

Things to improve on

- 13 cases where there was no documentation on Cerner on whether consultant was informed or not - This is a backward step compared to previous audit. Despite this not bringing any harm to the 13 cases when reviewed, this documentation needs to be absolutely done in 100% of cases.
- 10 cases were operated on by ST6 and above (senior registrars). 3 cases were appropriately operated on by a more junior registrar.
- Over all clear documentation of discussion with the consultant on call is required in all cases.

Actions and learning

- To share audit themes and results at next consultant meeting on 10/1/2023 to raise awareness and ensure consultants documenting their input upon attendance.
- To include escalation triggers and process onto consultant- trainee discussion at beginning of every shift.
- To include the process of escalation and required documentation to trainee's department induction.