

SBUHB IQPD Meeting

Thursday 16th January 2025

Maternity & Neonatal

Workforce Metrics

Workforce – Establishments and Vacancies – December 2024

Neonatal Medical Staffing

Grade	Establishment (WTE)	Vacancy
Consultant	11	0
Speciality Registrar	15	0
8A Nurse Practitioner	4	0
8B Nurse Practitioner	2	0

Neonatal Nursing

Band	Establishment (WTE)	Vacancy (WTE)
7	13.92	2.32
6	32.09	9.47
5	36.88	Over 8.78
4	3.41	0.8

BAPM Standards Compliance (Nursing)

	Unit Level	% Shifts at BAPM	% bank Nursing	Ave Nurse on Shift	Ave Nurse required on Shift	Additional shifts required for BAPM
Singleton NICU	3	93.55	0.74	13.03	10.11	1.7
National Average	3	73.49	6.06	N/A	N/A	N/A

Obstetric and Gynaecology Medical Staffing- including Gynaecology Oncology

Grade	Establishment (WTE)	Vacancy
Consultant	22.7	1.6
Speciality Registrar	12	2.4

Midwifery – Obstetric Unit

Band		Establishment (WTE)	Vacancy (WTE)
7		12.94	0
6 / 5		73.92	0 (1.96 WTE)
4		8.53	0

Midwifery – community

Band	Establishment (WTE)	Vacancy (WTE)
Band 7	9.6	0.8
Band 6/5	39.61	1.92
Band 3	6.8	0.8

Unavailability Data – December 2024

Data Source – RosterPerform© Date range:
Roster Period 17TH November 2024 – 14th December 2024

Neonatal services

Area	Total Unavailability	Parenting	Annual leave	Sickness	Study Leave
NICU Nursing	36.5%	8.7%	11.4%	7.8%	8.6%

Maternity Services

Area	Total Unavailability	Parenting	Annual leave	Sickness	Study Leave
Midwifery	26.4%	1.28%	13.32%	7.92%	3.88%

Workforce – Training Compliance

Statutory and Mandatory Training		Apr - 24	May- 24	June- 24	July – 24	Aug – 24	Sep - 24	Oct- 24	Nov – 24	Dec - 24
* Welsh Government Target		85%								
Medical Staff	Obstetric	74.7%	78.1%	85.0%	87.2%	87.2%	84.3%	86.0%	88.0%	94.0%
	Neonatal	86.0%	81.6%	81.0%	83.1%	89.0%	87.3%	85.0%	87.0%	90.0%
Additional Clinical Services	Maternity	85.8%	81.2	83.0%	90.2%	90.2%	87.5%	87.0%	88.0%	91.0%
	Neonatal	98.7%	72.5	98.8%	94.0%	95.0%	96.0%	76.0%	88.0%	88.0%%
Nursing and Midwifery	Maternity	92.6%	94.1	94.0%	94.3%	96.0%	94.7%	93.0%	93.0%	94.0%
	Neonatal	93.3%	93.8	95.4%	95.0%	95.8%	91.3%	92.0%	96.0%	94.0%

Neonatal Training		May - 24	June- 24	July - 24	Aug – 24	Sep - 24	Oct - 24	Nov - 24	Dec - 24
NLS	Nursing	98.0%	99.0%	99.0%	99.0%	97.4%	100%	100%	100%
	Consultants	100%	100%	100%	100%	100%	100%	100%	100%
	Juniors - Tier 1	90.9%	90.9%	90.9%	90.9%	100%	100%	100%	100%
	Juniors - Tier 2	100%	100%	100%	100%	100%	100%	100%	100%

Nurses Qualified in Speciality	May- 24	June - 24	July – 24	Aug – 24	Sep - 24	Oct – 24	Nov - 24	Dec - 24
Module 1	58.0%	58.0%	59.0%	59.0%	59.5%	59.5%	59.5%	59.5%
Module 2	53.0%	53.0%	53.0%	53.0%	55.0%	55.0%	55.0%	55.0%

Maternity Training		May - 24	June-24	July – 24	Aug - 24	Sep - 24	Oct- 24	Nov - 24	Dec - 24
Prompt	Obstetric Medical Staff	76%	76%	92%	100%	100%	100%	100%	100%
	Midwifery	86.4%	87.8%	85%	95.6%	95%	95%		88%
	Anaesthetics	-	100.0%	100%	100%	100%	100%	100%	100%

Fetal Surveillance	90.0%	88.8%	92%	94%	94%	94%	94%	94%
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NLS	81.0%	82.3%	93%	96%	94%	95%		93%
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Gap Grow	Obstetric	92%	92%	90%	91%	100%	100%	
	Midwives	89.0%	86.3%	90%	91%	96%	95%	91%



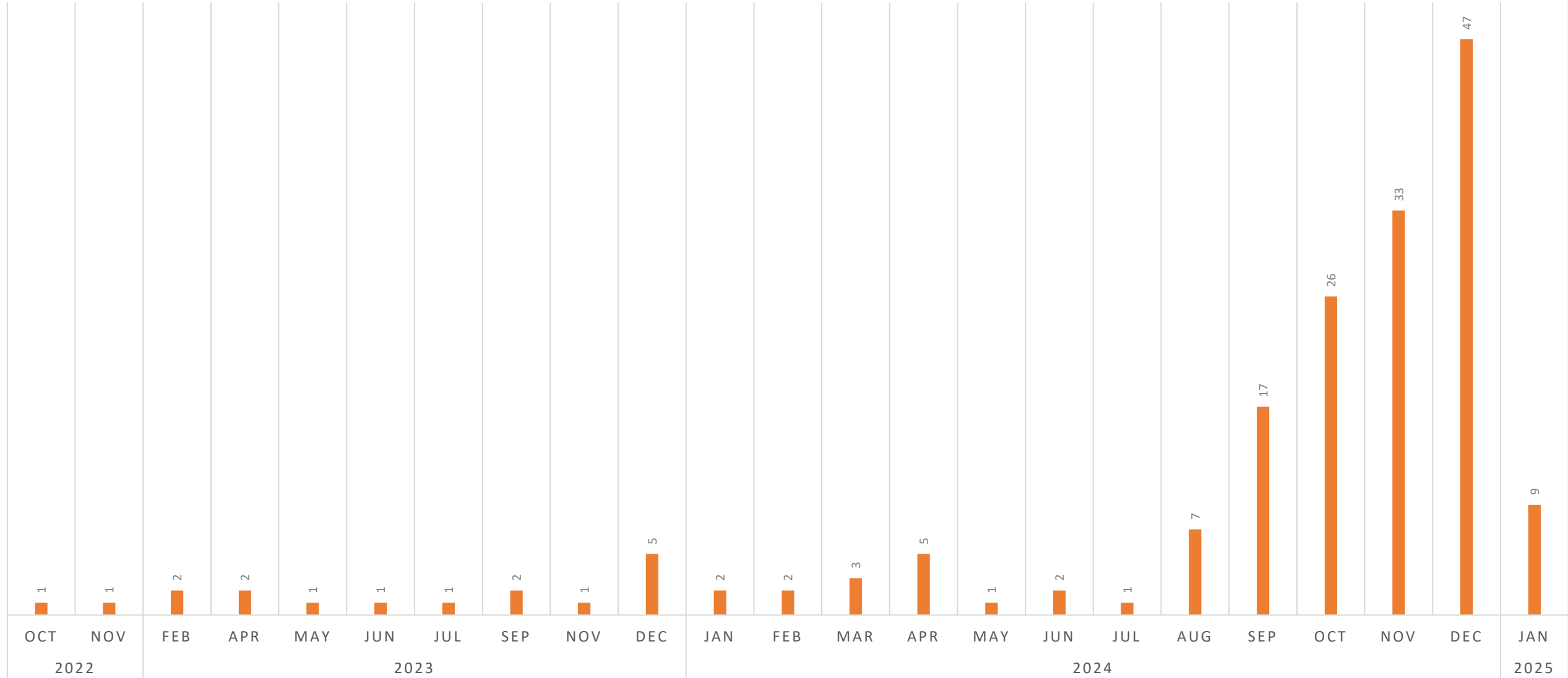
Incidents, concerns, complaints.



Maternity Incidents – As at 31.12.2024

Total number of Incidents open – 172 (as at 31.12.2024)

Of which 116 incidents are overdue



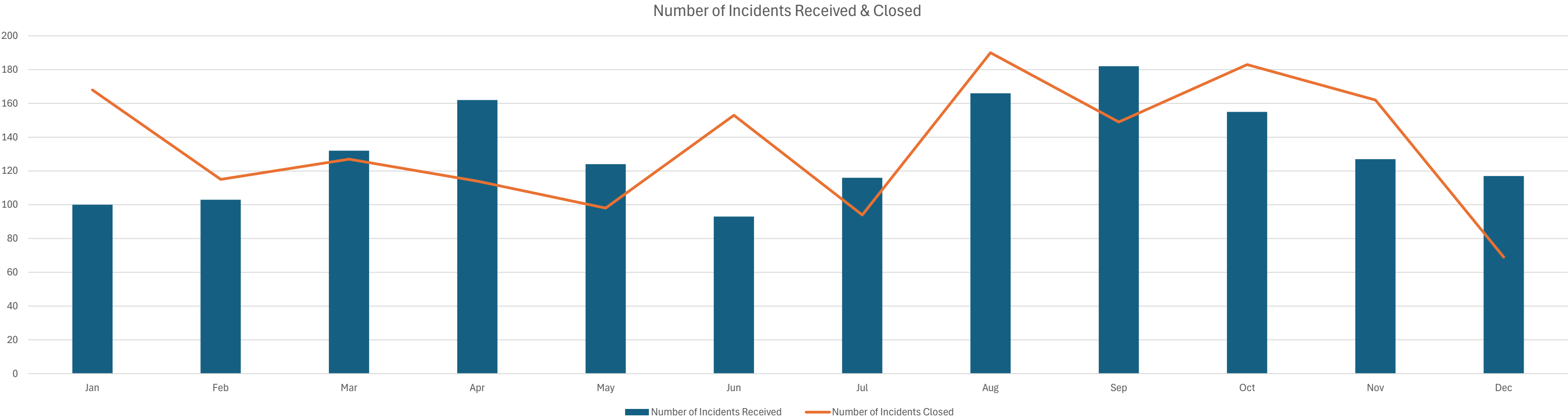
Oldest incidents

- Oct 2022 – 13225 – Awaiting approval
- Nov 2022 – 15913 – Revised – for OCRIM
- Feb 2023 – 21775 – Revised – for OCRIM
- Feb 2023 – 21349 – Awaiting IR3 approval
- Apr 2023 – 25636 – Awaiting IR3 approval
- May 2023 – 28723 – Revised – for OCRIM
- June 2023 – 30360 – Revised – for OCRIM
- July 2023 – 34017 – Revised – for OCRIM
- Sept 2023 – 38588 – Awaiting IR3 approval
- Sept 2023 – 38521 Revised – for OCRIM
- Nov 2023 – 43175 – Awaiting IR3 approval
- Dec 2023 – 45092 – HIE awaiting OCRIM
- Dec 2023 – 43863 – HIE awaiting OCRIM
- Dec 2023 – 43829 – Revised – for OCRIM
- Dec 2023 – 45333 – Awaiting Closure
- Dec 2023 – 44314 – HIE awaiting OCRIM

Maternity Incidents – Activity for December 2024

Total number of new incidents received in December – 117

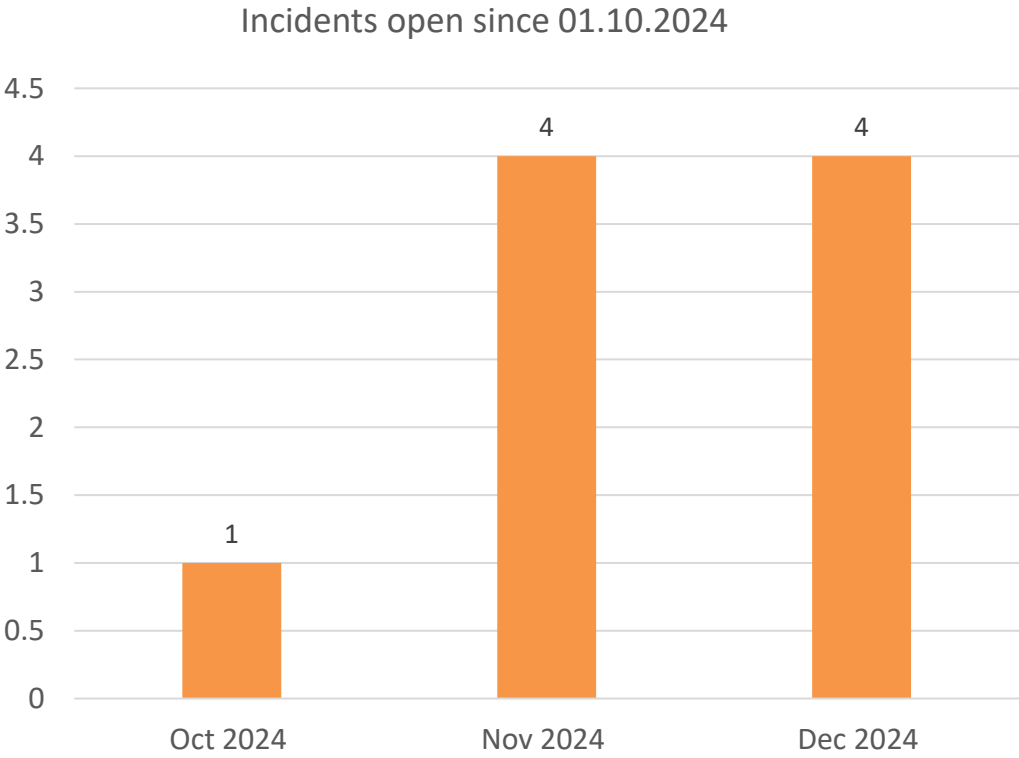
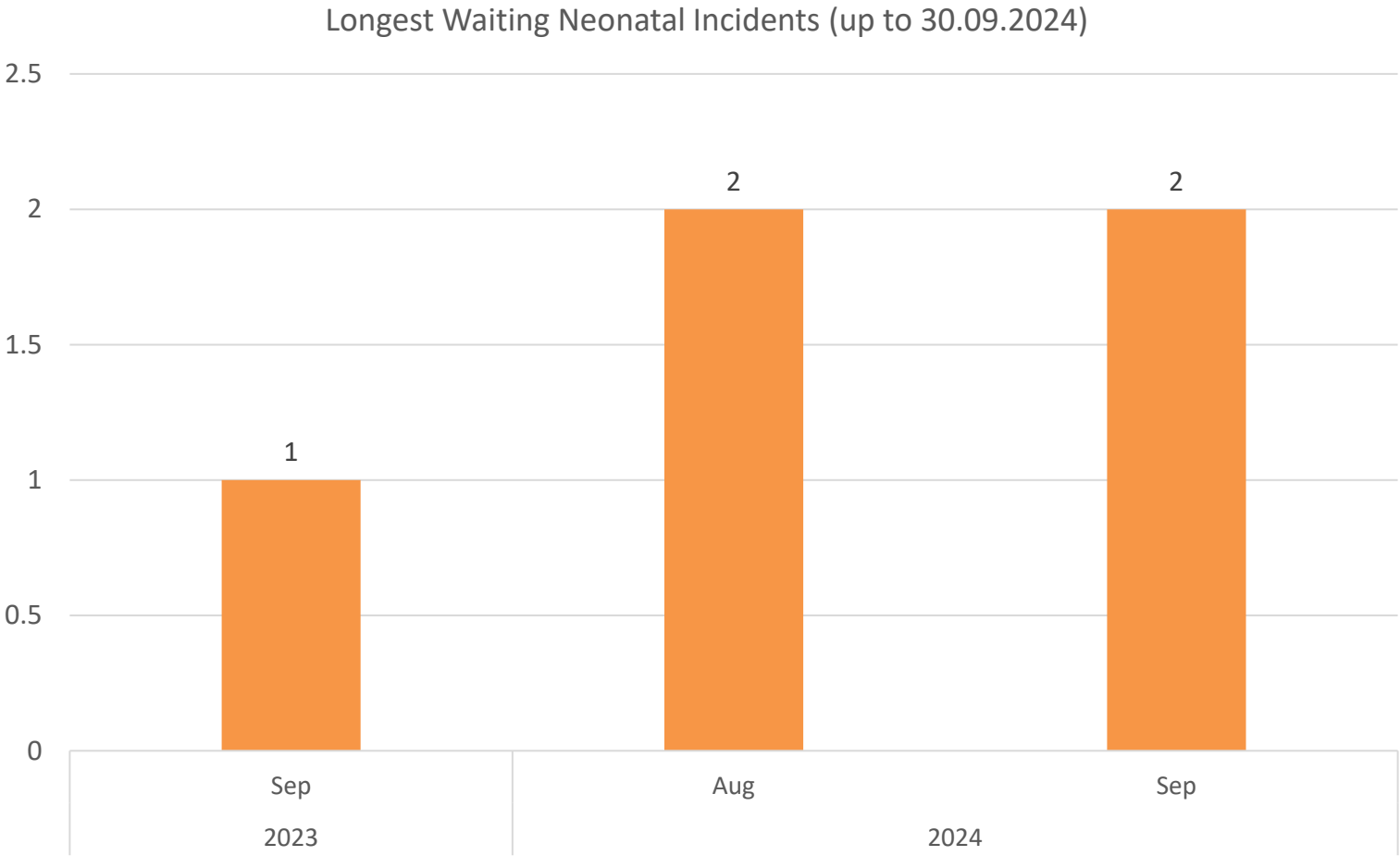
Out of which, 68 incidents have been closed following investigation during November (69 closed of total incidents outstanding)



Neonatal Incidents - As at 31.12.2024

Total number of incidents open – 14

Of which 5 incidents are overdue (as at 12.12.2024)

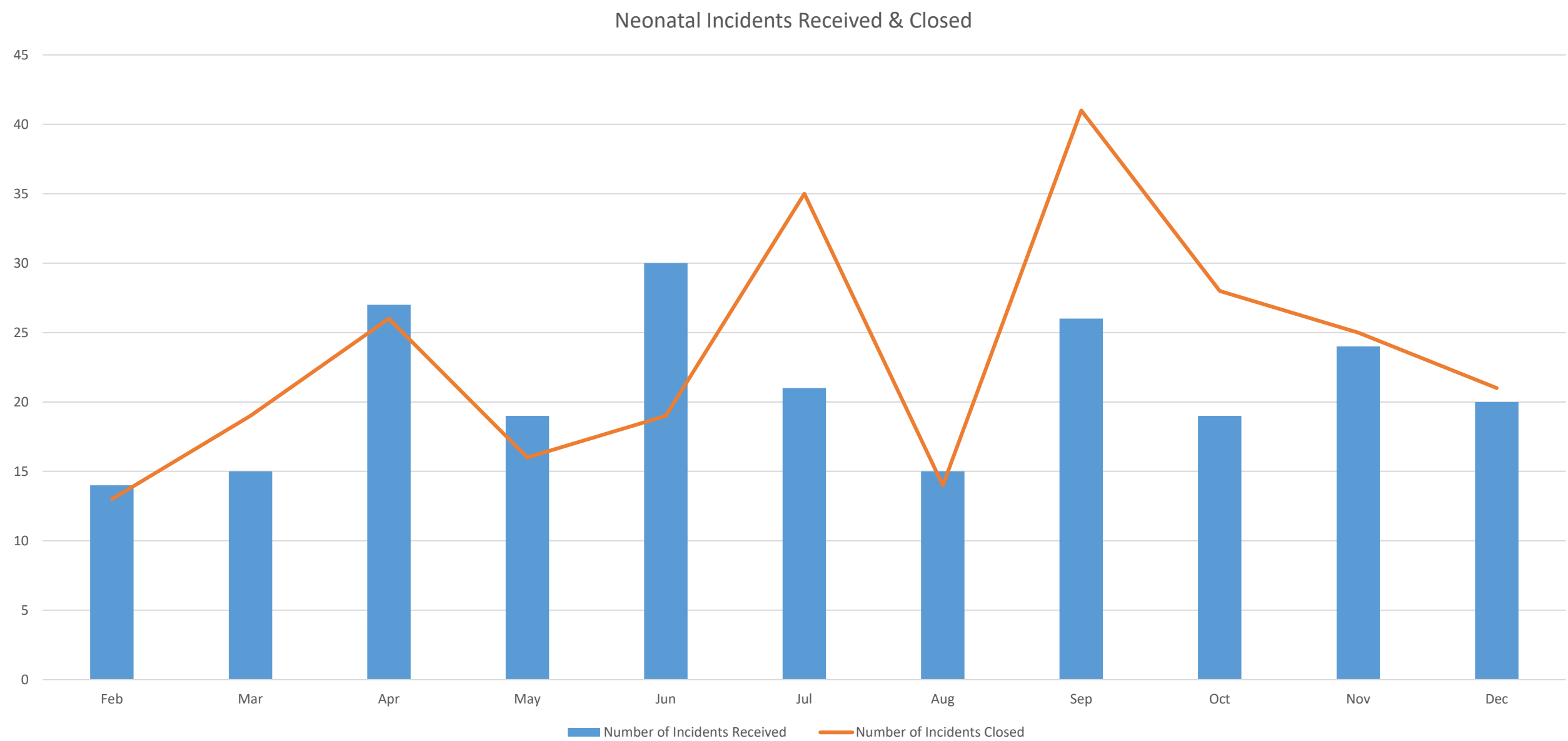


Oldest Incidents

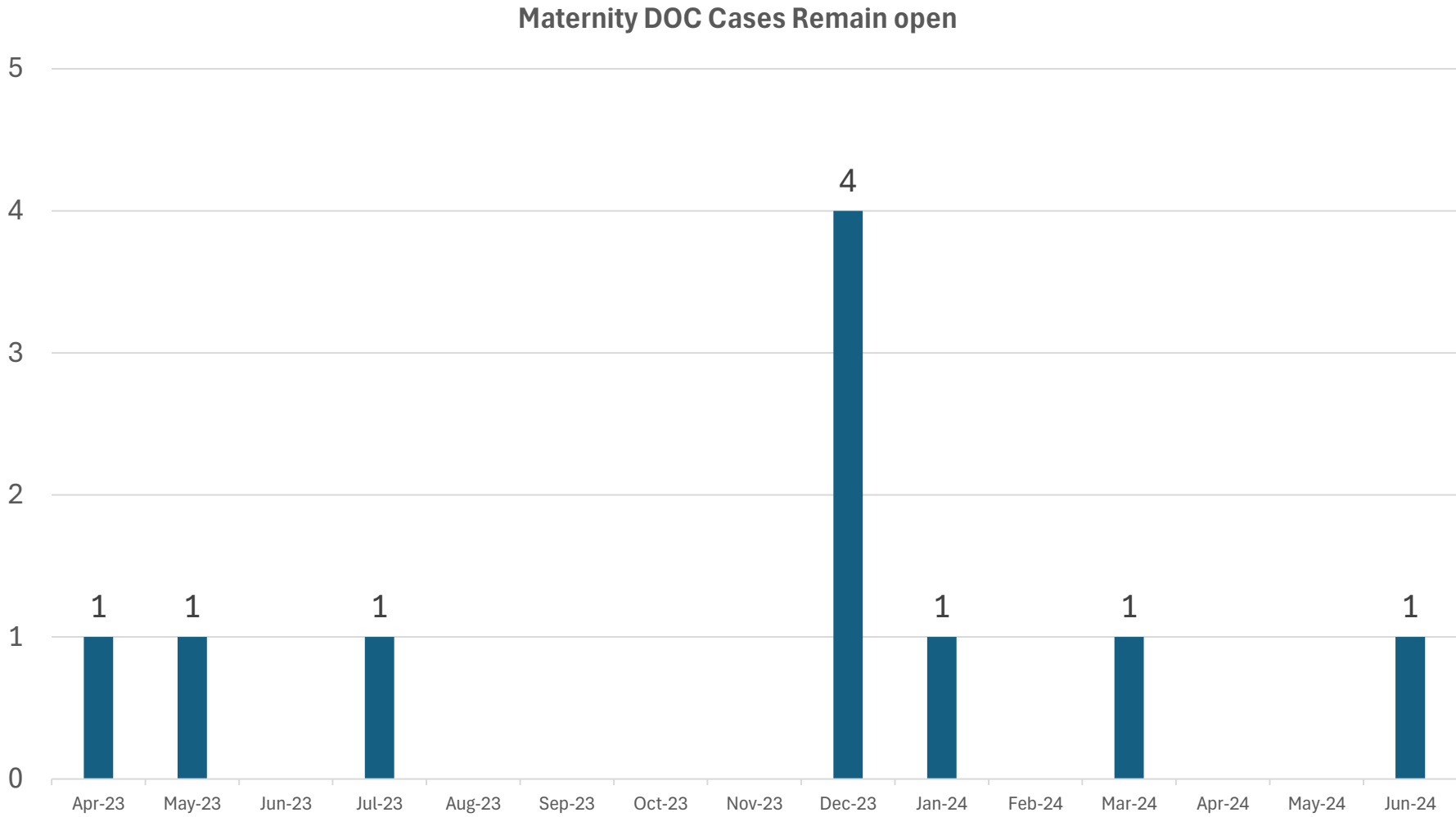
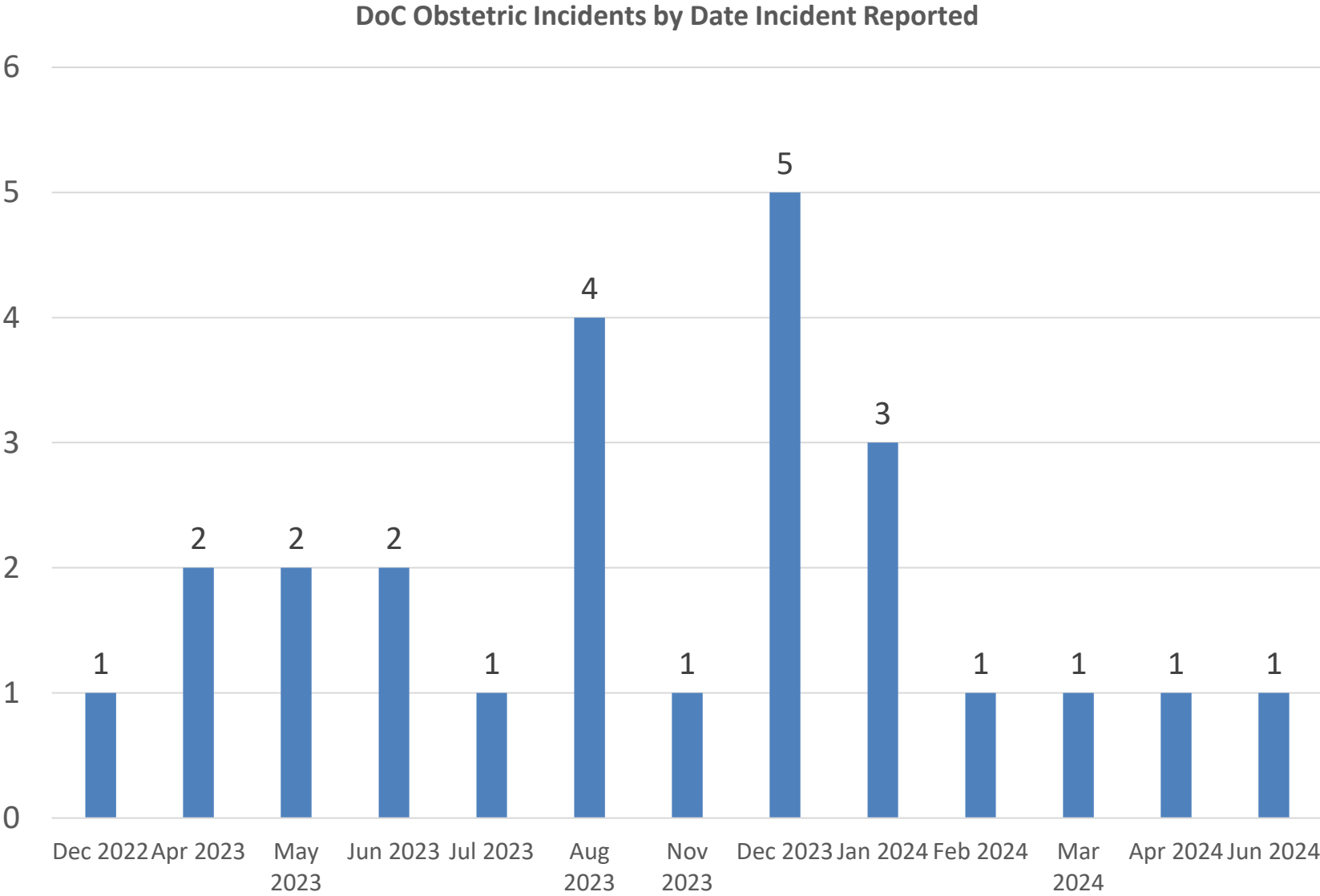
- Sep 2023 – 37091 – Coroner delay
- Aug 2024 - 2 mortalities –
 - 1 outcome form awaiting sign off
 - 1 awaiting minutes and Datix completion
- Sept 2024 – 2 mortalities
 - 1 outcome form awaiting sign off
 - 1 awaiting closure

Neonatal Incidents – Activity for December 2024

Total number of new incidents for December – 20
Out of which, 12 incidents have been closed following investigation during December (21 closed of total incidents outstanding)

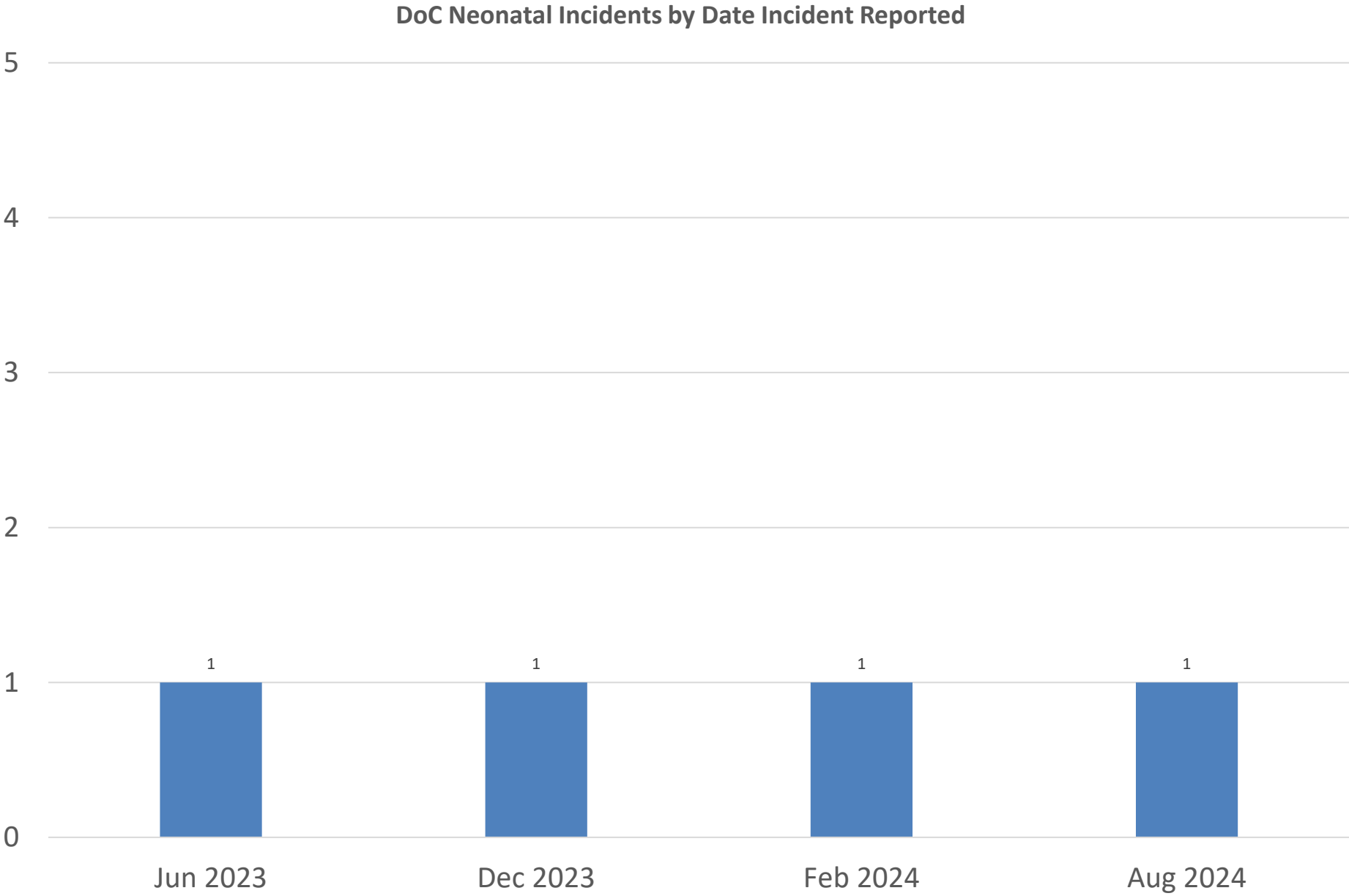


Maternity DoC cases – as at 31.12.2024



10 remain open as they still under investigation – the longest open DoC is from April 2023 due to the nature of the investigation – All HIE cases.

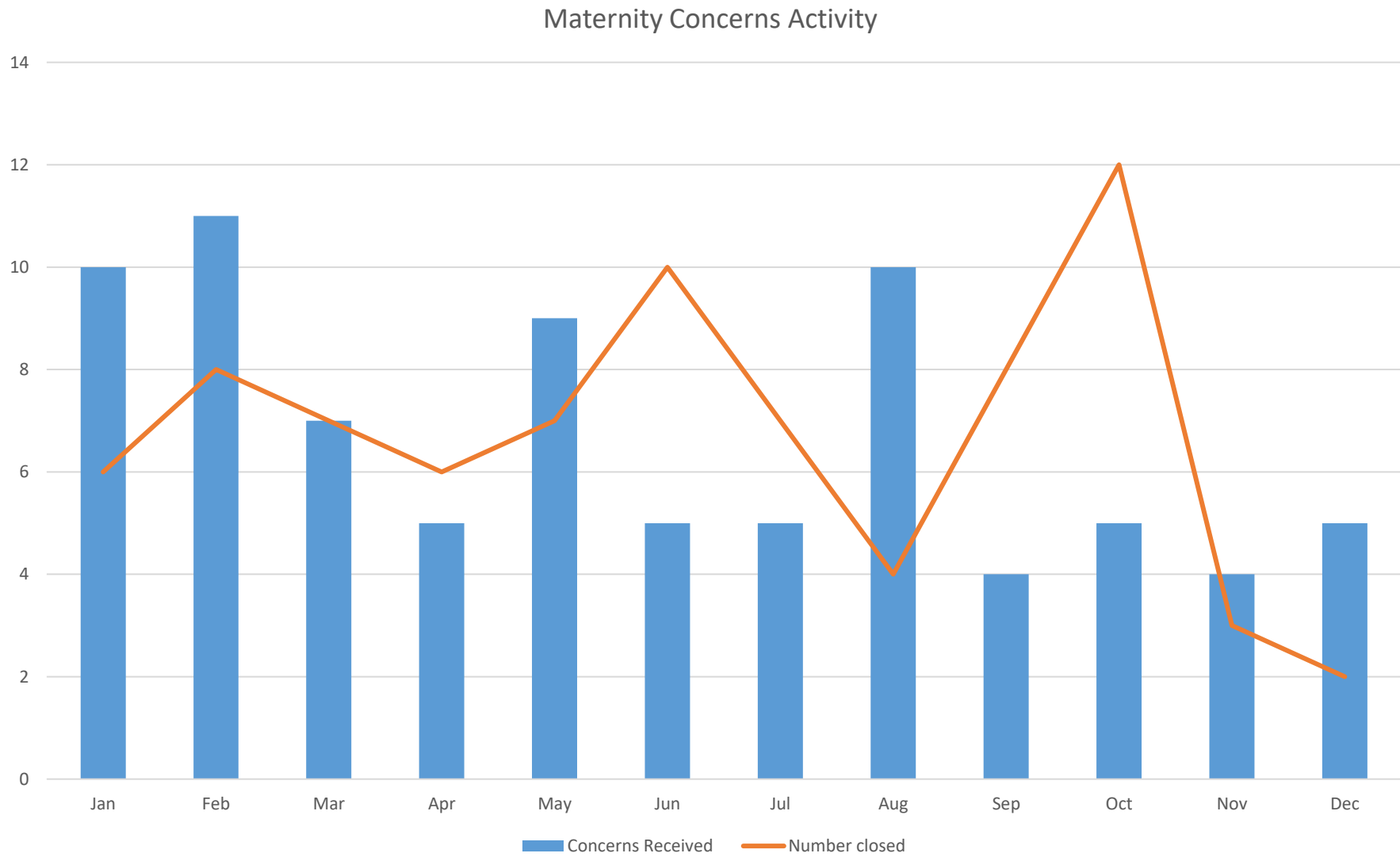
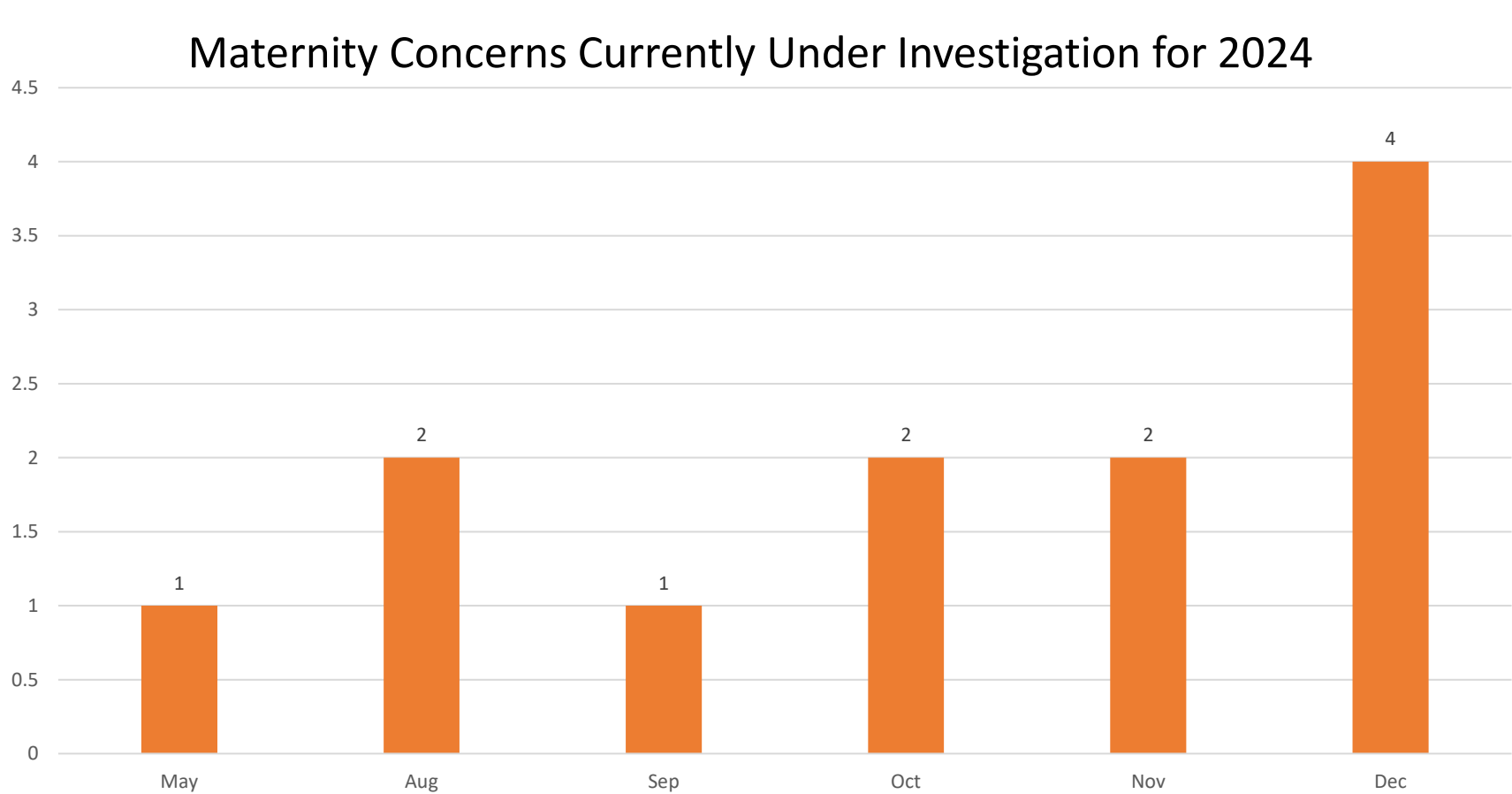
Neonatal DoC cases – as at 31.12.2024



Zero Neonatal DOC Cases
currently under investigation

Concerns Outstanding – as at 31.12.2024

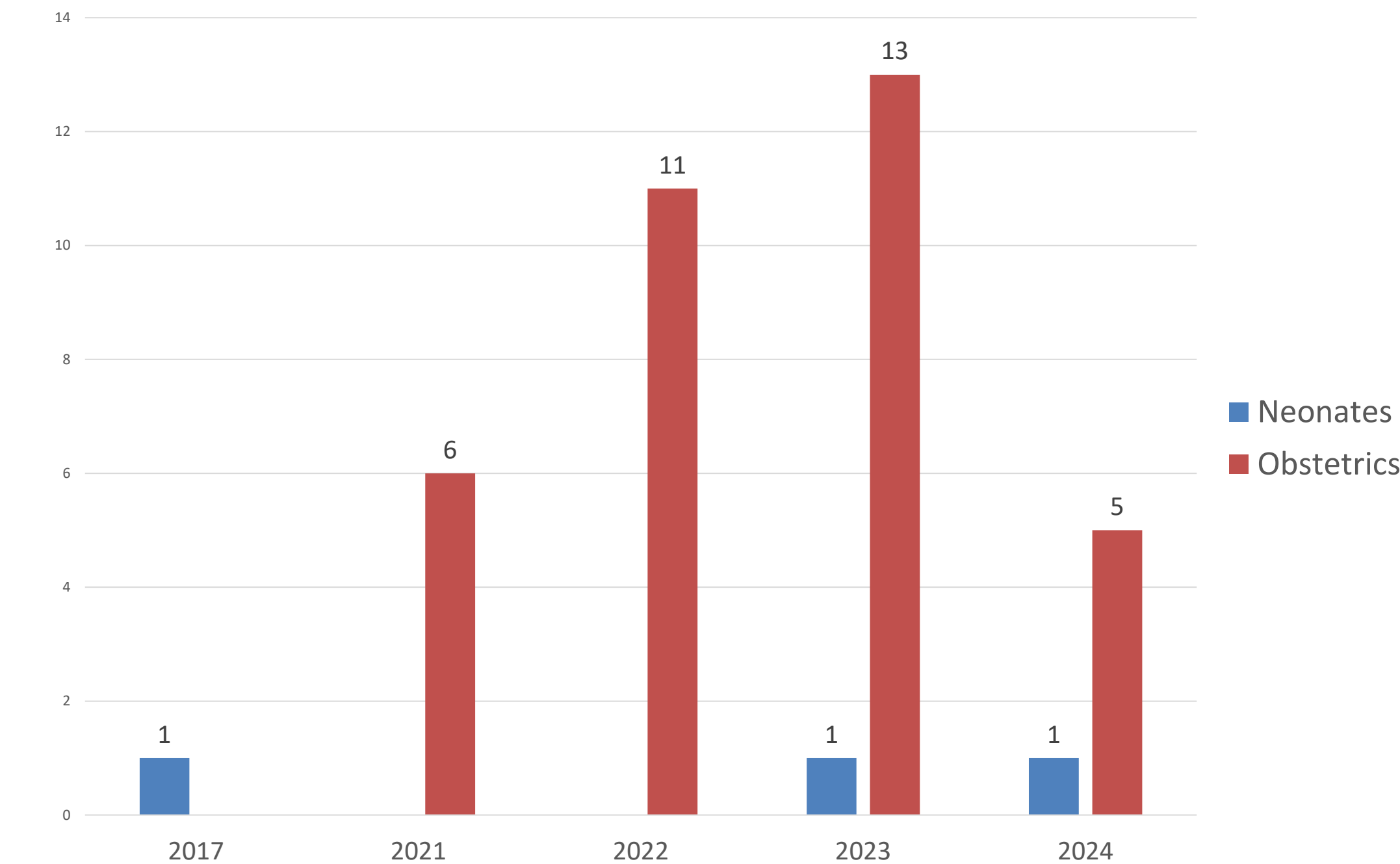
Neonatal Services have zero active concerns – There has only been 1 formal concern received in the last 2 year period which was in April 2024.



- Maternity have 13 formal concerns open – of which 8 concerns are currently overdue
- The oldest concern has been open since May 2024

REDRESS – As at 31.12.2024

Number of Redress cases currently open for Maternity and Neonatal Services as at 31.12.2024



- There are currently 38 Redress cases open
- 22 Redress cases are as a result of incidents being investigated
- 16 Redress cases are as a result of concerns being investigation

Patient Feedback



Patient Feedback - Maternity

For the month of December there were 110 Friends and Family survey returns with an overall score of 86%.

Results by Ward/Clinic

Ward/Clinic	% Good	% Poor	Total Responses	Very good	Good	Neither good nor poor	Poor	Very poor	Don't Know
Total	86.4%	9.1%	110	87	8	4	9	1	1
Antenatal Assessment Unit	0.0%	100.0%	1	0	0	0	1	0	0
Antenatal Clinic - Neath Port Talbot	100.0%	0.0%	5	2	3	0	0	0	0
Antenatal Clinic - Singleton	80.0%	10.0%	10	8	0	1	1	0	0
Bay Birth Unit	100.0%	0.0%	2	2	0	0	0	0	0
Birth Centre	87.5%	0.0%	8	7	0	1	0	0	0
Labour Ward - CDS	70.0%	20.0%	20	14	0	1	3	1	1
Transitional Care Unit	66.7%	0.0%	3	1	1	1	0	0	0
Ward 19 (Antenatal)	100.0%	0.0%	1	1	0	0	0	0	0
Ward 20 (Postnatal)	93.3%	6.7%	60	52	4	0	4	0	0

"staff are fantastic"
competent
professionalism
"above and beyond"
professional
knowledgeable
"excellent service"
efficient
"attention to detail"
methodical

All staff on the labour ward have been fantastic. they have been supportive friendly and professional throughout my whole experience. they have made me feel at ease during stressful times and have really looked after me and my family. Midwives were especially attentive and made me feel safe comfortable and at ease.

Every single person doctor midwife secretary was so lovely kind and helpful. is my first pregnancy and I didn't know what I'm doing where I have to go etc. everyone with smile help even though that day was so many people

Midwife during the birth was wonderful in allowing me to have a natural birth with minimal interventions. she was very knowledgeable and was great at allowing me to make options. after birth midwife looked after us and was also extremely lovely.



understanding
sympathy
empathetic
caring
kind
supportive
reassured
reassuring
compassionate
thoughtful
calming

"help and support"
"spent time"
"put me at ease"
reassured
helpful
supportive
reassuring
helped
"very understanding"
"care and support"

Patient Feedback - Maternity

- *More doctors and less waiting time! waiting for 4 hours just for results to go home as the tests were successful as a very pregnant woman sitting uncomfortably in a waiting room until late at night I was in pain exhausted and restless! doctor was unfortunately busy need more experienced staff to give results etc or doctor to ring if good results to let people go home instead of waiting for so long! I felt like I was brushed aside.*
- *Make sure staff are aware of patients waiting to be discharged during handover. I was waiting 4 hours before discharging myself.*

"for 3 hrs"
"running late"
"held up" wait finally
waits
waiting
ages delays
waited behind "for 4 hours"
"hour late"
"for 18hours"
"for 36 hours"

Patient Feedback – Neonatal

CIVICA - 9 responses since implementation – 169 admission to NICU

Brilliant
Positive
Supportive
Helpful
Comforting
Wonderful

1. Where did your baby receive care?

- NICU – 22.22%,
- SCBU – 11.11%,
- Both – 66.67%

2. Which gender do you identify as?

- 100% Female

3. What is your ethnic group?

- White – 77.78%
- Black/African/Carribean/Black British – 11.11%
- Other – 11.11%

4. Which month was you baby admitted ?

- Sept – 33.33%
- Nov – 55.56%
- Dec – 11.11%

5. How long has your baby been in Neonatal Care?

- Less than 1 week – 12.50%
- 1-2 weeks – 37.50%
- 4+ weeks – 50%

6. Feel fully informed about your baby's care?

- Always – 75%
- Usually – 25%

7. Receive sufficient information about unit facilities visiting support groups etc?

- Always – 62.50%
- Sometimes – 37.50%

8. Receive an update from your baby's doctors?

- Always – 87.50%
- Usually – 12.50%

9. Feel treated with dignity and respect?

- Always – 87.50%
- Usually – 12.50%

10. Feel able to stay with your baby overnight in a bedroom or at the cot side?

- Always – 87.50%
- Never – 12.50%

“Accommodation was not offered after discharge. Seemed to be different rules for different families about visiting. We were told 2 visitors but other families seemed to have 3 or 4”.

Patient Feedback – Neonatal Cont'd

CIVICA - 9 responses since implementation – 169 admission to NICU

More bedrooms
inconsistency
Anxiety

11. Feel encouraged to support/hold your baby during their medical procedures (e.g. blood tests head scans etc.)?

- Always – 75%
- Usually – 12.50%
- Not sure – 12.50%

12. Have access to an area where you could make drinks prepare simple meals wash and shower?

- Always – 87.50%
- Usually – 12.50%

13. Have unrestricted access to your baby?

- Always – 100%

14. Feel encouraged and supported to participate in your baby's care (nappy changes skin to skin feeding etc)?

- Always – 87.50%
- Usually – 12.50%

15. Do you feel you have received enough information and support about how to feed your baby? (breast or bottle)

- Always – 100%

16. Do you feel that you are able to do all that you wanted to for your baby (including tube feeding, taking out of incubator/cot, taking temperature etc)

- Always – 100%

17. Do you feel you are prepared and supported for your baby's discharge?

- Always – 100%

18. Have you at any point experienced anxiety/stress/poor mental health while your baby has been in neonatal care?

- Yes – 75%
- No – 25%

19. Do you feel staff are able to support you and your mental wellbeing while your baby is in neonatal care?

- Yes – 100%

“We were shown early on how to get him out of the incubator, but some of the nurses would get funny about it. Some would allow us to crack on but others wouldn't and would want to do it themselves”.

Neonatal IPC Sept 24 – Dec 24

NICU only had 1 L.O.S in the last quarter.

Month	Bacteraemia	No	Gestation	Weight	Day
27 th December 24	E Coli	1	30+1	1425gram s	9 of life

NICU
Quarterly Validation by IPC team - Standard Precautions Practice – 93.3%
IPC – Hand Hygiene and Bare Below the Elbows – 100%
IPC - Standard Precautions in the Care Environment – 97.9%



SCBU
Quarterly Validation by IPC team - Standard Precautions Practice – 100%
IPC – Hand Hygiene and Bare Below the Elbows – 98%
IPC - Standard Precautions in the Care Environment – 100%

Infection prevention and control – November and December 2024

🕒 Compliance with national cleaning standards in line with national standards

🕒 November 2024	🕒 December 2024
NICU – 97.9%	NICU –97.9 %
Labour Ward – Not completed	Labour Ward – 97.9%
Antenatal –95.9 %	Antenatal – 91.7%
Ward 20/Post-natal –100 %	Ward 20/Post-natal –100 %
Ward 5 (NICU) – 100%	Ward 5 (NICU) – 100%

🕒 Compliance with hand hygiene audits in line with national standards

🕒 November 2024	🕒 December 2024
NICU – 97.7%	NICU – 100%
Labour Ward –Not completed	Labour Ward - 100%
Antenatal – 91.9%	Antenatal – 100%
Ward 20/Post-natal – 100%	Ward 20/Post-natal –84.2 %
Ward 5 (NICU) – 98%	Ward 5 (NICU) – 100%

IPC Training and Compliance		IPC 1	IPC 2
Medical Staff	Obstetric	96%	96%
	Neonatal	94%	82%
Additional Clinical Services	Maternity	89%	84%
	Neonatal	83%	67%
Nursing and Midwifery	Maternity	96%	91%
	Neonatal	96%	82%

Maternity and Neonatal Term HIE incidences – Sept 24 – Dec 24

Case	Place of birth	D.O.B	Gest	MRI findings	Inborn > Outborn	Grading of HIE	Avoidable Yes/No	Outcome
1	SBU	3/10/24	40+1	No signs of hypoxia / ischaemia. Small bilateral intraventricular haemorrhage. No hydrocephalus. Shallow supra and infratentorial subdural haematomas, without any significant mass effect, not uncommon in newborn term babies.	Inborn	1	Under review	Survived to discharge
2	SBU	4/10/24	35+2	There is bilateral haemorrhage within the lateral 3rd and 4th ventricles. Some increased signal within globus pallidus and the ventrolateral thalami. There is no myelination within the posterior limb of the internal capsule, but this may be age appropriate	Inborn	3	Under review	Survived to discharge
3	Home	21/11/24	42+6	Not performed	Inborn	3	Under review	Re-direction of care – mortality
4	SBU	3/12/24	39+2	Awaiting – request sent from POW	Inborn	2	Under review	Survived to discharge

Maternity and Neonatal Mortality data for September 2024 – December 2024

Case	NND/SB	D.O.B	Gestation	Ethnicity	Weight	Age of death	Included in SBUHB MBRRACE report
1	NND	01/09/2024	31+6	White	2580 grams	1 LW death	Yes (cong anomaly
2	NND	08/09/2024	23+4	White	502 grams	13	No (< 24 weeks)
3	SB	09/09/2024	30+1	White	1280grams	N/A	Yes
4	NND	09/09/2024	21+4	White	420grams	1 (TOP) cong anomaly	No (24 weeks)
5	SB	13/09/2024	33+1	Black/African	1025grams	N/A	Yes
6	NND	03/11/2024	28+0	White	1140grams	Death in community – anhydramnios 15/40	Yes
7	NND	21/11/2024	43+0	White/African	5000grams	2	Yes
8	SB	24/11/2024	25+5	White	361grams	N/A	Yes
9	SB	22/11/2024	26+0	White	920grams	N/A	Yes
10	NND	27/11/2024	24+0	White	530 grams	5 days	Yes
11	SB	21/11/2024	30+0	White	1240grams	N/A	Yes
12	SB	10/12/2024	33+5	White	2400grams	N/A	Yes
13	SB	30/12/2024	24+3	Black/African	361grams	N/A	Yes

Actions and updates following HIW inspections and other reviews.



Immediate Improvement Plan - 2023

Actions due – thematic heading	Number Actions Due	Number Implemented	Number Remaining
Staffing levels	10	10	-
Mandatory training	8	8	-
Equipment	2	2	-
Security (premises/abduction)	9	9	-
Handovers	2	2	-
IPC	5	5	-
Security of Fluids	4	4	-
TOTAL	40	40	0

All actions for Immediate Improvement plan completed.

General Improvement Plan - October 2023

Target Month Actions Due (by end of month)	Number Actions Due	Number Implemented	Number Remaining
Completed at time of report	5	5	-
November 2023	11	11	-
December 2023	28	28	-
January 2024	22	22	-
February	13	13	-
March	17	17	-
April	10	10	-
May	0	0	-
June	3	3	-
July	3	3	-
August	0	0	-
September	4	4	0
October	1	1	0
November	0	0	0
December	0	0	0
January 2025	1	0	1
TOTAL	118	117	1



Immediate Improvement Plan – April 2024

Actions due – thematic heading	Number Actions Due	Number Implemented	Number Remaining
Staffing levels	3	3	-
Documentation	2	2	-
Guidelines	1	1	-
TOTAL	6	6	0

Immediate improvement plan completed.

General Improvement Plan – April 2024

Received July 2024

23 improvements identified – 37 actions developed

Target Month Actions Due (by end of month)	Number of Actions Due	Number Implemented	Number Remaining
2024			
July 2024	8	8	0
August 2024	4	4	0
September 2024	14	14	0
October 2024	5	5	0
November 2024	4	4	0
December 2024	1	1	0
2025			
April 2025	1	0	1
TOTAL	37	36	1



April 2025- Job description for Patient Experience Midwife completed and being reviewed.

Progress and engagement with Digital Maternity Cymru



DMC (Digital Maternity Cymru)

Progress and engagement with Digital Maternity Cymru.

National DMC

The National procurement phase process has been terminated and a revised plan for the programme is being considered by Welsh Government with an aim to locally procure and support the implementation of a digital maternity service.

Local board agreed and SRO appointment – board meetings will be fortnightly.

Local Outline Business Case (OBC) and paper to be agreed at board level. Local business development case ongoing alongside discussions with shared services. Weekly meetings arranged to ensure actions are completed by the timescales set by WG.

Baseline data collected for OBC purposes defining time to care etc.

Statement of Requirements (SOR) - comments finalised and submitted.

Process mapping – Collaborative working with business change to ensure the pathways throughout maternity care are digitally prioritised. Work already/to be completed on all 'as is' process mapping will be taken place at Swansea Bay, but will they be utilised and referenced for all UHBs at implementation.

Data Standardisation – Care Pathways data mapping and process mapping ongoing for all seven UHBs, working in 3 week sprints to review data items of completed pathways in each Health Board. The pathways completed are now being reviewed and this work will continue.

Data definitions – work to be finalised on PRSB standards in relation to Welsh data standard variations.

Quality Improvement Framework (National Database)– Digital lead representative Network to work on data standards towards a national dashboard.



Local Digital transformation projects:

1. Maternity Dashboard.
2. GROW 2.0 user access and maintenance.
3. Automated certificates for mandatory training.
4. Staff SharePoint access and digital support.
5. National Data oversight actions.
6. Digital Resource plan for SBUUB. - see action log
7. Digital service user web page for pregnancy information.
8. Language Line SOP and resource/comms support.
9. Digital Charter for MVP and ongoing comms to women including maternity stats.
10. E-Community digital support.
11. BSOTs digital support.
12. AMAT implementation.

DMC (Digital Maternity Cymru)

Progress and engagement with Digital Maternity Cymru.

Phase 0	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Discovery project	"Feasibility"	"Definition"	"Delivery - Build"	"Delivery-Implement"	"Operations"	"Closure"
Mar 21-Dec 22	Jan 23-Mar24	April24-March 25	April25-Feb26	March26-Feb27	Feb 27 onwards	March 27
Understand high level needs and scope Understand the market Secure outline WG funding	Establish programme team Pre procurement Outline Business Case Clinical standards Discovery project	Procurement terminated. Awaiting formal reflection and review.	Detailed design of services Configure digital system Develop interfaces Conduct testing	7 x Health Board implementation projects (supported nationally) Start measuring benefits National dashboarding/reporting	Handover to BAU Continuous Improvement	Close

Outcome and experiences for women and babies with protected characteristics.

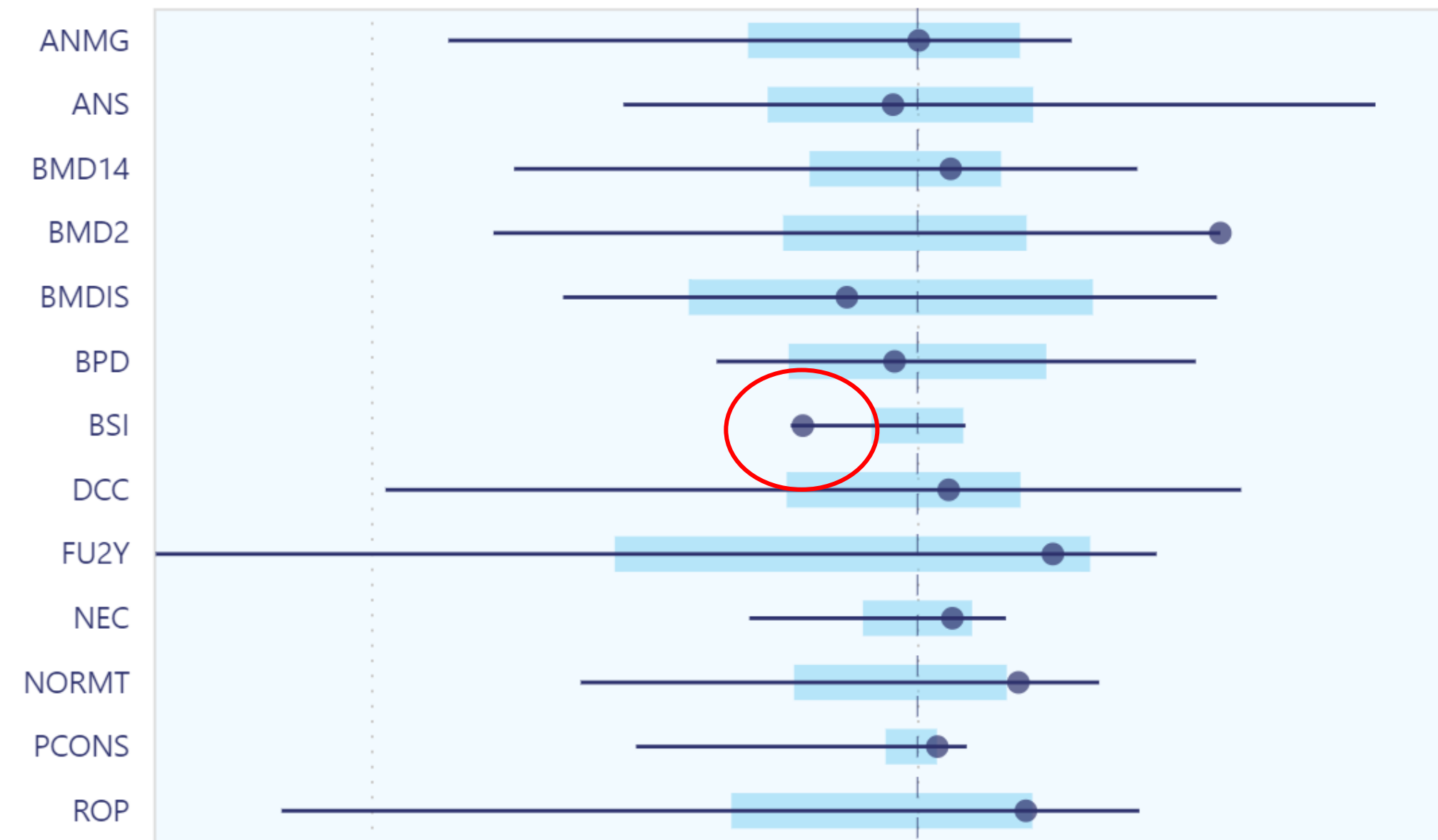
Maternity Services are working towards the Diverse Cymru workbook

Maternity Services are implementing 'open access' to all women who are unable to converse in English to the Antenatal Assessment Unit in pregnancy. This is due to be implemented February 1st. Task and finish group are meeting weekly to develop SOP, Microsoft form and database to provide Governance around initiative. Stickers will be used on Maternity records to identify open access service to women.

Following implementation of open access to Maternity care postnatal pathways to be developed.

Public Health Midwife to process map translation services within Maternity services as long term objective.

NNAP Singleton Hospital 2023 report



Measures

- MORT:** Treatment effect of mortality
- BPD:** Treatment effect of bronchopulmonary dysplasia or death
- NEC:** Treatment effect of necrotising enterocolitis
- BSI:** Treatment effect of bloodstream infection
- ANS:** Antenatal steroids
- ANMG:** Antenatal magnesium sulphate
- DCC:** Deferred cord clamping
- NormT:** Normal temperature
- BMD14:** Breastmilk day 14
- BMDIS:** Breastmilk at discharge
- BMD2:** Breastmilk at day 2
- PCons:** Parental consultation in 24h
- ROP:** Retinopathy of prematurity
- FU2Y:** Two year follow up
- TRESP:** Treatment effect of non-invasive respiratory support

Legend

- Proportion
- 2 standard deviations limits
- Min and Max Range
- | Mean

One domain plotted > 2D above national average

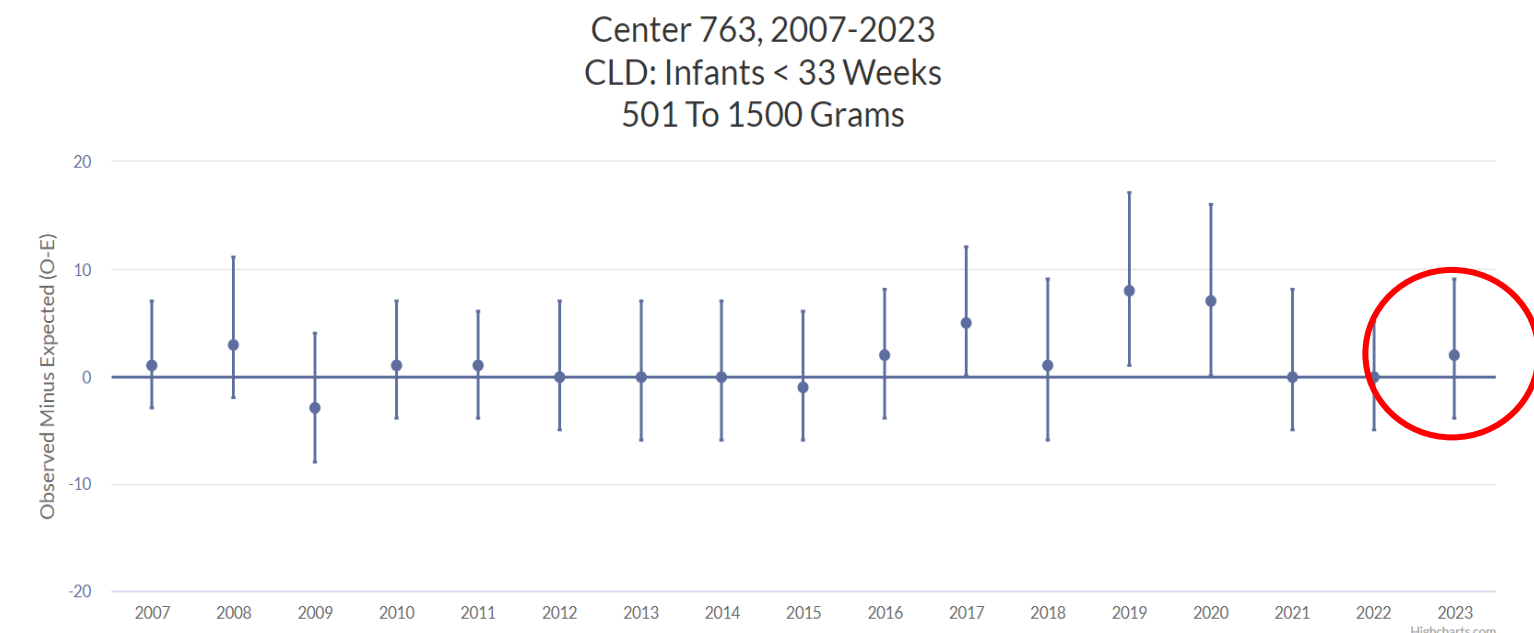
- **Blood stream infections**
 - **15% vs. 5% (treatment effect: 10.5)**
 - This unexpected rise in infection rate was acknowledged by our team in autumn 2023 and a dedicated QIP team was allocated to investigate possible reasons and explore ways to improve. Within this QIP, we decided to monitor both MSSA and MRSA colonisation in our admitted infants (reported high rate of staphylococcal infections in the community), we campaigned for all neonatal staff to be up to date with mandatory Infection Prevention and Control (IPC2) and ANTT training and we developed the 'Gloves off' project. Network recognised similar issue for all tertiary NICUs in Wales and allocated a research fellow to look into this.

Measures where Singleton performs above national rate

- Antenatal magnesium sulphate
- Deferred cord clamping
- Normothermia on admission
- Parental consultation within 24 hours of admission
- Parental involvement in consultant ward rounds
- On-time screening for retinopathy of prematurity
- Necrotising enterocolitis
- Breastmilk feeding by day 2
- Breastmilk feeding at day 14
- 2 year follow-up

Measures where Singleton performs below national rate

- Antenatal steroids within 7 days of delivery - 23-33weeks gestation
 - **52% (Singleton) vs 53% (national average)**
 - Massively improved since Network approach (PERIPrem Cymru), as steroids discussed/administered in referring neonatal units
 - QIP (Maternity and Neonatal team) aiming to improve increase staff awareness and parental acceptance of antenatal steroids (parent leaflet, staff education, joined counselling)
- Bronchopulmonary Dysplasia (BPD) (Inborns)
 - **47% vs. 40% (treatment effect: 2.1 from 3.7 in 2022 : 2.1 vs. 3.7 in 2022)**
 - Complex measure, difficult to tackle, previous interventions (early hydrocortisone) paused in view of GI side effects
 - Singleton NICU international benchmarking on Vermont Oxford Network (VON for both inborns and outborns is reassuring – VON risk adjusts based on high risk population.



Measures where Singleton performs below national rate - Cont'd

- Breastmilk feeding at discharge

- **57% vs. 63%**

- We are above the national average at early breast milk feeding (days 2 and 14), but our rate declines after 34 wks
- QIP aimed to promote long term breastfeeding by educating both neonatal staff and parents. New pathway enabling infants to be discharged home partially fed via nasogastric tube, allowing them to establish breastfeeding in their home environment.

- Non-invasive breathing support in the 1st week of life

- **42% vs. 49% (treatment effect: 2.9 vs. 7.6 in 2022)**

- QIP named UNIVERS: optimized early high pressure CPAP on Labour Ward on all infants >24weeks' gestation and has recently implemented the next PDSA cycle, which aims to deliver Surfactant early, within 2 hours, in infants born between 25-26 weeks' gestation.

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