

Maternity & Community Midwifery Risks @10/05/2024

ID	Risk title:	Risk Type	Opened	Specialty/Service	Description	Consequence (current)	Likelihood (current)	Rating (current)
2786	2 parallel Maternity electronic systems currently in use	Patient harm	26/06/2023	Maternity	Badgernet system currently in use, but until all women previously booked on Orion have delivered, both systems will remain live. There is a risk associated with data being on both systems and that vital clinical, safeguarding etc information may be missed.	2. Low	3. Possible	6
1481	Abduction from the Maternity ward	Patient harm	15/07/2015	Maternity	If there is an abduction of a baby from the maternity unit during visiting hours. Caused by a weakness in physical security controls that allows a member of the public unauthorised access to the unit whilst the baby is left unattended. It may result in permanent separation of the baby from their family, placing the baby at significant risk of harm and causing substantial long-term emotional and psychological distress to the parents; the reputation of the Trust would also be damaged and it could give rise to litigation.	4. High	2. Unlikely	8

2394	Access to choice of birth place (NICE CG190)	Reputation / regulatory action	26/03/2019	Maternity	<p>Women are not able to access their choice of birth place in line with NICE guidance CG190; this includes home birth or Kings Mill hospital Sherwood Birthing Unit.</p> <p>There is a risk that some aspects of maternity services will need to be suspended in order to maintain a safe service.</p> <p>Specifically:</p> <ul style="list-style-type: none"> •During times of exceptionally high activity, lack of bed capacity or staffing shortages the Sherwood Birthing Unit may close to admissions in line with the maternity services escalation policy. •Separately, the home birth service may not be available to women in labour due to midwife availability <p>Closing to admissions on the Sherwood Birthing Unit preserves the safety of women and babies who are already in our care; however it increases the risk to women who may need assessment in pregnancy or labour and have this assessment delayed, or have to travel to another maternity unit to access care.</p> <p>Women who are planning a home birth may need to transfer into the hospital setting if two midwives are not available to attend the birth. This is not in line with NICE guidance around choice of birth setting; however it does not affect the safety of their care.</p> <p>The factors identified as root causes of this risk are:</p> <ul style="list-style-type: none"> •General midwifery workforce and recruitment challenges (currently 12% vacancy in community midwifery services at end March 2020) •Specific midwifery workforce challenges in relation to Covid-19 pandemic •Maternity services as an essential non-elective care pathway which limits agility of staffing response to activity 	2. Low	2. Unlikely	4
1972	Access to premises - Maternity	Services	30/08/2016	Maternity	<p>If premises essential to the Maternity service are not accessible when required;</p> <p>caused by estates management issues or structural failure;</p> <p>it may result in noticeable disruption to essential aspects of the service, failure to meet individual care needs, reduced quality of patient experience, failure to meet governance requirements, additional staff workload and increased costs.</p>	2. Low	2. Unlikely	4
1485	Antenatal & newborn screening of cross-border women	Patient harm	10/07/2015	Maternity	<p>Missing an antenatal or newborn screening opportunity or failure to identify a positive screen for cross-border women.</p> <p>Caused by difficulties in identifying the cohort, accessing results, and communicating with other units who undertake screening for women booked to give birth at SFH.</p> <p>May result in results not being acted upon in a timely way leading to delays in arranging specialist care; poor patient experience; and increased exposure to the risk of an adverse maternal or neonatal outcome, with potential for litigation.</p>	3. Moderate	2. Unlikely	6

1480	Antenatal clinic appointments - Maternity	Patient harm	29/12/2015	Maternity	If there is a significant delay to providing an antenatal clinic appointment within the Maternity service; caused by issues with the design or application of the appointments process, and / or the availability of sufficient skilled staff to meet demand; it may result in failure to meet individual care needs, with reduced quality of patient experience and exposure to increased risk of more severe harm if new developments or complications are not identified.	3. Moderate	3. Possible	9
1608	Availability of essential equipment - Maternity	Patient harm	24/05/2016	Maternity	If equipment essential to the Maternity service is not available when required; caused by supply chain or maintenance issues, or retention of obsolete equipment; it may result in noticeable disruption to essential aspects of the service, failure to meet individual care needs, reduced quality of patient experience with exposure to increased risk of harm, additional staff workload and increased costs.	3. Moderate	2. Unlikely	6
1479	Availability of essential information - Maternity	Services	24/12/2015	Maternity	If information essential to the Maternity service is not available when required; caused by records management issues or IT system failure; it may result in noticeable disruption to essential aspects of the service, failure to meet individual care needs, reduced quality of patient experience, failure to meet governance requirements, additional staff workload and increased costs or potential loss of income if the latest version of the maternity tariff is not in the pathway.	2. Low	3. Possible	6
2893	BSOTS triage system has not been fully embedded within Maternity Triage.	Patient harm	28/03/2024	Maternity	The BSOTS triage system within Maternity is not currently embedded fully. Not all women are being assessed within the recommended timescales. Not all staff have received BSOTS training. This could lead to a birthing person not being assessed in a timely manner, which could lead to a catastrophic outcome.	4. High	3. Possible	12
2824	Community Midwifery Services accommodation	Services	01/11/2023	Community Midwifery	Community Midwifery services have been served notice for accommodation at Crown Medical Centre, date for vacating 30/11/2023. With the priorities around equity and personalisation we need to ensure that care is accessible and available locally for everyone within our service. We know from our local demographic that we have the highest deprivation quintile here in Mid Nottinghamshire. Which in turn brings greater risk to access, compliance, health inequalities and social deprivation. We are currently not providing an equitable antenatal service due to the capacity issues.	3. Moderate	2. Unlikely	6

1246	Deteriorating patient - Maternity	Patient harm	19/11/2014	Maternity	If there is a failure to recognise, monitor and respond appropriately and promptly to the deterioration of a severely unwell patient in the care of the Maternity service; caused by weaknesses in monitoring and escalation controls, staffing capacity and / or human error; it may result in significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or loss of life.	4. High	2. Unlikely	8
2704	Diabetic Antenatal clinic appointments - Maternity	Patient harm	28/11/2022	Maternity	If there is a significant delay to providing a diabetic antenatal clinic appointment within the Maternity service; caused by issues with the design or application of the appointments process, and / or the availability of sufficient skilled staff to meet demand; it may result in failure to meet individual care needs, with reduced quality of patient experience and exposure to increased risk of more severe harm if new developments or complications are not identified.	3. Moderate	2. Unlikely	6
2806	Excessive exposure of Nitrous Oxide/Entonox can potentially pose a risk of harm to staff	Staff harm	14/08/2023	Maternity	Inadequate ventilation processes to safely expel/or control leakage of Nitrous Oxide/Entonox can potentially pose a risk of harm to staff who are subject to excessive exposure.	4. High	2. Unlikely	8
2892	Maternity Triage Telephone Service	Patient harm	25/03/2024	Maternity	Women are not able to consistently access a dedicated telephone emergency maternity triage service due to non-emergency calls also being received, in line with the RCOG guidance. This poses a patient safety risk as women cannot be triaged in a timely manner and poses risk to both woman and baby.	4. High	3. Possible	12
1610	Mis-interpretation of cardiotocography (CTG)	Patient harm	24/05/2016	Maternity	If a Maternity clinician mis-interprets the findings of cardiotocography (CTG); Caused by failure to follow established standards and guidelines, or human error; It may result in increased exposure to risk of severe harm and potential for hypoxic-ischemic encephalopathy (HIE).	4. High	2. Unlikely	8
2891	Postnatal transfer of care from maternity services to GP services is not always digitally authorised for release	Patient harm	25/03/2024	Maternity	ostnatal transfer of care from maternity services to GP services is not always digitally authorised for release. A transfer of care must be manually authorised by a midwife. If this does not occur, discharge information is not relayed to the GP, posing a patient safety risk, in terms of obstetric and midwifery handover of care, transference of safeguarding concerns, follow up of care and involvement of other services.	4. High	2. Unlikely	8
1969	Safe & effective patient care - Maternity	Patient harm	30/08/2016	Maternity	If a patient is not provided with safe and effective care by the Maternity service; caused by staffing issues, equipment issues, system & process issues, or human error; it may result in a poor clinical outcome or avoidable harm to the patient.	3. Moderate	3. Possible	9

2395	SFHFT will not meet the trajectory for transformation described by the LMNS in line with Better Births	Reputation / regulatory action	25/03/2019	Maternity	<p>There are a number of trajectories described in the LMNS plan to align with Maternity Transformation agenda: Choice & Personalisation workstream – SFHFT will not be able to meet Continuity of Care trajectories; 20% of women will be booked onto a Continuity of Care Pathway by 31/03/2020.</p> <p>08.11.20 PC update - national trajectories have been revised due to Covid pandemic. Now aiming for 35% of women booked onto a MCOC pathway by end March 2021 with additional targets for women from BAME or deprived backgrounds. Plan attached. Risk remains although mitigated by detailed plan and PMO support, plus additional staffing investment agreed by Trust and under consideration by LMNS.</p>	3. Moderate	2. Unlikely	6
1971	Staffing levels - corporate - Maternity	Services	30/08/2016	Maternity	<p>If available staffing within corporate roles in the Maternity service falls significantly below required levels; caused by the level of vacancies or absence, and / or difficulties with recruitment and retention or staff with the required skills and experience; it may result in noticeable disruption to essential aspects of the service, with potential failure to meet governance requirements, impact on clinical services, additional staff workload and increased costs.</p>	2. Low	2. Unlikely	4
1683	Staffing levels - medical - Maternity	Services	03/06/2016	Maternity	<p>If available staffing within medical roles on a shift in the Maternity service falls significantly below required levels; caused by the number of vacancies or absence, and / or difficulties with recruitment and retention or staff with the required skills and experience; it may result in noticeable disruption to essential aspects of the service, failure to meet individual care needs, reduced quality of patient experience with exposure to increased risk of harm, additional staff workload and increased costs.</p>	2. Low	1. Very unlikely	2
1970	Staffing levels - midwifery - In-patient Maternity Services	Services	30/08/2016	Maternity	<p>If available staffing within nursing roles on a shift in the Maternity service falls significantly below required levels; caused by the number of vacancies or absence, and / or difficulties with recruitment and retention or staff with the required skills and experience; it may result in noticeable disruption to essential aspects of the service with potential failure to meet individual care needs, delays in care, reduced quality of patient experience, and exposure to increased risk of harm and additional staff workload. See Risk 2394 regarding suspension of services (acute and community/home birth)</p>	3. Moderate	2. Unlikely	6