

## SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

**EXECUTIVE SUMMARY**  
**REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE**

**HELD ON 18 APRIL 2011**

<b>Subject:</b>	CQC Neonatal Readmissions Alert
<b>Supporting Director:</b>	Professor M Richmond, Medical Director
<b>Author:</b>	Mrs S Carman, Head of Patient and Healthcare Governance
<b>Status<sup>1</sup></b>	N

**PURPOSE OF THE REPORT:**

To update the Healthcare Governance Committee on the actions taken in response to a Care Quality Commission (CQC) Neonatal Readmissions Alert and summarise the ongoing work to improve outcomes.

**KEY POINTS:**

In **July 2010** the Trust received an alert letter from the CQC in relation to emergency neonatal readmissions. When compared to other Trusts there appeared to be a higher number of admissions with Sheffield. The CQC conclusions were derived from analysis of both Sheffield Teaching Hospitals and Sheffield Children's Hospital neonatal admissions data.

A reply was submitted in **September 2010** from Sheffield Teaching Hospitals and Sheffield Children's Hospitals which gave a breakdown of the admissions, clinical coding and provided more information regarding the guidelines and protocols that support readmission.

In **December 2010** the CQC requested more information relating to clinical coding and analysis. A recommendation was made to complete a case note review looking specifically at readmissions with length of stay of a day or more.

The Trusts response in **January 2011** included a case review undertaken by Dr Alan Gibson, Director of Neonatal Services. 38 cases were identified as a sample from the population, all notes were obtained and all were reviewed. As part of this audit the Trust reviewed whether individuals may have been more appropriately treated within the primary care setting. From the review of the audit there was limited evidence to suggest that this would be the case. Specialist practitioners within the community are often the individuals that refer to the Trust for more appropriate treatment.

The Trust review suggested that only 60% of the infants documented as being readmitted were actually readmitted for a reason related to the infant. Of these 60% that were documented as being admitted, the majority required either treatment or close monitoring. Of the remainder some surveillance was still regarded as being appropriate and it would appear that the majority if not all of these readmissions were appropriate. The Trust could find no evidence of inadequate clinical care or inappropriate practice. Some of the readmissions reflect current practice of early discharge which is in line with National recommendations and readmissions were in accordance with local guidelines.

Sheffield Children's Hospital also completed an audit and contributed to the September 2010 and January 2011 response letters.

In **February 2011** CQC responded that they do not feel they need to undertake additional enquiries at this time, although the regional team will be working with the Trust to monitor progress with the actions detailed in the responses.

An action plan is included in Appendix A.

**IMPLICATIONS<sup>2</sup>**

<b>Achieve Clinical Excellence</b>	
<b>Be Patient Focused</b>	
<b>Engaged Staff</b>	
<b>CQC Evidence</b>	Outcome 21 – Change to records & coding in response to CQC query

**RECOMMENDATION(S):**

Healthcare Governance Committee is asked to note the information provided and monitor the action plans through an update to be provided to the committee in November 2011.

**APPROVAL PROCESS**

<b>Meeting</b>	<b>Presented</b>	<b>Approved</b>	<b>Date</b>

<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the three pillars (aims) of the STH Corporate Strategy 2008-2012

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST  
CQC NEONATAL READMISSION ALERT ACTION PLAN

Desired Outcome	Actions & Update	Timescale	Lead	Comments
<p><b>Confirm definition with commissioners about what constitutes a neonatal readmission</b></p> <p><i>‘For adults we assume that if the patient is actually admitted to a bed on a ward then they are an admission. For neonates this will not be as straight forward as they are likely to be put in a cot whether or not they then go on to be ‘true admissions’</i></p> <p><i>We are currently liaising with the unit to see if they can distinguish in advance those babies that will need to ‘stay in’ and those that only need some immediate help/reassurance and can then be sent home. This latter category could be recorded as a ‘ward attender/outpatient attendance’ to enable more appropriate coding.’<sup>1</sup></i></p>	<p>Work is progressing with all key stakeholders to confirm the definition.</p>	<p>October 2011</p>	<p>Annette Peck</p>	

<sup>1</sup> Extract from STH response letter dated 7 January 2011  
CQC Neonatal Readmission – Action Plan  
Sandi Carman – April 2011

Desired Outcome	Actions & Update	Timescale	Lead	Comments
<p><b>Clinical Coding Improvement</b></p> <p><i>‘Historically STH were coding babies who had been admitted with their mother, because the mother needed treatment not the baby as P00.9 – Fetus and newborn affected by unspecified maternal condition. We had used this code under HRG v3.5 to make sure that the episode grouped, this is incorrect when using HRG v4.</i></p> <p><i>Z76.2 persons encountering health services in other circumstances will now be used as in HRG v 4 this groups the spell to WA13Y convalescent or other relief care. This only applies to babies who are admitted with their mother and not to those admitted for treatment in their own right. Babies admitted for treatment of jaundice or any other condition will be coded with the appropriate diagnosis and treatment.<sup>2</sup></i></p>	<p>All clinical coders were alerted to the change in practice and revised coding methods were implemented immediately.</p>	<p>Completed January 2011</p>	<p>Annette Peck</p>	<p>Completed with immediate effect</p>

<sup>2</sup> Extract from STH response letter dated 7 January 2011  
CQC Neonatal Readmission – Action Plan  
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Desired Outcome	Actions & Update	Timescale	Lead	Comments
<p><b>Develop newborn records</b></p> <p><i>'With regards to medical records management, historically all midwifery documentation regarding mother and baby has been made in the maternal records. The Trust is currently reviewing newborn records management and has a proposal in place to develop new records for the newborn which would mean that all babies born at Sheffield Teaching Hospital would have medical records that contained documentation of medical and midwifery care for the newborn baby separate to that of the mother.'</i><sup>3</sup></p>	<p>Ongoing project work in place, original plans to buy in new paper records system have been amended. The products reviewed did not meet the standards required by the Maternity Clinical Negligence Scheme for Trusts (CNST) requirements.</p> <p>The Trust is now developing in house documentation which will be available in draft format by the end of May 2011.</p>	October 2011	Karen Drabble	
<p><b>Monitor neonatal readmissions</b></p> <p><i>'In response to this information I have requested Sheffield Teaching Hospitals Clinical Effectiveness Unit to monitor the situation and in particular to review the information available for the first two quarters of this year (January – June 2010).'</i><sup>4</sup></p>	<p>Monitoring of generic indicators continues using Dr Foster software.</p> <p>Specific audit/review to be undertaken to provide further evidence of assurance.</p>	October 2011	Janet Brain	

<sup>3</sup> Extract from STH response letter dated 7 January 2011

<sup>4</sup> Extract from STH response letter dated 10 September 2010