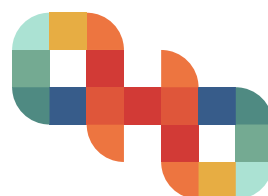


Systemic investigation
Redcliffe Hospital
Maternity Services
October 2024



OFFICE OF THE
HEALTH
OMBUDSMAN



Acknowledgment

The Office of the Health Ombudsman acknowledges the traditional Aboriginal and Torres Strait Islander custodians of the lands and seas on which we support the provision of safe and quality healthcare and pays respect to Elders past, present and emerging.

The Office of the Health Ombudsman recognises, respects and values Aboriginal peoples' and Torres Strait Islander peoples' cultures and is committed to providing a culturally safe and sensitive complaint management service.



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1. Executive summary

This report presents the findings of an Office of the Health Ombudsman (OHO) investigation into aspects of maternity services provided by Redcliffe Hospital between April 2021 and July 2022. The investigation focused on aspects of peripartum care, medication safety, completeness of clinical documentation and governance of clinical incident management. The investigation was initiated by the OHO after a notification from Metro North Hospital and Health Service (MNHHS) related to particular concerns raised by an internal complainant about Redcliffe Maternity Services. This notification was made in response to an internal complaint made to the MNHHS Executive which appropriately recognised the potential systemic concerns raised by the complainant and notified the OHO to independently assess these issues.


During the investigation, the OHO held meetings with key representatives of MNHHS and Redcliffe Hospital and obtained relevant information including complaint information, clinical records, clinical incident reports, patient feedback and audit data, guidelines, policies and procedures, staff training records, governance documents and written submissions. The OHO investigation also referred to national and state standards, frameworks and guidelines that apply to and influence the provision of maternity services provided by Public Hospital in Queensland. The information obtained identified the issues, informed the scope and findings of the investigation. A complete list of documents can be found at Appendix 2.

While the investigation focused on identifying potential system and process issues related to the provision of maternity services at Redcliffe Hospital, this report also recognises Redcliffe Hospital's acknowledgement of concerns, and their commitment to continuous improvement, as demonstrated by their immediate response. The hospital undertook an independent assessment of maternity services by an external health care manager and leader with experience in midwifery and maternity service delivery. This review resulted in a number of recommendations for improving service delivery which informed the development of the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024. This proactive approach reflects the organisation's commitment to improving patient safety and care quality.

1.1 Key findings

The OHO investigation findings revealed concerns with Redcliffe Hospital maternity services related to the following:

- **Peripartum care:** The investigation highlighted areas where peripartum management of women could be improved to align more closely with best practice. Specific concerns identified were missed or inadequate recording of observations, mismanagement of patients with diabetes and inadequate staff recognition and response to patient deterioration.
- **Medication safety:** Issues identified with missed medications and timeliness of medication administration.
- **Completeness of clinical documentation:** Gaps identified in the consistency and completeness of clinical records, raising concerns about effective communication, continuity of care and escalating clinical concerns. Specific concerns identified were instances of inadequate or incomplete clinical documentation including Clinical Pathways and other intrapartum records and discharge summaries.

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- Governance of clinical incident management: The investigation found that while the hospital's clinical incident governance processes for management and oversight of clinical incidents were in place, there was the need to improve the timeliness of logging clinical incidents, acting on staff feedback and other quality and safety measures.

Over the course of the investigation, Redcliffe Hospital made progress on recommendations resulting from the maternity services review, outlined in the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024. Some of these recommendations addressed the concerns raised during the OHO investigation.

1.2 Recommendations

The OHO investigation identified several additional opportunities for improvement to address issues not covered by the maternity services review, and proposed recommendations relating to:

- Clinical staff compliance with Maternity guidelines, pathways and policies related to clinical observations, management of pregnant women with diabetes and recognition of and responding to clinical concerns.
- Implementation and compliance with a decision/referral matrix related to women with diabetes.
- Medication safety, focusing on missed medications and on-time medications.
- Timeliness of discharge summaries and auditing discharge summary content against information in clinical record.
- Auditing written handover processes to measure compliance with the clinical handover framework.
- Improving staff access to clinical safety and quality data.
- Timeliness of clinical incident reporting, identifying and actioning opportunities for improvement.
- Trends in clinical incidents related to issues identified as part of the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 and OHO investigation as a measure of the impacts of actions implemented on patient outcomes.

By implementing the actions in the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 and the recommendations resulting from the OHO investigation, Redcliffe Hospital will enhance patient safety, improve quality of care, and increase compliance with best practice. It is critical that MNHHS continues to oversee and monitor the implementation of improvements and measure outcomes to determine impacts for mothers and infants, patient satisfaction, and efficiency and effectiveness of health service delivery.



2. Introduction

Section 25(c) of the *Health Ombudsman Act 2013* empowers the Health Ombudsman to identify and report on systemic issues in the way health services are provided, including issues affecting the quality of health services.

This investigation reviewed maternity care provided to the Redcliffe community by the Redcliffe Hospital between April 2021 and July 2022, with particular focus on peripartum care provided to women with diabetes, completion of patient records, medication safety and governance related to clinical incident management.

It is important to note that this report is focused on identifying health service issues and making recommendations to improve systems and processes used to deliver health services.

3. Redcliffe Hospital

Redcliffe Hospital is a 250-bed regional hospital, located on the Redcliffe Peninsula, approximately 28 kilometres north of the Brisbane CBD. Redcliffe Hospital is part of the Metro North Hospital and Health Service (MNHHS). The hospital provides healthcare services including medical, surgical, orthopaedic, cancer care, renal dialysis, maternity, neonatal, rehabilitation, older persons care, palliative care, paediatrics, and emergency care.

Maternity services at Redcliffe Hospital covers women of all complexities and births of 34 weeks and above. Royal Brisbane and Women's Hospital (RBWH) is the tertiary level referral centre for MNHHS and is available for consultation and referral when required. Redcliffe Hospital is accredited by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for the training of medical staff and takes students of midwifery from three universities. In the 2021-2022 financial year 1600 babies were born at Redcliffe Hospital.¹

4. Background information

On 5 August 2022, the Office of the Health Ombudsman (OHO) received written notification from MNHHS about concerns raised in an internal complaint to the HHS Executive in relation to Redcliffe Hospital maternity services. The complainant, via several emails and related Riskman reports to the HHS,² raised concerns regarding patient clinical care, medication management, clinical documentation and governance processes around incident management between April 2021 and July 2022. The main concerns identified were related to:

- Peripartum clinical care, including incomplete/inadequate recording of observations, inadequate management of women with diabetes and failure to escalate concerns related to patients' conditions.
- Medication administration, including lack of timely administration of medication or missed medication doses.
- Clinical documentation, including missed or inaccurate recording of clinical information in patient records and discharge summaries.

¹ Queensland Government, Redcliffe Hospital Metro North Health, May 2023 (Website) <[About us - Redcliffe Hospital \(health.qld.gov.au\)](https://www.health.qld.gov.au/about-us/redcliffe-hospital)>.

² Riskman is a safety information system used by Queensland Health for reporting and tracking adverse incidents occurring in the workplace.

- Clinical governance processes, specifically the management of clinical incidents.

MNHHS appropriately recognised the potential systemic concerns raised by the complainant and notified the OHO to independently assess these issues.

The concerns raised in the complaint made to the MNHHS Executive and the information obtained during the investigation identified broad issues considered to be of a systemic nature. This report details findings of the systemic investigation undertaken into the provision of maternity services at Redcliffe Hospital, focusing on the concerns raised.

5. Investigation

5.1 Scope of the investigation

The investigation examined the concerns raised by the internal complainant with MNHHS related to incidents and processes that occurred at Redcliffe Hospital maternity services between April 2021 and July 2022. The scope of the investigation, after review of the notification to the OHO and information obtained during the OHO's investigation, was refined and the following issues were highlighted and analysed in detail.

Whether Redcliffe Hospital maternity services:

1. Has and follows appropriate policies, procedures, guidelines and management pathways for delivery of peripartum care to obstetric patients, relating to:
 - a. observations during the peripartum period
 - b. management of patients with diabetes during the peripartum period
 - c. recognising patient deterioration and escalation.
2. Has and follows appropriate policies and procedures for medication management and administration.
3. Has and follows appropriate policies and procedures for clinical communication.
4. Has and follows appropriate governance processes for clinical incident management.

5.2 Investigation process

The OHO undertook the following investigation processes:

- Meetings with key representatives of MNHHS/Redcliffe Hospital held on 22 March 2023 and 18 June 2024. (See Appendix 2 for list of attendees)
- Correspondence and requests for information made by the OHO to MNHHS/Redcliffe Hospital.
- Receipt and review of information provided by MNHHS/Redcliffe Hospital.
- Research relating to relevant clinical guidelines and frameworks.
- Analysis and development of findings.
- Forming recommendations for health service improvements.

All relevant evidence related to the incidents obtained during the investigation for the period April 2021 through to July 2022 was considered. Further evidence obtained included actions taken by MNHHS/Redcliffe Hospital subsequent to the complaint, and updates to policies and procedures implemented from dates surrounding the complaint material through until July 2024.

6. National and state frameworks and guidelines

There are national and state standards, frameworks and guidelines that apply and influence the provision of maternity health services provided by Public Hospitals in Queensland to the community. These include, but are not limited to, the following:

- National Safety and Quality Health Service Standards 2017 (2nd edition)³
- Australian Pregnancy Care Guidelines⁴
- Australian College of Midwives 2021, National Midwifery Guidelines for Consultation and Referral⁵
- Women’s Healthcare Australasia (WHA) benchmarking⁶
- Queensland Health Maternity and Neonatal Clinical Guidelines⁷
- Queensland Health Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2. Brisbane: Queensland Government Department of Health; 2014⁸
 - Queensland Health. Maternity Services Clinical Services Capability Framework v3.2.⁹

7. Issues

The scope of the investigation considered several issues that impacted overall service delivery of maternity care by the Redcliffe Hospital to the community.

7.1 Peripartum clinical care of women

The peripartum period is defined as the period shortly before, during, and immediately after giving birth.¹⁰ Queensland Health has developed a suite of statewide clinical guidelines relevant to the provision of care of patients in maternity and neonatal settings during the peripartum period.¹¹ These guidelines, developed by the Queensland Maternity and Neonatal Clinical Network and informed by evidence-based practice and clinical experts, provide guidance for clinicians to deliver care and manage a range of maternal and neonatal conditions. The guidelines do not address all elements of standard practice and accept that individual clinicians remain responsible for:

- providing care within the context of the availability of local resources, expertise available and scope of practice
- supporting consumers’ rights and decisions based on them being informed of their choices in an appropriate manner
- gaining informed consent prior to delivery of care

³ [The National Safety and Quality Health Service \(NSQHS\) Standards.](#)

⁴ [Australian Government Department of Health and Aged Care. Australian Pregnancy Care Guidelines.](#)

⁵ [Australian College of Midwives 2021. National Midwifery Guidelines for Consultation and Referral.](#)

⁶ [Women’s Healthcare Australasia.](#)

⁷ [Queensland Government. Queensland Clinical Guidelines. Maternity and Neonatal Clinical Guidelines.](#)

⁸ [Queensland Health Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2.](#)

⁹ [Queensland Health. Maternity Services Clinical Services Capability Framework v3.2.](#)

¹⁰ [National Library of Medicine. MeSH \(Medical Subject Headings\).](#)

¹¹ [Queensland Government. Queensland Health - Queensland Clinical Guidelines: Maternity and Neonatal Clinical Guidelines, July 2023.](#)

- meeting all legislative requirements and professional standards
- taking appropriate precautions necessary
- documenting all care in accordance with mandatory and local requirements.¹²

Queensland Health also has a set of maternity clinical pathways aimed at supporting the implementation of evidenced-based practice, improving clinical processes by reducing risk, reducing duplication through use of a standardised tools and reducing variation in health care delivery.¹³ These pathways include a suite of documents for caesarean, assisted vaginal, and vaginal birth and an intrapartum suite of records.¹⁴ These documents are standardised, evidence based multidisciplinary management plans which outline an appropriate sequence of interventions, timeframes, milestones and expected outcomes for a particular patient group.

Detecting and recognising acute deterioration is crucial for patient safety. Acute deterioration can happen at any time during a patient's admission and regular monitoring of vital signs and other relevant parameters is essential to ensure early recognition and appropriate escalation. The use of appropriate clinical guidelines and pathways ensure the consistent monitoring of the right parameters for each patient and the documentation of vital signs and other indicators allows the tracking of changes over time and assists with the complex process of recognition of acute deterioration and appropriate escalation.¹⁵

7.1.1 Issues identified in notification material

The notification from MNHHS indicated the internal complainant had raised specific concerns in relation to the adequacy of patient care. The areas of concern identified were missed or inadequate recording of observations, mismanagement of patients with diabetes and inadequate staff recognition and response to patient deterioration.

Patient examples identified from the notification material included:

- Missed patient observations: No bedside clinical handover for one patient from night shift to day shift on the maternity ward led to a patient missing observations and medication administration for eight hours. Two patients were identified who had no record of post operative epidural block observations or post spinal morphine observations. Several patients with inadequate recording of cardiotocography (CTG) monitoring,¹⁶ and missed recording of routine observations such as contractions while in labour.
- Management of diabetes in pregnant woman/failure to recognise and escalate patient deterioration: One patient with a high-risk pregnancy due to Type 1 Diabetes, presented several times for assessment reporting 'tightenings', decreased fetal movement, nausea and was COVID-19 positive. During these presentations there was a failure to adequately assess the patient's status in relation to her diabetes and record observations. This included failure to record blood sugar/ketone levels appropriately or undertake urinalysis, commence documentation on the appropriate blood glucose monitoring forms (Insulin Subcutaneous/Insulin Intravenous Infusion (Maternity) Order and Blood Glucose Record),¹⁷ and assess adequacy of fluid/dietary intake.

¹² [Queensland Government, Queensland Health - Queensland Clinical Guidelines – Development and Processes, July 2023.](#)

¹³ [Clinical Excellence Queensland, Queensland Health: Clinical Pathways \(2023\).](#)

¹⁴ [Clinical Excellence Queensland, Queensland Health: Maternity Clinical Pathways \(2023\).](#)

¹⁵ [Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Health Service Standards: Recognising and Responding to Acute Deterioration.](#)

¹⁶ Monitoring of fetal heart rate before birth via ultrasound transducer placed on the mother's abdomen in order to assess heart rate and the pattern or intensity of antepartum uterine contraction. National Library of Medicine, MeSH (Medical Subject Headings); Queensland Health, *Maternity and Neonatal Guideline: Intrapartum fetal surveillance*, December 2019.

¹⁷ [Insulin Subcutaneous \(Maternity\) Order and Blood Glucose Record; Insulin Intravenous Infusion \(Maternity\) Order and Blood Glucose Record.](#)

At the final presentation for assessment, the patient was admitted, and a cesarean section was planned for the following day. Bloods taken on admission indicated patient was in diabetic ketoacidosis.¹⁸ According to patient records, treatment ordered for this was delayed due to staffing deficits in birth suite and it was noted the endocrinologist was not contacted to review the patient prior to delivery. The baby was delivered by emergency c-section seven hours after diagnosis of diabetic ketoacidosis. The mother was a planned admission to intensive care post operatively to manage diabetes and COVID-19. The baby was admitted to neonatal intensive care for intravenous antibiotics and management of fetal acidosis and respiratory distress.

- Failure to recognise and escalate patient deterioration: One patient was admitted for induction of labour for severe pre-eclampsia, the patient had a post-partum haemorrhage following delivery requiring blood transfusion, observations were not recorded for four hours post operatively which led to a delay in observing ongoing blood loss and escalation to medical staff concerns regarding blood loss. Other instances where abnormal CTG, loss of contact on CTG for significant time and initial assessment of a patient who presented with ruptured membranes were not escalated to medical staff for review.

7.1.2 Polices/procedures/guidelines and forms

Maternity staff at Redcliffe Hospital are guided by a suite of policies, procedures, guidelines and documents relevant to Queensland Health, MNHHS and Redcliffe Hospital in relation to clinical observations, management of patients with diabetes and recognition and escalation of deterioration. These include the following:

Clinical observations		
Document origin	Name	Relevance
Redcliffe Hospital	Observations, Clinical Antenatal and Postnatal Procedure (V1.0 January 2023)	Procedure describes the minimum standard observation criteria and frequency of observations for inpatient antenatal and postnatal women. To facilitate timely recognition and management of clinical deterioration of antenatal and postnatal women. Includes recommended observations for women with diabetes mellitus/gestational diabetes.
Redcliffe Hospital	Cardiotocography (CTG) Interpretation and Documentation Procedure (November 2022)	Describes the correct course of action to carry out antenatal and intrapartum cardiotocography (CTG) monitoring, assessment, interpretation, management, and documentation consistent with best practice.
Redcliffe Hospital	Vital Signs and Observations Recording including ADDS and CEWT Procedure (May 2020)	Describes the processes for the recording, reviewing and actioning of inpatient vital signs and other observations as track and trigger tool to support accurate and timely recognition of clinical deterioration, and prompt appropriate action. Procedure relates to nursing staff caring for inpatients across the whole hospital, promoting the use of standardised vital signs charts, including the

¹⁸ Diabetic ketoacidosis is a condition caused when you have a high blood sugar level, and not enough insulin in your body to break it down to use for energy ([Diabetic ketoacidosis | healthdirect](#)).

		Queensland Maternity Early Warning Tool (Q-MEWT) to assist in early detection of patient deterioration, with an emphasis on trending vital sign information.
Redcliffe Hospital	Neonatal Observations – Work Instruction (April 2021)	Outlines standard observation and assessment criteria for all neonates - observations for neonates - 15 minutely for 2 hours then minimum 8/24 duration of hospital stay.
Qld Health	Maternity Clinical Guideline – Normal Birth (updated July 2023)	Guideline defines and describes generic healthcare concepts, standards and practices assumed to be common knowledge or in common use (standard care) in Queensland maternity and neonatal services.
Qld Health	Maternity Clinical Guideline – Standard Care (updated November 2022)	Guideline outlines observations to be recorded and frequency during normal birth – maternal and fetal.
Qld Health	Maternity Clinical Guideline – Induction of Labour (updated June 2023)	Guideline outlines observations to be recorded and frequency during induction of labour – maternal and fetal.
Qld Health	Maternity Clinical Guideline – Intrapartum fetal surveillance (December 2019)	Guideline outlines principles and clinical practice standards for intrapartum fetal surveillance
Qld Health	Maternity Clinical Guideline – Primary Postpartum hemorrhage (July 2021)	Guideline outlines observations to be recorded and frequency if risk factors for PPH are identified – particularly for the immediate period after delivery.
Qld Health	Intrapartum records and Clinical Pathways ¹⁹ including: Intrapartum Record, Antenatal Assessment, Induction of Labour Record, Assisted Birth Record, Caesarean pathway, Vaginal Birth pathway, Assisted Vaginal Birth pathway and Neonatal pathway	<p>Outlines and records cares required to be carried out, observations and information to be recorded from admission to service, during labour and delivery and during the hours and days post-delivery until discharge for the obstetric woman.</p> <p>Neonatal pathway outlines and records cares, observations and information from birth to discharge.</p>
Management of diabetes		
Qld Health	Maternity Clinical Guideline – Gestational Diabetes Mellitus (May 2022)	<p>Provides guideline for clinical care of women with diabetes during pregnancy.</p> <p>Other resources available: flow charts, FAQ document, clinical education package and consumer information.</p>

¹⁹ [Queensland Government, Clinical Excellence Queensland, Maternity Clinical Pathways.](#)

Qld Health	Insulin Subcutaneous (Maternity) Order and Blood Glucose Record (2019) Insulin Intravenous Infusion (Maternity) Order/ Intrapartum Blood Glucose Record (2019)	The maternity insulin forms provide maternity specific: <ul style="list-style-type: none"> ■ Blood glucose level (BGL) reference ranges ■ Guidance about management, escalation, restarting diabetic management immediately postpartum.
Qld Health	Management of diabetic ketoacidosis in adults (age 16 and over) Clinical Protocol (2023)	Protocol for use in the management of diabetic ketoacidosis (DKA) and euglycaemia DKA in adults over the age of 16 – not for patients in ICU
Redcliffe Hospital Intensive Care Unit	Management of Diabetic Ketoacidosis (DKA) Work Instruction – 004862 (2022)	Work instruction describes the management of DKA in adult patients in Redcliffe Hospital (RH) ICU.
Recognition and response to deterioration		
National	National Safety and Quality Health Service Standards – Recognising and Responding to Acute Deterioration	Intent of the standard is to ensure organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.
Metro North	Recognising and Responding to Acute Deterioration Policy (December 2022)	Policy describes responsibilities and accountabilities of Metro North Health Board, Metro North Executives, Senior management, clinicians and patients, families and carers in recognising and responding to acute deterioration in physiological and/or mental state.
Redcliffe Hospital	Medical Emergency Response (August 2020)	Defines the responses by first responders to a medical emergency throughout Redcliffe Hospital Campus, Medical Emergency Team (MET) composition and guidance on checking and maintaining resuscitation equipment.
Qld Health	Maternity Early Warning Tool – Antenatal and Postnatal	Maternal observation chart – parameters adjusted for intrapartum physiological changes – assists with rapid patient assessment and graded escalation as required

7.1.3 Staff training

Information provided by Redcliffe Hospital in relation to staff training and awareness of these policies/procedures/guidelines and documents is as follows:

- The topics of recognising and responding to the deteriorating patient, clinical documentation, clinical handover, and safety and quality culture are all addressed in Metro North Nursing and Midwifery Orientation program. All nursing and midwifery staff new to MNHHS, staff changing

level or position, and staff who have not completed the program since January 2016 are required to attend.

- Other mandatory/requisite maternity specific topics covered in education relevant to perinatal care, recognising and responding to patient deterioration and management of patients with diabetes are as follows (some of these topics require re-certification annually/bi-annually):
 - Bloodsafe²⁰ – post-partum haemorrhage
 - K2 – Breech, Cord presentation and prolapse, Maternal collapse, Postpartum haemorrhage, Pre-eclampsia, Uterine rupture, Shoulder dystocia, Neonatal Resuscitation - first response and practical assessment, Maternity education program – advanced course, Patient safety – safer baby bundle and RANZCOG Foetal Surveillance.
- Relevant voluntary training/in-service offered to maternity services clinical staff during the 2022-2023 period included:
 - Clinical documentation – new Insulin forms: Q-MEWT forms; Spinal observations.
 - Deteriorating patient – Neonatal resus, neonatal septic calculator, baby case study paediatric mortality, Maternal collapse simulation in ward, Anaphylaxis simulations, Bloodsafe – critical bleeding.
 - Diabetes; blood sugar levels for babies, Diabetic ketoacidosis, Diabetes in pregnancy.
- Annual Maternity and Paediatric mandatory program completed by all staff covered the following topics:
 - September 2022 – Basic life support, neonatal resuscitation, patient handling, breastfeeding, child protection, normal birth, analysing research, TMS and Office 365, fire walk around, clinical bedside handover, epidural observations.
 - June 2023 – Basic life support, neonatal resus, patient handling, annual mask fit testing, venous thromboembolism prophylaxis, APIRA, Q-MEWT forms, child protection, Safety Culture iAuditor, breastfeeding, domestic and family violence, normal birth and contemporary paediatrics.
- Relevant mandatory and voluntary training/in-service offered to medical officers 2021-2023 included:
 - Management of Blood Sugar Levels - Intern Education - Feb 2021/March 2022
 - Diabetes Management at Redcliffe – Grand Rounds Program – interns, Junior and Senior House Officer (JHO/SHO), Principal House Officer (PHO) and Senior Medical Officers (SMO) - August 2021
 - Diabetes – Diabetic Ketoacidosis – interns, JHOs and SHOs - October 2021
 - Diabetes Management – interns, JHOs, SHOs – May 2022
 - Blood Sugar Management – Insulin 101 – interns – Nov 2022/Jan 2023 and Insulin 102 – interns – March 2023
 - Diabetes during pregnancy - Grand Rounds Program – interns, JHOs, SHOs, PHOs and SMOs – May 2023
 - Recognition and Management of Deteriorating Patient – interns – Jan 2021, 2022, and 2023 and new JHOs and SHOs - Jan 2021, 2022 and 2023

²⁰ [Bloodsafe](#) is an online transfusion practice and patient blood management education program.

- Recognition and Management of Deteriorating patient and Q-ADDS – new PHOs and Registrars – Jan 2021, August 2021, Feb 2022, August 2022 and Feb 2023
- Obstetric Emergencies – interns – May 2021/May 2022.

7.2 Medication safety

Medication safety forms part of the National Safety and Quality Health Service (NSQHS) Standards. The aim of the Medication Safety Standard is to ensure clinicians safely prescribe, dispense and administer appropriate medicines, monitor use of medicines and ensure consumers are informed and understand medicine use and risks.²¹ Medicines play a significant part of treatment in healthcare and appropriate use can lead to significant improvements in healthcare outcomes. The common use of medicines in treatment is also associated with higher incidence of errors and adverse events than other healthcare interventions, many of which are avoidable.²²

7.2.1 Issues raised in notification material

The internal complainant raised specific concerns with MNHHS relating to Redcliffe Hospital maternity services medication management, specifically instances of lack of timely administration of medications and missed medication administration. Material provided in the notification and review of clinical records identified one instance where a patient was ordered antibiotics as required for a preterm rupture of membranes which were not given,²³ one missed medication dose due to inadequate clinical handover and one delayed medication administration due to staffing deficits.

7.2.2 Policies/procedures/guidelines and forms

Medication administration and management at Redcliffe Hospital is informed by policies, procedures, guidelines and forms at national, state-wide and local level. Policies relevant to this investigation include:

Medication management		
Document origin	Name	Relevance
National	National Safety and Quality Health Service Standards – Medication Safety	To ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use. To ensure consumers are informed about medicines and understand their individual medicine needs and risks.
MNHHS	Medicines Administration (March 2023)	Outlines the legislative and regulatory requirements and best practice principles to support the safe administration of medicines.
MNHHS	Medicines Management (February 2023)	Outlines appropriate use of medicines, standardising systems and processes for medication management.

²¹ Australian Commission on Safety and Quality in Health Care, Medication Safety Standard, (no date) <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard#intention-of-this-standard>.

²² Roughead E, Semple S., *Medication safety in acute care in Australia: where are we now? Part 1: a review of the extent and causes of medication problems 2002–2008*, Aust New Zealand Health Policy 2009;6(1):18.

²³ [Queensland Health, ShortGUIDE: Preterm rupture of membranes, December 2018.](#)

MNHHS	Medicines – Prescribing Requirements (March 2023)	Outlines requirements for medicines prescribing in accordance with the legislation, professional obligations, National Safety and Quality Health Service (NSQHS) Standards and best practice principles resulting in best patient outcomes, safe, appropriate, evidence-based and cost-effective medicines use.
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7.2.3 Staff training

Information provided by Redcliffe Hospital in relation to staff training and awareness regarding medication management is as follows:

- Medication safety is a core component of the MNHHS Orientation program which is completed by all new nursing and midwifery staff, those changing level of role or position or those who have not completed the program since January 2016.
- Annual mandatory education requirements related to medication safety for nursing and midwifery staff:
 - Medication Awareness – compliance rates July 2022 and June 2023 - 100%
 - Medication Calculation Assessment – compliance rates July 2022 and June 2023 - 100%.
- Voluntary training/in-service offered to clinical nursing and midwifery staff employed in Redcliffe Hospital maternity services for the period 2021-2023
 - Medications – Spinal Morphine, Spinal/epidural and anticoagulants, Epidural pumps, Remifentanyl PCA, VTE treatment, Insulin pumps
 - NPS Medicinewise suite: High risk medication e-learning modules (7 separate)
 - Medication Safety instructed by medication CNC.
- Medical Officer training 2021-2023:
 - NPS MedicineWise – Medication Safety and National Standard Medication Charts – interns and all new to Australian Health System – 2022-2023
 - Pharmacy – introduction to medication safety – interns January 2021, 2022, and 2023.

7.3 Clinical communication and documentation

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has outlined the importance of the relationship between effective communication and patient safety, with evidence showing poor documentation can lead to adverse events.²⁴ The ASQHSC has reported that documentation at the time of transition of care for patients with complex healthcare needs is a key safety and quality issue. Patient handover was the step associated with high negative risks and poor outcomes. The report noted that poor documentation often resulted from missing or miscommunicated information.²⁵

²⁴ Australian Commission on Safety and Quality in Health Care, *Communicating for Safety: Improving clinical communication, collaboration and teamwork in Australian health services*. Sydney: ACSQHC; 2020.

²⁵ Australian Commission on Safety and Quality in Health Care (ACSQHC) (2017b) *Improving Documentation at Transitions of Care for Complex Patients*. Sydney, NSW: ACSQHC, pp. 3, 26; Australian Commission on Safety and Quality in Health Care (ACSQHC) (2017a) *National Safety and Quality Health Service standards*, 2nd ed. Sydney, NSW: ACSQHC.

Relevant, accurate, complete and timely documentation about a patient’s care supports the provision of safe care.²⁶ The provision of a structured clinical handover facilitating the accurate transfer of critical information, has also been shown to reduce communication errors and improve patient safety and care.²⁷

7.3.1 Issues raised in notification material

Concerns were raised in the notification material regarding maternity patients at Redcliffe Hospital who had inadequate clinical documentation and/or missing clinical documentation and incomplete or inaccurate discharge summaries potentially leading to inadequate/inaccurate handover of clinical care. Specific examples of this included:

- Incomplete intrapartum records: internal examination conducted not recorded, intrapartum summary not completed, maternal risk factors not recorded, inadequate progress notes, clinical reasons for rotational vacuum during prolonged second stage labour not recorded and post-partum haemorrhage requiring theatre not recorded in the birth record.
- Missed clinical handover for one patient on the ward who, as a result, was not allocated a nurse and missed clinical cares and medication administration.
- Inaccurate/incomplete discharge summaries: inaccurate reasons for induction recorded, failure to record a mother had shoulder dystocia and baby suffered brachial plexus injury, three patients where mental health history was not included in the discharge summary.

7.3.2 Policies/procedures/guidelines and forms

Clinical documentation, discharge documentation and clinical handover at Redcliffe Hospital is informed by policies, procedures, guidelines and forms at national, state-wide and local level. Documents relevant to this investigation include:

Clinical communication		
Document origin	Name	Relevance
National	National Safety and Quality Health Service Standards – Communicating for Safety (2021)	To ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.
Clinical documentation		
Redcliffe Hospital	Clinical Record Documentation – Procedure (June 2023)	Describes the minimum requirements for documenting the care and treatment provided by Redcliffe Hospital staff in all clinical record mediums (paper-based, electronic and hybrid).
Redcliffe Hospital	Discharge Documentation- Procedure (October 2019)	Procedure to outline the minimum requirements for inpatient discharge documentation.

²⁶ Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards 2021: Communicating for Safety Standard.

²⁷ Australian Commission on Safety and Quality in Health Care. OSSIE guide to clinical handover improvement. Sydney: ACSQHC; 2010.

Discharge documentation		
MNHHS	Transfer of Care Reports (Medical Discharge Summaries) – Procedure (January 2021)	Describes the processes for completion and distribution of a Transfer of Care Report (discharge summary) following an inpatient admission to a MNHHS facility, in order to provide safe, reliable and timely communication between the hospital and other health care professionals after the patient has been discharged.
Redcliffe Hospital	Discharge Documentation- Procedure (October 2019)	Outlines the minimum requirements for inpatient discharge documentation.
Redcliffe Hospital	Midwifery Led Discharge – Work Instruction (November 2022)	Describes the process for the discharge of postnatal women by a midwife who have experienced an uncomplicated pregnancy and birth.
Clinical handover		
MNHHS	Communicating for Safety - Policy (July 2022)	Defines governance (direction, roles and responsibilities) of MNHHS in relation to Standard 6: Communicating for Safety. Intent of the policy is to set the expectation that communication within MNHHS is safe, patient centred, minimises risk of clinical error and delivers optimal health outcomes and a positive patient experience within set timeframes.
Redcliffe Hospital	Clinical Handover – Procedure (v5 June 2023)	Provides the minimum accepted standard for clinical handover at Redcliffe Hospital. This will ensure that clinical handover is safe, patient centred and minimises clinical error and incidents to deliver positive patient health outcomes in accordance with MNHHS policy and state and national standards, including the National Safety and Quality Health Service Communicating for Safety Standard.
Redcliffe Hospital	Clinical Handover, Nursing and Midwifery – Procedure (July 2022)	Provides a process for nursing transfer of care and bedside clinical handover to ensure a structured accurate transfer of information about a patient or a group of patients' care, treatment and plan, so the professional responsibility and accountability is transferred from one nurse/midwife to another.

7.3.3 Staff training

Information provided by Redcliffe Hospital in relation to staff training and awareness regarding clinical communication is as follows:

- The topics of clinical documentation and clinical handover are all addressed in Metro North Nursing and Midwifery Orientation program. The organisational policy is that all nursing and

midwifery staff who are new to MNHHS, or changing level of role or position, and those who have not completed the program since January 2016 are required to attend.

- The Nursing and Midwifery Orientation Program for 2022 included the following relevant topics: documentation standards, ethical/legal practice standards and bedside clinical handover expectations.
- Voluntary training and in-service offered to clinical staff employed in Redcliffe Hospital maternity services for the period 2021-2023 included specific sessions on documentation delivered by QNMU, new insulin forms and clinical coding delivered by the health information unit.
- Relevant voluntary training/in-service offered to medical officers 2021-2023 included:
 - Health Information management and Clinical Documentation – interns, January 2021
 - Clinical Documentation and Coding – interns, January 2023
 - Introduction to Discharge Summaries – interns January 2021, 2022, and 2023
 - Discharge Summaries Part 2 – interns – February 2021, 2022, and 2023
 - Enterprise Discharge Summaries – interns – orientation - January 2021, 2022, and 2023
 - Survival Series – Communication and patient Safety – interns, all JHOs and SHOs – January 2021 and 2022
 - Communication and Patient Safety – interns – February 2023.

7.4 Clinical governance—clinical incident management

Clinical governance is the set of relationships and responsibilities established by a health service organisation between governing department of health, governing body, executive, workforce, patients, consumers and other stakeholders to ensure good clinical outcomes. It enables the community and health service organisations to have confidence in the delivery of safe, effective, high-quality health care, and the continuous improvement of services.²⁸

Clinical incidents can and do occur during the provision of healthcare. The recording, analysis and sharing of learnings from these clinical incidents, both at the Hospital and Health Service level and at the state-wide level, can minimise or prevent future clinical incidents and patient harm. This highlights the importance of a well-designed, effective incident management and investigation systems at the local level.²⁹ Well-designed clinical incident management and investigation processes support workforce recognition and reporting of incidents and patients/carers and families in raising concerns, reviews incidents and uses the resulting information/trends to improve safety and quality of care when necessary.³⁰

7.4.1 Issues raised in notification material

Material provided by MNHHS indicated that concerns were raised by the complainant with Patient Safety and Quality Improvement Service in June 2021 relating to maternity services nursing management requesting reclassification of the Severity Assessment Code (SAC) of a clinical

²⁸ Australian Commission on Safety and Quality in Healthcare, National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

²⁹ Anderson JE, Kodate N, Walters R, Dodds A., *Can incident reporting improve safety? Healthcare practitioners' views of the effectiveness of incident reporting*, Int J Qual Health Care 2013;25(2):141–50.

³⁰ Australian Commission on Safety and Quality in Health Care (ACSQHC) (2017a) *National Safety and Quality Health Service standards: Clinical Governance Standard*, 2nd ed. Sydney, NSW: ACSQHC.

incident logged and the requirement to discuss incidents with management before completing clinical incident reports in the incident management system, Riskman.³¹

When a clinical incident occurs at a Queensland Health facility, it must be recorded in the Riskman system. A Severity Assessment Code (SAC) rating is automatically allocated within the Riskman system based on the rating criteria used to assess the actual consequence to the patient. Clinical incidents are investigated as varying levels within the organisation as per the Clinical Incident Management Procedure. During the investigation process the severity of the incident is reassessed to confirm the initial SAC rating, which may be adjusted up or down accordingly.

In July 2022, the internal complainant raised further concerns with then Queensland Minister for Health and Ambulance Services regarding the management of clinical incidents and adverse events at Redcliffe Hospital maternity unit. These concerns alleged Riskman reports were not being completed for clinical incidents as required and as a result there was inadequate scrutiny or oversight in relation to clinical incidents that occurred within maternity services.

7.4.2 Policies/procedures/guidelines and forms

Queensland Health have developed and published the *Best Practice Guide to Clinical Incident Management* as a statewide resource to support Queensland Health staff in relation to patient safety incidents in healthcare.³² In addition to this each hospital has local policies, procedures and guidelines informing governance and management of clinical incidents, relevant documents are listed in the table below.

Clinical incident management		
Document origin	Name	Relevance
National	National Safety and Quality Health Service Standards – Communicating for Safety	To ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.
Queensland Health	Best practice guide to clinical incident management (First ed. June 2014) Best practice guide to clinical incident management (Second ed. January 2023) ³³	Developed to support individual and organisational learning and to drive quality improvement, in response to patient safety incidents.
MNHHS	Clinical Incident Management – Procedure (v 6 April 2023 replacing V 5 2020) SAC 1 Clinical Incident Management – Procedure (September 2022)	Purpose is to describe the process to be used to ensure a consistent and coordinated approach to clinical incident management, including the reliable and effective implementation and evaluation of authorised recommendations and lessons learnt developed as a result of clinical incident review. As above for Severity Assessment Code (SAC)1 clinical incidents.

³¹ Riskman is a safety information system used by Queensland Health for reporting and tracking adverse incidents occurring in the workplace. Queensland Health applies four Severity Assessment Code categories to capture the severity and duration of harm that results from an incident.

³² Queensland Health, *Best practice guide to clinical incident management (first edition)*, June 2014; Queensland Health, *Best practice guide to clinical incident management (second edition)*, January 2023.

³³ [Queensland Health, Best practice guide to clinical incident management \(2023\).](#)

MNHHS	Disclosure Management - Procedure (v2 May 2023 superseding v1 March 2020)	Purpose - to describe the MNHHS clinician and open disclosure management process and to outline staff roles and accountabilities in relation to disclosure management.
Redcliffe Hospital	Redcliffe Hospital Monitoring and Evaluation Framework.	<p>Redcliffe Hospital has three levels of safety and quality committees responsible for overseeing incident management, trend analysis and continuous quality improvement.</p> <p>The following committees have oversight of incident management and reporting at Redcliffe Hospital:</p> <ul style="list-style-type: none"> - Redcliffe Hospital Safety and Quality and sub-committees associated with each of the National Safety and Quality Standards - Redcliffe Hospital Patient Safety - Redcliffe Maternity Safety and Quality

7.4.3 Staff training

Information provided by Redcliffe Hospital in relation to staff training and awareness regarding clinical incident management and patient safety is as follows:

- The topics of clinical incident management and safety and quality culture are addressed in Metro North Nursing and Midwifery Orientation program. The organisational policy is that all nursing and midwifery staff who are new to MNHHS, or changing level of role or position, and those who have not completed the program since January 2016 are required to attend.
- Relevant voluntary training/in-service offered to clinical nursing and midwifery staff employed in Redcliffe Hospital maternity services for the period 2021-2023 included:
 - Riskman in-service, Risk management, Patient safety – Ryan’s Rule information video.
- Mandatory Education Program 2023 – topic Safety Culture iAuditor.
- Relevant voluntary training/in-service offered to medical officers 2021-2023 included:
 - Riskman – Incident reporting, mandatory online training module - interns, all JHOs and SHOs, PHOs and SMOs – 2021-2023
 - Diagnostic error: incidence, impacts, causes and preventative strategies - interns, all JHOs and SHOs, PHOs and SMOs – June 2021
 - Clinical Incident Management – interns – April 2023
 - Survival series – Communication and Patient Safety – interns, JHOs and SHOs – January 2021 and 2022
 - Communication and patient safety – interns – February 2023
 - Clinical risk taking or choosing wisely - interns, all JHOs and SHOs, PHOs and SMOs – August 2021.

8. Relevant information

8.1 Engagement meetings

As outlined above, clinicians at Redcliffe Hospital maternity services are provided with significant guidance, training and instruction in relation to the issues identified in the complaint material including Statewide and local policies, procedures, guidelines, clinical pathways and forms, and the opportunity to participate in mandatory and voluntary education.

Despite this, initial review of Riskman reports and the clinical records of patients identified in the complaint material highlighted potential deficiencies or variance in compliance with and/or understanding of the requirements of the guidance, training and instruction offered to staff at Redcliffe Hospital maternity services.

MNHHS/Redcliffe Hospital engagement meetings

A decision was made by the OHO to engage early with the Redcliffe Hospital, through a MNHHS/Redcliffe Hospital engagement meeting, to discuss their analysis of the complaint materials, issues identified and plans or actions resulting from this.


The initial MNHHS/Redcliffe Hospital engagement meeting was held on 22 March 2023, with representatives from MNHHS and Redcliffe Hospital executive, medical staff, safety and quality, education, and people and culture teams and OHO present. During the meeting, the OHO raised the areas of concern identified after initial review of the material available. Redcliffe Hospital advised they had identified similar concerns after reviewing the complaint materials, clinical incidents and patient records.

Redcliffe Hospital advised that in September 2022, an independent assessment of maternity services at Redcliffe Hospital was undertaken to observe and review processes and identify opportunities for improvement in the provision of coordinated care for women within maternity services at Redcliffe Hospital. The Redcliffe Hospital Maternity Assessment was undertaken by an experienced external health care manager and leader. The assessment involved the review of a range of documents, an on-site visit and video interviews with a number of staff from Redcliffe Hospital and Royal Brisbane and Women's Hospital. Overall, the review concluded the safety and quality of care provided at Redcliffe Hospital maternity services was satisfactory, noted the cultural issues previously identified by the organisation and subject to a separate body of work, and complimented the organisation on the willingness of staff to participate in the review process. The report was finalised in February 2023 and made 37 recommendations for improvement. A copy was provided to the OHO in April 2023.

During the meeting the OHO was advised that in 2022-2023, the Metro North Clinical Directorate had undertaken a review of the recommendations from the Mackay Obstetric and Gynaecology Review Report 2022 and compared these with current services provided across MNHHS to determine which recommendations were being complied with, which could be adopted, and which were unattainable.³⁴ The outcome identified Redcliffe Hospital was compliant with 61% of the recommendations (excluding those that were Mackay Hospital and Health Service (MHHS) specific). Of the 38% of recommendations where a gap or potential gap was identified, 75% had an identified action plan in place.

At the time of the MNHHS/Redcliffe Hospital engagement meeting, Redcliffe Hospital had an updated action plan, the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024. This plan was formulated by combining the outstanding items from the original action

³⁴ Metro North Health Clinical Directorate provide Obstetric and Gynaecology, Maternity and Women's and Newborn Services.



plan, the 37 recommendations resulting from the Maternity Services Assessment and the relevant learnings from the review and comparison against the MHHS investigation into obstetrics and gynaecology services.³⁵

Representatives from MNHHS and Redcliffe Hospital acknowledged that in addition to the Quality Improvement Plan other organisational factors that required addressing had been identified, including:

- A necessary modernisation of the maternity services workforce strategy, which was lean in some areas, and required a revised leadership structure at senior midwifery level. This issue presented some resource challenges which would need budgetary assistance and may need to be implemented incrementally over time as funding allows.
- Acknowledgement of the need to reset and refocus standards of expectation in relation to clinical practice and management of issues and behaviours to ensure a consistent message was being sent to clinical staff in the maternity unit. Addressing the workforce issues would assist with improving clinical expectations and standards.
- An organisational cultural assessment, which had commenced with workshops involving an external psychology provider and the midwifery leadership and clinical team to identify the root cause of cultural issues identified within the unit. It was acknowledged that eventually obstetricians would need to be included in this process for completeness.
- Coaching of staff regarding the input of Riskman reports and coding, as not all entries recorded were appropriate or adequate.

A follow up engagement meeting between the OHO and MNHHS/Redcliffe Hospital representatives was held on 18 June 2024. The meeting was scheduled to discuss Redcliffe Hospital's progress on actions outlined in the Maternity Services Quality Improvement Plan, the outcome of the follow-up review of the Maternity Services by the same external health care manager and leader who undertook the first review, and any ongoing clinical care concerns.

8.2 Identified issues and organisation response overview

The table below is a summary of the issues identified by the OHO and Redcliffe Hospital's response regarding recognition of the issues and plans/actions undertaken to address them. Redcliffe Hospital's response is drawn from information provided during the stakeholder engagement meetings, the Redcliffe Hospital Maternity Assessments, Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024, and additional information obtained throughout the course of the investigation.

³⁵ Mackay Hospital and Health Service, Health Service Investigation Obstetrics and Gynaecology Services Summary of Findings, 8 September 2022 <<https://www.mackay.health.qld.gov.au/wp-content/uploads/2022/09/OG-final-report-summary.pdf>>; Metro North Comparative Analysis against the Mackay Hospital Obstetrics and Gynaecology Services Review and Recommendations, 2023.

	OHO issues identified	Redcliffe Hospital response
1	<p>Peripartum clinical care of women, particularly:</p> <ul style="list-style-type: none"> ■ incomplete/inadequate recording of clinical observations ■ management of diabetes in pregnant women ■ recognition and escalation of clinical concerns. 	<ul style="list-style-type: none"> ■ MNHHS/Redcliffe Hospital Engagement Meeting March 2023 <ul style="list-style-type: none"> – Discussed two serious incidents, involving women with diabetic ketoacidosis (one of which occurred after the complaint was made), both underwent a root cause analysis, a review reserved for SAC1 rated clinical incidents.³⁶ The incident within the complaint material was downgraded to a SAC 2 rating following review as no permanent harm was identified. – Actions and recommendations resulting from these clinical reviews and the review of maternity services as a whole, and relevant progress on these includes: <ul style="list-style-type: none"> ■ Review of paperwork utilised – revealed maternity specific blood glucose charts which were available Statewide but not in use in the organisation. <p><i>This was rectified and appropriate education undertaken within Redcliffe Hospital. The Hospital has engaged with the diabetic working group to ensure the forms are available on the Queensland Health website and can be accessed by all facilities. Examples of these clinical forms are now available on the statewide Queensland Health, Queensland Clinical Guidelines website.³⁷</i></p> ■ Feedback from patients identified that their capillary bloods were not tested while they were inpatients because they were both utilising Dexcom/Libra blood sugar level monitoring devices. <p><i>Initial work undertaken with the diabetic working group to change processes to ensure that women with diabetes have appropriate testing conducted and recorded by clinical staff, at a minimum this will be twice daily capillary bloods. The Queensland Health Insulin Infusion Pump Management Inpatient Guidelines (July 2016) indicates that continuous glucose monitoring systems should not be used during a hospital admission, especially in times of rapidly changing conditions and in episode of Diabetic Ketoacidosis. Redcliffe Hospital Observations, Clinical Antenatal and Postnatal Procedure (updated June 2024) outlines instructions for frequency of recording of blood glucose levels for patients with diabetes.</i></p>

³⁶ SAC 1 incident is one where a death or likely permanent harm has occurred which is not reasonably expected as an outcome of healthcare. See [Queensland Health, Best Practice Guide to Clinical Incident Management 2023](#).

³⁷ [Queensland Health, Queensland Clinical Guidelines: Maternity Guidelines](#)

OHO issues identified	Redcliffe Hospital response
	<p><i>Redcliffe Hospital has and uses various Peri-partum Management Plans, these are completed in collaboration with the endocrinology team and are designed to guide staff on the plan of care for each woman with diabetes.</i></p> <p><i>In June 2023, Redcliffe Hospital established a full time Clinical Midwife Consultant Diabetes Educator position, who as part of the role provides regular staff education and in-services for clinical staff in maternity services on care and management of pregnant women with diabetes and associated topics.</i></p> <ul style="list-style-type: none"> ■ Recognition of the need for, and subsequent provision of, a dedicated ketone monitoring device in the Maternity unit to address the delay in acquiring equipment from other areas in the hospital for one of the patients reviewed. <p><i>Redcliffe Hospital Maternity now has dedicated testing equipment for ketone monitoring for use within the unit.</i></p> <ul style="list-style-type: none"> ■ Recognition of the potential benefits of extending the hours of the Antenatal Day Assessment Service (ANDAS), ensuring prompt assessment of higher risk pregnant women who can present directly to the service rather than attending and waiting for long periods in the emergency department. <p><i>As of July 2023, ANDAS services extended to 7 days per week. Monday to Friday 0800-1800; Saturday and Sunday 0800-1630. As funding permits, service may open for more hours.</i></p> <p><i>As of April 2024 - A full review of the workload in ANDAS has seen an extension of hours to cover weekends to operate until 1800 hours in the evenings.</i></p> <p><i>In June 2024, an additional evening shift was added to the roster to allow cover until 11pm on weekdays.</i></p> <ul style="list-style-type: none"> ■ Recognition of the need for improved access to an endocrinologist for maternity services. <p><i>This has resulted in the employment of a part time endocrinologist for Redcliffe Hospital supporting the obstetrics department, providing a benchmark for managing women with diabetes in pregnancy and education for all medical officers. This initiative was supported by a MNHHS</i></p>



OHO issues identified	Redcliffe Hospital response
	<p><i>medical obstetrician who was in the hospital initially for two weeks supporting medical officer education in the antenatal and obstetric spaces.</i></p> <p><i>Endocrinology services are now available at Redcliffe Hospital two days per week. Pregnant women with diabetes are referred to endocrinology services and triaged for review by the endocrinologist. The Medical Obstetric Service is now also available one day per week at Redcliffe Hospital. Between January and June 2024, 177 maternity patients were seen by the Endocrinology Service and 55 maternity patients seen by Obstetric Medicine Service.</i></p> <ul style="list-style-type: none">■ Review of diabetic maternity education role. <i>The Clinical Midwifery Consultant Diabetes Educator role commenced in June 2023 to improve care provision for women with existing or gestational diabetes. This role is also responsible for staff education and in-services related to diabetes management in pregnancy.</i>■ Convening of a high-risk pregnancy multidisciplinary review clinic to ensure that MNHHS maternity services (Redcliffe, Caboolture and Royal Brisbane) come together to discuss high risk patients and determine what is best for the woman and importantly what the woman wants. <i>Redcliffe Hospital advised there is current planning in progress for the convening of a monthly multidisciplinary complex care planning meeting to discuss plans of care and delivery for pregnant women with complex care and high psychosocial needs. Women who potentially need referral to a tertiary centre for delivery will also be discussed at these meetings. As of June 2024, early recognition and referral pathways across Metro North for complex care patients was planned for discussion at a Metro North Maternity workshop, to be held in late August 2024.</i>■ Recognition of the need to identify clinical champions in Midwifery services who can obtain and disseminate information regarding particular areas of clinical practice, for example in diabetes in pregnancy, across midwives in unit. <i>As of August 2024, Clinical Midwives within maternity services at Redcliffe Hospital have been allocated portfolios and accountabilities attached to each of the National Safety and Quality Health Service Standards. Clinical Midwives are tasked with sharing information related to these portfolios with staff via multimodal delivery including informal education opportunities with individual staff and small groups and ad hoc maternity Bulletins emailed to all clinical staff.</i>

OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none"> <p>■ Development of a package by the medical assessment unit relating to the management of diabetic ketoacidosis.</p> <p><i>The medical assessment unit is working closely with the midwifery unit manager to ensure information in the package is also relevant for maternity patient outliers, accommodated in the hospital outside the maternity unit. The package will contain information about the correct forms to use and processes to follow.</i></p> <p><i>In August 2024, Redcliffe Hospital advised staff education is provided on the management of diabetic ketoacidosis in line with organisational policies, procedures and guidelines including:</i></p> <ul style="list-style-type: none"> – <i>Redcliffe Hospital, Diabetic Ketoacidosis (DKA) management of – 004863 (June 2022)</i> – <i>Statewide clinical protocol supporting acute management and discharge planning of adults in diabetic ketoacidosis – Management of Diabetic Ketoacidosis in Adults (aged 16 and over)</i> – <i>Redcliffe Hospital Observations, Clinical Antenatal and Postnatal – 007038</i> <p><i>A review of group diabetes education and development of a diabetes in pregnancy procedure is currently being undertaken by the Clinical Midwife Consultant Diabetes Educator. The organisation has advised there are plans to audit service delivery and outcomes for pregnant women with diabetes later in 2024, in addition to current outcome measures such as clinical incidents and compliments.</i></p> <p>■ Implementation of a system to ensure the Maternity unit is aware of outlying maternity patients and attends to obstetric clinical needs.</p> <p><i>Currently at Redcliffe Hospital, any pregnant women admitted by a non-obstetric team is placed on a medical handover list for discussion by the staff specialist obstetrician and gynaecologists. Each morning at the 8am obstetric handover meeting all outlier maternity patients are discussed, ensuring handover and oversight of the women within the health service. No evidence was available from Redcliffe Hospital of any audits having been undertaken to date measuring the effectiveness of this system.</i></p>



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none"><li data-bbox="689 209 1715 236">■ Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024<ul style="list-style-type: none"><li data-bbox="745 264 2051 331">– Steering Committee initially met fortnightly to monitor progress of service improvement initiatives across Maternity Services.<p data-bbox="801 360 2119 544"><i>As of October 2023, the Maternity Services Quality Improvement steering committee no longer exists. Outstanding recommendation responsibilities from the Maternity Services Quality Improvement Plan were transferred to the Maternity Safety and Quality Committee. Redcliffe Hospital advised this committee meets monthly, and the Maternity Services Quality Improvement Plan status is included as a monthly agenda item.</i></p><li data-bbox="745 571 2051 638">– Develop decision referral matrix to identify those women who should see the Endocrinologist and those who could see Antenatal Diabetes Educator.<p data-bbox="801 667 2119 810"><i>Diabetic Guideline has been developed and Diabetic Educator role extended to full time. As of June 2024, Diabetes Clinical Midwifery Consultant Educator has been appointed. All pregnant women with diabetes attend endocrinology clinic and are referred to endocrinologist as required. As of July 2024, the referral matrix is still under development.</i></p><li data-bbox="745 839 2051 983">– Evidence based, women-centred birthing procedure should be developed – ensuring treating staff comply with policies to an auditable standard, reviewed annually via the Health Service Safety and Quality Committee – recruitment finalised for lead Midwife – to lead implementation of clinical recommendations.<p data-bbox="801 1011 2007 1078"><i>Redcliffe Hospital advised this action was closed in May 2023 and that the Clinical Midwifery facilitator would continue to monitor their utilisation of clinical pathways and guidelines.</i></p><p data-bbox="801 1107 2119 1366"><i>In July 2024, evidence of measurement of compliance with pathways and guidelines was requested from Redcliffe Hospital. Monthly audit results of intrapartum continuous electronic fetal monitoring for the period July 2023 – June 2024, fundal height measurement plotting/documentation and induction of labour documentation audits conducted in March 2024 were provided. Redcliffe Hospital advised these audit results had been shared with staff through midwifery unit meetings and via the quality improvement board located in maternity ward area. Areas identified for improvement had also been added to the Maternity Services Ward Unit Action Plan.</i></p>

OHO issues identified	Redcliffe Hospital response
	<p><i>With respect to additional audits, Redcliffe Hospital advised they have identified priority areas to audit, noting are currently 32 Queensland Maternity Guidelines. The organisation has recently transitioned to electronic records (June 2024) and the organisation is currently working on the plan for auditing documentation and compliance against Queensland Maternity Guidelines and carepaths within the electronic framework.</i></p> <ul style="list-style-type: none"> - <i>Extend ANDAS service hours.</i> <p><i>In June 2023, ANDAS operational hours were extended to cover weekends from 0800-1600. As of April 2024, a full review of the workload in ANDAS has seen an extension of hours for weekend cover to operate until 1800 hours in the evenings. This will be the subject of further evaluation to assess the impact of these changes.</i></p> <p><i>As of 10 June 2024, additional hours were added to the roster to cover until 11pm on weekday evenings.</i></p> <p><i>Average wait times for women in ANDAS is approximately two hours.</i></p> <p><i>Weekdays – average number of patients per day is 11 – 14.</i></p> <p><i>Weekends – average number of patients per day is 5.</i></p> <p><i>A consumer audit tool has been developed by Redcliffe Hospital to obtain feedback regarding the ANDAS service experience. The tool is currently waiting endorsement by the Redcliffe Hospital Consumer Engagement Committee before audits commence.</i></p> <ul style="list-style-type: none"> - <i>Develop early recognition pathway for women with complex care requirements and connection through to RBWH – Audit 6 monthly.</i> <p><i>Redcliffe Hospital initially advised this action had been completed July 2023. However, in a recent update, Redcliffe Hospital advised that early recognition and referral pathways across Metro North for complex care patients was still being developed and planned for discussion at a Metro North Maternity workshop, to be held in late August 2024.</i></p> <ul style="list-style-type: none"> - <i>Improve consultant availability in the birth suite, clarify workload and responsibilities of overnight Medical Registrar and improve consultant presence at debrief sessions and education of staff after difficult events.</i>



OHO issues identified	Redcliffe Hospital response
	<p><i>In August 2024, Redcliffe Hospital advised the hospital has obstetric consultant cover 24/7, this includes an on-call roster for outside business hours. Obstetrics and Gynaecology consultant staffing has increased from 5.75 full time equivalents in 2021 to 6.0 full time equivalents from February 2023.</i></p> <ul style="list-style-type: none">– Education – review maternity education support, educational and credentialling guidance for midwifery and nursing students. Introduce clinical supervision and ensure routine debriefing following critical incidents. Identify opportunities for leadership roles to provide or support attendance at relevant education activities. Identify deficits in staff skills and knowledge in managing complex cases – develop educational support to address. Refresh preceptor program. <p><i>As of April 2024, a new midwifery educator has been appointed to fill an existing vacancy in the maternity service. As part of the role, the educator is working with the leadership team in maternity to develop a relevant educational plan. Redcliffe Hospital advised that credentialling and upskilling of staff remains challenging, although some improvements have been made with credentialling for waterbirths although this has not yet translated into significant numbers of staff becoming credentialed yet.</i></p> <p><i>In May 2024, the Maternity and Neonatal Unit Education Plan 2024 was finalised. The plan outlines key priorities, strategies and challenges to increase capability and scope of midwives within Redcliffe Maternity. The plan details education that is common to all clinical staff on commencement or change of role, timelines for completion and dates offered for programs supporting mandatory and requisite training needs throughout the year.</i></p> <ul style="list-style-type: none">– Commission a suitable workload tool to provide guidance on midwifery staffing levels. <p><i>As of April 2024, staff workloads are the subject of work with the industrial body. Noted that ratios are being implemented in Level 6 maternity services, but this will not include Redcliffe, as a Level 4 facility initially. Redcliffe Hospital advised there are ongoing challenges with covering vacant shifts with experienced midwives and this is associated with statewide pressures on midwifery staffing.</i></p> <ul style="list-style-type: none">– Establish dedicated team leader positions across maternity services without patient loads to oversee daily activities of clinical units. This is dependent on funding needs being met. <p><i>As of April 2024, team leader positions were still being considered, current plan is to initially introduce team leaders on weekends and evenings, subject to continued review.</i></p>



OHO issues identified	Redcliffe Hospital response
	<p data-bbox="801 193 2119 459"><i>In July 2024, Redcliffe Hospital advised that the staffing profile for maternity services has been updated and now includes one team leader who does not have a patient load for the whole unit on all shifts, including weekends. The team leader provides clinical and leadership support to birth suite, ANDAS, neonatal unit and the maternity inpatient unit. The Neonatal Unit also has a Clinical Nurse Consultant team leader Monday – Friday with no direct patient load. Additionally, the neonatal unit is supported by a neonatal nurse practitioner Monday – Friday and is supported by the overall team leader for the maternity unit on evening and weekend shifts.</i></p> <ul data-bbox="689 539 2119 1385" style="list-style-type: none"><li data-bbox="689 539 2119 667">■ Redcliffe Maternity Services Assessment<ul data-bbox="745 595 2119 1385" style="list-style-type: none"><li data-bbox="745 595 2119 667">– Review maternity education support and work allocation – consider full time Clinical Midwifery Facilitator.<p data-bbox="801 687 2119 794"><i>As of April 2024, a new midwifery educator has been appointed to fill an existing vacancy, as part of this role the educator will work with leadership team to develop a maternity education plan. See information above.</i></p><li data-bbox="745 818 2119 946">– Review education and credentialing guidance and requirements for midwifery and nursing staff in maternity services – to maintain capability assurance and reduce burden.<p data-bbox="801 914 1888 946"><i>See information above regarding Maternity and Neonatal Unit Education Plan 2024.</i></p><li data-bbox="745 970 2119 1042">– Introduce clinical supervision and routine debriefing of critical incidents – to support staff retention and practice improvement.<p data-bbox="801 1066 2119 1289"><i>As of August 2024, the Redcliffe Hospital Nursing Director represents the hospital at the Clinical Supervision Steering/Advisory Committee which was established to develop and support a strategic plan for clinical supervision across MNHHS. The committee will also provide approval for applications to undertake clinical supervisor education and training programs. Redcliffe Maternity Services currently has one trained clinical supervisor in the Midwifery Group Practice program, who is currently supervising two staff.</i></p><li data-bbox="745 1313 2119 1385">– Leadership to identify opportunities to support staff attending educational programs/activities to develop leadership capability.



OHO issues identified	Redcliffe Hospital response
	<p><i>In April 2024, Redcliffe Hospital advised this is generally managed through the Professional Development Plan (PDP) process but will undertake a more targeted approach to facilitate staff attendance at externally based courses.</i></p> <p><i>Redcliffe Hospital has planned a leadership development day for Clinical Midwives in August 2024 which will include sessions on people and culture, finance and portfolio activities.</i></p> <ul style="list-style-type: none">– Identify skill/knowledge deficits in managing complex cases – develop educational support to address. <p><i>In April 2024, Redcliffe Hospital advised that education requirements for individual staff is managed through the PDP process. The Clinical Midwifery Consultant (CMC), Midwifery Educator and the Midwifery Unit Manager (MUM) are working together on ensuring all staff can be released to undertake identified education. Regular clinical case review has been implemented and will highlight potential areas for educational intervention.</i></p> <ul style="list-style-type: none">– Review preceptor program and coordinate to improve effectiveness in ensuring adequate practice support and development. Engage the skill and expertise of more experienced midwives by involving them in clinical supervision. <p><i>As of April 2024, the recently appointed Midwifery Educator will be reviewing this program within midwifery services.</i></p> <ul style="list-style-type: none">– Develop early recognition pathway for women with complex care requirements and connection with RBWH. <p><i>As of April 2024, support for complex cases when concerns arise has been reported as improved – this is attributed to the use of technology improving the ability to communicate and hold joint discussions with RBWH on short notice as required. Evidence of improvement measures and audits undertaken indicating improvements was requested, as of August 2024 this was not forthcoming. Redcliffe Hospital did advise that a monthly multidisciplinary team (MDT) complex care planning meeting is in the planning stages. The proposal is that this meeting will be held once a month. Women who are complex, including women with high psychosocial needs, will be discussed and a confirmed plan for care and delivery will be documented. The need to refer women to a tertiary centre for delivery will also be discussed.</i></p>



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none"><li data-bbox="745 196 2047 341">– Review terms of reference for Perinatal Morbidity and Mortality meetings to focus on adverse outcomes, deaths and learnings from complex cases. Meetings to review complex cases, poor outcomes and perinatal deaths as well as cases where the agreed clinical guidelines have been deviated from to build an understanding of an address appropriate and inappropriate variation. <i>Redcliffe Hospital advised as of April 2024, the committee and meeting structure had been reviewed.</i> <i>In July 2024, Redcliffe Hospital advised the updated version of the Perinatal Morbidity and Mortality Terms of Reference was still a work in progress and has been identified for priority action. Meeting minutes indicate review of complex cases and cases with suboptimal outcomes occurs during these meetings.</i> <ul style="list-style-type: none"><li data-bbox="689 611 1444 639">■ Additional information sourced from Redcliffe Hospital<ul style="list-style-type: none"><li data-bbox="745 667 2114 812">– Redcliffe Hospital AUDIT Schedule for 2023 outlines the organisation’s monitoring of compliance with guidelines, policies and procedures related to recording of clinical observations and documentation, management of pregnant women with diabetes and recognising an escalating clinical concern through:<ul style="list-style-type: none"><li data-bbox="801 839 2069 946">■ Monthly evaluation of Medical Emergency Team Calls and Response: Audit of MET calls with results reported to morbidity and mortality committee and recognising and managing deteriorating patient committee.<li data-bbox="801 973 2069 1080">■ Observation and documentation audit measuring documentation compliance and observed quality of care completed bi-annually as part of the Bedside Care Audit reported to safety and quality.<li data-bbox="801 1107 2107 1173">■ Comprehensive Care and Communicating for Safety standards summary presented quarterly by Safety and Quality Committee to the Board.<li data-bbox="801 1200 2047 1265">■ Clinical communication dashboard presented monthly to the Safety and Quality and Clinical Communication Committees.

	OHO issues identified	Redcliffe Hospital response
2	Medication management and administration	<ul style="list-style-type: none"> <li data-bbox="689 209 1279 236">■ Redcliffe Maternity Services Assessment <ul style="list-style-type: none"> <li data-bbox="745 264 1951 292">– See above safety and quality, education and supervised practice opportunities identified. <li data-bbox="745 320 2067 427">– Identify capacity to provide real time access to a small suite of quality indicators at unit level to support staff in provision of safe/quality care. For example, displaying medication incidents for the month. <p data-bbox="801 456 2114 563"><i>As of April 2024, work continues on standardising the indicators. Redcliffe Hospital Maternity plans to implement a wall display in the short term future enabling staff and others to see performance of key monthly performance indicators, improving transparency.</i></p> <p data-bbox="801 587 2092 772"><i>As of July 2024, Redcliffe maternity has established a fast facts display board for recording monthly outcomes such as numbers of vacuum/forceps deliveries, episiotomies, transfers to other hospitals, emergency c-sections etc. The results of the Biannual Medication Safety Audit are discussed with staff at team meetings and a ward traffic light report which includes information on auditing in progress, results and follow up actions, is disseminated to staff via email.</i></p> <li data-bbox="745 799 2040 826">– Commission suitable workload tool to provide guidance on appropriate midwifery staffing levels. <p data-bbox="801 855 2085 999"><i>As of June 2024, Redcliffe Hospital has developed a Maternity and Neonatal Capacity and Escalation plan which outlines processes required to ensure optimum patient flow and capacity management within Maternity and Neonatal services at Redcliffe Hospital. The plan aims to ensure safety for women, neonates and staff working within the service.</i></p> <ul style="list-style-type: none"> <li data-bbox="745 1027 2114 1094">– Establish team leader positions in birth suite, neonatal unit and midwifery ward with no patient load to ensure adequate clinical supervision and guidance for staff. <p data-bbox="801 1118 1688 1145"><i>See information above for progress regarding team leader positions.</i></p> <li data-bbox="689 1190 1715 1217">■ Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 <ul style="list-style-type: none"> <li data-bbox="745 1246 2096 1313">– Review education support and work allocation and consider full time Clinical Midwifery Facilitator for maternity.



OHO issues identified	Redcliffe Hospital response
	<p><i>As of May 2024, the Redcliffe Hospital Maternity Unit is supported by an education team consisting of one midwifery educator and two clinical midwife/clinical facilitators comprising a total FTE of 1.6. This is comparable with other Metro North Hospital and Health Service facilities.</i></p> <p><i>The Redcliffe Hospital Maternity Service Profile 2024 outlines staffing requirements for maternity services based on the model of care and addresses actions to be taken when there are concerns with workload issues.</i></p> <ul style="list-style-type: none">- Review education and credentialing requirements for midwifery and nursing staff, introduce clinical supervision and routine debriefing critical incidents, leadership to support staff attendance at education. <p><i>As of July 2024, Redcliffe Hospital reported staff have given positive feedback regarding debriefing processes after clinical incidents. In May 2024 MNHHS released a Post Critical Incident Staff Support Guideline to ensure a consistent approach across MNHHS in supporting staff to minimise harm that may arise after exposure to critical incidents.</i></p> <p><i>Clinical supervision is awaiting action from MNHHS/Office of the Chief Nursing and Midwifery – maternity services currently have one trained clinical supervisor and a willingness to implement processes once finalised by MNHHS/OCNMO. The clinical supervision proposal is still in development – see information above.</i></p> <ul style="list-style-type: none">- Identify deficits in skills and knowledge in managing complex cases and develop educational support to address. Phase 1 completed through facilitated workshops conducted by external consultant with maternity services staff to clarify roles within maternity services leadership team. Phase 2 priorities will be progressed based on staff feedback from workshops. <p><i>The Redcliffe Maternity Services Education Plan 2024 has been completed and identifies priority areas for addressing staff knowledge deficits to enhance clinical practice and ensure staff are working at maximum capability.</i></p> <ul style="list-style-type: none">- Review workforce management to consider initiating the use of workload tool and establish team leader positions with no patient load. Clinical Midwifery Consultant to oversee daily activities. <p><i>See information above regarding team leader positions in maternity services and the development of the Maternity and Neonatal Capacity and Escalation Plan</i></p>

	OHO issues identified	Redcliffe Hospital response
		<ul style="list-style-type: none"> – Organisation to consider medical roster to ensure medical support on site during working hours. <i>See information above regarding on call consultant cover for maternity services.</i> <hr/> <ul style="list-style-type: none"> ■ Additional information sourced from Redcliffe Hospital <ul style="list-style-type: none"> – Redcliffe Hospital AUDIT Schedule for 2023 outlines the organisations monitoring of compliance with guidelines, policies and procedures related to medication safety through: <ul style="list-style-type: none"> ■ Undertaking 50 quarterly observational medication safety management audit checking overall compliance with medication safety requirements, patient identification and allergies. ■ Participating in the Australian Commission on Safety and Quality in Health Care National Inpatient Medication Chart (NIMC) Audit every two years and in addition to this completes bi-annual audits measuring compliance with NIMC guidelines during the Bedside Care Audit. ■ Reporting to Safety and Quality via a monthly medication safety dashboard, medication incident report, and narcotics dashboard. A quarterly Medication Safety Standards report is also provided to the board. – Monthly medication safety dashboard (identifying incidents by prescribing/administration issues and SAC rating) is also provided to leadership team for each service line for analysis and distribution of information to staff. <p><i>Redcliffe Hospital has transitioned to electronic medical records in early 2024, the organisation has advised that work is being undertaken with Digital Health Metro North to develop future performance audit options.</i></p>
3	<p>Clinical communication and documentation incomplete, including:</p> <ul style="list-style-type: none"> ■ clinical records ■ clinical handover ■ discharge summaries 	<ul style="list-style-type: none"> ■ MNHHS/Redcliffe Hospital Engagement Meeting <ul style="list-style-type: none"> – During the meeting OHO representatives were advised that the Director of Medical Education and the Safety and Quality lead for the National Safety and Quality communicating for safety standard are undertaking work to address concerns relating to patient discharge summaries. This includes looking at the best way to deliver education to improve the quality of discharge summaries. Consideration was being given as to whether an increased input from nursing and midwifery might be beneficial to ensuring a more complete discharge summary process. Initial auditing of discharge summaries at Redcliffe Hospital, by service line, had commenced and indicated that the organisation

OHO issues identified	Redcliffe Hospital response
	<p>was meeting the required criteria with some room for improvement. The plan to continue auditing for the next two quarters of 2024 and conduct an overall evaluation of discharge summaries at the end of 2024. Redcliffe Hospital advised of other current initiatives to improve patient discharge summaries including:</p> <ul style="list-style-type: none"> ■ Working closely with the General Practice Liaison Officer (GPLO) who links in with medical staff meetings to give feedback on the importance of the handover contained in the patient discharge summary. <p><i>Redcliffe Hospital advised this feedback is obtained via direct contact with GP's, and responses emailed to Metro Noth GPLO email or the GPLO phone number. Attempts at surveying General Practitioner's (GP's) for feedback have been unsuccessful, possibly due to the time constraints for GP's.</i></p> <ul style="list-style-type: none"> ■ Continued open dialogue between the Chief Medical Officer and General Practitioners (GPs), including continuing discussions on the perennial topic of discharge summaries. ■ Reporting monthly through to Safety and Quality Governance Committee meetings and MNHHS at both board and executive level regarding the percentage of discharge summaries completed. Currently across MNHHS these are tracking at almost 80% of discharge summaries completed within 48 hours of patient discharge. Electronic reports are generated on outstanding discharge summaries and shared with consultants to follow up with junior medical staff. This has reportedly improved performance outcomes. ■ Introduction of the Viewer has enabled GPs to log in and view patient records to some extent. Access to the viewer gives GP's read only access to a digital repository of patient information. ■ Discharge care and handover for Aboriginal and Torres Strait Islander women is further strengthened through the relationship between the hospital and the Ngarrama family community health service. These patients are offered referral to the Ngarrama service which offers 6 weeks of post-natal care for women, babies and families and then a gradual transition of care to the identified GP. There is a desire to extend this beyond these patients utilising the Midwifery Group Practice model with funding and staffing identified as the current barriers.



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none">- In relation to clinical documentation and handover, themes identified from review of the culture and structure in maternity services revealed a need to reset and refocus expectations in terms of standards of clinical practice and management of issues and behaviour.■ Clinical midwife champions have been identified and given portfolios to gather and share information re clinical practice standards.■ Some incidents were attributed to reduced staffing levels prompting a review of maternity services workforce and leadership structure. <p><i>As at March 2024, the written handover tool will be transferred to the ieMR platform when introduced in May 2024. Redcliffe Hospital is currently working with Digital Metro North to prioritise data and analytics requirements moving forward.</i></p> <ul style="list-style-type: none">■ Redcliffe Maternity Services Assessment<ul style="list-style-type: none">- Assess current maternity services workforce and address challenges with recruiting, retaining and supporting workforce.- Introduce clinical supervision and identify deficits in skills knowledge of staff in managing complex cases, develop educational support to address.- Identify capacity to provide real time access to quality indicators to support staff in provision of safe, quality care.- Address need for early recognition of women with complex care needs and improve communication regarding these patients.<p><i>See updates related to these actions documented above.</i></p>■ Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024<ul style="list-style-type: none">- Resolve issues/barriers to midwife led discharge from post-natal unit and explore potential for midwife led discharge from ANDAS. To be progressed through Maternity Services Safety and Quality Committee.

OHO issues identified	Redcliffe Hospital response
	<p><i>In July 2023, Redcliffe Hospital advised midwife led discharge for low-risk antenatal care will be included as part of ANDAS revised workflow. As of April 2024, postnatal discharge by midwives is in place and midwife led discharge from ANDAS has been included in ANDAS criteria.</i></p> <p><i>Midwifery led discharge of well postnatal women is within scope of practice for midwives. Redcliffe Hospital has a Work Instruction which describes the process for the discharge of postnatal women who have experienced an uncomplicated pregnancy and birth by a midwife.</i></p> <ul style="list-style-type: none"> - Strengthen communication mechanisms and information sharing across the service with assistance of Maternity Services Safety and Quality Committee. <p><i>In July 2023 this had been established through fortnightly unit meetings, distribution of an ad hoc Maternity Bulletin to staff via email. In 2024, the maternity ward has also established a fast facts display board for staff which indicates unit performance against key clinical outcomes.</i></p> <ul style="list-style-type: none"> - Undertake interprofessional consultant led handover at least twice daily at 0800 and 2000. <i>Redcliffe Hospital advised this was established as of July 2023.</i> - Revision of medical roster to ensure additional support in birth suite. <p><i>As of July 2024, Redcliffe Hospital advised there is obstetrics and gynaecology consultant cover for maternity services 24/7, this is inclusive of an on-call roster.</i></p> <ul style="list-style-type: none"> ■ Additional information sourced from Redcliffe Hospital <ul style="list-style-type: none"> - Redcliffe Hospital AUDIT Schedule for 2023 outlines the organisations monitoring of compliance with guidelines, policies and procedures related to clinical communication and documentation through: <ul style="list-style-type: none"> ■ biannual auditing of multidisciplinary clinical handover by Clinical Auditors shared with Clinical Communication Committee ■ monthly auditing on all wards of clinical handover by Midwifery Unit Manager shared with Clinical Communication Committee ■ monthly Clinical Documentation Audit reported through Professional Councils and Patient Safety Committee, measuring:



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none">– completeness of medical admission entries, operating report and anaesthetic reports and whether a medical discharge is present– presence of and completeness of nursing progress note daily– completeness of allied health entries– compliance of non-clinical other non-clinical documents <ul style="list-style-type: none">■ Observation and documentation audit conducted bi-annually as part of the Bedside Patient Safety Audit and reported to Safety and Quality Committee.■ Auditing of discharge documentation procedure (transfer of care summaries) completed monthly on all eligible records by the Health Information Unit and shared with Clinical Communication Committee, Safety and Quality and Medical Leaders Council. <p>Electronic Discharge Summary Performance Reports – data related to discharge summaries completed within 48 hours for maternity services was reported as follows:</p> <ul style="list-style-type: none">– 88% in March 2023– 93% in May 2023; and– 83% in June 2024. <ul style="list-style-type: none">■ Monthly reporting by safety and quality to Clinical Communication Committee on Clinical Handover Procedure and Patient Identification and Procedure Matching and Transfer of Care Summaries. <p>Clinical Handover Observational Audit of bedside and shift to shift handover conducted for maternity services May/June 2023 revealed 86% compliance with clinical handover requirements. The areas for improvement identified were the use of a structured communication process guided handover, involving the patient/carer/family in the process and checking the patient’s identification as part of the process.</p> <p>Results of the same audit for maternity services in 2024 indicated 92% compliance with clinical handover requirements. Areas for improvement identified were staff introductions during</p>

	OHO issues identified	Redcliffe Hospital response
		handover, visual checking of patient's wounds, intravenous lines etc. and conducting a safety check of the patient's area.
4	Clinical Governance – Clinical Incident Management	<ul style="list-style-type: none"> ■ MNHHS/Redcliffe Hospital Engagement Meeting. Representatives of MNHHS and Redcliffe Hospital provided the following information: <ul style="list-style-type: none"> – reassurance given that every incident that is logged is thoroughly investigated. Governance approach MNHHS – SAC incident through a rigorous process – multidisciplinary assessment with key leader – medical lead, safety and quality, who determine through the National criteria and State criteria what SAC rating the incident should be categorised as. <p><i>Redcliffe Hospital is guided by the organisation's Clinical Incident Management Procedure which describes the clinical incident management responsibilities of managers, the safety and quality team, the incident reporter, and relevant service director.</i></p> <p><i>In July 2024, Redcliffe Hospital advised clinical incident data for maternity services is tabled at the monthly Safety & Quality Committee chaired by the Executive Director. This data is also tabled at the Maternity Safety and Quality Committee monthly meeting. A weekly meeting, chaired by the Director of Medical Services, occurs where all clinically significant incidents are discussed. Discussions related to SAC 1/SAC 2 also occur at the monthly service-line performance meeting.</i></p> <p><i>The Midwifery Unit Manager is responsible for confirming SAC ratings after an initial review, this may be different to the initial SAC rating calculated by the reporter when completing the incident report. This process or reviewing SAC rating is consistent with the Redcliffe Hospital Clinical Incident Management Procedure. The Midwifery Nursing Director for Women's and Children's Services receives all SAC 1 and 2 notifications within the RiskMan system for the service line and can access all SAC 3 & 4 incidents. Incident trends and classification are tabled and discussed at the Maternity Safety and Quality Committee monthly meeting which is chaired by the Midwifery Nursing Director. All SAC 2 incident analyses are signed by the Midwifery Nursing and Medical Director of service line for further oversight.</i></p> <p><i>Clinical incident data is shared with maternity clinical staff by the Maternity Midwifery Unit within the bi-monthly Traffic Light Report distributed via email.</i></p>



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none"><li data-bbox="745 196 2125 419">– the organisation supports staff through the incident management process – there is an allocated safety and quality officer for critical care, women’s and children’s to support maternity, neonatal unit and paediatrics staff with clinical incident management. This role works with the leadership team Clinical Midwifery Consultant, Midwifery Unit Manager and Perinatal data support officer and spends time on floor with midwives helping them to understand current systems operating and reporting obligations.<li data-bbox="745 443 2125 946">– increasing transparency of information monitored – always presents a challenge as it is dependent on how information is received and understood. Currently using simple methodology of safety and quality boards to share information and data with the workforce. Quality and Safety team have worked with maternity and neonatal staff to determine what data will add value to the care provided to women and babies – looking at indicators on monthly basis. Monthly reporting to critical care women’s and children’s performance line – information moves down from leaders to safety and quality committee for maternity for distribution to service improvement groups. The COVID-19 challenged meetings occurring as staff were focused on keeping patients and themselves safe. Meetings have been re-established with specific structures – service improvement group and standards champion model are driving change based on the data being received – data indicates the organisation is providing safe care. There are of course exceptions – as there are in every health service. External review of services by recognised maternity healthcare leader has provided overall conclusion that Redcliffe Hospital maternity service is safe.<li data-bbox="745 970 2125 1114">– Redcliffe has an excellent record for consumer engagement and feedback and received positive feedback about maternity services at Board Meetings. Consumer feedback is shared with staff on the floor through Patient Reported Experience Measures program and MNHHS conducts a deep dive twice per year – to analyse trends. <p data-bbox="801 1137 2092 1281"><i>As of April 2024, there has been a consumer added to the safety and quality meeting. More work in this area is required to ensure the service is meeting the required standard of shared decision making and co-design and includes specific strategies for First Nations and Culturally and Linguistically Diverse communities.</i></p> <p data-bbox="801 1305 2092 1417"><i>In July 2024, Redcliffe Hospital advised a consumer had been engaged to provide input into maternity services in the new build of Redcliffe Hospital. Work was continuing on the establishment of a Women’s Health Consumer Group.</i></p>



OHO issues identified	Redcliffe Hospital response
	<p data-bbox="801 193 2085 341"><i>Trended compliments/complaints data for Redcliffe Maternity Services for period July 2023 to June 2024 indicated an average of three complaints received per month predominantly related to treatment received and communication and an average of two compliments per month related to humaneness/caring and treatment.</i></p> <ul data-bbox="745 363 2085 512" style="list-style-type: none"><li data-bbox="745 363 2085 512">– Patient safety bedside audit – due May 2024 measures many aspects of safety and quality of care provided. After each audit nursing leadership team develop action plans in response to results – monitored monthly through quality and safety. Organisation has tailored the bedside audit to target areas specific to maternity services. <p data-bbox="801 534 2047 608"><i>Redcliffe Hospital Bedside Audit was undertaken in April 2024, the results for maternity services have informed action items included on the Maternity Services Ward Unit Action Plan</i></p> <ul data-bbox="745 630 2114 874" style="list-style-type: none"><li data-bbox="745 630 2114 778">– Dashboard reports relating to Riskmans are produced by type and SAC rating weekly and provided to clinical managers to share with staff. Directorate and leadership team receive alerts for incidents in real time and can access reports identifying trends. This has been assisted by Redcliffe Hospital's investment in two data analysts.<li data-bbox="745 801 2069 874">– Clinical incidents are escalated appropriately to clinical director/executive within designated timeframes. SAC rating, which is determined using a matrix, may be changed after clinical review. <p data-bbox="689 912 1715 946">■ Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024</p> <ul data-bbox="745 968 2114 1289" style="list-style-type: none"><li data-bbox="745 968 2114 1117">– Maternity Services Safety and Quality Committee to meet monthly and regularly review all maternity performance indicators over year with stratification on those to be reported and reviewed monthly and quarterly, policy and procedure reviews to be removed from the responsibilities of this committee – <i>reported as completed as of July 2023.</i><li data-bbox="745 1139 2078 1289">– Maternity Service Management/Safety and Quality Committee review Maternity Service Scorecard data and other monthly data to identify themes, identify areas of practice for improvement, review incident/adverse events and develop actions and recommendations, review audit results, perinatal data, policies, guidelines and procedures.



OHO issues identified	Redcliffe Hospital response
	<p data-bbox="801 193 2056 300"><i>In April 2024, Redcliffe Hospital advised the introduction of the regular clinical reviews, and the establishment of the Clinical Midwifery Consultant position has assisted with identifying areas for improvement in maternity services, including documentation.</i></p> <p data-bbox="801 325 2085 432"><i>As of July 2024, the Maternity Safety and Quality Committee meet monthly and regularly review all maternity performance indicators. This committee is chaired by the Midwifery Director and/or the Director of Obstetrics.</i></p> <p data-bbox="801 458 2074 644"><i>Redcliffe Hospital Maternity Services Ward Unit has developed and Action Plan which outlines issues identified during auditing against the National Safety and Quality Health Service Standards and other maternity performance indicators, and actions planned to address issues identified. The organisation also reviews and reports on the progress of recommendations arising from clinical incident reviews at the Maternity Safety and Quality Committee meeting.</i></p> <ul data-bbox="745 670 2112 1043" style="list-style-type: none"><li data-bbox="745 670 2112 815">– Identify capacity for real time quality indicators at unit level to support staff in safe and quality care provision. Benchmarking outcomes shared with staff, and staff are actively involved in data collection for National Safety and Quality Health Service Standard auditing and results displayed within the unit and distributed to all staff via email communications.<li data-bbox="745 841 2047 948">– Review the existing varied data collections contributed to by Maternity Services. Where possible integrate and standardise the data collected and develop a consolidated reporting framework including frequency of reporting.<li data-bbox="745 973 2101 1043">– Strengthen the “closed loop learning” (QI) from reported Riskman incidents. Safety and Quality facts and stats shared with staff at unit level for review and discussion. <p data-bbox="801 1069 2092 1176"><i>As of July 2024, results of quality and safety indicators such as clinical incident data, audit results, benchmarking data, accreditation results and patient feedback is shared with maternity clinical staff via ad hoc maternity bulletin emails, at ward meetings and via the maternity fast facts ward display.</i></p> <ul data-bbox="745 1201 2033 1404" style="list-style-type: none"><li data-bbox="745 1201 2033 1308">– Ensure that a regular audit program is established and maintained, with results reported to the Maternity Services Safety & Quality Committee, and upwards to the Redcliffe Hospital Safety & Quality Committee<li data-bbox="745 1334 1984 1404">– Strengthen the staff debrief and staff support model as a component of the Clinical Incident Management Program.



OHO issues identified	Redcliffe Hospital response
	<p><i>In July 2023, Metro North People and Culture Branch established a working group to develop a staff debrief procedure and Redcliffe Hospital Clinical Council Chair is a core member of the group.</i></p> <p><i>In May 2024, Metro North Hospital and Health Service (MNHHS) released a Metro North wide Guideline – Post Critical Incident Staff Support. The purpose of the Guide is to ensure a consistent approach across MNHHS in supporting staff to minimise harm that may arise from psychosocial hazards such as exposure to critical incidents.</i></p> <p><i>As of July 2024, Redcliffe Hospital advised the Redcliffe Hospital Maternity Services Oversight Committee has been established and will be chaired by Metro North Chief Executive, Adjunct Professor Jackie Hanson. The committee will meet fortnightly to bring recommendations arising from the Redcliffe Hospital maternity review and clinical incident reviews to a close.</i></p> <ul style="list-style-type: none">■ Redcliffe Maternity Services Assessment<ul style="list-style-type: none">– Noted there was some indication where Queensland Clinical Guidelines were not being followed. This can be justifiable in some instances however no evidence was provided as to how these are monitored so they may be reviewed to ascertain whether variation from the guidelines were warranted or not. <p><i>In April 2024, Redcliffe Hospital advised several guidelines, procedures and work instructions had been reviewed to ensure they were contemporary and in line with Queensland Health/MNHHS guidance documents, this work is ongoing.</i></p> <p><i>As of July 2024, Redcliffe Hospital advised planning is ongoing regarding finalising the process auditing documentation compliance against Queensland Maternity and Neonatal Guidelines and Carepaths. There has been some delay with determining the auditing process with the organisations transitioned to electronic records (ieMR) in June 2024. Redcliffe Hospital is currently consulting with Digital Health Metro North and other Maternity ieMR sites to finalise audit options.</i></p> <p><i>In 2024, Maternity services has completed documentation audits related to continuous electronic fetal monitoring (monthly), induction of labour and measuring and recording of fundal heights (May-June 2024).</i></p>



OHO issues identified	Redcliffe Hospital response
	<p><i>Redcliffe Hospital Maternity Services have acknowledged that improvements for general documentation are ongoing and are more broadly captured on the ward action plan for oversight.</i></p> <ul style="list-style-type: none">– Redcliffe Hospital Maternity Services currently contributes to a variety of data collections and benchmarking activities – data suggests the service is performing well against peer organisations. Transparency of data could be improved within the service – review and discussion to identify issues and variable not consistent. Reliance on provision of reports as there is limited access to data at service level making it difficult to proactively identify issues and take early action.– Safety and Quality Performance Dashboard needs to be accessible at unit level. Transparency of data promoting the identification of issues and variation of practice enhancing the unit’s capacity to proactively take early action.– Identify capacity to provide real time access to a small suite of quality indicators at unit level to support staff in provision of safe/quality care. <p><i>In April 2024, Redcliffe Hospital reported work on standardising the indicators continues and a wall display with key indicators will be implemented in the coming weeks, enabling staff and others to see performance on these indicators monthly, improving transparency.</i></p> <p><i>In July 2024 the maternity ward had established a display board of fast facts visible to staff which shows unit performance against key clinical outcomes.</i></p> <ul style="list-style-type: none">– Review current data collection – where possible integrate and standardise data collection and develop consolidated reporting framework including frequency of reporting – may need a project officer.– Review organisational structure of maternity to stabilise midwifery leadership and provide a single point of accountability at unit level for midwifery and nursing staff. <p><i>As of July 2024, Redcliffe hospital has reviewed the maternity service’s organisational structure. This has seen appointment of a Nursing and Midwifery Director for Women’s and Children’s Services and recruitment to several other positions new and vacant positions to include a Clinical Nurse Midwife Consultant Diabetes and re-establishment of the full complement of staff for the maternity education team.</i></p>



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none"><li data-bbox="745 196 2063 300">– Create and fill a senior midwifery leadership position to provide overarching clinical and corporate governance in conjunction with Director of Obstetrics to the maternity service. Role to represent maternity services at relevant hospital and HHS committees. <i>In early 2024, Redcliffe Hospital appointed a Nursing Midwifery Director for Women's and Children's Services. This position represents maternity services on several Redcliffe Hospital safety and quality, leadership and performance committees as well as several MNHHS Committees/meetings and Statewide Midwifery Leadership Committees.</i><li data-bbox="745 499 2033 643">– Review terms of reference for Redcliffe Morbidity and Mortality Committee to ensure a focus on adverse outcomes, deaths and learnings from complex cases and cases where deviation from agreed clinical guidelines occurs (to understand and address appropriate and inappropriate deviation) – monthly meetings. <i>See information above regarding updated terms of reference.</i><li data-bbox="745 722 2074 834">– Monthly Safety and Quality Committee meetings – review maternity performance indicators over a year – stratifying those to be reviewed monthly and quarterly. No performance indicators to be reviewed less than quarterly to identify changes, trends and variation.<li data-bbox="745 858 1962 930">– Ensure midwifery representation on the Nursing and Midwifery Council and other relevant Nursing/Midwifery committees from a currently practising midwife. <i>See information above regarding the Nursing Midwifery Director for Women's and Children's Services role in representing midwifery at relevant meetings.</i><li data-bbox="745 1050 2112 1233">– Little to no awareness among many staff of key activities or plans related to maternity service – few knew of Maternity Action Plan developed in response to the diabetic ketoacidosis adverse event. Staff expressed an interest in being informed and involved in decisions impacting the unit. Consider – including as agenda items for midwifery unit meetings and make information available using various communication channels – hard copy, electronic, in tearoom where staff can access. <i>In 2024, Redcliffe Hospital provided an update regarding staff engagement with the Maternity Services Action plan as follows:</i><ul style="list-style-type: none"><li data-bbox="801 1353 2074 1423">■ <i>To improve service delivery and engage staff in the changes, working parties were formed for the Antenatal Day Assessment Service (ANDAS) and the Home Midwifery Service (HMS).</i>



OHO issues identified	Redcliffe Hospital response
	<p><i>These working parties were involved in drafting models of care for these areas and extensive feedback was sought from the maternity team.</i></p> <ul style="list-style-type: none">■ <i>For Midwifery Group Practice (MGP) and the antenatal clinic, engagement was sought from the midwives in those areas, to implement improvements. All improvements and changes were related to the Maternity and Neonatal Clinical Guidelines, benchmarking with similar services and reviewing evidence available.</i>■ <i>The maternity unit was kept up to date with changes in the fortnightly unit meeting, and a poster displayed in the staff room and quality board, identifying the areas of focus derived from Maternity Quality Improvement plan.</i> <ul style="list-style-type: none">– Some staff entered Riskmans when they felt they were not being heard when wishing to raise issues/concerns.– Re-establish ward leadership team/ward meetings as soon as possible – to discuss key issues impacting staff on the unit – seeking staff input for improvement. <p><i>As per the Redcliffe Hospital update provided in July 2024, maternity unit level meetings have been held consistently since April 2023 with a target of meeting fortnightly. For those unable to attend an email communication which includes the ward traffic light report (and meeting minutes) is disseminated by email to all clinical staff.</i></p> <ul style="list-style-type: none">■ Additional information sourced from Redcliffe Hospital:<ul style="list-style-type: none">– In June 2024, Redcliffe Hospital provided an update on data trends related to clinical incidents involving maternity patients for the past two years:<ul style="list-style-type: none">■ Since 1 June 2022 there have been 699 reported incidents within maternity services at Redcliffe Hospital, categorised into severity assessment codes (SAC) 1, 2, 3 and 4.<ul style="list-style-type: none">– Of these 699 clinical incidents 8.4% of the patients involved had diabetes.– Of these 8.4% of incidents 0.2% were confirmed as SAC 1 rating, 2.4% were confirmed as SAC 2 rating and the remaining 97.4% were categorised as SAC 3 or 4 rating.



OHO issues identified	Redcliffe Hospital response
	<ul style="list-style-type: none">■ Overall, Redcliffe Hospital reported a downward trend in incidents involving maternity patients at Redcliffe Hospital over the past two years.– Redcliffe Hospital AUDIT Schedule for 2023 outlines the organisations monitoring of compliance with guidelines, policies and procedures through:<ul style="list-style-type: none">■ annual audit of clinical care pathways use and variance reported to Patient Safety Committee■ Redcliffe Hospital safety and quality scorecard reported monthly to Safety and Quality Committee■ SAC 1 and SAC 2 incidents open and in progress reported weekly to Safety and Quality Committee, service level performance meetings and Patient Safety Committee■ six monthly systematic evaluation and verification of SAC1 implementation of recommendations reported to Patient Safety Committee■ MNHHS Safety and Quality Board Report reported monthly to Board■ Perinatal Data Registry ACHS Indicator reported quarterly.

9. Findings

9.1 Peripartum care

The notification material identified 23 patients who were the subject of clinical incidents of concern between April 2021 and July 2022. The incident outcomes, for all but two of the 23 patients identified, were classified in the Riskman reports as incidents where the patients suffered minimal or no harm (SAC 3/SAC 4).

Of the identified patients, 13 appeared to have been provided with poor or inadequate nursing care during the peripartum period including, lack of observations recorded, inadequate management of women with diabetes and updating of medical officers regarding the patient's condition. Review of the Riskman reports and clinical records revealed that in some instances the incidents recorded related to this perinatal care were not supported by the evidence available in the clinical records. That is, where the Riskmans had identified missing observations, inadequate care provided or escalation of concerns, the clinical records revealed this was not substantiated as the information was recorded, albeit not always in the appropriate or expected place in the clinical record. Redcliffe Hospital advised that some of the Riskmans associated with the complaint had been logged retrospectively by a clinician working in clinical coding and not directly involved in the clinical care of the patients involved which may have contributed to this.


However, the review of the patient clinical records did raise some concerns regarding the lack of documentation of patient observations and incomplete maternity clinical pathways as required by the Redcliffe Hospital Observations, Clinical Antenatal and Postnatal Procedure and Clinical Record, Documentation Procedure. The clinical records of several patients also revealed instances where concerns relating to cardiotocography monitoring (CTG) that were not escalated to medical officers in accordance with the Queensland Clinical Guideline: Intrapartum fetal surveillance.

There were two obstetric patients with diabetes, who had outcomes of temporary moderate harm recorded as a result of the clinical incidents. Review of the clinical records of these patients suggested a departure from accepted clinical guidelines and practice in the care provided to these women. This included inadequate blood glucose/ketone recording and use of an incorrect blood glucose monitoring form for maternity patients, potentially leading to a delayed diagnosis and treatment of diabetic ketoacidosis. The Queensland Clinical Guideline: Gestational diabetes mellitus outlines requirements for intrapartum monitoring and management of blood glucose levels to minimise maternal and neonatal risk.³⁸ In 2019, Queensland Health released maternity specific blood glucose monitoring forms which provide maternity specific blood glucose level ranges and guidance about management and escalation of women with diabetes during pregnancy.³⁹ A failure to follow these guidelines and utilise the correct monitoring forms arguably contributed to the delay in recognising acute deterioration and escalation of care for these women as required by the Metro North Recognising and Responding to Acute Deterioration Policy.

At hospital level, one incident underwent a clinical review, and the other was the subject of a root cause analysis and open disclosure process, despite the harm being classified as temporary. Both patients had complex care needs, and the review process suggested there was a failure to adequately assess the patients, record appropriate clinical observations, and recognise and escalate patient deterioration. The OHO was also informed of another reportable event relating to the perinatal care of a pregnant woman with diabetes which occurred at Redcliffe Hospital in June

³⁸ [Queensland Clinical Guideline: Gestational Diabetes Mellitus, February 2021.](#)

³⁹ [Insulin Subcutaneous \(Maternity\), Order and Blood Glucose Record;](#) and [Insulin Intravenous Infusion \(Maternity\) Order / Intrapartum Blood Glucose Record.](#)



2022. A root cause analysis was undertaken into this incident, this was completed in January 2023 and revealed similar concerns to those raised in the previous incidents outlined above. Some recommendations resulting from this incident analysis were immediately actioned, others were incorporated into the Maternity Services Quality Improvement Plan 2023/2024.

MNHHS/Redcliffe Hospital advised it follows state-wide guidelines for delivery of care to pregnant women and has access to a suite of maternity clinical pathways which provide specific elements of care to be delivered and recorded for maternity patients. The Redcliffe Maternity Services Assessment, completed in February 2023, identified some instances where Queensland Maternity Clinical Guidelines were not being followed. The report noted this can be justifiable in some instances however no evidence was provided as to how these were monitored at Redcliffe Hospital so they may be reviewed to ascertain whether variation from the guidelines was warranted or not.

Education on the topics of recognising and responding to the deteriorating patient, clinical documentation, clinical handover, and safety and quality culture is delivered during the Metro North Nursing and Midwifery Orientation program, which all nursing and midwifery staff attend, either on commencement, or as a refresher at various times throughout their employment. Throughout 2022/2023, the following relevant additional training has been delivered to midwifery and medical staff: Diabetes – management of blood sugar levels, diabetic ketoacidosis, blood glucose and insulin monitoring forms; Queensland Early Warning Maternity Early Warning Tool; epidural observations and clinical bedside handover.

Auditing and compliance with policy and procedure is conducted as outlined in the Redcliffe Hospital audit schedule. This includes an annual audit of the use of clinical pathways and variances and bi-annual auditing of documentation compliance and observed quality of care completed as part of the Bedside Care Audit. Results of these audits are reported to the Patient Safety Committee and action plans are developed at local level to address areas for improvement. The most recent Bedside Care Audit was completed in April 2024, the results of which have informed actions on the Maternity Services Ward Unit Action Plan.

A clinical documentation audit completed for maternity services in February 2023, measuring medical admission, operation reports, anaesthetic reports, discharge summaries, nursing and allied health progress notes, and other non-clinical documentation revealed an overall compliance rate of 79%. Redcliffe Hospital also conducts monthly audits of Medical Emergency Team Calls and Response, which is reported to the Mortality and Morbidity Committee and Recognising and Managing Deteriorating Patient Committee.

MNHHS/Redcliffe Hospital, as part of the Maternity Services Quality Improvement Plan 2023/2024, has committed to significant changes designed to improve peripartum care to women in Maternity Services. Planned improvements relevant to this investigation include:

- review and implementation of appropriate clinical documentation and monitoring equipment for pregnant women with diabetes
- improved access to diabetic education for staff through increased hours for Diabetes Educator
- development of a Management of Diabetic Ketoacidosis package by Medical Assessment Unit with key input from Maternity Services
- identification of staff knowledge and skills deficits in managing complex patients, appointing clinical champions on maternity ward to support staff learning; leadership to support attendance at education opportunities and improve clinical supervision of junior and novice midwives
- improving obstetric consultant availability in birth suite through rostering changes

- increasing access to endocrinology specialist services and development of a decision referral matrix for endocrinology review
- review workload pressures and develop a Workforce Plan, prioritising implementation measures based on funding
- recruitment of a Clinical Midwifery Consultant who will be tasked with verifying the utilisation of Queensland Maternity Clinical Guidelines and organisational policies/guidelines to an auditable standard
- extending Antenatal Day Assessment Hours to assist with prompt assessment of higher risk pregnant women
- development of an early recognition pathway for women with complex care requirements and connection through to RBWH
- review Maternal Morbidity and Mortality meeting terms of reference to include in agenda to include review complex cases, poor outcomes and perinatal deaths and cases where agreed clinical guidelines have been deviated from to build an understanding of an address appropriate and inappropriate variation.

Progress on these proposed actions for improvement is documented in the table at 8.2 Identified Issues and Organisation Response Overview.


Evidence suggests that MNHHS/Redcliffe Hospital has in place a comprehensive audit schedule measuring the quality and safety of care provided to consumers, including that provided to pregnant and post-natal women within maternity services. The OHO investigation did not identify any specific evidence in the current audit schedule related to the measuring the outcomes of planned and implemented actions from the Maternity Services Quality Improvement Plan 2023/2024. For example, auditing of compliance with and reporting on variance with the State-wide maternity guidelines, maternity clinical pathways, local policies/guidelines on clinical observations specific to maternity services.

9.2 Medication safety

In total, four medication errors were identified in the complaint material and these related to lack of timely administration of medication and missed medications. The issue of medication safety was not directly addressed during the MNHHS/Redcliffe Hospital engagement meeting. However, MNHHS/Redcliffe Hospital Executive advised that workforce concerns including sufficiency and appropriateness of staffing, skill mix, and clinical supervision had been raised during the service review and some aspects of inadequate care provision may have been attributable to this.

Medication safety is a core learning component of both medical, nursing and midwifery staff mandatory education at Redcliffe Hospital, both during orientation and on an annual basis. Additional voluntary in-service topics relating to medication safety are also offered to staff throughout the year. Redcliffe Hospital monitors compliance with guidelines, policies and procedures related to medication safety through their annual audit program which includes quarterly medication safety audits, bi-annual medication safety compliance auditing through the bedside care audit covering all admitted inpatients and participation in national medication safety audit processes. Information relating to medication safety incidents is shared with the leadership team via a monthly medication safety dashboard for analysis and discussion with clinical staff.

The Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 contains specific actions relating to the identification and addressing of deficits in staff knowledge, reviewing clinical supervision requirements and workload and staffing levels within maternity services. The plan also



calls for action in ensuring staff have access to quality indicators at unit level to support safe quality care provision and strengthen the closed loop learning from reported clinical incidents.

This supports MNHHS/Redcliffe Hospital's ongoing commitment to measuring, reporting and improving medication safety within the service. MNHHS/Redcliffe Hospital is encouraged to continue to monitor compliance with medication safety requirements, medication incidents and staff mandatory education compliance, and implement systemic improvements in response to any concerning issues or trends identified.

Out of cycle medication audits focused on measuring timeliness of medication administration and missed medications will be required, at least quarterly for one year, to assist with understanding the extent of the issue identified in the complaint and measure the impacts of any improvements implemented.

9.3 Clinical communication and documentation


As outlined in the Redcliffe Hospital Clinical Record Documentation procedure, clinicians responsible for patient care are required to ensure accurate, detailed, legible, timely and appropriate documentation of patient care in the clinical record. Review of the notification material and clinical records identified ten patients of concern with incomplete documentation in clinical records including clinical observations and clinical pathways resulting in missing vital information relevant to informing patient care or escalation of concerns. MNHHS/Redcliffe Hospital Executive attributed some instances of incomplete records identified in the complaint material, in part, to staffing levels, skill mix, inadequate clinical supervision and potential gaps in staff skills. As mentioned above, actions to address workload, workforce, clinical leadership and supervision, and staff education form part of the Maternity Services Quality Improvement Plan.

Staff receive appropriate education on clinical documentation and communication with the topics of clinical documentation, documentation standards and clinical handover all addressed in Metro North Nursing and Midwifery and Medical Officer Orientation programs.

Clinical documentation audits also form part of the suite of audits in the Redcliffe Hospital Monitoring and Evaluation Framework, however more comprehensive auditing, measuring compliance with recording observations and completion of clinical pathways, will be required to focus improvement activities related to the documentation issues identified and measure improvement.

Clinical communication relating to handover and discharge summaries was also identified as a concern in seven patients in the complaint material. This included six patients who had incomplete information or missing information in discharge summaries and one patient where clinical handover was missed.

In addition to the mandatory education topics identified above, medical staff at Redcliffe Hospital also undergo extensive training in relation to discharge summaries and communication relating to patient safety. The Redcliffe Hospital Discharge Documentation Policy provides additional guidance regarding discharge summary content and requires information recorded must be accurate, brief, and complete. Discharge summaries were discussed during the MNHHS/Redcliffe Hospital engagement meeting and the OHO was advised that a significant body of work had been undertaken to ensure timely and accurate discharge summaries are provided for patients. Timeliness of discharge summaries is audited and reported through the Safety and Quality Governance Committee at both executive and Board level. MNHHS/ Redcliffe Hospital was invested in liaising with GPs in their catchment area through the General Practice Liaison Officer to assess the quality of discharge summaries and best method for delivery. Consideration was also being given as to whether increased input from midwifery staff may be beneficial to ensuring more



complete discharge summary information is provided. The OHO recommends MNHHS/Redcliffe Hospital continue to monitor the compliance with on time completion of discharge summaries and conduct a sample size quarterly audit measuring the accuracy of discharge summary content against information relevant to patient discharge in the patient clinical record.

The Redcliffe Hospital Clinical Handover, Nursing and Midwifery Procedure provides a process for nursing transfer of care and bedside clinical handover. According to this procedure, clinical handover occurs at change of shift and should occur at the bedside and involve the patient (exceptions include where the patient is asleep or has conditions precluding participation). One patient missed cares, observations and medication administration as the ward nurse was unaware the patient was allocated to her care, indicating a variance from what is required for patient bedside handover outlined in the procedure.

Redcliffe Hospital audit schedule requires monthly observational auditing of midwifery clinical handover by the unit manager and bi-annual auditing of multidisciplinary clinical handover. The safety and quality team report monthly to the Clinical Communication Committee on clinical handover procedure incidents and audit results. Clinical handover observational audit of bedside and shift to shift handover conducted for maternity services in May/June 2023 revealed 86% compliance with clinical handover requirements. The areas for improvement identified were the use of a structured communication process guided handover, involving the patient/carer/family in the process and checking the patient's identification as part of the process. The same audit for maternity services completed in 2024 indicated 92% compliance with clinical handover requirements, and areas identified for improvement were staff introductions during handover, visual checking of patient's wounds, intravenous lines etc. and conducting a safety check of the patient's area


The Maternity Services Quality Improvement Plan 2023/2024 has facilitated the introduction of interdisciplinary clinical handover at least twice daily in maternity services ensuring a structured handover for all patients including those with complex care needs.

No evidence was provided regarding the auditing of handover occurring during inter-department transfer of care clinical, for example from perioperative unit to maternity ward after a Caesarean section. The OHO recommends adding to the scheduled monthly clinical handover audit an additional component assessing the documentation of handover when patient care is transferred between units. Further, MNHHS/Redcliffe Hospital must ensure staff receive meaningful feedback related to clinical handover audit results and incidents arising from clinical handover processes to allow visibility and engagement with identified areas for improvement.

9.4 Clinical governance—incident management

The complainant was concerned with the reclassification of the SAC rating of clinical incidents logged, the requirement to discuss possible clinical incidents with management before logging Riskman reports and inadequate reporting of clinical incidents resulting in lack of scrutiny or oversight of clinical incidents occurring in the unit.

During the MNHHS/Redcliffe Hospital engagement meeting assurances were given that the organisation has a strong patient safety culture and manages clinical incidents within the Queensland Health Clinical Incident Management Guidelines and MNHHS Clinical Incident Management Procedure. Each clinical incident, regardless of whether harm occurs, undergoes analysis/review at an appropriate level looking at the whole clinical picture. At times, following the analysis/review process, the SAC rating assigned to clinical incidents may be changed depending on the findings. Review of Riskman reports associated with the investigation found that the



investigation process, findings, and outcomes associated with the Riskman reports were all recorded transparently within the Riskman record.

During the MNHHS/Redcliffe Hospital engagement meeting, Redcliffe Hospital Executive advised that on occasion staffing limitations meant clinical care was prioritised over timely logging of clinical incidents and acknowledged the retrospective logging of clinical incidents by clinicians not involved in the patient's care was not an ideal model. The Hospital advised work was being undertaken with the safety and quality unit, education team, maternity services leadership, and staff to ensure real time point of care incident reporting. All staff receive training relevant to clinical incident management, safety and quality culture and Riskman processes during orientation to the organisation. All clinical staff are offered additional voluntary training/in-service modules at various times throughout the year on topics such as incident management, Riskman reports, and various risk management and patient safety topics.


The Redcliffe Hospital Clinical Governance Framework consists of three levels of safety and quality committees that are responsible for overseeing incident management and trend analysis to support continuous improvement. Additionally, there are service line performance meetings and working groups/focus groups that also consider clinical incidents and support actions for service improvement. Redcliffe Hospital has and maintains a comprehensive clinical safety and quality audit program, with results reported to the Maternity Services Safety & Quality Committee, and upwards to the Redcliffe Hospital Safety & Quality Committee.

The Maternity Services Quality Improvement Plan 2023/2024 identified a need within maternity services to strengthen 'closed loop' learning from reported Riskman incidents. Work being undertaken at the time of the report included the safety and quality team distributing a weekly facts and stats report to maternity services leadership team for discussion with staff and the displaying of safety and quality boards containing relevant clinical incident data at unit level.

Despite the advanced nature of Redcliffe Hospital clinical governance framework, the Hospital advised there were challenges with some elements of data collection, analysis, reporting, and distribution. This included staffing resources impacting the timely logging of incidents and other data collection and the time available for unit level meetings to facilitate discussion about clinical incidents, outcomes, and shared learnings.

The Maternity Services Quality Improvement Plan 2023/2024 recommends a review of the organisational structure for maternity services to strengthen leadership, clarity of roles, accountability, and overall service vision. A review of the safety and quality meeting structure has been completed and the Maternity Services Safety and Quality meeting is held monthly and is tasked with reviewing all maternity performance indicators, at least quarterly, to identify changes in performance, trends, and variation. The Maternity Morbidity and Mortality Committee meetings are now held monthly and focus on adverse outcomes, deaths and learnings from complex cases.

The Maternity Services Quality Improvement Plan 2023/2024 also seeks to strengthen mechanisms for information sharing across the service, currently clinical staff receive feedback via distribution of minutes from monthly meetings, Maternity Services Traffic Light report fortnightly, incident review outcomes (including action plans) and via safety and quality boards in the ward space which share safety and quality information and initiatives. The Plan seeks to identify capacity to provide real time access to a small suite of quality indicators at unit level to support staff in safe and quality care provision and strengthen the 'closed loop learning' from reported Riskman incidents. The OHO recommends MNHHS/Redcliffe Hospital continues to explore methods to provide clinical staff with timely meaningful feedback from audits, other clinical data collection and clinical incidents to allow visibility and input into identified areas for improvement.



Overall, the OHO investigation was satisfied with Redcliffe Hospital's systems and governance processes for oversight and scrutiny of clinical incidents logged for Maternity Services at Redcliffe Hospital. The OHO recommends Redcliffe Hospital monitor and report on the timeliness of logging clinical incidents, and trend in SAC 1 and 2 incidents in maternity services as a measure of the impact of actions implemented as part of the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 to address clinical concerns.

10. Recommendations


Information provided during the investigation, and at the time of completion of this report, indicates that MNHHS/Redcliffe Hospital has progressed actions to address the issues identified in the OHO investigation. These actions include the planning and implementation of the action items documented in the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024. MNHHS/Redcliffe Hospital also has in place a comprehensive audit schedule to measure the quality and safety of care provided to pregnant and post-natal women within their maternity services and has made some changes to their governance structure to ensure appropriate oversight of audit results, data and clinical incidents.

The OHO has an obligation to ensure the quality improvement actions designed by MNHHS/Redcliffe Hospital in the Maternity Service Quality Improvement Plan 2023/2024 are implemented, monitored and evaluated to determine their effectiveness in addressing the key issues outlined in the OHO investigation. While the Redcliffe Hospital audit schedule is comprehensive, additional auditing will be required initially, specifically focusing on Maternity Services, to measure/monitor any continued discrepancies between actual practice and the standards/guidelines expected, and to evaluate the effectiveness of actions implemented.

It is therefore recommended that MNHHS/Redcliffe Hospital:

Peripartum care

1. Continue their progress toward implementing outstanding actions in the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024, provide quarterly updates on progress to the OHO and supporting evidence where action items have been completed.
2. In line with MNHHS/Redcliffe Hospital's commitment to ensuring clinical staff compliance with guidelines and policies to an auditable standard and the recruitment of a Clinical Midwifery Consultant tasked with verifying utilisation of the Queensland Maternity Clinical Guidelines and compliance with organisational policies/guidelines within maternity services, it is recommended:
 - a. within three months, MNHHS/Redcliffe Hospital develops a plan to conduct a qualitative review of maternity services compliance with relevant Queensland Maternity Clinical Guidelines, completion of relevant maternity clinical pathways, and compliance with local policies/guidelines on clinical observations specific to maternity services at least bi-annually.
 - b. once the plan is completed, provide results of compliance, evidence of review of audit results by appropriate governance committees and any resulting actions to the OHO in accordance with the auditing schedule for a period of 12 months.
 - c. provide evidence of the sharing of results of audits and resulting actions for improvement with appropriate clinical staff.



Work has commenced on this recommendation and as of March 2024, Redcliffe Hospital has commenced audits related to Intrapartum Fetal Surveillance and Induction of Labour Queensland Maternity Guidelines. A separate review of induction of labour processes is also being undertaken as part of the Preterm Birth Alliance project and the outcomes of this will be included in the results.

3. Provide a copy of the newly developed Diabetic decision/referral matrix and evidence of any staff education undertaken prior to its introduction and plans to audit compliance with appropriate use of the matrix.

As of March 2024, the Redcliffe Hospital Clinical Midwifery Consultant Diabetes has drafted a proposed Diabetic decision/referral matrix for antenatal and peri-partum management of women who have type 1 or type 2 Diabetes Mellitus, or Gestational Diabetes.

Medication safety

4. Undertake quarterly medication safety audits for maternity services, outside the current audit schedule, focusing on measuring on time administration of, and missed medications to understand the extent of the issue and determine the impacts of any improvements implemented. Report results, and any resulting actions implemented, 6-monthly to the OHO for 12 months.

In March 2024, Redcliffe Hospital advised the organisation will be changing to ieMR in May 2024. There is ongoing collaboration with Digital Metro North to prioritise data and analytics requirements in ieMR, particularly auditing electronic medication records.


Clinical communication and documentation

5. Continue to monitor and report on compliance with on time completion of discharge summaries. In addition, complete a sample size quarterly audit measuring the accuracy of discharge summary content against information relevant to patient discharge contained in the patient clinical record. Reporting results, and any resulting actions implemented, 6-monthly to the OHO for 12 months.
6. Add to the scheduled monthly observational clinical handover audit, an additional component assessing the documentation of handover when patient care is transferred between clinical units. Report results, and any resulting actions implemented, and evidence of sharing of results with appropriate clinical staff, 6-monthly to the OHO for 12 months.

In March 2024, Redcliffe Hospital advised the written handover tool will be transferred to the ieMR when it is introduced in May 2024. There is ongoing collaboration with Digital Metro North to prioritise data and analytics requirements in ieMR.

Clinical governance

7. Continue to explore methods to provide clinical staff with timely, meaningful feedback from audits, other clinical data collection and clinical incidents to allow visibility and input into identified areas for improvement. Report and provide evidence to the OHO 6-monthly for 12 months on how this data is shared and any innovations introduced, beyond those already in place, for improving transparency and accessibility of clinical data collected for clinical staff.
8. Monitor and report on the timeliness of clinical incident reporting, within a prescribed timeframe for maternity services, for example the percentage of clinical incidents reported within 24 hours of occurring. Report audit results, and any actions implemented for improvement, to the OHO, 6-monthly for 12 months.

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9. Monitor and report on trends related to clinical incidents and consumer feedback as a measure of the effectiveness of actions implemented as part of the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024. Report the following trended data 6-monthly to the OHO for 12 months:
 - a. clinical incidents reported for maternity services by severity rating, primary incident type and most common contributing factors recorded
 - b. clinical incidents for maternity services involving patients with diabetes
 - c. overall trend in clinical incidents reported for maternity services
 - d. results of any patient satisfaction surveys or any other patient feedback sought related to service delivery in maternity services.
 10. Provide the OHO a follow up report, six months after the completion of the OHO reporting requirements outlined above, demonstrating how the service improvement actions have been embedded and sustained in maternity services.

11. Consultation on report

The OHO provided MNHHS a copy of the draft report and proposed recommendations for review and offered an opportunity for the health service to make a submission on any adverse comment.⁴⁰

In a written response, MNHHS acknowledged the findings of the investigation, accepted the recommendations made and provided an update on improvement activities already undertaken.

12. Conclusion

During the on-site MNHHS/Redcliffe Hospital engagement meetings held during the investigation, it was evident that Redcliffe Hospital, and MNHHS as the responsible hospital and health service, had recognised and responded quickly the concerns raised in relation to maternity services. Redcliffe Hospital's commitment to reviewing its maternity services and implementing necessary improvements as required to ensure the provision of safe and coordinated maternity care for consumers, and the best possible outcomes for women, their babies and families was evidenced by:

- early review of the complaint material and development of an action plan
- early independent assessment of maternity services and follow up assessment
- assessment of Redcliffe Hospital maternity services against recommendations for service improvement arising from the Mackay Obstetric and Gynaecology Review 2022 review; and
- updating the quality improvement action plan to incorporate all resulting recommendations.

The updated Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 provided to the OHO in July 2024 revealed that MNHHS/Redcliffe Hospital has progressed many of the identified actions and closed several of them.

MNHHS/Redcliffe Hospital is encouraged to continue to focus on completing and embedding the changes outlined in the Redcliffe Hospital Maternity Services Quality Improvement Plan 2023/2024 and maintaining oversight of the impacts of the changes on service provision and patient

⁴⁰ *Health Ombudsman Act 2013 (Qld)* s 86.



outcomes. This may be achieved through current auditing and feedback schedules; however, it is recommended that MNHHS/Redcliffe Hospital conduct additional specific auditing for maternity services to determine where variance from recommended clinical guidelines exists and whether it is justified. MNHHS/Redcliffe Hospital must also continue to explore and implement methods to ensure transparent and meaningful feedback of quality and safety data to staff at clinical levels.



Appendix 1—National and statewide frameworks, clinical guidelines and pathways

Queensland Health: Maternity and Neonatal Clinical Guidelines

Queensland Health has developed a set of clinical guidelines, flowcharts, educational tools and consumer information, covering a variety of topics relevant to maternity, neonatal care and operational frameworks. These guidelines are publicly and freely available on the internet. The guidelines are reviewed by Queensland Health every five years unless a change in practice necessitates an earlier review.

Subject matters covered by the maternity and neonatal guidelines include standard care, gestational diabetes mellitus, intrapartum fetal surveillance, induction of labour, normal birth, trauma in pregnancy, vaginal birth after caesarean section, routine newborn assessment, hypoxic-ischaemic encephalopathy, and resuscitation of a neonate.⁴¹

The Australian College of Midwives midwifery guidelines of consultation and referral (4th ed) is also included in the guidelines and provides midwives with guidance needed to make sound clinical decisions and to consult and refer to qualified health professionals as needed.⁴²

Australian Pregnancy Care Guidelines

In 2023, the Australian Government Department of Health and Aged Care commissioned the Australian Living Evidence Collaboration (ALEC, <https://livingevidence.org.au>), in partnership with the Australian College of Midwives (ACM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), to update the Australian Pregnancy Care Guidelines. The Australian Pregnancy Care Guidelines were last published in 2020, and the most recent iteration of these guidelines incorporates content from the 2020 edition and are 'living' guidelines, meaning they are continually updated, keeping pace with the best available evidence.

The Guidelines aim to improve the health and experiences of pregnant women and their babies by providing evidence-based recommendations to support high quality, safe, consistent care during pregnancy. The guidelines cover the antenatal care of healthy pregnant women and are intended for use on all settings where antenatal care is provided, including primary care, obstetric and midwifery practice and public and private hospitals.⁴³

Women's Healthcare Australasia (WHA) Benchmarking


WHA has more than 155 maternity units participating in its benchmarking program. Although every maternal & newborn service is unique, serving different local communities, having different facilities, expertise and capabilities, there is a lot that services have in common and much they can learn from one another in their shared commitment to deliver the best possible care to women and babies.

The WHA benchmarking datasets provide a rich source of insight for service and clinical leaders eager to enhance care and outcomes for women & newborns. The benchmarking data allows health service leaders to make meaningful peer comparisons related to service delivery in their

⁴¹ [Queensland Health: Maternity and Neonatal Clinical Guidelines.](#)

⁴² [National Midwifery Guidelines for consultation and Referral 2021 \(4th Ed\).](#)

⁴³ [Australian Pregnancy Care Guidelines – Australian Living Evidence Collaboration.](#)



organisations, assisting with recognising the strengths of their service and to identify areas for potential improvement.⁴⁴

Clinical Excellence Queensland Maternity Clinical Pathways

Clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for an homogenous patient group. The aim of a clinical pathways is to support the implementation of evidence-based practice, improve clinical processes by reducing risk, reduce duplication through the use of a standardised tool and reduce variation in health service delivery processes.

Clinical Excellence Queensland has developed a suite of maternity clinical pathways (caesarean, assisted vaginal birth, vaginal birth and neonatal) and health records (pregnancy health and intrapartum records – including induction of labour) available for use within Queensland Hospitals and Health Services. Other resources available through Clinical Excellence Queensland includes maternity audit tools for vaginal and caesarean birth which are designed to audit completeness of clinical pathways and variances recorded.⁴⁵

National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Healthcare was established in 2006 by the Australian, state and territory governments to lead and coordinate national improvements in safety and quality in health care. One of the commission's key outputs was the introduction of the National Safety and Quality Health Service Standards (NSQHSS), which were developed by the Commission in collaboration with the Australian Government, states and territories, private sector providers, clinical experts, patients and carers and introduced in September 2011.

The NSQHSS aim to provide a nationally consistent statement of the level of care consumers from health services can expect and protect the public from harm and improve quality and safety of health care provision.

There are eight NSQHSS which require the implementation of organisational wide systems for clinical governance, partnering with consumers, preventing and controlling infections, medication safety, comprehensive care, effective communication, blood management, and recognising and responding to acute deterioration. The Clinical Governance and the Partnering with Consumers Standards set the overarching system requirements for the effective implementation of the remaining six standards, which consider specific high-risk clinical areas of patient care.⁴⁶

Clinical Services Capability Framework

The first Queensland Clinical Services Capability Framework (CSCF) was released in 1994 and applied only to public hospitals. The CSCF was extended in 2004 to apply to both public and private hospitals.

The CSCF for public and licensed private health facilities contains a suite of documents describing clinical and support services by service capability level.⁴⁷ The CSCF contains relevant service modules (including maternity), each of which contains an overview of the service including underpinning requirements (such as service and workforce requirements, service networks, and/or risk considerations unique to the service, where relevant), up to six service levels, and legislation and non-mandatory standards and guidelines applicable to the service.

⁴⁴ [Women's Healthcare Australasia \(WHA\) Benchmarking.](#)

⁴⁵ [Clinical Excellence Queensland – Clinical Pathways.](#)

⁴⁶ [Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.](#)

⁴⁷ [Queensland Health Clinical Services Capability Framework v 3.2 2015.](#)



These modules are underpinned by the fundamentals of the framework document which contains information common to all modules and is pivotal to understanding the CSCF.

The current version, Queensland Health Clinical Services Capability Framework for Public and Licensed Private Health Facilities v 3.2 was published in 2014 and has undergone minor edits biannually. The Maternity Services Module aims to achieve the safe provision of care to the mother and baby as close as possible to home, recognising that some women and babies need to travel outside of their local community to access appropriate levels of care.⁴⁸ Models of care are determined by the characteristics of the mother and complexity of the pregnancy, birth and postnatal period and are categorised as low, moderate, or high-risk care. The Maternity Services Module must be read in conjunction with the Fundamentals of Framework.

⁴⁸ [Queensland Health Maternity Services Clinical Services Capability Framework v 3.2.](#)

Appendix 2—Index of information obtained

Complaint information

Notification material		
OHO reference	Date	Title
RD\22\89656	5 August 2022	Written Health Notification
RD\22\89685	5 August 2022	Additional notification material: OHO Notification – RH Maternity Unit OHO Notification – NS

Engagement meetings

OHO and Metro North Hospital and Health Service and Redcliffe Hospital		
OHO reference	Date	Title
RD\23\62879	22 March 2023	<p>Engagement meeting (audio recording)</p> <p>Attendees from MNHHS and Redcliffe Hospital:</p> <ul style="list-style-type: none"> ▪ Patient Safety Officer ▪ Director Safety and Quality, Redcliffe Hospital ▪ Consumer Liaison Officer ▪ Manager People and Culture, Redcliffe Hospital ▪ Medical Admin Registrar ▪ A/Executive Director, Redcliffe Hospital ▪ Executive Director Clinical Governance, Quality, Safety and Risk, MNHHS ▪ Director of Nursing and Midwifery Services ▪ A/Chief Nursing and Midwifery Officer, MNHHS ▪ Director of Medical Services, Redcliffe Hospital ▪ Nursing Director Critical Care, Women’s and Children’s Services ▪ Medical Director Critical Care Women’s and Children’s Service Line & Director Virtual Emergency Department, Redcliffe Hospital <p>Attendees from OHO:</p> <ul style="list-style-type: none"> ▪ Director Compliance ▪ Principal System Investigations Officer (Lead) ▪ Principal System Investigations Officer (Specialist)
RD\24\85687	18 June 2024	<p>Engagement meeting Redcliffe Hospital (audio recording)</p> <p>Attendees from MNHHS and Redcliffe Hospital:</p> <ul style="list-style-type: none"> ▪ Executive Director Clinical Governance, MNHHS ▪ Executive Director, Redcliffe Hospital ▪ Director of Obstetrics and Gynaecology, Redcliffe Hospital

OHO and Metro North Hospital and Health Service and Redcliffe Hospital

OHO reference	Date	Title
		<ul style="list-style-type: none"> ▪ Deputy Director of Obstetrics and Gynaecology, Redcliffe Hospital ▪ A/Director Safety and Quality, Redcliffe Hospital ▪ Nursing Director Women's and Children's Services, Redcliffe Hospital ▪ Director Medical Services, Redcliffe Hospital ▪ Chief Operating Officer, MNHHS <p>Attendees from OHO:</p> <ul style="list-style-type: none"> ▪ Principal System Investigations Officer (Team Leader) ▪ Principal System Investigations Officer (Specialist)
RD\24\86107	18 June 2024	OHO Redcliffe Hospital Maternity/Birth Suite site visit notes

Information obtained from Metro North Hospital and Health Service/Redcliffe Hospital

Medical records		
OHO reference	Date	Title
RD\22\142017	8 December 2022	Medical Record
RD\22\142022	8 December 2022	Medical Record
RD\22\142023	8 December 2022	Medical Record
RD\22\142028	8 December 2022	Medical Record
RD\22\142032	8 December 2022	Medical Record
RD\22\142036	8 December 2022	Medical Record
RD\22\142039	8 December 2022	Medical Record
RD\22\142040	8 December 2022	Medical Record
RD\22\142047	8 December 2022	Medical Record
RD\22\142054	8 December 2022	Medical Record
RD\22\142061	8 December 2022	Medical Record
RD\22\142064	8 December 2022	Medical Record
RD\22\142069	8 December 2022	Medical Record
RD\22\142073	8 December 2022	Medical Record
RD\22\142080	8 December 2022	Medical Record
RD\22\142086	8 December 2022	Medical Record
RD\22\142090	8 December 2022	Medical Record
RD\22\142093	8 December 2022	Medical Record
RD\22\142096	8 December 2022	Medical Record
RD\22\142097	8 December 2022	Medical Record
RD\22\142102	8 December 2022	Medical Record
RD\22\142108	8 December 2022	Medical Record
RD\22\142109	8 December 2022	Medical Record
RD\22\142112	8 December 2022	Medical Record
RD\22\142117	8 December 2022	Medical Record
RD\22\142125	8 December 2022	Medical Record
RD\22\142128	8 December 2022	Medical Record
RD\22\142130	8 December 2022	Medical Record
RD\22\142135	8 December 2022	Medical Record
RD\22\142138	8 December 2022	Medical Record



Medical records		
OHO reference	Date	Title
RD\23\5878	3 January 2023	Medical Record
RD\23\5882	3 January 2023	Medical Record
RD\23\5891	3 January 2023	Medical Record
RD\23\5896	3 January 2023	Medical Record
RD\23\5898	3 January 2023	Medical Record
RD\23\5899	3 January 2023	Medical Record
RD\23\5907	3 January 2023	Medical Record
RD\23\5915	3 January 2023	Medical Record
RD\23\5917	3 January 2023	Medical Record
RD\23\5926	3 January 2023	Medical Record
RD\23\5937	3 January 2023	Medical Record

Incident reports and patient feedback		
OHO reference	Date	Title
RD\23\4563	3 January 2023	Patient Feedback
RD\23\4565	3 January 2023	Incident Report
RD\23\4567	3 January 2023	Patient Feedback
RD\23\5808	3 January 2023	Incident Report
RD\23\5814	3 January 2023	Incident Report
RD\23\5816	3 January 2023	Incident Report
RD\23\5819	3 January 2023	Incident Report
RD\23\5822	3 January 2023	Incident Report
RD\23\5823	3 January 2023	Incident Report
RD\23\5832	3 January 2023	Incident Report
RD\23\5834	3 January 2023	Incident Report
RD\23\5835	3 January 2023	Incident Report
RD\23\5837	3 January 2023	Incident Report
RD\23\5841	3 January 2023	Incident Report
RD\23\5848	3 January 2023	Incident Report
RD\23\5849	3 January 2023	Incident Report
RD\23\5851	3 January 2023	Incident Report
RD\23\5855	3 January 2023	Incident Report
RD\23\5868	3 January 2023	Incident Report
RD\23\5871	3 January 2023	Incident Report
RD\23\5875	3 January 2023	Incident Report

Documents including policies and procedures, action plans, and written responses		
OHO reference	Date	Title
RD\22\100725	31 August 2022	Email providing information to OHO Assessment attaching: <ul style="list-style-type: none"> ▪ JD22 176054 JP Documentation 290722(2) ▪ Email correspondence re: Redcliffe Maternity ▪ Email correspondence re: Matter for assessment Redcliffe Maternity
RD\22\133401	21 November 2022	Clinical Governance Terms of Reference Maternity Assessment Redcliffe Hospital
RD\22\133405	21 November 2022	Terms of Reference Maternity Assessment Redcliffe Hospital

Documents including policies and procedures, action plans, and written responses

OHO reference	Date	Title
RD\23\5844	3 January 2023	CE signed Terms of Reference Redcliffe Hosp Mat Services Assessment
RD\23\62880	18 April 2023	Stakeholder Engagement Meeting Evidence from MNH and RH
RD\23\62882	18 April 2023	Report Redcliffe Maternity Services
RD\23\62883	18 April 2023	MNH Gap analysis against Mackay Hosp Maternity
RD\23\62884	18 April 2023	RH Maternity Services Improvement Plan
RD\23\83153	10 July 2023	Response from Chief Executive MNHHS
RD\23\83157	10 July 2023	<p>Part 1 Response policy/procedure index + relevant policies including:</p> <ul style="list-style-type: none"> ▪ 1.0 Policy and procedures index – Metro North ▪ 2.0 Policy and procedures index – Redcliffe Hospital ▪ 3.0 Policies and Procedure Submission List_20230704 ▪ 4.1.1 Observations, Clinical Antenatal and Postnatal – 007038 ▪ 4.1.2 Cardiotocography (CTG), Interpretation and Documentation - 006890 ▪ 4.1.3 Vital Signs and Observations Recording (including Q-ADDS, CEWT & Q-MEWT) – 002617 ▪ 4.1.4 Neonatal Observations – 003963 ▪ 4.2.1 Recognising and Responding to Acute Deterioration – 004960 ▪ 4.2.2 Medical Emergency Response – 002609 ▪ 4.3.1 Clinical Record, Documentation – 006907 ▪ 4.3.2 Alerts Documentation and Data Entry – 005601 ▪ 4.3.3 Discharge Documentation – 005059 ▪ 4.3.4 Clinical Review, Annotation & Documentation, Pharmacy – 003729 ▪ 4.3.5 Adverse Drug Reaction (ADR) and Allergy Documentation and Reporting, Pharmacy – 003783 ▪ 4.4.1 Communicating for Safety – 002043 ▪ 4.4.2 Clinical Handover – 002673 ▪ 4.4.3 Clinical Handover, Medical shift to shift – 006766 ▪ 4.4.4 Clinical Handover, Nursing and Midwifery – 003721 ▪ 4.5.2 Guidelines - Gestational Diabetes Mellitus (GDM) ▪ 4.6.1 Medicines - Prescribing Requirements – 004818 ▪ 4.6.2 Medicines Management – 004754 ▪ 4.6.3 Medicines Administration – 004791 ▪ 4.6.4 Medicines - High Alert Medicines – 004792 ▪ 4.6.5 Allergy and Adverse Drug Reaction Documentation and Reporting – 004893 ▪ 4.6.6 Medication - Development and Utilisation of Standing Orders – 006674

Documents including policies and procedures, action plans, and written responses

OHO reference	Date	Title
		<ul style="list-style-type: none"> ▪ 4.6.7 Medicines Management for Non-Metro North Nurses and Midwives Undertaking Clinical Placement or Facilitation – 002072 ▪ 4.6.8 Medication - Telephone Orders – 003260 ▪ 4.6.9 Patient Controlled Analgesia (PCA) with Remifentanyl – 003612 ▪ 4.6.10 Patient Controlled Analgesia (PCA) Adult, Management – 003608 ▪ 4.6.11 Australian Immunisation Register (AIR) Mandatory Reporting of Immunisation Encounters – 006617 ▪ 4.6.12 Antimicrobial Use & Restrictions – 002678 ▪ 4.6.13 Venous Thromboembolism (VTE) Prophylaxis in Adults – 002651 ▪ 4.6.14 Better Together Medication Access - 006619
RD\23\83214	10 July 2023	<p>Part 2 Response - Policy/procedures, Audit Schedule and Education including:</p> <ul style="list-style-type: none"> ▪ 4.6.15 Multidisciplinary Discharge Medication Processing – 003931 ▪ 4.6.16 Clinical Review, Annotation & Documentation, Pharmacy (pharmacy work instruction) – 003729 ▪ 4.7.1 Transfer of Care Reports (Medical Discharge Summaries) – 004455 ▪ 4.7.2 Discharge with Support – 006814 ▪ 4.7.3 Discharge Documentation – 005059 ▪ 4.7.4 Midwifery Led Discharge – 005228 ▪ 4.8.1 Clinical Incident Management – 002044 ▪ 4.8.2 SAC 1 Clinical Incident Management – 005129 ▪ 4.8.3 Disclosure Management – 005128 ▪ 5.1 Summary of Education Training Inservice - Midwifery Staff ▪ 5.2 Summary of Education Training Inservices - Medical officers ▪ 5.3 Nursing and Midwifery Orientation Program 2023 ▪ 5.4 Advanced Resuscitation Program outlined 2023 ▪ 5.5 Maternity Education Program April 2023 ▪ 5.6 Maternity and Paediatrics Mandatories Program 2021 ▪ 5.7 Maternity and Paediatrics Mandatories Program 2022 ▪ 5.8 Maternity and Paediatrics Mandatories Program 2023 ▪ 6.1 RH Audit and Reporting Schedule 2023 ▪ 6.2 Medication Safety Dashboard CCWC 2305 ▪ 6.3 Medication Fridge Temperature Audit 2306 ▪ 6.4 Schedule 8 and DS4 Drug Cabinet Audit 2306 ▪ 6.5 Standard 8 Audit Reporting MET Maternity 2306

Documents including policies and procedures, action plans, and written responses

OHO reference	Date	Title
		<ul style="list-style-type: none"> ▪ 6.6 Standard 6 Audit Reporting Clinical Handover Maternity 2306 ▪ 6.7 EDS Monthly Summary CCWC 2303 ▪ 6.8 EDS Monthly Summary CCWC 2304 ▪ 6.9 EDS Monthly Summary CCWC 2305 ▪ 6.10 Clinical Incidents Dashboard Maternity 2306 ▪ 6.11 Clinical Incidents Last 7 days CCWC 2305 ▪ 6.12 Open & Unconfirmed Incidents CCWC 2306 ▪ 6.13 Facts and Stats Maternity 2305 ▪ 6.14 SAC 1 and 2 Incidents Open & In Progress CCWC 2306
RD\23\83220	10 July 2023	Part 3 FTE/Vacancies, Audit results and maternity improvement plan progress including: <ul style="list-style-type: none"> ▪ 6.15 Falls Ward Poster 2305 ▪ 6.16 Clinical Documentation Audit – Maternity ▪ 7.1 Current Redcliffe Hospital Org Structure ▪ 7.2 Proposed Redcliffe Hospital Org Structure ▪ 7.3 Maternity FTE Calculations - FY24 ▪ 7.4 Maternity Vacancy Management ▪ 7.5 Maternity Roster Construct - FY24 ▪ 7.6 Ward Traffic Light 16 June 2023 ▪ 7.7 RH Maternity Services Improvement Plan - July 2023
RD\24\34677	6 March 2024	CE signed Response letter re maternity Services report
RD\24\34680	6 March 2024	Referral Matrix for Diabetic Decision making
RD\24\59935	8 May 2024	Redcliffe Maternity Service F/u report
RD\24\86235	18 June 2024	RH Maternity and Neonatal Traffic Light Report
RD\24\86237	18 June 2024	RH Research Project Breastfeeding Outline
RD\24\86240	18 June 2024	RH Maternity and Neonatal Capacity Escalation Plan Policy
RD\24\86284	18 June 2024	RH Maternity Fast Facts
RD\24\86285	18 June 2024	RH 2024 Education Plan Maternity and Neonatal Unit
RD\24\86288	18 June 2024	RH and OHO Consultation Visit Recommendation notes June 2024
RD\24\86289	18 June 2024	RH Antenatal Day Assessment Unit Audit Tool
RD\24\86290	18 June 2024	RH Antenatal Day Assessment Unit Patient Feedback Survey
RD\24\86291	18 June 2024	RH Antenatal Day Assessment Work Instruction
RD\24\86293	18 June 2024	RH Antenatal Referral Triage Document
RD\24\86296	18 June 2024	RH Benchmarking Sheet for ANDAS
RD\24\86298	18 June 2024	RH Caesarean section staffing PP Presentation slides
RD\24\86299	18 June 2024	RH Health Hearing Screening Report Jan -March 2024
RD\24\86301	18 June 2024	RH Home Midwifery Service Work Instruction
RD\24\86302	18 June 2024	RH Maternity Safety and Quality Committee Improvement Group June minutes
RD\24\86303	18 June 2024	RH Midwifery Group Practice Work Instruction
RD\24\86305	18 June 2024	RH Midwifery Led Discharge Work Instruction
RD\24\86307	18 June 2024	RH Service Profile Maternity FY24

Documents including policies and procedures, action plans, and written responses

OHO reference	Date	Title
RD\24\86308	18 June 2024	RH Water Immersion in Labour and Water Birth Procedure
RD\24\103246	2 August 2024	Response letter from CE
RD\24\103315	2 August 2024	Attachment 1 Inpatient Guidelines Insulin Infusion pump
RD\24\103316	2 August 2024	Attachment 2 Observations, Clinical Antenatal and Postnatal PRO 007038
RD\24\103317	2 August 2024	Attachment 3 Medication Safety Communique
RD\24\103318	2 August 2024	Attachment 4 Diabetes Inservices and Newsletters
RD\24\103320	2 August 2024	Attachment 5 Photo Maternity ward Ketone testing kit
RD\24\103321	2 August 2024	Attachment 6 Explanation Diabetes Referral Matrix
RD\24\103322	2 August 2024	Attachment 7 Endocrinology appointment data Jan-Jun 24
RD\24\103323	2 August 2024	Attachment 8.1 Peri-partum management plan GDM Diet
RD\24\103324	2 August 2024	Attachment 8.2 PPMP GDM Insulin
RD\24\103326	2 August 2024	Attachment 8.3 PPMP GDM Metformin
RD\24\103327	2 August 2024	Attachment 8.4 PPMP Type 2 DM
RD\24\103329	2 August 2024	Attachment 8.5 PPMP Type 1 Multiple Daily Injections
RD\24\103330	2 August 2024	Attachment 8.6 PPMP Type 1 Diabetes Insulin Infusion or pump.
RD\24\103331	2 August 2024	Attachment 9 CNMC Diabetes Role Description
RD\24\103332	2 August 2024	Attachment 10 Diabetes News February 24
RD\24\103333	2 August 2024	Attachment 11 Diabetes News June 24
RD\24\103334	2 August 2024	Attachment 12 Diabetic Ketoacidosis Management WI 004863
RD\24\103335	2 August 2024	Attachment 13 Diabetic Ketoacidosis MNHHS
RD\24\103342	2 August 2024	Attachment 14 SMO Oncall roster June -Jan 2025
RD\24\103344	2 August 2024	Attachment 15 Clinical Supervision Implementation Planning guide QH
RD\24\103346	2 August 2024	Attachment 16 Clinical Supervision Readiness Barometer
RD\24\103348	2 August 2024	Attachment 17 CMCN portfolios June 2024
RD\24\103365	2 August 2024	Attachment 18 Ad hoc Maternity Bulletin
RD\24\103377	2 August 2024	Attachment 19 Maternity Services Organisation Structure
RD\24\103378	2 August 2024	Attachment 20 RH Maternity and Neonatal Improvement plan poster
RD\24\103380	2 August 2024	Attachment 21 Ward Traffic Light Report 7/6/24
RD\24\103381	2 August 2024	Attachment 22 Ward Traffic Light Report 14/6/24
RD\24\103382	2 August 2024	Attachment 23 ANDAS Audit Tool
RD\24\103384	2 August 2024	Attachment 24 CEFM Audit Graph Results June 23 - June 24
RD\24\103385	2 August 2024	Attachment 25 Audit results IOL and Fundal height
RD\24\103387	2 August 2024	Attachment 26 Information about Viewer health provider portal
RD\24\103391	2 August 2024	Attachment 27 Midwifery Led Discharge WI 005228
RD\24\103393	2 August 2024	Attachment 28 2024 Education Plan
RD\24\103396	2 August 2024	Attachment 29 Maternity Services QI Plan July 2024
RD\24\103401	2 August 2024	Attachment 30 RHMSC Minutes October 2023
RD\24\103404	2 August 2024	Attachment 31 RH Maternity S&Q May 24 minutes
RD\24\103407	2 August 2024	Attachment 32 RH Maternity S&Q minutes June 2024

Documents including policies and procedures, action plans, and written responses

OHO reference	Date	Title
RD\24\103410	2 August 2024	Attachment 33 RH Maternity S&Q Presentation June 24
RD\24\104869	2 August 2024	Attachment 34 Q4 2023 Perinatal M&M minutes
RD\24\103416	2 August 2024	Attachment 35 Perinatal M&M Clinical Review report May 2024
RD\24\103419	2 August 2024	Attachment 36 Midwifery representation at RH committees 2024
RD\24\103422	2 August 2024	Attachment 37 Standard 8 RODP Audit reporting
RD\24\103427	2 August 2024	Attachment 38 Standard 4 Medication Safety Audit Reporting
RD\24\103429	2 August 2024	Attachment 39 MNHHS Electronic Discharge Summary Audit June 2024
RD\24\103430	2 August 2024	Attachment 40 Maternity Clinical Handover Audit 2024
RD\24\103437	2 August 2024	Attachment 41 Maternity Incidents June 2022-June 2024
RD\24\103441	2 August 2024	Attachment 42 CTG Audit data Mar-May 2024
RD\24\103443	2 August 2024	Attachment 43 Report Mat Bedside Care Audit April 2024
RD\24\103458	2 August 2024	Attachment 44 Bedside Care Audit Special Care Nursery 2024
RD\24\103681	2 August 2024	Attachment 45 Maternity Services Ward Unit Action Plan
RD\24\103682	2 August 2024	Attachment 46 WHA Benchmarking Care Report RH 2022-2023
RD\24\103683	2 August 2024	Attachment 47 Weekly Birth Update 24-30 June 2024
RD\24\103684	2 August 2024	Attachment 48 WHA MGP benchmarking July 2021 and June 22-May 23
RD\24\103685	2 August 2024	Attachment 49 Facts and Stats Maternity June 2024
RD\24\103687	2 August 2024	Attachment 50 Maternity by Primary Incidents June 22 - June 24
RD\24\103690	2 August 2024	Attachment 51 SAC 1 Clinical Incident Management Procedure 005129
RD\24\103691	2 August 2024	Attachment 52 Clinical Incident Management
RD\24\103693	2 August 2024	Attachment 53 In-Service Calendar Mar-Jun 2024
RD\24\103694	2 August 2024	Attachment 54 Fast Facts Display
RD\24\103695	2 August 2024	Attachment 55 Post Critical Incident Staff Support Guideline 007814
RD\24\103700	2 August 2024	Attachment 56 RH ACHS Peers Report 2H 2023