NHS Resolution

Safety Action E - Care Bundles

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Neonatal Pulse Oximetry Testing

Summary of Requirements and Good Practice

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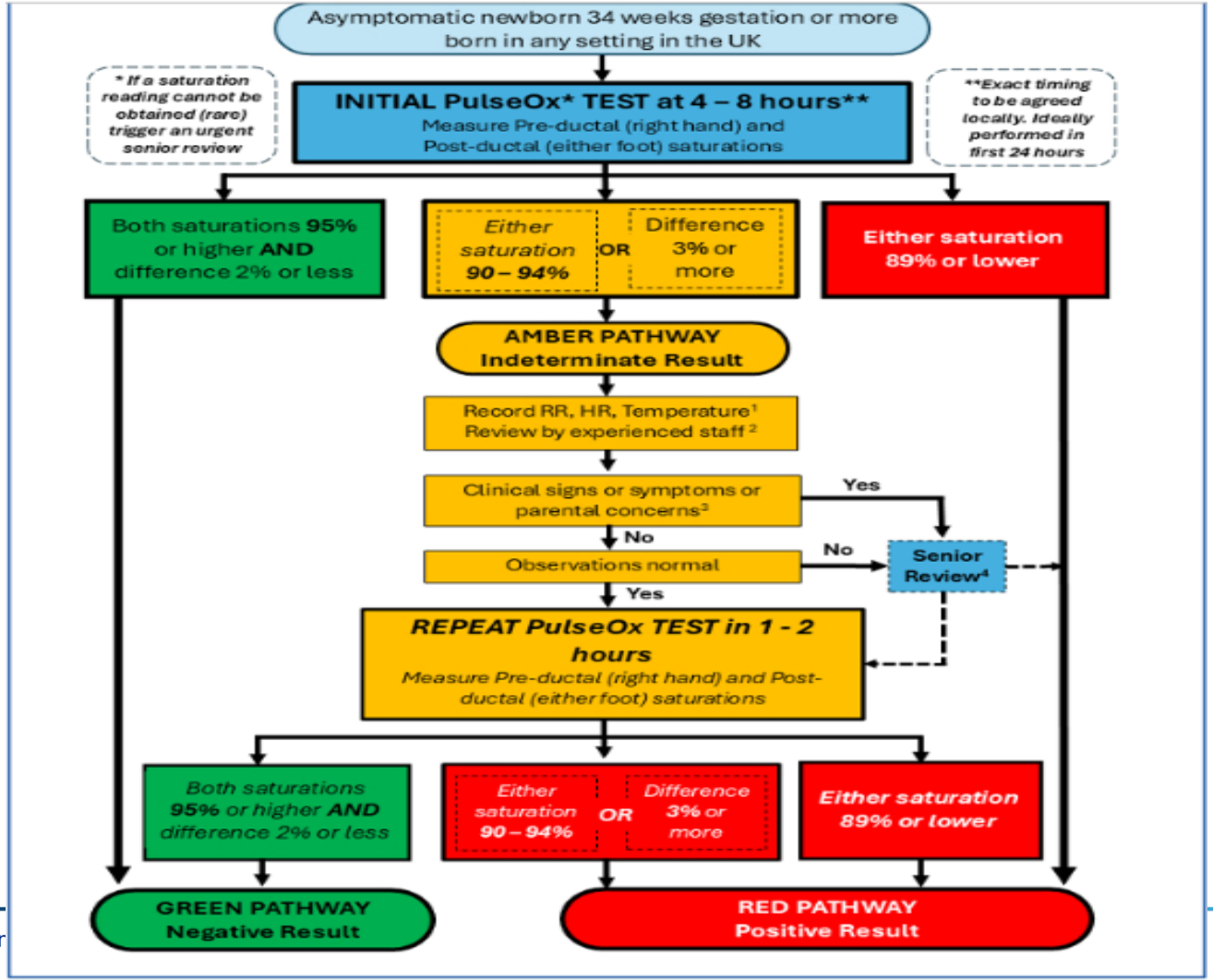
MIS Requirements

- Trusts must develop a standardised, equitable, and governance-approved guideline aligned to the BAPM framework.
  - Must include clinical processes, data entry standards, and pathways for all birth settings (including homebirths).
  - Ensure every baby receives pulse oximetry screening between 2–24 hours of age.
  - Clear escalation processes for amber and red pathways.

Why?

- Hypoxaemic conditions such as cardiac, respiratory and infective diseases remain a significant cause of death in the early neonatal period.
- Visual detection of cyanosis is more difficult in babies of non-white ethnicity and reliance on visual inspection might therefore disproportionately disadvantage babies from racially-minoritised populations who have a higher risk of CHDs. The NHS Race and Health Observatory report on assessment of newborns also recommends routine pulse oximetry testing
- The Neonatal Getting it Right First Time (GIRFT) report recommended the roll-out of pulse oximetry testing to identify potential illness characterised by lower oxygen levels.
- BAPM framework published October 2024-aligns guidance nationally. (POT in some form undertaken in 78% of neonatal units)



NHS Resolution

What Good Might Look Like

- A single Trust-wide guideline or adapted regional guideline ensuring consistency across all birth settings
    - Include pathway for home births
  - Clear inclusion of timing (2–24 hours)
    - Optimal 4-8 hours
  - documentation standards
    - Eg S4N system
  - escalation for amber/red pathways
    - For all birth settings
  - Evidence that the guideline is approved through governance with an implementation and staff awareness plan.
    - Training for saturation monitoring and subsequent escalation required
    - Parent information
    - Implementation plan/date
- Routine review through governance to ensure the guideline remains aligned with BAPM expectations and that progress towards implementation continues
    - Align with BAPM-supports national consistency of practice
    - Audit implementation

MIS Year 8

Safety Action E: Care Bundles

Dr Susie Crowe & Dr Kate Duhig

Saving Babies Lives

Dr Susie Crowe
Obstetrician and National Specialty Advisor for Obstetrics,
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Saving Babies Lives: Progress so far

- Year 8 will be the fourth year of incentivisation for Saving Babies Lives Care Bundle (SBLCB) V3.
- Year 6 – 97% compliance with Safety Action 6 (awaiting results for Year 7).
- We remain on v3.2 of SBLCB – no change on previous year.
- We have confidence that trusts are working to the standards of SBLCB - but many trusts still have work to do on specific elements/interventions.
- We are mindful of the introduction of the Maternal Care Bundle and the need to reduce burden of assurance for SBLCB.
- Therefore for year 8, we have proposed to maintain focus on SBLCB, but in a way that minimises reporting/implementation burdens.
- Need also to reflect the new organisational responsibilities and ways of working in the NHS Model Blueprint

What is the ask for MIS Year 8?

Safety Action E:

- The provider must report quarterly to the Trust Board on progress against SBLCBv3.2 implementation. Quarterly reports should demonstrate how the Trust has prioritised the requirements of the Care Bundle based on local progress, implementation status, and any relevant safety intelligence, including learning from local adverse incidents.

- In light of the recent NHSE and RCOG fetal growth chart safety communication, Trusts should include a brief review within their local SBL priorities to confirm safe and appropriate fetal growth surveillance, confirming that fetal growth charts and surveillance pathways meet most recent national safety advice and identifying any local risks or improvement actions relating to fetal growth restriction (FGR) detection as highlighted

What is the ask for MIS Year 8?

What might good look like?

- **A clear quarterly report to the Board** summarising progress against each SBLCB v3.2 element, using indicators or dashboards (e.g. the national implementation tool where in use) to show implementation status, gaps and recent improvements.

- **Evidence that local safety intelligence is used to prioritise** which Care Bundle elements need the most immediate focus locally.

- **A short update confirming that fetal growth charts and surveillance pathways comply with the NHSE/RCOG letter and SBLCB v3.2** guidance, with any risks or actions around FGR detection clearly described.

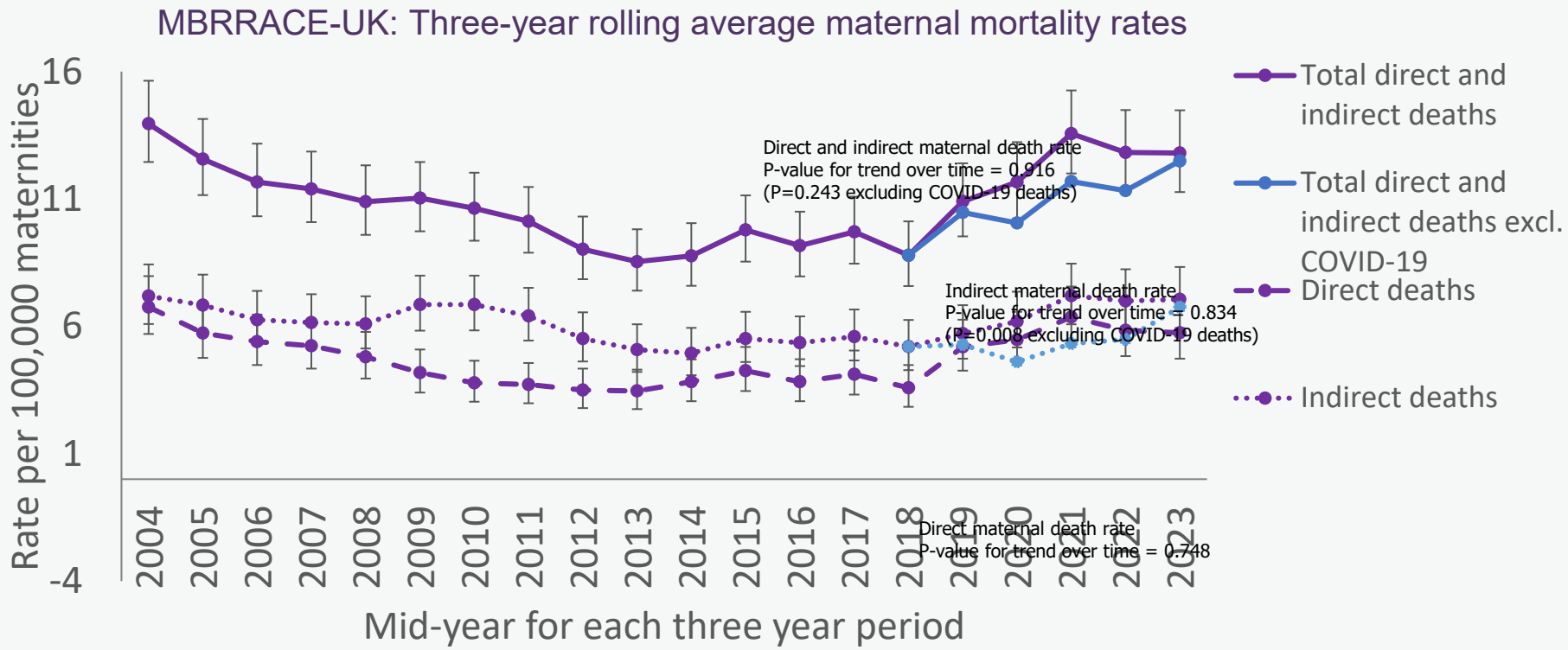
- **Board-level minutes demonstrating discussion of SBLCB** progress, areas of concern, and decisions about resourcing or improvement priorities.

- **Examples of how SBLCB learning has been incorporated** into training, communication materials or local pathways, particularly where FGR detection or monitoring processes have been strengthened.

Maternal Care Bundle

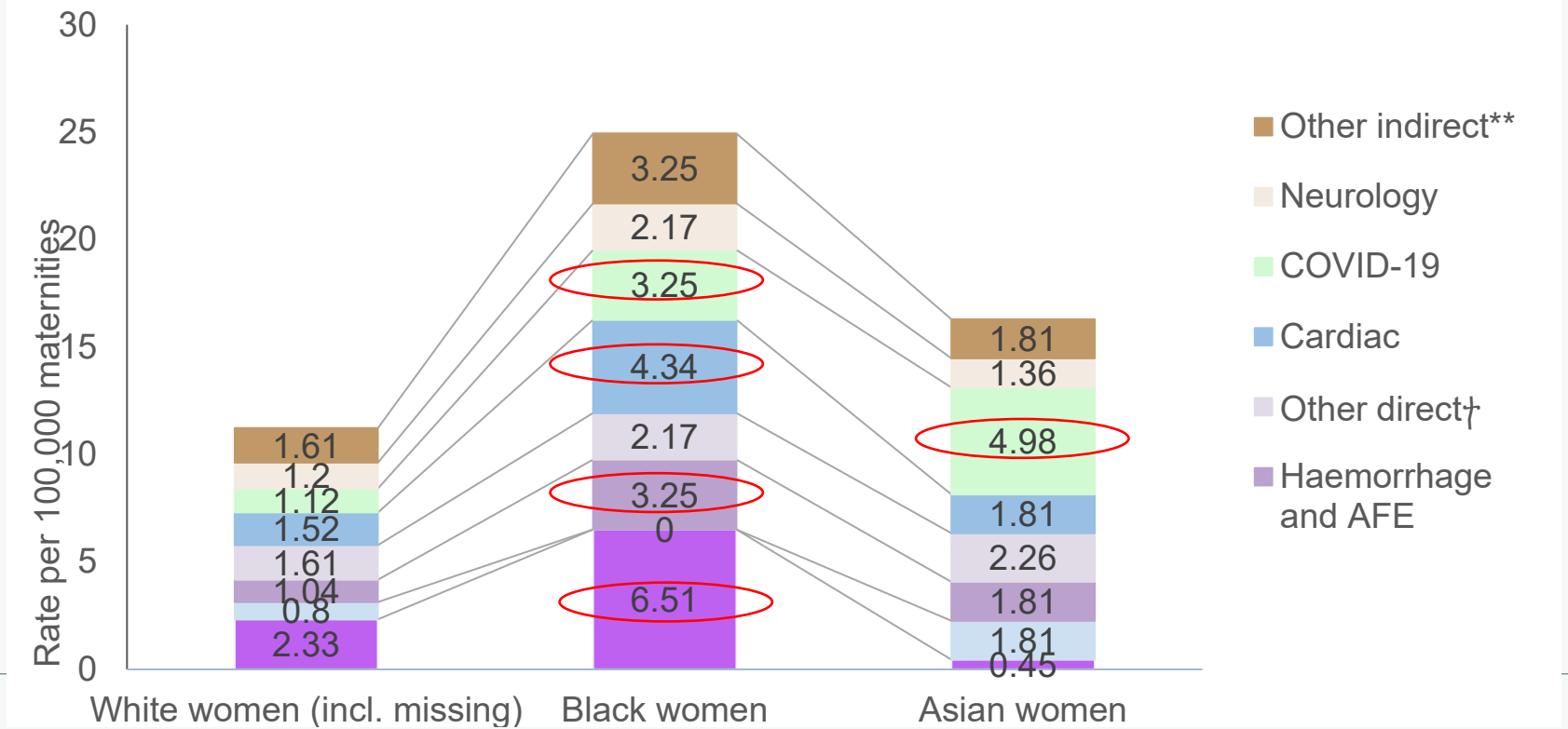
Dr Kate Duhig
Obstetrician and National Specialty Advisor for Obstetrics and Prevention, NHS England

Why do we need a maternal care bundle?



Why do we need a maternal care bundle?

MBRRACE-UK: Causes of maternal death by ethnicity, England* 2021-23



Scoping for the Maternal Care Bundle

NHSE conducted a national scoping exercise including:

- desktop analysis of MMBRACE-UK and MNSI reports
- a gap analysis of existing national work
- significant engagement with national stakeholders and frontline clinicians

Identified significant variation in local practice in areas of high mortality, where best practice already exists – or where best practice could reasonably be defined nationally**.**

In June 2025, Secretary of State for Health announced in Parliament the development of the Maternal Care Bundle to:

- establish a baseline of best practice care in a limited number of clinical areas, and
- address increasing rates of maternal mortality and morbidity.

Parameters and key principles

We know that maternity and neonatal services are under competing pressures and have **limited capacity for service change**

Need to establish a **baseline of practice** that will improve the general standard of care nationally – but that is feasible by March 2027

Co-operation across specialties and services is essential to make a meaningful difference

Development process

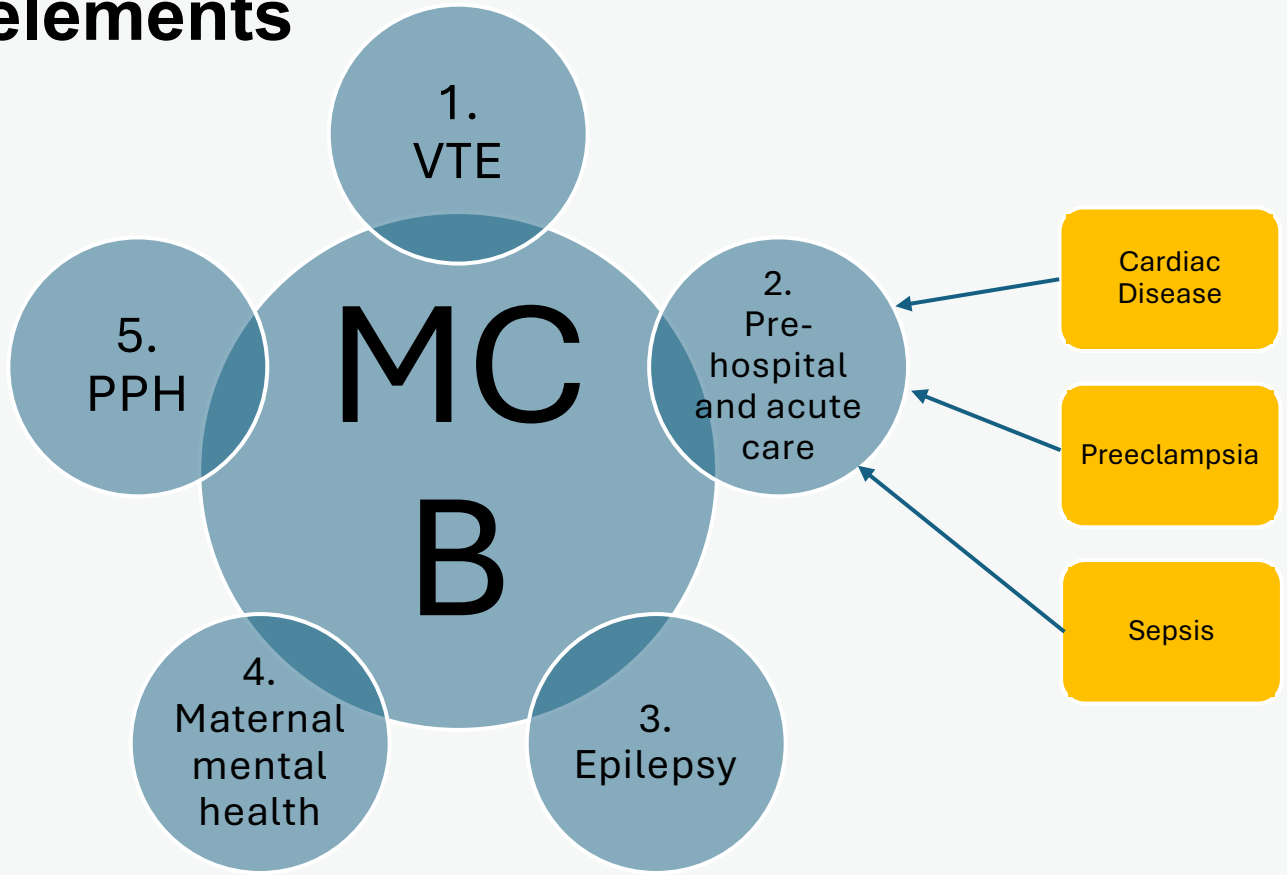
An oversight group made up of national stakeholder organisations, royal colleges, and other clinical leadership prioritised clinical areas for the 5x elements based on 3 criteria:

i. Anticipated impact
ii. Feasibility of implementation by March 2027
iii. Potential to reduce inequalities in adverse outcomes

Expert subgroups were established for each of the five elements, to lead the development of interventions. These included:

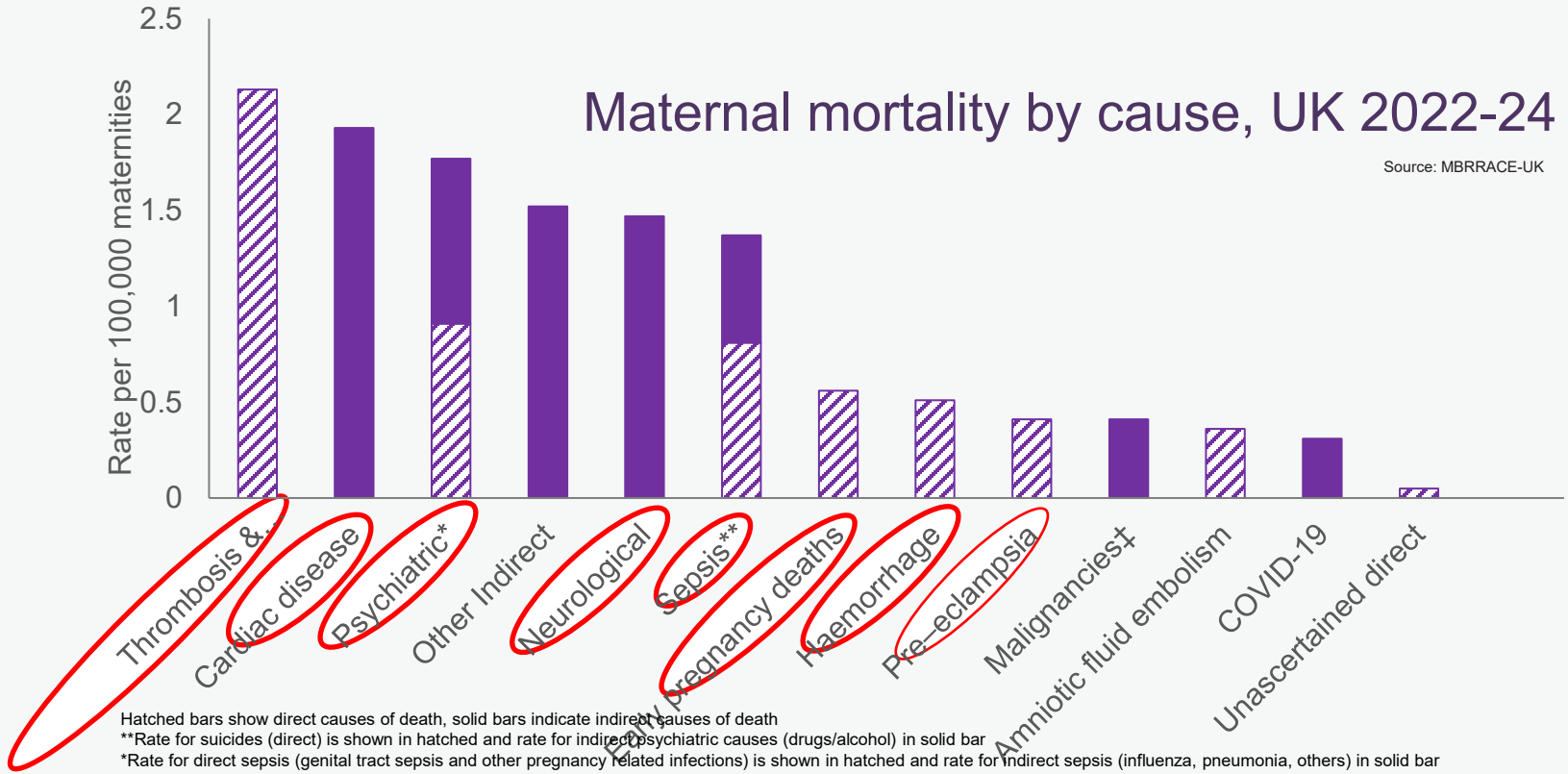
- Frontline clinicians
- Academics leading relevant ongoing research
- Service user representatives

Overview of elements



Recordings of our element ‘deep dive’ webinars can be found on our FutureNHS hub

Overview of elements: Areas of impact



Hatched bars show direct causes of death, solid bars indicate indirect causes of death
**Rate for suicides (direct) is shown in hatched and rate for indirect psychiatric causes (drugs/alcohol) in solid bar
*Rate for direct sepsis (genital tract sepsis and other pregnancy related infections) is shown in hatched and rate for indirect sepsis (influenza, pneumonia, others) in solid bar
‡Rate for indirect malignancies (breast/ovary/cervix)

What is the ask on the NHS?

All NHS trusts providing maternity services and ICBs are responsible for fully implementing the MCB by March 2027:

- 'Full implementation' means implementing all interventions for all 5 elements.
- Included in the NHS Medium Term Planning Framework (Oct 2025).

Organisational roles and responsibilities:

- **NHS Trusts providing maternity services** are primarily responsible for local implementation, with trust boards taking oversight and ensuring engagement of all relevant trust services.
- **Integrated Care Boards (ICBs)** are responsible for ensuring the engagement of wider services within their footprint. This includes the strategic commissioning of relevant services to support delivery of MCB interventions, in line with the Model ICB Blueprint.
- **Regional NHS England teams** are responsible for providing strategic leadership and oversight of performance, in line with the Model Region Blueprint.
- **Maternal medicine networks** are responsible for providing regional leadership and support on the management of medical conditions in and around pregnancy.

What is the ask for MIS Year 8?

Safety Action E:

- In collaboration with all relevant services, the provider agrees a plan with the Trust Board to implement the Maternal Care Bundle by March 2027.
- Progress with implementation is reviewed quarterly through established governance routes.

What good looks like:

- **A Board-approved implementation plan** setting out clear milestones, responsibilities and timescales for full implementation by March 2027.
- **Evidence of collaborative planning with all relevant services** (e.g. maternity, anaesthetics, emergency medicine, critical care, community services), ie. reflected in meeting notes or agreed action logs.
- **A simple quarterly update in board papers** that shows progress against each element of the bundle, highlights risks or delays, and outlines the actions being taken to address them.
- **Governance oversight** demonstrating that progress is monitored through existing maternity/neonatal safety groups, with escalation routes clearly documented.
- **Examples of how learning from incidents**, reviews or national guidance has shaped the local implementation approach.

MCB Implementation Tool

- The NHSE national team is developing a tool that will help trusts with a practical and standardised approach to:
  - Baselining and monitoring local implementation of interventions;
  - Developing and maintaining an action plan for implementation;
  - Trajectory setting and local monitoring of performance indicators;
  - Reporting to the Trust Board on all of the above; and
  - Recording and reporting key local data for nationally generated metrics (to be implemented in MSDS v2.5)

- Format follows the Saving Babies' Lives Care Bundle tool to ensure familiarity – but has been iterated based on feedback from SBL tool users.
- Process indicators and metrics have been agreed with clinical leads for each element.
- We have tested the tool with regional and trust leads, digital midwives and maternity data analysts, and are implementing feedback.

The implementation tool will be uploaded to the FutureNHS Maternity and Neonatal Hub by the beginning of May.

NHS England

Thank You

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