Perinatal Quality Assurance Scorecard

November 2022

Public Trust Board paper F (W&C CMG)

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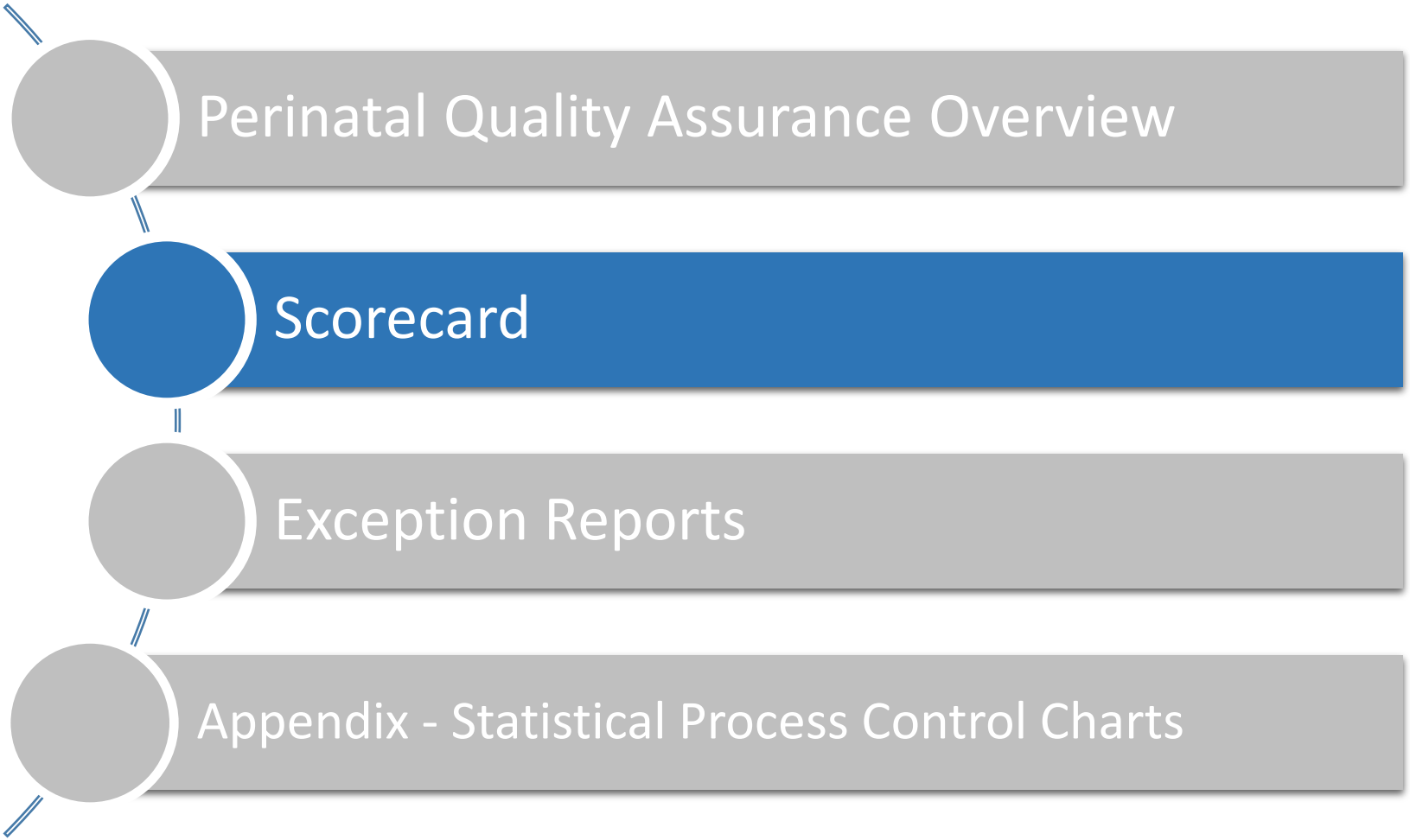
Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	This is an evolving perinatal quality assurance scorecard which requires further development to support assurance of the quality and safety of maternity services.	
Safe	3 Serious Incidents reported in November 2022, with no cases reported to HSIB and no immediate safety actions from rapid reviews. The stillbirth rate has reduced below baseline within month. We continue to await our CQC visit as part of the national programme of work	
Workforce (exception report page 13)	Funded establishment has been reviewed and funded in line with Birth Rate Plus tool. Midwife vacancy for November is 13.4% with 14 new starters in November 2022. 1-1 care in labour has been maintained at 100% Our new Director of Midwifery, Danni Burnett joined the trust on the 3rd January 2023.	
Training	Achieved standard required for Maternity Incentive Scheme (year 4) in November 2022	
Friends & Family (exception reports page 14)	The FFT responses are consistently positive however challenges have been identified in increasing the response rate for community services, with actions led by community leads in progress	
Outcome (exception reports pages 15-16)	Quality improvement projects in progress to achieve: • Reduction in 3rd & 4th degree tears (notable improvement in November data) • Reduction in blood loss (whilst below the national target of 3.6%(positive), the UHL KPI for PPH of 2.7% was not achieved)	

To note: Exception reports continue to be updated and shared for relevant elements until compliance is achieved for 3 consecutive months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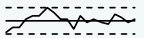
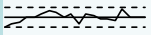
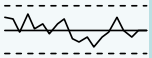
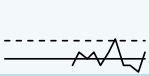
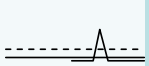
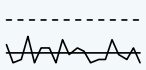
Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	823	792	815	6443					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	455	450	452	3629					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	343	313	334	2592					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	25	29	29	222					JH
	SIs (Obstetrics)	Actual	1	0	3	17					JH
	SIs (Neonatology)	Actual	0	0	0	1					JH
	Number of Still births - overall total	Actual	3	6	2	31					JH
	Still births as %age of Total Deliveries	<0.45%	0.36%	0.76%	0.25%	0.48%					JH

Comments	Rating
Further work is required to ensure reporting on safety metrics is timely and draws upon intelligence from other centres with similar patient profiles. The CN and MD have commissioned a piece of work to achieve this and we anticipate completion for the new financial year. There is a notable variation in the number of stillbirths month to month with year to date being 0.48% of deliveries. All stillbirths undergo a multi-professional review and are notified externally. HSIB completed a cluster review in Oct 2022 (following a peak in stillbirths in July 22) which did not identify any themes that contributed to the outcome. A peer review was also completed in 2022 with Leeds Teaching Hospital to review cases and the process for undertaking reviews. The peer review concluded that there is a robust process in place with shared learning identifying an opportunity to improve parental input into the multi professional reviews. All families have contact and are offered support from the bereavement midwifery team.	

Performance Overview (Safe and FFT)

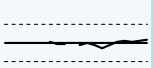
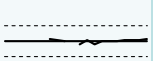
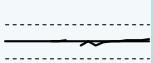
Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	HSIB Referrals	Actual	0	0	0	13					JH
	Moderate Incident	Actual	6	11	14	8					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	22.0%	19.5%	16.9%	18.5%	F	L			JH
	Maternity Friends & Family - percentage of promoters	96%	97%	93.9%	96%	95.8%	?				JH

Comments	Rating
There continues to be a challenge in obtaining feedback from sufficient women and birthing people. An analysis of response rates by area has demonstrated the challenge lies within the community service with a response rate of less than 5%. An exception report for community friends & family footfall can be found on page 12.	

Performance Overview (Workforce & Training)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:nn)	1:26.4	25.6	25.6	25.6	25.6	P				JH
	Midwife Vacancies (%)	10%	15.2%	15.2%	13.4%	14.2%	F				JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	100%	100%	P				JH

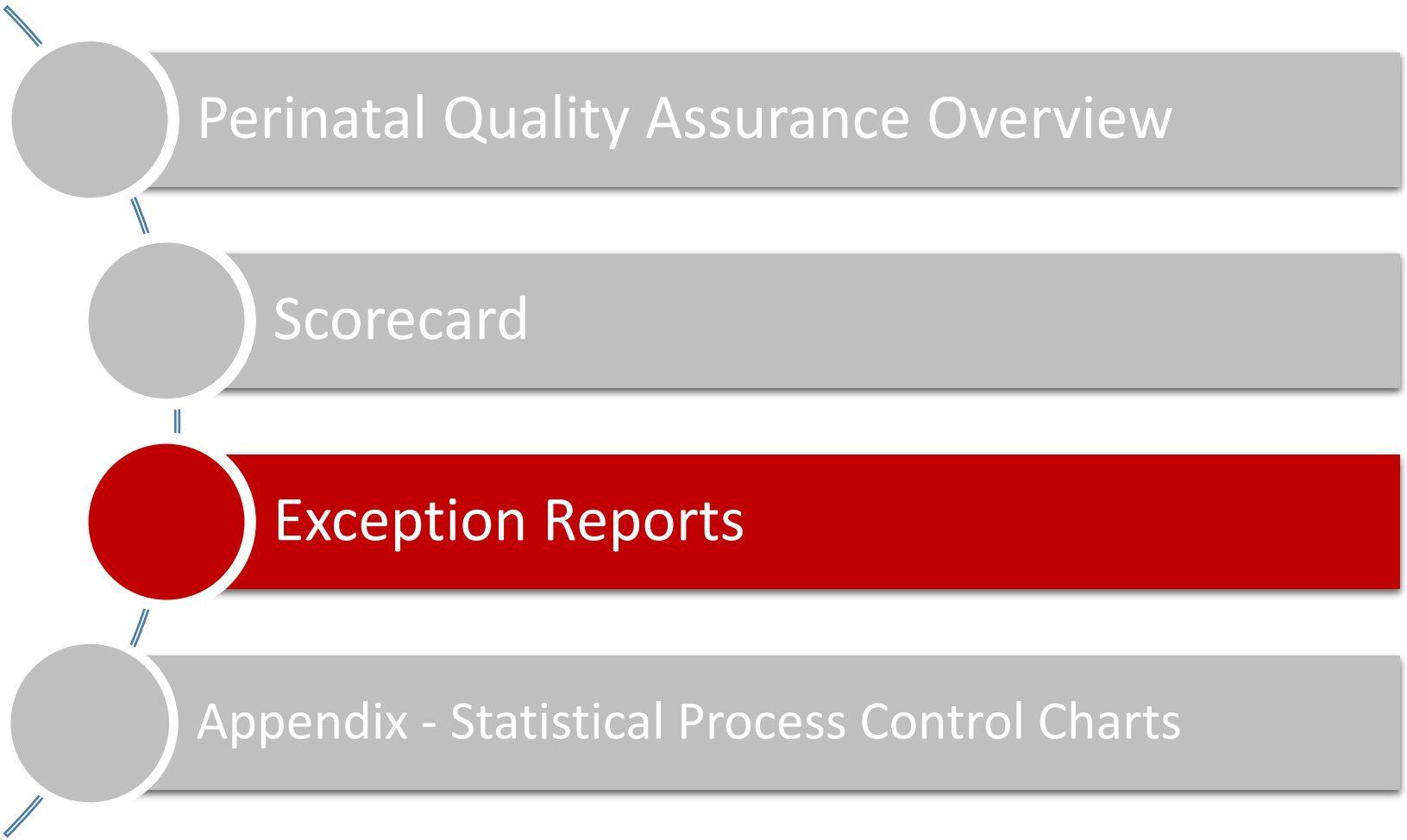
Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Training	% of All Staff attending Annual MDT Clinical Simulation	Actual	90.0%	93.0%	96.0%	88.0%	?	H			JH
	% of All Staff attending NLS Training	Actual	92.0%	94.0%	97.0%	88.9%	?				JH
	% of All Staff attending CEFM Training (Theory)	Actual	95.0%	95.0%	97.0%	92.7%	P				JH
	% of All Staff attending CEFM Training (Assessment)	Actual	94.0%	97.0%	97.0%	92.3%	P	H			JH

Comments	Rating
We have seen continued improvement in the midwifery vacancy rate. The exception report can be found on page 11. The Maternity Incentive Scheme (MIS) Year 4 and Saving Babies Lives (Care Bundle 2) require at least 90% of each relevant staff group to have attended multi-disciplinary training. Despite challenges in capacity to attend training throughout the year, all staff groups achieved the required 90% in November 2022. We have a clear plan in place to maintain compliance and future monitoring and reports will reflect a 12 month rolling program year, replacing year to date figures which will ensure early identification of non-compliance.	

Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Sep-22	Oct-22	Nov-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	44.8%	48.1%	47.5%	47.8%		L			JH
	Caesarean Section Rate - total	Actual	41.6%	40.9%	40.7%	39.5%		H			JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	2.9%	3.8%	3.2%	3.3%	F	H			JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	3.9%	3.6%	2.3%	3.3%	F	H			JH
	% of Full term babies admitted to NNU NB:Figures from January 2019 reflect ATAIl Term admissions to NNU as % of UHL Tern births	6%	4.87%	4.41%	5.39%	4.36%	P				JH

Comments	Rating
Spontaneous and Caesarean section birth rates remain normal variation and consistent with peer trusts. Exception reports for blood loss of greater than 1500ml and a progress update on actions to reduce 3rd and 4th degree tears can be found on pages 13 and 14.	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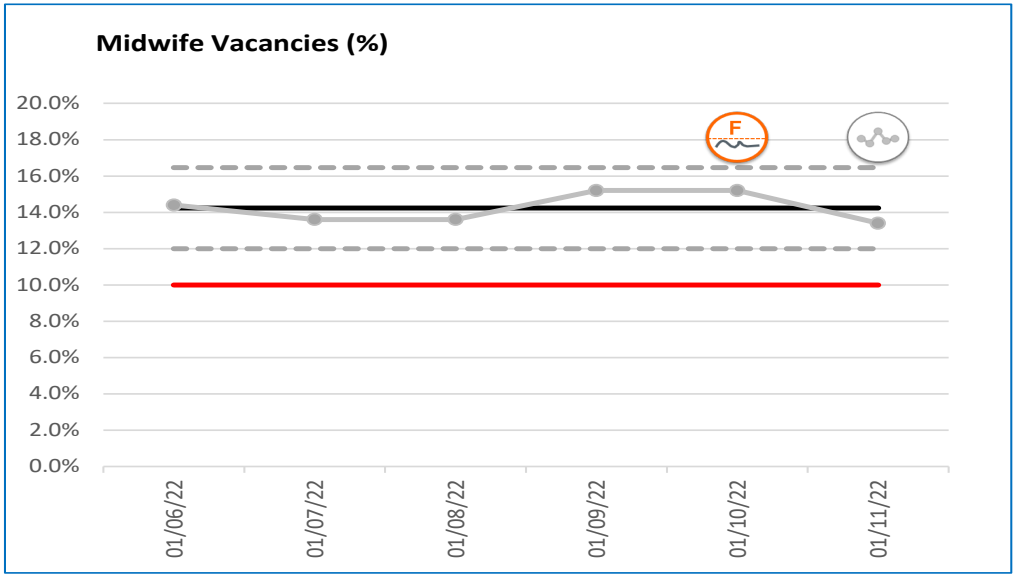
Workforce – Midwife Vacancies (%)



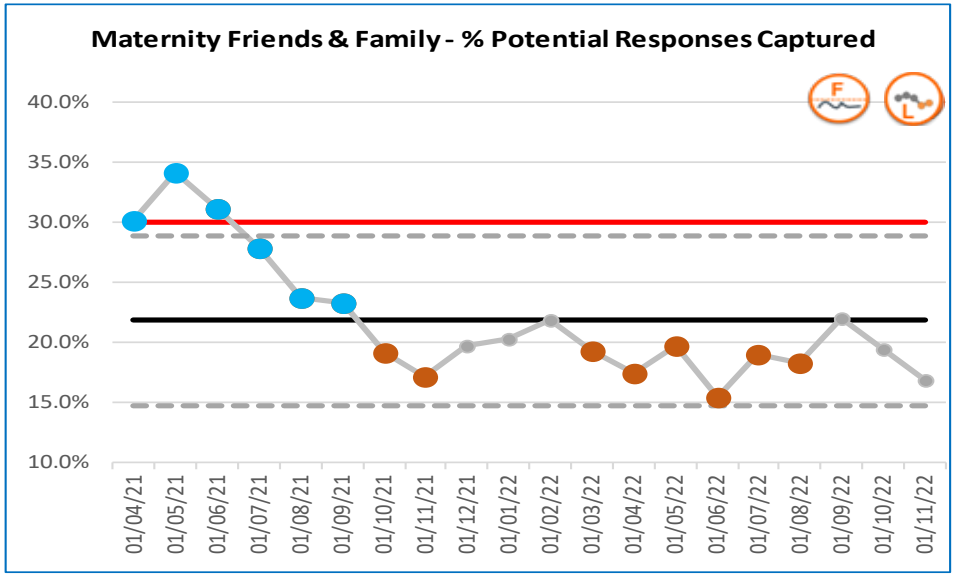
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
13.4%	14.2%	10%	14%	14%	14%

National Position & Overview

Performance likely to remain above target which is below the level expected to result from natural variation.

Root Cause	Actions	Impact/Timescale
• There has been a 1.8% reduction in midwifery vacancies. • 5 Newly qualified midwives due in January plus 2 external band 5 and 1 band 6 • 5 more international midwives recruited in December. • Limited exit interview information available to review reasons for leaving Note: Funded establishment is in line with Birth Rate Plus acuity & staffing tool	Matron for Safe Staffing employed and Recruitment, Retention & Pastoral leads for each site and the community. Maternity Staffing Sumit took place 23 December 2022, with actions agreed which strengthen the partnership with UHL senior team across: • Recruitment with maternity included in UHL campaigns and streamlining of the recruitment process • Retention including flexible working reviews and focus on career development • Improving quality of placements for midwifery students • Roster deep dive support from UHL senior team • Strengthening bank offer and exploring agency fill • Culture work as part of the Empowering Voices program (LRI & LGH)	• 2 International midwives will be included in the staffing numbers in December • 14 newly qualified midwives started in November • Empowering voices action tracker commenced in December • Empowering voices at LGH commencing 14th Nov due to complete Jan 23 when stage 3 action tracker will follow • Community Empowering voices program to commence Feb/Mar 23

Friends & Family – % of Potential Responses Captured (Maternity)



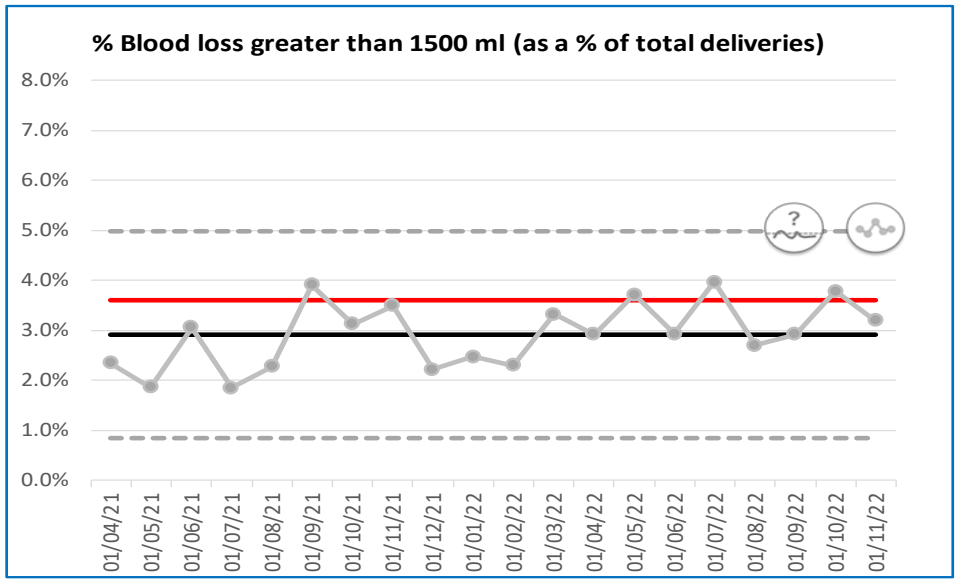
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
16.9%	18.5%	30%	18.5%	18.5%	18.5%

National Position & Overview

Early indication of shift to lower performance level (12 of 14 points below mean, adverse).

Root Cause	Actions	Impact/Timescale
• Update in national reporting standards April 2020 (implemented after Covid pandemic, which moved away from set times to collect feedback) • Less face to face contact with women • Move to electronic questionnaires (previously paper copy given to all women at 36 weeks of pregnancy)	Actions to date have not had an impact on the number of surveys completed Patient experience matron lead will work with the community leads to invite solutions from the team. Likely to include: • Testing if re-introducing paper surveys has a positive impact • Targeted texts with links to the electronic survey	Actions to be agreed and implemented with expected results by April 2023

Outcome - % Blood loss greater than 1500 ml (as a % of total deliveries)



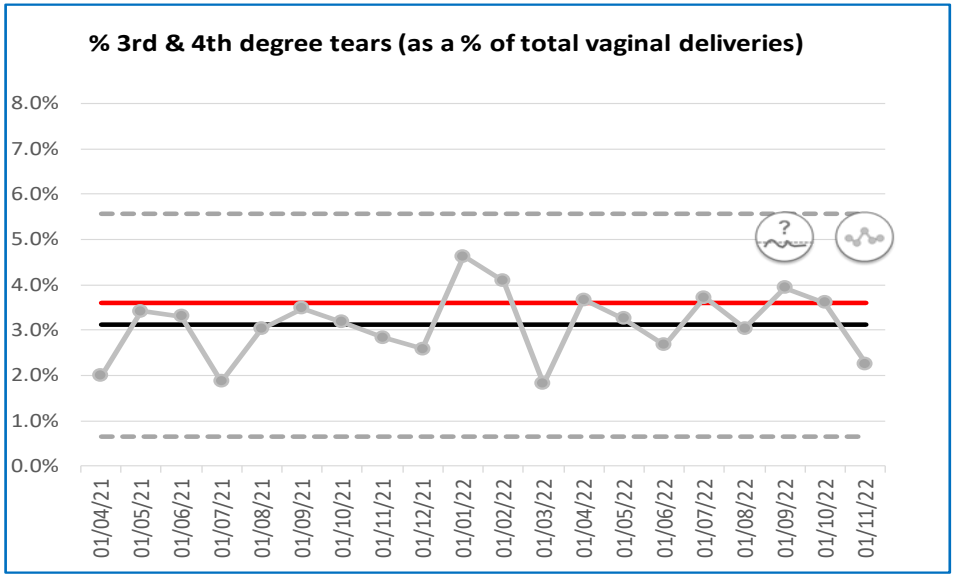
Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
3.2%	3.3%	3.6%	3.3%	3.3%	3.3%

National Position & Overview

Mean is below target (favourable), however, individual results may fall above target due to natural variation.

Root Cause	Actions	Impact/Timescale
Increase in: • complexity of pregnancy & births • number of caesarean sections • Prolonged induction of labour & prolonged labour • Low BMI (women)	2 workstreams: 1) To reduce blood loss by implementing Obs Cymru program which aims to improve accuracy of blood loss recording, early identification of loss of 1000mls and anaesthetist & obstetrician in the room at 1000mls. 2) To reduce blood loss during caesarean sections by changing use of oytocin to Carbetocin (from Syntocinon) to reduce the risk of haemorrage	

Outcome - % 3rd & 4th degree tears (as a % of total vaginal deliveries)



Current Performance			Three Month Forecast		
Nov 22	YTD	Target	Dec 22	Jan 23	Feb 23
2.3%	3.3%	3.6%	3.3%	3.3%	3.3%

National Position & Overview

Mean is below target (favourable), however, individual results may fall above target due to natural variation.

Root Cause	Actions	Impact/Timescale
No root cause identified. Audit completed for cases between April-September 2021. 28 criteria audited for each case. Higher rates of 3rd degree tears associated with Asian ethnicity, lithotomy position (unassisted births), length 2nd stage <1hour (unassisted births), and where English is not the preferred language.	Infographic for staff created outlining key audit findings and actions. Band 7 midwives from both LRI and LGH sites approached to support with roll out of actions. Key actions are: 1. Stop use of lithotomy for spontaneous vaginal births. 2. The education team are updating all midwives on the OASI care bundle as part of this year's essential to job role training 3. Promote use of perineal warm compresses in 2nd stage of labour (with maternal consent). 4. Where there are language barriers, where possible use an interpreter to discuss the 2nd stage of labour and crowning and what is required to reduce severe perineal tears	On-going review of 3rd and 4th degree tear rates via the maternity dashboard. YTD in May 2022 3.7%; YTD in Nov 2022 3.3%. Full re-audit planned for January 2023.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Statistical Process Control Charts (SPC)

SPC charts look like a traditional run chart but consist of:

- **A line graph showing the data across a time series**.

The data can be in months, weeks, or days- but it is always best to ensure there are at least 15 data points in order to ensure the accurate identification of patterns, trends, anomalies and random variations.

- **A horizontal line showing the Mean.**

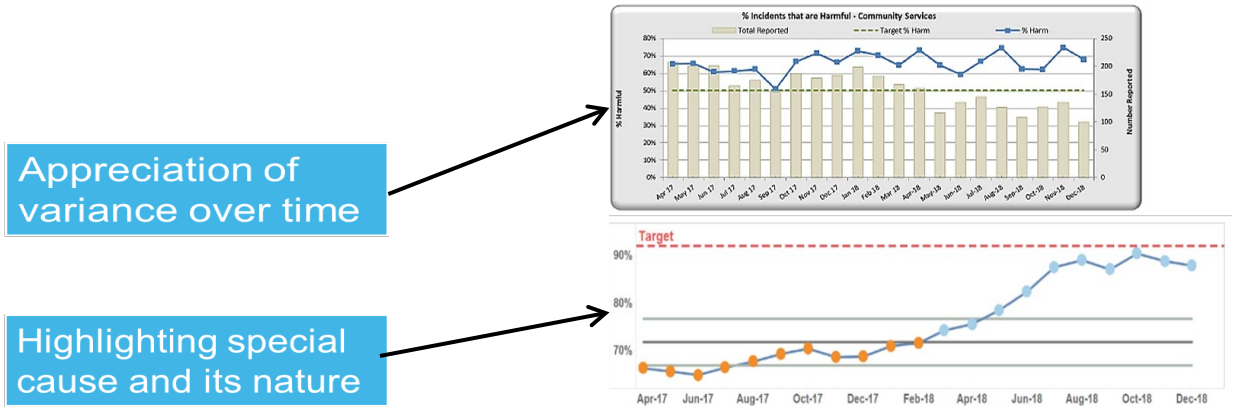
This is used in determining if there is a statistically significant trend or pattern.

- **Two horizontal lines either side of the Mean-(called the upper and lower control limits).**

Any data points on the line graph outside these limits, are 'extreme values' and is not within the expected 'normal variation'.

- **A horizontal line showing the Target**.

In order for this target to be achievable, it should sit within the control limits. Any target set that is not within the control limits will not be reached without dramatic changes to the process involved in reaching the outcomes.



Statistical Process Control Charts (SPC)

Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

Within an SPC chart there are three different patterns to identify:

- **Normal variation** – (common cause) fluctuations in data points that sit between the upper and lower control limits

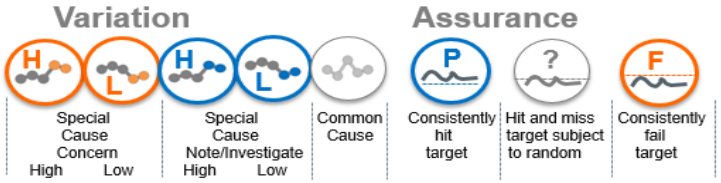
- **Extreme values** – (special cause) any value on the line graph that falls outside of the control limits. These are very unlikely to occur and where they do, it is likely a reason or handful of reasons outside the control of the process behind the extreme value

- **A trend** – may be identified where there are 7 consecutive points in either a pattern that could be; a downward trend, an upward trend, or a string of data points that are all above, or all below the mean. A trend would indicate that there has been a change in process resulting in a change in outcome

Narrative support that supports SPC theory

Summary icons and a top level summary view

	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%		F	Shift change in August 2017 showing increase in sickness - staff survey review indicated.....



Data Quality Assessment

The Data Quality Assurance Group (DQAG) panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance that it is of suitably high quality. DQAG provides scrutiny and challenge on the quality of data presented, via the attributes of:

i. Sign off and Validation
ii. Timeliness and Completeness
iii. Audit and Accuracy and
iv. Systems and Data Capture to calculate an assurance rating.

Assurance rates key Green = Reasonable/Substantial Assurance, Amber = Limited Assurance and Red = No Assurance.