

Meeting title:	UHL Trust Board				Public Trust Board paper G	
Date of the meeting:	7 th July 2022					
Title:	UHL Maternity Safety update					
Report presented by:	Julie Hogg, Chief Nurse					
Report written by:	Elaine Broughton Head of Nursing and Midwifery					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	This report has been presented at CMG Womens Board, LMNS (Local Maternity and Neonatal System), EQB and Quality Outcomes committee					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report is to provide Trust Board with an update from the maternity service our key safety metrics and progress to achieve compliance with the 10 safety actions as part of NHS Resolution.

Impact assessment
N/A

Acronyms used: CNST - Clinical Negligence scheme for Trusts
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Purpose of the Report

This paper is to inform Trust Board on progress of the Maternity Safety Agenda

Recommendation

The paper is to provide assurance to the Trust Board members that we have good oversight of the perinatal surveillance scorecard for the maternity service and our compliance with the 10 safety actions detailed in NHR. It is recommended that the board are assured by the information provided.

Summary

This perinatal surveillance template and refined Maternity dashboard provides the board with

- Refined Indicators from the local maternity dashboard including essential mandatory reporting on CNST and Ockenden Audits
- Exception summary on Perinatal surveillance template
- Skills drills and fetal monitoring training figures
- CNST Year 4 compliance and update
- Midwifery staffing update
- SBLCB audit compliance

Main report

This maternity safety report provides an update to the Trust Board on data for May 2022, included in the perinatal surveillance template is exception reporting and summary of all the elements currently in progress to support maternity safety. Additionally, there are deadlines to the actions suggested, to address the exceptions within the tool, which will be monitored locally and reported to the Maternity safety meeting.

The detail of the completed HSIB reports, SI's and 72hr reports will continue to be reported quarterly through EQB and Quality Outcomes committee.

Exceptions

CNST

With the Year 4 standards resuming following a pause early in 2022, compliance will be measured from 6th May 2022. For Safety standard 1, Perinatal mortality, the service is reporting one baby after the new time scale, that was not inputted into the tool in the required time, due to a number of bank holidays and a weekend. We are currently in discussion with MBRRACE to confirm whether this will be included in the data collected to support evidence to achieve this standard.

The Trust have engaged with internal audit to review the evidence for safety Standards 3, 7, 8 and 9, this will provide the Trust Board and CEO with assurance to sign off the compliance with the standards.

Training

Compliance for skills drills and fetal monitoring training remains low in junior doctors & anaesthetic staff, due to a variety of factors, despite an increase in overall training days. Staff are being allocated to training by the education team as a trial to increase compliance.

There is an obstetric and anaesthetic lead working closely with the education team to allocate and monitor attendance and we continue to monitor monthly with escalations at the CMG Board.

Workforce

Workforce has been reviewed for all areas (medical & midwifery/nurse staffing for maternity & NNU), there is further investment required to meet midwifery staffing requirements in line with Birth rate plus, Ockenden, CNST & CQC. The business case will be completed by end August 2022. The midwifery workforce is due for a Birth rate plus assessment in January 2023, however currently the Birth rate plus workforce tool is under review by a national review group as recommended in the Ockenden report.

Acuity, establishments and day to day staffing number are all monitored by the senior team and reported to Trust Tactical meetings. The midwives reported concerns continued in to staffing numbers and did not feel enough was being done to address the concerns. A review of workforce metrics and escalation is in progress to propose options to support the team.

Friends and Family Footfall

The overall footfall for maternity collected has increased by 2% and continues to be monitored, overall positive feedback was stable at 97%.

Continuity of Carer

Existing provision & further roll out of CoC is suspended due to staff vacancies (Ockenden Essential Action 2), the service has submitted the action plan with Building blocks in place to roll this out as soon as it is safe to do so, this report including a trajectory is to be presented to the regional team by Mid-June 2022. The board of directors will be asked to review and approve this in July.

Saving Babies Lives Care Bundle

CO monitoring (element 1): 80% compliance of testing required at 36 weeks. There has been very positive increase in compliance with this target and the Public Health specialist midwife continues to work with the staff and the women to improve this.

Steroids (element 5): 56% of singleton live births (less than 34 weeks) receiving a full course of antenatal corticosteroids within seven days of birth

QI project in progress to develop a prematurity prevention passport to prompt professionals and provides women with information about their care. Oversight of this has demonstrated an improvement in May.

Ockenden Final Report

The final report was published in March 2022, the local review has been completed and the associated action plan will be presented in the next Maternity safety report.

There is an insight site visit planned for 6th and 7th July 2022 by the regional Maternity team to assess the Trust's progress and evidence in relation to the Ockenden interim report, they will interview the executive team, maternity leadership team, LMNS members and staff. The outcome of this will be shared with the Trust Board.

Conclusion

The paper is to provide assurance to the Trust Board members that we have good oversight of the perinatal surveillance scorecard for the maternity service and our compliance with the 10 safety actions detailed in NHR. It is recommended that the board be assured by the information provided.

Supporting documentation

Perinatal surveillance Board reporting template

Local scorecard to capture mandatory reporting

Leicester Maternity Perinatal Quality Surveillance June 2022 (May data)

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-led	Responsive
LRI (February 2020)	Good	Good	Good	Good	Good	Good
LGH (March 2018)	Good	Improvement	Good	Good	Good	Good

<p>Annual staff survey: Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place:</p> <ul style="list-style-type: none"> To work = 57% (2021), 55% (2020) To receive treatment = 60% (2021), 70% (2020) <p>Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)</p> <ul style="list-style-type: none"> 88% (2021)
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Exception report based on highlighted fields in monthly scorecard and key deliverables (slide 2)

Perinatal Mortality	Workforce	Saving Babies Lives
<p>CNST Safety Action 1:</p> <ul style="list-style-type: none"> Review of perinatal deaths demonstrates expected timescales for completing draft & final reports are not currently being met (backlog expected to be complete by Dec 22) There is confidence in the standard of the investigation and support for women & families during this process Actions in place to resolve backlog and ensure timescales are met for all cases from 6 May 2022 (new CNST year 4 start date) <p>Findings of review of all perinatal deaths are included in quarterly Perinatal Mortality Committee Report & Maternity Safety Report (Quarter 1 reports will be in July's exception report)</p>	<p>Establishment:</p> <ul style="list-style-type: none"> Establishment review for Women's Services with Julie Hogg Sept 22 Business case for midwifery establishment due August 22 for next years planning round Recruitment & retention plans enacted <p>Continuity of Carer (CoC)</p> <ul style="list-style-type: none"> Existing provision & further roll out of CoC is suspended due to staff vacancies (Ockenden Essential Action 2) Building blocks are in place for the reinstatement of CoC when staffing supports its reintroduction <p>Please refer to separate CoC report in Board Papers</p>	<p>Operational:</p> <ul style="list-style-type: none"> Red flags are reported in maternity every 4 hours on the intrapartum toolkit (twice daily for the wards) Details are reported at the Maternity Safety Meeting & are included in UHL Nursing & Midwifery report. The most common red flag is for delay in Induction of Labour. Any operational issues escalated 3 times each day through tactical meetings <p>CO monitoring (element 1):</p> <ul style="list-style-type: none"> Compliance consistently below 80% target at 36 week appointment Commencing CO monitoring at every appointment from end March Upward trend with compliance for May 87% <p>Steroids (element 5):</p> <ul style="list-style-type: none"> QI project in progress led by prematurity prevention Obstetrician and Audit Midwife Development of Prem Prevention passport which prompts professional and provides women with information about their care Audit for May 2022 56% (increased from previous 3 months) <p>Continuing monthly audit of CNST & Ockenden standards reported to Maternity Quality Board</p>
Training	FFT	Induction of Labour (IOL)
<ul style="list-style-type: none"> Compliance low in junior doctors & anaesthetic staff – escalated through Clinical Director & Heads of Service Capacity issue in providing face to face training - to continue virtual sessions until December 2022 Increased training dates to accommodate obstetric rotas Individual reminders sent to all staff out of date from obstetric lead & education team <p>Continue monthly monitoring through Maternity Quality Board</p>	<ul style="list-style-type: none"> The average recommendation rate is 97% Footfall is consistently below target – inpatient areas above 30%, exploring solutions to increase community footfall Staff have new patient survey lanyard cards with QR code linking to survey – expected to increase footfall 	<ul style="list-style-type: none"> Task & finish group in progress in response to poor patient experience due to delays in IOLs with positive results Regional IOL webinars in progress Actions include revised IOL operational processes, recruited pathway coordinator & updated clinical guideline <p>Work-stream expected to be complete end July 22.</p>
		CNST
		<ul style="list-style-type: none"> Year 4 reporting was paused. Update received on 6 May, with new reporting from 6 May Review of RAG rating & associated action plan is being updated – action plan will be shared in July's report Review of compliance being supported by external auditor (Safety Actions 3, 7, 8 & 9)
		Ockenden
		<ul style="list-style-type: none"> A review is in progress of our actions against the 15 immediate and essential actions due to be completed by mid-July (slipped to ensure consultation with all relevant stakeholders)

Scorecard notes:

SI data includes HSIB referrals

Moderate incidents figures are lower when adjusted following investigation (staff are encouraged to report as moderate for certain outcomes & if they are unsure)

n/a data in Saving Babies Lives = not currently available (full data will be available in July report)

Maternity Quality Scorecard - W&C CMG May 2022

	2021-22 TOTAL / AVERAGE	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	2022-23 TOTAL / AVERAGE (YTD)	Variation - 12 month period / SPC
PATIENT SAFETY										
Total deliveries (LRI, LGH, SMBC, HB & BBA)	9,434	857	813	810	741	842	787	809	1629	
SIs (Obstetrics, Neonatology & Gynaecology)	27	1	3	4	1	3	1	2	3	
Number of Still births - overall total	37	2	8	4	6	5	2	3	5	
Still births as %age of Total Deliveries	41	0.2%	1.0%	0.5%	0.8%	0.6%	0.3%	0.4%	0.3%	
HSIB Referrals						2	1	0	3	
Moderate Incident						9	5	5	6	
Coroner Regulation 28 Requests		0	0	0	0	0	0	0	0	
WORKFORCE										
Funded Midwife to Birth ratio (UHL complete care) - 1	1:26.8	1:25.4	1:25.4	1:25.4	1:27.0	1:27.0	1:25.5	1:25.5	1:25.5	
Midwife Vacancies	11.0	34.0	34.0	34.0	52.3	52.0	52.0	52.0	52.0	
1 to 1 Care in Labour	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Continuity of Carer	19%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
TRAINING										
% of All Staff attending Annual MDT Clinical Simulation	86%	91%	89%	n/a	82%	78%	81%	67%	74%	
% of All Staff attending NLS Training	87%	87%	86%	n/a	84%	88%	83%	76%	80%	
% of All Staff attending CEFM Training (Theory)	92%	94%	92%	n/a	83%	94%	82%	81%	82%	
% of All Staff attending CEFM Training (Assessment)	91%	93%	95%	n/a	81%	92%	81%	80%	81%	
SAVING BABIES LIVES AUDITS										
SBLV2 Clinical Measures -CO Monitoring at Booking		89.7%	83.9%	83.5%	86.1%	90.3%	87.0%	87.6%	87.3%	
SBLV2 Clinical Measures -CO Monitoring at 36 Weeks		51.9%	50.2%	52.7%	50.3%	58.4%	71.2%	75.1%	73.1%	
SBLV2 Clinical Measures -FGR Risk Assessment at Booking		99.9%	99.9%	99.8%	100.0%	99.9%	99.9%	99.9%	99.9%	
SBLV2 Clinical Measures -Reduced FM Info Given by 28 Weeks		100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
SBLV2 Clinical Measures -Reduced FM Admissions to MAU having computerised CTG (Dawes)		98.2%	98.5%	99.0%	99.0%	99.3%	99.3%	99.3%	99.3%	
SBLV2 Clinical Measures -Singleton live births less than 34 weeks who have received steroids within 7		50.0%	25.0%	58.0%	33.0%	35.0%	36.0%	56.0%	46.0%	
SBLV2 Clinical Measures -Single live births less than 30 weeks who have received magnesium sulphate		60.0%	67.0%	90.0%	100.0%	100.0%	90.0%	100.0%	95.0%	
SBLV2 Clinical Measures -Deliveries where birth in appropriate care setting (LGH 32-36+6, LRI <32		81.8%	0.0%	92.9%	90.0%	300.0%	94.1%	100.0%	97.1%	
SBLV2 Clinical Measures -1:1 care in labour		100.0%	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
SBLV2 Clinical Measures -%age assessed for risk of preterm birth and stratified to low, intermediate and high risk pathways		95.0%	100.0%	100.0%	100.0%	100.0%	n/a	n/a	n/a	
SBLV2 Clinical Measures -%age of those at increased risk referred to the appropriate preterm birth clinic and pathway		100.0%	100.0%	100.0%	100.0%	n/a	n/a	n/a	n/a	
FRIENDS AND FAMILY										
Maternity Friends & Family - Footfall	22%	17.1%	19.7%	20.3%	21.9%	19.3%	17.4%	19.7%	18.6%	
Maternity Friends & Family - percentage of promoters	96%	95.5%	97.0%	96.3%	95.4%	96%	97%	97%	97.0%	
POST-NATAL										
Spontaneous Vaginal Deliveries %	52.9%	49.8%	47.1%	48.0%	48.9%	47.4%	48.2%	47.3%	47.7%	
Instrumental Vaginal Deliveries %	13.9%	11.9%	14.8%	13.3%	13.9%	11.5%	14.1%	13.5%	13.8%	
Caesarean Section Rate - elective	12.5%	15.8%	16.1%	14.9%	15.1%	16.2%	14.9%	15.3%	15.1%	
Caesarean Section Rate - emergency	21.1%	23.1%	22.5%	24.1%	22.3%	25.4%	23.6%	24.2%	23.9%	
% Blood loss greater than 1500 ml (as a % of total deliveries)	3.0%	3.5%	2.2%	2.5%	2.3%	3.3%	2.9%	3.7%	3.3%	
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	3.3%	2.8%	2.6%	4.6%	4.1%	1.8%	3.7%	3.3%	3.5%	
% deliveries having induced labour at UHL (as %age of total deliveries)	30.8%	30.3%	28.0%	29.8%	30.4%	28.1%	30.5%	30.5%	30.5%	
% of Full term babies admitted to NNU NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	4.53%	4.64%	5.99%	4.19%	4.58%	4.42%	4.42%	3.31%	4.36%	