

<b>Meeting title:</b>	UHL Trust Board	<b>Public Trust Board paper F</b>
<b>Date of the meeting:</b>	9 June 2022	
<b>Title:</b>	UHL Q4 Maternity Safety report	
<b>Report presented by:</b>	Julie Hogg, Chief Nurse	
<b>Report written by:</b>	Elaine Broughton Head of Nursing and Midwifery	

<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	
<b>Where this report has been discussed previously</b>	This report has been presented at CMG Womens Board, LMNS (Local Maternity and Neonatal System), EQB and Quality Outcomes committee					

<b>To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which</b>
This report is to provide Trust Board with an update from the maternity service in relation to mandatory reporting to meet recommendations in Ockenden and meeting safety action requirements for CNST

<b>Impact assessment</b>
N/A

<p>Acronyms used:          HSIB -Healthcare Safety Investigation Branch          HIE – Hypoxic Ischaemic Encephalopathy          IPSB – Intrapartum Stillbirth          MAU – Maternity Assessment Unit          ATAIN – Avoiding Term Admissions to Neonates</p>
---

**Purpose of the Report**

This paper is to provide Trust Board with oversight of the Maternity Safety Agenda. The report is prepared using the national perinatal surveillance tool template combined with the relevant data in a refined dashboard; it is presented in this way to report essential data and outcomes with more detail around the exceptions.

To meet the NHS Resolution safety standards and Interim Ockenden report, the template includes all Saving babies Lives Care bundle audits of compliance and other relevant maternity indicators including number of term admissions to NNU, midwifery staffing vacancies, FFT and training.

The paper aims to provide assurance and inform the Board of all the current risks and challenges by exception. This is a new and evolving report that is being overseen by the Quality Committee.

**Recommendation**

The paper is to provide assurance; however the CMG would welcome any discussion and suggestions on improving the content of the report whilst ensuring all the required information is retained.

## **Summary**

This perinatal surveillance template provides the board with

- Refined Indicators from the local dashboard
- Exception summary on Perinatal surveillance template
- Reports for further detail
- Skills drills and fetal monitoring training figures
- CNST Year4 compliance and update
- Midwifery staffing update
- SBLCB audit compliance

## **Main report**

Implementation of the perinatal surveillance model and the evidence of such being shared with Trust board was a recommendation from the Ockenden interim report (December 2020) and regarded as good practice. The attached template aims to capture the exceptions to highlight to the committee; however the exceptions are also included in this main report to highlight steps we have taken to address these.

The CNST Rag rating will change during Q1 2022/23 as we assess the Trust position in relation to the safety standards.

## **Exceptions**

CNST safety standard 1

Review of perinatal deaths demonstrates expected timescales for completing draft & final reports are not currently being met, however there is confidence in the standard of the investigation and support for women & families during this process. The revised guidance which has moved the date for capture of the detail of cases to be collected from 6<sup>th</sup> May 2022 provides confidence we should achieve this standard

Training

Compliance for training is currently low in junior doctors & anaesthetic staff, due to a variety of factors including vacancies & staff absence which has resulted in prioritisation of clinical work. There have been capacity issues in providing face to face training, however NHS Resolution has confirmed training can continue virtually until December 2022 and the education team have introduced more dates for staff to access.

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 Womens Board

Workforce

Workforce has been reviewed for all areas (medical & midwifery/nurse staffing for maternity & NNU), there is further investment required to meet midwifery, in line with Ockenden, CNST & CQC requirements: NNU in line with BAPM and Neonatal Critical Care Review. There are recruitment & retention plans in place and the maternity workforce report was presented at the previous Board.

Acuity, establishments and day to day staffing number are all monitored by the senior team and reported to Trust Tactical meetings

Friends and Family Response Rates

The overall response rates for maternity has dropped significantly over the last few months based on the community collation of feedback. The service has worked with the patient experience team to pilot new ways of

ensure the feedback is captured. We are awaiting results of a recent introduction of QR codes on cards that Community midwives can offer instantly to women, the success will be reviewed in three months.

#### Continuity of Carer

Existing provision & further roll out of CoC is suspended due to staff vacancies (Ockenden Essential Action 2), the service is preparing the action plan to ensure the building blocks are 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.

#### Saving Babies Lives Care Bundle

**CO monitoring (element 1):** 80% compliance of testing required at 36 week

Compliance has been consistently below 80% target at 36 week appointment until recent audits have improved with the introduction of CO monitoring at every appointment.

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

QI project in progress led by prematurity prevention Obstetrician and Audit Midwife and development of Prem Prevention passport which prompts professionals and provides women with information about their care and continued monthly audit of CNST standards reported to Maternity Quality Board

#### CNST Year 4

Year 4 reporting was paused. Update received on 6 May, with new reporting from 6 May, monthly monitoring continues and any concerns regarding compliance will be reported to Trust. Internal audit review arranged of four standards requiring substantial evidence.

#### Ockenden Final Report

The e final report was published in March 2022, a review is in progress and an associated action will be prepared by mid-June to inform the Board of any concerns, resource required or ongoing work in progress.

There is an insight visit planned for the beginning of July 2022 by the regional Maternity team to assess the Trusts progress and evidence in relation to the Ockenden interim report, they will interview the executive team, maternity leadership team, LMNS members and staff.

### **Conclusion**

The service continues to fully support the recommendations from the Ockenden Report and recognises the importance of accurate concise reporting to the Trust. The support of an internal audit review of key CNST standards is appreciated and provide further assurance to the Board of compliance.

### **Supporting documentation**

Perinatal surveillance Board reporting template

Specific dashboard to capture Ockenden and CNST reporting criteria for Q3 and Q4 2022/23

# Leicester Maternity Perinatal Quality Surveillance March 2022

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><b>Annual staff survey:</b> 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"> <li>To work = 57% (2021), 55% (2020)</li> <li>To receive treatment = 60% (2021), 70% (2020)</li> </ul> <p>Proportion of specialty trainees in Obstetrics &amp; 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"> <li>88% (2021)</li> </ul>
--

## 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"> <li>Review of perinatal deaths demonstrates expected timescales for completing draft &amp; final reports are not currently being met</li> <li>There is confidence in the standard of the investigation and support for women &amp; families during this process</li> <li>Actions in place to resolve backlog and ensure timescales are met for all cases from 6 May 2022 (new CNST year 4 start date)</li> </ul> <p>Findings of review of all perinatal deaths has been reviewed by the Quality Committee</p> <p>HSIB &amp; SI's are described in Maternity Safety Report and overseen by the Quality Committee.</p>	<p>Establishment:</p> <ul style="list-style-type: none"> <li>Workforce review and plan is in place across midwifery, obstetrics and neonatology</li> <li>There are 52 midwifery vacancies based on the current establishment</li> <li>An exec led recruitment and retention group will oversee the implementation of these plans</li> <li>A review of Birth rate plus 2021 findings is being reviewed as part of our annual establishment setting process in July.</li> </ul>	<p>Operational:</p> <ul style="list-style-type: none"> <li>Red flags are reported in maternity every 4 hours on the intrapartum toolkit (twice daily for the wards)</li> <li>Details are reported at the Maternity Safety Meeting. The most common red flag is for delay in Induction of Labour.</li> <li>Any operational issues escalated 3 times each day through tactical meetings</li> <li>One to one care in labour is 100%</li> <li>Details of red flags will be reported from June.</li> </ul>	
		<p><b>Continuity of Carer (CoC)</b></p> <ul style="list-style-type: none"> <li>Existing provision &amp; further roll out of CoC is suspended due to staff vacancies (Ockenden Essential Action 2)</li> <li>Building blocks are in place for the reinstatement of CoC when staffing supports its reintroduction</li> </ul>	<p>CO monitoring (element 1):</p> <ul style="list-style-type: none"> <li>Compliance consistently below 80% target at 36 week appointment</li> <li>Commencing CO monitoring at every appointment from end March – expect to see improvement in April's data</li> </ul> <p>Steroids (element 5):</p> <ul style="list-style-type: none"> <li>QI project in progress led by prematurity prevention Obstetrician and Audit Midwife</li> <li>Development of Prem Prevention passport which prompts professional and provides women with information about their care</li> </ul> <p>Continuing monthly audit of CNST standards reported to Maternity Quality Board</p>
Training	FFT	Induction of Labour (IOL)	CNST
<ul style="list-style-type: none"> <li>Compliance low in junior doctors &amp; anaesthetic staff</li> <li>Vacancies &amp; staff absence has resulted in prioritisation of clinical work with resultant impact on training attendance</li> <li>Virtual training will continue until December 2022 due to space constraints</li> <li>Training dates have been increased to accommodate medical rotas</li> <li>Obstetric lead working with Education lead with the support of Heads of Service</li> <li>Continue monthly monitoring through Maternity Quality Board</li> </ul>	<ul style="list-style-type: none"> <li>Average score for promoters is 95.9%</li> <li>Changes in visiting following covid-19 may further improve women's satisfaction</li> <li>The response rate is consistently below target. We have developed a new patient survey lanyard card with QR code linking to survey to remedy this.</li> </ul>	<ul style="list-style-type: none"> <li>Task &amp; finish group in progress in response to poor patient experience due to delays in IOLs with positive results</li> <li>Regional IOL webinars in progress</li> <li>Actions include revised IOL operational processes, recruited pathway coordinator &amp; updated clinical guideline</li> </ul>	<ul style="list-style-type: none"> <li>Year 4 reporting was paused. Update received on 6 May, with new reporting from 6 May</li> <li>Review of RAG rating &amp; associated action plan is being updated</li> </ul>
			<p><b>Ockenden</b></p> <ul style="list-style-type: none"> <li>The final report was published in March 2022</li> <li>A review is in progress of our RAG rating &amp; associated actions against the 15 immediate and essential actions due to be completed by mid-June 2022</li> </ul>

## Women's Services Quality Dashboard - W&amp;C CMG Month 12 (March) 2021-22

	2020-21 TOTAL/ AVERAGE	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	2021-22 TOTAL / AVERAGE (YTD)	Variation - 12 month period / SPC
<b>PATIENT SAFETY</b>									
Total deliveries (LRI, LGH, SMBC, HB & BBA)	9,434	896	857	813	810	741	842	9675	
SIs (Women's)	8	1	1	3	4	1	3	27	
Number of Still births - overall total	37	6	2	8	4	6	5	60	
Still births as %age of Total Deliveries	0.39%	0.67%	0.23%	0.98%	0.49%	0.81%	0.59%	0.62%	
HSIB Referrals							2	2	
Moderate Incident							7	7	
Coroner Regulation 28 Requests		0	0	0	0	0	0	0	
<b>WORKFORCE</b>									
Funded Midwife to Birth ratio (UHL complete care) - 1	1:26.8	1:25.4	1:25.4	1:25.4	1:25.4	1:25.4	1:25.4	1:25.4	
Midwife Vacancies	11.0	34.0	34.0	34.0	34.0	52.3	52.0	34.1	
1 to 1 Care in Labour	100%	99%	100%	100%	100%	100%	100%	100%	
Continuity of Carer	19%	8.0%	1.2%	N/A	N/A	7.7%	6.7%	5.9%	
<b>TRAINING</b>									
% of All Staff attending Annual MDT Clinical Simulation	N/A	92%	91%	89%	N/A	82%	78%	86%	
% of All Staff attending NLS Training	N/A	91%	87%	86%	N/A	84%	88%	87%	
% of All Staff attending CEFM Training (Theory)	N/A	97%	94%	92%	N/A	83%	94%	92%	
% of All Staff attending CEFM Training (Assessment)	N/A	93%	93%	95%	N/A	81%	92%	91%	
<b>SAVING BABIES LIVES AUDITS</b>									
SBLV2 Clinical Measures -CO Monitoring at Booking		91.4%	89.7%	83.9%	83.5%	86.1%	90.3%	83.7%	
SBLV2 Clinical Measures -CO Monitoring at 36 Weeks		54.4%	51.9%	50.2%	52.7%	50.3%	58.3%	45.7%	
SBLV2 Clinical Measures -FGR Risk Assessment at Booking		100.0%	99.9%	99.9%	99.8%	100.0%	99.9%	99.9%	
SBLV2 Clinical Measures -Reduced FM Info Given by 28 Weeks		100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	91.6%	
SBLV2 Clinical Measures -Reduced FM Admissions to MAU having computerised CTG (Dawes Redman)		99.6%	98.2%	98.5%	99.0%	99.0%	99.3%	99.2%	
SBLV2 Clinical Measures -Singleton live births less than 34 weeks who have received steroids within 7		50.0%	50.0%	25.0%	58.0%	33.0%	35.0%	34.5%	
SBLV2 Clinical Measures -Single live births less than 30 weeks who have received magnesium sulphate		75.0%	60.0%	67.0%	90.0%	100.0%	100.0%	84.9%	
SBLV2 Clinical Measures -Women who gave birth in appropriate care setting (LGH 32-36+6, LRI <32		100.0%	81.8%	N/A	92.9%	90.0%	95.2%	93.2%	
SBLV2 Clinical Measures -1:1 care in labour		98.9%	100.0%	99.8%	99.9%	100.0%	100.0%	99.8%	
SBLV2 Clinical Measures -%age of women assessed for risk of preterm birth and stratified to low,		100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	49.6%	
SBLV2 Clinical Measures -%age of those at increased risk referred to the appropriate preterm		50.0%	100.0%	100.0%	100.0%	100.0%	0.0%	37.5%	
<b>FRIENDS AND FAMILY FEEDBACK</b>									
Maternity Friends & Family - Footfall	22%	19.2%	17.1%	19.7%	20.3%	21.9%	19.3%	24.0%	
Maternity Friends & Family - percentage of promoters	96%	94.7%	95.5%	97.0%	96.3%	95.4%	96%	95.9%	
<b>POST-NATAL</b>									
Spontaneous Vaginal Deliveries %	52.9%	48.9%	49.8%	47.1%	48.0%	48.9%	47.4%	49.9%	
Instrumental Vaginal Deliveries %	13.9%	14.2%	11.9%	14.8%	13.3%	13.9%	11.5%	13.8%	
Caesarean Section Rate - elective	12.5%	14.8%	15.8%	16.1%	14.9%	15.1%	16.2%	15.1%	
Caesarean Section Rate - emergency	21.1%	22.1%	23.1%	22.5%	24.1%	22.3%	25.4%	22.3%	
% Blood loss greater than 1500 ml (as a % of total deliveries)	3.0%	3.1%	3.5%	2.2%	2.5%	2.3%	3.3%	2.7%	
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	3.3%	3.2%	2.8%	2.6%	4.6%	4.1%	1.8%	3.0%	
% of Women having induced labour at UHL (as %age of UHL deliveries)	33.5%	28.6%	30.3%	28.0%	29.8%	30.4%	28.1%	30.8%	
% of Full term babies admitted to NNU	4.53%	3.33%	4.64%	5.99%	4.19%	4.58%	4.16%	4.36%	
NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births									