

Meeting title:	Public Trust Board Public Trust Board paper F					
Date of the meeting:	11 May 2023					
Title:	Maternity Assurance Committee (MAC) Summary Report <u>including</u> March 2023 Perinatal Scorecard					
Report presented by:	Julie Hogg, Chief Nurse / Andrew Furlong, Medical Director					
Report written by:	Danni Burnett, Director of Midwifery / Jonathan Cusack, Clinical Director					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously						

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations
Impact assessment
<ul style="list-style-type: none"> N/A

Purpose of the Report

The purpose of this paper is to provide a summary to the UHL Trust Board on the key discussions at the newly established UHL Maternity Assurance Committee (MAC) which met on 19 April 2023.

Summary

The first MAC meeting intended to set the scene agreeing the terms of reference and work plan. MAC members were presented with several papers which intended to share insights into perinatal surveillance and highlighting areas of progress and risks to delivery of the key national and regional drivers for change and improvement.

MAC received progress reports on the implementation of the Maternity Incentive Scheme Safety Actions and Saving Babies Lives Care Bundle illustrating progress. Further work was agreed to fully understand current compliance with the recommendations from the Ockenden reports.

Refreshed governance arrangements and the introduction of a new Maternity and Neonatal Improvement Programme will support however there is an urgent need for a comprehensive workforce plan to ensure sustainable services across maternity and neonatal services.

Recommendation

Trust Board are asked to:

1. Receive and note the update from the inaugural Maternity Assurance Committee.
2. Note the new governance and infrastructure arrangements in place and the intention of the Women's & Children's CMG to set up an Operational Assurance Group as part of improving oversight.
3. Note the publication of the Three-Year Plan for Maternity & Neonatal Services.

Supporting Documentation

Future reporting will be transitioning into a programme software solution which will allow for an improved way to present progress and risks, as well as opportunity for MAC members to further interrogate evidence if required.

MATERNITY ASSURANCE COMMITTEE (APRIL 2023)

HIGHLIGHT REPORT

Inaugural Maternity Assurance Committee (MAC) met and approved the Terms of Reference and Workplan with a plan to review in 6 months pending review and consideration of the [Three Year Delivery Plan for Maternity and Neonatal Services](#), published 31 March 2023. The workplan ensures there is a clear timeline for review and submission of all the relevant regulatory and incentive schemes.

MAC intends to meet bi-monthly reporting into UHL Quality Committee with summary reports into UHL Public Trust Board and LLR Local Maternity & Neonatal System (LMNS). An operational assurance group is to be established within Women & Children's CMG which the LMNS will be invited to as part of the new approach to assurance and compliance.

1. Perinatal & Neonatal Surveillance

The [Perinatal Scorecard](#) for February 2023 was presented, going forward the scorecard will be presented to MAC ahead of submission to Trust Board to ensure there is a clear understanding and regular review of the key metrics. There will be a focus in Q1 to review metrics to ensure there is a shift to outcomes rather than outputs, drawing in benchmarking intelligence and review local targets to align with national ambitions. *Please see Appendix A for the March 2023 Perinatal Scorecard.*

The [Maternity Safety Report](#) provided MAC with an update on the incident and complaint activity during Quarter 4 (2022/2023). 4 Serious Incidents (SIs) reported during Q4, 3 of which met HSIB criteria, this results in 26¹ SIs reported year to date (YTD). Overall, there are 10 open and ongoing investigations (8 Serious Incidents and 2 HSIB cases) open for Maternity and Neonates, in addition to 3 HSIB reports received entering the factual accuracy and action planning stage. Examples of response to the learning identified within Q4 includes:

- Latent Phase of Labour Guidelines reviewed and launched January 2023, further work scheduled to embed
- Urgent review of the Maternity Assessment Unit (MAU) with separation of Telephone Triage, ringfencing of staffing, and full implementation of BSOTS²
- Strengthening personalised care and support plans with new supplement for the handheld documentation to ensure there is a clear understanding of 'what matters' to women, birthing people, and their families
- Continuous focus and improvement on ensuring risk assessments

¹ Of 26 reported 5 have been de-escalated as not meeting the criteria for an SI following investigation, 2 further cases are pending decision by the ICB

² [Birmingham Symptom Specific Obstetric Triage System \(BSOTS\)](#)

During Q4 UHL closed 5 cases of which 3 cases were investigated and downgraded as no contributory learning or safety concerns were identified. HSIB made 3 Safety Recommendations (SRs), 3 in relation to neonatal care and 1 on the detection of oligohydramnios on ultrasound. The ¼ Quality Review Meeting with HSIB during March 2023 raised no immediate areas of concern or escalation.

430 *maternity incidents* were reported during Q4 of which 86.5% graded as no or minor harm. Major obstetric haemorrhage (MOH) account for 45% of the major and moderate harms, all cases have been investigated with 1 case attributed to care delivery issues. Of the 115 neonatal incidents 2.6% are classed as moderate harm, the remaining are no or minor harm with the leading reported incident due to medication errors (storage and prescribing).

33 *complaints* have been reported in Q4 one of which is for neonates. The reasons for complaint in maternity service include medical care (n10), staff attitude (n7), staff behaviours (n3), nursing/midwifery care (n3) and delays/waiting times at appointments/scans (n3). A baby transferred outside of UHL was the complaint for neonates.

A new Maternity Safety Report will be prepared for 2023/2024 which will triangulate and incorporate other key performance indicators such as perinatal mortality, perinatal quality and safety metrics focusing on outcomes, and activity and demand to draw in context. Duty of Candour and clear actioning planning around learning will also be included.

2. Supporting Delivery of Safer Care

Maternity Incident Scheme now achieving 4 of the 10 Safety Actions (Action 1, 2, 8 and 10). A bid submitted to increase capacity of the quality improvement team has been successful, plans in place to focus on implementation of a new programme management platform, plans to increase capacity of our involvement and engagement activity, plus project support to work on developing and implementing a transitional care pathway. Action Plan to achieve full compliance has been reviewed to ensure the timelines align recognising the need to have a comprehensive workplan across the whole service (plan to be presented at MAC in June 2023). Risks to achieve full compliance are with the successful implementation of a transitional care pathway, recognising the need to have a plan B following the delays in the New Hospital Programme.

Currently achieving 3 out of the 5 elements of the **Saving Babies Lives Care Bundle (SBLCBv2)**. Compliance with the SBLCB forms part of the Ockenden essential actions and Maternity Incentive Scheme (MIS) Safety Actions. Progress has been made with implementing Element 1 & 5 with plans in place to achieve the full bundle. Version 3 of the bundle is due to be published April 2023.

Outcome of the **CQC** visit (February / March 2023) is still awaited. Work is underway to address immediate issues highlighted by the visiting team around Theatre 2 (separating elective and emergency pathways, as well as ceasing midwives scrubbing into theatre) and Maternity Assessment Unit (separating telephone triage, ringfencing staff, roll out of training and refresher training, and increasing capacity of medical oversight).

As part of quality control and assurance MAC received the draft **Audit Programme** for Maternity aligned to the workplan, further work is required to align all audits associated with obstetrics and neonates ensuring all national mandatory audits are included and prioritised.

3. Responding to National Investigations

MAC received an information pack which was a stocktake on UHLs position on the recommendations from Donna **Ockenden** (2020) [Interim Report](#), and [Final Report](#) (2022); plus [Reading the Signals: Maternity and Neonatal Services in East Kent](#) (2022).

Whilst the evidence has been submitted and approved in June 2021 to NHS England and the LLR LMNS on the 7 Immediate and Essential Actions (Ockenden's Interim Report) it is evident that further work is required to embed and fully comply. This is further evidenced through the non-compliant submission of MIS and not achieving full implementation of the SBLCB.

MAC reviewed an information pack which indicated the current position against both Ockenden I and Ockenden II. It was acknowledged that further work is required by the CMG to review and collate evidence for MAC to support formal confirmation of assurance levels. This will take place through the newly established operational assurance group. Evidence will be transitioning into a programme software solution which will allow for an improved way to present progress and risks, as well as opportunity for MAC members to further interrogate evidence if required.

There was agreement by all MAC members that a comprehensive Workforce Plan is required to underpin the actions across all parts of the maternity and neonatal service. The Workforce Plan is to be presented back to the MAC in June and scheduled Staffing Summit in the same month. This must include consideration for medical staffing and expected levels to effectively manage a 24/7 service.

2 key risks to full delivery of the Ockenden Recommendations were identified as:

- Workforce – capacity across all areas of the service
- Transitional Care Pathway – a refreshed plan to improve flow and ensure families are being care for in the right place

Actions agreed included:

CMG Assurance & Compliance Operational Group to be established (Monthly)

- Focus on Ockenden I Compliance
- Deep Dive into Ockenden II evidence 2xIEAs each meeting
 - IEA 11 & IEA 14 completed 5 April 2023
- Review of Supporting Evidence
- Agree monitoring arrangements via Maternity & Neonatal Improvement Programme (to be established)
- Agree Strategic & Operational Leads for each indicator
- Align with MAC workplan
- LMNS PMO to be an invitee

Maternity & Neonatal Improvement Programme to be established (Q1)

- Bring together all assurance and compliance to inform quality improvement; monitoring impact and outcomes
- Launch new Programme Management Oversight – Microsoft Projects
- Investment to Programme / Project / QI roles
- Refresh of CMG Governance Arrangements to streamline and ensure rigour

In response to the East Kent Report MAC were taken through the key actions required by UHL which are largely incorporated within the Empowering Voices Action trackers as well as informing the new Maternity & Neonatal Improvement Programme (MNIP):

Key Action Area 1: Monitoring safe performance

- UHL to have the right mechanism in place to **monitor the safety** of its maternity and neonatal services, in **real time**; for the NHS to monitor the safety performance of every trust; and for neither the NHS nor trusts to be dependent on families themselves identifying the problems only after significant harm has been done over a period of years
- UHL to have **dashboards which are meaningful, timely, analysed, discussed robustly by MDT**, consider variation and wider quality indicators

Key Action Area 2: Standards of clinical behaviour

- UHL needs a robust approach to **professionalism and compassion**
- Clear standards which are upheld across the whole workforce
- **Culture and Behaviour** programme of work, remove the normalisation of poor behaviour, **listen to families**, educate staff on **professional curiosity** and authority, progress leadership training

Key Action Area 3: Flawed teamworking

- Build and strengthen **relationships between professional groups**
- Ensure a **common purpose**, remove preoccupation of striving for 'normal birth', ensure the right support for trainees, ensure one another understands each others role, revisit **multiagency and multidisciplinary training** offers

Key Action Area 4: Organisational behaviour

- Protecting reputation can prevent learning and create poor experience – needs **openness, transparency and candour**
- Ensure families are supported with compassion, consider Hillsborough Law, working **collaboratively**, move away from heroic leadership, ensure it is acceptable to ask for help, ensure a **Just Culture**

4. Responding to National & Regional Strategy

MAC acknowledged the recent publication of the **NHS Three Year Delivery Plan for Maternity and Neonatal Services**. Following several national plans and reports, Ockenden and East Kent, the plan brings together the key objectives which services and systems are asked to work together to deliver. The plan outlines 4 themes:

- Listening to women and families with compassion
- Supporting the workforce
- Developing and sustaining a culture of safety
- Meeting and improving standards and structures

The plan is a rationalisation of the actions and recommendations to improve safety and quality (see Appendix C). UHL are already delivering many of the actions however there are some additional actions which need further consideration and attention: pelvic health, implementation of PSIRF, and acceleration of the utilisation of digital technology.

An update on the **Neonatal Critical Care Review** and the latest **East Midlands ODN Peer Review** Action Plan. There are two key challenges around capacity, both cots and workforce. There is a shortfall in nursing staff and a lack of QIS trained nurses which impacts on skill mix, in addition a lack of AHP workforce across the service. This is further impacted by not having a transitional care pathway in place. The consequences of not having this all place is the increased likelihood of neonates requiring transfers out, poor experience for families, poor flow through the department, babies not being cared for in the right place and the right time. Additional actions to address include:

- Nursing Establishment Review, actions to be taken forward around recruitment and retention
- Escalation to the ODN around repatriation of network babies
- Workforce planning for AHPs working with the Chief AHP

- Refocus on transitional care with additional project support to drive forward

Empowering Voice Progress Report was shared however due to time was agreed to be carried forward to the next MAC. Committee members noted the continuation of the programme with a relaunch of the action tracker for LRI and launch for the LGH site.

5. Risks & Issues

Discussions during MAC are aligned to known risks outlined within the Corporate Risk Register:

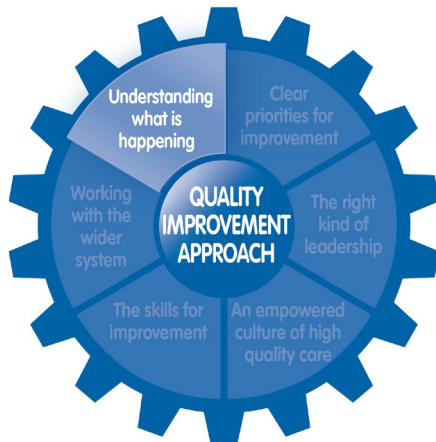
- CMG 3093 – Insufficient Midwifery Establishment
- CMG 3782 – Multiple platforms for documents
- CMG 3528 – Theatre 2 at LGH
- CMG 4075 – Culture and relationships
- CMG 3566 – Insufficient provision AHPs
- CMG 3084 – Consultant cover of both Neonatal sites
- CMG 3838 – Nursing Staffing of both Neonatal sites
- CMG 1367 – Demand for Neonatal Services and delays

Further work is required to consider new risks to be included specific to consultant obstetric capacity (workforce analysis required as part of the workforce planning exercise), transitional care, and maternity assessment unit.



Perinatal Quality Assurance Scorecard

March 2023



Contents





Perinatal Quality Assurance Overview

Scorecard

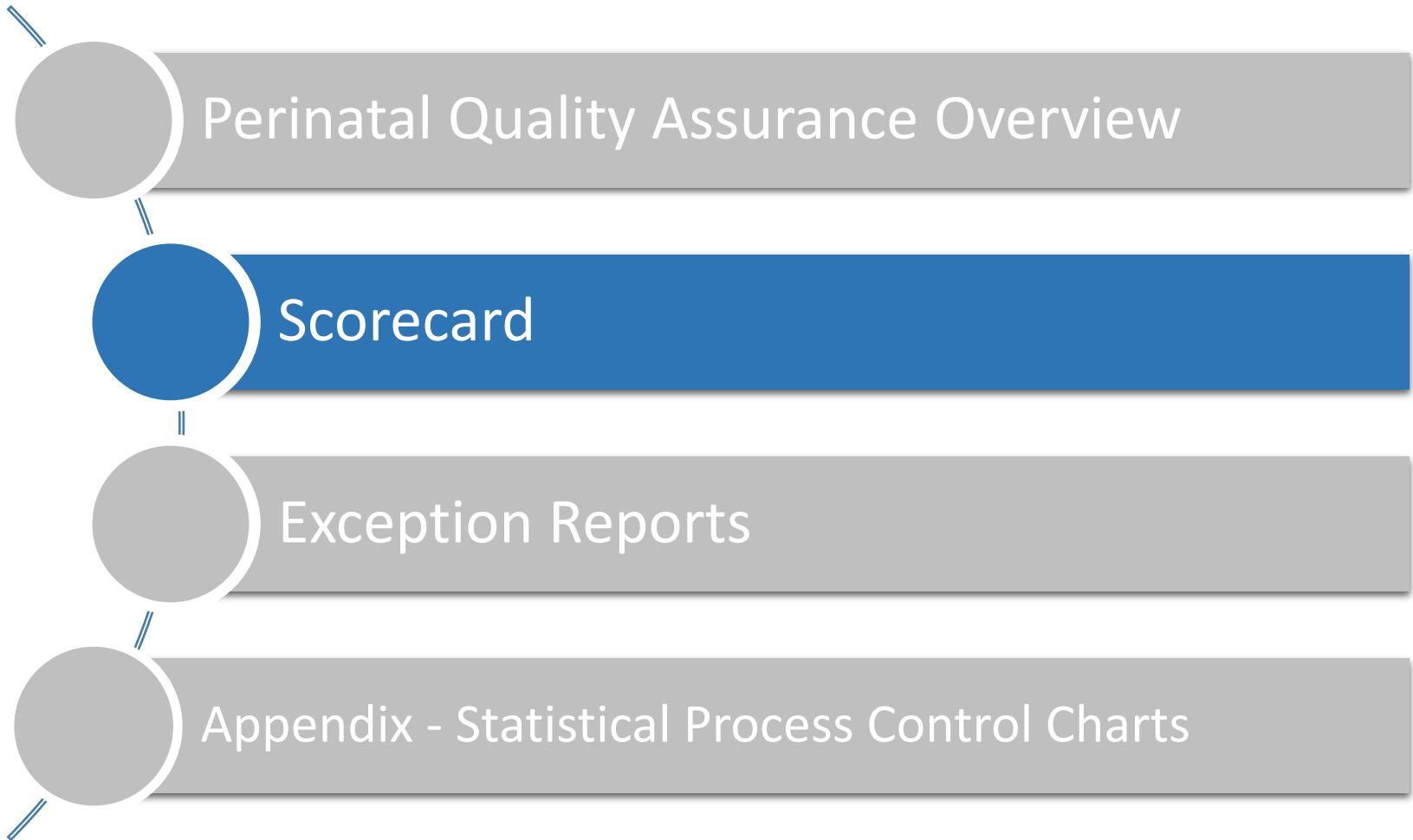
Exception Reports

Appendix - Statistical Process Control Charts

Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	<p>This is an evolving perinatal quality assurance model supporting the assurance of the quality and safety of maternity services. Maternity & Neonatal Governance arrangements have been strengthened with the introduction of an Executive-Led Maternity Assurance Committee (MAC) which met for the first time April 2023.</p> <p>To date we continue to await the outcome of the CQC visit which took place 28 Feb – 2 March 23. Several improvements have taken place since the visit, including the introduction of a stand-alone telephone triage system, development of a BSOTS training plan for Maternity Assessment Unit as part of a refresh and relaunch, plus ceasing of midwives scrubbing into theatre.</p>	
Safe	During March 2023 there was 1 case referred to HSIB and on Serious Incident escalated. The stillbirth rate has increased in month, indicative of variation, however in line with target YTD. All cases have been reviewed and immediate learning shared. 1 to 1 care continues to be maintained in labour.	
Workforce (exception report page 12-13)	Midwife vacancies remain static with new starters and further interviews scheduled for April 2023. Maternity workforce oversight group bi-weekly meetings commenced March 2023. A workforce plan is being developed for June with a draft expected June 2023. The plan intends to articulate ambitions, identify trajectories, and clearly outline the actions required to address midwifery and neonatal workforce challenges	
Training	Standard required for the NHSR Maternity Incentive Scheme (year 4) achieved in November 2022 and compliance sustained for each staff group	
Friends & Family (exception reports page 14)	FFT responses have shown a decline in month. There is a clear correlation between this and operational activity and demand, resulting in redeployment of staff to safely cover workload. Actions focusing on uptake of footfall within the community continue and improvements expected to from June 2023	
Outcome (exception reports pages 15- 16)	Quality improvement projects have shown improvements in outcomes in February for both reduction in 3 rd & 4 th degree tears, and reduction in blood loss. Further improvement is expected as the projects progress.	

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



Performance Overview (Safe)



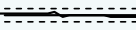


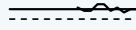





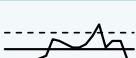





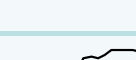


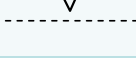



Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	782	763	836	9575					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	449	432	485	5424					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	316	305	316	3821					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	17	26	35	330					JH
	SIs (Obstetrics)	Actual	1	1	2	22					JH
	SIs (Neonatology)	Actual	0	0	0	1					JH
	Number of Still births - overall total	Actual	1	4	5	43					JH
	Still births as %age of Total Deliveries	<0.45%	0.13%	0.52%	0.60%	0.45%					JH
Safe	HSIB Referrals	Actual	1	1	1	14					JH
	Moderate Incident	Actual	18	21	15	132					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Comments

During March 2023 there has been an increase in activity reported at the LRI & SMBC compared to January & February, this is in line with historic activity trends for March. Homebirths are at 2.6% with 7 babies (0.1%) born before arrival (BBA) YTD.

5 stillbirths have been reported in March 2023. Rapid Reviews taken place and immediate actions taken to share learning. One case met HSIB criteria and referred accordingly, additionally one SI which occurred in February was escalated in March. 15 Moderate incidents were reported in March 2023, 7 were due to excessive blood loss following birth

Performance Overview (Workforce & Training)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:nn)	1:26.4	23.7	23.6	23.7	24.00					JH
	Midwife Vacancies (%)	10%	13.1%	13.7%	14.0%	14.0%					JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	N/A	100%					JH
	HCA's & Support Workers (Maternity) - Vacancies (%)	5%	8.8%	4.1%	0.3%	10.0%					JH
Training	% of All Staff attending Annual MDT Clinical Simulation	90%	98.0%	97.0%	95.0%	90.9%					JH
	% of All Staff attending NLS Training	90%	97.0%	97.0%	96%	91.5%					JH
	% of All Staff attending CEFM Training (Theory)	90%	93.0%	95.0%	95.0%	93.5%					JH
	% of All Staff attending CEFM Training (Assessment)	90%	93.0%	95.0%	95.0%	93.2%					JH
Comments											Rating
<p>The midwifery vacancy rate remains static since October 2022 with small incremental improvements compared to previous quarter. Please refer to slide 10 for the exception report and actions for midwifery workforce. Significant improvements continued during the month for maternity support / care assistant vacancy rates.</p> <p>One to One care has been maintained.</p> <p>Training figures for individual staff groups remain consistent above 90% in March for Maternity Incentive Scheme (MIS) compliance.</p>											

Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Jan-23	Feb-23	Mar-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	44.9%	51.9%	47.7%	47.7%					JH
	Caesarean Section Rate - total	Actual	43.1%	37.1%	42.6%	40.1%					JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	2.8%	2.6%	3.3%	3.1%					JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	4.7%	3.1%	2.5%	3.4%					JH
	% of Full term babies admitted to NNU <small>NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births</small>	6%	6.55%	5.80%	5.48%	4.36%					JH
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	18.0%	18.2%	14.3%	17.9%					JH
	Maternity Friends & Family - percentage of promoters	96%	97.4%	96.8%	92.7%	96.0%					JH

Comments

Rating

YTD the Caesarean section rate is 40.1% and Induction of Labour (IOL) rate is 29.9% YTD, rates are consistent with peer trusts. March 2023 noted a slight decrease in the number of spontaneous vaginal births in line with an increase in emergency and elective caesarean sections.

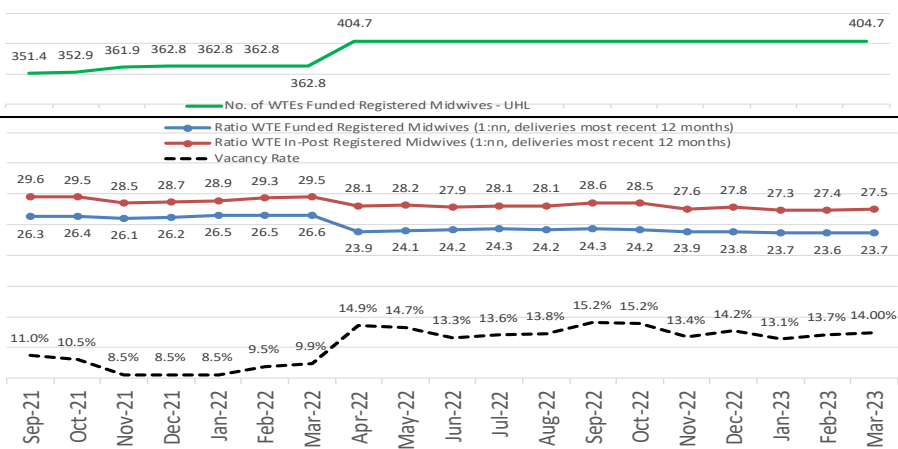
Initiatives continue to be implemented to increase the number of women and birthing people who provide feedback (friends and family) however a decrease in footfall and promoters is noted for March 2023. Please refer to slide [12](#)

Improvement has been made in 3rd and 4th degree tear rates for March (YTD 3.4%) which is in line with the national average. An increase in % blood loss is however noted with a YTD total lower than the national average. Exceptions reports are on slide [15](#) (blood loss) and slide [16](#) (3rd & 4th degree tears)



Well Led – Midwives Vacancies

UHL Funded WTE Midwives, Midwife to Birth Ratio (1:nn) and Vacancy Rate
N.B Additional Posts Funded from Apr 2022



Current Performance

Three Month Forecast

Mar 23	YTD	Target	Apr 23	May 23	Jun 23
14.0%	14.0%	10%	13%	12%	11%

National Position & Overview

Midwifery Vacancies at UHL are above the national rate by 3.9%, regionally this is 0.9% higher. Midwifery Turnover is 10.3% which is the highest it's been since 2018 this is inline with the national picture at 11.1%. UHL leaver rate is around 5.4% which remains static and around the same as Region. The utilization of temporary staff has increased since April 2022 and sickness is slowly improving at 5.6%.

Actual In Post Midwife to Birth Ratio 1:27.5 (fewer midwives per birth than target for actual v's funded establishment).

Root Cause

- Ongoing challenges across maternity services due to previous underinvestment in workforce. Previous use of safe staffing tools to understand and meet establishment requirements
- UHL themes: reasons for leaving include relocation, promotion, adult dependents / child dependents (flexible working)

Actions

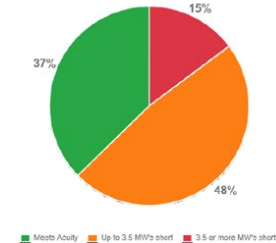
- Rolling Advert (4weekly) with interviews scheduled for April
- Launch of Recruitment / Career Nursing, Midwifery, Support Worker Microsite (Mar 2023)
- 9 International midwives now in post (5 with NMC pin and 4 on the OSCE pathway)
- Recruitment, Retention, and Pastoral Team (x 3 Midwives) in post
- Targeted work and promotion of flexible working & stay interviews
- BirthRate Plus Workforce Assessment commenced (anticipated timeline 2 months for completion)
- 'Stay' interviews
- Targeted recruitment underway – Maternity Services Coordinators, Telephone Triage, Advanced Clinical Practitioners, Quality Improvement Midwives
- Strengthened midwifery leadership to support development opportunities of midwives
- Attendance at Midlands Midwifery Festival May 2023
- Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly

Impact/Timescale

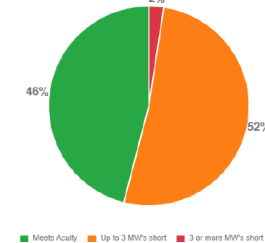
- 4 additional International Recruits due to start July 2023 with 2 pending for September
- 10 Interviews scheduled for April 2023
- To agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected June 2023)
- Midwife commencing via HEE return to midwifery scheme

Well Led – BirthRate Plus Intrapartum Acuity & Daily Staffing SitRep

Acuity by RAG status (Percentage) for March 2023



Acuity by RAG status (Percentage) for March 2023

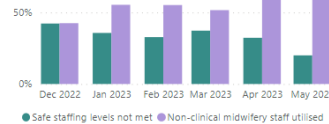


Leicester Royal (LRI) Leicester General (LGH)

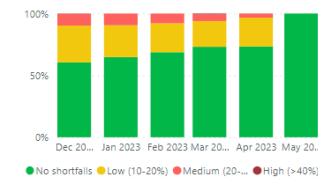
Intrapartum Tool

Safe staffing

Percentage of each month where safe staffing levels were not met or non-clinical midwifery staff were redeployed:



Percentage of each month in each obstetric staffing level:



Daily SitRep

Current Performance – Acuity Met

Three Month Forecast

LRI	LGH	Target	Apr 23	May 23	Jun 23
37.5%	46%	85%	TBC	TBC	TBC

Acuity Tool Description

A positive acuity scores means that the midwifery staffing is adequate for the level of acuity of the women being cared for on the Delivery Suite at that time. A negative acuity score means that there may not be an adequate number of midwives to provide safe care to all women on the Delivery Suite at the time. The tool collects data such as red flags which require actions to address.

Summary

Intrapartum Acuity: During March 2023 overall intrapartum acuity improved for Leicester General by 2% however deteriorated for Leicester Royal by 16% when comparing to the previous month.

- 1 episode when 4 red flags were reported & 11 episodes when there was 3 red flags and of the 12 episodes, 11 red flags correlated with out of hours and 10 with insufficient staffing numbers
- LGH noted an increased number of vacant shifts whereas LRI slightly improved
- Redeployment of staff remained static at LRI however this was not reflected at LGH with 36 reportable actions of staff being redeployed from the ward compared to 17 the previous month
- Delays in the continuation of Induction of Labour (>4hrs) was a frequent red flag

Daily SitReps: When comparing Q3 and Q4 there are some improvements

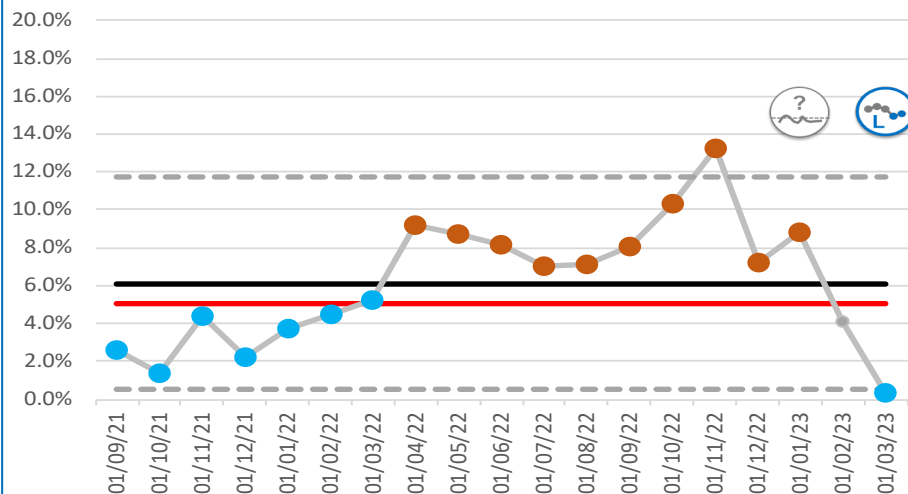
- Service suspensions have decreased by 14 episodes
- OPEL Green Status reported 52% for Q4 compared to 45% Q3
- 1:1 care 1.7% compared to 2.6% in Q3
- Midwifery Staffing shortfalls reported 35% times which is a 4% improvement
- Fewer shortfalls in obstetric staff

Actions

- Twice Weekly Rota Reviews led by Heads of Midwifery to understand rota's, skill mix, and forward plan, focusing on unfilled and vacant shifts
- Ringfencing of Maternity Assessment Unit and Telephone Triage to reduce redeployment
- Targeted work at LGH to improve acuity tool completion compliance
- Triangulate Acuity Insights with Tactical SitReps to further understand operational actions
- Ongoing recruitment and retention actions including increasing the number of maternity services coordinators
- Full engagement with UHL Safe Staffing as part of mutual aid and support
- IOL Working Group re-established, focusing on clinical prioritisation, and need to separate elective activity from delivery suite
- Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly

Workforce – Maternity Care Assistants & Maternity Support Workers Vacancies (%)

HCA's & Support Workers Vacancies (%)



Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
0.3%	7.7%	5%	6%	6%	6%

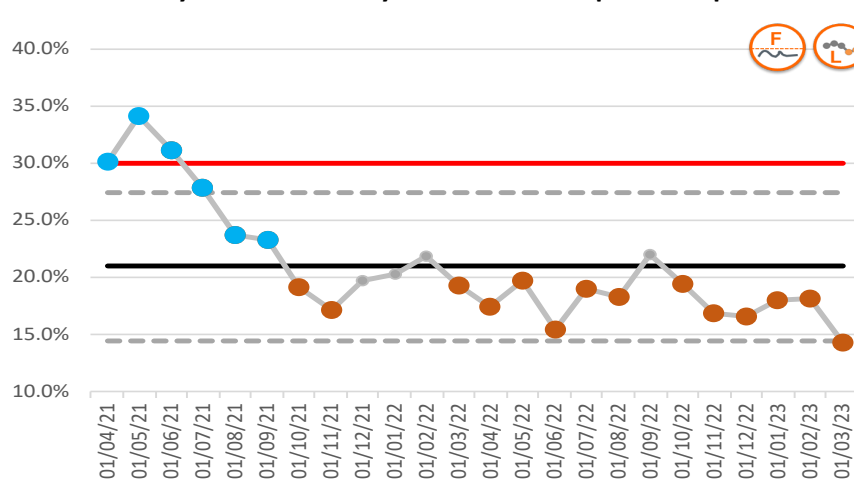
National Position & Overview

Significant improvements noted with February & March 2023 achieving target

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Significant improvements continue since Jan '23 Challenges in retaining new starters were associated with workplace culture & new starters expectation of the role identified from feedback from leavers Opportunities for development into TNA role at band 4 	<ul style="list-style-type: none"> Strengthened support for existing staff through recruitment of RRP MSW to improve retention into the role 	<ul style="list-style-type: none"> 3 MCA's commencing in April 2023 cohort Antenatal Newborn Blood screening (ANNBS) support worker commenced April Focus on Culture: Empowering Voices program to complete May 2023 and inform ongoing maternity improvement plan Recruitment, retention & pastoral MSW lead appointed, expected to start April 23

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

Maternity Friends & Family - % Potential Responses Captured



Current Performance

Feb 23	YTD	Target
14.3%	17.9%	30%

Three Month Forecast

Apr 23	May 23	Jun 23
17.9%	17.9%	17.9%

National Position & Overview

Definitive shift to poorer performance over an 18month period

Root Cause

- Update in national reporting standards during April 2020 (implemented during Covid) shifting from set times to collect feedback
- Community establishment / capacity of workforce

Actions

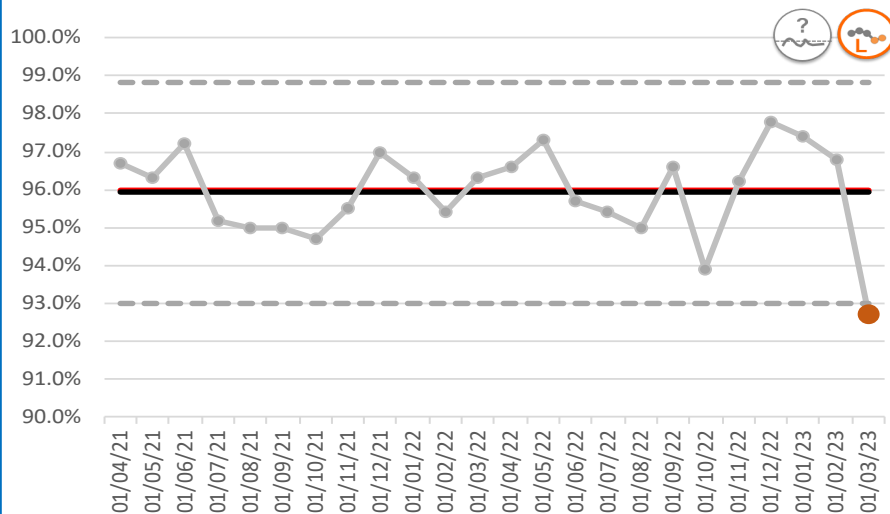
- 7 iPad's (one for each community midwifery team) purchased and due to be in circulation by the end of April 2023
- Working to initiate texting service, awaiting approval of works request through IM&T to progress
- Reintroduction of 36/40 week recommended questionnaire
- Data validation and collation: community team auditing to ensure all feedback is captured
- Re-introduction of paper surveys to provide alternatives
- Ensuring feedback can be captured in a variety of languages

Impact/Timescale

Actions to be agreed and implemented, some delay expected in results until iPads are operational. Improvement likely to be seen in June '23

Friends & Family – % of Promoters (Maternity)

Maternity Friends & Family - percentage of promoters



Current Performance

Mar 23	YTD	Target
92.7%	95.95%	96%

Three Month Forecast

Apr 23	May 23	Jun 23
96.0%	96.0%	96.0%

National Position & Overview

Most recent result below limit for expected variation (93%).
Mean (95.95%) is now slightly below target (96.0%)

Root Cause

- Special cause variation compared to results over past 2 years
- Increase in activity in March
- F&F feedback highlight women experienced delays in care on PN ward due to staff redeployment. This evidence is supported by acuity tool which highlighted 15% increase in staff redeployment from ward to delivery suite

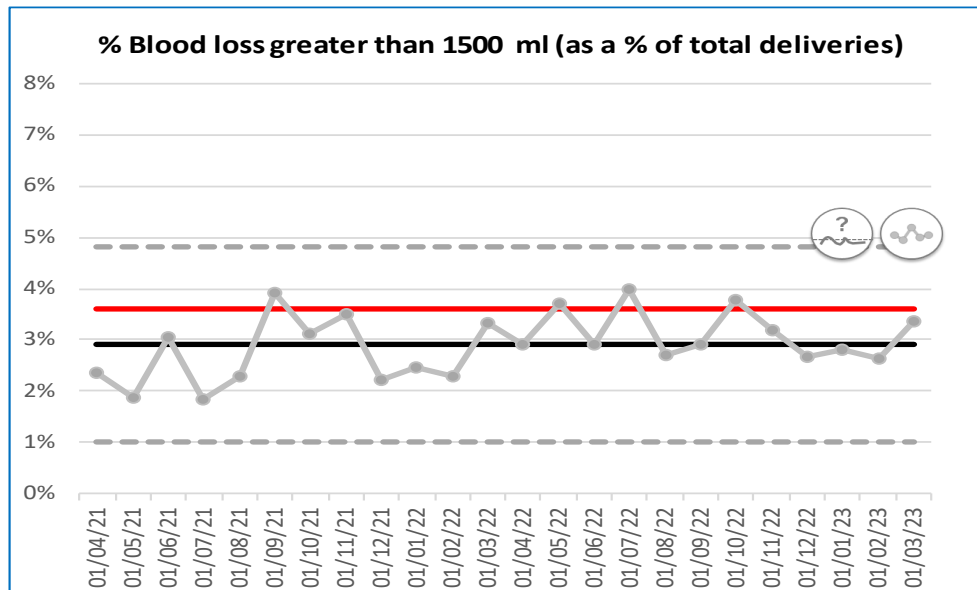
Actions

- Reviewing of escalation policy, triggers and action cards to support unified and safe redeployment of staff during peaks of high activity
- Close monitoring of % of promoters to ensure not consistently below target
- Launch and embed service user escalation to ensure women can escalate concerns whilst on ward to aid timely rectification of care delivery issues and concerns

Impact/Timescale

Actions to be agreed and implemented with expected results by June 2023

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

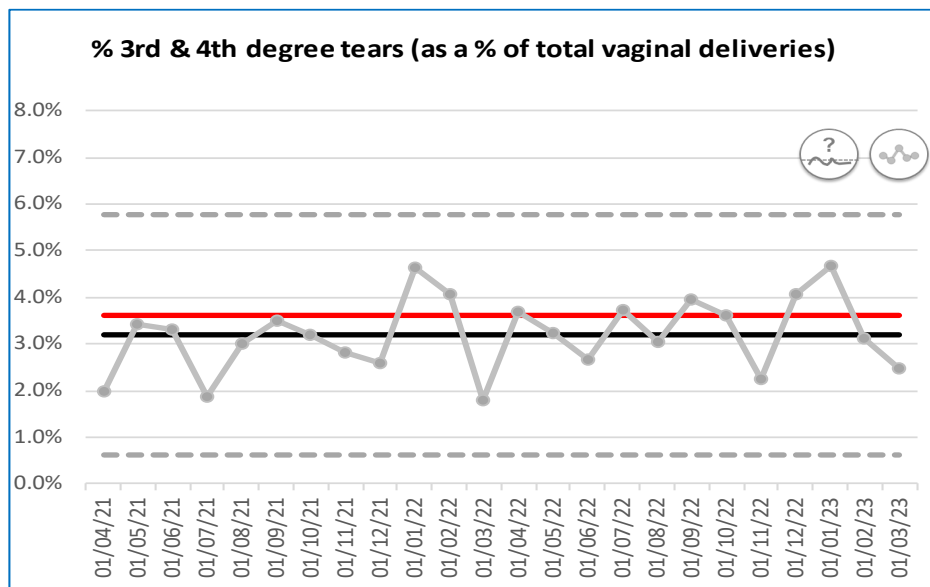


Current Performance			Three Month Forecast		
Mar 23	YTD	Target	Apr 23	May 23	Jun 23
3.3%	3.1%	3.6%	3.1%	3.1%	3.1%

National Position & Overview
<p>The rate of blood loss >1500mls at UHL during the current financial year (2.8%) which is below the national target (3.6%, lower is better) however not achieving the internal stretch target of 2.7%.</p> <p>UHL (28 cases per 1000) is within the lower part of the mid quartile range and below both the National average (29 per 1000) and the MBRRACE Group average (31 per 1000)</p>

Root Cause	Actions	Impact/Timescale
<p>Investigation and review of cases indicate a variety of contributing factors:</p> <ul style="list-style-type: none"> Complexity of pregnancy & births No. of caesarean sections Prolonged induction of labour & prolonged labour Low BMI (women) 	<p>2 focus areas to reduce blood loss:</p> <ul style="list-style-type: none"> Focus on updating guidelines adopting Obs Cymru, combining hospital & community management of blood loss (currently out for consultation with multi-disciplinary team) Approval of the changes in medication (fibrinogen) moving to Therapeutic Advisory Service (TAS), awaiting final approval <p>All actions for accurate measurement of blood loss to inform actions complete (for homebirth, hospital birth and complex delivery in theatre)</p>	<p>Obs Cymru adapted Guidelines expected to be ratified April 23.</p> <p>Delay in completing the Q4 audit. Audit required to further understand themes and learning from blood loss incidents which are greater than 1500mls (to be presented during Q1)</p>

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



Current Performance			Three Month Forecast		
Mar 22	YTD	Target	Apr 23	May 23	Jun 23
2.5%	3.4%	3.6%	3.3%	3.3%	3.3%

National Position & Overview
<p>The average percentage rate of 3rd & 4th degree tears is below target (favourable) however close monitoring and early intervention required to further reduce the rate or prevent it increasing.</p> <p>UHL (31 cases per 1000) is in the middle of the range of results for all Trusts and above both the National average (24 per 1000) and MBRRACE Group average (23 per 1000). UHL 6 month rolling average is 36 per 1000.</p>

Root Cause	Actions	Impact/Timescale
<p>Audit completed for cases between November 2022 to January 2023. Findings indicated the following contributing factors:</p> <ul style="list-style-type: none"> Higher rates of 3rd degree tears associated with Asian ethnicity and where English is not the preferred language Length 2nd stage <1hour (unassisted births) <p>Improvements noted since 2021 audit with only 2 women birthing in Lithotomy position (unassisted births), 1 of which was clinically appropriate</p>	<p>Recommendations from audit include:</p> <ul style="list-style-type: none"> Continued monthly audits to inform timely actions Update and share infographic to reflect findings of audit Survey of clinical staff to ascertain staff perception of perineal protection & support in place for trainees Ward walk-around planned to increase knowledge of findings and associated actions On-going review of 3rd and 4th degree tear rates via the maternity dashboard 	<p>Roll out of actions from audit in March 2023 with continued monthly monitoring</p>



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.

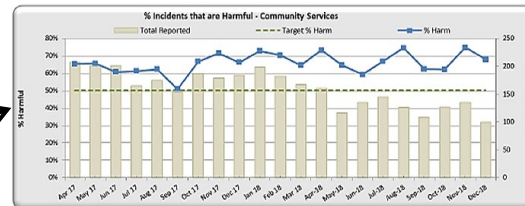
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

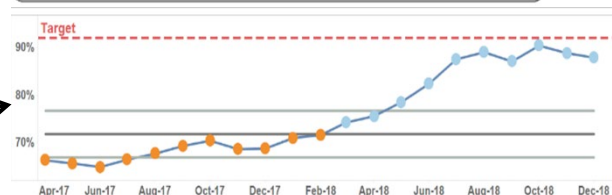
- A horizontal line showing the Target.

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.

Appreciation of
variance over time



Highlighting special
cause and its nature



Statistical Process Control Charts (SPC)

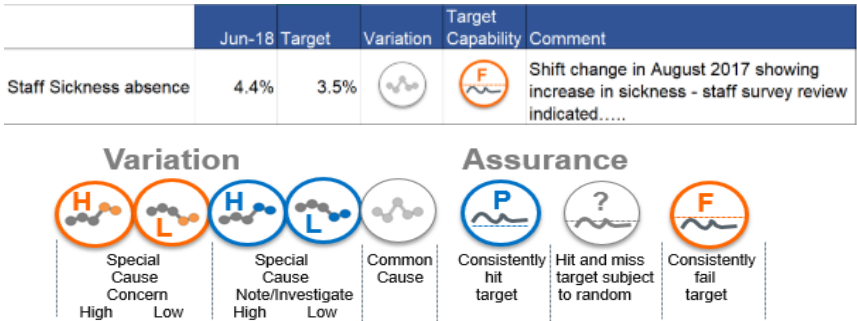
Normal variations in performance across time can occur randomly- without a direct cause, and should not be treated as a concern, or a sign of improvement, and is unlikely to require investigation unless one of the patterns defined below applies.

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



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.