

Meeting title:	Public Trust Board	Public Trust Board paper E			
Date of the meeting:	13 th April 2023				
Title:	Perinatal Surveillance Scorecard				
Report presented by:	Julie Hogg, Chief Nurse & Danielle Burnett, Director of Midwifery				
Report written by:	Liz James, Project Manager				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Where this report has been discussed previously	None				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Maternity safety is national priority and concern. The perinatal surveillance scorecard provides oversight of the quality and safety of the service at UHL

Impact assessment
N/A

Purpose of the Report

The scorecard is produced in line with the Perinatal Quality Surveillance Model designed by NHSE to support sharing safety intelligence from floor to board.

The scorecard includes 5 areas of focus:

1. Patient Safety
2. Workforce
3. Training
4. Friends and Family
5. Outcomes

The exception report highlights actions to improve compliance against each underperforming metric.

Recommendations

The Board of Directors are asked to:

- To be assured by the progress to date
- Note the areas where improvement is required
- To note work is in progress to develop the perinatal quality scorecard
- To note the establishment of the maternity assurance committee



Perinatal Quality Assurance Scorecard

February 2022



Contents





Perinatal Quality Assurance Overview

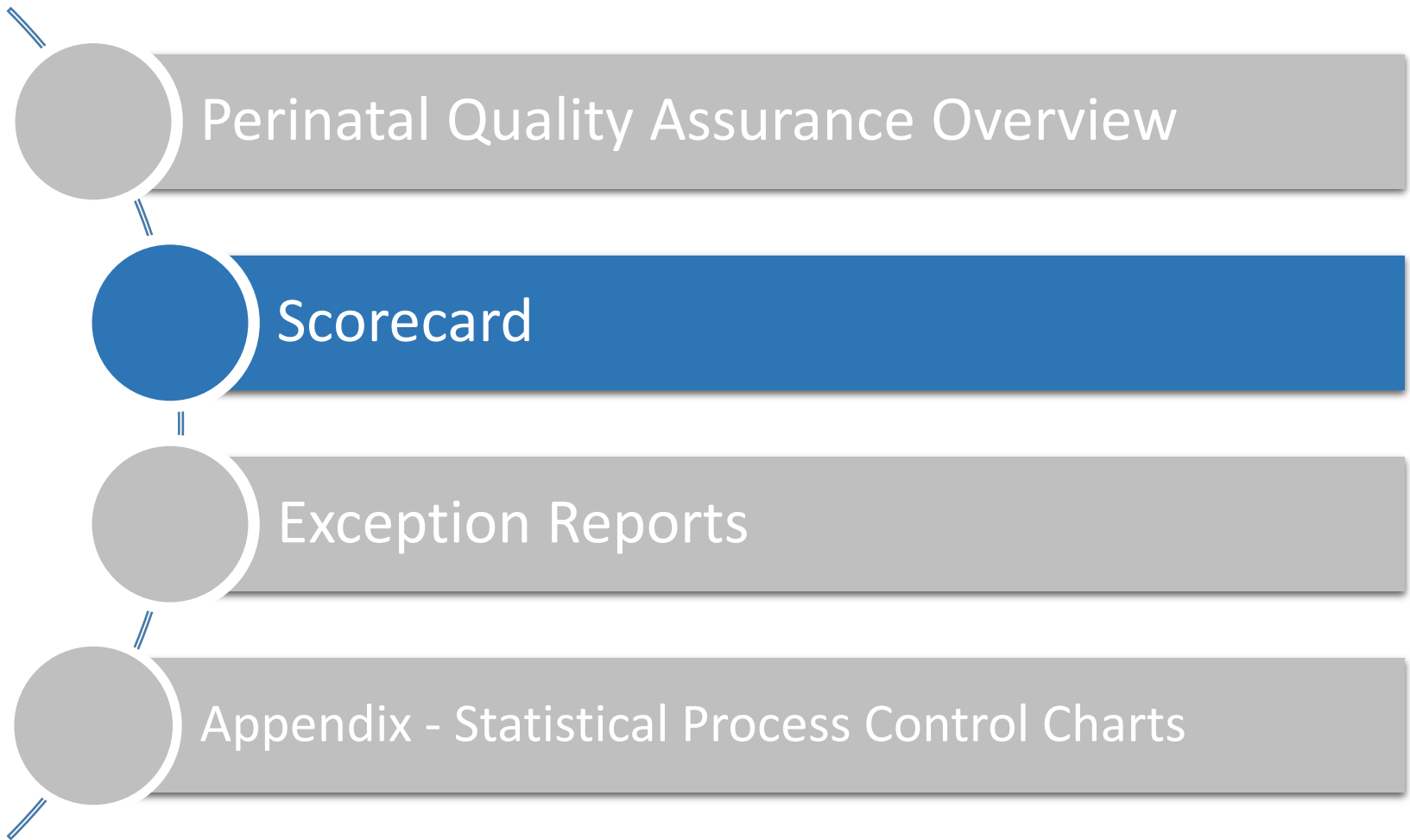
Scorecard

Exception Reports


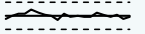







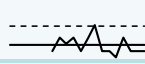

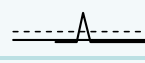




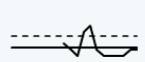

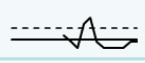



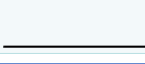
Appendix - Statistical Process Control Charts

Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	<p>This is an evolving perinatal quality assurance model which requires further development to support assurance of the quality and safety of maternity services.</p> <p>A comprehensive Maternity & Neonatal Improvement Programme (MNIP) is to be established with workstreams to include; People & Culture, Perinatal Surveillance (Safe Care), Estates & Digital, Involvement & Inclusion, Strategy & Planning.</p> <p>Maternity & Neonatal Governance arrangements are to be strengthened with the establishment of an Executive-Led Maternity Assurance Committee (MAC) in April 2023.</p> <p>As part of the national maternity programme the CQC visit took place (28 Feb – 2 March 23) – we await the outcome of this.</p>	
Safe	<p>During February 2023 there was 1 case referred to HSIB. The stillbirth rate has increased in month but remains within target YTD. All cases have been reviewed. 1 to 1 care continues to be maintained in labour.</p>	
Workforce (exception report page 12-13)	<p>Funded establishment is in line with the Birth Rate Plus tool. Midwife vacancies have increased slightly in month with new starters and further interviews scheduled for April 2023. Maternity workforce oversight group bi-weekly meetings commenced March 2023.</p>	
Training	<p>Standard required for the NHSR Maternity Incentive Scheme (year 4) achieved in November 2022 and compliance sustained. New essential to job role programme agreed and to be implemented 2023/24, programme includes: recognition of the deteriorating patient, diabetes, cultural competence, genomics, antenatal and new born screening, infant feeding, digital, jaundice pathway, and waterbirth.</p>	
Friends & Family (exception reports page 14)	<p>FFT responses are consistently positive, with 96.8% of the 504 respondents recommending maternity care. Q4 actions focusing on uptake within the community, progress with improvement expected April 2023.</p>	
Outcome (exception reports pages 15-16)	<p>Quality improvement projects have shown improvements in outcomes in February for both reduction in 3rd & 4th degree tears, and reduction in blood loss. Further improvement is expected as the projects progress.</p>	



Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	751	782	763	8739					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	429	449	432	4939					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	292	316	305	3505					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	30	17	26	295					JH
	SIs (Obstetrics)	Actual	1	1	1	20					JH
	SIs (Neonatology)	Actual	0	0	0	1					JH
	Number of Still births - overall total	Actual	2	1	4	38					JH
	Still births as %age of Total Deliveries	<0.45%	0.27%	0.13%	0.52%	0.43%					
Safe	HSIB Referrals	Actual	0	1	1	13					JH
	Moderate Incident	Actual	8	18	21	117					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Comments

A seasonal peak in bookings in November 2022 (1051) is predicted to lead to a seasonal peak in births in June-July 2023 (832). Homebirths are at 2.4% with 6 babies (0.1%) born before arrival (BBA) YTD. Improving trend with % bookings before 10 weeks for February (79.9% with a YTD position of 73.9%).

During February 2023, 4 stillbirths have been reported. Rapid Reviews taken place and immediate actions taken to share learning. One (1) case met HSIB criteria. Of the 21 moderate and above incidents reported in February 38% (n8) were due to excessive blood loss following birth, YTD this also accounts for 39% of moderate and above incidents reported.

Performance Overview (Workforce & Training)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:n:n)	1:26.4	23.8	23.7	23.6	24.10					JH
	Midwife Vacancies (%)	10%	14.2%	13.1%	13.7%	14.0%					JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	100%	100%					JH
	MCA's & Support Workers - Maternity	5%	7.2%	8.8%	4.1%	10.0%					JH

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	Rolling 12 Months	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Training	% of All Staff attending Annual MDT Clinical Simulation	90%	97.0%	98.0%	97.0%	88.3%					JH
	% of All Staff attending NLS Training	90%	97.0%	97.0%	97%	89.8%					JH
	% of All Staff attending CEFM Training (Theory)	90%	98.0%	93.0%	95.0%	92.4%					JH

Comments

Based on the current vacancy rate, the actual ratio of midwives to births for is 1:27 which is -3.8 from funded establishment recommendations. The midwifery vacancy rate is static with small incremental improvements compared to previous quarter. Please refer to slide 10 for the exception report and actions for midwifery workforce. Significant improvements noted for maternity support / care assistant vacancy rates.

One to One care has been maintained.

Training figures for individual staff groups in February continue above 90% required for Maternity Incentive Scheme (MIS) compliance.

Rating

Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	45.7%	44.9%	51.9%	47.7%					JH
	Caesarean Section Rate - total	Actual	41.4%	43.1%	37.1%	39.8%					JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	2.7%	2.8%	2.6%	3.1%					JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	4.1%	4.7%	3.1%	3.4%					JH

Domain	Key Performance Indicator	Target	Dec-22	Jan-23	Feb-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	16.6%	18.0%	18.2%	18.3%					JH
	Maternity Friends & Family - percentage of promoters	96%	98%	97.4%	97%	96.2%					JH

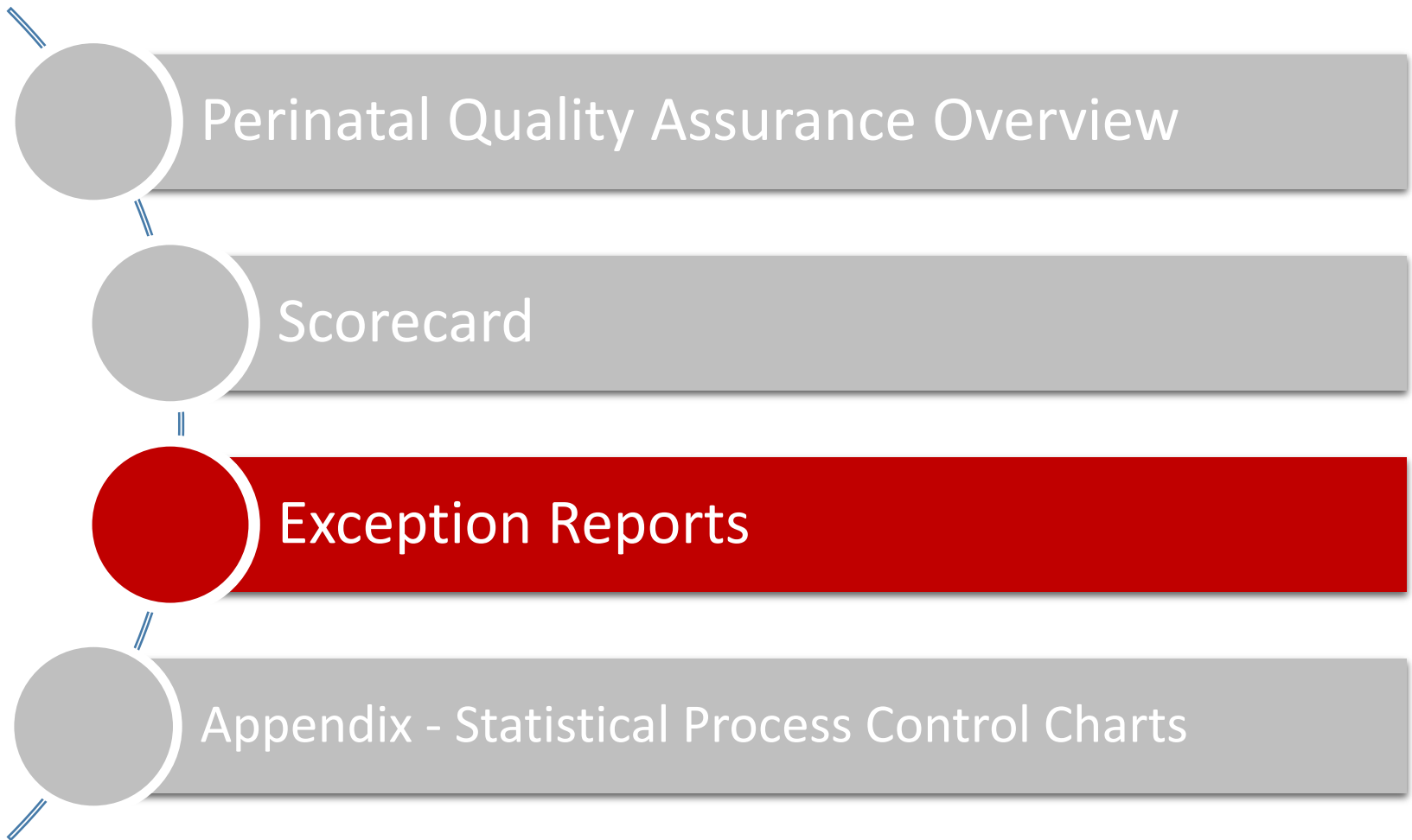
Comments

Rating

YTD the Caesarean section rate is 39.8% and Induction of Labour (IOL) rate is 30% YTD, rates are consistent with peer trusts. February noted a slight increase in the number of spontaneous vaginal births.

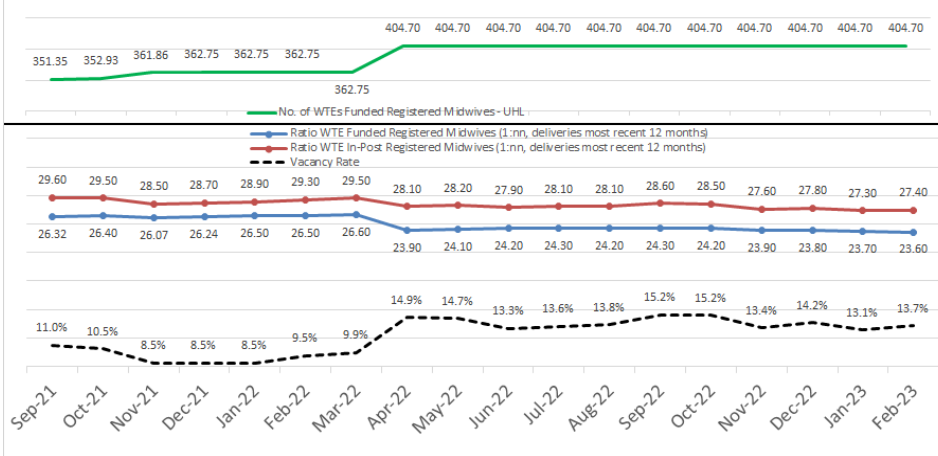
Initiatives continue to be implemented to increase the number of women and birthing people who provide feedback (family and friends). Please refer to slide [12](#)

Improvement has been made in February in both % blood loss and 3rd and 4th degree tears with further improvement through quality improvement projects expected. Exceptions reports are on slide [13](#) (blood loss) and slide [14](#) (3rd & 4th degree tears)



Well Led – Midwives Vacancies

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



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
13.7%	14.0%	10%	13%	12%	11%

National Position & Overview

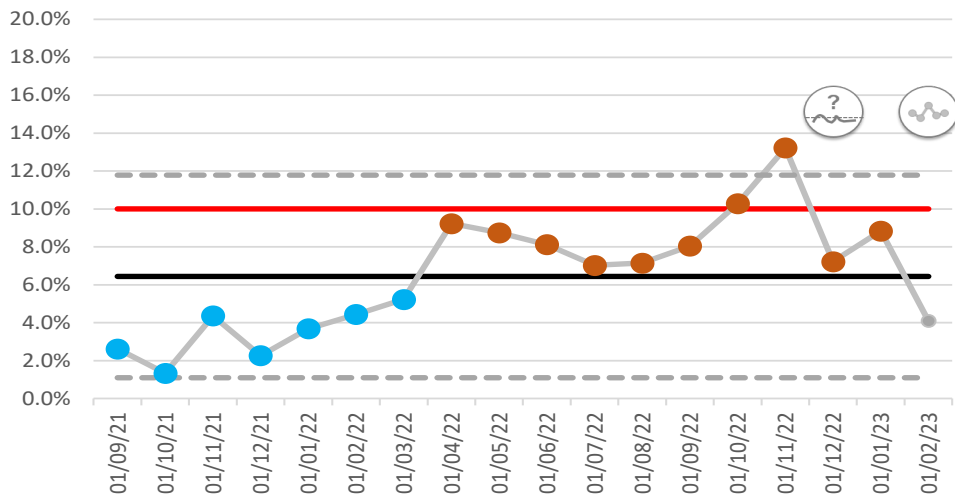
Vacancy rate improvements since October 2022

Funded Midwife to Birth Ratio 1: 27.4 (below target for actual v's funded establishment). Based on NHS Workforce Statistics (December 2022) UHL are below national trend of 1:26

Root Cause	Actions	Impact/Timescale
<p>Ongoing challenges across maternity services due to previous underinvestment in workforce. Previous use of safe staffing tools to understand and meet establishment requirements.</p> <p>UHL themes: reasons for leaving include relocation, promotion, adult dependents / child dependents (flexible working)</p>	<ul style="list-style-type: none"> Rolling Advert (4weekly) Launch of Recruitment / Career Nursing, Midwifery, Support Worker Microsite (Mar 2023) 5 International midwives now in post with NMC PIN and a further 4 commenced Mar 2023 on the OSCE pathway Recruitment, Retention, and Pastoral Team (x 3 Midwives) now in post Targeted work and promotion of flexible working arrangements Bi-Annual Establishment Review to be undertaken shortly for establishment setting for 23/24 'Stay' interviews to be progressed 	<ul style="list-style-type: none"> Empowering Voices Programme <ul style="list-style-type: none"> Cohort 1 (LRI) Action Tracker (Dec 2022) Cohort 2 (LGH) Action to be launched (Mar 2023) Cohort 3 (Community) 1:1 interviews commenced (Mar 2023) Cohort 4 (Antenatal Services / Specialist Team) in planning stage (Summer 2023) 3 International (IR) midwives (MW) to start in July, 1 IR MW arrived in the UK passed OSCE waiting for start date, next interview date April '23 4 Midwives in pipeline and due to commenced March, April, and May (newly qualified and return to practice) Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly, working with People Partner to agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected Q1) Increasing capacity of B7 Coordinators out of hours to increase leadership support BirthRate Plus® Intrapartum Acuity tool noting incremental changes in staffing factors in relation to staff redeployment: LRI Dec-Feb: 67 (Sep–Nov: 80). LGH Dec-Feb: 17 (Sep–Nov: 20)

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

HCA's & Support Workers Vacancies (%)



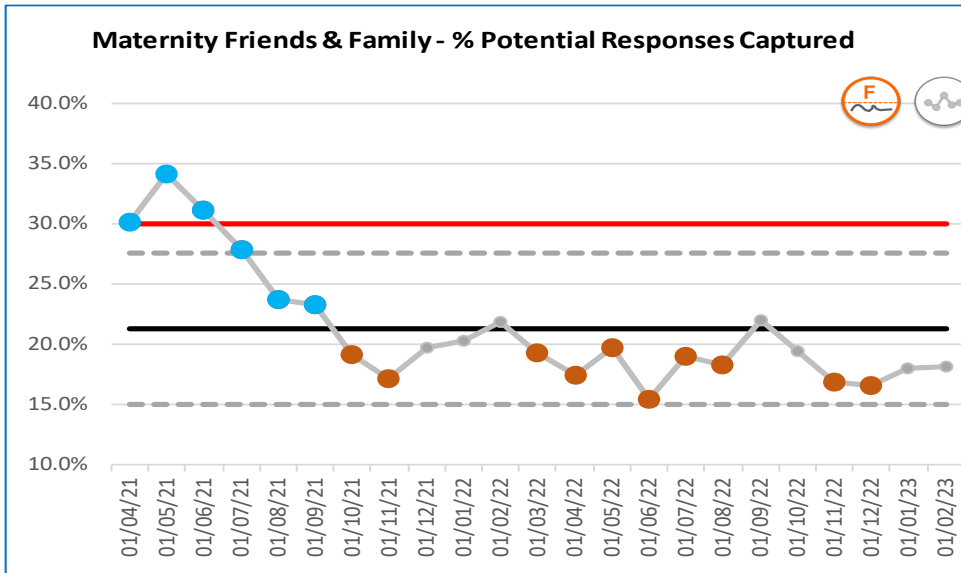
Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
4.1%	10.0%	5%	6%	6%	6%

National Position & Overview

Significant improvements noted with February 2023 achieving target

Root Cause	Actions	Impact/Timescale
Challenges in retaining new starters associated with workplace culture & new starters expectation of the role identified from feedback from leavers	<ul style="list-style-type: none"> Recruitment strategies for MCA/MSW's reviewed following feedback Attendance at recruitment / careers events Band 2 to Band 3 pathway established and shared with staff, good engagement with education team to support progression 	<ul style="list-style-type: none"> 5 MCA & 1 MSW started January 2023 completing Care Certificate Further 3 MCA's expected in April 2023 cohort New job role Antenatal Newborn Blood screening (ANNBS) support worker commencing April cohort and interviewing for 1 more ANNB support worker Recruitment & retention action plan presented to NMAHPC 14 February 2023 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)

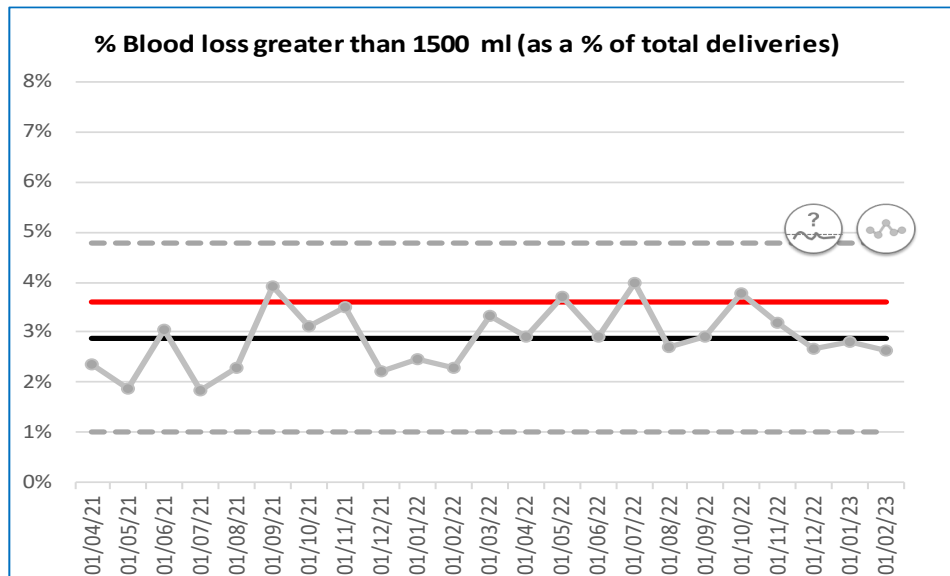


Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
18.2%	18.3%	30%	18.3%	18.3%	18.3%

National Position & Overview

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Update in national reporting standards during April 2020 (implemented during Covid) shifting from set times to collect feedback Reduced face-to-face contact with women; recovery and restoration in place Community establishment / capacity of workforce 	<ul style="list-style-type: none"> Q4 Actions include <ul style="list-style-type: none"> 7 iPad's purchased, one for every community midwifery team, currently being configured by IM&T with friends and family software Working to accelerate and initiate texting service 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 	<p>Actions to be agreed and implemented with expected results by April 2023</p>

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



Current Performance			Three Month Forecast		
Feb 23	YTD	Target	Mar 23	Apr 23	May 23
2.6%	3.1%	3.6%	3.1%	3.1%	3.1%

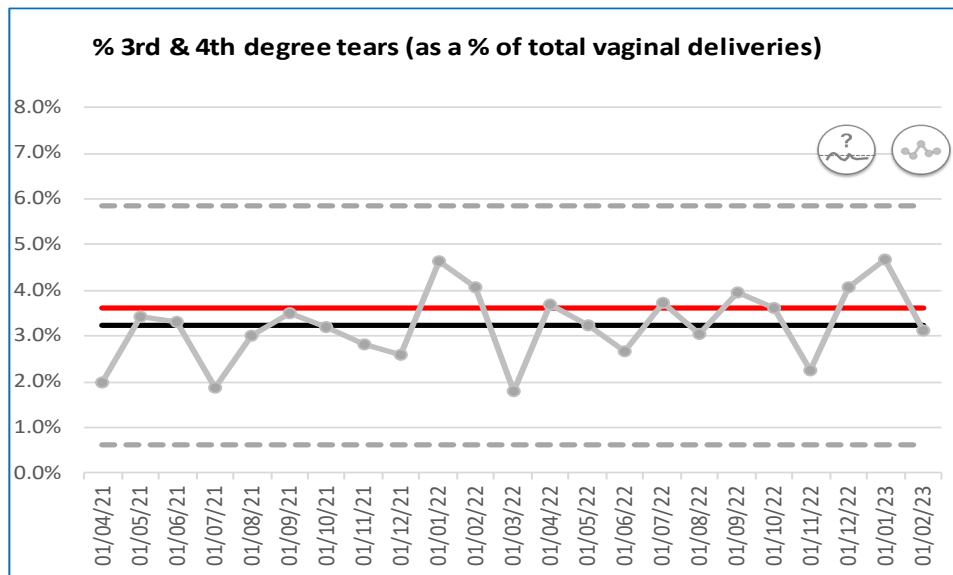
National Position & Overview

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%.

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)

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>Q4 audit to be conducted 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)



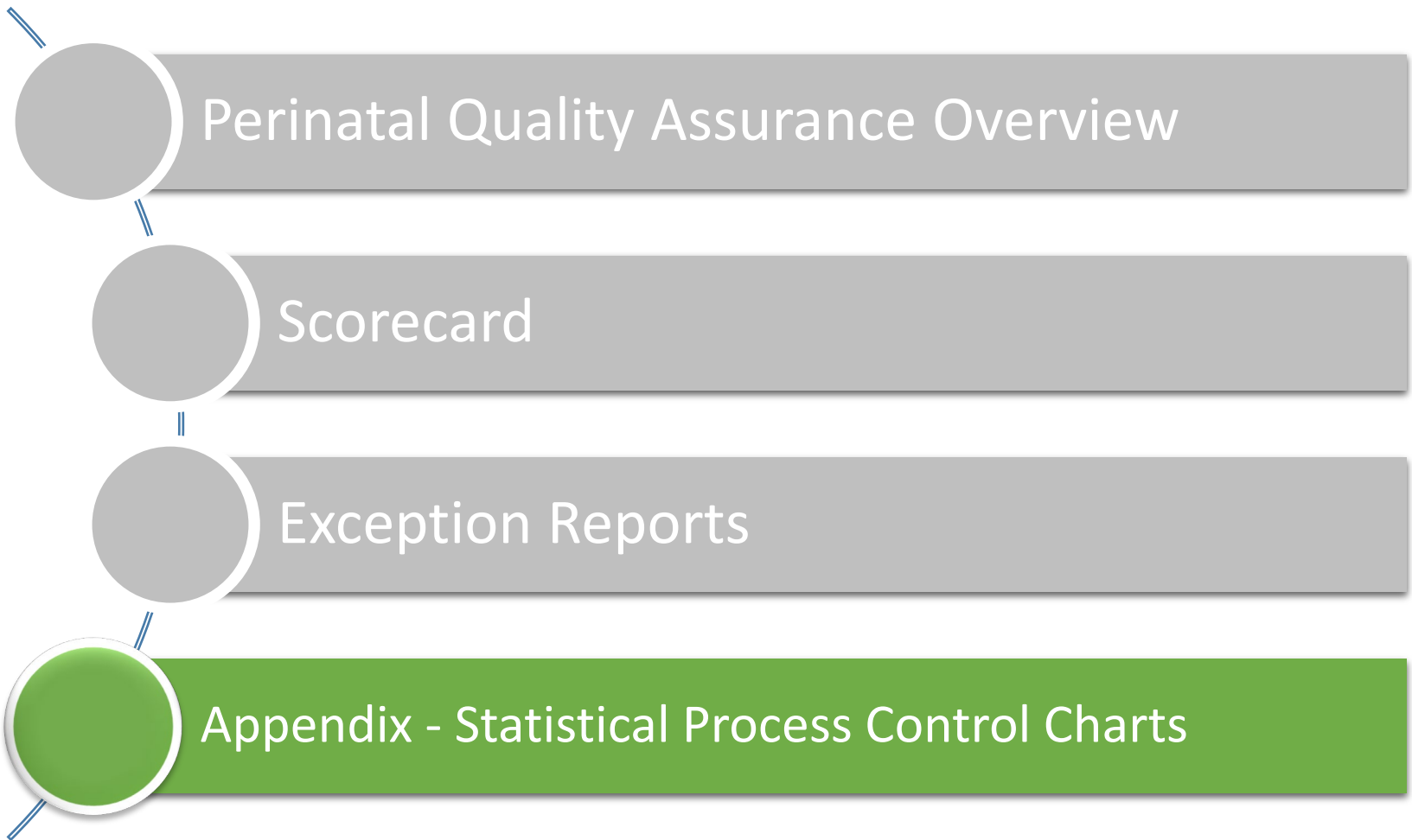
Current Performance			Three Month Forecast		
Feb 22	YTD	Target	Mar 23	Apr 23	May 23
3.1%	3.4%	3.6%	3.3%	3.3%	3.3%

National Position & Overview

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.

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.

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.

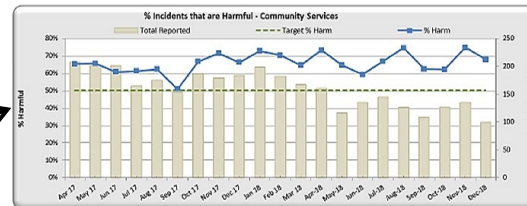
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

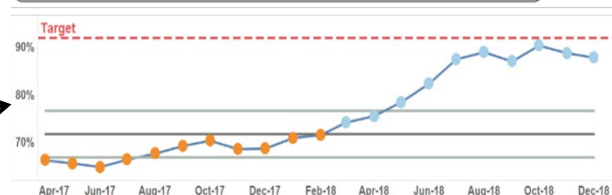
- A horizontal line showing the Target.

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.

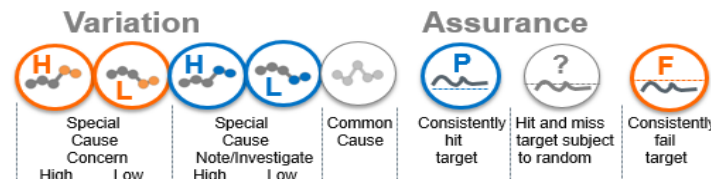
Within an SPC chart there are three different patterns to identify:

- **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

	Jun-18	Target	Variation	Target Capability	Comment
Staff Sickness absence	4.4%	3.5%			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.