

Meeting title:	Public Trust Board	Public Trust Board paper H			
Date of the meeting:	8 June 2023				
Title:	Perinatal Surveillance Scorecard				
Report presented by:	Julie Hogg, Chief Nurse & Danielle Burnett, Director of Midwifery				
Report written by:	Kerry Williams, Head of Midwifery				
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

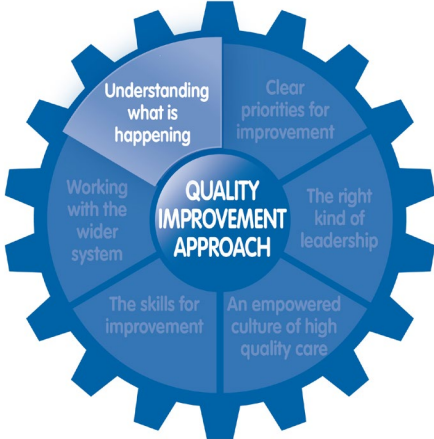
The Board of Directors are asked to:

- 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

April 2023 Draft



Contents





Perinatal Quality Assurance Overview

Scorecard

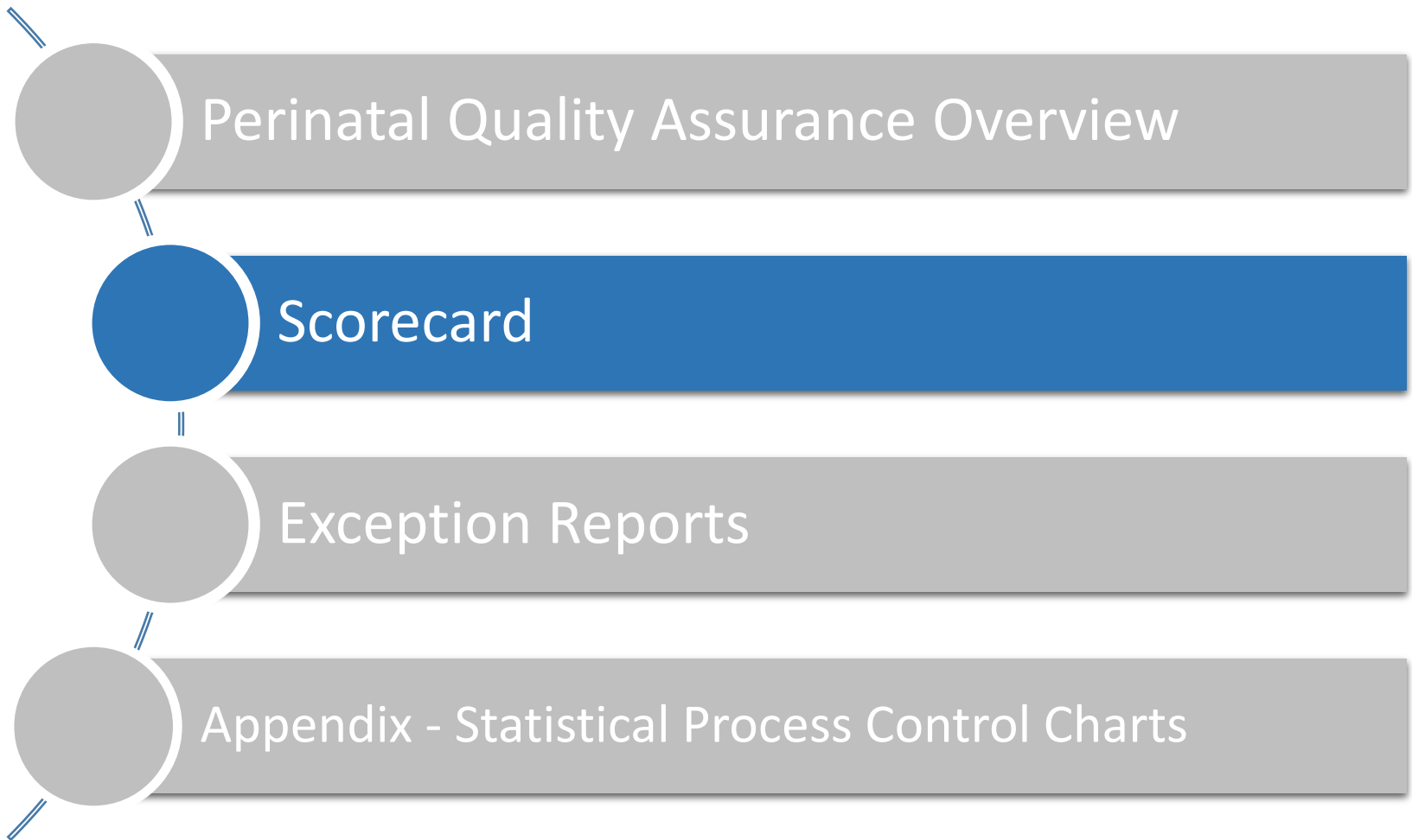
Exception Reports

Appendix - Statistical Process Control Charts

Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	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 and a comprehensive work plan devised for assurance reporting. The outcome of the CQC visit which took place 28 Feb – 2 March 23 is still awaited. Service improvement has been accelerated to separate Telephone Triage and Maternity Assessment Unit (MAU) activity. Birmingham Symptom Specific Triage System (BSOTS) training plan in place working towards a relaunch of BSOTS in MAU week commencing 5 June 2023, supported by a robust implementation and sustainability plan to embed, this includes a scheduled visit from the Birmingham W&C BSOTS team to support.	
Safe	There were zero (0) cases that met the criteria for HSIB referral in April and zero (0) serious incidents reported or escalated. The stillbirth rate has reduced compared to the previous reporting months at 0.39%, with 1-to-1 care in labour maintained.	
Workforce (exception report page 10)	Midwife vacancies remain static with 14 in the pipeline with start dates between June and November 2023. The maternity workforce oversight group continues to meet bi-weekly with a comprehensive workforce plan in development. MCA/MSW vacancies remain low and therefore exception reporting has ceased, close monitoring will continue via monthly vacancy reports. A MSW lead for recruitment, retention and pastoral care is now in post to support retention of these colleagues. Neonatal & Obstetric medical staffing exception reporting template currently being developed.	
Training	Standard required for the NHSR Maternity Incentive Scheme (year 4) achieved in November 2022 and compliance has been maintained for each staff group	
Friends & Family Test: FFT (exception reports page 12-13)	FFT footfall and the recommendation rate have improved in month. Correlation of patient experience and redeployment of staff continues to be reported although improvements in patient experience noted. Actions focusing on uptake of footfall within the community continue; improvement expected from June 2023	
Outcome (exception reports page 14)	Quality improvement projects continue to support improvements in clinical outcomes. The reduction in 3 rd & 4 th degree tears has been maintained and as such exception reporting has ceased. Improvements also noted in month for blood loss compared to March 2023. Audit review conducted of cases between Jan-Apr '23, with a further multi-professional exploration of data required to support action planning.	

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	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	763	836	775	775					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	432	485	428	428					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	305	316	317	317					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	26	35	30	30					JH
	SIs (Obstetrics)	Actual	1	2	0	0					JH
	SIs (Neonatology)	Actual	0	0	0	0					JH
	Number of Still births - overall total	Actual	4	5	3	3					JH
	Still births as %age of Total Deliveries	<0.45%	0.52%	0.60%	0.39%	0.39%					JH
Safe	HSIB Referrals	Actual	1	1	0	0					JH
	Moderate Incident	Actual	21	15	12	12					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Comments

Activity in April decreased slightly compared to previous month. This is in line with normal annual trend of activity. Homebirths are at 2.8%

In April there were zero Serious Incidents (Sis) reported for Maternity or Neonates and zero cases met the HSIB criteria for referral. 3 stillbirths have been reported in April 2023, Rapid Reviews have been undertaken to identify learning with no immediate concerns identified.

12 Moderate incidents were reported in April 2023, no themes were identified and a reduction in blood loss >1500mls was noted in line with figures displayed on slide 8.

Rating



Performance Overview (Workforce & Training)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:nn)	1:26.4	23.6	23.7	23.9	23.60					JH
	Midwife Vacancies (%)	10%	13.7%	14.0%	13.7%	13.7%					JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	100%	100%					JH
	HCA's & Support Workers (Maternity) - Vacancies (%)	5%	4.1%	0.3%	0.3%	0.3%					JH
Training	% of All Staff attending Annual MDT Clinical Simulation	90%	97.0%	95.0%	94.0%	92.0%					JH
	% of All Staff attending NLS Training	90%	97.0%	96.0%	95%	92.5%					JH
	% of All Staff attending CEFM Training (Theory)	90%	95.0%	95.0%	94.0%	94.5%					JH
	% of All Staff attending CEFM Training (Assessment)	90%	95.0%	95.0%	93.0%	94.2%					JH

Comments

The midwifery vacancy is at 13.7% for April which has remained a static figure since October 2022. Please refer to slide 10 for the exception report and actions for midwifery workforce.

HCA/MSW vacancies remain in a positive position. A Recruitment, Retention & Pastoral MSW is now in post to support retention

Throughout April One-to-One care has been maintained within both sites.

Training figures for individual staff groups remain consistently above 90% since Sept '22 for Maternity Incentive Scheme (MIS) compliance.

Rating



Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Feb-23	Mar-23	Apr-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	51.9%	47.7%	45.5%	45.5%					JH
	Caesarean Section Rate - total	Actual	42.6%	42.6%	39.7%	39.7%					JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	3.3%	3.3%	2.1%	2.1%					JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	2.5%	2.5%	3.2%	3.2%					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%	5.48%	5.48%	7.18%	7.18%					JH
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	18.2%	14.3%	24.2%	24.2%					JH
	Maternity Friends & Family - percentage of promoters	96%	96.8%	92.7%	96.3%	96.3%					JH

Comments

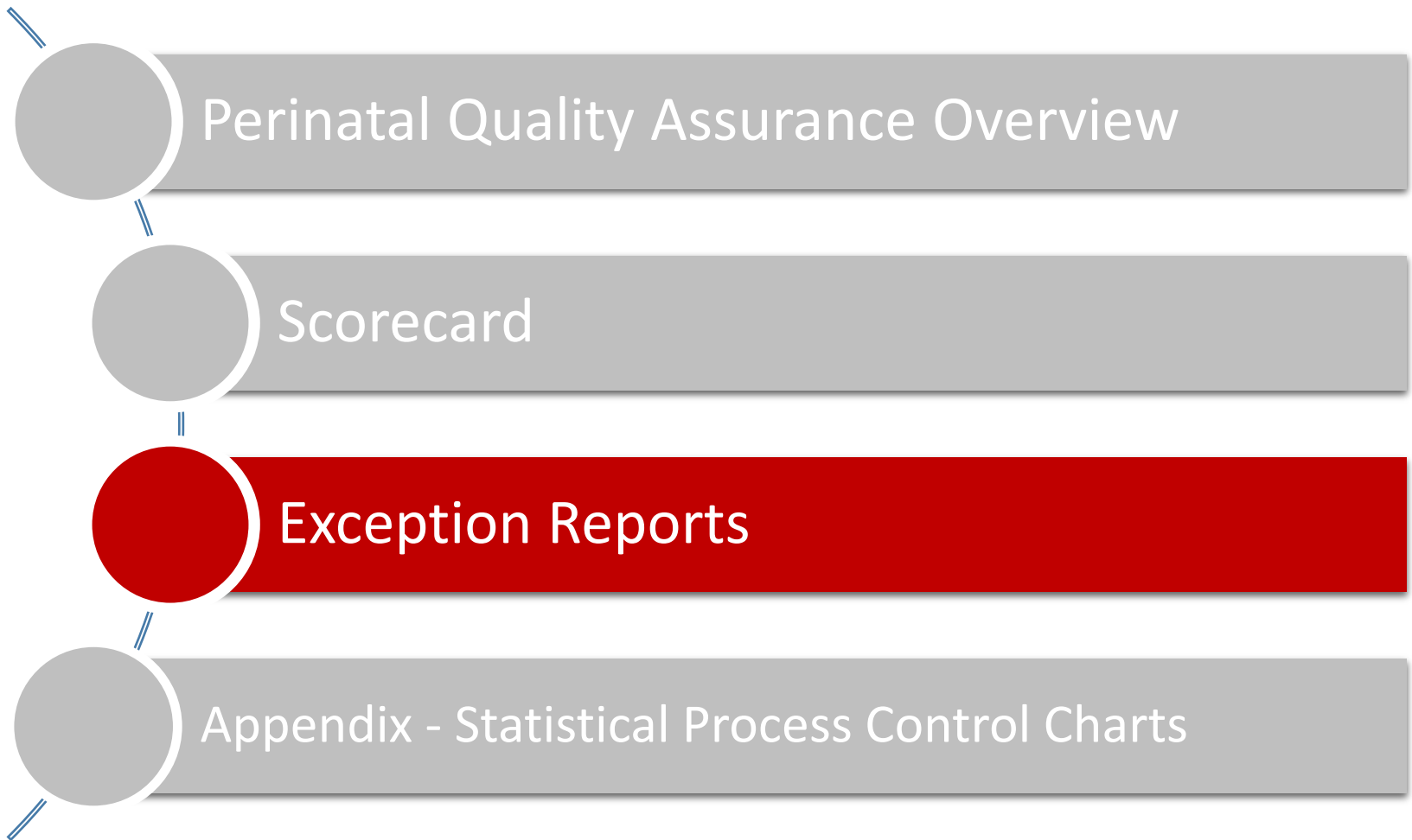
Rating

April 2023 noted a further decrease in the number of spontaneous vaginal births in line with an increase of instrumental births. The caesarean section rate has decreased with an induction of labour rate being reported at 33.3%. This is in line with peer trusts.

The number of women and birthing people who provide feedback (friends and family) increased in April 2023 with 96.3% of service users reporting they would recommend the service to friends and family. Please refer to slide 12 for further details.

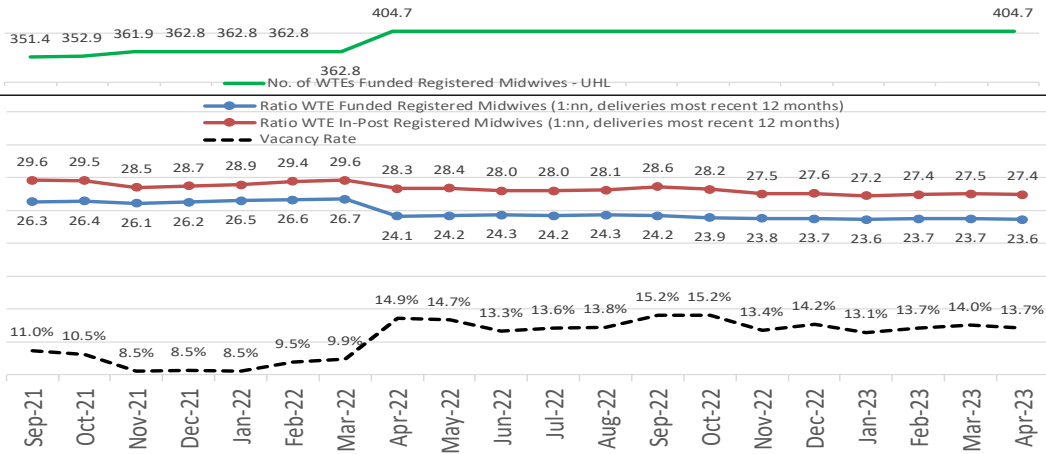
3rd and 4th degree tear rate remains green for the third consecutive month following successful quality improvement interventions. YTD rate is reported in line with national target at 3.4% as such exception reporting has ceased with close monitoring of KPI for change in trend. A decrease was noted in % blood loss at 2.1% however YTD total in March 2023 was reported higher than the national average. Exceptions report can be found on slide 14 (blood loss)

Further work is required to understand the increase in term babies admitted to the Neonatal Unit, an update will be provided in the May 2023 Perinatal scorecard



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		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
13.7%	13.7%	10%			

National Position & Overview

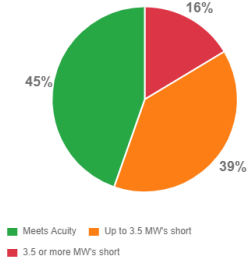
Vacancy rate overall remained static since Nov 2022 with slight improvement.

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

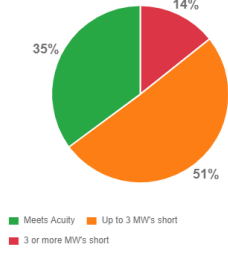
Root Cause	Actions	Impact/Timescale
<p>Ongoing challenges across maternity services nationally to recruit and address vacancies</p> <p>Previous use of safe staffing tools to understand and meet establishment requirements (additional posts funded from April 2022)</p> <p>During Q4 2022/2023 UHL Leaver Themes include relocation, work closer to home, and promotion</p>	<ul style="list-style-type: none"> Rolling Advert (4weekly) with interviews Separate advert for UK and international midwives 10 International midwives now in post (6 with NMC pin and 4 on the OSCE pathway) Recruitment, Retention, and Pastoral Team (x 3 Midwives) in post and working on retention strategies with workforce, such as promotion of flexible working, 'Stay' interviews and 'Value your views' interviews Birth Rate Plus Workforce Assessment commenced March (anticipated timeline 2 months for completion) Targeted recruitment underway includes Advanced Clinical Practitioners, Quality Improvement Matrons, and specific roles for telephone triage Maternity Services Coordinators interviews have taken place and offered to successful candidates filling 5.33wte out of 9wte *New* vacancy to increase midwifery leadership out of hours Strengthened midwifery leadership to support development opportunities of midwives-career pathways for all bands being developed Attendance at Midlands Midwifery Festival May 2023 with recruitment stand Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly 	<ul style="list-style-type: none"> 4 additional International Recruits due to start July 2023 with 2 pending for September 14 Interviews scheduled for April 2023 To agree priorities and develop workforce plan for 2023/2024 (Draft Plan expected June 2023) JD and PS agreed and advert to be released imminently for Telephone Triage posts to support the Single Point of Contact SPOC

Well Led – BirthRate Plus Intrapartum Acuity & Daily Staffing SitRep

Acuity by RAG status (Percentage) for April 2023



Acuity by RAG status (Percentage) for April 2023

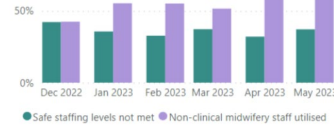


Leicester Royal (LRI) Leicester General (LGH)

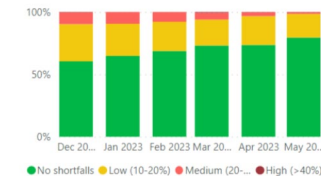
Intrapartum Tool

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	May 23	Jun 23	Jul 23
45%	35%	85%	TBC	TBC	TBC

Acuity Tool Description

A positive acuity score = 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 = there may not be an adequate number of midwives to provide safe care to all women on the Delivery Suite at the time
 The Acuity tool collects snapshot data at 4hour intervals and should be reviewed alongside tactical sitreps, professional judgement, and understanding activity and demand

Summary

Intrapartum Acuity: During April 2023 overall intrapartum acuity improved for LRI by 10% however deteriorated for LGH by 9% when comparing to the previous month.

Whilst an increase of 4 episodes of red flags were noted in April, there were a decrease in 3 red flags reported (total 7 episodes) compared to March 2023. All but one of these reported red flags correlated with out of hours and all correlated with insufficient staffing numbers.

LGH noted a further increased number of vacant shifts compared to February and March. LRI had slightly improved for March however a further decline was noted in April.

A reduction in the number of staff redeployed from the ward & MAU at LGH during April whereas LRI reported a slight increase of staff redeployed from the ward and remained static for redeployment from MAU (2 occasions)

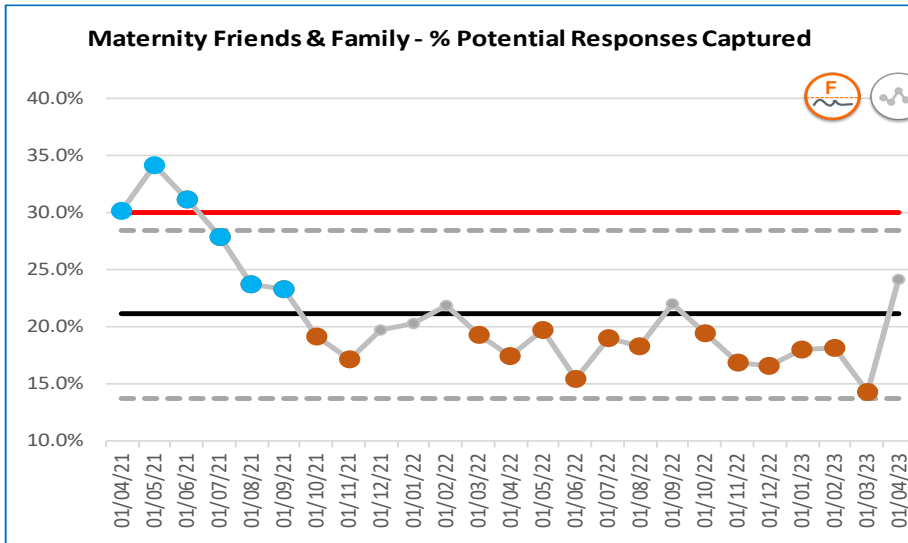
Daily SitReps indicate an improvement for Q4 compared to previous Quarter. This includes

- A decrease in the number of Service Suspensions (reduction by 14 episodes)
- OPEL Green Status improved
- 1:1 care reported at 100% for LRI & LGH

Actions

- Twice weekly staffing meetings in place to review staffing gaps and forward plan
- Successful recruitment of further maternity services coordinators to support increase in clinical leadership
- Finalise updated escalation policy with action cards to ensure timely escalation of high activity and red flag reporting
- Newly formed MW/MSW Workforce Planning Working Group established, meeting fortnightly
- Update Acuity Tool to ensure alignment with NICE Red Flags
- Deep Dive into Red Flags in relation to supernumerary and redeployment

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



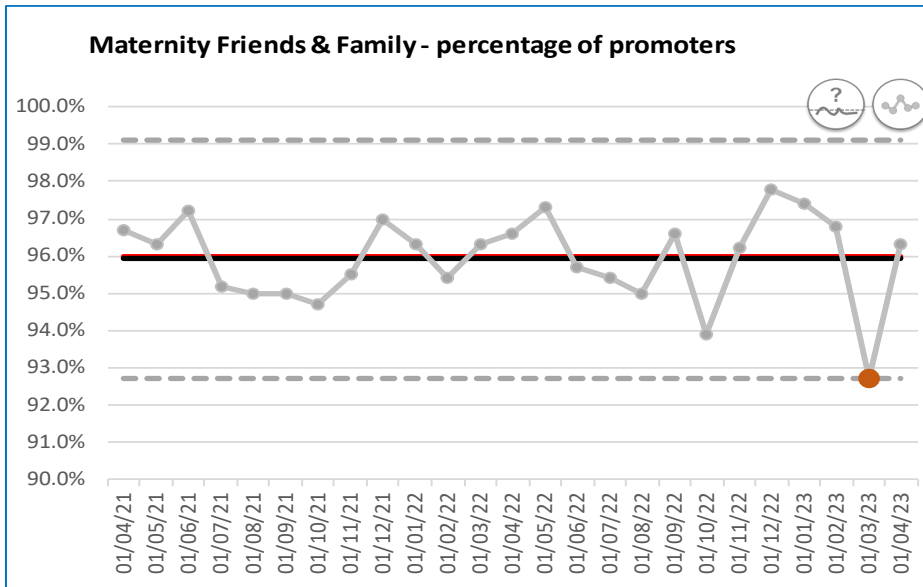
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	Apr 23	May 23	Jun 23
24.2%	24.2%	30%	21%	21%	21%

National Position & Overview

Definitive shift to poorer performance over an 18month period. Most recent result showing variation within expected limits and significant improvement – the best performance since June 2021.

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 Community establishment / capacity of workforce Awaiting digital solutions to support footfall improvement 	<ul style="list-style-type: none"> Improvement seen within hospital setting (ANC, inpatient and intrapartum) Since launch of iPads increase noted in community collection, although remains significantly lower than target Reintroduction of 36/40 week recommended questionnaire Re-introduction of paper surveys to provide alternatives Ensuring feedback can be captured in a variety of languages 	<p>Continued improvement expected to continue with work to ensure ipads are fully operational in May / June 2023</p>

Friends & Family – % of Promoters (Maternity)



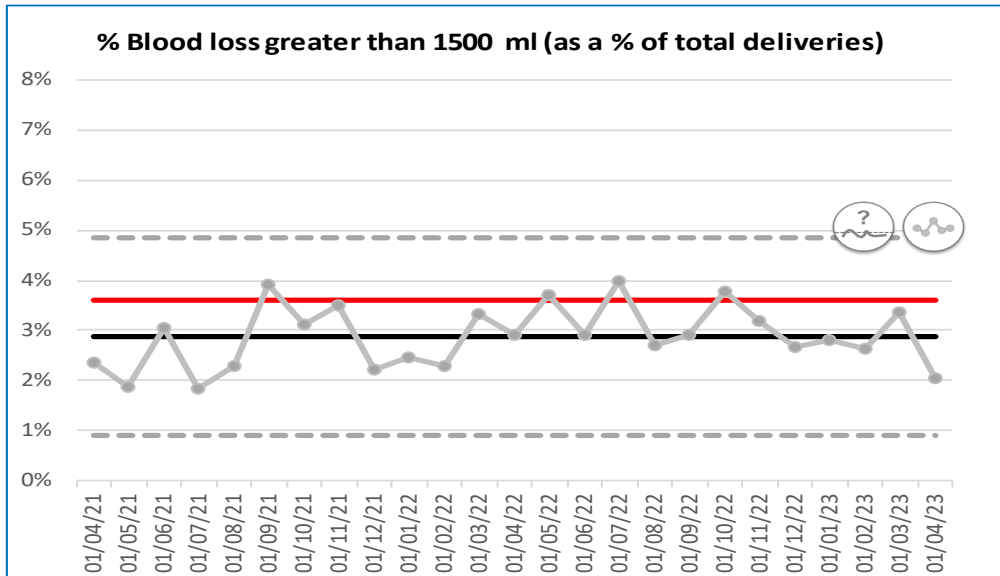
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
96.3%	96.3%	96%	96.0%	96.0%	96.0%

National Position & Overview

Most recent result above target (and mean). Exhibiting variation within expected limits
 Previous month was unusually low (93%).
 Mean (95.9%) remains slightly below target (96.0%)

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Improvement noted compared to March feedback FFT feedback highlight women experienced delays in care and pain relief on PN ward due to staff redeployment. This evidence is supported by acuity tool which highlighted increase in staff redeployment from ward to delivery suite 	<ul style="list-style-type: none"> Awaiting final sign off of escalation policy, triggers and action cards to support unified and safe redeployment of staff during peaks of high activity Revisit option of self administration of medicines on PN ward for women requiring analgesia Progress the launch and embedding of service user escalation to ensure women can escalate concerns whilst on ward to aid timely rectification of care delivery issues and concerns 	<p>Actions to be discussed at patient experience board in May. Further improvements likely to be seen in may/June. Delays expected with self administration if action agreed</p>

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



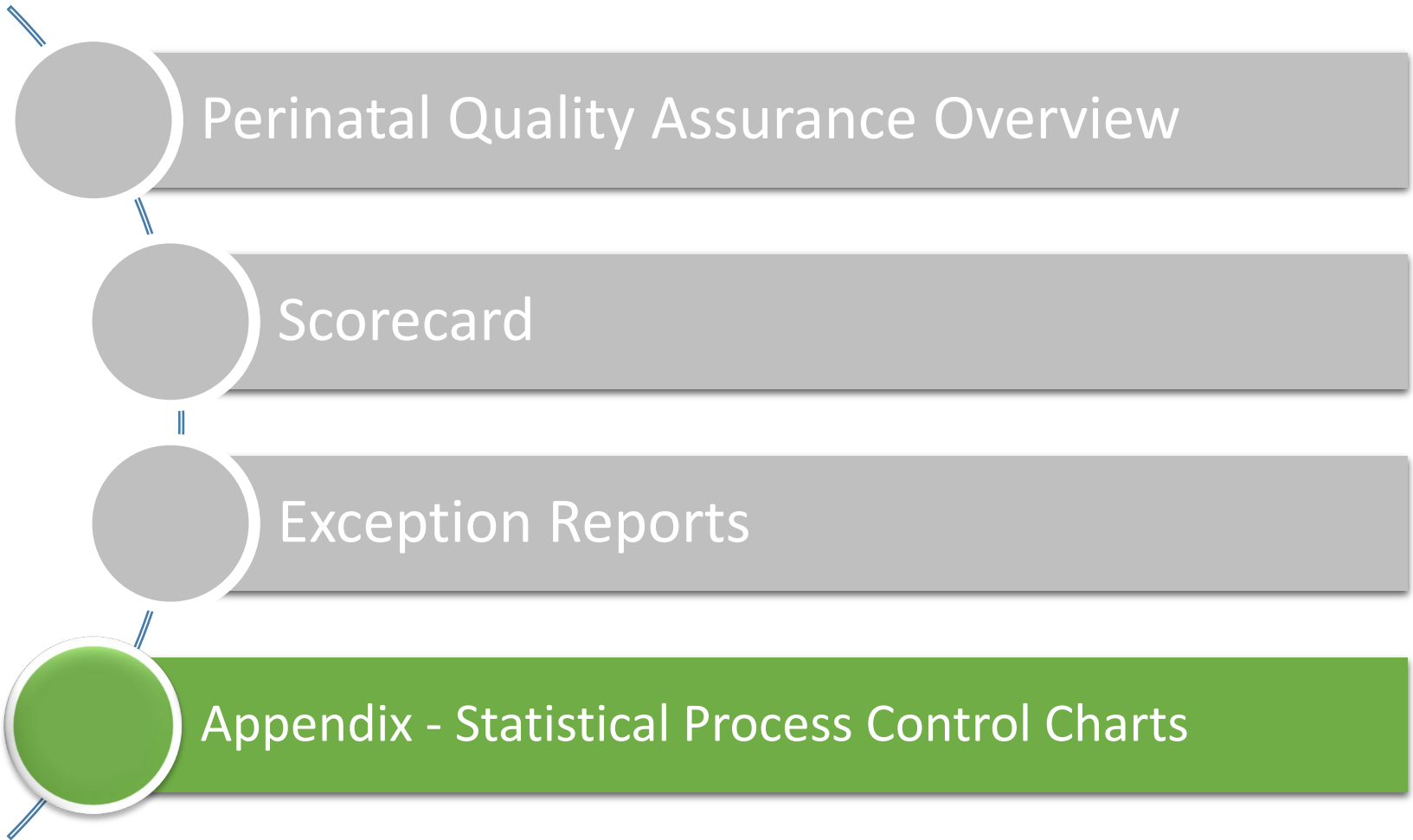
Current Performance			Three Month Forecast		
Apr 23	YTD	Target	May 23	Jun 23	Jul 23
2.1%	2.1%	3.6%	3.0%	3.0%	3.0%

National Position & Overview

The rate of blood loss >1500mls at UHL during the current financial year (2.1%) which is below the national target (3.6%, lower is better) and the internal stretch target of 2.7%. The mean for the most recent 12 months is 3.0

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
A retrospective audit has been conducted on all cases from Jan-April '23 (no 88) however the final report is yet to be finalised. Initial findings indicated that the Oby Cymru pathway is yet to be fully adopted	<ul style="list-style-type: none"> Further interrogation of data required to generate appropriate actions 62% of records reviewed showed PPH risk assessment completed, further clarification required whether appropriate actions were carried out to reduce risk of excessive bleeding Focus required to adopt Obs Cymru pathway – Quality improvement midwife recruited to support 	<p>Data interrogation expected to be completed by end June 2023</p> <p>Urgent review of PPH risk assessment actions expected to be completed by June 2023</p> <p>Obs Cymru adapted Guidelines expected to be ratified May/June 2023</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.

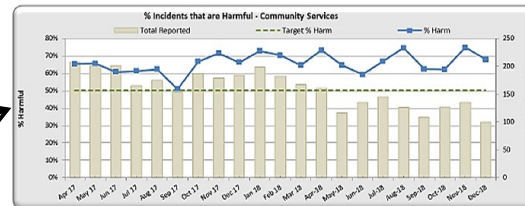
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

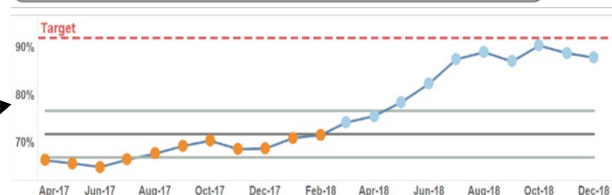
- A horizontal line showing the Target.

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.

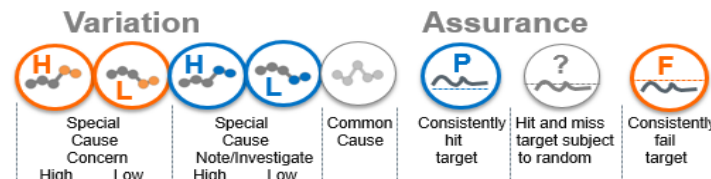
Within an SPC chart there are three different patterns to identify:

- **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.