

Meeting title:	Public Trust Board	Public Trust Board paper G			
Date of the meeting:	9 th February 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:

- be assured by the progress to date
- Note the areas where improvement is required
- note work is in progress to develop the perinatal quality scorecard



Perinatal Quality Assurance Scorecard

December 2022



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Perinatal Quality Assurance Overview

Scorecard

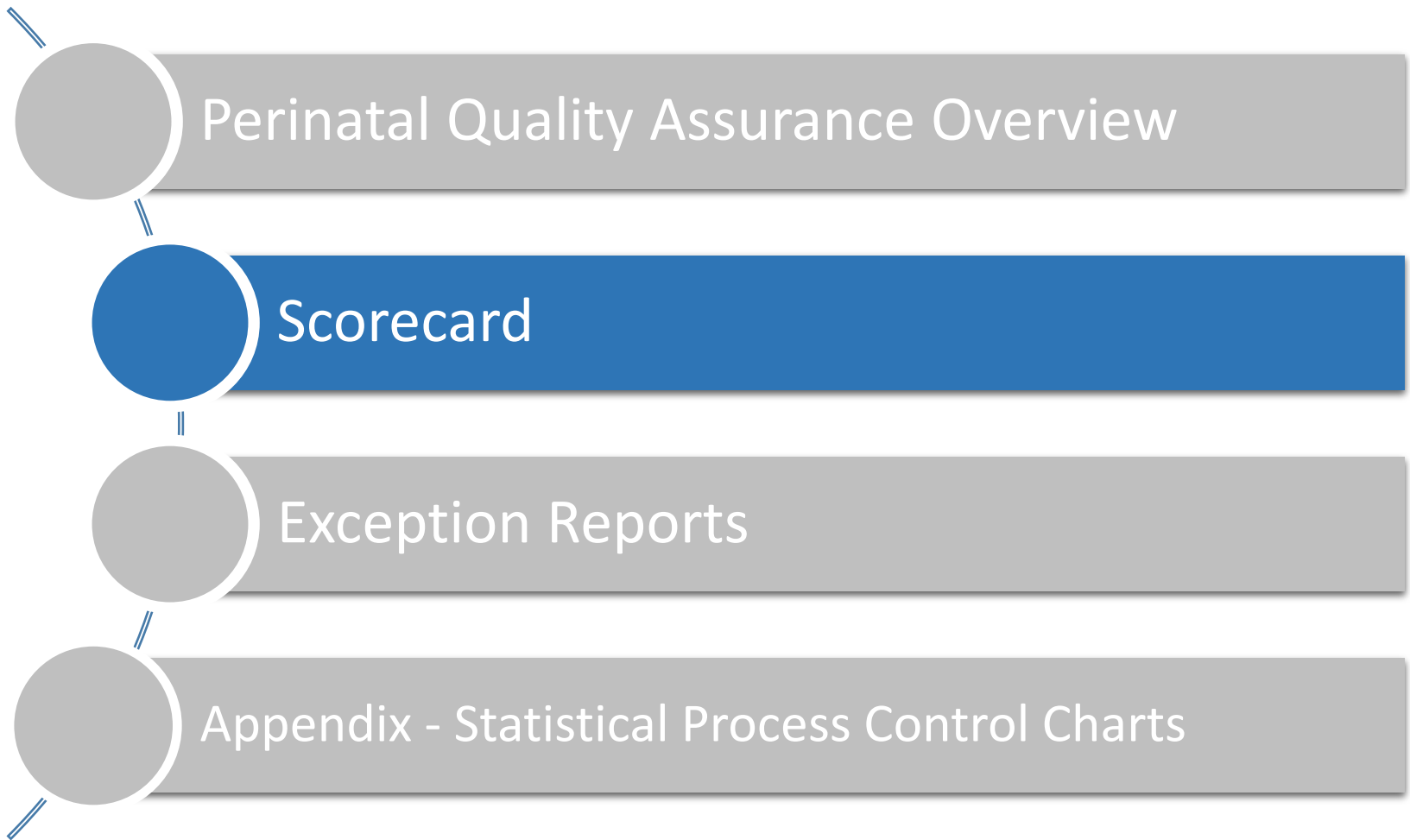
Exception Reports

Appendix - Statistical Process Control Charts


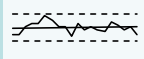







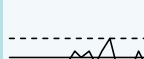

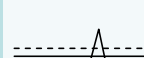




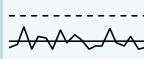
Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	<p>This is an evolving perinatal quality assurance scorecard which requires further development to support assurance of the quality and safety of maternity services.</p> <p>Additional leadership roles agreed and recruited to including a new Director of Midwifery and an additional Head of Midwifery. A comprehensive programme of work around culture is ongoing across the service. Awaiting CQC visit as part of the national programme of work</p>	
Safe	<p>During December 2022 there was 1 Serious Incidents reported and 0 HSIB cases. Triangulation meeting with HSIB during this reporting period with no escalation or cause for concern. The stillbirth rate has reduced below baseline within month. 1-1 care in labour has been maintained at 100%.</p>	
Workforce (exception report page 13)	<p>Funded establishment has been reviewed and funded in line with Birth Rate Plus tool. Midwife vacancy for December remains at 13.4% with a pipeline of new starters during Q4. New posts have been introduced to focus on safe staffing and recruitment, retention and pastoral care.</p>	
Training	<p>Achieved standard required for Maternity Incentive Scheme (year 4) in November 2022</p>	
Friends & Family (exception reports page 14)	<p>FFT responses are consistently positive however challenges have been identified in increasing the response rate for community services, with actions led by community leads in progress</p>	
Outcome (exception reports pages 15-16)	<p>Quality improvement projects in progress to achieve:</p> <ul style="list-style-type: none"> • Reduction in 3rd & 4th degree tears, YTD target is being achieved however close monitoring of monthly variation • Reduction in blood loss (whilst below the national target of 3.6% (positive), the UHL stretch target of 2.7% was not achieved 	

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	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	792	815	751	7194					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	450	452	429	4058					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	313	334	292	2884					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	29	29	30	252					JH
	SIs (Obstetrics)	Actual	0	3	1	18					JH
	SIs (Neonatology)	Actual	0	0	0	1					JH
	Number of Still births - overall total	Actual	6	2	2	33					JH
	Still births as %age of Total Deliveries	<0.45%	0.76%	0.25%	0.27%	0.46%					

Comments

Rating

Year to date stillbirths are 0.46% which is a reduction compared to the previous reporting period (0.48%). During December, 2 stillbirths were reported. No immediate concerns identified, with a fresh eyes review initiated for one of the two cases.

In December 1 (one) SI has been reported with 0 (zero) cases meeting the HSIB criteria. Action plans have been submitted responding to the recommendations of all completed HSIB reviews. A quality review meeting took place with HSIB in December with no areas of concern or escalation.

Further work is required to ensure reporting on safety metrics is timely and draws upon intelligence from other centres with similar patient profiles. The CN and MD have commissioned a piece of work to achieve this and we anticipate completion for the new financial year.

Performance Overview (Safe and FFT)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	HSIB Referrals	Actual	0	0	0	13					JH
	Moderate Incident	Actual	11	14	8	8					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	19.5%	16.9%	16.6%	18.3%					JH
	Maternity Friends & Family - percentage of promoters	96%	94%	96.2%	98%	96.1%					JH

Comments	Rating
<p>Further work is underway to triangulate activity and incident data to understanding contributing factors, themes and trends (Quarter 4 focus)</p> <p>Over 500 respondents make up 16.6% of the FFT feedback during December which provided a positive scoring of 98% recommending care. Initiatives continue to be implemented to increase the number of women and birthing people who provide feedback. <i>Please see an exception report for community friends & family response rate on slide 12</i></p>	

Performance Overview (Workforce & Training)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:nn)	1:26.4	25.6	25.6	25.6	25.60					JH
	Midwife Vacancies (%)	10%	15.2%	13.4%	13.4%	14.1%					JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	100%	100%					JH

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	Rolling 12 Months	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Training	% of All Staff attending Annual MDT Clinical Simulation	90%	93.0%	96.0%	97.0%	87.4%					JH
	% of All Staff attending NLS Training	90%	94.0%	97.0%	97%	89.1%					JH
	% of All Staff attending CEFM Training (Theory)	90%	95.0%	97.0%	98.0%	92.4%					JH
	% of All Staff attending CEFM Training (Assessment)	90%	94.0%	97.0%	97.0%	91.7%					JH




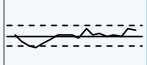





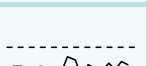



Comments

Rating

The midwifery vacancy rate continues to improve with 15 midwives starting in December. Of the 9 leavers the reasons include retirement, relocation and care commitments. The exception report can be found on slide [11](#).

Training figures have been sustained at 97%. Individual staff groups continued to be monitored, junior doctors fell below 90% in December due to rotational posts and associated training is booked in January 2023.

Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Oct-22	Nov-22	Dec-22	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	48.1%	47.5%	45.7%	47.5%					JH
	Caesarean Section Rate - total	Actual	40.9%	40.7%	41.4%	39.7%					JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	3.8%	3.2%	2.7%	3.2%					JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	3.6%	2.3%	4.1%	3.3%					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%	4.41%	5.39%	4.50%	4.36%					JH

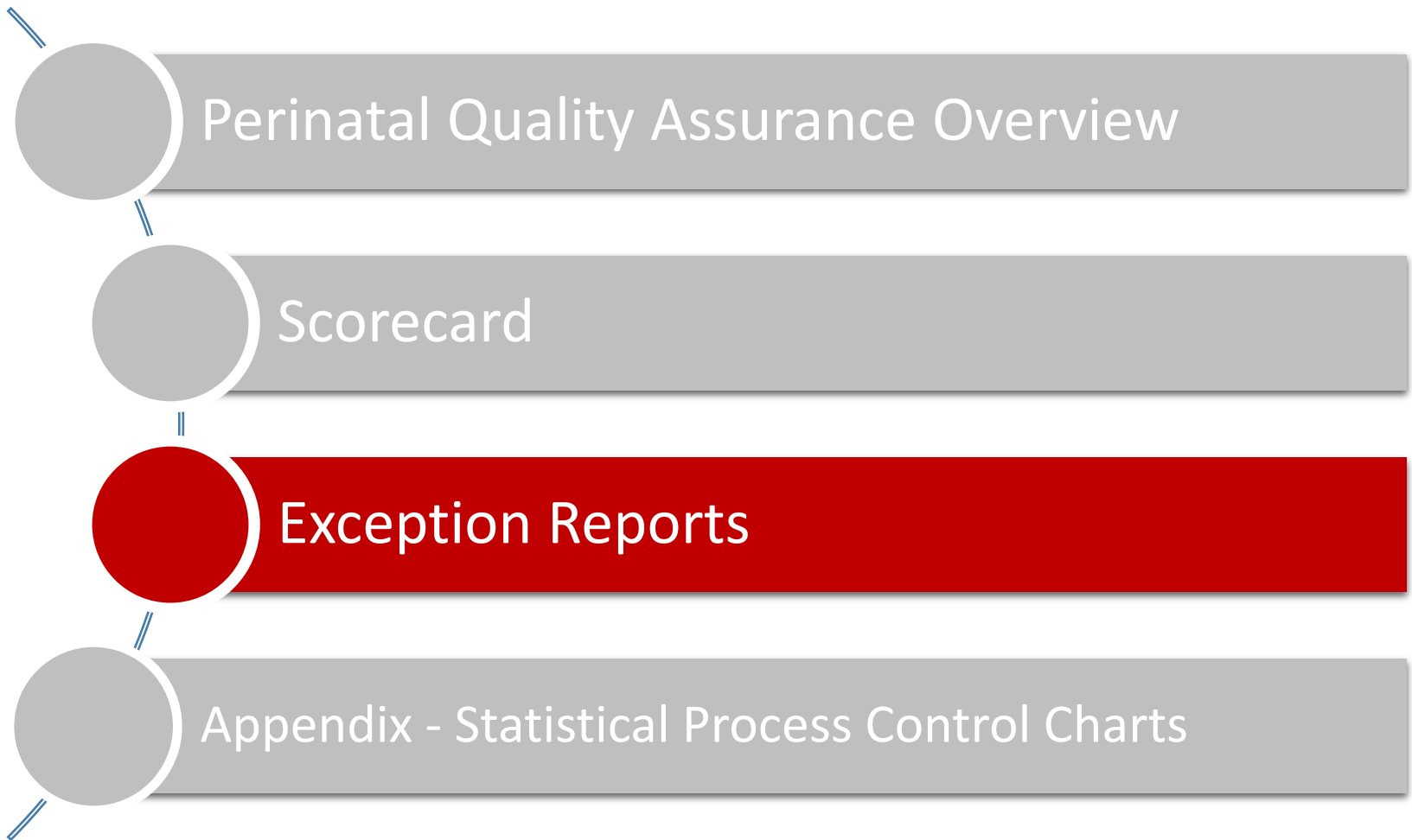
Comments

Rating

Spontaneous and Caesarean section birth rates remain normal variation and consistent with peer trusts.

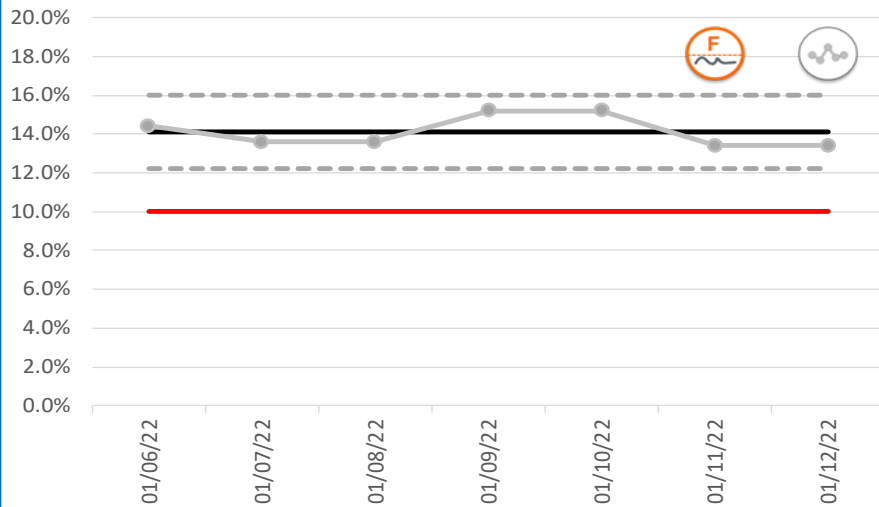
Through Quality Improvement work there is a better understanding of perineal tears and contributing factors. Of the 19 incidents reported in December there were no 4th degree tears. Of the 19, 11 were unassisted births. No women were in lithotomy position which has previously been a contributing factor. No immediate themes were found in the initial review however further analysis is required.

Whilst performing well in December for blood loss >1500mls work continues to accelerate the implementation of the Obs Cymru program (see exception report).



Workforce – Midwife Vacancies (%)

Midwife Vacancies (%)



Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
13.4%	14.1%	10%	14%	14%	14%

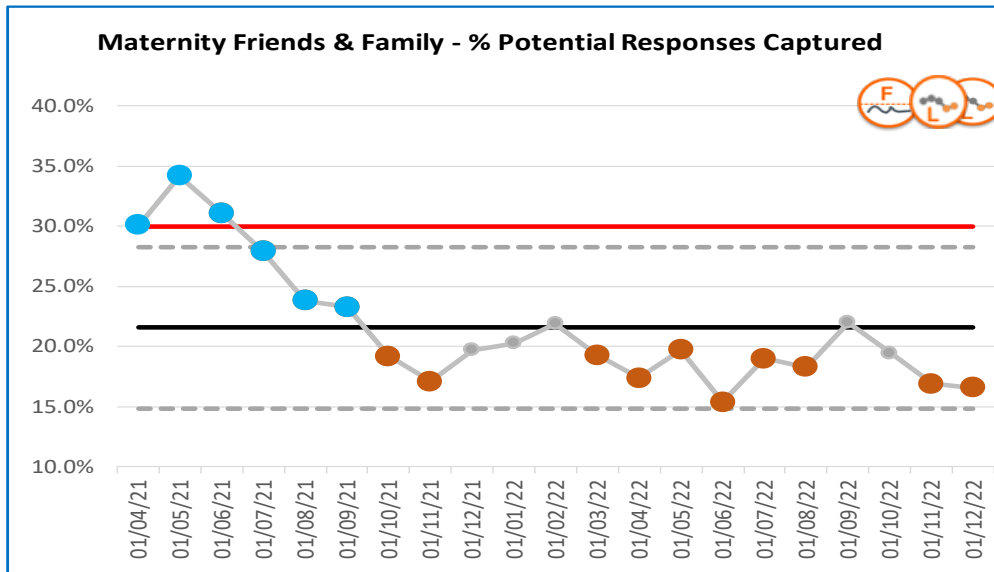
National Position & Overview

Performance anticipated to remain above target at 14% based on pipeline. Actions to address are indicated below with comprehensive workforce plan to be developed for 2023/3034

Note: Funded establishment is in line with Birth Rate Plus acuity & staffing tool

Root Cause	Actions	Impact/Timescale
<p>Ongoing national challenges with recruitment and retention across maternity services</p> <p>During December there were 9 leavers the reasons included: retirement, relocation and care commitments.</p> <p>Further analysis is underway to learn from exit interviews</p>	<ul style="list-style-type: none"> • There has been a 1.8% reduction in midwifery vacancies • 8 Midwives are due to commence in January: 5 Newly Qualified Midwives and 3 external B5/6 Midwives • 5 International Midwives were recruited in December • Matron for Safe Staffing employed (November) and Recruitment, Retention & Pastoral leads for each site and the community • Midwifery Staffing Summit (23 December 2022) with actions agreed: <ul style="list-style-type: none"> • Strengthening alignment and partnership with corporate recruitment • Flexible working reviews • Focus on career development • Improving quality of placements for midwifery students • Roster deep dive support from UHL senior team • Strengthening bank offer and exploring agency fill • Culture work as part of the Empowering Voices programme • Roll out of refreshed preceptorship model 	<ul style="list-style-type: none"> • 2 International midwives will be included in the staffing numbers in December • 14 newly qualified midwives started in November • Focus on Culture: Empowering Voices programme to complete March 2023 and inform ongoing maternity improvement plan

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



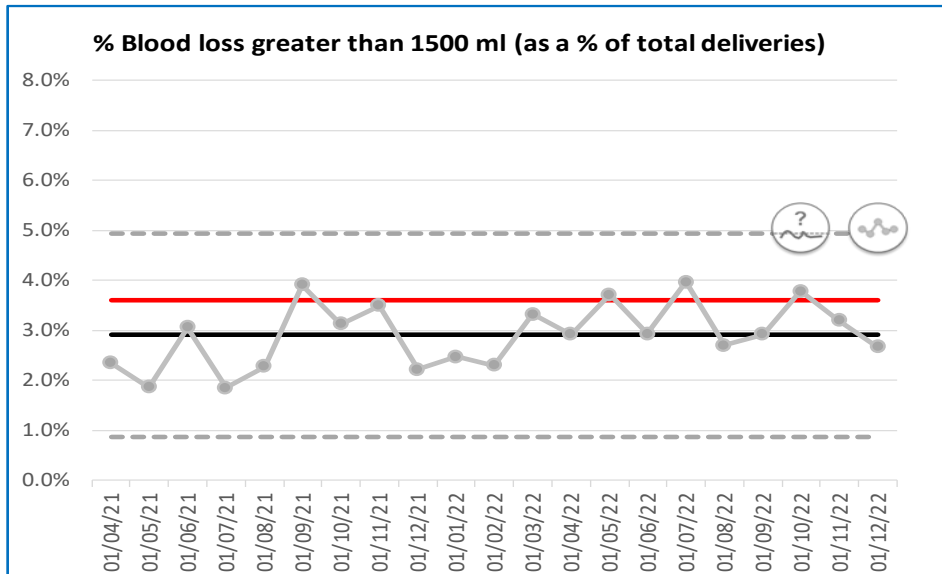
Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
16.6%	18.3%	30%	18.3%	18.3%	18.3%

National Position & Overview

Over 500 respondents make up 16.6% of the FFT recommending care at UHL

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> Update in national reporting standards during April 2020 (implemented during Covid) which moved away from set times to collect feedback Less face-to-face contact with women Community identified as area for improvement – further work on data / feedback capture with the reintroduction of 36-week enquiries 	<p>Actions to date have not had an impact on the number of surveys completed. Midwifery Matron leading on Patient Experience actively working with the community leads to invite solutions from the team. This includes</p> <ul style="list-style-type: none"> iPads for each community hub Close working with the corporate patient experience team to initiate a texting service Ongoing promotion through community teams 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		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
2.7%	3.2%	3.6%	3.2%	3.2%	3.2%

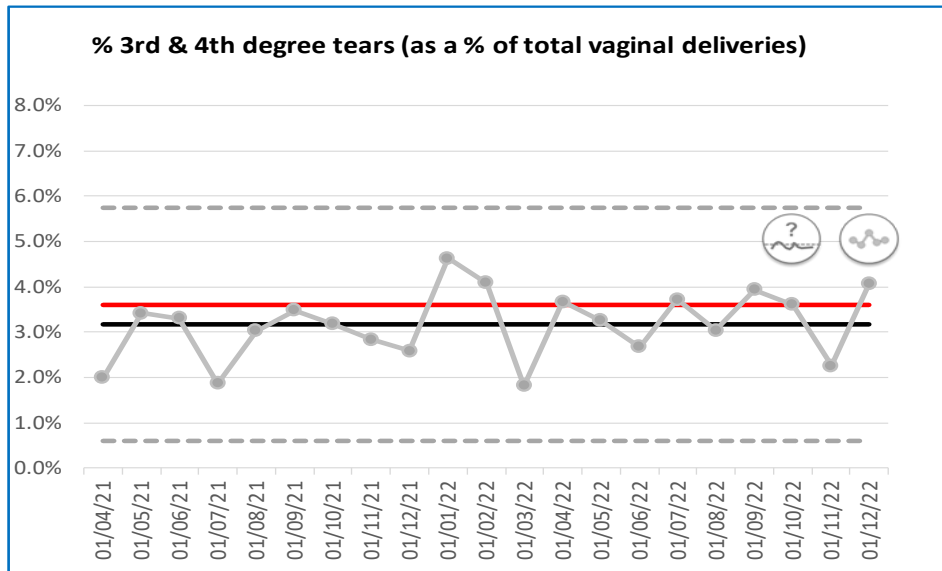
National Position & Overview

YTD UHL are under the national target (3.6%) for blood loss >1500mls however not achieving the internal stretch target of 2.7%

UHL (27 cases per 1000) is in the interquartile range vs. all Trusts and below both the National and MBRRACE Group means (29 and 31 per 1000 respectively)

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 workstreams have been established to reduce blood loss:</p> <ul style="list-style-type: none"> Implementing Obs Cymru program which aims to improve accuracy of blood loss recording, early identification of loss of 1000mls and anaesthetist & obstetrician in the room at 1000mls Changing use of oxytocin to Carbetocin (from Syntocinon) during caesarean sections to reduce the risk of haemorrhage 	<p>Obs Cymru adapted Guidelines drafted and approval / launch during Q4 2022/2023</p>

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

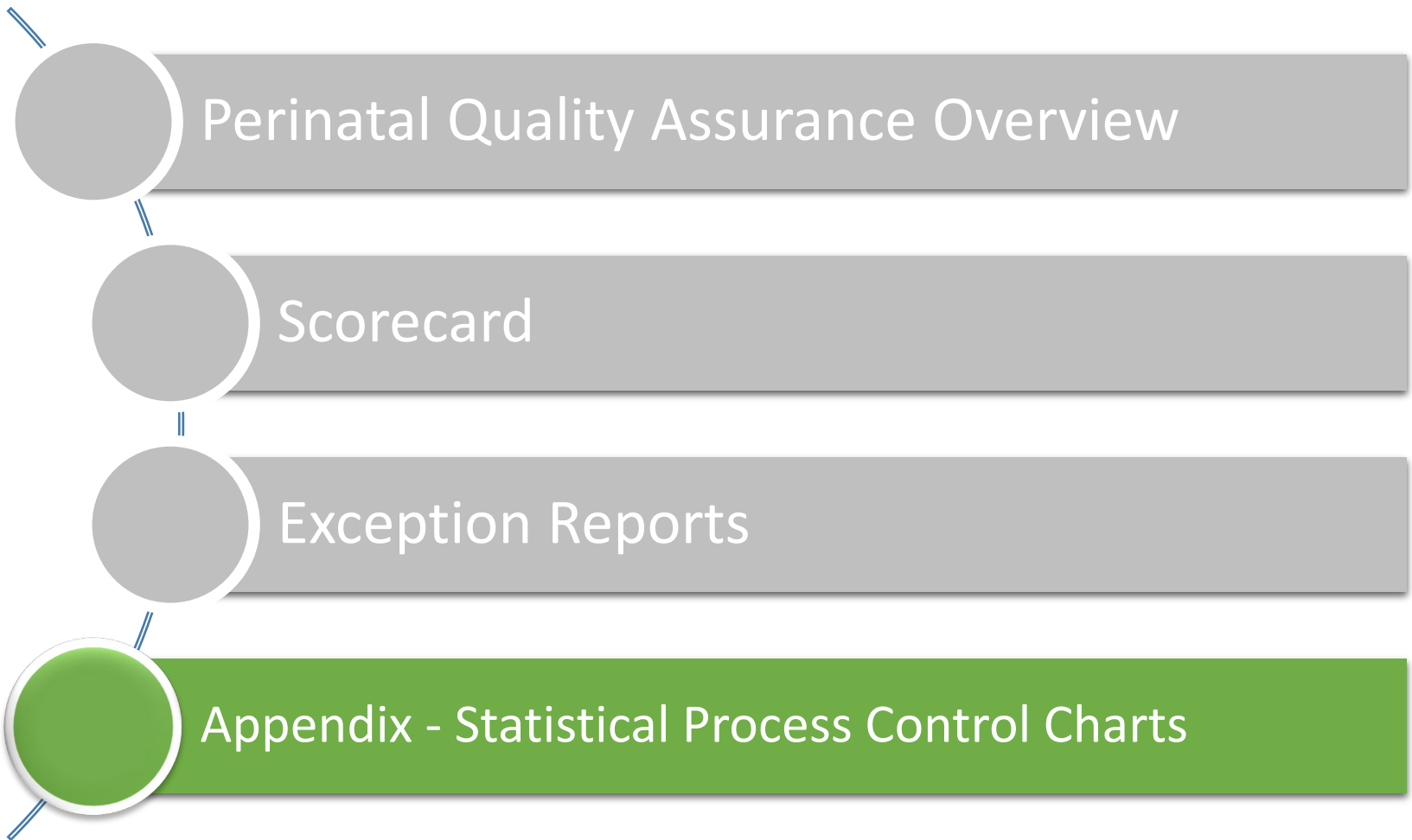


Current Performance			Three Month Forecast		
Dec 22	YTD	Target	Jan 23	Feb 23	Mar 23
4.1%	3.3%	3.6%	3.3%	3.3%	3.3%

National Position & Overview

Mean is below target (favourable) however close monitoring and early intervention to prevent. UHL (31 cases per 1000) is in the interquartile range vs. all Trusts and above both the National and MBRRACE Group means (24 and 23 per 1000 respectively). UHL 6 month rolling average is 27.7 per 1000)

Root Cause	Actions	Impact/Timescale
<p>Audit completed for cases between April to September 2021. 28 criteria audited for each case. Findings of audit 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 Lithotomy position (unassisted births) Length 2nd stage <1hour (unassisted births) 	<p>Infographic for staff created and engagement with teams outlining key audit findings and actions:</p> <ul style="list-style-type: none"> Stop use of lithotomy for spontaneous vaginal births Education team updating all midwives on the OASI care bundle as part of this year's essential to job role training Where there are language barriers essential use of an interpreter to discuss and coach through the 2nd stage of labour On-going review of 3rd and 4th degree tear rates via the maternity dashboard 	<p>Full re-audit planned for January 2023</p>



Perinatal Quality Assurance Overview

Scorecard

Exception Reports

Appendix - Statistical Process Control Charts

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.

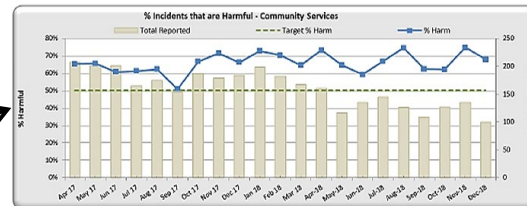
- Two horizontal lines either side of the Mean-(called the upper and lower control limits).

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

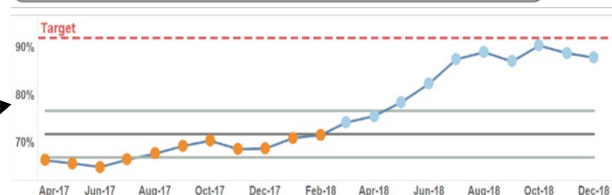
- A horizontal line showing the Target.

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.

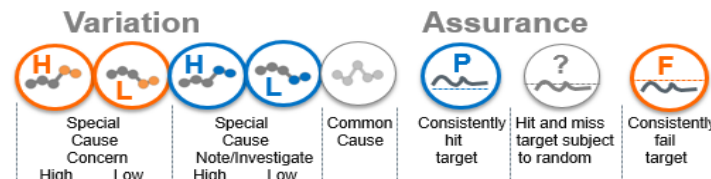
Within an SPC chart there are three different patterns to identify:

- **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.