

Meeting title:	Trust Board (Public) public paper H updated
Date of the meeting:	1 December 2022
Title:	UHL Maternity Perinatal Quality Surveillance Scorecard
Report presented by:	Julie Hogg Chief Nurse
Report written by:	Kerry Williams, Head of Midwifery John Barnett, Business Intelligence Specialist

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
The report provides a monthly update of the maternity scorecard, presenting data against key performance indicators and exception report highlighting areas of underperformance and associated actions for improvement.

Impact assessment
N/A

Acronyms used: Please see abbreviations commonly used in maternity reports
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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.

Executive Summary

The scorecard includes 5 areas of focus:

- Patient Safety
- Workforce
- Training
- Friends and Family
- Outcomes

The scorecard provides monthly data with trends since March 2022. The exception report highlights actions to improve compliance against each underperforming metric.

The 6 areas of challenge from the November report remain unchanged this month. An update on the actions being taken are in the exception report.


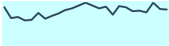



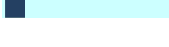
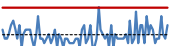














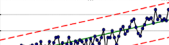

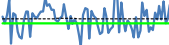

1. Patient safety - Moderate incidents
2. Workforce - Midwife vacancies
3. Training - compliance regarding attendance at MDT simulation and attendance at CEFM training
4. Friends and Family - footfall
5. Outcomes - % blood loss greater than 1500ml
6. Outcomes - % 3rd and 4th degree tears

Recommendation

The board of directors are asked;

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

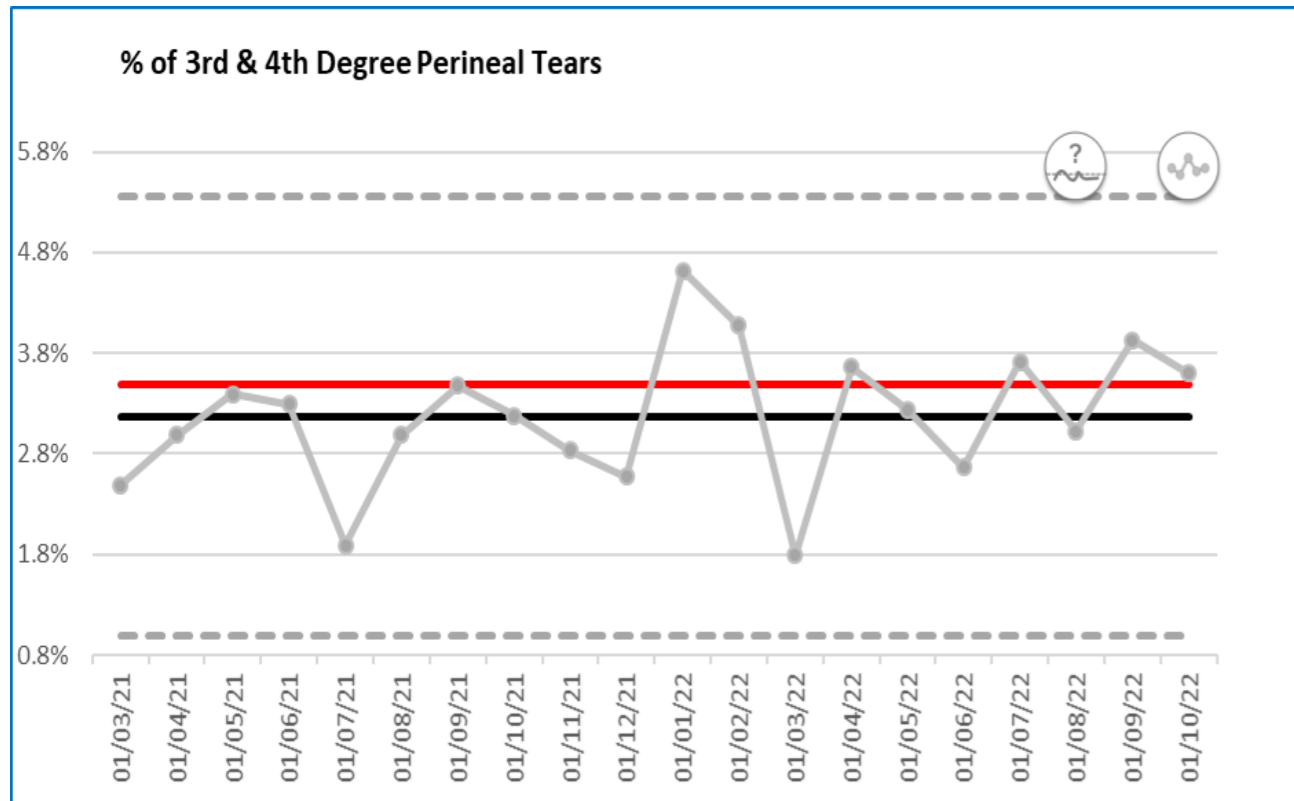
Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 7 (October) 2022-23

	National Target / Alert Level	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	2022-23 TOTAL / AVERAGE (YTD)	Variation - 12 month period / SPC
PATIENT SAFETY									
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	809	786	781	850	823	792	5628	
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	440	443	431	495	455	450	3177	
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	344	315	312	326	343	313	2258	
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	25	28	38	29	25	29	193	
SIs (Obstetrics)	Actual	1	3	5	1	1	0	14	
SIs (Neonatology)	Actual	1	0	0	0	0	0	1	
Number of Still births - overall total	Actual	3	3	8	4	3	6	29	
Still births as %age of Total Deliveries	<0.45%	0.4%	0.4%	1.0%	0.5%	0.4%	0.8%	0.5%	
HSIB Referrals	Actual	0	4	5	1	0	0	13	
Moderate Incident	Actual	5	8	5	8	6	11	7	
Coroner Regulation 28 Requests	Actual	0	0	0	0	0	0	0	
WORKFORCE									
Funded Midwife to Birth ratio (UHL complete care)	>1:26.4	1:25.5	1:25.5	1:25.5	1:25.6	1:25.6	1:25.6	1:25.5	
Midwife Vacancies (%)	Actual		14.4%	13.6%	13.6%	15.2%	15.2%	14.4%	
1 to 1 Care in Labour	Actual	100%	100%	100%	100%	100%	100%	100%	
TRAINING									
% of All Staff attending Annual MDT Clinical Simulation	Actual	83%	86%	88%	87%	90%	93%	87%	
% of All Staff attending NLS Training	Actual	76%	84%	92%	93%	92%	94%	88%	
% of All Staff attending CEFM Training (Theory)	Actual	91%	93%	92%	96%	95%	95%	92%	
% of All Staff attending CEFM Training (Assessment)	Actual	91%	93%	92%	96%	94%	94%	92%	
FRIENDS AND FAMILY									
Maternity Friends & Family - Footfall	>=30% (UHL Target)	19.7%	15.4%	19.0%	18.3%	22.0%	19.5%	18.8%	
Maternity Friends & Family - percentage of promoters	>=96% (UHL Target)	97.3%	95.7%	95.4%	95%	97%	94%	95.8%	
OUTCOME									
Spontaneous Deliveries %	Alert if <51%	47.3%	46.4%	49.7%	50.0%	44.8%	48.1%	47.8%	
Caesarean Section Rate - total	Alert if >23%	39.6%	38.2%	38.7%	38.2%	41.6%	40.9%	39.4%	
% Blood loss greater than 1500 ml (as a % of total deliveries)	<3.6% (Local Target <=2.7%)	3.7%	2.9%	4.0%	2.7%	2.9%	3.8%	3.3%	
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	3.3%	2.7%	3.7%	3.0%	3.9%	3.6%	3.4%	
% of Full term babies admitted to NNU NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	ATAIN Target <6.0%	3.31%	5.86%	3.99%	3.51%	4.87%	4.41%	4.36%	

**Maternity Perinatal Quality Surveillance Scorecard – Exception Report
November 2022 (October data)**

Metric underperformed	Driver for underperformance	Actions to address the underperformance
Patient Safety		
Moderate incident	<ul style="list-style-type: none"> 11 moderate harms reported in October 	<ul style="list-style-type: none"> Completed rapid review on 9 of 11 moderate incidents. 5 of which had no concerns identified about management of care and no further investigation required 2 cases referred to perinatal risk group (PRG) 2 outstanding cases due to be presented at PRG in November All cases received verbal duty of candour 0 cases referred to HSIB Cluster review carried out on 3 Massive Obstetric Haemorrhages resulting in hysterectomies. Paper to be reported in February 2023 safety paper
Workforce		
Midwife vacancies	<ul style="list-style-type: none"> Midwifery vacancy 61.7 WTE Vacancy rate impacting on staff morale, retention and service delivery Lack of flexible working and shift patterns 	<ul style="list-style-type: none"> Empowering voices programme completed at LRI and commenced at LGH on 14th November. Due to commence in community in March '23 14 newly qualified midwives commenced on 21st November with further 9 due in January '23 2 new international midwives recruited Matron for safe staffing due to commence end November Promote flexible working policy and review current off duty practices following staff feedback
Training		
% staff attending MDT simulation training % staff attending CEFM training	<ul style="list-style-type: none"> CNST requirement >90% compliance for each staff group 	<ul style="list-style-type: none"> Although combined attendance is above 90%, compliance is below target for junior Obstetricians, maternity support workers and junior anaesthetists (November 2022) Medical leads and heads of service sighted to ongoing challenges
Friends and family		
Maternity Friends & Family - Footfall	<ul style="list-style-type: none"> Footfall below UHL target of 30% Poor compliance with collection in community due to national change of 36-week collection metric 	<ul style="list-style-type: none"> A task and finish group being established in response to the persistently low footfall, led by Head of Midwifery.
Outcomes		
% Blood loss greater than 1500 ml % 3rd & 4th degree tears	<ul style="list-style-type: none"> Likely to coincide with Increase in numbers of caesarean sections National outlier for 3rd & 4th degree tear rates identified through benchmarking 	<ul style="list-style-type: none"> Implementing Obs Cymru program to reduce postpartum haemorrhage aiming to: <ul style="list-style-type: none"> Measure blood loss for ever delivery Early identification of loss of 1000mls Anaesthetist & obstetrician in the room at 1000mls Exception report (November 2022) for perineal tears work stream is shown below

Safe – % of 3rd & 4th Degree Perineal Tears



Current Performance			Three Month Forecast		
Oct 22	YTD	Target	Nov 22	Dec 22	Jan 23
3.6%	3.4%	3.5%			

National Position & Overview

Taken from the National Maternity Dashboard November 2021 – women who had a 3rd or 4th degree tear at delivery (rate per 1000):

Trust value 19.0
National value 24.0
MBRRACE group value 26.0

Root Cause	Actions	Impact/Timescale
<ul style="list-style-type: none"> No root cause identified. Audit completed for cases between April-September 2021. 28 criteria audited for each case. Higher rates of 3rd degree tears associated with Asian ethnicity, lithotomy position (unassisted births), length 2nd stage <1hour (unassisted births), and where English is not the preferred language. 	<ul style="list-style-type: none"> Infographic for staff created outlining key audit findings and actions. Band 7 midwives from both LRI and LGH sites approached to support with roll out of actions. Key actions are: <ol style="list-style-type: none"> 1. Stop use of lithotomy for spontaneous vaginal births. 2. The education team are updating all midwives on the OASI care bundle as part of this year's essential to job role training 3. Promote use of perineal warm compresses in 2nd stage of labour (with maternal consent). 4. Where there are language barriers, where possible use an interpreter to discuss the 2nd stage of labour and crowning and what is required to reduce severe perineal tears 	<ul style="list-style-type: none"> On-going review of 3rd and 4th degree tear rates via the maternity dashboard. YTD in May 2022 3.7%; YTD in Oct 2022 3.4%. Full re-audit planned for January 2023.