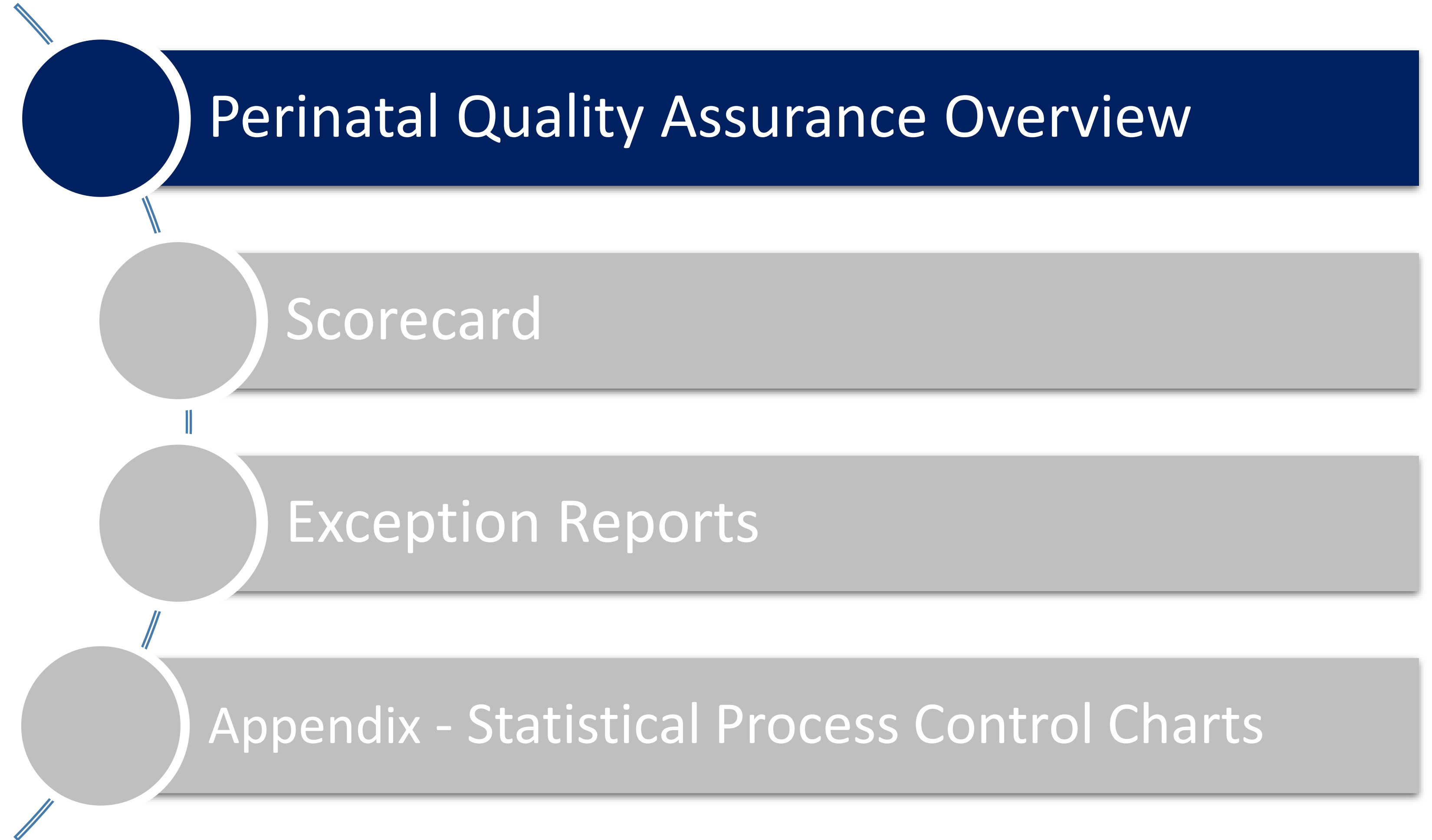
Perinatal Quality Assurance Scorecard

January 2022

W&C CMG

Contents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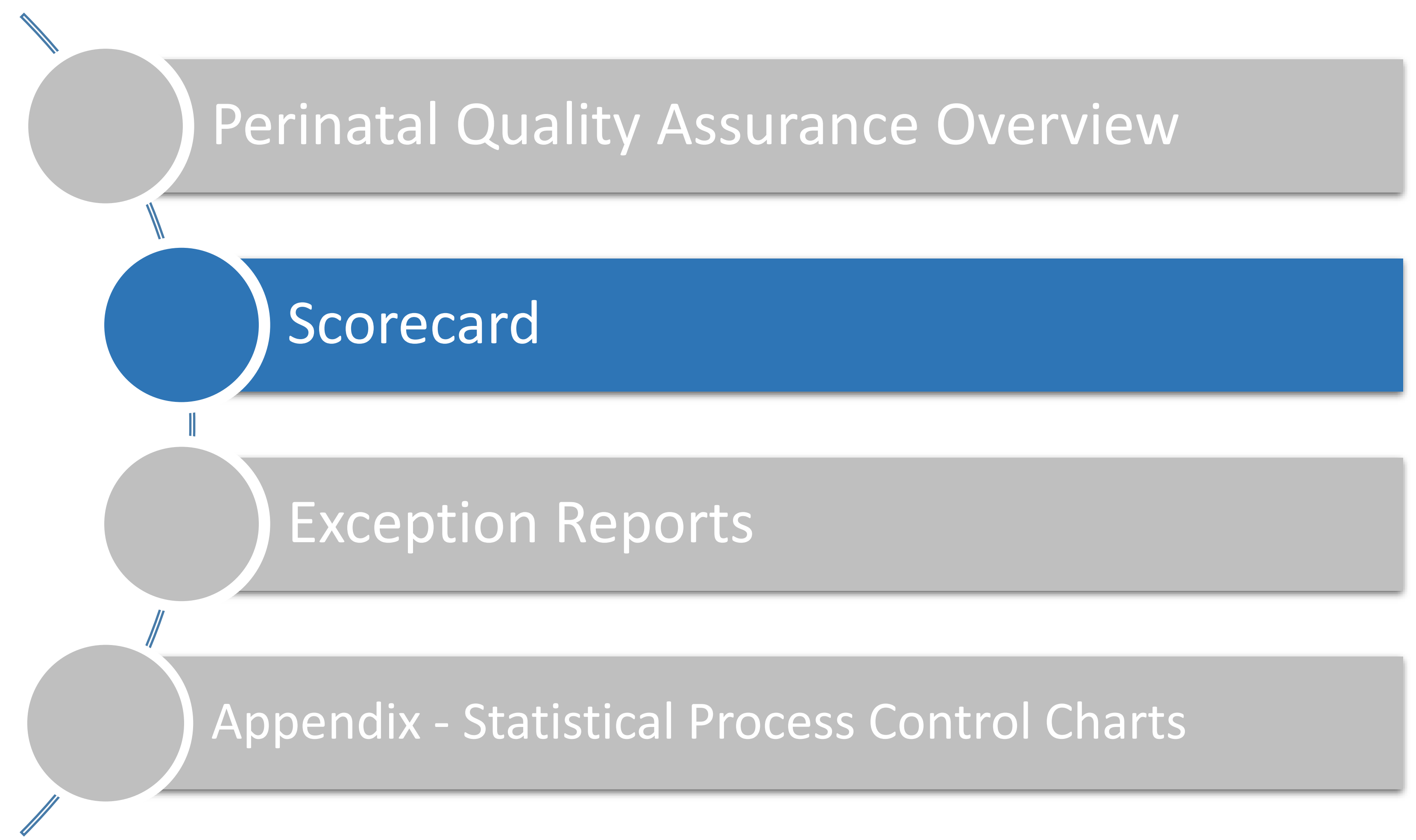
Perinatal Quality Assurance Overview (Current Month)

Domain	Overview , Risks and Actions	Lead
Overview	This is an evolving perinatal quality assurance scorecard which requires further development to support assurance of the quality and safety of maternity services. A comprehensive Maternity Improvement Programme is to be established with workstreams to include: People & Culture, Perinatal Surveillance (Safe Care), Estates & Digital, Involvement & Inclusion, Strategy & Planning. The maternity governance process will be strengthened with the establishment of a Maternity Assurance Committee (MAC) in April 23. As part of the national maternity thematic review the CQC inspection commenced on 28th February 2023 and is ongoing.	
Safe	During January 2023 there was 1 Serious Incident reported (downgrading requested following review) and 1 HSIB case. The stillbirth rate has remains below the target within month. 1-1 care in labour has been maintained at 100%.	
Workforce (exception report page 12-13)	Funded establishment is in line with Birth Rate Plus tool. Midwife vacancy for January has reduced by 1.1% with further new starters during Q4. Nursing and midwifery safe staffing policy presented at Nursing, Midwifery & AHP Committee (NMAHPC) February 2023. Maternity workforce oversight group inaugural bi-weekly meeting commenced in March 2023. Acuity data is now included showing improved performance over the last 3 months	
Training	Achieved standard required for Maternity Incentive Scheme (year 4) in November 2022 and compliance continues in January 2023. New essential to job role programme to be agreed Q4.	
Friends & Family (exception reports page 14)	FFT responses are consistently positive. The response rate has increased by 2% in January 2023 with Q4 actions in progress to improve this further.	
Outcome (exception reports pages 15-16)	Quality improvement projects in progress to achieve: • Reduction in 3rd & 4th degree tears, audit completed and action planning in progress • 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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Performance Overview (Safe)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	815	751	782	7976					JH
	No. of hospital deliveries at LRI (excl HB & BBA)	Actual	452	429	449	4507					JH
	No. of hospital deliveries at LGH (excl HB & BBA)	Actual	334	292	316	3200					JH
	No. of hospital deliveries at SMBC Plus HB & BBA	Actual	29	30	17	269					JH
	SIs (Obstetrics)	Actual	3	1	1	19					JH
	SIs (Neonatology)	Actual	0	0	0	1		L			JH
	Number of Still births - overall total	Actual	2	2	1	34					JH
	Still births as %age of Total Deliveries	<0.45%	0.25%	0.27%	0.13%	0.43%	?				JH

Comments	Rating
During January, 1 (one) stillbirth was reported and this was also reported as an SI. No care concerns identified through the Perinatal risk group and rapid review. In January 1 (one) case met the HSIB criteria and a referral made. No immediate care concerns have been raised from the rapid review. 2 HSIB reports were received in January. One case with no safety recommendations however local learning identified. The second case has 2 safety recommendations in relation to neonatal resuscitation. Maternity Governance to have oversight of HSIB related action plans. These will be presented to private board in due course.	

Performance Overview (Safe and FFT)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Safe	HSIB Referrals	Actual	0	0	1	12					JH
	Moderate Incident	Actual	14	8	18	88					JH
	Coroner Regulation 28 Requests	Actual	0	0	0	0					JH

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Friends & Family	Maternity Friends & Family - % of Potential Responses Captured	30%	16.9%	16.6%	18.0%	18.3%	F				JH
	Maternity Friends & Family - percentage of promoters	96%	96%	97.8%	97%	96.2%	?				JH

Comments	Rating
Quarter 4 focused work is underway to triangulate activity and incident data to understanding contributing factors, themes and trends. 459 respondents make up 18% of the FFT feedback during January which provided a positive scoring of 97% recommending care. Initiatives continue to be implemented to increase the number of women and birthing people who provide feedback. *Please see an exception report for community friends & family response rate on slide 12*	

Performance Overview (Workforce Pt 2 & Training)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Workforce	Funded Midwife to Birth ratio (UHL complete care, 1:nn)	1:26.4	23.9	23.8	23.7	24.10	F	H			JH
	Midwife Vacancies (%)	10%	13.4%	14.2%	13.1%	14.1%	F				JH
	1 to 1 Care in Labour	100% (UHL Target)	100%	100%	100%	100%	?				JH

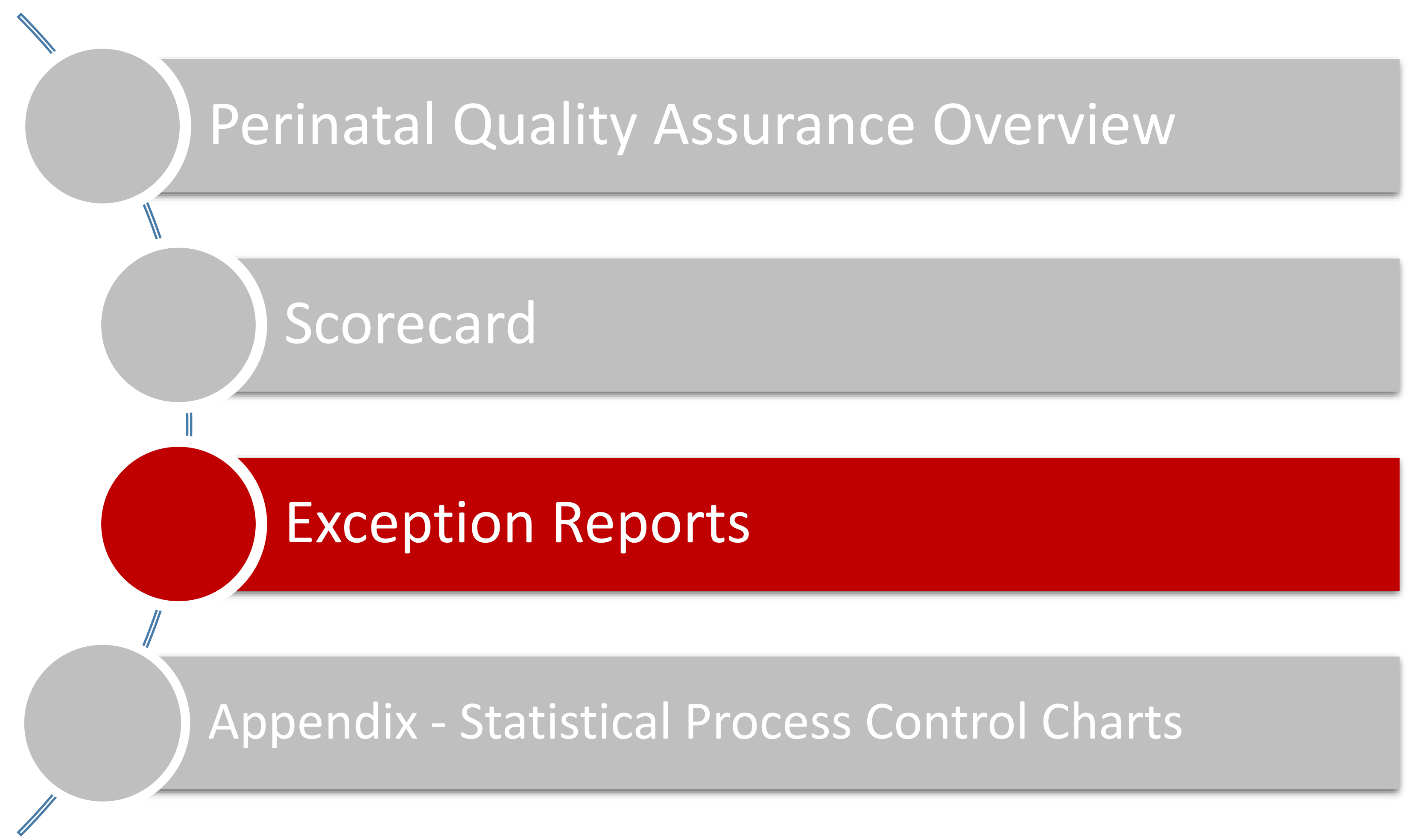
Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	Rolling 12 Months	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Training	% of All Staff attending Annual MDT Clinical Simulation	90%	96.0%	97.0%	98.0%	88.9%	?	H			JH
	% of All Staff attending NLS Training	90%	97.0%	97.0%	97%	89.8%	?	H			JH
	% of All Staff attending CEFM Training (Theory)	90%	97.0%	98.0%	93.0%	92.4%	?	H			JH
	% of All Staff attending CEFM Training (Assessment)	90%	97.0%	97.0%	93.0%	91.8%	?	H			JH

Comments	Rating
The midwifery vacancy rate continues to improve. The exception report can be found on slide 11. Ongoing work to include Birthrate Plus™ acuity insights into future reporting. Based on January 2023 there has been some improvements in the overall percentage of green rated submissions for both sites. (LRI Dec 49%, Jan 60% / LGH Dec 52%, Jan 64%). Staffing factors impacting on acuity data predominantly relate to unexpected staff absence and being unable to fill vacant shifts. Increased complexity of pregnancies results in higher acuity (reflecting national position). Training figures for individual staff groups in January are above 90% required for Maternity Incentive Scheme (MIS) compliance.	

Performance Overview (Outcome)

Domain	Key Performance Indicator	Target	Nov-22	Dec-22	Jan-23	YTD	Assurance	Variation	Trend	Data Quality Assessment	Exec Lead
Outcome	Spontaneous Deliveries %	Actual	47.5%	45.7%	44.9%	47.3%					JH
	Caesarean Section Rate - total	Actual	40.7%	41.4%	43.1%	40.1%					JH
	% Blood loss greater than 1500 ml (as a % of total deliveries)	<=2.7% (National Target <3.6%)	3.2%	2.7%	2.8%	3.2%					JH
	% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	2.3%	4.1%	4.7%	3.5%					JH
	% of Full term babies admitted to NNU NB:Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	6%	5.39%	4.50%	6.55%	4.36%					JH

Comments	Rating
Spontaneous and Caesarean section birth rates remain within normal variation and consistent with peer trusts. An audit has been completed to add understanding of 3rd and 4th degree tears with associated actions planned detailed in the exception report on page 14 Work continues to implement the Obs Cymru program to reduce postpartum blood loss, see exception report page 13	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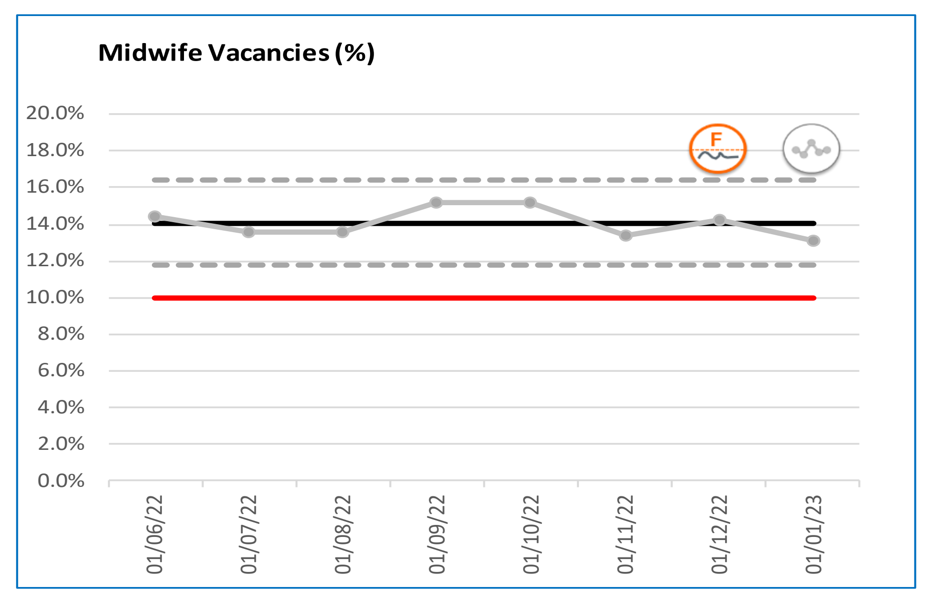
Workforce – Midwife Vacancies (%)



Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
13.1%	14.1%	10%	14%	14%	14%

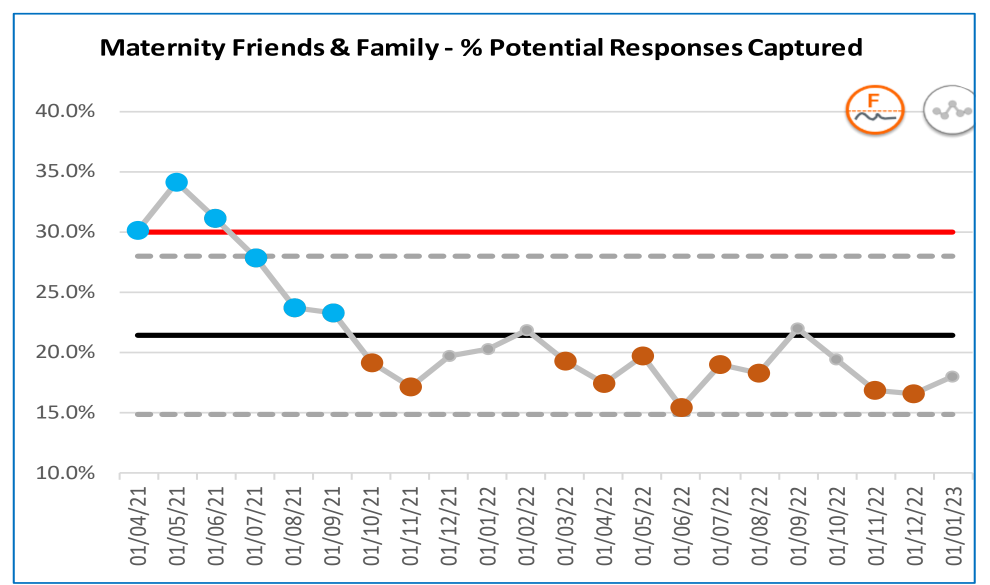
National Position & Overview

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
Ongoing national challenges with recruitment and retention across maternity services During January there were 2 leavers, one of whom has joined the Practice Learning Team, supporting student midwives. Further analysis is underway to learn from exit interviews	• There has been a 1.1% reduction in midwifery vacancies with 53 vacancies January 2023. • Annual turnover has reduced by 1.25% • Recruitment initiatives continue with strengthened engagement with the wider organisational team • The International Midwives recruited in December have passed OSCEs and are awaiting NMC PINs with funding for a further 11 international recruits secured • Matron for Safe Staffing employed (November) and Recruitment, Retention & Pastoral leads for each site and the community • Retention plans are supported by the Empowering Voices workstream addressing issues raised by staff, led by the Women's People Partner. Recruitment, Retention & Pastoral leads are in place across LRI, LGH and community teams.	• 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

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

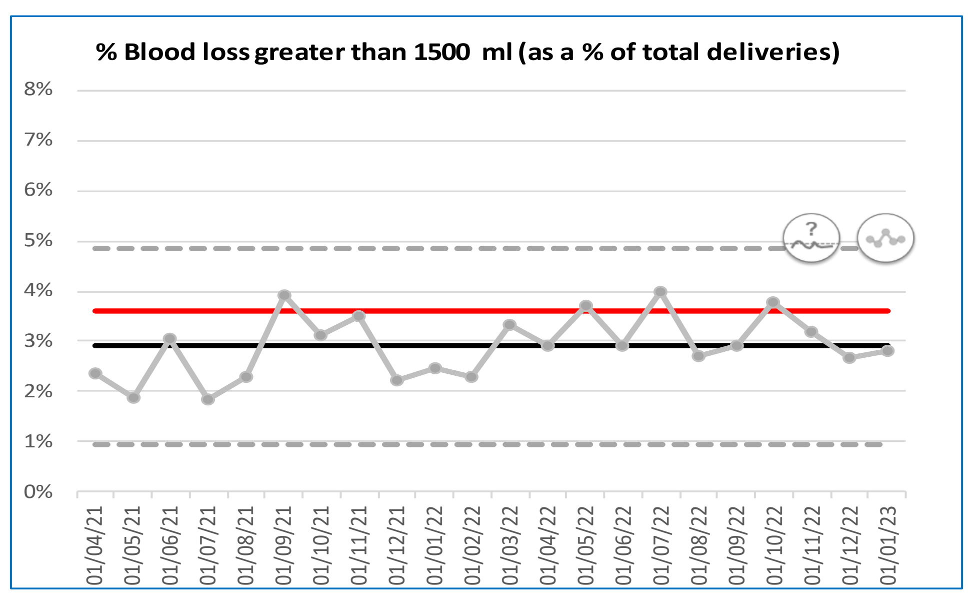


Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
18.0%	18.3%	30%	18.3%	18.3%	18.3%

National Position & Overview

Root Cause	Actions	Impact/Timescale
• 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	Midwifery Matron leading on Patient Experience actively working with the community leads on actions through Q4. This includes • 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	Actions to be agreed and implemented with expected results by April 2023

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



Current Performance			Three Month Forecast		
Jan 23	YTD	Target	Feb 23	Mar 23	Apr 23
2.8%	3.2%	3.6%	3.2%	3.2%	3.2%

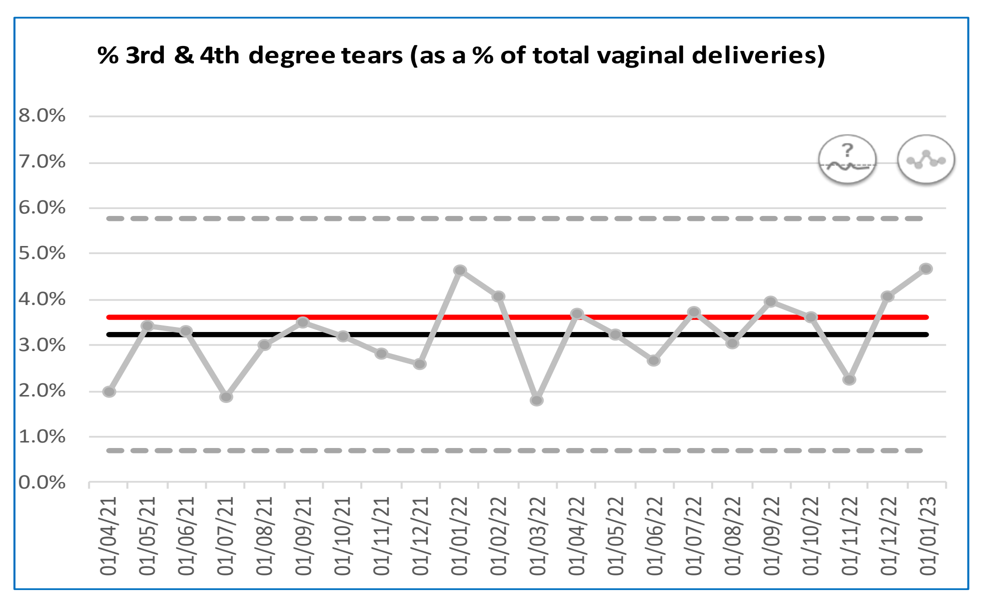
National Position & Overview

The rate of blood loss >1500mls at UHL during the current financial year (2.8%) 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 in the middle of the range of results for all Trusts and below both the National average (29 per 1000) and the MBRRACE Group average (31 per 1000)

Root Cause	Actions	Impact/Timescale
Investigation and review of cases indicate a variety of contributing factors: • Complexity of pregnancy & births • No. of caesarean sections • Prolonged induction of labour & prolonged labour • Low BMI (women)	Update on progress for the 2 workstreams which have been established to reduce blood loss: • Implementing Obs Cymru: draft guideline combining hospital & community management of post partum haemorrhage (PPH). Draft out for consultation with MDT • Once final standards agreed and funding identified for changes in practice (eg change in pharmacological treatments), implementation will take place	Obs Cymru adapted Guidelines expected to be ratified April 23.

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
4.7%	3.5%	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 are 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
Audit completed for cases between November 2022 to January 2023. Findings indicated the following contributing factors: • Higher rates of 3rd degree tears associated with Asian ethnicity and where English is not the preferred language • Length 2nd stage <1hour (unassisted births) Improvements noted since 2021 audit with only 2 women birthing in Lithotomy position (unassisted births), 1 of which was clinically appropriate	Recommendations from audit include: • 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	Roll out of actions from audit in March 2023 with continued monthly monitoring

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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.**

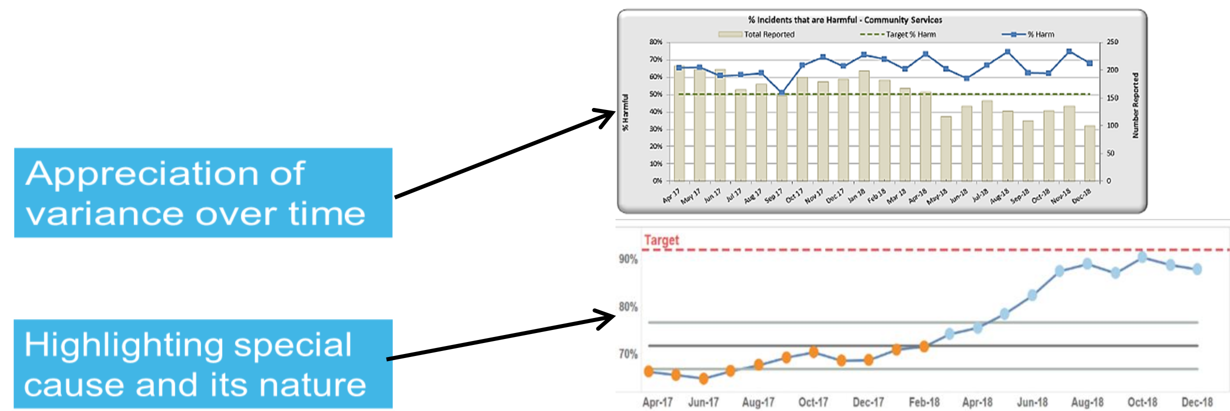
This is used in determining if there is a statistically significant trend or pattern.

- **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.



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%		F	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.