The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
7 January 2021

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<tr><td>Presented to:</td><td colspan="4">Maternity Governance
Maternity Quality Operational Committee (MQOC)
Quality Safety and Assurance Committee</td></tr>
<tr><td>Executive summary:</td><td colspan="4">This overall Maternity Report provides an update on a number of important areas as follows:

Maternity:
• Maternity Transformation programme (appendix 1)
• CNST Maternity Incentive Scheme (appendix 2)
• Midwifery staffing report (appendix 3)
• PMRT / NHSR Early Notification Scheme (appendix 4)
• Maternity Improvement Plan (appendix 5)

<u>Risks and actions</u>

MTP work is progressing in conjunction with the LMNS - Further reports to be shared at Board of Directors

CNST- Continue to monitor the progress against the action plan, flag any risks</td></tr>
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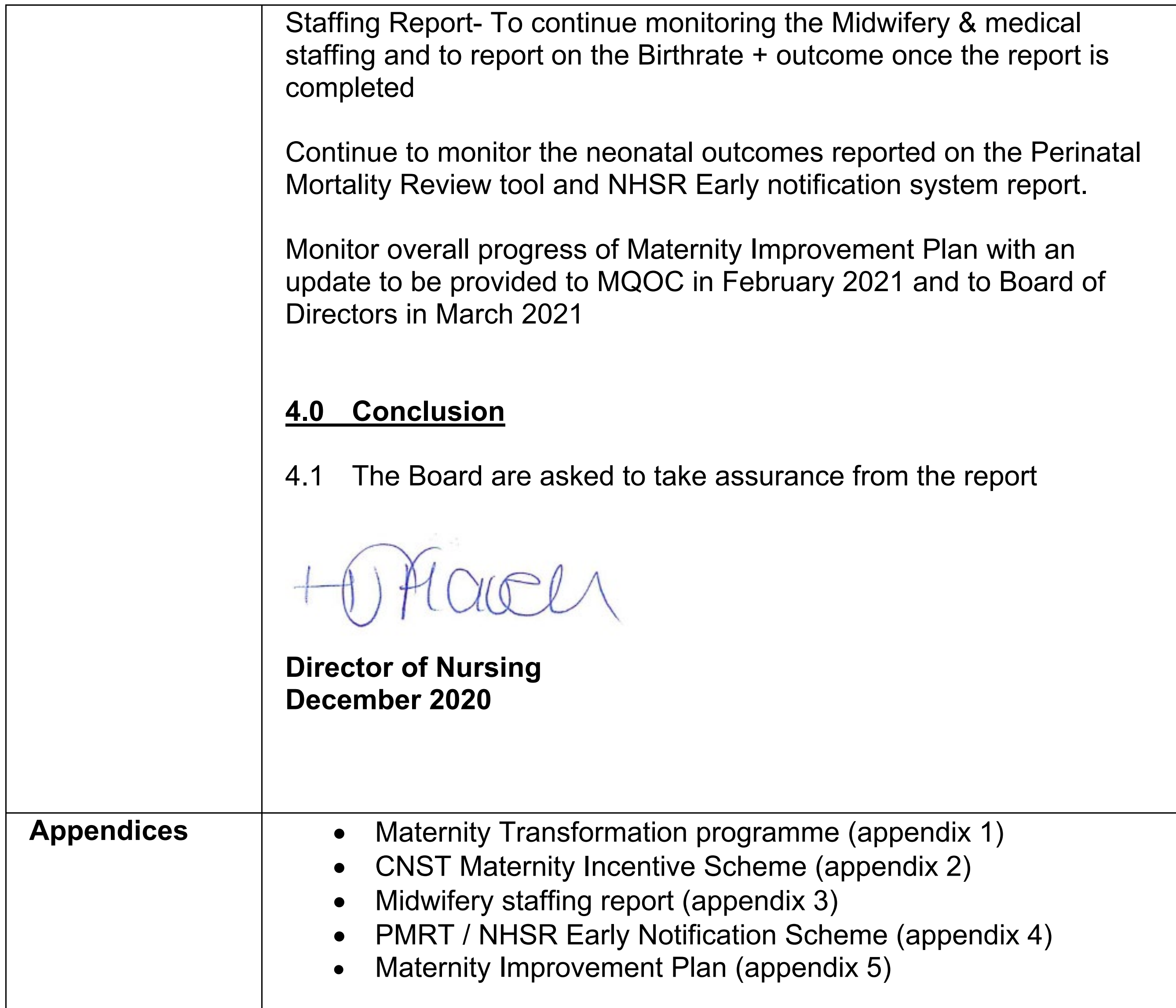
Staffing Report- To continue monitoring the Midwifery & medical staffing and to report on the Birthrate + outcome once the report is completed

Continue to monitor the neonatal outcomes reported on the Perinatal Mortality Review tool and NHSR Early notification system report.

Monitor overall progress of Maternity Improvement Plan with an update to be provided to MQOC in February 2021 and to Board of Directors in March 2021

4.0 Conclusion

4.1 The Board are asked to take assurance from the report



Director of Nursing
December 2020

Appendices	- Maternity Transformation programme (appendix 1) - CNST Maternity Incentive Scheme (appendix 2) - Midwifery staffing report (appendix 3) - PMRT / NHSR Early Notification Scheme (appendix 4) - Maternity Improvement Plan (appendix 5)

Appendix 1

The Maternity Transformation Programme (MTP)

1.0 Introduction

1.1 The Maternity Transformation Programme (MTP) has been developed to provide focus and direction for the service over the next 3-5 years. It is underpinned by a detailed Maternity Improvement plan (MIP) which brings together the recommendations from local and national reports and reviews. This plan is monitored monthly at Maternity Quality Operational Committee (MQOC)

1.2 The NHS-E has continued to set out a number of ambitions (as part of their Business Plan) within the maternity and neonatal settings to reduce deaths in babies and young children, specifically neonatal mortality and still births. Safety in maternity and neonatal services has been of national focus since 2015 and this has been strengthened with the publication of the interim report of the Independent Maternity Review (Ockenden Report) which provides clear direction for the improvement of maternity services both in SaTH and also nationally.

1.3 In 2016 the Secretary of State for Health announced a challenging ambition to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur during or soon after birth by 2030. To make sure progress was made quickly, there was an interim target that there would be an expectation of a 20% reduction by 2020. The end date subsequently changed to 2025 in order to maximise the positive outcomes that the ambition would support.

1.4. Shortly after the announcement the National Maternity Review, Better Births was published which set the direction and vision for maternity services and the national maternity transformation programme was created. The implementation of Better Births will ensure that women have safer more personalised care with choice regarding their care. It brings together key stakeholders to deliver change. Safety is the “golden thread” which runs throughout the transformation programme.

2.0 A brief overview of the key areas of focus

2.1 There are 5 work streams each with an executive sponsor and work steam lead. These 5 work streams are:

- Clinical Quality and Choice
- People and culture
- Governance and Risk
- Education and partnerships
- Communication and engagement

2.2 There is a Maternity Transformation Project Lead and two project managers have commenced in post to support and oversee the work streams and liaise with Executive sponsors and work stream leads. A highlight report from each work stream is presented at MQOC each month.

Appendix 2

CNST Maternity Incentive Scheme- NHS Resolution

Year 3 progress and action plan as at December 2020

1.0 Introduction

1.1 This paper provides an update to the Board in relation the compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions. The scheme offers a financial rebate of up to 10% of the maternity premium for Trusts that are able to demonstrate progress against a list of ten safety actions.

2.0 Background

2.1 NHSR published an update to the original version of the Incentive scheme on 4th February 2020. Since then the scheme has been updated and relaunched following the pause due to Covid-19. The action plan has been amended to reflect changes.

2.2 The Maternity service has assessed itself against the current incentive scheme and considers that there are 4 areas for focus if the scheme is to be achieved successfully and in full.

2.3 NHSR has published the Maternity Incentive Scheme for the third year running. This scheme for 2020/21 builds on previous years to evidence both sustainability and on-going quality improvements. The safety actions described if implemented a reconsidered to be a contributory factor to achieving the national ambition of reducing stillbirths, neonatal deaths, perinatal morbidity and maternal deaths by 50 % by 2025.

3.0 Current situation

3.1 The reporting period of the Maternity Incentive Scheme action was deferred and the scheme restarted on 1st October 2020. The submission date planned for May 2021 has moved to July 2021 by NHSR with the majority of actions currently expected to be complete to be evidenced locally by May 2021 in order to enable any remedial work to be completed within the time frame.

3.2 Therefore, this report shows the status, which includes the ongoing impact of Covid-19 in relation to achieving the actions. Some additional amendments have been made to reporting dates with more updates expected from NHSR.

3.3 Overall status of the scheme remains unchanged overall

3.4 There are 5 areas for focus (AFF) detailed below

3.5 Deadline dates have been reviewed and updated in line with the new reporting schedule.

3.6 A review was held in October and new leads were assigned to each action with the oversight maintained by the Director of Midwifery

Action	Maternity Safety Action	Current Position	Update	Action required to mitigate and resolve issue	Deadline	Lead
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?		7 actions :This is currently on track and will be monitored monthly	None required	May 2021	Bereavement Midwife
2	Are you submitting data to the Maternity Services Data Set to the required standard?	AFF	24 actions: Risk to number 7 regarding booking versus birth numbers – escalated to national team for explanation of dataset requirement as this will not be achieved in some months	Badgernet Maternity has been purchased and implementation is being planned. A digital IT Midwife has been appointed in November 2020 to lead on this from a maternity perspective with support from UHB IT midwife 1 day per week.	May 2021	Data analyst
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?		7 actions: In progress and on track to deliver	The KPO team continues to support the service with a quality improvement project. The guidance is being reviewed. A workforce plan to include TC staffing will be developed when BR+ is reported. The deadline has been changed to reflect the change in the submission timeframes	May 2021	Inpatient Matron
4	Can you demonstrate an effective system of medical workforce planning to the required standard?	AFF	11 actions: There is a risk to this due to the issues with anaesthetic recruitment	Further recruitment is in process. Currently included on Risk Register	May 2021	Clinical Director
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	AFF	4 actions: There is a risk to this action due to the increase in reporting period from 3 to 6 consecutive months	The escalation policy has been updated and ratified The Birthrate Plus assessment is now complete and we are awaiting the final report.	June 2021	Deputy HOM

Action	Maternity Safety Action	Current Position	Update	Action required to mitigate and resolve issue	Deadline	Lead
				The DS template was increase in April to facilitate 1:1 care & Supernumerary status of co-ordinator. Birth rate acuity tools are now in place and completed on • Delivery suite • Postnatal • Antenatal Twice daily staffing huddle to review which includes acuity and escalation		
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?		8 actions: On track to compete	Band 7 Midwife lead post successfully recruited to. New EPR system procured which will enhance the ease of data collection.	June 2021	SBL Lead midwife / Fetal monitoring Lead MW/ Obstetrician
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		1 action: Complete	The service is compliant with the recommendations. A patient experience report is presented at maternity Governance monthly.	Sept 2020	Deputy HOM
8	Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	AFF	8 actions: There is a risk to this action due to the requirement for 90% of each staff group to attend MDT training. This is a challenge within the anaesthetic team due to issues with backfill	MDT training has recommenced (August). Priority schedule being developed PROMPT training delivered online	June 2021	PD Midwife

Action	Maternity Safety Action	Current Position	Update	Action required to mitigate and resolve issue	Deadline	Lead
			Risk also due to suspension of training during pandemic	Changed requirements since relaunch		
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	AFF	12 actions: There is a risk to the achievement of 35% continuity of carer bookings by March as staffing levels fluctuate due to Covid-19 – need 7 teams to achieve compliance.	Two Continuity teams have been successfully rolled out – 11% women booked onto CofC pathway in November 2 more teams planned for roll out in New Year dependent upon staffing levels.	May 2021	Board level safety champion – exec and non-exec
10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?		1 action: On track to deliver	None required	June 2021	Bereavement Midwife

Appendix 3

Midwifery Staffing Report (Q2)

1.0 Introduction

1.1. The maternity service currently operates a hub and spoke model of care.

1.2. The Obstetric unit is situated at PRH, containing the following units:- Antenatal, Triage, Day Assessment, Delivery Suite, Postnatal, Outpatients and scan. There are also Consultant outpatients based at the Mytton Oak House RSH.

1.3. The Midwife Led Unit at PRH is situated alongside the Consultant Obstetric Unit and was opened for antenatal and postnatal clinics on 9th April and intrapartum care on 27th April.

1.4. The Freestanding Midwifery led unit at RSH continues to be closed to births whilst essential building work takes place. The antenatal, postnatal community visits and outpatient activity including scans operate from this site.

1.5. In addition there are 3 freestanding midwifery led units; Oswestry, Bridgnorth and Ludlow. Births are currently suspended in all of these units pending a public consultation as to the future of midwifery led services in these units. All of the units provide antenatal and postnatal care.

1.6. The service also provides community midwifery care via teams of community midwives linked to each of the MLUs and two further community outposts at Whitchurch and Market Drayton.

1.7. The current model of care is both a traditional model (team working to provide antenatal and postnatal care with core midwives providing inpatient care) and a Continuity of Carer model (better births)

1.8. The activity within maternity services is dynamic and can change rapidly. It is therefore essential that there is adequate staffing in all areas to provide safe high quality care by staff who have the requisite skills and knowledge. Regular and ongoing monitoring of the activity and staffing is vital to identify trends and causes for concern, which must be supported by a robust policy for escalation in times of high demand or low staffing numbers.

2.0 Background

2.1 NICE published the report Safe midwifery staffing for maternity settings in 2015, updated in 2019. This guideline aims to improve maternity care by giving advice on monitoring staffing levels and actions to take if there are not enough midwives to meet the needs of women and babies in the service.

2.2 Safety action number 5 of the Maternity Incentive Scheme asks

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

2.3 The required standard for this is detailed below:

- A systematic, evidence-based process to calculate midwifery staffing establishment is complete.
- The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service
- All women in active labour receive one-to-one midwifery care
- Submit a bi-annual midwifery staffing oversight report that covers staffing/safety issues to the Board.

3.0 Current situation

3.1 The bi-annual report submitted will comprise evidence to support a, b and c progress or achievement. This report is a quarterly review of Q2 data.

3.2 A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated.

- A full Birthrate+ assessment was completed by the service in April 2017.
- Services which do not have the recommended number of midwives as detailed in a Birthrate+ assessment have an increased risk of a high number of midwifery staffing red flags and times when the DS coordinator cannot be supernumerary.
- Agreement was reached in April 2019 to recruit to the recommended level of midwives as detailed in the report.
- A repeat Birthrate+ assessment commenced 27th April 2020 using retrospective data analysis.
- A full workforce plan is in progress **with completion by January 2021**

3.3 Details of planned versus actual midwifery staffing levels. To include evidence of mitigation/escalation for managing a shortfall in staffing.

- Each month the planned versus actual staffing levels are submitted to the national database using the information provided from the Allocate rostering system.
- The template for the areas was corrected in February 20.
- The Covid-19 pandemic had an impact on midwifery and WSA staffing and the MLU and home birth service was suspended for approximately one month during April 20 to support the delivery of care in all other areas.
- The service continues to monitor and report the impact of covid-19 on midwifery staffing nationally.
- The template on DS has been increased but not changed in the system hence the reason for the apparent over establishment of midwives. However, this increase is supported by the positive acuity data and reduction in red flags.
- In Q2 some areas did not achieve 90% fill rate for both midwifery and support staff. The escalation policy is implemented should any area require more midwifery staffing based on patient numbers and acuity/complexity.
- A full workforce plan is expected in January 21 following the completion of the Birthrate+ audit.

Table 3- Fill rates for Delivery Suite and Wrekin midwifery Led unit- %monthly comparison

	Fill Rates DS RM		Fill rates DS WSA		Fill Rates Wrekin RM		Fill rates Wrekin WSA	
	Day	Night	Day	Night	Day	Night	Day	Night
July	130	119	103	101	93	90	79	42
August	123	109	121	99	98	74	105	48
Sept	125	120	105	97.4	99	86	65	45

Table 4 - Fill rates for antenatal ward and postnatal ward - % - monthly comparison

	Fill Rates AN ward RM		Fill rates AN ward WSA		Fill Rates PN ward RM		Fill rates PN ward WSA	
	Day	Night	Day	Night	Day	Night	Day	Night
July	84	100	105	92	106	100	97	98
August	94	119	98	98	101	99	97	101
Sept	96	96	117	96	94	94	101	96

3.4 An action plan to address the findings from the full audit or table-top exercise of Birth Rate+ or equivalent undertaken, where deficits in staffing levels have been identified.

- A workforce plan is being developed following the receipt of the final Birthrate report

3.5 Maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls.

- There is an escalation policy for staff to use in the event of staffing short falls.
- A gap analysis will be completed against the recommended staffing levels in the latest Birthrate report with any deficit being identified and actions taken to mitigate in the short and long term

3.6 The midwife: birth ratio.

- The monthly midwife to birth ratio is currently calculated using the number of Whole time equivalent midwives employed and the total number of births in month. This is the contracted or established Midwife to birth ratio.
- A more accurate midwife to birth ratio is given when using the actual worked ratio which is in use across the West Midlands network for the calculation of monthly midwife to birth ratio. This takes into account those midwives who are not available for work due to sickness or maternity leave whilst adding in the WTE bank shifts completed in each month. This “worked” calculation will show greater fluctuations in the ratio but provides a realistic measure of the number of available midwives measured against actual births each month. This was a recommendation of the RCOG report 2017.

- The reporting of the contracted ratio is a useful measure to assess the recruitment and retention of midwives to the service although will show small fluctuations due to this as well as changes in birth numbers each month.
- The Midwife to Birth ratio ranged from 1:24 to 1:26 (establishment) which represents a positive status in terms of midwives in post for the number of births being performed. Further work is ongoing in order to accurately calculate the worked midwife to birth ratio.

3.7 The percentage of specialist midwives employed and mitigation to cover any inconsistencies. Birth Rate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives. The specialist roles are currently under review as part of the workforce plan to ensure the service has the correct specialist posts for the demographic served and in line with current national initiatives

The service has a wide range of specialist midwifery posts as detailed below:

- IT Digital lead
- Bereavement
- Infant feeding
- Risk / governance
- Education
- CPE/F
- Improving women's health (Mental Health & Substance misuse)
- Safeguarding
- Antenatal and Newborn Screening
- Guidelines
- Professional Midwifery Advocate
- Public Health Midwife
- Diabetes Specialist Midwife
- Saving Babies Lives Lead Midwife
- Fetal Monitoring Lead Midwife

3.8 Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status and the provision of one-to-one care in active labour. Must include plan for mitigation/escalation to cover any shortfalls

- The maternity service implemented the use of the Birthrate intrapartum acuity tool in 2017. This was initially using an excel based programme. From September 2018 the service introduced the web based App. The data is inputted into the system every 4 hours by the Delivery Suite coordinator and measures the acuity and the number of midwives on shift to determine an acuity score. Birthrate defines acuity as "the volume of need for midwifery care at any one time based upon the number of women in labour and their degree of dependency"
- A positive acuity scores means that the midwifery staffing is adequate for the level of acuity of the women being cared for on DS at that time. A negative acuity score means that there may not be an adequate number of midwives to provide safe care to all women on the DS at the time. In addition the tool collects data such as red flags which are defined as a "**warning sign that something may be wrong with midwifery staffing**" (NICE 2015).
- The Royal College of Midwives in discussion with Heads of Midwifery has suggested that a target of 85% staffing meeting acuity should be set but that this can be reviewed and set locally depending upon the type of maternity service. In

addition there should be a compliance with data recording of at least 85% in order to have confidence in the results.

The acuity target was achieved in Q2 at 85%.

- Compliance with completion of the acuity tool has also improved for the scheduled times of reporting (3am 7am, 11am 3pm, 7pm and 11pm) with a confidence rating of 86% being achieved in Q2 with 85% the minimum for reliable data.
- **1:1 care** is defined as “care provided for the woman throughout labour exclusively by a midwife solely dedicated to her care (not necessarily the same midwife for the whole of labour” (NICE 2015). During Q2 there was **1 episode where 1:1 care was not provided.**
- **Supernumerary status** of the coordinator is defined as the coordinator not having a caseload. The acuity tool has time built in for the coordinator to be supernumerary when it is recorded. The data identified that the coordinator was not **supernumerary on 3 occasions in Q2 2020**.

3.9 Number of red flag incidents (associated with midwifery staffing) reported in a consecutive six month time period within the last 12 months, how they are collected, where/how they are reported/monitored and any actions arising (Please note: it is for the trust to define what red flags they monitor. Examples of red flag incidents are provided in the technical guidance).

- SaTH has adopted the red flags detailed in the NICE report. There were 35 reported in Q2 2020 mostly due to delays in Induction of labour. No adverse outcomes were reported as a result of the red flags and the escalation policy was implemented when required to maintain safe staffing.
- The West Midlands Heads of Midwifery Advisory Group is reviewing the current red flags as part of a wider West Midlands work stream in order that all units are reporting on a minimum agreed dataset of red flags in order to offer consistency and ease of benchmarking.

Appendix 4

Perinatal Mortality Review Tool (PMRT) Bi-Monthly report

1.0 Introduction

1.1 Obstetric incidents can be catastrophic and life-changing, with related claims representing the schemes biggest area of spend. Of the clinical negligence claims notified in 2018/19, obstetrics claims represented 10 percent (1,068) of clinical claims by number, but accounted for 50 per cent of the total value of new claims, £2,465.5 million of the total £4,931.8 million.

2.0 Background

2.1 Now in its third year, the maternity incentive scheme supports the delivery of safer Maternity care through an incentive element to trusts contributions to the CNST.

2.2 This report will focus on 2 of the 10 safety actions agreed with the national Maternity Safety Champions in partnership with the Collaborative Advisory Group (CAG).

- **Safety Action 1**: Are you using the perinatal mortality review tool to review perinatal deaths to the required standard?
- **Safety action 10**: Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?

3.0 Current situation

3.1 A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 will have been started within four months of each death. This includes deaths after home births where care was provided by your trust staff and the baby died.

3.2 At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your trust, including home births, from Friday 20 December 2019 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool, within four months of each death.

3.3 For 95% of all deaths of babies who were born and died in your trust from Friday 20 December 2019, the parents were told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your trust staff and the baby died.

3.4 Monthly reports are submitted to Trust Board as part of the overarching maternity paper.

3.5 Quarterly reports have been submitted to the Trust Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the trust maternity safety champion.

3.6 Acute maternity trusts are required to notify NHS Resolution within 30 days of all babies born at term (≥37 completed weeks of gestation), following labour, that have had a

potentially severe brain injury diagnosed in the first seven days of life, based on the following criteria:

- Have been diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); OR
- Were actively therapeutically cooled; OR
- Had decreased central tone AND were comatose AND had seizures of any kind.

4.0 Assessment of cases for Oct 2020

4.1 **Stillbirths**- There was 1 still birth reported in this month and the PMRT tool was commenced. The family was written to and a formal review with an external Consultant was held on the 8th October 2020. The criteria were met for all three categories and the service met 100% compliance.

4.2 **Neonatal deaths** -There were no neonatal deaths in month

4.3 **Late fetal losses** –There were no late fetal losses recorded in month

4.4 **NHS Early Resolution's Early Notification** – There were 2 qualifying incidents in month both of which were reported.

4.5 **HSIB referrals** – There were 2 HSIB referrals in month equalling 100% compliance (these were the same cases reported to ENS).

Appendix 5

Maternity Improvement Plan (MIP)

1.0 Update

1.1 A full review and update of the MIP in underway and actions aligned to the relevant MTP work streams. Each plan has a designated lead with monthly updates scheduled to Maternity Governance with exception reporting to Care Group Committee. Quarterly reports scheduled to be received at MQOC. Current areas for focus include:

- Saving Babies Lives Care bundle
- CNST Incentive Scheme
- NHSEI Self-assessment

Nicola Wenlock, Director of Midwifery
December 2020