University Hospitals Bristol and Weston NHS Foundation Trust

Meeting of the Quality and Outcomes Committee on Tuesday 28th June 2022

Report Title	**Maternity Perinatal Quality Surveillance Matrix and Maternity Incentive Scheme (MIS) Monthly Update**
Report Author	[redacted]
Executive Lead	[redacted]

1. Report Summary

This report provides the board monthly oversight with regard to the safety matrices of our maternity and neonatal services for the month of May 2022. This report is a standing agenda item as per the recommendations set out in the Maternity Incentive Scheme (MIS) Year 4 and the NHS England report, *Implementing a revised perinatal quality surveillance model.*

2. Key points to note

(Including decisions taken)

Strengths:

- Implementation of Continuity of Carer (CoC) presently 49.2%, with BAME at 47.1% and IMD 1(most deprived) at 76.1%.
- We received 155 formal compliments, (themes were clinical care/help and support/staff attitude)
- There have been no new Healthcare Safety Investigation Branch (HSIB) cases for May
- Safety walkaround on NICU highlighted excellent supporting culture expressed by the staff, also evidenced by their high Greatix reporting.
- Received positive feedback from maternity insight visit by regional team. It was noted that we are a strong cohesive team, we are comfortable with colleagues providing 'check and challenge' reviews.
- [redacted]

Weaknesses:

- Sporadic capacity issues with the flow of inductions (to match increasing demand)
- Ongoing lack of appropriate antenatal scan capacity to manage implementation of some specific scan pathways for large or small for gestational age (LGA/SGA) babies in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidance, due to difficulties with recruitment and retention of sonographers

- Obstetric emergency and fetal monitoring training is not compliant with the 90% target for all staff groups. Extra sessions are being scheduled. All midwives are booked on sessions and will be compliant at the end of the reporting period. There is a plan for all new doctors to do training when they start the new rotation in August 2022.

Opportunities:

- Received confirmation of funding for elective caesarean section list to increase capacity to manage the current and increasing number of planned ("elective") caesarean sections.
- Multidisciplinary team (MDT) review of final Ockenden report, collaboration across Local Maternity System (LMS) with shared reporting proforma. Leads assigned to review and progress individual actions. Regional insight visit highlighted opportunities to be made of Ashcombe Birth Centre to support health inequalities, Maternity Voices Partnership (MVP) keen to be involved to help raise the local profile of Ashcombe.
- Staff concerns shared monthly with the Maternity and Neonatal Safety Champions and actions fed back to staff, current themes continue to include:
    - Staffing, staff off with covid impact on staffing levels and challenges to get cover

Threats:

- The connectivity issues and capacity constraints within the community midwifery teams to input data into the Maternity Careflow system is a risk associated with a potential failure of clinical negligence scheme for trusts (CNST). This has been escalated and is on the risk register. Manual audits permitted by CNST to replace electronic data entry to be re-instated June 2022.
- The service will require an extra 16.1 WTE midwives in the funded establishment to achieve Continuity of Carer as default model of care in April 2023; an action plan has been escalated to Trust Board.
- Risk to continued planned roll out of Continuity of Carer due to vacancies; there will be 6.7 WTE vacancies in the community from start of May due to resignations and 2 midwives have retired. Recruitment on-going. Although CoC has risen this month overall, those on the CoC pathway recorded as BAME or IMD 1 has reduced because two teams temporally suspended due to staffing.
- Birthrate Plus (midwifery workforce assessment tool) review has assessed we need 1 extra midwife in funded establishment to meet the current demand and acuity.
- Ongoing lack of appropriate antenatal scan capacity to manage implementation of some specific scan pathways for large or small for gestational age (LGA/SGA) babies in line with RCOG guidance, due to difficulties with recruitment and retention of sonographers
- Ockenden safety action recommends two MDT consultant led ward rounds on CDS (central delivery suite) day and night. Presently the Consultant undertakes two ward

rounds during the day, but the Consultant is not present at the ward round at night. A regional bid for funding (Ockenden funding) was unsuccessful. Alternative rostering arrangements are being reviewed.

3. Risks
If this risk is on a formal risk register, please provide the risk ID/number.

The risks associated with this report include:

1. **3343 - delayed elective LSCS**
2. **2264 - delayed induction of labour**
3. **5652 - Risk that St Michael's Hospital (STMH) cannot offer an induction of labour (IOL) at 41 weeks as recommended by NICE guidelines**
4. **33/3623/988 - NICU staffing/BAPM**
5. **3553 Risk that the trust will not achieve CNST safety standards**
6. **4810 Risk that if the trust does not achieve continuity of carer we will not achieve CNST safety standards**
7. **3643 Risk that patient care will be compromised if remote IT access is not improved to provide a reliable accessible secure system**

4. Advice and Recommendations
*(Support and Board/Committee decisions requested)***:**

- This report is for **Information.**

5. History of the paper
Please include details of where paper has previously been received.

Women's Governance	20/06/2022