

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 12 August 2024

Title: SPSP Perinatal Collaborative
Quality & Safety Maternity Work stream

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1. Purpose

This is presented to the Committee for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective

2. Report summary

2.1 Situation

This paper provides an overview of progress in relation to the core Scottish Patient Safety Programme (SPSP) measures and also the Excellence in Care (EiC) measures which apply to Maternity services, to provide assurance to Healthcare Governance Committee and subsequently the NHS Board.

2.2 Background

NHS Boards report regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP and EiC.

The Maternity and Children Quality Improvement Collaborative (MCQIC) was launched in March 2013 and is a programme of quality improvement (QI). The MCQIC collaborative has now evolved into the SPSP perinatal collaborative and covers two work streams of SPSP Perinatal (Maternity and Neonatal services) and SPSP Paediatrics. This paper presents the Maternity work carried out under the auspice of SPSP Perinatal improvement work.

The overall aim of the programme is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies, children and families across all care settings in Scotland.

A partnership agreement between SPSP previously MCQIC and NHS Ayrshire & Arran in relation to the way forward with new measurements was signed off and sent to all relevant parties on 29 January 2024.

The Maternity work stream reports nationally on agreed measures within the Maternity Care Measurement matrix. Under the terms of the joint Partnership Agreement with the SPSP Team, NHS Ayrshire & Arran have agreed to measure the following within maternity services:

Core:

- **Reduce stillbirth rates** (*continued from previous reporting*)
- **Maternal deterioration (MEWS)**, (*previously collected and reported locally*)
- **PPH rates >1.5 litres** (NEW Measure)
- **Caesarean Birth** (*New measure not on reporting toolkit, but for discussion locally*)

EiC forms part of the government's response to the Vale of Leven Hospital Inquiry Report, and focuses on four key deliverables:

- A nationally agreed (small) set of clearly defined key measures/indicators of high quality nursing and midwifery
- A design of local and national infrastructure, including an agreed national framework and "dashboard"
- A framework document that outlines key principles/guidance to NHS Boards and Integrated Joint Boards on development and implementation of local care assurance systems/processes
- A set of NHS Scotland record-keeping standards

For EiC we are focussing on MEWS escalation compliance and babies who receive skin to skin contact within one hour of birth.

Improvement activity is monitored via the improvement advisor for the unit, and discussed locally at the QI meetings to provide assurance. Current activity and performance is included in the assessment section below.

A launch of the new programme and flow of information will take place on 28 May 2024, with representation from The Board's EIC Team and QI Team in conjunction with the QI Advisor for Women and Children's Services. The aim of the day is to provide an overview of how all workstreams interlink with each other and why.

2.3 Assessment

The overall aims of the SPSP Perinatal Collaborative Maternity Care strand continues to ensure the best possible care is given to our mums and babies within Ayrshire Maternity Unit. We are looking at ways of capturing information on service user satisfaction from Care Opinion, Social media sites (Facebook), and also via complaints to ensure any issues are addressed and improvements made.

Rate of Post-Partum Haemorrhage (PPH)

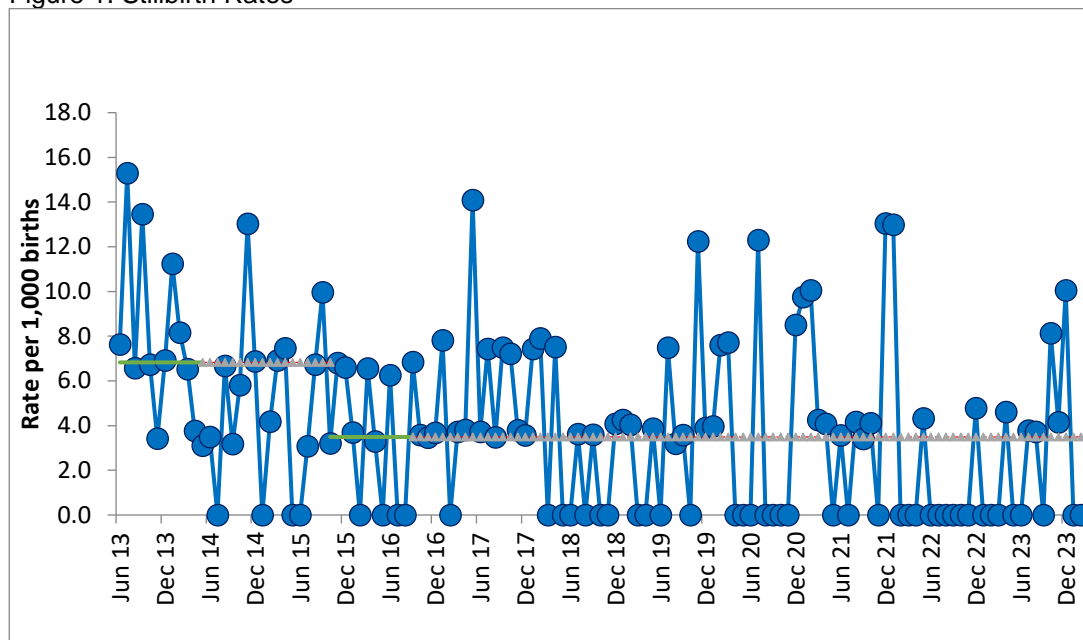
Historically we collected outcome data on severe PPHs (≥ 2.5 litres) along with three process measures; Use of Tranexamic Acid to control blood loss, use of a post event checklist and the measurement of cumulative blood loss. As the data has demonstrated continuous improvement, a decision will be taken at the AMU Perinatal QI meeting in May as to whether we stop this measurement as the SPSP team now require us to measure the rate of PPHs >1.5 litres. Data will be available for the next reporting period.

Rate of Stillbirths

NHS Ayrshire & Arran continue to demonstrate sustained improvement against the national stillbirth rate. However, since January 2022 we have reported four intra uterine deaths within our Unit. This also includes any termination of pregnancy due to fetal anomaly. Each case has been reviewed utilising the Perinatal Mortality Review Tool (PMRT) and subject to the Being Open process. None of the cases were linked to care provision when reviewed and were found to be unavoidable.

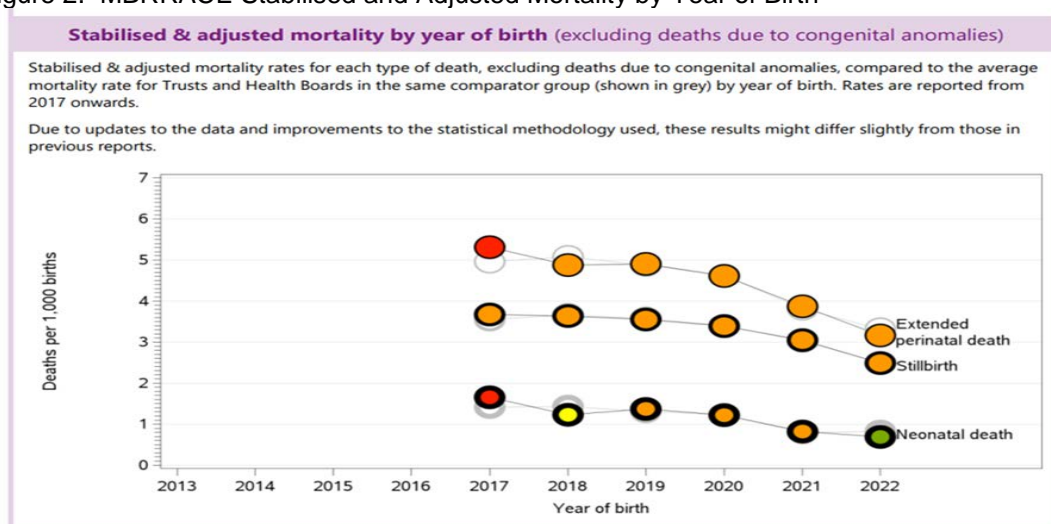
Figure 1 below demonstrates the rate of still births per 1,000 births from June 2023 through to February 2024.

Figure 1. Stillbirth Rates



MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) released the latest data for 2022 which can be found in **Figure 2** below, this was officially published on 14 March. This demonstrates sustained reduction in Perinatal Mortality since 2017. In 2022 we had two stillbirths and no neonatal deaths which has given us the lowest PMR since MBRRACE started in 2013.

Figure 2. MBRRACE Stabilised and Adjusted Mortality by Year of Birth



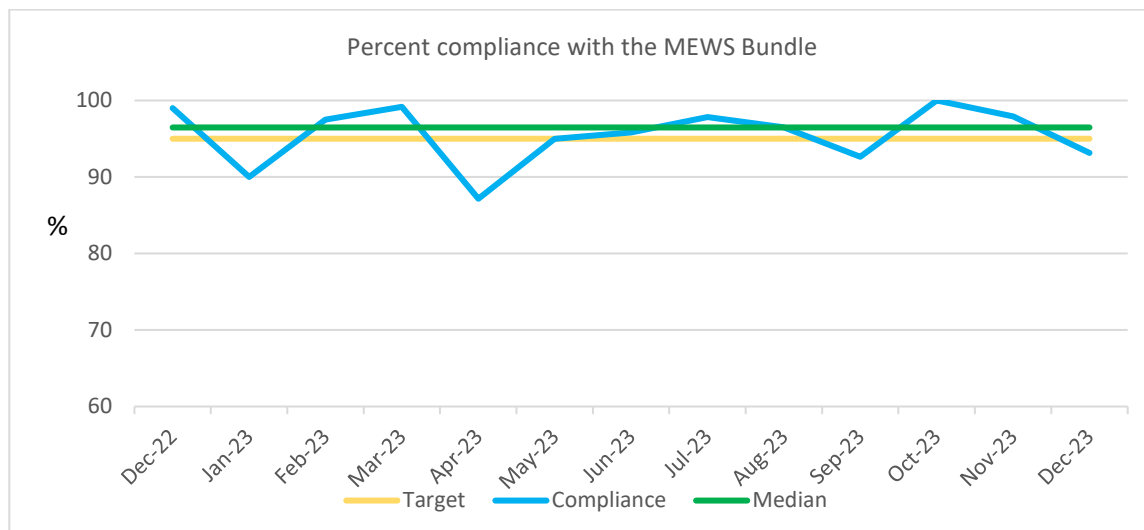
Maternity Early Warning System

The Maternity Early Warning Score tool was launched within Maternity Services at AMU on 24 December 2018.

Compliance with the Maternity Early Warning System (MEWS) is measured as part of the SPSP Perinatal Programme and EIC. This data is entered into the QI Portal in order that we can measure each department's individual compliance. The reporting of this measure is currently under review using improvement methodology and may be subject to change from mid-2024.

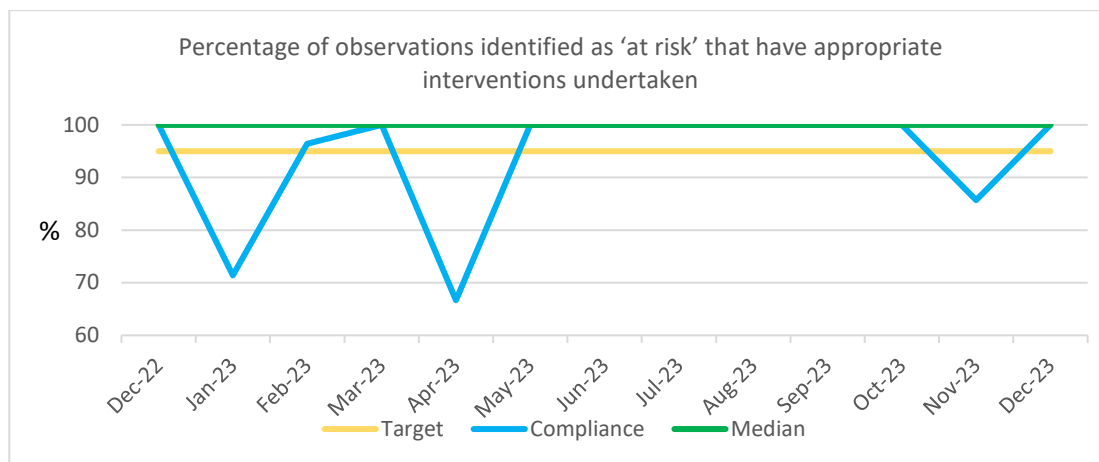
The data below demonstrates compliance with the tool for 12 months from December 2022 for all relevant departments in AMU. A report is generated each month to the Senior Charge Nurse (SCN)/Senior Charge Midwives (SCMs) via the Clinical Midwifery Managers (CMMs) highlighting where the recommended target of 95% compliance has not been achieved and support offered.

Figure 3 Percentage compliance with the MEWS bundle



The compliance with the MEWS bundle from Dec 22 to Dec 23 was 96%, which exceeds the target of 95%. This data is reviewed monthly and broken down by area. Where the target has not been met, this is highlighted to the Clinical Midwifery Manager and Senior Charge Nurse responsible for the area in question to allow for further investigation.

Figure 4. Percentage of Observations identified as 'at risk' that have appropriate interventions undertaken in terms of their management as categorised by MEWS



The compliance with percentage of observations identified as 'at risk' that have appropriate interventions undertaken in terms of their management as categorised by MEWS from Dec 22 to Dec 23 was 94%, which is slightly below the target of 95%. As above, this data is reviewed monthly and broken down by area. Where the target has not been met, this is highlighted to the Clinical Midwifery Manager and Senior Charge Nurse responsible for the area in question to allow for further investigation. The dips noted to on this chart are being reviewed nationally linked to a change in collection tool criteria.

Skin to Skin Contact

One of the EIC measures is Skin-to-Skin Contact. Skin-to-skin contact is the practice where a baby is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Skin-to-skin contact can also take place any time a baby needs comforting or calming and to help boost a mother's milk supply. Evidence would suggest that skin-to-skin contact after the birth helps babies and their mothers in many ways.

In NHS Ayrshire & Arran, Skin-to-Skin documentation has been recorded since the introduction of the BadgerNet system in December 2020.

From January 21 – December 22, an average of 97% of women commenced skin-to-skin contact with their baby within the recommended one hour timeframe since the birth. Since January 2023, the average was showing a reduction to 77%. There appears to be an issue with the recording of this data on BadgerNet, which may be attributed to this reduction. This is currently being investigated with a view to resolving this issue. We have been assured that skin-to-skin is still taking place routinely.

2.3.1 Quality/patient care

The overall aim of the Perinatal/EIC programme is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies, children and families across all care settings in Scotland.

- NHS Ayrshire & Arran continue to demonstrate sustained improvement with stillbirth rates previously; however in this report we are highlighting a slight rise that has been scrutinised as part of the adverse events process. We are satisfied that none of these cases were avoidable.
- Compliance with the MEWS bundle is high in most areas. Any areas reporting below the required 95% compliance is escalated to the Clinical Midwifery Managers for action.
- Skin-to-skin data is currently being reviewed on the BadgerNet system to ensure full compliance with recording.

2.3.2 Workforce

The QI workforce and alignment is currently under review.

2.3.3 Financial

There may be financial implications identified as new National Standards of care are identified. This will be discussed as the programme progresses.

2.3.4 Risk assessment/management

Delivery of the programme is aimed at reducing harm within Women & Children's services. Non delivery of the programme could impact on the provision of a safe service and reputation of the organisation if timely effective implementation does not happen.

2.3.5 Equality and diversity, including health inequalities

By working towards compliance with each of the measures as agreed with the SPSP collaborative Partnership, we aim to protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

No impact assessment has been completed as the measures are defined by the National programme which has the population to be included defined.

2.3.6 Other impacts

The delivery of the elements contained within the EIC, and SPSP programme will support the Board's commitment to safe, effective and person centred care.

We aim to provide compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

We will protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- A partnership agreement between SPSP collaborative and NHS Ayrshire & Arran in relation to the way forward with new measurements were signed off and sent to all relevant parties on 29 January 24.
- Any issues arising are taken forward at the Maternity Clinical Governance Group.

2.3.8 Route to the meeting

This subject is a rolling update for this paper; however as above, the work detailed in this paper is discussed at the Quality Improvement meeting and the Maternity Clinical Governance meetings as a standing item on the agenda. This is the first time this version of the paper has been submitted to a Committee.

2.4 Recommendation

The Board is asked to discuss and note the quality improvement and safety activity in Maternity Services as part of the SPSP programme and Excellence in Care.