

**Item 12.2**

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| **Report to:** | Board of Directors |
| **Date of Meeting:** | 26 June 2024 |
| **Subject:** | CQC Section 31 Update |
| **Director Sponsor:** | Dawn Parkes - Interim Chief Nurse |
| **Author:** | Sascha Wells-Munro, Director of Midwifery |

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| **Status of the Report** (please click on the appropriate box)  Approve  Discuss  Assurance  Information  A Regulatory Requirement |

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| **Trust Priorities**  Our People  Quality and Safety  Elective Recovery  Acute Flow | **Board Assurance Framework**  Quality Standards  Workforce  Safety Standards  Financial  Performance Targets  DIS Service Standards  Integrated Care System |

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| **Summary of Report and Key Points to highlight:**  On the 25 November 2022, the CQC, under Section 31 (S31) of the Health and Social Care Act 2008 imposed conditions on the Trust registration in respect of maternity and midwifery services. This Trust updates the CQC monthly on the 23rd of the month with progress against the S31 notice.  **Recommendation:**   * To approve the June 2024 monthly submission to the CQC which provides assurance on progress and impact on outcomes in April 2024. |

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| **Report History** | | |
| **Meeting** | **Date** | **Outcome/Recommendation** |
| Quality Committee | 18 June 2024 | Recommended to Board for approval. |

**CQC Section 31 Progress Update**

Maternity Services at York and Scarborough NHS Teaching Hospitals Foundation Trust have embarked on a programme of service and quality improvements.

This report provides assurance on the progress to date in delivering against the improvement plan for the purpose of the monthly submission to CQC following the Section 31 notice.

**A.2 Fetal Monitoring**

**A.2.2 Fetal Monitoring Training**

Current Fetal Monitoring compliance figures, by site, at the end of April 2024 are outlined below.

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| Staff Group | York | Scarborough |
| Midwives | 93% (174/187) | 85% (61/72) |
| Consultants | 93% (14/15) | 75% (6/8) |
| Obstetric medical staff | 88% (14/16) | 83% (10/12) |

One Consultant at Scarborough has undertaken the Fetal Monitoring training day during May 2024 which has increased compliance to 88%, the remaining Consultant is not currently undertaking acute activity on the maternity wards and will complete the training day before they return to this area. Projections indicate the required compliance of 85% will be maintained into Q2 of 2024.

**A.4 Assessment and Triage**

On the 12 May 2023, the Birmingham Symptom Specific Obstetric Triage System (BSOTS) Triage system went live at York Hospital and partially from 3 July 2023 at Scarborough. The triage system is part of the BadgerNet software, the system facilitates the prioritisation of women based on needs.

The introduction of BSOTS in January 2023 is demonstrating a steady reduction in the number of red flags reported which are outlined in the NICE safe midwifery staffing for maternity settings (2015). These will continue to be monitored as a key safety metric for our service in demonstrating safe staffing. This is observed through the compliance figures.

To date, a report has not yet been received to allow auditing and evidence of telephone triage. The team continue to work with the team supporting the Maternity and Neonatal Single Improvement Plan looking at national metrics and reporting. This has been escalated through our Director of Midwifery and Chief Nurse.

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On 15th January 2024, Scarborough commenced the use of a dedicated triage area next to the maternity ward to support the full implementation of BSOTS. Recruitment has not been as successful as anticipated..

In April, 8% of Registered Midwife shifts and 35% of MSW/HCA shifts were unfilled. Of the Registered Midwife shifts filled, 60% were of these were through the use of agency midwives, therefore requiring substantive member of staff to swap their planned area of work. Training is underway foraAgency midwives to be able to undertake shifts in triage with the trust electronic patient record and BSOTS mandatory training.

Staffing remains a challenge across the Scarborough site which has resulted in Triage closing on numerous occasions, in order to monitor closures, staff are requsted to complete a datix when the service is closed and this is discussed at the Daily safety huddle meeting from April.

The Yorkshire Audit into Maternity Triage showed limited compliance with training and varied documentation on BadgerNet. Compliance to date demonstrated below and reported through the Maternity Assurance Group.

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| Documentation Audit - April 2024 | |
| **DR Specialist review** | Documented in the correct place |
| York | 72% |
| SGH | 100% |
|  | 86% |

1. Governance and Oversight of Maternity Services

**B.1 Post-Partum Haemorrhage**

**PPH over 1.5 litres**

PPH is included as one of the key priority areas in the Trust Patient Safety Incident Review Plan launched in December 2023.

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| Blood Loss | Number in April 2024 |
| 1.5l – 1.9l | 11 (range 1.5l – 1.9l) |
| 2l – 2.4l | 2 (range 2l – 2.4l) |
| > 2.5l | 2 (2.4l - 2.7l) |

There has been a decrease in the PPH rate at both sites since a peak in November 2023. All PPH over 1.5 litres are reviewed at the Maternity Case Review meetings and a cluster review will be completed in July 2024 which will inform the Quality Improvement project.

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**PPH between 1000ml – 1499ml**

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The rate of PPH between 1000ml and 1499ml has decreased since October 2023. This rate is also monitored by the PPH Improvement Group.

**B.2 Incident Reporting**

There were 16 moderate harm incidents reported in April 2024.

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| **Datix Number** | **Incident Category** | **Outcome/Learning/Actions** | **Outcome** |
| 14784  15179  15273  15731  16243  16291  16031  16250 | PPH >1500ml | Cluster review to be completed in June 2024, this will link with the PPH QI project | Awaiting the outcome of the review to inform QI projects |
| 15218 | Postnatal readmission | Reviewed at the Maternity Case Review meeting | Learning identified and shared |
| 16254  16288 | 3rd degree tear | To be included in the quarterly perineal tear audit | Audit to be shared in Guideline and Audit meeting in Q2 |
| 15195  16285 | Unexpected stillbirth | For review using the Perinatal Mortality Review Tool | Initial review undertaken, awaiting MDT review |
| 15243 | Neonatal Death | For review using the Perinatal Mortality Review Tool | Initial review undertaken, awaiting MDT review |
| 16082  16230 | Low cord gas | Reviewed at the Maternity Case Review meeting | Learning identified and shared |

**B.4 Management of Risks**

**B.4.1.1 Project Updates York**

The renovation of the maternity theatres at York started on 12 February 2024. The renovation of theatre 1 was completed in May 2024 with work starting on theatre 2 at the beginning of June 2024, work is expected to be completed in six weeks.

There is a daily audit of baby tags by the ward managers on both sites. The estates team undertake monthly testing of the baby tagging equipment to ensure it is working as it should.

**B.4.1.2 Project Updates Scarborough**

The infrastructure is in place at Scarborough for the implementation of x-tags, the Capital Project team will be working with the operational and security teams during June to complete this project. Until this work is completed, the use of Hugs tags continues to be effective at Scarborough.

**B.4.2 Scrub and Recovery Roles**

The recruitment of scrub and recovery roles for maternity theatres continues. There is a rolling recruitment advert targeting experienced theatre staff to work in maternity theatres and a rotational programme giving practitioners experience in maternity following placements in vascular, urology, gynaecology, and general surgery.

Scrub and recovery shifts continue to be offered as overtime and bank to midwives and theatre staff with a system in place to allow all staff to identify vacant shifts and book onto them.