

**Trust Board
Report Summary**

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| Date of meeting: 7 th March 2024 | |
| Title of Document: Perinatal Mortality Report Tool (PMRT) reporting Quarter 3 2023/2024 | |
| To be presented by: Emma Sweeney, Interim Chief Nurse | Author: Zoe Gentry, Risk and Governance Midwife |
| 1. Status: For Approval /Discussion/Assurance/Noting/Information | |
| 2. Purpose: To update the Board on Compliance with PMRT standards in relation to CNST Safety Action 1 | |
| Relates to: Maternity Services | |
| Strategic Objective | SO1 Keep people in control of their health SO3 Develop our centres of excellence |
| Operational performance | |
| Quality | Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong |
| Legal, Regulatory, Audit | Requirement to complete reviews on all perinatal losses, assessing the care against the national standards to enable learning to be identified at local and national levels. This will enable the Trust to provide safer care and provide patients with the best possible experience. |
| Finance | Risk to reputation and subsequent financial loss by not meeting the incentive scheme standards |
| Governance | If we do not have effective safety standards and assurance mechanisms in place, we cannot demonstrate learning from perinatal loss and provide assurance to parents and families that we have responded to any concerns. |
| NHS policy/public consultation | Lined to NHS Resolutions Maternity Incentive Scheme |
| Accreditation/ Inspection | N/A |
| Anchor institutions | N/A |
| ICS/ICB/Alliance | Close links to the LMNS (Local Maternity and Neonatal System in the ICB support the safety and quality agenda |
| Board Assurance Framework (BAF) Risk | |
| Other | |

3. Summary:

In order to meet the requirements of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Safety Action 1, NHS Trusts are required to have in place quarterly reporting to Trust Boards, demonstrating that the National Perinatal Mortality Review Tool (PMRT) is being used to review perinatal deaths, to the required standard.

Year five of the Maternity Incentive Scheme launched in May 2023. The requirements set out in the revised scheme are as follows:

- a) All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days. For deaths from 30 May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death.
- b) For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from 30 May 2023 onwards.
- c) For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.
- d) Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.

The report is intended to provide assurance that the required standards have been met, and to advise on the progress of each review, together with lessons learned and conclusions drawn from the quarterly data.

4. Recommendations / Actions

To receive for assurance, and approval

Quarter 2 2023/2024

Compliance with year 5 for to date

| Initiative | % Compliance | RAG |
|---|--------------|-----|
| All eligible deaths to be notified to MBBRACE- UK within seven working days | 100% | |
| Surveillance information must be completed within one month | 100% | |
| 95% of cases will have been started within 2 months of the death | 100% | |
| 60% of all deaths have been reviewed and drafted within four months. | 100% | |
| 60% of all deaths have been published within six month. | 100% | |
| 95% of parents will have been told of the review | 100% | |

Summary of Stillbirths and Neonatal Death (NND) for Q3 2023/2024.

From October to December there were 5 reportable termination of pregnancy for fetal anomalies over 22 week's gestation. One of these was born alive and registered as a neonatal death. These did not require full PMRT and were reported to MBBRACE in the required timeframe.

There was 1 reportable neonatal deaths requiring full PMRT death was due to extreme prematurity

There were 3 reportable IUFD. One has required referral to MNSI due to presenting in labour therefore meeting the criteria for external review. One case removed from Trust statistics as not know to ESNEFT and death occurred in the community.

| | Number of cases | Number of cases notified to MBRRACE-UK | Number of PMRT reviews requiring surveillance. | % Compliance |
|---|-----------------|--|--|--------------|
| Termination of pregnancy October-December 2023 | 4+1 NND | 4+1 | NA (TOP do not need to have further information beyond reporting) | 100% |
| Stillbirths, October-December 2023 | 3 | 3 | 2 (1 excluded due to concealed pregnancy) | 100% |
| Neonatal Deaths October-December 2023 | 1 | 1 | 1 | 100% |
| Overall Compliance | 9 | 9 | 3 | 100% |

Quarter 2 compliance with standards.

PMRT standards A

All eligible perinatal deaths should be notified to MBRRACE-UK within seven working days

Standard B

95% of Parents were informed that a review of their baby's death will take place and that their perspective and any concerns about their care and that of their baby have been sought.

| | Number of cases | Parents perspectives sought | Compliance |
|------------|-----------------|-----------------------------|------------|
| PMRT cases | 3 | 3 | 100% |

Standard C

95% of all deaths of babies, suitable for review using the PMRT, from 30th May 2022 will have been started within two months of the death. A minimum of 60% will be at the draft report stage within 4 months and published by 6 months

| | Number of cases | Reported started within 2 months | Compliance | Drafted within 4 months | Compliance | Published at 6 months | Compliance |
|----------------|-----------------|----------------------------------|------------|-------------------------|------------|-----------------------|------------|
| Stillbirths | 2 | 2 | 100% | 1 to date | 50% | 1 | 50% |
| Neonatal death | 1 | 1 | 100% | 1 | 100% | 1 | 100% |
| Total overall | 3 | 3 | 100% | 2 | 75% | 2 | 75% |

One case is yet to have an MDT but will be scheduled as and when results returned. There are no foreseen delays at present to indicate a concern with meeting the deadlines.

Standard D

Quarterly reports submitted to Trust executive board – this is the third quarterly report under the new standards submitted to the divisional management team for inclusion at Trust board.

Learning from reviews

Of the deaths occurring in this period we have completed 2 of the reports. Learning identified has included ensuring a vaginal swab is sent when performing a speculum and sending a sample when urinalysis is positive. These were incidental and not linked to the outcomes.

Summary and key highlights/ escalations from Q2

| Issue | Mitigation | Timescales |
|---|---|------------|
| Failsafe reporting does not allow visibility of <24 week IUD's which require reporting. | Verbal handover of any reportable incidents occurs at the daily safety huddles which triggers the requirement for a Datix. Potential human error remains a risk, reviewing further potential for failsafe measures. | Ongoing |

| | | |
|---|--|------------|
| | Escalation the same as last quarter as there is no solution but mitigation appears to be adequate. | |
| Provision of bereavement services following different models on each site | This is the focus a service review to align. | April 2024 |
| Resource required for PMRT function | Increased workload is factored into workforce and governance review to ensure it remains appropriate. | Jan 2024 |
| Patient engagement | It has been identified that responsibility of feeding back reports to women was not conducted effectively on one site and is now being rectified. Governance are absorbing communication to ensure formalised across ESNEFT however this is additional workload taken on for PMRT. | |

Highlights

- The year 5 safety action 1 from the maternity incentive scheme was submitted as compliant. This will mean we have maintained standards set out for 5 years running.
- The 2023 stillbirth report is being written by the Governance midwife and will be shared in due course.
- All cases are being reviewed within the stipulated timeframes with the required panel members and a good working relationship with The West Suffolk Trust has also allowed some sharing of consultants when external opinions are required.
- The meetings continue to be scheduled as a standard meeting every other Friday afternoon for 2 hours where we can review up to 3 cases at a time and have good clinical representation.