NHS
East Suffolk and North Essex
NHS Foundation Trust

Trust Board of Directors

Report Summary

<table>
<tr><td colspan="2">Date of meeting: 2nd May 2024</td></tr>
<tr><td colspan="2">Title of Document: PMRT reporting Quarter 4 2023/2024
Maternity Safety Standard #1 – Use of the National Perinatal Mortality Review Tool.</td></tr>
<tr><td>To be presented by: Anne Rutland</td><td>Author: Zoe Gentry</td></tr>
<tr><td colspan="2">1. Status: For Information, Assurance, and Approval.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">Relates to:</td></tr>
<tr><td>Strategic Objective</td><td>Keep people in control of their health;
Develop our centres of excellence</td></tr>
<tr><td>Operational performance</td><td>Operational performance will impact positively on patient safety and patient experience</td></tr>
<tr><td>Quality</td><td>Quality: The board is cautious when it comes to quality and places the principle of "no harm" at the heart of the decision. It is prepared to accept some risk if the benefits are justifiable and the potential for mitigation is strong.</td></tr>
<tr><td>Legal, Regulatory, Audit</td><td>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.</td></tr>
<tr><td>Equality and diversity</td><td></td></tr>
<tr><td>Finance</td><td>Risk to reputation and subsequent financial loss by not meeting the incentive scheme standards</td></tr>
<tr><td>Governance</td><td>NA</td></tr>
<tr><td>NHS policy/public consultation</td><td>The newly founded NHS Impact supports continuous improvement</td></tr>
<tr><td>Accreditation/
Inspection</td><td>Regulatory frameworks expect Trusts to have a programme of continuous improvement</td></tr>
<tr><td>Anchor institutions</td><td>NA</td></tr>
<tr><td>ICS/ICB/Alliance</td><td>NA</td></tr>
<tr><td>Board Assurance Framework (BAF) Risk</td><td>BAF Risk 4: If ESNEFT does not have the correct quality assurance mechanisms in place, then it may fail to maintain or improve the quality and safety of patient services, resulting in poor patient care, increased health inequalities, experience and potential harm.</td></tr>
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Other	NA

Year five of the Maternity Incentive Scheme launched in May 2023 and ended in December 2023. Year 6 requirements were released in April and are as follows:

a) **Notify all deaths:** All eligible perinatal deaths should be notified to MBRRACEUK within seven working days.
b) **Seek parents' views of care:** For at least 95% of all the deaths of babies in your Trust eligible for PMRT review, Trusts should ensure parents are given the opportunity to provide feedback, share their perspectives of care and raise any questions and comments they may have from 8 December 2023 onwards.
c) **Review the death and complete the review:** For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 8 December 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 and published within six months.
d) **Report to the Trust Executive**: Quarterly reports should be submitted to the Trust Executive Board on an on-going basis for all deaths from 8 December 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

The Board is asked to note the content and approve the report.

Quarter 4 2023/2024

Compliance with year 6 to date

Initiative	% Compliance	RAG
95% of all eligible deaths to be notified to MBBRACE- UK within seven working days	100%	
95% of cases will have been started within 2 months of the death	100%	
60% of all deaths have been published within six month.	0% - however all on track	
95% of parents will have been told of the review	100%	

Summary of reportable fetal losses for Q4 2023/2024.

From December to March there were 4 reportable termination of pregnancy. These cases were all reported within 7 days and did not require full PMRT. There were 2 reportable neonatal deaths requiring full PMRT. There were 4 reportable IUFD.

Quarter 4 compliance with standards.

PMRT standard A

95% all eligible perinatal deaths should be notified to MBRRACE-UK within seven working days

	Number of cases	Number of cases notified to MBRRACE-UK	% Compliance
Termination of pregnancy January 2024-March 2024	4	4	100%
Stillbirths, January 2024-March 2024	4	4	100%
Neonatal Deaths January 2024-March 2024	2	2	100%

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	6	6	100%

Standard C

95% of all deaths of babies, suitable for review using the PMRT, from 8 December 2023 will have been started within two months of the death. A minimum of 60% will published by 6 months.

	Number of cases	Reported started within 2 months	Compliance	Published at 6 months	Compliance
Stillbirths	4	4	100%	0- To be scheduled	50%
Neonatal death	2	2	100%	0- To be scheduled	100%
Total overall	6	6	100%	0- To Be scheduled	75%

All cases are awaiting the MDT review to be either conducted or the report to be agreed and completed. All are on track. There are 2 currently which cannot be completed until the investigation is completed. This may delay the completion however if they were to breach the 6 months the compliance would remain above the 60% target.

Standard D

Quarterly reports submitted to Trust executive board – this is the firtst quarterly report under the new standards submitted to the divisional management team for inclusion at Trust board. These have continued quarterly following the last standards.

Learning form reviews

There needs to be a robust digital way to record calls made to maternity triage at Ipswich where there is currently a paper based tool used.

Referrals to preterm birth clinic need to be arranged timely and communicated to the woman so the importance is understood to ensure appropriate management is in place.

Summary and key highlights/ escalations carried over from Q3 and new escalations from Q4

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. Escalation the same as last quarter as there is no solution but mitigation appears to be adequate.	Ongoing
Tele-medication through MSI	ESNEFT have had their second stillbirth recorded following a woman accessing care through MSI. An initial assessment is not required and on both occasions the fetus was estimated at birth to be of a viable gestation. This is being discussed locally with the ICB and regionally also.	

Highlights

- The year 6 safety action 1 from the maternity incentive scheme commenced immediately following the submission of year 5. Between the completion and release of year6 the standards were maintained and therefore we remain compliant.
- The 2023 stillbirth report is still in progress with the Governance midwife. This unfortunately has been delayed due to workload.

- ESNEFT have been notified that the ODN are remunerating neonatal consultants to attend external PMRT's fro NND reviews which will make the process of arranging this easier.