

# East Kent Hospitals University NHS Foundation Trust

## Reading the Signals Oversight Group

16 January 2024



# Contents

Slide 3	Comms and Engagement Update
Slide 4	Statistical Control Process Definitions
Slide 5	Maternity Integrated Improvement Plan Metric Summary
Slides 6-14	Metric Performance Detail

**Key progress during last period:**

- Reopening of Midwifery Led Unit at WHH, included multi-disciplinary teams, internal and external engagement, public communications.
- Launch of values video created by colleagues across the Trust talking about what the values mean to them.
- Reading the signals included in Executive Team welcome at Trust Welcome day for all new staff.
- Attendance and scrutiny at KCC Health Overview and Scrutiny Committee (HOSC) to provide an update on progress in maternity.
- Supported Baby Loss Awareness Week across maternity channels, chaplaincy baby loss memorial event in November, Pregnancy and Infant Loss Remembrance Day event.
- Communicated the roll out of Call for Concern across our main hospitals following a successful pilot at WHH. The scheme allows patients and their relatives to contact clinicians with concerns about clinical deterioration.
- Publication of One Year On Report, progress, outcomes and areas of focus in Dr Kirkup's report *Reading the signals*. Staff engagement at Clinical Executive Management Group, staff forum and Team Brief. Stakeholder engagement, MPs briefing, HOSC, Ministerial forum. Public communications through social and traditional media.
- Launch of visitors charter and new extended visiting times.
- Patient Voice and Involvement team engaged with a number of VCSE organisations, including Beyond the Page (migrant women and maternity) and Migrant Help to discuss maternity feedback and access to translators.
- Promoted World Prematurity Day, through social and traditional media.
- Promotion of Freedom to Speak up Guardians through internal communications.
- Promoted the launch of the new Maternity smokefree service, Stoptober resources, advice and information as part of World Mental Health Day, information on domestic abuse resources. Social media posts on our maternity specific sites are seen an average of 10k times a day.

**Plan for next period:**

- Working with local media and families on broadcast package following Reopening of Midwifery Led Unit at WHH.
- Engagement event with multi-disciplinary teams to share progress review of Maternity and Neonatal Improvement Programme (MNIP) and develop next steps.
- Ministerial forum with families, Maria Caulfield MP, East Kent MPs, 30 January
- Reading the signals oversight group 16 January
- Your Stay in Hospital booklet being rolled out Trust wide.
- Continue to link patient and staff stories to improvement plan and use campaign approach to engage all staff in individual projects

# Statistical process control (SPC)

## What is statistical process control (SPC)?

- Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and guides us to take the most appropriate action.
- The main aim is to understand what is different and what is normal, so we know where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

## Key Facts about an SPC Chart

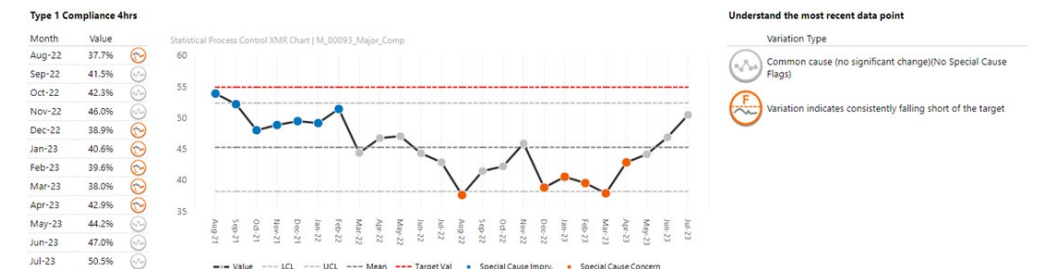
- An SPC chart has three reference lines that help you appreciate variation in the data, they are:
  - centre reference line: the average line (often represented by the mean, sometimes the median)
  - upper and lower reference lines: the process limits, also known as control limits.
- A minimum of 15-20 data points is needed to have meaningful insight, the process limits are defined by the how the data varies. You can expect approximately 99% of data points to fall within the process limits. If a data point falls outside these levels, an investigation would be triggered.
- It contains two types of trend variation: Special Cause (Concerns or Improvement) and Common Cause (i.e. no significant change).
- Special cause variation occurs when one (or more) of these things are happening;
  - A single data point falls outside the process limits
  - A run of consecutive data points is above or below the mean
  - Six consecutive data points follow an increasing or decreasing trend
  - Two out of three data points are close to the process limits

## NHSE Improvement Icons and where to find them

As an organisation we use the NHSE Improvement Icons to signify the variation demonstrated in all of our scorecard reporting. These icons are outlined in the table below;










Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

You will routinely see these icons displayed against our data packs, an example of which is shown below;



# Maternity

## Integrated Improvement Plan

Domain	Nat	Flag	KPI	SPC	Thres.	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Maternity	IIP		Serious Incidents Maternity		Sigma		2	4	4	4	1	3	2		2	2	1
	IIP		Maternity Incidents Moderate / Severe		Sigma	2	6	5	6		3	2		1	2	5	
	IIP		Maternity Complaints		Sigma	6	9	12	8	11	8	4	6	2	17	5	9
	IIP		Maternity Complaint Response		90.0%	40.0%		0.0%	75.0%	25.0%	16.7%	38.9%	50.0%	66.7%	60.0%	0.0%	
	IIP		Extended Perinatal Mortality		5.87	4.64	4.33	4.53	4.44	4.62	4.47	3.87	3.40	3.58	3.11	2.62	2.29
	IIP		FFT Maternity Response Rate		15.0%	14.9%	16.2%	14.0%	12.2%	11.6%	11.7%	12.8%	13.0%	11.1%	9.3%	11.9%	12.6%
	IIP		FFT Maternity Recommended		90.0%	90.7%	95.2%	91.6%	92.2%	93.7%	92.1%	92.3%	91.6%	88.8%	90.8%	96.2%	92.9%
	IIP		FFT Maternity (IP) Recommended		90.0%	91.8%	95.2%	91.7%	96.2%	95.1%	92.6%	94.3%	94.3%	89.3%	90.7%	96.7%	93.7%
	IIP		WH Engagement Score		6.90	5.89	5.45	5.45	5.45	5.87	5.87	5.87	6.15	6.15	6.15		

## November Performance Summary

**Incidents:** In November there was 1 serious incident reported in Women's Health for Maternity and 1 for Gynaecology. There was 1 moderate harm incident.

**Complaints:** 9 Stage 1 complaints were received in November for Maternity. This is an increase on the previous month.

**Patient Involvement:** FFT Response rate increased to 12.6% - 92.9% extremely likely or likely to recommend

**Staff Engagement:** Score 6.15

# Maternity Serious Incidents

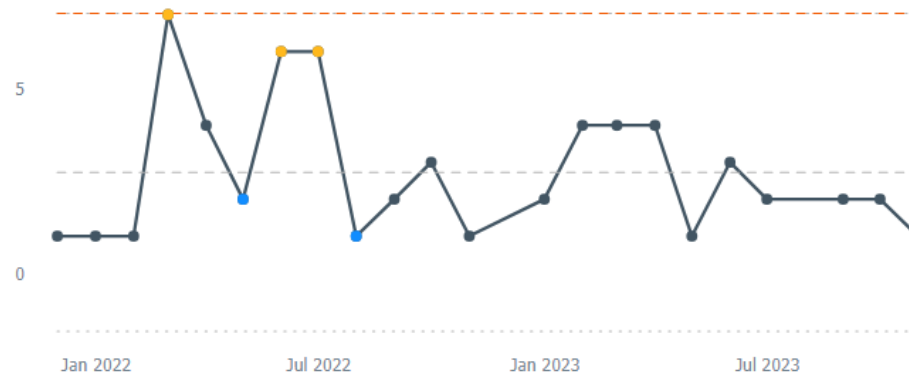
## Integrated Improvement Plan

*This metric measures any maternity incident recorded on Datix that has subsequently been reported to STEIS (Strategic Executive Information System). Any maternity incidents that are subsequently downgraded are removed retrospectively therefore this number is subject to change. Serious Incidents are reported by the date the investigation started and not the date the incident occurred or was reported.*

### Serious Incidents Maternity

Timescale	Value	SPC
Oct-22	3	⊖
Nov-22	1	⊖
Jan-23	2	⊖
Feb-23	4	⊖
Mar-23	4	⊖
Apr-23	4	⊖
May-23	1	⊖
Jun-23	3	⊖
Jul-23	2	⊖
Sep-23	2	⊖
Oct-23	2	⊖
Nov-23	1	⊖

### XMR Run Chart



### Understanding the most recent data point

#### Performance



1

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
There was 1 serious incident reported in November for Maternity and 1 serious incident reported for gynaecology (maternal death)	<ol style="list-style-type: none"> <li>Baby therapeutic cooling - MNSI Investigation</li> <li>Maternal death spontaneous miscarriage at 8 weeks. Readmitted 17 days post miscarriage following an overdose and sadly died - rejected by MNSI</li> </ol>	Interim Head of Gov.	01/05/2024  13/02/2024	Investigations commenced. Immediate actions implemented: <ul style="list-style-type: none"> <li>Hot Debrief for staff. TRIM support offered to all staff involved</li> <li>Triage paperwork under review to establish where improvements can be made. Paperwork and assessment improvements to be included as a driver for the Triage 'We Care' programme.</li> <li>Trust wide learning for ensuring communication of maternal death with maternity services when women die outside of maternity wards and placement of women following miscarriage within the Trust.</li> </ul>
There are currently 9 open SI's in Maternity.	For all SI investigations to be completed within agreed timeframes.	Interim Head of Gov.	Monthly – ongoing	<ul style="list-style-type: none"> <li>All open SI's under investigation are within agreed timeframes. There are no breaches in maternity.</li> </ul>
Closure of actions from SI's on the datix actions module.	<ul style="list-style-type: none"> <li>Focussed work to close open actions on datix module with action owners</li> <li>Weekly progress reporting of original June backlog and current position</li> </ul>	Interim Head of Gov.	31/01/2024	<ul style="list-style-type: none"> <li>The number of overdue actions from the original backlog (June) has reduced from 345 to 49 at 15/01/24. The overall current overdue actions has decreased to 143. There is additional agency resource focussing on open actions from October and sprint days with NHSE Maternity Improvement Advisor. Patient Safety Matron vacancy is backout to advert. Substantive Head of Governance appointed.</li> </ul>



# Maternity Incidents Causing Harm

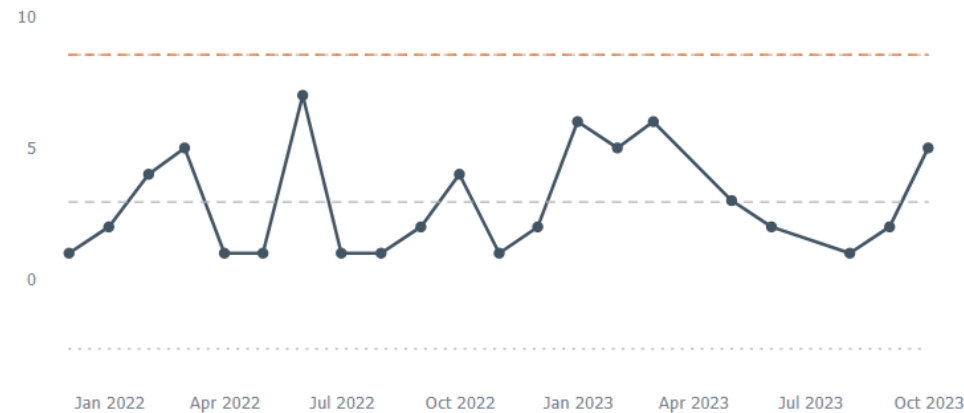
## Integrated Improvement Plan

This metric measures the number of maternity incidents where the harm status was moderate or above.

### Maternity Incidents Mo...

Timescale	Value	SPC
Sep-22	2	
Oct-22	4	
Nov-22	1	
Dec-22	2	
Jan-23	6	
Feb-23	5	
Mar-23	6	
May-23	3	
Jun-23	2	
Aug-23	1	
Sep-23	2	
Oct-23	5	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



5

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Rapid review of moderate incidents and other incidents on maternity trigger list.	<ul style="list-style-type: none"> <li>Rapid review process reviewed</li> <li>MDT attendance</li> <li>Learning identified</li> </ul>	<ul style="list-style-type: none"> <li>Interim Head of Governance</li> </ul>	<ul style="list-style-type: none"> <li>Monthly - ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Themes and learning identified from rapid reviews disseminated via Message of the Week and Safety Threads.</li> <li>Grading reviewed at rapid review meetings.</li> <li>1 moderate harm in November</li> </ul>
Closure of datix open more than 6 weeks	<ul style="list-style-type: none"> <li>Focussed work to close open actions on datix module with action owners</li> <li>Weekly progress reporting of backlog and current position</li> </ul>	<ul style="list-style-type: none"> <li>Interim Head of Governance</li> </ul>	<ul style="list-style-type: none"> <li>31/01/2024</li> </ul>	<ul style="list-style-type: none"> <li>The number of open datix from the original June backlog for Maternity has reduced from 686 to 30 at 15.01.24. The overall current overdue datix has reduced to 214. This is a priority for the service to review and close these open datix, all of which have had an initial review at the time of reporting.</li> </ul>

# Maternity Complaints

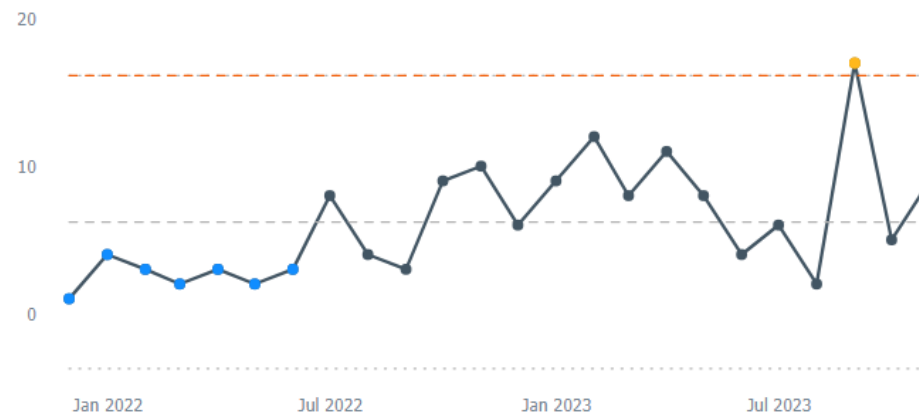
## Integrated Improvement Plan

This metric measures the number of complaints made to Obstetrics, Midwifery or New-born Hearing Screening Services.

### Maternity Complaints

Timescale	Value	SPC
Dec-22	6	
Jan-23	9	
Feb-23	12	
Mar-23	8	
Apr-23	11	
May-23	8	
Jun-23	4	
Jul-23	6	
Aug-23	2	
Sep-23	17	
Oct-23	5	
Nov-23	9	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



9

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
9 Stage 1 complaints received in November 2023 for Maternity	Increase from the number of complaints received in previous month.	Patient Experience and Complaints Coordinator	Monthly reporting	Care group have robust process in place for ensuring quality of responses within timeframes.
Recurrent themes	The main themes are <ul style="list-style-type: none"> <li>Communication</li> <li>Attitude</li> <li>Unhappy with treatment</li> </ul>	Adaline Smith DDOM	Monthly	We have commenced leave your troubles at the door initiative and posters can be seen at every entry point to support immediate response and action of any concerns.



# Maternity Complaints Response Rate

## Integrated Improvement Plan

This metric measures the proportion of complaints which were responded to within the agreed timescale of the complaint being received. This includes both 30 and 45 working day timescale targets.

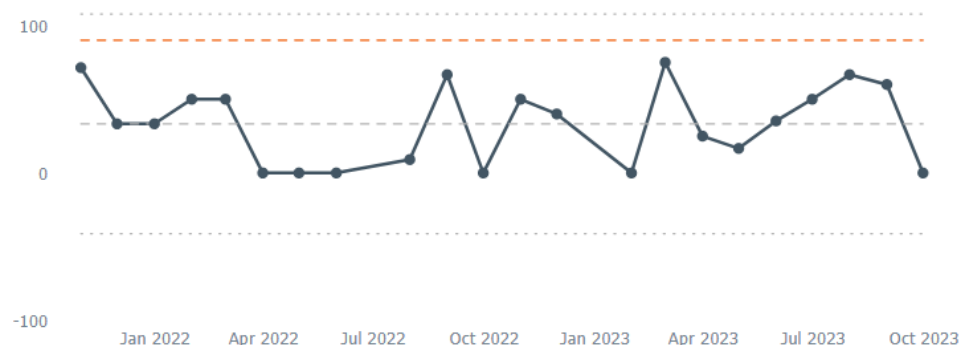
Complaint Types included are Formal, External and MP Formal that have not been rejected.

Complaint Stages included are extensions 1,2,3 and extensions agreed by Chief Nurse, Local Resolution, On Hold and Withdrawn.

### Maternity Complaint Re...

Timescale	Value	SPC
Oct-22	0.0%	⊖
Nov-22	50.0%	⊖
Dec-22	40.0%	⊖
Feb-23	0.0%	⊖
Mar-23	75.0%	⊖
Apr-23	25.0%	⊖
May-23	16.7%	⊖
Jun-23	35.3%	⊖
Jul-23	50.0%	⊖
Aug-23	66.7%	⊖
Sep-23	60.0%	⊖
Oct-23	0.0%	⊖

### XMR Run Chart



### Understanding the most recent data point

#### Performance



0.0%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Competing priorities of clinical staff cause delays in case reviews and providing the Complaint Coordinator with comments for content	<ul style="list-style-type: none"> <li>Complaint Coordinator has set up weekly 'huddle' meetings with HOMs and newly appointed Clinical Lead to try and spotlight urgent cases .</li> </ul>	<ul style="list-style-type: none"> <li>Patient Experience and Complaints Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Weekly and</li> <li>Bi-Weekly meetings</li> </ul>	<ul style="list-style-type: none"> <li>Care group have robust process in place for ensuring quality of responses within timeframes.</li> <li>Positive feedback has been received on the quality of the complaint responses.</li> <li>At 08/01/2024 there were 32 open first complaints of which 16 had breached but submitted To CPBS by care group.</li> </ul>

# Extended Perinatal Mortality

## Integrated Improvement Plan

Extended perinatal mortality refers to all stillbirths and neonatal deaths, MBRRACE methodology is used, which excludes births <24+0 weeks gestation and terminations (even if over 24+0w). The rate is per 1000 total births.

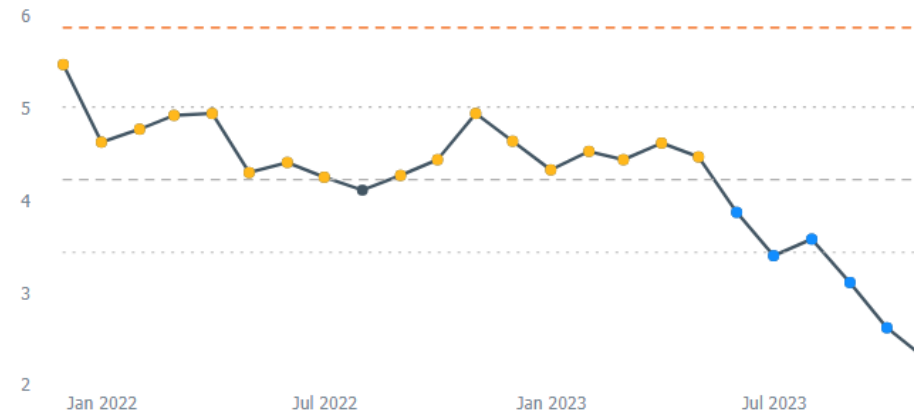
Datasource: Euroking & PAS

Threshold based on the average of the Trust's comparator group (Trust with level 3 NICU) from the 2021 MBRRACE report.

### Extended Perinatal Mortality

Timescale	Value	SPC
Dec-22	4.64	
Jan-23	4.33	
Feb-23	4.53	
Mar-23	4.44	
Apr-23	4.62	
May-23	4.47	
Jun-23	3.87	
Jul-23	3.40	
Aug-23	3.58	
Sep-23	3.11	
Oct-23	2.62	
Nov-23	2.29	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



2.29

Variation indicates consistently passing the target

#### Variation



Variation

Special cause of improving nature or lower pressure due to lower values

Flags

Astronomical Point  
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
In November there was 1 stillbirth reportable to MBRRACE. Mother admitted via triage with abdominal pain at 31+1 weeks QEQM. No FH present confirmed on USS. Probable abruption.	The rolling 12 month rate for stillbirths remains lower than both the threshold and average at 1.41 stillbirths per 1,000 livebirths.	PMRT Lead Midwife	Monthly	Discussed at Rapid Review 24/11/2023: well managed emergency. PMRT case and to be presented at Perinatal Meeting.
In November there were 0 neonatal deaths reportable to MBRRACE.	The rolling 12 month rate for neonatal deaths remains lower than both the threshold and average at 0.88 neonatal deaths per 1,000 livebirths.	PMRT Lead Midwife	Monthly	
Perinatal Mortality Review Tool	All neonatal deaths and stillbirths are reviewed through the Perinatal Mortality Review Tool by a multidisciplinary panel and external attendees.	PMRT Lead Midwife	Monthly	100% of perinatal mortality reviews include an external reviewer

# Maternity Friends & Family Test: Response Rate

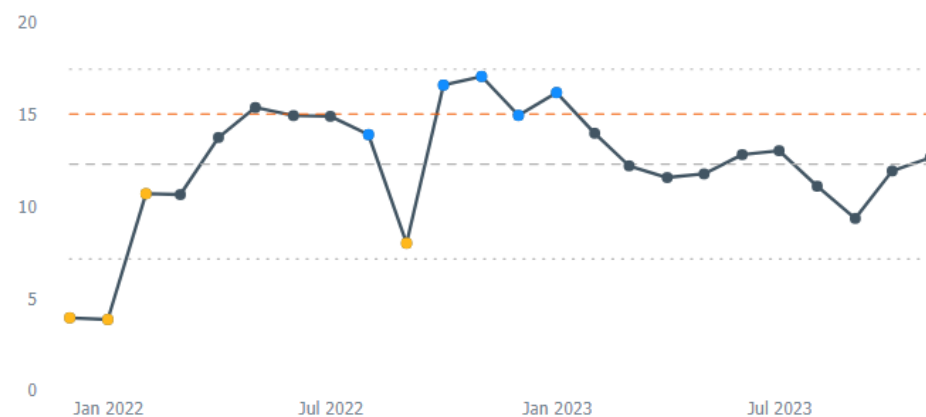
## Integrated Improvement Plan

This metric measures the number of responses to the maternity friends and family questionnaires and displays as a % of the total questionnaires sent.

FFT Maternity Response Rate

Timescale	Value	SPC
Dec-22	14.9%	
Jan-23	16.2%	
Feb-23	14.0%	
Mar-23	12.2%	
Apr-23	11.6%	
May-23	11.7%	
Jun-23	12.8%	
Jul-23	13.0%	
Aug-23	11.1%	
Sep-23	9.3%	
Oct-23	11.9%	
Nov-23	12.6%	

XMR Run Chart



Understanding the most recent data point

### Performance



12.6%

Variation indicates inconsistently passing and falling short of the target

### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Response rates are typically low for FFT therefore only reflect a minority of women, birthing people and their families, and their experiences	Embedded communications plan and Patient Voices Model to improve service user and workforce engagement, feedback and experience	Patient Experience Midwives	March 2024	<ul style="list-style-type: none"> <li>This is a milestone within the Maternity and Neonatal Improvement Plan presented to Trust Board for approval in September 2023</li> <li>The care group welcomed the new MNVP chair for EKHUFT who we will continue to work collaboratively with. The 2023/2024 work plan has now been finalised with next steps including walking the patch and 15 steps.</li> <li>Feedback is being continually gathered through YVIF and FFT.</li> </ul>

# Maternity Friends & Family Test: Recommended

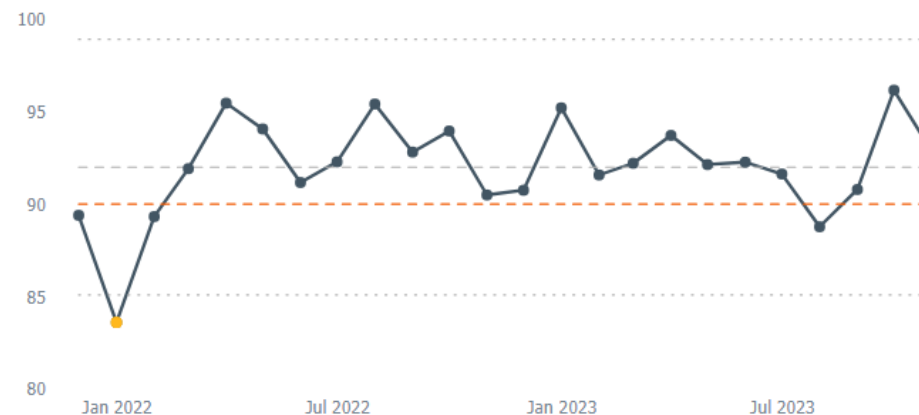
## Integrated Improvement Plan

This metric is a summary of all Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.

### FFT Maternity Recommended

Timescale	Value	SPC
Dec-22	90.7%	
Jan-23	95.2%	
Feb-23	91.6%	
Mar-23	92.2%	
Apr-23	93.7%	
May-23	92.1%	
Jun-23	92.3%	
Jul-23	91.6%	
Aug-23	88.8%	
Sep-23	90.8%	
Oct-23	96.2%	
Nov-23	92.9%	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



92.9%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
The responses show 92.9% extremely likely or likely to recommend which is a decrease in month.	PEM feedback to staff on a regular basis via personalised email and update posters on the units/community offices and in the monthly newsletter. The top 3 areas to improve are: <ol style="list-style-type: none"> <li>Waiting times for appointments (87.5% of these were about the diabetic clinics at both sites)</li> <li>Building and Facilities (62.5% about the WHH site)</li> <li>Quality of treatments (69% being Postnatal ward at WHH specifically)</li> </ol>	PEM	Monthly	There is now a Postnatal steering group. Exploring a NIPE rota for midwives to increase the NIPES and speed up discharges Redecoration of both units In November there has been a standards of care embedded at WHH PN ward where there is an expectation of what should happen at what time. At 11 o'clock there is a safety pause. There are now two Hubs on the wards- which are in 2 of the bays, this is to ensure and increase viability of the staff looking after the families in those bays.

# Maternity Friends & Family Test: Inpatient Recommended

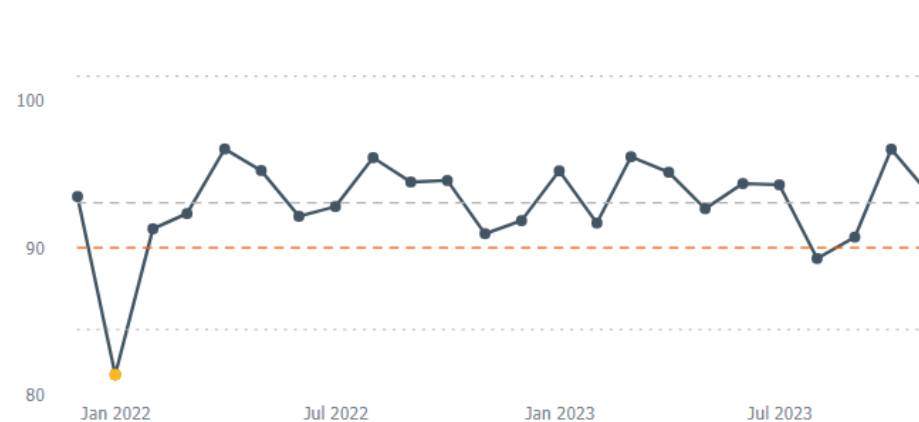
## Integrated Improvement Plan

*This metric is a summary of Inpatient Maternity Friends & Family responses which indicated that the woman would recommend the Trust's Maternity Services.*

### FFT Maternity (IP) Recommended

Timescale	Value	SPC
Dec-22	91.8%	👍
Jan-23	95.2%	👍
Feb-23	91.7%	👍
Mar-23	96.2%	👍
Apr-23	95.1%	👍
May-23	92.6%	👍
Jun-23	94.3%	👍
Jul-23	94.3%	👍
Aug-23	89.3%	👍
Sep-23	90.7%	👍
Oct-23	96.7%	👍
Nov-23	93.7%	👍

### XMR Run Chart



### Understanding the most recent data point

#### Performance



93.7%

Variation indicates inconsistently passing and falling short of the target

#### Variation



Variation  
Flags

Common cause (no significant change)  
No Special Cause Flags

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Response rates are typically low for FFT therefore only reflect a minority of women, birthing people and their families, and their experiences	<ul style="list-style-type: none"> <li>Embedding in discharge process with the introduction of the new post natal discharge process .</li> <li>Increase awareness via Maternity Voice Partnership</li> <li>Include in Walking the Patch and standard work for the Discharge coordinators</li> <li>Explore use of link to QR code</li> <li>Matron working clinically for 2 weeks to embed good practice.</li> </ul>	<ul style="list-style-type: none"> <li>Liane Ashley</li> </ul>	December 23	<ul style="list-style-type: none"> <li>This is a milestone within the Maternity and Neonatal Improvement Plan presented to Trust Board for approval in September 2023</li> </ul>

# Women's Health Staff Engagement Score

## Integrated Improvement Plan

National annual staff survey results provided by Picker March each year.

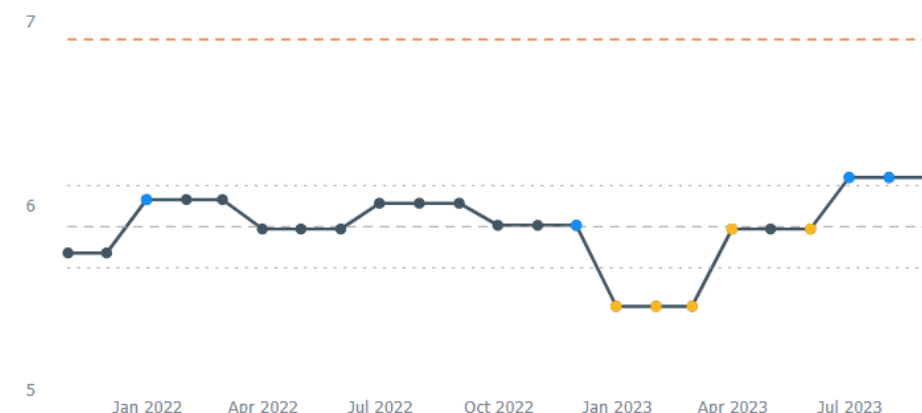
Staff engagement questions added to Staff Friends and Family quarterly surveys commencing March 2021.

9 questions in staff survey and replicated in quarterly staff FFT (3 x motivation, 3 x involvement and 3 x advocacy) which provide the overall engagement score.

### WH Engagement Score

Timescale	Value	SPC
Oct-22	5.89	
Nov-22	5.89	
Dec-22	5.89	
Jan-23	5.45	
Feb-23	5.45	
Mar-23	5.45	
Apr-23	5.87	
May-23	5.87	
Jun-23	5.87	
Jul-23	6.15	
Aug-23	6.15	
Sep-23	6.15	

### XMR Run Chart



### Understanding the most recent data point

#### Performance



6.15

Variation indicates consistently falling short of the target

#### Variation



Variation

Special cause of improving nature or lower pressure due to higher values

Flags

Astronomical Point  
Two Out Of Three Beyond Two Sigma Group

KEY ISSUE	ACTION TO RESOLVE	OWNER	TIMESCALE	PROGRESS UPDATE
Opportunities for Staff Engagement	<ul style="list-style-type: none"> <li>Introduction of " We Hear You " providing platform for feedback</li> <li>Embedding Safety Champions Forum</li> <li>Band specific Meetings /away days</li> <li>Increase Appraisal rates and SMART objectives</li> <li>Promoting Freedom to Speak Up Guardians and arrange dedicated walkarounds</li> <li>Embedding retention conversations</li> <li>Compassionate attendance at work conversations following absences</li> </ul>	Adaline Smith DDOM	December 23	Score survey in progress. Results expected end of January 2024.