

Report	Saving Babies Lives: progress report			
Executive Lead	Hayley Flavell, Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	✓	Safe	✓
	Our people		Effective	✓
	Our service delivery	✓	Caring	✓
	Our partners		Responsive	✓
	Our governance	✓	Well Led	
	Report recommendations:		Link to BAF / risk:	
	For assurance	✓	BAF 1, BAF 2 BAF 3, BAF 4 BAF 7, BAF 8	
	For decision / approval		Link to risk register:	
	For review / discussion		CRR 15	
	For noting	✓		
	For information	✓		
	For consent			
Presented to:	Maternity Governance			
Dependent upon	n/a			
Executive summary:	<p>This paper provides an update on the Trust's progress of ensuring SBLCBv3 is embedding and remaining compliant with the current national and local minimum and stretched ambitions.</p> <p>Highlights for Q4 2024 Full implementation of SBLCBv3 by March 2024</p> <ul style="list-style-type: none"> Following the last quarterly joint review with the ICB, it has been confirmed that we have achieved full implementation <p>Relating to Element 1:</p> <ul style="list-style-type: none"> Carbon Monoxide (CO) testing should be offered to all pregnant women at the antenatal booking and 36 week appointment. Take assurance that the stretch ambition of ≥95% has been maintained for financial year 23/24. The 36 week appointment point met the stretch ambition on a few months, but the rolling average finished the year on 94%. CO monitoring offered at additional antenatal appointments for women who smoke. Take assurance that for the last 6 months the rolling average has met the minimum ambition (≥80%) Smoking Status updated each time CO monitoring for smokers – remains compliant and above the minimum ambition for the last 2 months Smoking status at 36 weeks for all women – compliant and above the minimum ambition for the last 2 months 			

	<p>Relating to Element 2:</p> <ul style="list-style-type: none"> Note that the numbers of Babies born <10th centile increased again in quarter 4 in comparison to the Perinatal Institutes GAP User average. This is a population/public health issue that we do not have much control over (additional report 1) Take assurance that our detection and timely delivery of babies suspected of a growth issue are all better than the Perinatal Institutes GAP User average (additional report 1) Take assurance that our management of babies suspected of SGA or FGR following our Trust guidance (additional report 1) Fetal growth surveillance pathway review -This review demonstrated mostly embedded fetal surveillance pathway. Be assured that staff have be made aware of areas of reduced compliance (additional report 2) <p>Relating to Element 3:</p> <ul style="list-style-type: none"> Take assurance that there was a 100% compliance (80% in January 2024) of women who attend with recurrent RFM having an ultrasound scan to assess fetal growth by the next working day <p>Relating to Element 5:</p> <ul style="list-style-type: none"> Note that for the past 2 quarter’s there has been an increase in our preterm birth rate (additional report 3). For financial year end the Trust’s rolling average was 6.2% (close to the Government target of 6% by 2025). The increase appears to be in the late preterm group (34+0 – 36+6 weeks) Total Perinatal Optimisation Pathway Compliance (Composite metric) continues to improve (additional report 3) Note that there are Action Plans within the Preterm report to help improve individual perinatal optimisation compliance ambitions (additional report 3) <p>Relating to Multiple Births (Element 2 and 5 (additional report 4))</p> <ul style="list-style-type: none"> Take assurance that a 2nd review of the SBLCBv3/NICE associated standards demonstrated an embedded process of the care pathway. <p>Relating to Element 6:</p> <ul style="list-style-type: none"> Note that the Maternity Diabetes MDT is now complete Note that there is now a DKA pathway for women presenting in secondary care. Take assurance that 100% of Type 1 and 2 diabetics have a HbA1C at the beginning of the 3rd trimester in guideline with national guidance.
Appendices	<p>Additional reports (separate documents)</p> <ol style="list-style-type: none"> Quarter 4 2023-24 SGA and FGR review Fetal growth surveillance pathway 6-month review Quarter 4 2023-24 Preterm review Multiple pregnancy review
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1.0 Introduction.

- 1.1 The Saving Babies Lives (SBL) care bundle is designed to reduce perinatal mortality, and its implementation constitutes Safety Action 6 of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), of which SaTH is a participant.
- 1.2 SaTH is now completed delivery of CNST year 5(2023-24), which includes implementation of SBL version 3.
- 1.3 The purpose of this paper is to:
 - 1.3.1 Provide updates to the Maternity Governance committee.
 - 1.3.2 Provide quarterly reports of information which require sharing (as per SBLCBv3) with the Trust Board and LMNS.

2.0 Background.

- 2.1 The first version of the Saving Babies' Lives Care Bundle (SBLCB) was published in March 2016 and focussed predominantly on reducing the stillbirth rate¹. The care bundle was designed to deliver the then Secretary of State for Health's announced ambition to halve the rates of stillbirths, neonatal and maternal deaths, and intrapartum brain injuries by 2030, with a 20% reduction by 2020. The care bundle consisted of four standards.
- 2.2 In November 2017, as part of the National Maternity Safety Strategy, the national ambition was extended to include reducing the rate of preterm births from 8% to 6% and the date to achieve the ambition was brought forward to 2025². This is reflected in the NHS Long Term Plan.³
- 2.3 The second version of the care bundle was published in 2019 and included a fifth element: 'Reducing preterm birth'.⁴
- 2.4 The NHS has worked hard towards the national maternity safety ambition, to halve rates of perinatal mortality from 2010 to 2025 and achieve a 20% reduction by 2020. ONS data showed a 25% reduction in stillbirths in 2020, with the rate rising to 20% in 2021 with the onset of the COVID-19 pandemic. While significant achievements have been made in the past few years, more recent data shows there is more to do to achieve the Ambition in 2025 period (SBLCBv3).
- 2.5 The 3rd version of the care bundle (SBLCBv3)⁵ was released in June of this year. Building on the achievements of the previous versions, Version 3 includes a refresh of all existing elements, drawing on national guidance such as from NICE or RCOG Green Top Guidelines, and frontline learning to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide

¹ <https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf>

⁵ <https://www.england.nhs.uk/publication/saving-babies-lives-version-three/>

guidance. It also includes a new, additional element on the management of pre-existing diabetes in pregnancy based upon data from The National Pregnancy in Diabetes (NPID) Audit.

There are now 6 elements of care:

- 2.5.1 Element 1 Reducing smoking in pregnancy
- 2.5.2 Element 2 Fetal Growth: Risk assessment, surveillance, and management
- 2.5.3 Element 3 Raising awareness of reduced fetal movement (RFM)
- 2.5.4 Element 4 Effective fetal monitoring during labour
- 2.5.5 Element 5 Reducing preterm birth
- 2.5.6 Element 6 Management of pre-existing diabetes in pregnancy

2.6 The CNST year 5- Safety action 6 required standard reads

- 2.6.1 Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024.
- 2.6.2 Hold quarterly quality improvement discussions with the ICB, using the national implementation tool.
- 2.6.3 Following the last quarterly joint review with the ICB, it has been confirmed that we have **achieved full implementation** by the target March 2024.

Board Report and Action Plan on Implementation of the Saving Babies Lives Care Bundle (Version 3)

Implementation Report

Trust
Date of Report

Shrewsbury and Telford Hospital NHS Trust

20.03.24

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 2	Fetal growth restriction	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Fully implemented	100%	Fully implemented	100%	CNST Met

2.7 CNST year 6 has been released. Safety action 6 remains.

It now requires Systems to agree their own ambitions.

Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives (SBL) Care Bundle Version Three?

- Removed requirement within MIS for providers to demonstrate implementation of a specific percentage of interventions.
- Agreement of a local improvement trajectory with the Local Maternity and Neonatal System (LMNS), and subsequently quarterly reviews to confirm progress against that trajectory, with optional use of the SBL implementation tool.
- Evidence of work towards full implementation / sustained improvement.
- Evidence of regionally shared learning.

As SaTH has achieved implementation, the focus will be on ensuring the care bundle standards are embedded and continuing to improve.

2.7.1 The System will meet after the release of the SBLCBv3 update (planned end April 2024) to review individual ambitions/current and historic compliance and set compliance targets.

3.0 The Trust actively participates in engaging with regional and national Trusts and networks developed to share standards, action plans, learning and peer support. Below are the main active groups.

3.1 Regional – NHS England Midlands

- SBLCBv3 Community of Practice – SaTH's Lead Midwife for SBL to commencing chairing role supported by our ICB Quality Midwife
- Midlands Preterm Group (hosted by the Midlands Perinatal Team)- active members participating in developing regional pathways
- Regional Fetal Monitoring group (hosted by the Midlands Perinatal Team)

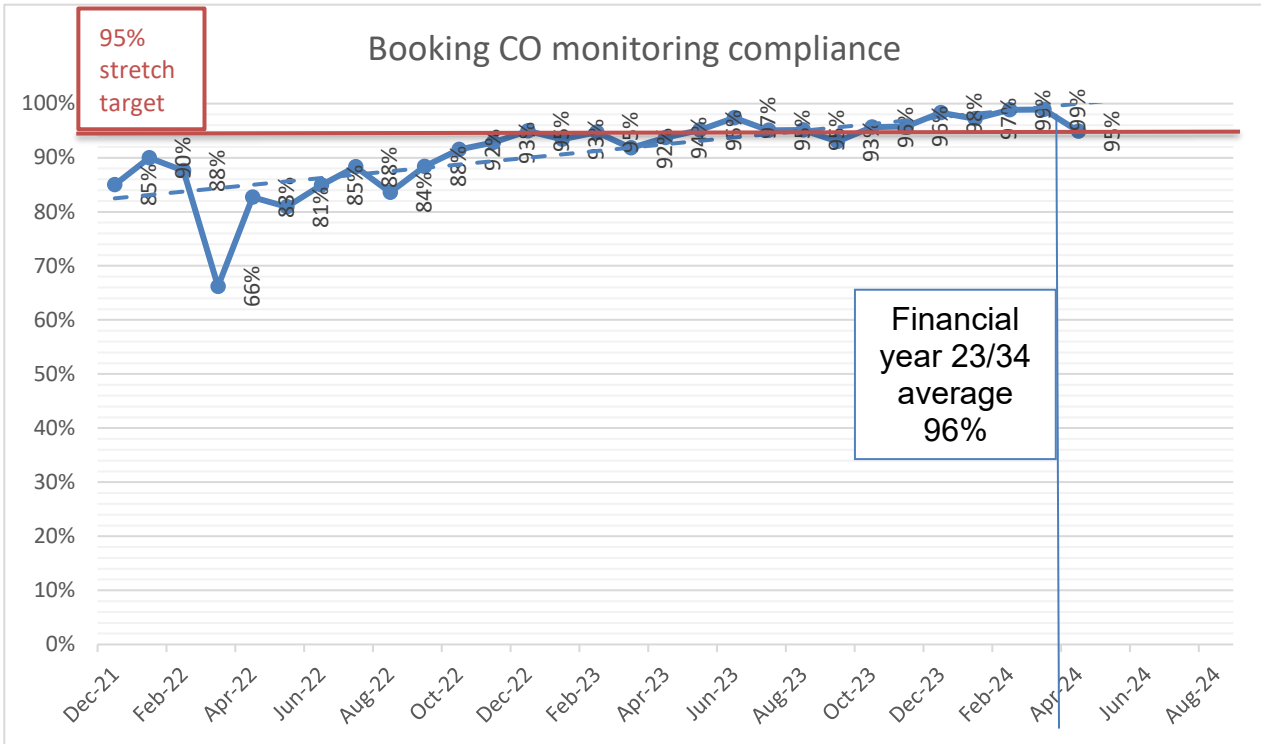
3.2 National

- SBL forum – support network created for Trusts, currently chaired by SaTH representative
- National Fetal Monitoring network
- Perinatal Institute
- Preterm Midwives Network – linked to UK Preterm Birth Network (represented by SaTH's Preterm Prevention Lead Midwife).
- UK Preterm Birth Network

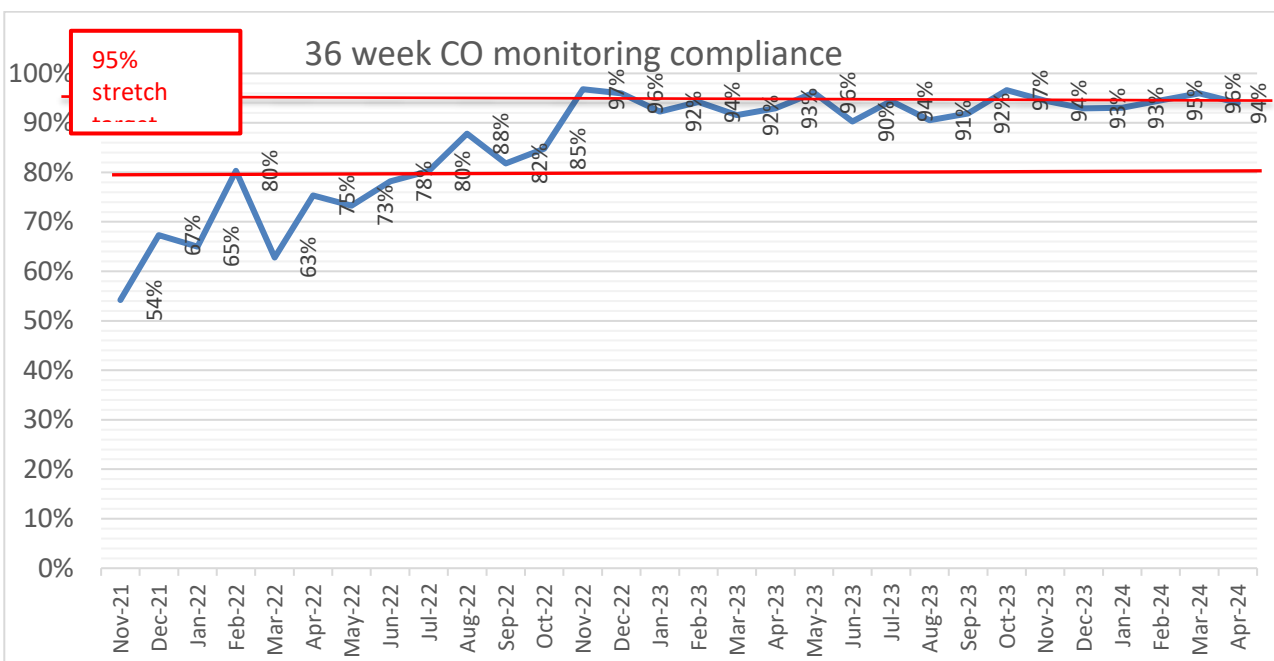
4.0 Progress update on Element 1: Reducing smoking in pregnancy

4.1 Carbon Monoxide (CO) testing should be offered to all pregnant women at the antenatal booking and 36 week appointment.

4.1.1 Booking - the rolling average for financial year 23/24 finished on 96%. The stretch ambition clearly met.

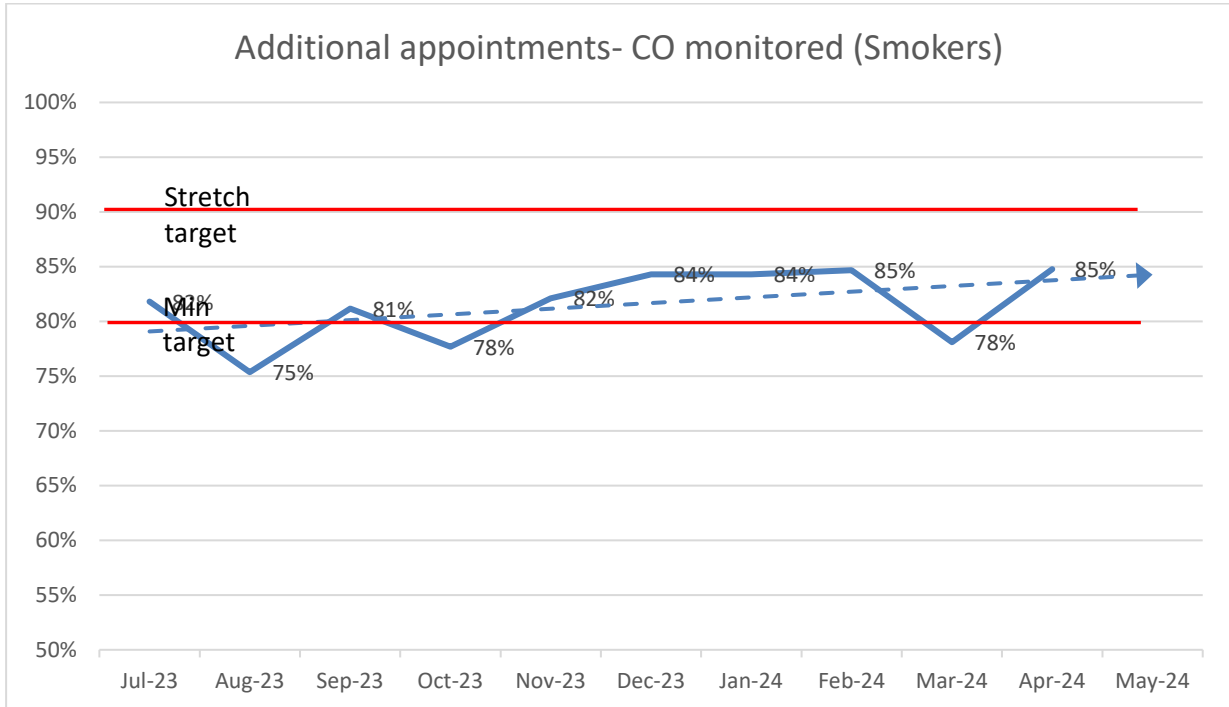


4.1.2 36 weeks -the rolling average for financial year 23/24 finished on 94%. Whilst the minimum ambition ($\geq 80\%$) was clearly met the stretch ambition was only met on a few months. This standard will continue to be monitored monthly



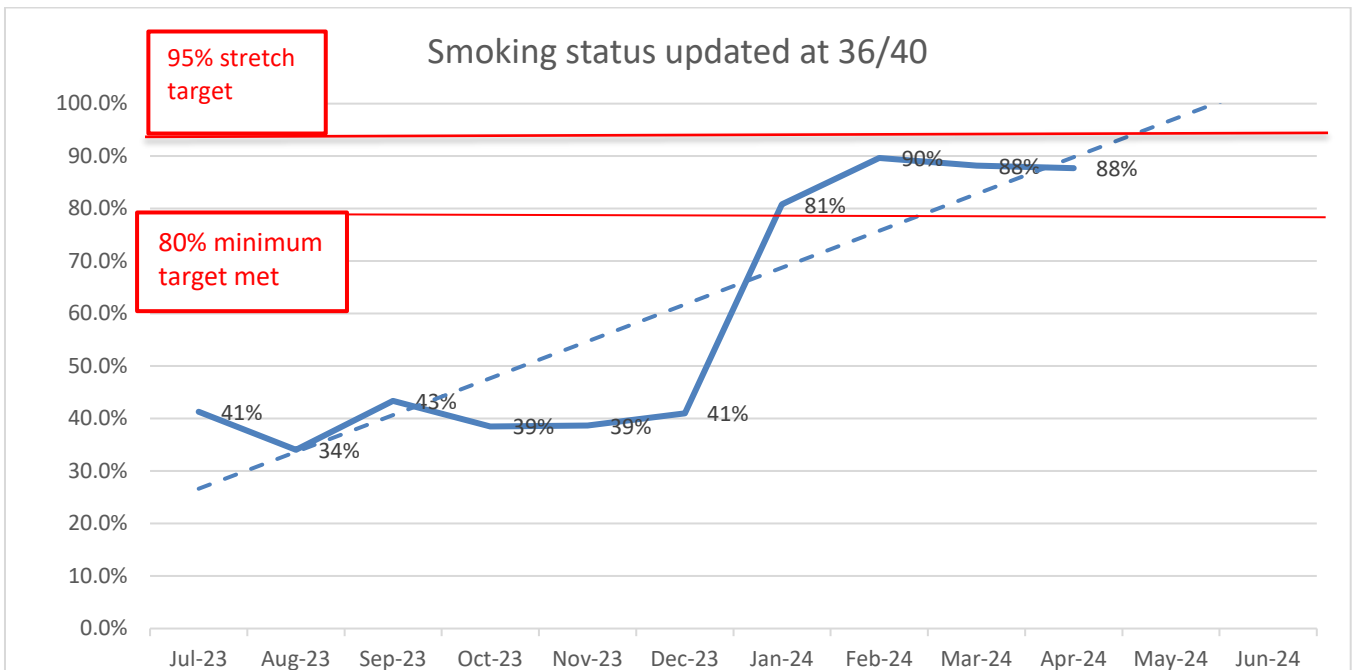
4.1.2 CO testing offered at all other antenatal appointments to groups identified within NICE Guidance NG209⁶ (person that identifies themselves as a smoker).

Unfortunately, was a fall in compliance in March, however the compliance for April recovered.



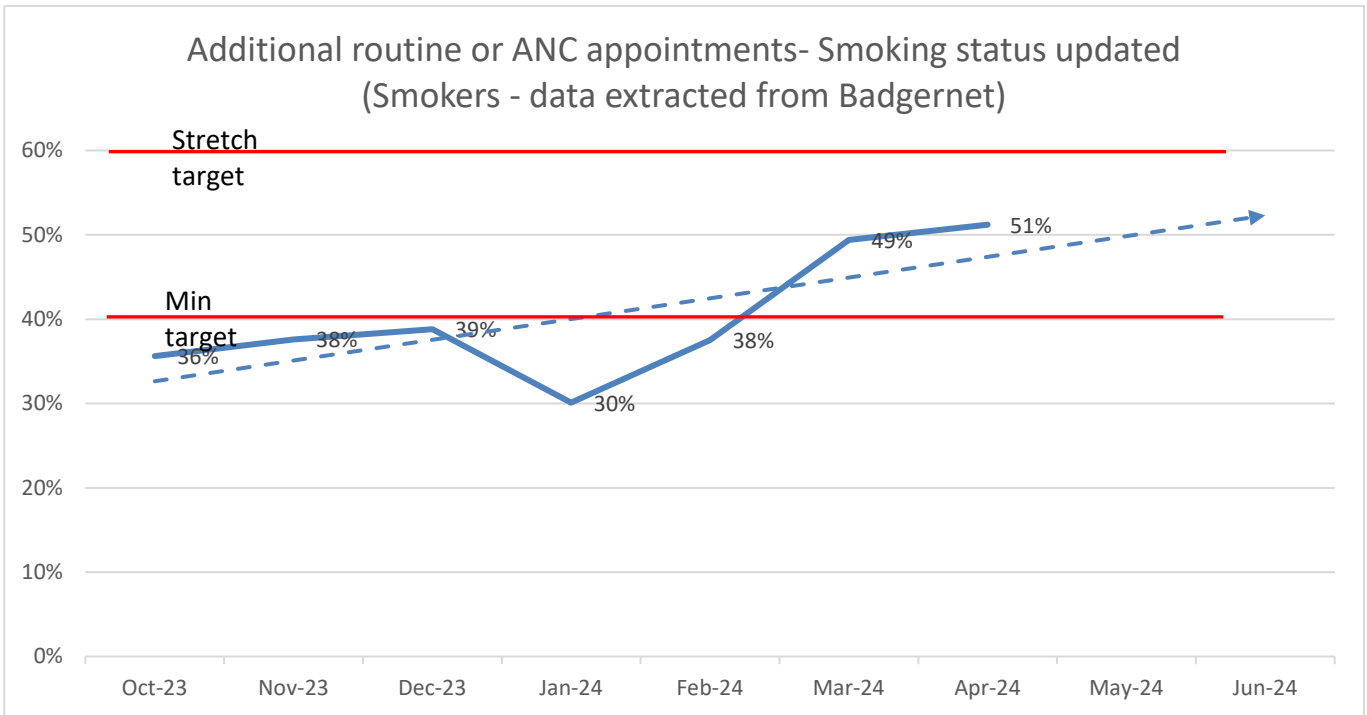
4.1.3 Whenever CO testing is offered, it should be followed up by an enquiry about smoking status with the CO result and smoking status recorded.

4.1.3.1 Compliance for all pregnant women at 36 weeks has been fairly static for the last 3 months



⁶ <https://www.nice.org.uk/guidance/ng209>

4.1.3.2 Compliance for smokers at all routine and ANC appointments when CO monitored is gradually improving.



Action plan for 4.1.2 and 4.1.3 (added to Maternity Governance Action tracker)

- Continue monitoring monthly
- Cascade results to Managers
- Report quarterly to Maternity Governance
- Report progress to system partners through the SBLCBv3 quarterly reviews

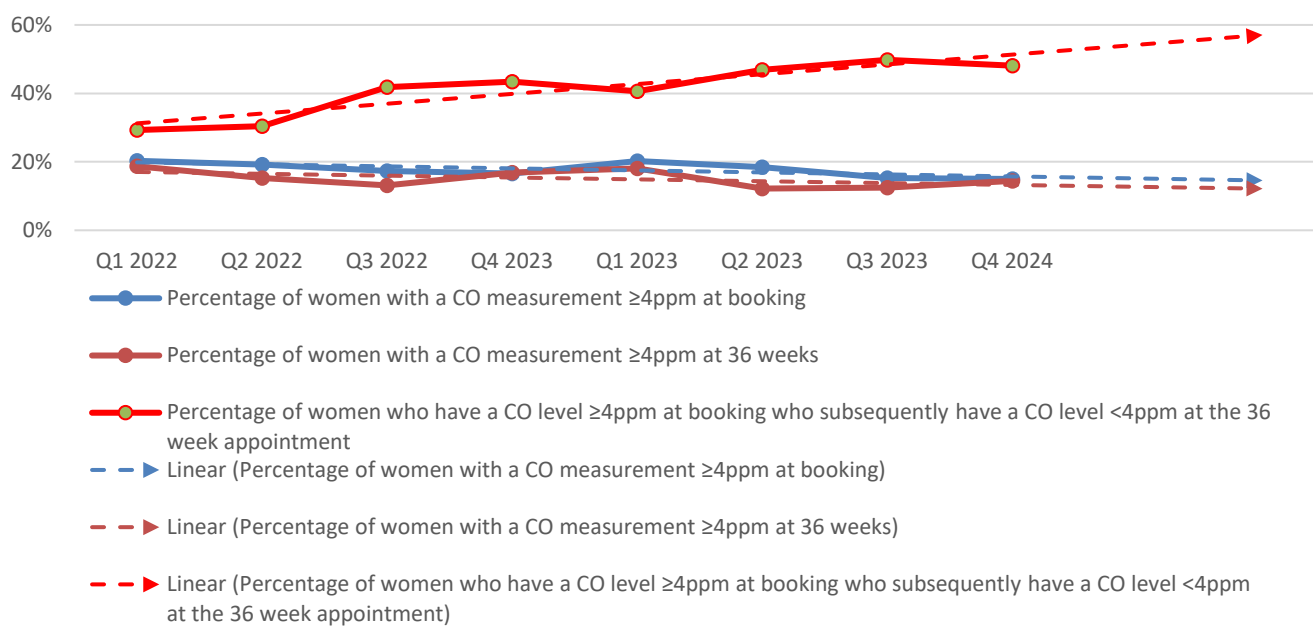
4.1.4 The following are outcome indicators for Element 1

- Percentage of women with a CO measurement ≥ 4 ppm at booking.
- Percentage of women with a CO measurement ≥ 4 ppm at 36 weeks.
- Percentage of women who have a CO level ≥ 4 ppm at booking and < 4 ppm at the 36 week appointment.

The following chart demonstrates SaTH's service user data (extracted from Badgernet) and linear forward trends.

NB – although a positive indicator of a reduction in smoking by 36/40, a small proportion will be non-smokers at booking but had a booking CO of ≥ 4 ppm.

Trends of women with a CO recording $\geq 4\text{ppm}$ at booking and $< 4\text{ppm}$ at 36 weeks

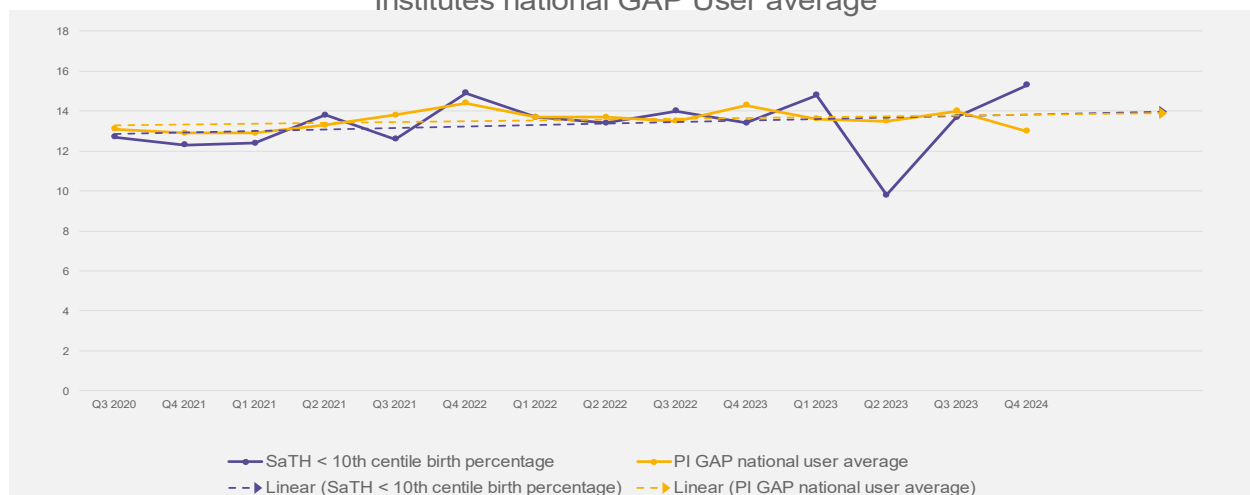


5.0 Update on Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

5.1 Review of Small for Gestational Age births at SaTH in Quarter 4 2023 (Additional report 1)

5.1.1 Numbers of Babies born $< 10\text{th}$ centile increased again in quarter 4. We have consistently had more small babies than UK average which would account for a higher stillbirth rate. This is a population/public health issue that we do not have much control over. Still need to target underlying causes for small babies i.e. smoking.

Babies born $< 10\text{th}$ centile at SaTH compared to the perinatal Institutes national GAP User average

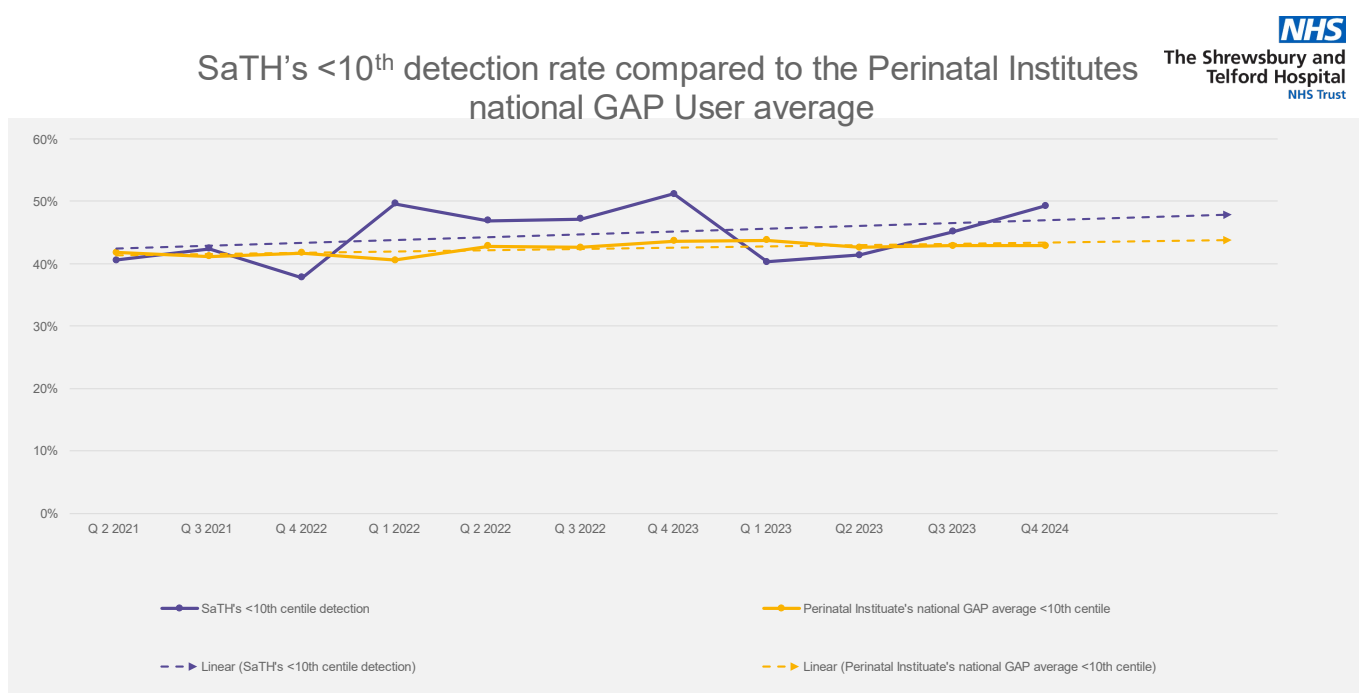


5.1.2 Things in our control i.e. detection and timely delivery are all better than average

5.1.2.1 Antenatal detection (suspected by ultrasound assessment) rate of all babies <10th centile was 49.30% which is better than the PI national GAP average of 42.9%. This continues to be a positive result.

5.1.2.2 Antenatal detection (suspected by ultrasound assessment) rate of all babies <3rd centile was 66.0% although slightly decreased, it remains better than the PI national GAP average of 64.3%. This continues to be a positive result.

5.1.2.3 Babies <3rd centile delivered $\geq 38+0$ weeks \uparrow 41.5% although slightly increased it remains better than the PI national GAP average of 50.9%. This continues to be a positive result.



5.1.3 The quarter 4 report also included a review of the management of babies suspected of FGR or SGA and subsequently had a birth weight centile <10th.

31 cases reviewed

The results have been provided using composite metrics percentages combine from each individual case (Composite scoring involves combining the items that represent a variable to create a score, or data point, for that variable).

This review of the management aspect of the fetal surveillance pathway demonstrates an embedded process.

- 1 theme identified (referral to Triage) and learning cascaded to Maternity Ultrasound department.

- Although only 1 case, learning cascaded re using customised centiles not Hadlock for all scans except LGA care planning.

All areas reviewed demonstrated compliance of between 90 and 100% which is consistent with the previous review.

5.2 Fetal growth surveillance pathway review (additional report 2).

5.2.1 Extracted from the report

Evaluation

This review demonstrated mostly embedded fetal surveillance pathway.

Evaluation requiring action

- First SFH measurement for the low risk should be performed by 28+6 weeks compliance has fallen
- SFH measurements by 28+6 weeks in women with a moderate risk or a high risk with a normal uterine doppler identified as reduced compliance
- SFH measurements to cease once serial growth scans commenced improving but were still performed in some cases

Action taken

Reminder of the pathway in relation to SFH measurements cascaded

Recommendations

Repeat review in 6 months of the standards either amber or red

Review of blue or green standards in 12 months

6.0 Progress update on Element 3: Raising awareness of reduced fetal movements (RFM).

SBL mandates that the following measures:

6.1 Proportion of women who attend with recurrent RFM who had an ultrasound scan to assess fetal growth by the next working day (USS not required if growth scan within the last 2 weeks).

6.1.1 April 2024 compliance monitoring – 100% (25% sample from April 2024). LMNS agreed local ambition \geq 80%.

7.0 Progress update on Element 5: Reducing preterm birth.

7.1 Review of preterm births report Quarter 4 2023/2024 (additional report 3)

7.1.1 Number of women that delivered preterm that have had a discussion with the neonatal team regarding care options reduced from the previous quarter (SBLCBv3 and Ockenden standard). Finding raised at recent Preterm Team meeting.

7.1.2 Implementation of optimisation interventions as a complete preterm perinatal optimisation pathway, including measurement and reporting of overall optimisation pathway compliance (report as a composite metric - proportion of individual elements achieved. Denominator is the total number of babies born below 34 weeks of gestation multiplied by the number of appropriate elements (eligibility according to gestation))

Inclusive of; Place of birth, Antenatal corticosteroids, MgSO₄, IV intrapartum antibiotic, Delayed cord clamping, Normothermia, MBM.

Total relevant interventions 127

Total interventions achieved 102

Q4 ↑80.3%

Rolling percentage ↑ 73.4% (Q2 2023 –Q34 2024)

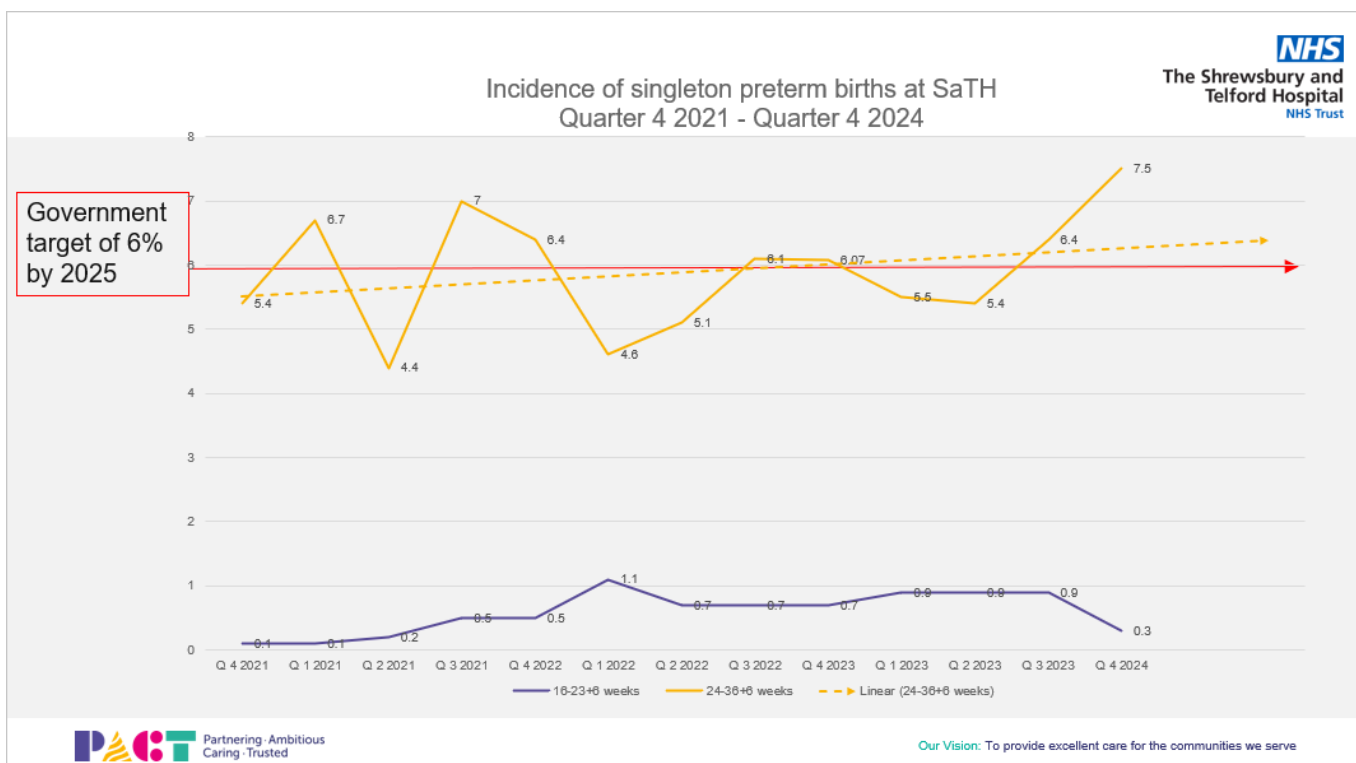
(Locally agreed ambition min 50%, stretch 70%)

This is a reassuring continued improvement of the optimisation pathway.

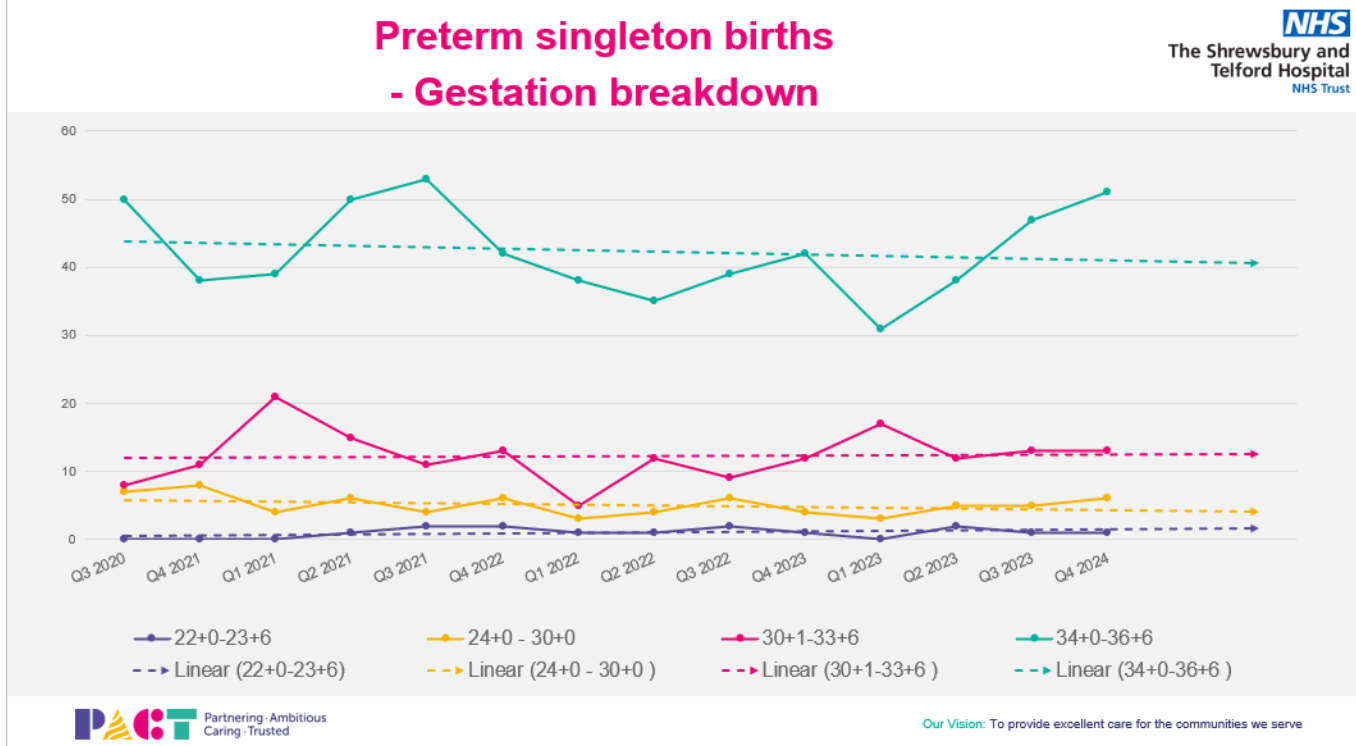
7.1.3 The preterm report currently contains **action plans** for the following preterm optimisation standards:

- Place of birth (Singleton infants less than 27 weeks of gestation, multiples less than 28 weeks of gestation, or any gestation with an estimated fetal weight of less than 800g, born in a maternity service on the same site as a neonatal intensive care unit (NICU) – to meet minimum target of 70%.
 - no missed opportunities relating to SaTH’s care in Q4 2024
- Antenatal steroids - to meet the stretched target of 55% (minimum compliance met).
 - no missed opportunities identified in Q4
- Magnesium Sulphate - **stretch target met – action closed**. Continue to review and report quarterly
- Normothermia - **stretch target met – action closed**. Continue to review and report quarterly

7.1.4. The past 2 quarter's show that there has been an increase in our preterm birth rate. For financial year end the Trust's rolling average was 6.2% (close to the Government target of 6% by 2025). The increase appears to be in the late preterm group (34+0 – 36+6 weeks)



Preterm singleton births - Gestation breakdown



8.1.4.1 Action -Review of the reasons (spontaneous or iatrogenic) for the late preterm in Q1 2024 to understand if any themes emerge.

9.0 Multiple Births review (additional report 4)

9.1 SBLCBv3 mandates the following in relation to Multiple births

- Risk assessment and management of growth disorders in multiple pregnancy should comply with NICE guidance (Element 2)
- Multiple pregnancy - risk assessment and management in multiple pregnancy should comply with NICE guidance (Element 5)

The review assessed the care provided from all women care as per SBLCB guidance (booking) through to timing of birth according to the individual case.

It was the 2nd review (1st 6 months ago) of the Multiple pregnancy fetal surveillance pathway and has demonstrated an embedded process.

No themes identified as all areas reviewed demonstrated compliance of 100%.

8.0 Progress update on Element 6: Management of Pre-existing Diabetes in Pregnancy

8.1 SBLCBv3 mandates

Women with a diagnosis of pre-existing diabetes in pregnancy should be offered care in a one stop clinic, providing care to pre-existing diabetes only, which routinely offers multidisciplinary review and has the resource and skill set to address all antenatal care requirements. The multidisciplinary team should consist, as a minimum, of: Obstetric Consultant, Diabetes Consultant, Diabetes Specialist Nurse, Diabetes Dietitian, Diabetes Midwife.

8.1.1 Diabetic Dietician is now part of the clinic team.

8.2 SBLCBv3 mandates

Recognising the very high risk of fetal death (stillbirth rate 160 per 1,000 births) associated with diabetic ketoacidosis (DKA), all pregnant women presenting to secondary care with DKA should have ongoing multidisciplinary Consultant input and be cared for in line with the jointly agreed trust policy.

8.2.1 This policy is now in place and added to the Pregnant women acutely attending hospital guideline and Pre-existing and gestational Diabetes (Antenatal, Intrapartum and Postnatal Care) guideline