

Obstetric Neonatal Data

Reference Number: RDF1571-23

Date of Response: 24/07/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

To Royal Devon University Healthcare NHS Foundation Trust,

I am writing to you under the Freedom of Information Act 2000 to request the following information.

If this information is already publicly available or you might be able to guide me to another information source, any advice would be gladly received.

Please provide data for each question for the years 2018 - 2022, broken down by calendar year (i.e. 2018, 2019, 2020, 2021 and 2022).

1. Please provide the number of term stillbirths (37 weeks or more) at your trust

Answer: Please see below.

- 2018 – ≤5
- 2019 – 8
- 2020 – ≤5
- 2021 – 8
- 2022 – 9

In accordance with Section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of patients is less than or equal to five and could risk the identification of those patients and breach Caldicott principles. In these cases ≤5 is used to indicate that a figure between 1 and 5 is being suppressed.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, CCG's providers and Trusts may allow identification of patients and should not be published.

2. *Please provide the review process for each stillbirth recorded, e.g.. X number of PMRTs, X number of SIs, X number referred to the coroner. If relevant, please include the number that led to no review.*

Answer: Please see table overleaf. All neonatal deaths and stillbirths as listed in questions 1 & 2 will have been subject to a PMRT review as per MBRRACE guidance.

| | PMRT reviews | SI *as per DatixWeb and DatixCloud | Coroner Referrals |
|--------------------|--------------|---|--|
| Stillbirths | | | |
| 2018 | All deaths | Nil | Unable to provide data for this period |
| 2019 | | ≤5 | |
| 2020 | | Nil | Nil |
| 2021 | | ≤5 | Nil |
| 2022 | | Nil | ≤5 |

3. *In any reviews done following a stillbirth please list how many times each of the following was a contributing factor, concluded from the investigation.*
- Failing to monitor reduced foetal movements*
 - Wrongly interpreting test results during pregnancy*
 - Failing to act on test results which highlight a problem*
 - Failure to treat infections in the mother*
 - Poor staffing levels*
 - Failure to notice vital signs of distress*

Answer: The Trust has considered your request, however to provide you with the information requested would require the manual extraction and manipulation of information from various sources; manually review each contributory factor to identify if the case is a stillbirth or neonatal death as the summary report only provides the case reference number, manually theme and trend each contributory factor as they are free text comments and therefore not categorised as requested. Estimating that it would take approximately 15 minutes to manually check each contributory factory it would take 12.5 hours just to complete the multiple contributory factors in 2018.

To carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

Under the Freedom of Information Act 2000 Section 12 (1) and defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004, a public authority is not obliged to comply with a request for information if it estimates the cost of complying would exceed the appropriate limit. The limit of £450 represents the estimated cost of one person spending two and a half days in determining whether the Trust holds the information, locating, retrieving and extracting that information.

4. *Please provide the number of neonatal deaths at your trust*

Answer: Please see response to question 1.

5. Please provide the review process for each neonatal death, e.g. X number of SIs, X number referred to the coroner. If relevant, please include the number that led to no review.

Answer: Please see the table below.

| | PMRT reviews | SI *as per DatixWeb and DatixCloud | Coroner Referrals |
|------------------------|--------------|---|---------------------------------------|
| Neonatal Deaths | | | |
| 2018 | All deaths | Nil | Unable to report data for this period |
| 2019 | | ≤5 | |
| 2020 | | ≤5 | Nil |
| 2021 | | ≤5 | ≤5 |
| 2022 | | Nil | ≤5 |

6. In any reviews following a neonatal death, please list how many times each of the following was a contributing factor, concluded from the investigation.

- Failing to monitor reduced foetal movements
- Wrongly interpreting test results during pregnancy
- Failing to act on test results which highlight a problem
- Failure to treat infections in the mother
- Poor staffing levels
- Failure to notice vital signs of distress
- Failing in antenatal care
- Insufficient or inaccurate handovers
- Failing to recognise need for caesarean

Answer: Please see the response to question 3, to carry out this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

7. Please provide the number of maternal deaths at your trust

Answer: Please see response to question 1.

8. Please provide the number of midwifery staffing red flags at your trust

Answer: Please see response below.

| Red Flag | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------|------|------|------|------|------|
| Total | * | 437 | 680 | 952 | 532 |

* Data prior to 2019 is not held for Royal Devon. Royal Devon's Northern Services commenced the system Birth-rate+ in January 2021, no reportable Northern Services data is held prior to January 2021.