James Paget University Hospitals NHS Foundation Trust

Freedom of Information Request – 3498
Information is needed by – 18/06/2025

How many midwifery red flag events occurred in your Trust during the financial year 2024/2025, and the previous 3 financial years.

For each midwifery red flag event recorded by the Trust please provide the reason.

Please see below.

Please can you also confirm if the data is given under the Open Government License or the Re-use of Public Sector Information Regulations 2015
Yes

NHS
James Paget
University Hospitals
NHS Foundation Trust

ANNUAL RED FLAG DATA REPORT - 2022

MONTH	RED FLAG DATA
JANUARY 2022	Unable to access data (system no longer in use)
FEBRUARY 2022	Unable to access data (system no longer in use)
MARCH 2022	Unable to access data (system no longer in use)
APRIL 2022	**A total of 0 RED flags were raised in April.**
MAY 2022	**A total of 0 RED flags were raised in May.**
JUNE 2022	**A total of 25 RED flags were raised in June.** The majority of red flags were submitted due to a delay in commencing induction of labour. A number of red flags were due to reduced core staffing numbers.
JULY 2022	**A total of 13 RED flags were raised in July.** The majority of red flags were submitted due to a delay in commencing induction of labour. A number of red flags were due to reduced core staffing numbers.
AUGUST 2022	**A total of 11 RED flags were raised in August.** The majority of red flags were submitted due to a delay in commencing induction of labour. There were also 2 red flags relating to RN being redeployed to another ward from maternity and no transitional care nurse on shift.
SEPTEMBER 2022	**A total of 7 RED flags were raised in September.** The majority of red flags were submitted due to insufficient continuity midwives available to provide care. There was also a red flag submitted for a non-maternity outlier being admitted to ward 11.
OCTOBER 2022	**A total of 15 RED flags were raised in October.** All red flags were associated to occasions where core staffing was not up to agreed establishment.
NOVEMBER 2022	**A total of 0 RED flags were raised in November.**
DECEMBER 2022	**A total of 0 RED flags were raised in December.**

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ANNUAL RED FLAG DATA REPORT - 2023

MONTH	RED FLAG DATA
JANUARY 2023	**A total of 0 RED flags were raised in January.**
FEBRUARY 2023	**A total of 0 RED flags were raised in February.**
MARCH 2023	**A total of 0 RED flags were raised in March.**
APRIL 2023 Electronic system introduced (BR+ Acuity)	**A total of 22 RED flags were raised in April.** 45% was pertaining to the delay between admission for induction and beginning of process, in some instances represented as delayed or cancelled time critical activity or missed/delayed care. 5% was related to a delay in providing pain relief, this was an occasion where the anaesthetist was attending an emergency on theatre which resulted in a delay to a siting of an epidural in labour. 50% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care (1 documented 1:1 care provision but on further investigation, escalation had been initiated and 1:1 care provision was not required by the coordinator).
MAY 2023	**A total of 16 RED flags were raised in May.** 25% was pertaining to the delay between admission for induction and beginning of process, in some instances represented as delayed or cancelled time critical activity. 6% was related to a delay between presentation and triage. 69% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care (3 documented 1:1 care provision but on further investigation, 1:1 care provision was not provided by the coordinator).
JUNE 2023	**A total of 13 RED flags were raised in June.** 31% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 69% was in respect of the senior midwife coordinator unable to remain fully supernumerary. Please note 1 occasion states the senior midwife was providing 1:1 care, however on investigation the coordinator was supporting triage, which does not denote providing 1:1 care.
JULY 2023	**A total of 17 RED flags were raised in July.** The majority (15/88%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, however not providing 1:1 care. The remaining 12% was due to a delay in commencing the induction process.
AUGUST 2023	**A total of 13 RED flags were raised in August.** The majority (19/90%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, on 2 of those occasions the senior midwife coordinator has stated that she was providing 1:1 care, however on further exploration on both of these occasions the manager on call was working clinically and confirmed that coordinator was not always

	supernumerary, but had not been providing 1:1 care as escalation had been actioned. The remaining 10% was due to a delay in commencing the induction process.
SEPTEMBER 2023	**A total of 7 RED flags were raised in September.** The majority (8/73%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary. There was a further 2/18% delays between admission for induction and beginning of process and 1/9% delay between presentation and triage.
OCTOBER 2023	**A total of 8 RED flags were raised in October.** The majority (7/87.5%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. There was a further 1/12.5% delay between presentation and triage.
NOVEMBER 2023	**A total of 8 RED flags were raised in November.** The majority (7/87.5%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. On the occasion where the coordinator recorded not supernumerary due to providing 1:1 care, on investigation she was NOT providing 1:1 care. The manager on call was also present. There was a further 1/12.5% delay between presentation and triage.
DECEMBER 2023	**A total of 8 RED flags were raised in December.** The majority (6/75%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. On the occasion where the coordinator recorded not supernumerary due to providing 1:1 care, on investigation she was NOT providing 1:1 care.

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ANNUAL RED FLAG DATA REPORT - 2024

MONTH	RED FLAG DATA
JANUARY 2024	**A total of 6 RED flags were raised in January.** The majority (5/83%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care.
FEBRUARY 2024	**A total of 11 RED flags were raised in February.** The majority (8/73%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. 2/18% were relating to induction delays. 1/9% states senior midwife coordinator unable to remain fully supernumerary & providing 1:1 care, however the coordinator was not providing 1:1 labour care and reviewed 2 patients in triage, which does not count as providing 1:1 care. This has been fed back to the coordinator to support her understanding of the tool.
MARCH 2024	**A total of 16 RED flags were raised in March.** Half raised (8/50%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. 6/37.5% were relating to induction delays. 1/6.25% states senior midwife coordinator unable to remain fully supernumerary & providing 1:1 care, however the coordinator was not providing 1:1 labour care and reviewed a patient in triage, which does not count as providing 1:1 care. This has been highlighted previously and has now been added to the coordinator meeting agenda for discussion to support understanding of the tool.
APRIL 2024	**A total of 5 RED flags were raised in April.** Half raised (2/40%) were pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. 1/20% were relating to induction delays. A further 40% included 2 incidences of delayed or cancelled time critical activity and a delay between presentation and triage. Both were due to high acuity within the service. 1/6.25% states senior midwife coordinator unable to remain fully supernumerary & providing 1:1 care, however the coordinator was not providing 1:1 labour care and reviewed a patient in triage, which does not count as providing 1:1 care. This has been highlighted previously and has now been added to the coordinator meeting agenda for discussion to support understanding of the tool.
MAY 2024	**A total of 5 RED flags were raised in May.** Half raised (1/20%) was pertaining to the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. 4/80% was relating to induction delays.
JUNE 2024	**A total of 5 RED flags were raised in June.** 60% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 40% was in respect of the senior midwife coordinator unable to remain fully supernumerary. Please note 1 occasion states the senior midwife was providing 1:1 care, however on investigation the coordinator supported the

	midwife in triage, which does not denote providing 1:1 care.
JULY 2024	**A total of 10 RED flags were raised in July.** 80% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 20% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care.
AUGUST 2024	**A total of 13 RED flags were raised in August.** 54% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 38% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. There was also 1 x occasion documented by the senior midwife coordinator where she was unable to provide 1:1 care in labour, due to staffing. This has been discussed in retrospect with the coordinator who cannot confirm/recollect whether or not this was an accurate reflection.
SEPTEMBER 2024	**A total of 7 RED flags were raised in September.** 29% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 57% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. There was also 1 x occasion documented by the senior midwife coordinator where she was unable to remain supernumerary and was providing 1:1 care. The coordinators who were on shift on this occasion have been contacted and further details requested. **Update 23.10.24** Following email responses from all coordinators on shift, it has been deduced this was entered in error and should have been “but not providing 1:1 care” option.
OCTOBER 2024	**A total of 7 RED flags were raised in October.** 29% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 57% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care.
NOVEMBER 2024	**A total of 8 RED flags were raised in November.** 63% was pertaining to the delay between admission for induction and beginning of process and delay between presentation and triage. 25% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care. 13% (1) was in respect of the senior midwife coordinator providing 1:1 care and this is very well documented within the acuity tool for confirmation and was escalated appropriately to resolve (please see below) 04.11.2024 – 22.00hrs Acuity -1.20 Senior Midwife Coordinator looking after triage and a lady with spontaneous rupture of membranes and raised BP. Manager on call contacted appropriately and requested to attend to support acuity.

DECEMBER 2024	**A total of 5 RED flags were raised in December.** 60% was pertaining to the delay between admissions for induction and beginning of process. 40% was in respect of the senior midwife coordinator unable to remain fully supernumerary, but not providing 1:1 care.

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ANNUAL RED FLAG DATA REPORT - 2025

MONTH	RED FLAG DATA
JANUARY 2025	**A total of nine RED flags were raised in January.** There was one occasion (11%) where delayed or time critical activity was documented and one occasion (11%) where missed or delayed care was noted. The labour ward coordinator has been contacted to provide further information regarding the delayed or time critical activity as the acuity narrative did not provide the level of detail required. The delayed care documentation was robust and documented a delay in suturing overnight due to the obstetrical team attending an emergency. The level of suturing required was inappropriate for a midwife to undertake. The labour ward coordinator has been contacted and feedback given for the high standard of documentation. Two occasions (22%) was pertaining to the delay between admission for induction and beginning of process. Four occasions (44%) was in respect of the labour ward coordinator unable to remain fully supernumerary, but not providing 1:1 care. There was also one occasion (11%) noted where the labour ward coordinator was unable to maintain supernumerary status and was providing 1:1 care. This will be further explored by the Matron to extrapolate further data/information. **Update 05.02.25** Labour ward Coordinator responded to say she had allocated incorrect red flag and was not providing 1:1 care in labour.
FEBRUARY 2025	**A total of twenty-one RED flags were raised in February.** There were 2 occasions (10%) where delayed or time critical activity was documented, both coordinators have been contacted and asked for further information as the acuity narrative did not provide the level of detail required. Three occasions (14%) was pertaining to the delay between admission for induction and beginning of process. Fourteen occasions (67%) was in respect of the labour ward coordinator unable to remain fully supernumerary, but not providing 1:1 care. There was also one occasion (5%) noted where the labour ward coordinator was unable to maintain supernumerary status and was providing 1:1 care. This will be further explored by the Matron to extrapolate further data/information. **Addendum:** On the 2 occasions (10%) where delayed or time critical activity was documented, both Labour Ward Coordinators stated this was delayed inductions. The LWC who added the red flag regarding being unable to maintain supernumerary status and was providing 1:1 care is currently on annual leave, she has been contacted and will respond on her return. **Update 17.03.25** LWC has responded with confirming she did provide 1:1 care for a short period of time whilst escalation was initiated.
MARCH 2025	**A total of seven RED flags were raised in March.** There was 1 occasions (14%) where delayed or time critical activity was documented, the coordinator has been contacted and asked for further information as the acuity narrative did not provide the level of detail required. Three occasions (43%) was pertaining to the delay between admission for induction and beginning of process. Three occasions (43%) was in

	respect of the labour ward coordinator unable to remain fully supernumerary, but not providing 1:1 care. **Addendum:** On the 1 occasion (14%) where delayed or time critical activity was documented, the Labour Ward Coordinators stated this was a delayed induction.
APRIL 2025	**A total of seven RED flags were raised in April.** There was 1 occasion (14%) where delayed or time critical activity was documented; this was due to awaiting transfer of a partus positive lady at 29 weeks gestation. Six occasions (86%) was in respect of the labour ward coordinator unable to remain fully supernumerary, but not providing 1:1 care.
MAY 2025	**A total of six RED flags were raised in May.** There were 2 occasions (33%) where there was a delay between admission for induction and beginning of process. In addition there were four occasions (67%) was in respect of the labour ward coordinator unable to remain fully supernumerary, but not providing 1:1 care.
JUNE 2025	
JULY 2025	
AUGUST 2025	
SEPTEMBER 2025	
OCTOBER 2025	
NOVEMBER 2025	
DECEMBER 2025	