

Meeting title:	Public Trust Board	Public Trust Board paper G			
Date of the meeting:	11 April 2024				
Title:	February 2024 Perinatal Scorecard				
Report presented by:	Julie Hogg, Chief Nurse / Andrew Furlong, Medical Director				
Report written by:	Danni Burnett, Director of Midwifery / Jonathan Cusack, Clinical Director				
Action – this paper is for:	Decision/Approval		Assurance	X	Update
Where this report has been discussed previously					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations
Impact assessment
<ul style="list-style-type: none"> N/A

Purpose of the Report

The scorecard is produced in line with the Perinatal Quality Surveillance Model designed by NHS England to support sharing safety intelligence Board to Frontline / Frontline to Board.

The scorecard includes 5 areas of focus:

1. Safety
2. Workforce
3. Training
4. Experience
5. Outcomes

The scorecard includes the minimum dataset as described within Maternity Incentive Scheme (MIS), in addition to local insights, operational activity, and neonatal workforce.

Summary

Midwifery vacancy rate continues to improve as a result and the stretch target of improving the student conversion rate highlighted in the recent workforce plan was achieved.

Progress continues with the implementation of the NHS Resolution Maternity Incentive Scheme Safety Actions and Saving Babies Lives Care Bundle v3. A Maternity and Neonatal Safety Improvement Programme (MNSIP) is in place which draws together all quality improvement initiatives in addition to maintaining oversight of regulatory and national recommendations.

A new Perinatal Insights Dashboard is to be created to ensure UHL are focusing on outcomes and impact of quality improvement initiatives, this includes focus on prevention and population health.

Recommendation

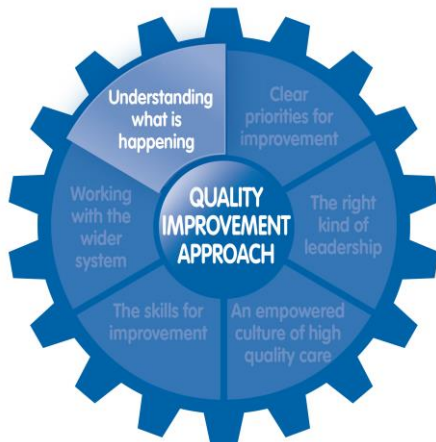
The Trust Board are asked to:

- Be assured by the progress made to date and support the plans for improvement.
- To note work is in progress to continue to develop the perinatal quality scorecard in line with NHSR Maternity Incentive Scheme with the ambition to focus on outcomes and driving continuous improvement



Perinatal Quality Assurance Scorecard

February 2024



Contents



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance

FEBRUARY 2024



*(all staff groups) ** submitted compliance awaiting verification

Perinatal Quality Scorecard Summary (February 2024)



Overview

In February, University Hospitals of Leicester (UHL) reported 791 babies were born with 45.7% born by Caesarean Section which is slightly increased from January. Bookings in pregnancy reduced to 991, which is reduced from January by almost 200. Induction of Labour rates have also increased by 3.7% against the average for the year. A **New* Perinatal Insight Dashboard is under development which plans for introduction to commence Q1 2024/2025*

Quality & Safety

Joint efforts with Maternity & Neonatal Voice Partnership (MNVP) to engage at-risk groups in the City as part of accessing maternity services earlier.

1 serious incidents declared and one referral to the Maternity & Neonatal Safety Investigation (MNSI). All MNSI action plans are up to date and have been incorporated into the Maternity and Neonatal Improvement Plan.

Actions and evidence continues to be gathered as part of NHSR Maternity Incentive Scheme and Saving Babies Lives Care Bundle v3

Workforce

Successful midwifery recruitment with the Leicester General on track to close the gap between planned and actual staffing levels. Focused recruitment in the community services where the vacancy gap continues. 5 nurses completed the neonatal Qualified in Speciality (QIS) training programme in December 2023 with a further 7 due to finish May 2024

Experience

11 complaints were received in February with a reduction in FFT score to 93.8%, however an improved score from 2022/23 by 1.3% with coverage higher. Positive feedback continues on the new IOL pathway and the extension of partner visiting continues.

Training

Multidisciplinary training continues to be a priority with a focus on junior doctors & registrars for fetal monitoring training where compliance has dropped. All staff are booked on to training to rectify. Weekly learning sessions continue for fetal monitoring focusing on escalation

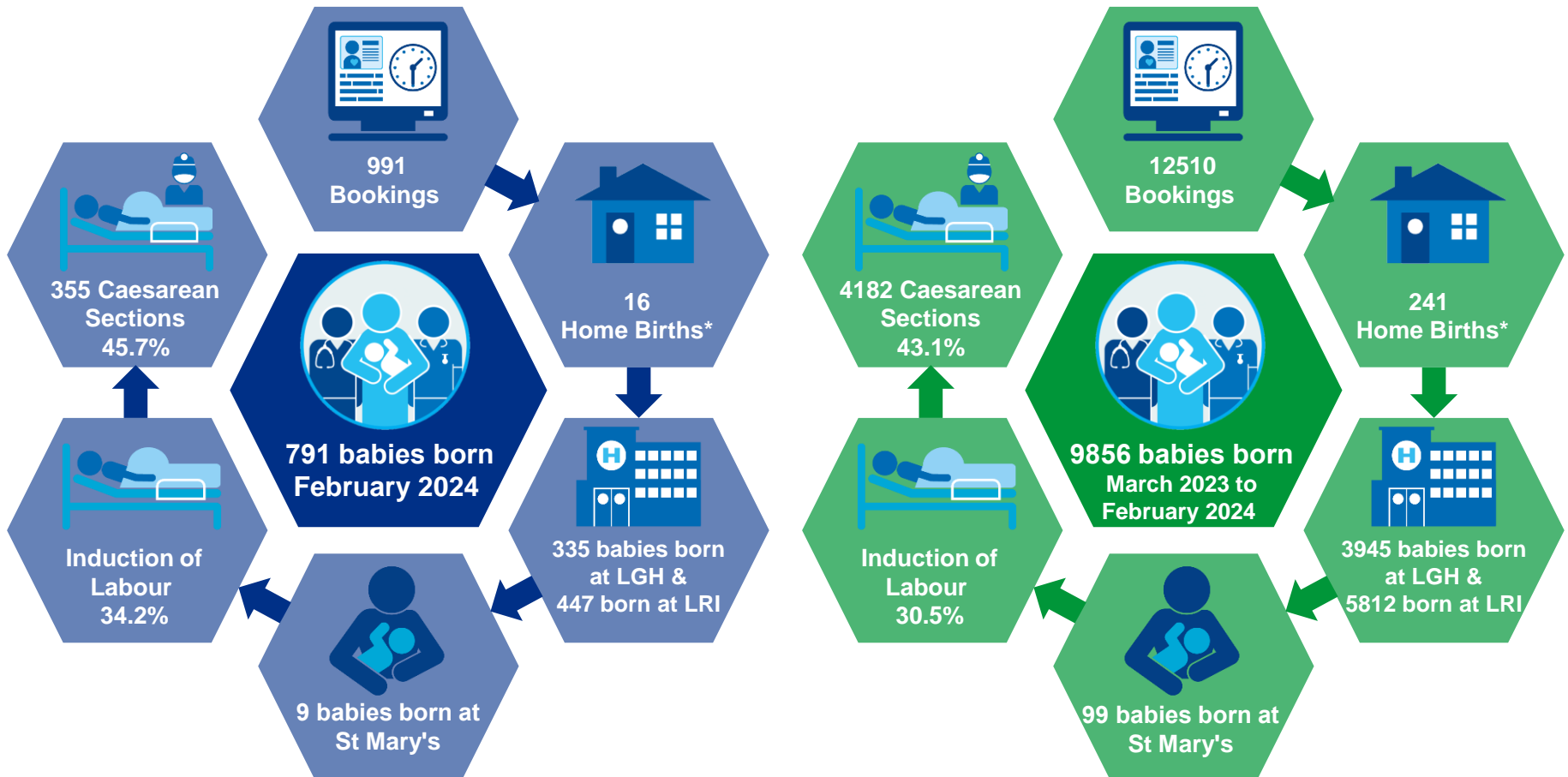
	Safe	Effective	Caring	Responsive	Well-led	Overall
LRI	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
LGH	Requires Improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Inadequate 2023	Domain Not Inspected			Requires Improvement 2023	Requires Improvement 2023
St Mary's	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Good 2023	Domain Not Inspected			Requires Improvement 2023	Good 2023

Outcome

Perineal trauma cases have reduced to 2.7% which is lower than the average year to date, however major obstetric haemorrhage over 1500ml has increased to 3.3%, which is higher than average, the approach to *measurement of loss* has changed which has contributed to the increase due to a more accurate weighing. The number of term babies admitted to the neonatal unit has increased in month 6.43% against the year-to-date average and the number of stillbirths as a percentage of total deliveries has reduced from the last two months back to 0.64%

Overall Summary Maternity Activity

During February 2024 (on average) 34 antenatal bookings were made and 27 babies were born per day

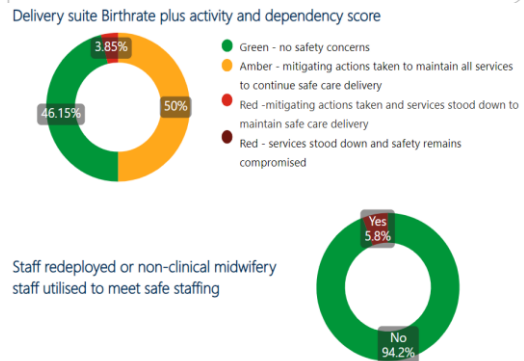
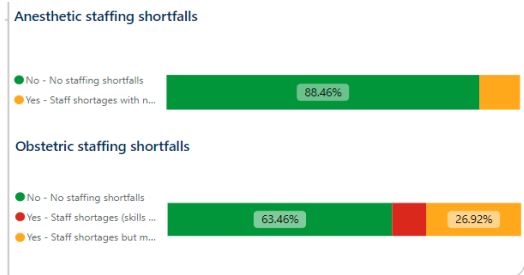
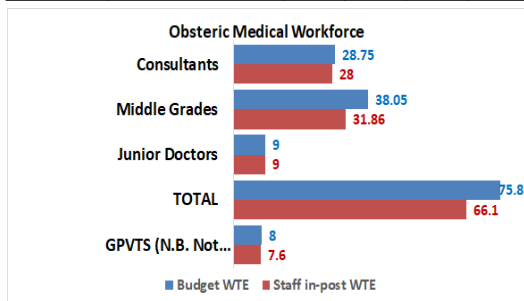
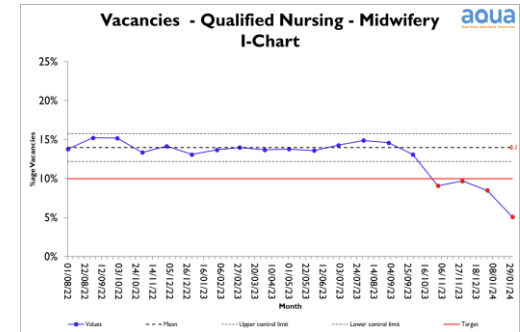
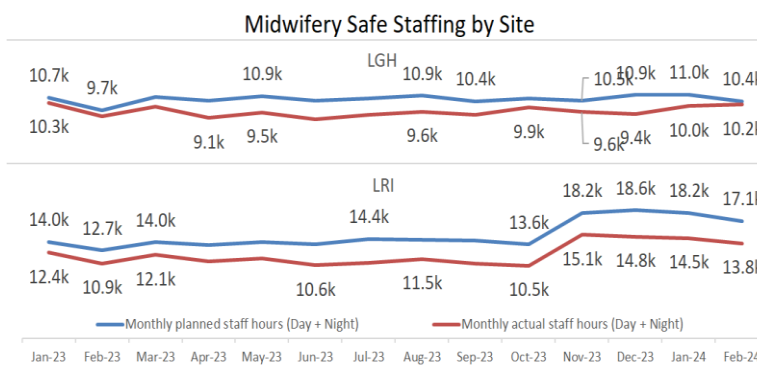


Homebirth Rate 2.1% (2023-24 YTD 2.2%)
 * Inclusive of homebirths and babies born before arrival (BBA)

Workforce (Maternity)



		Nov-23	Dec-23	Jan-24	Feb-24
Midwifery Safe Staffing (LGH)	Total monthly planned staff hours (Day + Night)	10,480	10,948	10,971	10,428
	Monthly actual staff hours (Day + Night)	9,580	9,409	10,047	10,170
Midwifery Safe Staffing (LRI)	Monthly planned staff hours (Day + Night)	18,215	18,623	18,194	17,063
	Monthly actual staff hours (Day + Night)	15,063	14,787	14,547	13,801



IN SUMMARY

What Is The Data Telling Us?

- Staff redeployment has reduced to a lower rate again in February 5.8% compared to previous reporting month (16.7% reported for Jan 2024).
- The number of reportable red acuity scores for delivery suite remains low for the second month at 3.85%
- Successful recruitment of midwives resulting in a significant reduction in the vacancy rate of 10% - LGH has almost closed the gap for planned v's actual staffing. The vacancy rate at LGH is now at 2% with further ongoing recruitment to all sites and the community.
- Further work is required as part of Provider Workforce Returns as a 5% vacancy gap is not in line with local data and intelligence. Vacancy gaps are closing however data quality and verification indicates an error in month therefore actual figures to be confirmed.
- Interviews taking place this month for a total of 5 obstetric consultants alongside an obstetric & gynae combined post.

What Do We Need To Focus On ?

- Continue to develop and flex workforce plan high level actions through the improvement programme workstreams including how we improve engagement and retention across the CMG
- Review Maternity establishments levels against Birthrate Plus® recommendations and confirm any required actions
- Continued recruitment into Band 7 clinical and non-clinical roles
- Awaiting evaluation and feedback from staff around self- rostering and embed any actions/consider rollout
- Actions to be determined as part of the staff survey results

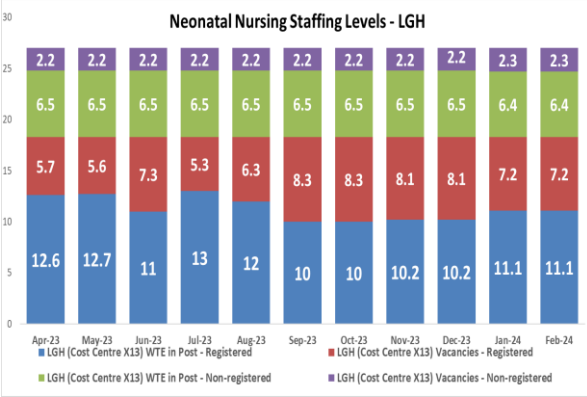
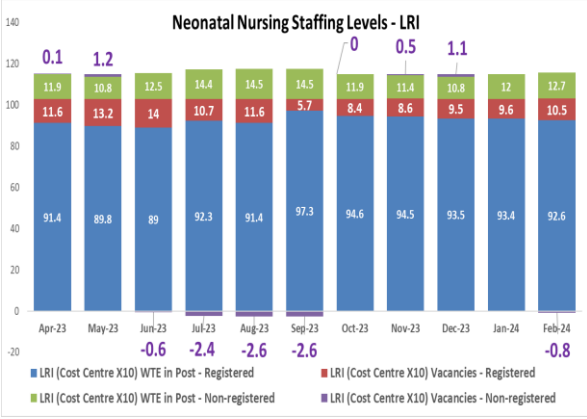
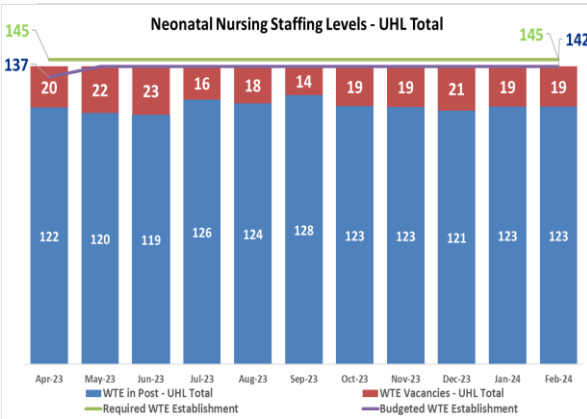
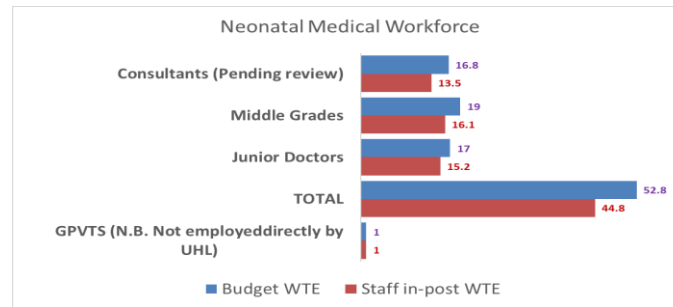
What Is Going Well?

- Recruitment of new midwives - LGH site will be fully recruited once all new staff have commenced in post and a further 17 midwives have been recruited into vacancies at LRI site awaiting to start
- Continued improvement of Safe Redeployment for UHL compared to the Regional position
- Midwifery turnover rate remains below national average

Where Do We Want To Be?

- Achievement of actions to deliver on the workforce plan
- Improvement of staff and family experience due to improved availability and capacity of the workforce
- Improved continuity of care across the whole maternity pathway

Workforce (Neonatology)



IN SUMMARY

What Is The Data Telling Us?

- Neonatal nurse vacancy rate has reduced with a vacancy rate at 11% (16.48wte) with unregistered at 2.0wte
- Current Qualified in Speciality (QIS) nurses account for over 50% of the registered nurses against BAPM standard of 70%; this is an improving position
- 5 nurses completed the QIS training programme in December 2023 to take QIS trained staffing to 56% with a further 7 due to finish May 2024

What Is Going Well?

- Nursery nurse team accessing nurse associate training
- 2 new matron posts appointed to with – Workforce (incl. Recruitment, Retention & Pastoral) Care Matron and Quality Improvement Matron
- Plan to increase clinical band 7 workforce to two staff per shift (LRI site) and recruitment underway.
- Improved collaborative working across medical and nursing workforce
- Good working relationships between sites

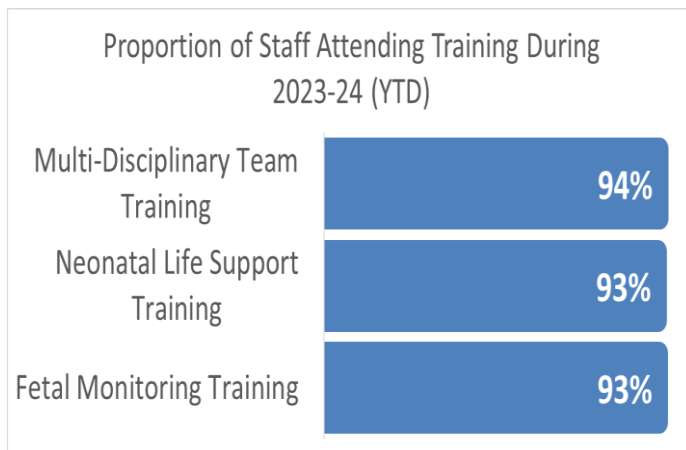
What Do We Need To Focus On?

- Continue Recruitment campaign to attract external QIS Nurses and to continue to actively support internal NNU nurses to attend QIS course to increase our BAPM compliance.
- Internal pipeline of 16 QIS training places each year
- Development of package for Band 5 QIS nurses to progress to vacant Band 6 posts
- Early empowering voices feedback, key themes needing actions to support staff retention
- Await staff survey results and consider actions required to respond to these
- Review skills/experience of our internationally trained to fast track onto QIS programme where appropriate
- Current advert out for substantive neonatal consultant and one locum consultant neonatal post

Where Do We Want To Be?

- Good staff retention within the service
- Using the CRG workforce tool to support incremental workforce expansion to reach a capacity of 48 cots
- QIS trained nurse levels in line with BAPM standards
- A clear trajectory of nurse, medical, and AHP recruitment to close the vacancy gap.
- Full complement of consultant workforce

Workforce Training Summary



Key Performance Indicator	Target	Dec-23	Jan-24	Feb-24	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	96.0%	93.0%	83%	93.7%
% of All Staff attending NLS Training	90%	92.0%	94.0%	85.0%	93.3%
% of All Staff attending CEFM Training (Theory)	90%	92.0%	89.0%	90.0%	93.6%
% of All Staff attending CEFM Training (Assessment)	90%	92.0%	89.0%	90.0%	93.1%

IN SUMMARY

What Is The Data Telling Us

- Improved compliance for neonatal nurses (% has increased to over 92%)
- Junior doctors & registrars currently at 84% for fetal monitoring training which has fallen; staff are booked on the training day on March 1st, 2024

What Do We Need To Focus On

- Maternity Educators recruited; wider MDT is ready to provide support for a seamless transition
- Education team lead post is out to advert
- Extra dates secured for training in the summer of 2024 to maintain training levels and compliance

What Is Going Well

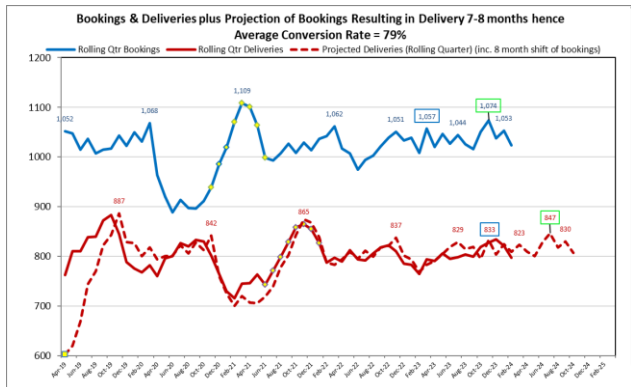
- Continuing to deliver Fetal Monitoring training whilst awaiting full recruitment into the Education Team
- 2 x Band 7s recruited into Education Team due to start April 2024
- Planning & Training Needs Analysis for 2024 is complete

Where Do We Want To Be

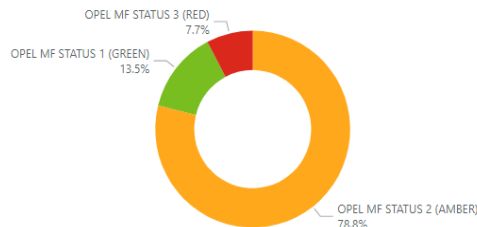
- All staff groups are expected to achieve full compliance with MDT training by the end of March 2024
- Aim to achieve MIS stretch targets

Overall Summary

Operational Activity (February 2024)

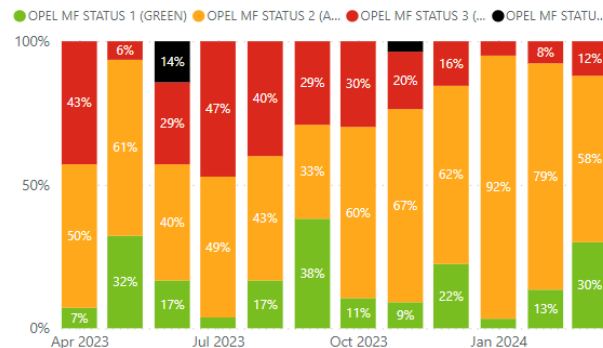


OPEL Maternity Status



OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	7	13.46%
OPEL MF STATUS 2 (AMBER)	41	78.85%
OPEL MF STATUS 3 (RED)	4	7.69%

OPEL Maternity Status - % of submissions



IN SUMMARY

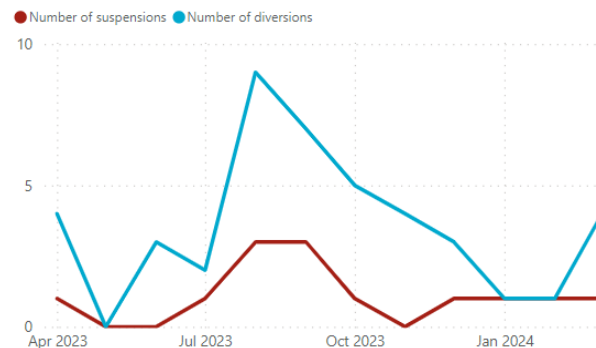
What Is The Data Telling Us?

- 0 episodes of Opel 4 status declared in the month of February
- Increased episodes of the service operating in OPEL Level 1 compared to previous month
- However, an increase in the number of service diversions as part of planning activity
- 100% of women requiring one to one care provided

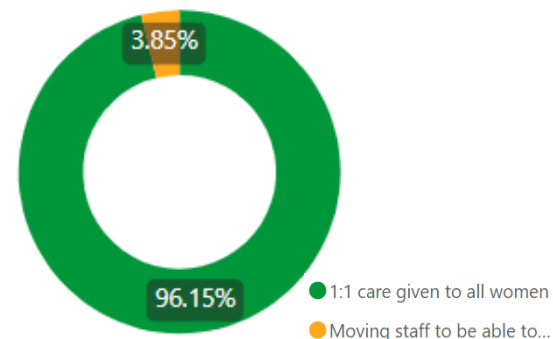
What Is Going Well?

- Induction of Labour (IOL) App now in use for daily planning and prioritization
- Maintaining Ultrasound Scan capacity by implementing additional sessions to accommodate any influx in forms.
- Further reduction in DNA rates at Ultrasound appointments.
- We continue to deliver the elective activity with planning of additional theatre lists.

Service suspensions and diversions



1:1 care given to all women in established labour



What Do We Need To Focus On?

- Escalation policy to be fully embedded at all levels
- Continuing recruitment of medical and midwifery staffing with meaningful and bespoke preceptorship packages

Where Do We Want To Be?

- Sustained reduction of delays and improved experience for women on the IOL pathway
- A workforce which feels supported and communicated with
- Fewer redeployment episodes
- Limited-service diversions / suspensions

Safety Incident Reporting



Key Performance Indicator	2021-22	2022-23	YTD 2023 - 2024
MNSI Referrals (Eligible Cases)	24	16	17
MNSI Referrals (Referred & Accepted)	16	12	10
MNSI Referrals (Declined by HSIB)	4	4	3
MNSI Referrals (Declined / Consent withdrawn)	4	1	4
MNSI Total Safety Recommendations*	34	12	9

* Safety Recommendations are based on date of Report completion

February 2024
1 case met MNSI criteria
0 MNSI Safety Recommendation
1 Non MNSI Serious Incidents
0 Never Events
27 Moderate Incidents
0 Coroner Reg 28

IN SUMMARY

What Is The Intelligence Telling Us?

- 0 (zero) MNSI Safety Recommendations received in February 2024
- 1 Serious Incident reported on STEIS in February and 27 Moderate Incidents were declared, 3.3% (n14) relating to major obstetric haemorrhage and 2.7% (n8) perineal trauma
- Marginal increase in the reportable occurrence of 3rd and 4th degree tears and PPH/MOH (not outlier when compared to similar peer trusts)

What Do We Need To Focus On?

- Review of incidents of 3rd and 4th degree tears and PPH to identify any trends/themes. Outcome to be reported end of March as part of a quarterly review of data
- Review of outstanding action plans relating to previous Serious Incidents
- Induction of new Quality, Risk, & Safety staff
- Ongoing PSIRF training and roll out of PSIRF
- To have a robust plan around the timely identification, action and closure of new Datix incidents

What Is Going Well?

- Timely rapid reviews
- Duty of Candour completed and uploaded onto Datix
- Actioning and closing overdue Datix
- Closure of Serious Incidents
- Number of Safety Recommendations Reducing Year on Year

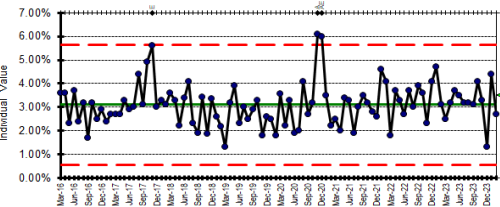
Where Do We Want To Be?

- Reduction in overdue Datix with timely learning cascaded to staff
- Embed PSIRF
- A safety culture which is open, transparent, putting the families and staff at the heart of learning and driving forward improvements

Safety Maternity Clinical Outcomes

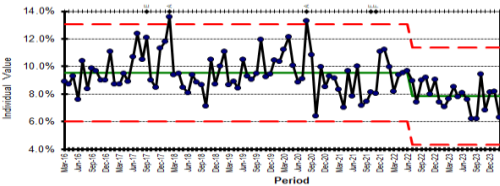
% 3rd & 4th degree tears (as a % of total vaginal deliveries)

Special Cause Flag

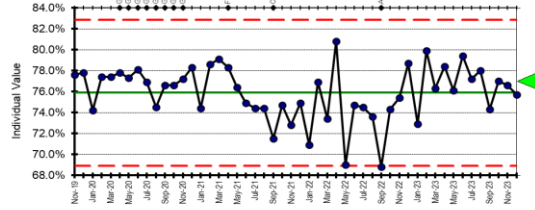


% of women smoking at delivery

Special Cause Flag

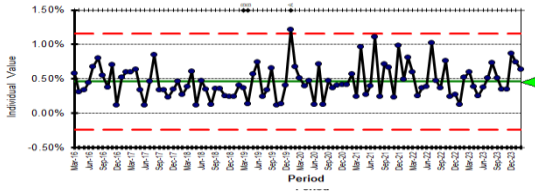


Bookings before 10 weeks % - booked with UHL (Total) (NB prior to Apr 2017, data quoted is for bookings before 12 weeks)



Stillbirths as a % of Total Deliveries

Special Cause Flag



Key Performance Indicator	Target	Bench mark	Dec-23	Jan-24	Feb-24	YTD
Spontaneous Deliveries %	Actual	47%	46.4%	43.7%	50.1%	45.4%
Caesarean Section Rate - total	Actual	42%	43.0%	43.9%	45.6%	43.1%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	*3.1%	2.6%	2.2%	3.3%	2.7%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	*2.7%	1.3%	4.4%	2.7%	3.2%
% of Full term babies admitted to NNU NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	Alert if >6%		4.99%	5.38%	6.43%	6.00%
Bookings before 10 weeks % - booked with UHL (Total)	>77% (UHL Target)	*61%	75.7%	75.7%	74.8%	76.70%
% of women smoking at booking referred (Number of women referred as % of those smoking at time of booking less those)	95%		100%	100%	100%	100%
% of women smoking at delivery	Alert if >6%	8%	8.2%	8.2%	6.3%	7.59%
Still births as %age of Total Deliveries	<0.45%	0.39%	0.87%	0.74%	0.64%	0.52%

* UHL KPIs do not exactly match National Comparator

IN SUMMARY

What Is The Data Telling Us?

- Efforts continue to ensure bookings are timely with a focus on families within the City
- Increase in 3rd and 4th degree tears however statistically YTD not an outlier – further work required to understand themes via rapid reviews
- BCG service embedded within neonates with 96% babies receiving BCG vaccine before 28 days
- Step change noticed in smoking at delivery, increased uptake in incentive scheme for women

What Do We Need To Focus On?

- Perinatal Mortality Lead to review all stillbirth cases in addition to PMRT with close surveillance on trends, update expected as part of end of Quarter reporting
- Implementation of the pelvic health initiatives
- Ongoing QI projects including Stop Smoking initiatives
- Close surveillance on perineal trauma and OASI care bundle
- Perinatal Insight Dashboard in development to inform trends and local on all aspects of UHL outcomes, this include a focus on national KPIs and comparators

What Is Going Well?

- PMRT Lead Midwife now in post (January 2024)
- Pelvic Health clinic funding secured for 18 months, Lead Midwife & Lead Physio to be recruited
- Term admissions to NNU remain stable with going ATAIN reviews

Where Do We Want To Be?

- Making Data Count to understand impact of QI projects and determine targeted efforts to improve outcomes
- Sustain early engagement with communities as part of bookings

Maternity & Neonatal Experience



Family & Friends Test (FFT)	Target	Dec-23	Jan-24	Feb-24	YTD
Maternity Friends & Family - % of Responses	25%	17.1%	18.9%	23.1%	20.1%
Maternity Friends & Family - % of Promoters	96%	95.9%	96.0%	93.8%	94.3%

CQC Maternity Survey 2023

<p>Labour and birth</p> <p>Patient Response 8.2 / 10</p> <p>Compared with other trusts About the same</p>
<p>Staff caring for you</p> <p>Patient Response 8.0 / 10</p> <p>Compared with other trusts Somewhat worse than expected</p>
<p>Care in hospital after the birth</p> <p>Patient Response 6.7 / 10</p> <p>Compared with other trusts Somewhat worse than expected</p>

Complaints & Concerns	Dec-23	Jan-24	Feb-24	YTD
Maternity	6	8	11	125
Neonatal	0	1	0	7

IN SUMMARY

What Is The Data Telling Us?

- Number of maternity complaints have increased.
- No neonatal complaints received in February
- Response rate increased although target (%) for FFT not met in February and there has been a decline in the promotor rate.
- Postnatal care and staff culture must be priorities for improvement through the maternity and neonatal improvement programme.
- Alignment between the findings of the CQC Maternity Survey and local insights and intelligence – postnatal care, access / referral to perinatal mental health, involvement, and feeding support

What Is Going Well?

- Collaboration with 'Heads Up' to introduce 'Bumps to Baby' sessions for free antenatal classes within Leicester City following CQC maternity survey and MNVP feedback
- Increased visiting times throughout maternity and neonatal units
- Collaboration with MNVP to improve patient information for induction of labour and 'time out day' planned to create content for leaflets/website/accrux system.
- Delivery suite and ward areas at LGH have been re-decorated and low lighting secured
- Birth preferences cards developed to facilitate conversations about birth planning

What Do We Need To Focus On?

- Progressing actions in response to the CQC maternity experience survey results (2023)
- Completion of actions following MNVP 15 steps in particular relating to estates and signage
- Implement peer supporters for breastfeeding support in the community alongside Leicester Mammias to enhance postnatal feeding support
- Development of the Neonatal Voices Partnership committee

Where Do We Want To Be?

- Triangulation of data involving patient feedback with wider QI work through the workstream meetings and through the Maternity and Neonatal Improvement Programme.
- Women and birthing people to have available information, feel listened to and have equipment to enhance their experience

Maternity & Neonatal Feedback (Staff)



Safety Champion Feedback

February 2024 Update

What Are Staff Telling Us?

NerveCentre is needed at St Mary's Birth Centre (SMBC) following learning from medication errors

What Action are We Taking?

Focused work with the CNIO and team to drive the initiative to have NerveCentre at SMBC

What Are Staff Telling Us?

Lack of cot side teaching due to cot side educators moving to new roles or moved to cover nursing gaps

What Action are We Taking?

Facilitating protected time for current cot side educators and a new post has been advertised with plans for further expansion.

IN SUMMARY

What Is The Intelligence Telling Us?

- Bed blocking continues to be an issue at both main hospital sites
- Documentation continues to be a focus for improvement specifically in the community and use of multi systems
- Improving clinical areas – decoration and noticeboard areas
- Themes aligned to the insights from Empowering Voices – relaunch planned for April 2024

What Is Going Well?

- Actions taken from 15 Steps are ongoing but great progress is being made in the implementation of new and improved facilities
- Refocus on antenatal and postnatal ward staffing numbers with plans to increase support staff to improve experience
- Staff engagement with maternity safety champions is improving and we are setting up regular walkarounds with the MDT to establish safety concerns/issues.

What Do We Need To Focus On?

- Work across maternity and neonates to prevent breaches checks not completed within 72 hours
- Strengthen cot side teaching to improve staff confidence and morale
- Visibility of managers and matrons with plans to introduce matron of the day for the CMG
- Response to LMNVP 15 steps report

Where Do We Want To Be?

- Transition to new Maternity Electronic Patient Record with improved documentation, reduction in time spent on administrative tasks, and access for families using our service
- Action cards for staff to ensure escalation is consistent and fully embedded

Saving Babies Lives v3 Progress

Saving Babies' Lives



LMNS Assurance Review conducted 24 January 2024, overall position is now 73% and the minimum requirement for at least 50% compliance in each element has been maintained

Further exploration on the minimum compliance requirements specifically the inhouse tobacco dependency service – reach out to NHSE Midlands SBLCB Community of Practice & QI Teams

Observation 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%	Implemented	60%	CNST Met
Element 2	Fetal growth restriction	Partially Implemented	95%	Partially Implemented	80%	CNST Met
Element 3	Reduced fetal movements	Fully Implemented	100%	Implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully Implemented	100%	Partially Implemented	80%	CNST Met
Element 5	Preterm birth	Partially Implemented	85%	Partially Implemented	70%	CNST Met
Element 6	Diabetes	Partially Implemented	89%	Partially Implemented	67%	CNST Met
All Elements	TOTAL	Implemented	91%	Implemented	73%	CNST Met

Element 1: Smoking in pregnancy

Guidance being sought from the regional team regarding an 'in house service' and what is required to achieve compliance – results indicate that a robust pathway is already in place at UHL, and audits support effective compliance. A derogation is being considered with a view to maintain the current pathway already in situ
Training of Tobacco Dependency Advisors being reviewed to evidence incorporation of yearly updates

Element 2: Fetal growth restriction

Vitamin D audit data to be included in the dashboard
Consultant midwife leading on a business case for more targeted roll out of vitamin D for all pregnant women
KPIs to be established to correlate not performing PGLF to outcomes
Increase stretch target to 90% on implementation tool
Reduce target to 80% by Dec 2024 to allow for additional face to face training to be completed
Multiple pregnancy audit now being completed; results to be reviewed
Further deeper dive into IOL for suspected SGA to see where improvements can be made; once available targets to be set for improvement

Element 3: Reduced fetal movements

Fully compliant – ongoing monitoring re outcomes via audit for to ensure embedding guideline changes around altered fetal movement scans being performed within the next working day

Element 4: Fetal monitoring in labour

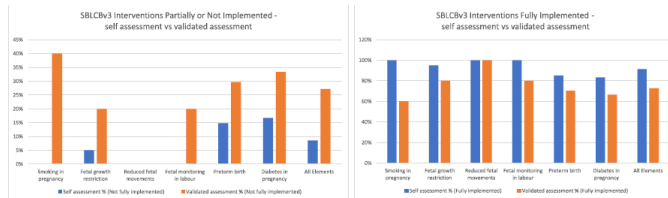
Ongoing monthly spot check audits in place to inform compliance of fresh eyes standards
Training sessions included on fetal monitoring days and QI project ongoing by Fetal monitoring lead midwife
Working alongside regional and nation fetal monitoring teams around element 4 auditing standards
Monthly audit refreshed with deeper dive retrospective audit commencing July 2024

Element 5: Preterm birth

Funding options to be explored for PAs for lead role with job description to be compiled
Robust SMART QI action plan around data interpretation and trajectories to be developed with MDT
Multiple pregnancy audit in progress; action plan to be developed with findings
Clarity to be sought from the regional team about continuity of carer regarding scope of evidence required for implementation
Collaboration between UHL and MNVP to develop a service user leaflet
Pre-term birth audit to be reviewed with SMART action plan around the results and improvement projects required

Element 6: Diabetes

Plans around implementation of new standalone Type 1 and Type 2 diabetes clinics to be launched on 5th and 6th March 2024
Update to criteria for HBA1c audit



IN SUMMARY

Why Are We Doing This?

- Our culture shapes the experience and clinical outcomes of our service users and supports staff to thrive
- NHSE have invested in a Culture & Leadership programme (<https://www.england.nhs.uk/culture/culture-leadership-programme/>), providing resources to support our culture journey
- Progress in relation to pastoral care, senior leadership and shared learning, however recognising further work is needed



What Is Going Well?

- Oversight of actions which support the UHL culture journey embedded within the 4 workstreams of the Maternity & Neonatal Improvement Plan (MNIP). This creates momentum, helps embed change and supports collaborative working
- 24 Band 7's Midwives (Team Leads / Coordinators / Ward Managers) have completed the Connect Leadership Programme with a further 24 in progress with positive feedback
- 5 Shared Decision-Making Councils
- Recruitment, Retention & Pastoral leads established on all 3 sites & started in Neonates (March 24). Perinatal Safety Champions in post working with the Maternity & Neonatal Voices partnership to ensure patient voices influence service development
- Embracing Empowering Voices and triangulating learning and actions in MNIP plans
- Engaged Executive & Non-Executive Team

What Do We Need To Focus On?

- Completion of Empowering Voices action plan
- Implementation of 'Team of the Shift'
- Work alongside NHSE with 'culture coach' to implement changes which support a positive culture at work
- Workstream 2 and 3 (MNIP) to maintain and momentum and oversight of plans
- Work with the NMC/GMC as part Professional Standards and Behaviours sessions
- Equity & Inclusivity programme of work

Next Steps

- NHSE culture development course (Phase 1)
- (Phase 2) Culture survey and conversations with staff to build a picture of our current culture which will draw on our learning from the Empowering Voices programme (due to complete April 24 with a focus on the medical workforce)
- (Phase 3) Deliver on the actions with support of a culture coach from the national team
- Continue to progress actions from MNIP to maintain momentum and support collective ownership

How are you?
What does it feel like to work here?
The culture of our workplace impacts our wellbeing and the care we deliver

Please complete our culture survey by scanning the QR code:

<https://surveys.uk.safeandrelievablecare.com/s/ukmat8-univ-hosp-leicester>

Appendices

REFERENCE: MIS Perinatal Scorecard Minimum Data Measures

Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 11 (February) 2023-24

	National target / Alert Level	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	2023-24 TOTAL / AVERAGE (YTD)
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	790	848	846	809	808	778	8872
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	453	487	488	475	464	432	5048
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	301	334	332	312	327	321	3521
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	36	27	26	22	17	25	303
SIs (Obstetrics)	Actual	0	0	2	1	0	0	15
SIs (Neonatology)	Actual	1	0	0	0	0	0	1
Number of Still births - overall total	Actual	4	3	3	7	6	5	46
Still births as %age of total Deliveries	<0.45%	0.51%	0.35%	0.35%	0.87%	0.74%	0.64%	0.52%
MNSI Referrals	Actual	0	2	2	2	0		12
Moderate Incident	Actual	7	10	11	8	20	27	153
Coroner Regulation 28 Requests	Actual	0	0	0	0	0		0
Funded Midwife to Birth ratio (UHL complete care, 1:nn)	>1:26.4	1:23.5	1:23.7	1:23.7	1:23.9	1:24	1:22.7	1:23.6
Midwife Vacancies (%)	10%	14.6%	13.1%	9.1%	9.7%	8.5%	5.1%	10.9%
1 to 1 Care in Labour	Actual	100%	100%	100%	100%	100%	100%	100%
% of All Staff attending Annual MDT Clinical Simulation	90%	95%	96%	96%	96%	93%	83%	94%
% of All Staff attending NLS Training	90%	95%	94%	94%	92%	94%	85%	93%
% of All Staff attending CEFM Training (Theory)	90%	94%	94%	96%	92%	89%	90%	93%
% of All Staff attending CEFM Training (Assessment)	90%	94%	94%	96%	92%	89%	90%	93%

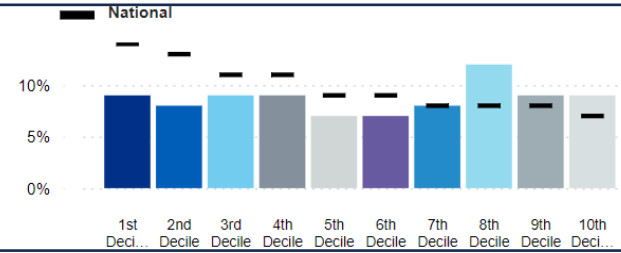
Performance Overview

Benchmarking Outcomes (January 2024 Latest Data)

Index of Deprivation of Mother at Booking.

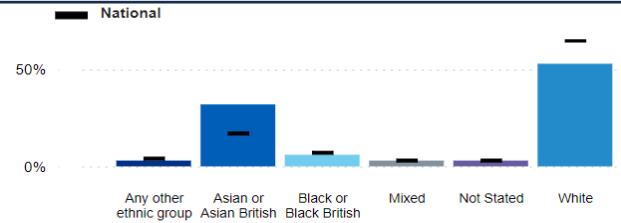
UHL (9%*) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%).

*Data issues may be under-representing LLR Deprivation levels.



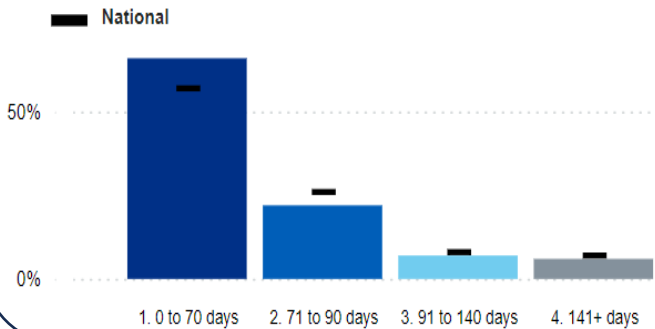
Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (32%) and a correspondingly lower proportion with White ethnicity (53%) than the average across all providers (17% and 65% respectively).



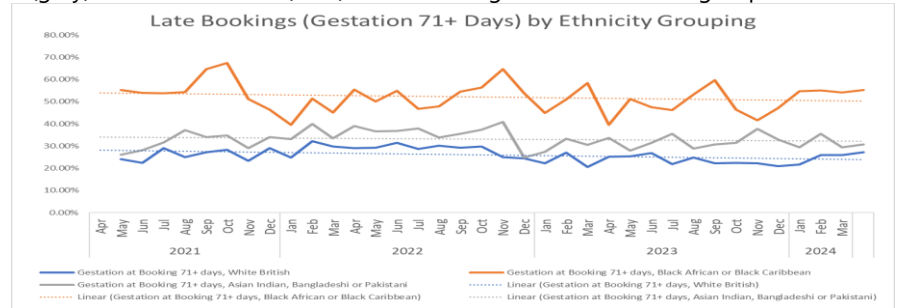
Gestational Age at Booking

UHL (66%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (57%).



Variation in Late Bookings by Ethnic Group

UHL Late Bookings (71+ Days) are most prevalent amongst the Black African or Black Caribbean populations (amber) vs. Asian Indian, Bangladeshi or Pakistani (grey) and White British (blue). There is a slight decrease for all groups over time.



Method of Delivery

UHL has slightly lower rates of Instrumental Deliveries (9%), Emergency Section (25%) and Spontaneous Deliveries (43%) than the average of all providers nationally (Instrumental 10%, Em CS 23% & Spontaneous 47% respectively); Elective CS (19%) is the same as the national average.

