

Trust Board Paper G

Meeting title:	Trust Board					
Date of the meeting:	11 July 2024					
Title:	May 2024 Perinatal Quality Surveillance Scorecard					
Report presented by:	Julie Hogg, Chief Nurse / Danni Burnett, Director of Midwifery					
Report written by:	Danni Burnett, Head of Midwifery / Jonathan Cusack, Clinical Director					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
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

Maternity safety and improving quality is a national priority and concern. The perinatal surveillance scorecard provides oversight of the quality and safety of the service at UHL. 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.

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. Experience
4. Outcomes
5. Training

Summary

Midwifery vacancy rate continues to improve with the gap closing in terms of planned v’s actual staffing. Operational demand and capacity continue to improve as workforce challenges are being addressed. Learning from recruitment and retention strategies are being shared with neonatal services with the focus to work towards British Association of Perinatal Medicine (BAPM) standards for staffing.

Education and training plans are in place to address vacancies in the team with additional sessions scheduled for 2024/2025 to address compliance levels. There has been an improvement in month in attendance with an ambition to be back on track pending further recruitment.

Improvements are noted in the number of babies being admitted to the neonatal unit unexpectedly and positive experience continues to be shared as part of the Induction of Labour Quality Improvement initiative.

Recommendations

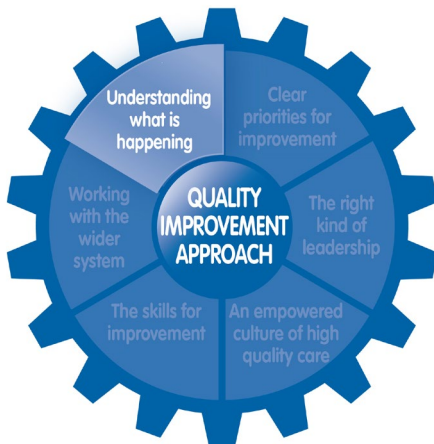
The Trust Board is asked to:

- Note the perinatal quality surveillance metrics and the plans to continue improvement across the service



Perinatal Quality Assurance Scorecard

May 2024



Contents



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback



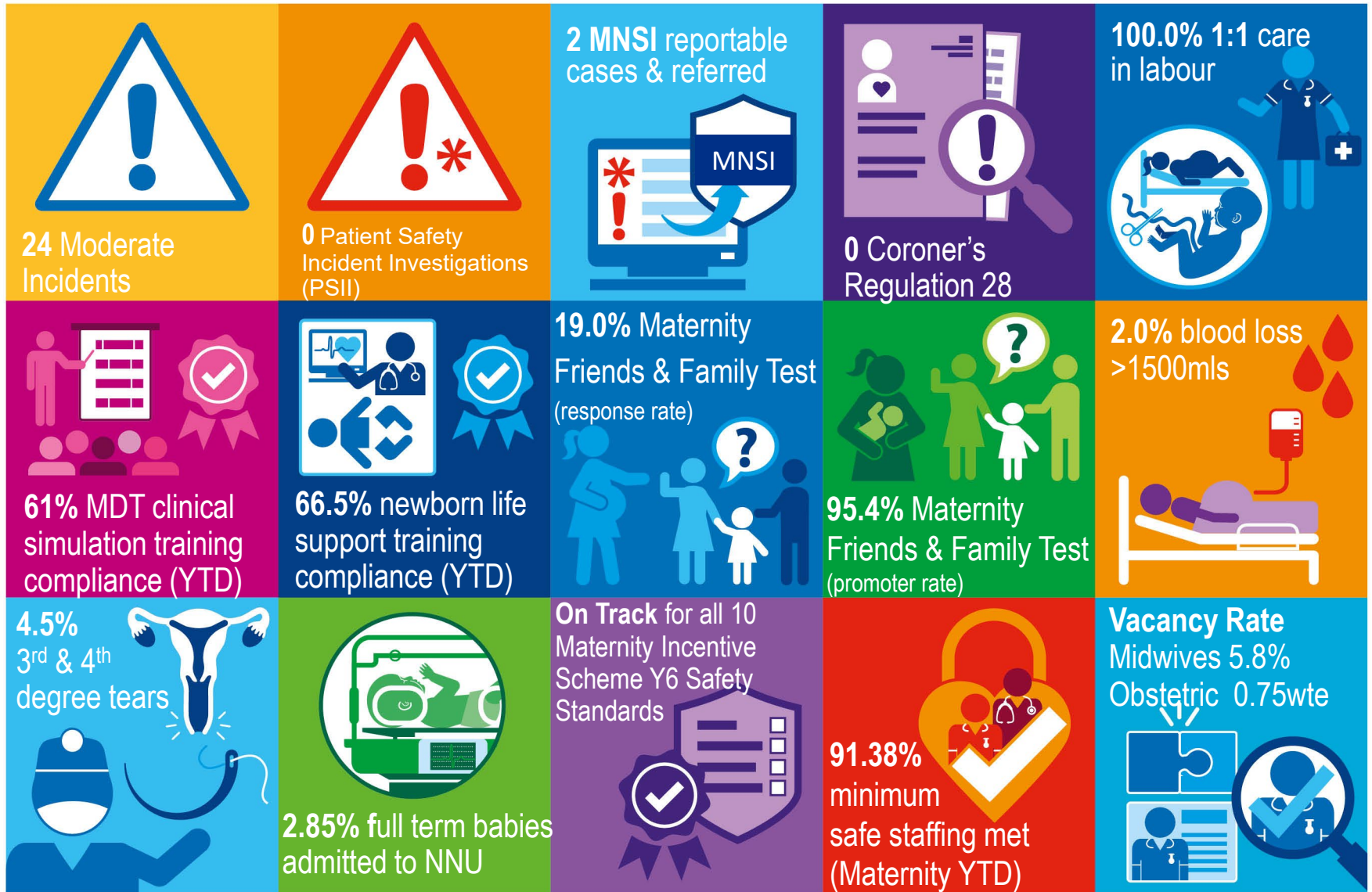
Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance

May 2024

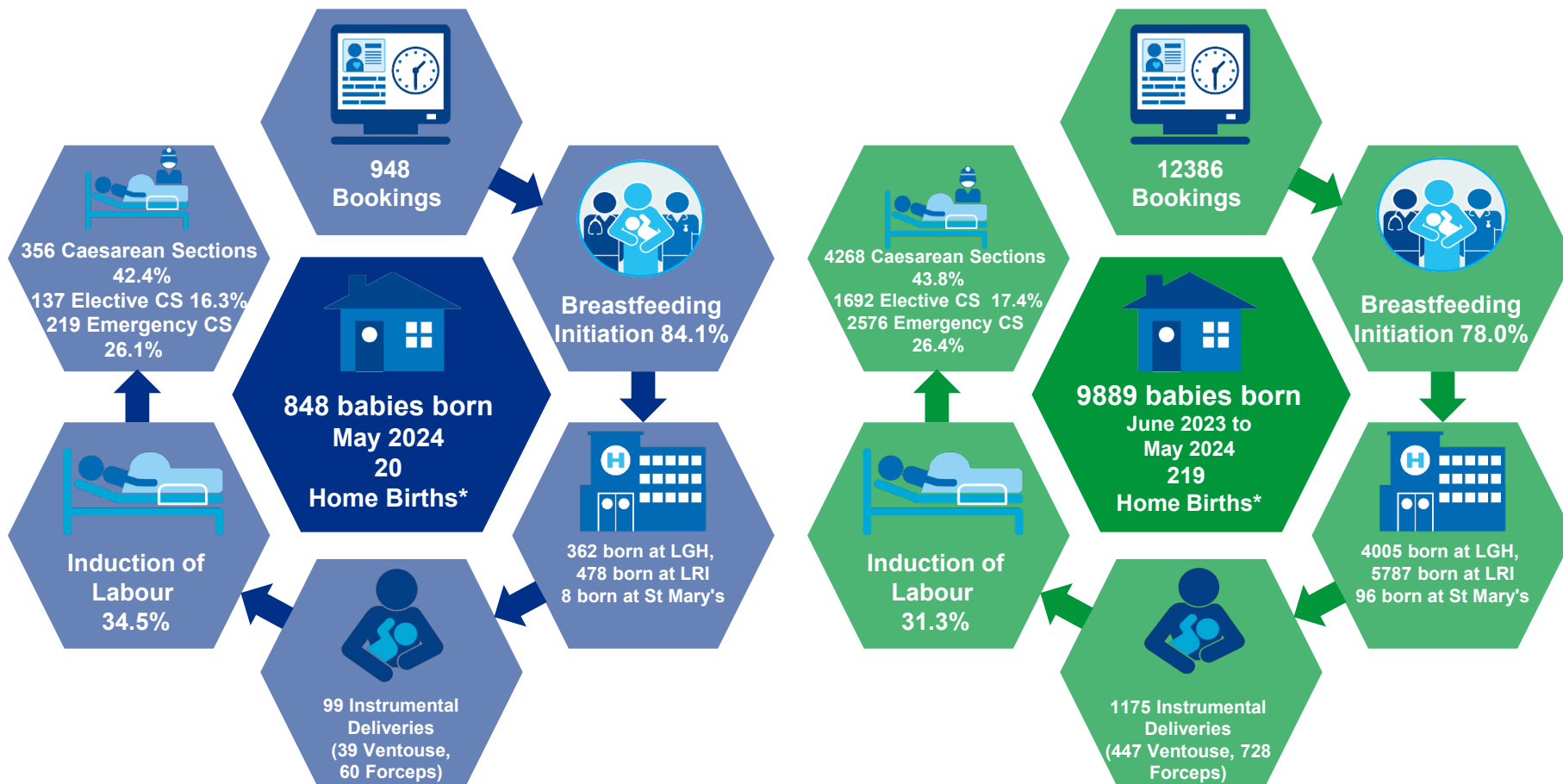


Overall Summary

Maternity Activity



During May 2024 (on average) 31 antenatal bookings were made and 27 babies were born per day



Total Births: May 2024 840, YTD 1659

Orchard Birth Centre Births (LRI) May: 54, YTD: 117

Meadows Birth Centre Births (LGH) May: 40 YTD: 85

Delivery Suite / Obstetric Unit Births (LRI & LGH) May: 718 YTD: 1404

Homebirth Rate May: 2.4% (2024-25 YTD 2.2%)

* Inclusive of homebirths and babies born before arrival (BBA)

Perinatal Quality Scorecard Summary (May 2024)



Overview

In May, University Hospitals of Leicester (UHL) reported 848 babies were born with 42.4% born by Caesarean Section. Induction of Labour (IOL) rates are slightly increased at 34.5%. The episodes of operational activity being in 'green' (positive acuity) status has remained static. UHL are progressing Year 6 Maternity Incentive Scheme and embedding the Saving Babies Lives Care Bundle. Work and the development of the Perinatal Insight Dashboard development continues. CQC report published 14 June 2024 with an improvement in the Safe Domain.

Quality & Safety

Zero (0) Patient Safety Incident Investigations (PSII) have been reported and 2 cases met criteria for referral to MNSI, 1 case was accepted. 24 moderate incidents of which 11 relate to postpartum haemorrhage / major obstetric haemorrhage and 9 to perineal trauma. PSIRF training continues for those staff who are responsible for incident investigations within the clinical area.

Workforce

Workforce gaps continue to improve with the gap closing between planned v's actual staffing. Leicester General Hospital are now fully recruited to midwifery vacancies. A further 51 midwives have been recruited / offered, all due to be in post by November 2024. Active recruitment to consultant vacancy. 13 Neonatal Nurses currently undertaking the Qualified In Specialty (QIS) programme, with 8 awaiting ratified results. 8 nurses in pipeline to commence training in September

Experience

6 new complaints have been received and 1 concern. Friends and Family Test scoring increased to 95% with footfall of 18%. Positive feedback continues to be received on the new IOL pathway and the extension of partner visiting continues and we are making plans to move towards partners staying overnight.

Training

Training recommenced in May and there are improvements in Multidisciplinary Training & Newborn Life Support despite vacancies across the education team. Weekly fetal monitoring learning sessions continue

CQC Domains	Safe	Effective	Caring	Responsive	Well-Led	Overall
Leicester Royal	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019	Good 2019
	Inadequate 2023				Requires Improvement 2023	Requires Improvement 2023
	Requires Improvement 2024				Requires Improvement 2024	Requires Improvement 2024
Leicester General	Requires Improvement 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Inadequate 2023				Requires Improvement 2023	Requires Improvement 2023
	Requires Improvement 2024				Requires Improvement 2024	Requires Improvement 2024
St Marys	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017	Good 2017
	Good 2023				Requires Improvement 2023	Good 2023

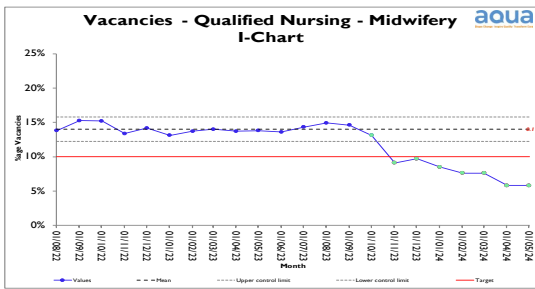
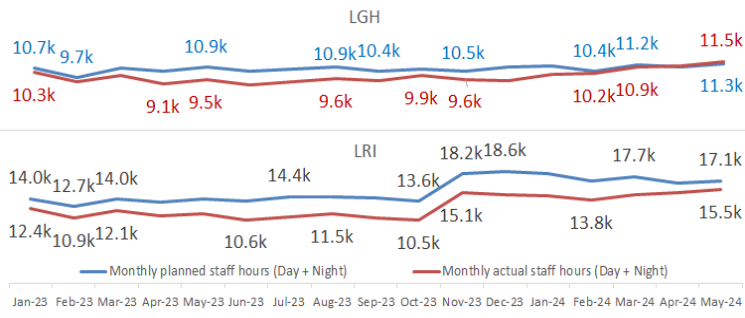
Outcomes

The number of term babies admitted to the neonatal unit has reduced by half to 2.85%. Total bookings before 10 weeks has continued at the higher rate of >77%. The Consultant Midwife team continue to target specific City locations to improve early access to services. IOL Quality Improvement actions continue with early indication of improving experience and reducing delays. Close surveillance on the smoking at delivery metrics with a focus on making every contact counts.

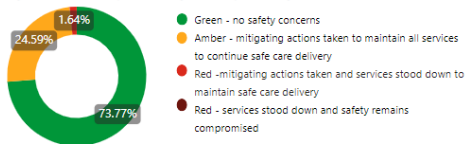
Workforce (Maternity)



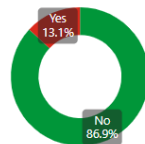
Midwifery Safe Staffing by Site



Delivery suite Birthrate plus activity and dependency score



Staff redeployed or non-clinical midwifery staff utilised to meet safe staffing



Anesthetic staffing shortfalls



Obstetric staffing shortfalls



IN SUMMARY

What Is The Data Telling Us?

- Planned versus actual staffing has improved at both acute sites
- Staff redeployment has increased slightly to 14 episodes across the month, 9 at LGH and 5 at LRI.
- The number of reportable red acuity scores for delivery suite remains low with a slight increase this month.
- Obstetric recruitment continues with reduced medical shortages

What Is Going Well?

- Midwifery recruitment campaigns
- Preceptorship offer resulting in a positive turnover rate for Midwives; reducing with levels at 5.8% (2023/24) compared to 7.1% (2022/23), and better than the UHL average
- Implementation of Matron of the Day to improve tactical / operational 7/7 response; increased senior support and visibility
- Safe Staffing Matron producing a real time vacancy spreadsheet
- Head of Midwifery now commenced in post

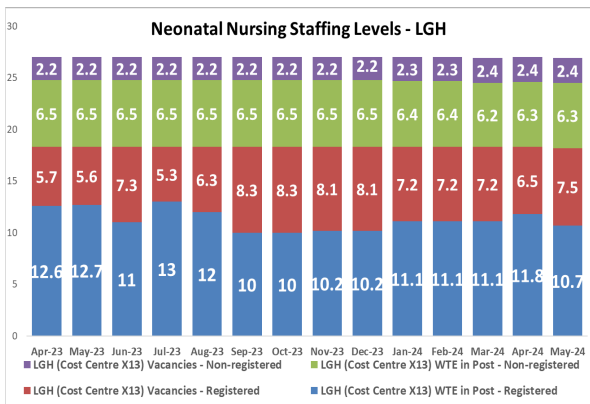
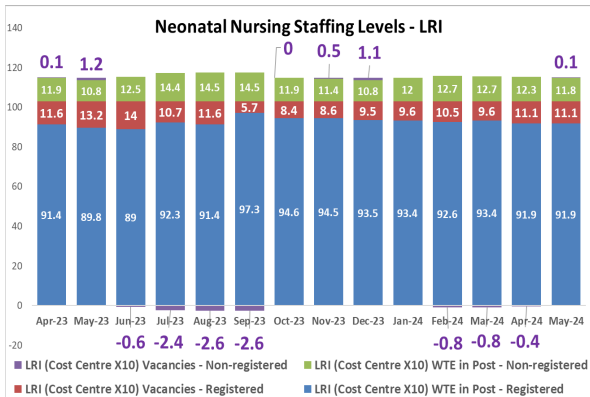
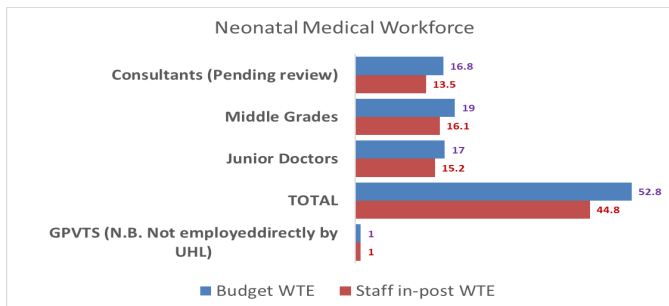
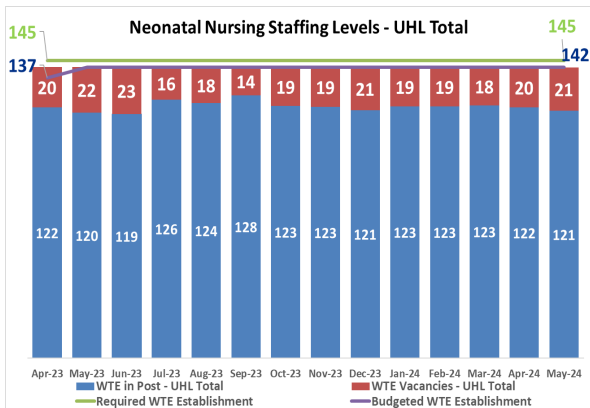
What Do We Need To Focus On ?

- Focus on Maternity Support Worker (MSW) recruitment to reduce vacancy rate
- Work towards achieving Pathway to Excellence® (next phase Leicester General)
- Refreshed workforce plan for Maternity and Neonates
- Commence the work to implement the Labour Ward Coordinator and Maternity and MSW competency / development frameworks
- Continue to recruit into Band 7 clinical leadership roles to strengthen leadership
- BirthRate Plus® acuity tool training and utilization of the ward metrics

Where Do We Want To Be?

- Improved continuity of care across the whole maternity pathway
- Full recruitment to establishment
- Improved staff and patient satisfaction evidenced by
 - low levels of complaints
 - increased FFT scores
 - improvements in staff survey scores and staff recommending Maternity at UHL as a great place to work
- Reduction in red flags including delays in care due to staffing levels
- Significantly reduced temporary staffing spend
- Improved conversion rates for students

Workforce (Neonatology)



IN SUMMARY

What Is The Data Telling Us?

- Neonatal nurses in post remains static with a 15% vacancy rate with current Qualified in Speciality (QIS) nurses accounting for over 49% of the registered nurses against BAPM standard of 70%.
- Further nurses have completed the QIS course and are awaiting ratified results which will increase QIS to 55%

What Is Going Well?

- 2 new matron (Workforce incl. Recruitment, Retention & Pastoral, and Quality Improvement posts) now in post
- Plan to increase clinical band 7 workforce to two staff per shift at LRI site, recruitment underway.
- Improved collaborative working across medical and nursing workforce
- Good working relationships between sites
- Good engagement with Neonatal Operational Delivery Network (ODN)

What Do We Need To Focus On?

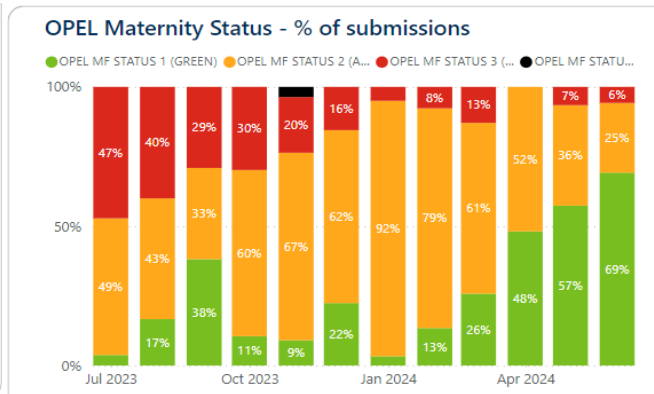
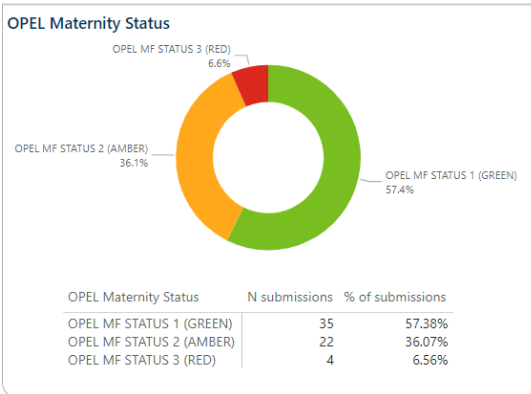
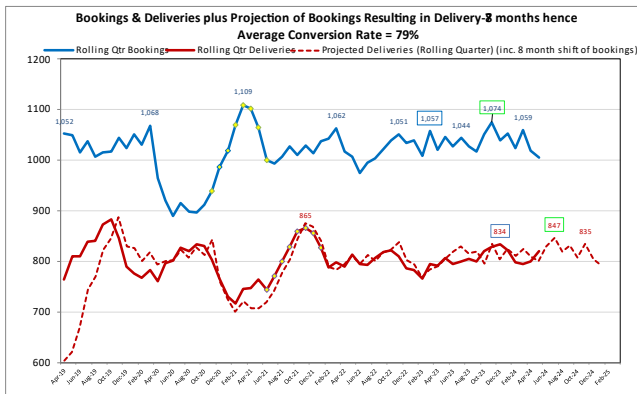
- Continue recruitment campaign to attract external QIS Nurses
- Continue to actively support non QIS and provide development opportunities
- Increase the capacity of the education team to support bedside teaching
- Continue to support pipeline of 16 QIS training places each year
- Empowering voices action plan, focus on leadership, staffing levels and education.
- Review skills/experience of our internationally trained staff to fast track onto QIS programme where appropriate
- Develop AHP business case to support the service.

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
- Staffing levels and QIS trained nurse levels for the unit to be compliant with BAPM standards
- A clear trajectory of nurse, medical, and AHP recruitment to close the vacancy gap.

Overall Summary

Operational Activity (May 2024)



IN SUMMARY

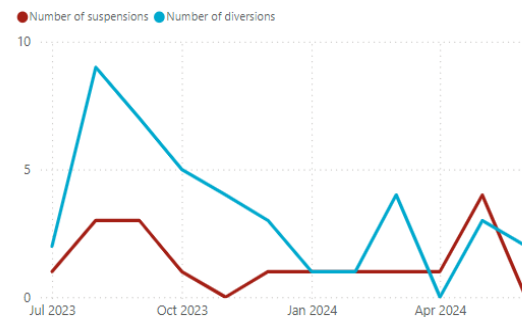
What Is The Data Telling Us?

- No declaration OPEL 4 status since November 2023
- Service suspensions and diversions continue to decrease across site
- 1:1 Care has been maintained
- Redeployment continues to bridge the short-term staffing gaps

What Is Going Well?

- Scanning capacity being achieved – learning shared with other units
- Refurbishments for Leicester General are progressing with the new Theatre on track for opening during the summer
- Feeding room to be created on the neonatal unit with support from charitable funds
- Staffing challenges are reducing with timely tactical decision making

Service suspensions and diversions



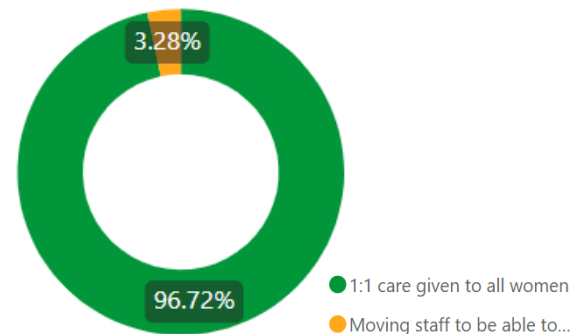
What Do We Need To Focus On?

- Planning for the implementation of the Respiratory Syncytial Virus (RSV) vaccination pathway from 1 September 2024
- Achieve all eligible babies receiving the BCG vaccine within 28 days of birth
- Continue to reduce the DNA rate for ultrasound appointments
- Review Escalation Policy & Action Cards, continue to share and work with teams to embed
- Implement a new Day Assessment Unit to support appropriate flow

Where Do We Want To Be?

- Ambition to have zero periods in OPEL 4 / Critical Levels of Concern and zero service diversions / suspensions
- Women and Birthing People have their care Right Place, Right Time
- Reduce redeployment following successful recruitment campaigns
- Minimal delays for elective care
- 1:1 care is maintained

1:1 care given to all women in established labour



Safety Incident Reporting



Key Performance Indicator	2021-22	2022-23	2023-2024	YTD 2024-2025
MNSI Referrals (Eligible Cases)	24	16	18	2
MNSI Referrals (Referred & Accepted)	16	12	11	1
MNSI Referrals (Declined by HSIB)	4	4	4	0
MNSI Referrals (Declined / Consent withdrawn)	4	1	4	1
MNSI Total Safety Recommendations*	34	12	9	0

May 2024
2 cases met MNSI criteria
0 MNSI Safety Recommendation
0 Non MNSI Serious Incidents
0 Never Events
24 Moderate Incidents
0 Coroner Reg 28

* Safety Recommendations are based on date of Report completion

IN SUMMARY

What Is The Intelligence Telling Us?

- 0 (zero) PSII's reported and 0 (zero) MNSI Safety Recommendations received in May 2024. 2 cases referred to MNSI, 1 accepted and 1 consent withdrawn
- 24 Moderate Incidents were reported: 11 related to postpartum (PPH) /major obstetric haemorrhage (MOH) and 9 related to perineal trauma. 2 moderate incidents reported both PPH/MOH and perineal trauma

What Is Going Well?

- Reduction in the number of overdue Datix
- Timely responses for Perinatal Mortality Review Case Reviews
- Daily review of all reported incidents to ensure correct grading, allocation and prompt identification of moderate and above incidents
- Quality & Safety Team visibility in the clinical areas providing support with Datix and incident management

What Do We Need To Focus On?

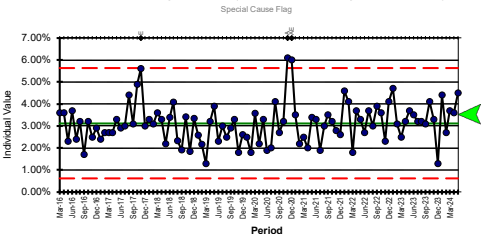
- Continued reduction in the number of overdue Datix
- Ongoing review of 3rd and 4th degree tears
- PSIRF Priority for PPH and Health Inequalities
- Actions in relating to MBRACE including a peer review of Fetal Medicine (scheduled for July 2024)

Where Do We Want To Be?

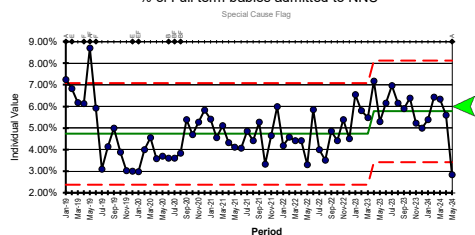
- Developing SMART action plans that once actioned provide quality evidence of learning and improvement
- Monitoring of existing action plans to ensure compliance; completion and assurance of effectiveness
- PSIRF training within clinical areas

Safety Maternity Clinical Outcomes

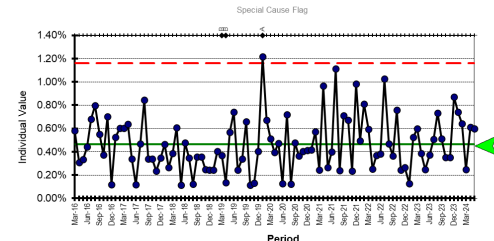
% 3rd & 4th degree tears (as a % of total vaginal deliveries)



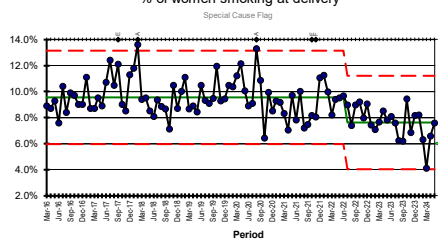
% of Full term babies admitted to NNU



Stillbirths as a % of Total Deliveries



% of women smoking at delivery



Key Performance Indicator	Target	Benchmark	Mar-24	Apr-24	May-24	YTD
Spontaneous Deliveries %	Actual	47%	43.1%	44.0%	46.0%	45.0%
Caesarean Section Rate - total	Actual	41%	47.1%	45.3%	42.4%	43.8%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	*3.0%	2.6%	2.3%	2.0%	2.2%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	*2.8%	3.7%	3.6%	4.5%	4.1%
% 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%		6.35%	5.59%	2.85%	4.20%
Bookings before 10 weeks % - booked with UHL (Total)	>77% (UHL Target)	*61%	76.6%	77.1%	77.9%	77.50%
% of women smoking at booking referred (Number of women referred as % of those smoking at time of booking less those)	95%		40%	83%	Not Available	83%
% of women smoking at delivery	Alert if >6%	8%	4.1%	6.6%	7.6%	7.11%
Still births as %age of Total Deliveries	<0.45%	0.39%	0.25%	0.61%	0.60%	0.60%

*UHL KPIs do not exactly match National Comparator

IN SUMMARY

What Is The Data Telling Us?

- Sustained increase in bookings before 10 week's gestation, with work ongoing to ensure bookings are timely with a focus on families within the City.
- Increase in 3rd and 4th degree tears / perineal trauma, statistically YTD not an outlier with 9 cases.
- Increase for the second month in the number of women identified as smoking at booking
- % of full-term babies has reduced significantly and was at the lowest level for more than 2 years during May. To continue to monitor closely

What Is Going Well?

- Improved implementation of the Obstetric Bleeding (OBS Cymru) bundle through weighing
- Recruitment into the Pelvic Health Clinic, Band 8a specialist physiotherapist lead (in post), B7 specialist physiotherapist (start date - August), B7 specialist midwife (start date - August)

What Do We Need To Focus On?

- On-going audit of 3rd and 4th degree tears
- Continuing development of the Perinatal Insight Dashboard
- Representation at ATAIN meetings to ensure triangulation of data and identified learning
- Regular planned staff engagement with Public Health Midwife and smoking cessation services to encourage referral at booking and a reduction in the number of women smoking at delivery planned for June

Where Do We Want To Be?

- Making Data Count to understand impact of QI projects and determine targeted efforts to improve outcomes
- Continued community engagement to promote the benefits of early pregnancy booking
- Identification of themes/learning related to perineal trauma

Maternity & Neonatal Experience



Family & Friends Test (FFT)	Target	Mar-24	Apr-24	May-24	2024-25 YTD
Maternity Friends & Family - % of Responses	25%	23.2%	17.5%	19.0%	18.3%
Maternity Friends & Family - % of Promoters	96%	96.0%	94.0%	95.0%	94.9%

Complaints & Concerns	Mar-24	Apr-24	May-24	2024-25 YTD
Maternity	6	10	7	17
Neonatal	0	2	0	2

IN SUMMARY

What Is The Data Telling Us?

- Number of maternity complaints has decreased compared to previous month (n=3)
- 0 neonatal complaints were received in the reporting month
- FFT response rate in May increased and promotor rate has increased

What Is Going Well?

- Increased flexibility for partners staying overnight. Information leaflet produced with oversight from MNVP.
- Targeted staff communications through newsletters and team meetings to increase FFT responses
- Collaboration with University of Leicester to provide empathy training for staff
- Project initiation to trial maternity care assistant support in the 2nd and 3rd stage of labour to enhance support with skin to skin and breastfeeding

What Do We Need To Focus On?

- Close monitoring and analysis of complaint and concern themes
- Targeted collaborative QI work through workstream 1 between maternity and neonates led by QI leads
- Increase response rate of FFT to meet targets
- Implementing new initiatives to support women and birthing people whose 1st language is not English and evaluate the impact

Where Do We Want To Be?

- Triangulation of data involving patient feedback from all sources e.g. positive remarks within complaints
- Positive staff engagement in patient experiences across the CMG
- Women and birthing people to feel empowered in their journeys, safe in our care and feel able to communicate their needs and wishes through a number of methods

Maternity & Neonatal Feedback (Staff)



Safety Champion Feedback

May 2024 Update

What Are Staff Telling Us?

Ongoing demands when 'in charge' and case holding in the ward area

What Action are We Taking?

Plans to have more staff on the ward to allow manager in charge to take a lower or zero caseload

What Are Staff Telling Us?

Due to increase activity staff are pulled from management duties

What Action are We Taking?

Focus on facilitating protected time for management activities and ensuring rota's reflect this

IN SUMMARY

What Is The Intelligence Telling Us?

- Successes of the IOL quality improvement project are making a difference to families and staff. Is there scope for learning across the broader pathway – specialist midwife role for elective care being explored to support.
- Improving clinical areas – Introducing a new system to dispose sharps in the NNU

What Is Going Well?

- Collaboration with IOL QI Leads to incorporate sensitive flags into the booking system to pre alert to previous obstetric history
- Safety Champions are now superusers on NIPE smart allowing them access to reports and statistics to support planning
- Neonatal weekly Datix meeting commenced. Revitalised cot side teaching and debrief sessions. Simulation program recommenced.

What Do We Need To Focus On?

- Newborn Infant Physical Examination (NIPE) remains the biggest focus to reduce the 72-hour breaches
- Hand Hygiene and Infection Control standards
- Right Place, Right Time, Right Staff – working across the network

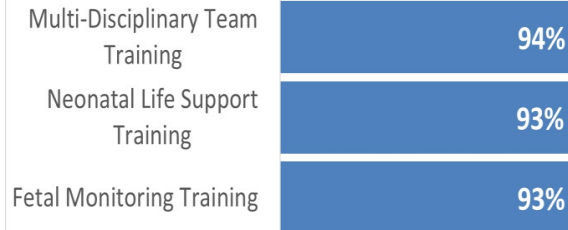
Where Do We Want To Be?

- Promoting birth choices across the whole pathway
- Improving communication between the Neonatal Safety Champions & Maternity Safety Champions
- Embedding pastoral and psychology care for staff

Workforce Training Summary



Proportion of Staff Attending Training During 2023-24 (YTD)



Key Performance Indicator	Target	Mar-24	Apr-24	May-24	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	tbc	55.0%	67%	87.4%
% of All Staff attending NLS Training	90%	tbc	56.0%	77.0%	87.9%
% of All Staff attending CEFM Training (Theory)	90%	tbc	90.0%	85.3%	92.3%
% of All Staff attending CEFM Training (Assessment)	90%	tbc	90.0%	85.3%	91.8%

IN SUMMARY

What Is The Data Telling Us

- **MDT Training Compliance:** Compliance rates have increased from previous month in line with training sessions recommencing. A forecast plan has been commenced and appropriate actions in place to ensure these staff groups rebook and complete session.
- **NLS Compliance:** Compliance rates have increased from last month in line with training sessions recommencing
- **Fetal Monitoring Compliance:** has dropped slightly and fetal monitoring leads have been informed of those expired up until May 2024

What Do We Need To Focus On

- **NLS Instructors Support:** Practice Development midwife to complete GIC training; team are exploring an interim solution with the support of the Clinical Director to ensure local course delivered by Registered RC-trained instructors
- **Training Compliance Forecast:** Anticipated completion end of July 2024 to determine trajectory and to allow adjustments to be made to current training Programme.
- **Recruitment:** Creating a plan for the band 8a and 7 posts following unsuccessful recruitment attempts

What Is Going Well

- **Training:** Saving Babies Lives Study days recommended in May
- **Support:** The team is receiving support from the Deputy Head of Midwifery.

Where Do We Want To Be

- **MDT & NLS:** Compliance for MDT & NLS training is expected to be increased by June 2024, in correlation with the increase in sessions and resuming of training.
- **MIS compliance:** 90% compliance achieved across all staff groups by 30th November 2024.

Maternity Incentive Scheme Progress



- Year 6 standards released on 2 April 2024
- Assessment period 2 April – 30 November 2024
- UHL required to report compliance by 3 March 2025

10 Safety Actions

1. Perinatal Mortality

- Progress monitored via national MBRRACE tool
- Monthly monitoring by new PMRT lead midwife, pending release of CNST compliance database
- Quarterly report due June 2024

2. Maternity Services Data Set

- Assessment month is July 2024 – 2 criteria to be met:
 - 1. achieve at least 10 out of 11 CQIMS
 - 2. at least 90% of women booked to contain valid ethnic category
- Review of Q4 submissions underway

3. Transitional Care (TC) and ATAIN

- Ongoing work to evidence progress towards a TC pathway from 34+0 in alignment with the BAPM framework
- Working group established from year 5 of the scheme and ongoing work to progress action plan
- Quality improvement initiative being developed, drawing on insights from themes identified from term admissions

4. Clinical Workforce Planning

- Obstetric workforce - retrospective audits to be undertaken to ensure criteria for short-term and long-term locums met; monitoring compliance with consultant attendance in certain clinical scenarios indicating high compliance levels for April and May 2024
- Neonatal Workforce actions plans being progressed through workstream 2

5. Midwifery Workforce Planning

- Midwifery staffing establishment review identified a deficit and additional funding secured following successful business - will be funded to establishment
- Compliance with 1:1 care in established labour maintained for April and May 2024
- Compliance with supernumerary labour ward co-ordinator 100% April and 1 red flag raised and under review in May 2024.

6. Saving Babies Lives (V3)

- Assurance meeting held with LMNS 20th May 2024 for elements 2, 4 and 6 and further assurance meeting scheduled to discuss elements 1, 3 and 5 scheduled for 1st July
- On track with ongoing improvement work with focussed work on in-reach smoking cessation service
- Insights dashboard to support monitoring in the development phase

7. Maternity and Neonatal Partnership (MNVP)

- Evidence of MNVP engagement continues with a primary focus in workstream 1
- Annual CQC survey results analysed and action plan coproduced with the LMNS and shared with the safety champions
- New requirement for MNVP lead to attend as a member of a Trust Safety and Governance meeting - review underway

8. MDT Training

- Focus on increasing compliance rates for MDT clinical training and Basic NLS training (anticipated drop due to team vacancies and cancellation of scheduled training in March and April).
- Training sessions recommenced May 2024
- Forecast plan being developed to determine trajectory to achieve 90% target by 30th November and any special measures required

9. Safety Champions and Board Assurance

- Review of perinatal surveillance (quality and safety) undertaken monthly by Trust Board
- Safety intelligence shared with the LMNS under current perinatal surveillance model
- Engagement sessions with staff refreshed
- Triangulation of claims scorecard with complaint and incident data with executive oversight planned for July 2024

10. MNSI and Early Notification Case Referrals

- 6 cases referred to MNSI as per eligibility criteria and 1 Early Notification case reported to the NHS Resolution between December 2023 - May 2024
- Compliance maintained to date

Saving Babies Lives V3 Progress

Saving Babies' Lives



LMNS assurance reviews continue, next reviews scheduled May & July 2024

Compliance with elements 2, 4, and 6 reviewed should mean overall 80% overall compliance if evidence accepted by LMNS.

Timeline dates and trajectory's awaiting approval from LMNS.

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%	Partially 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%	Fully 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	83%	Partially Implemented	67%	CNST Met
All Elements	TOTAL	Partially Implemented	91%	Partially Implemented	73%	CNST Met

Element 1: Smoking in pregnancy

Ongoing working party around the 'In-Reach service. Consultant midwife and Midwife for public health leading for UHL. QI projects ongoing around referral processes for stop smoking services.

Element 2: Fetal growth restriction

Vitamin D QI project being led by Consultant Midwife. Pre-Eclampsia audit to commence Q2 regarding use of PLFG. SFH face to face LCAT assessments have commenced. GROW2.0 training commenced with plan to implement digital platform July 2024- robust action plan in place. Compliance should change to 95% for this element.

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

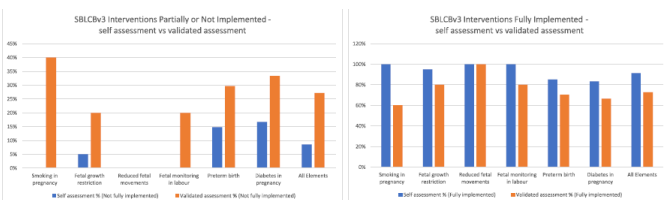
Ongoing monthly spot check audits in place to inform compliance of fresh eyes standards. Working alongside regional and national fetal monitoring teams around element 4 auditing standards. Monthly audit refreshed with deeper dive retrospective audit commencing May 2024. • 3-day learning event 'Monitoring May' co-hosted by UHL and Sheffield University Hospitals.

Element 5: Preterm birth

Established QI pre-term labour working groups with addition of QI lead Nurse for neonates. 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

Stand alone clinics now in practice from March 2024. Audit data now collated to incorporate new guidance. Compliance should change to 100%.



Appendices

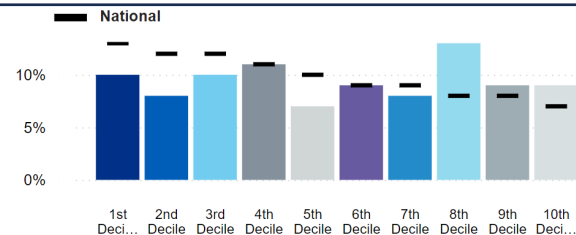
Performance Overview

Benchmarking Outcomes (March 2024 Latest Data)

Index of Deprivation of Mother at Booking.

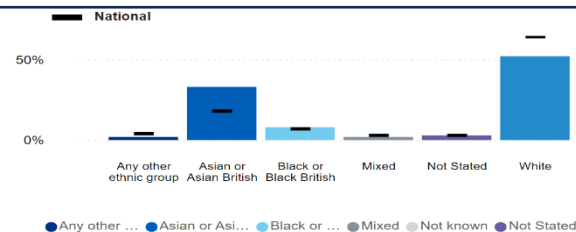
UHL (10%*) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%).

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



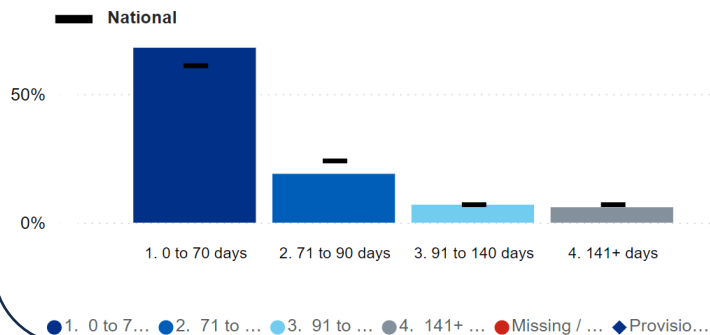
Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (33%) and a correspondingly lower proportion with White ethnicity (52%) than the average across all providers (18% and 64% respectively).



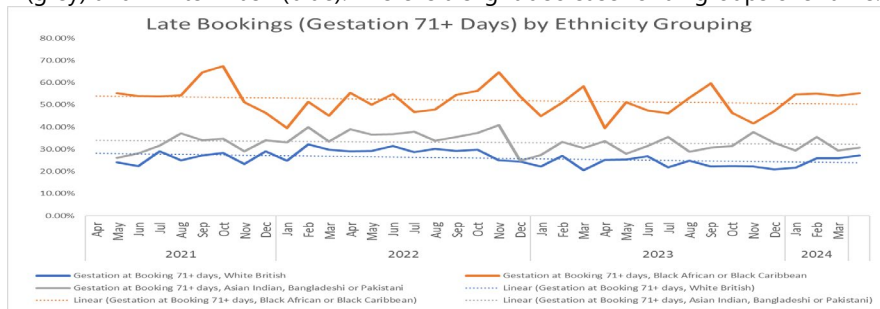
Gestational Age at Booking

UHL (68%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (61%).



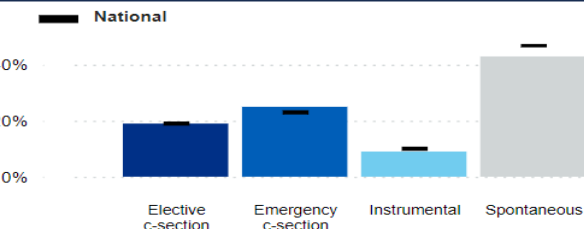
Variation in Late Bookings by Ethnic Group

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

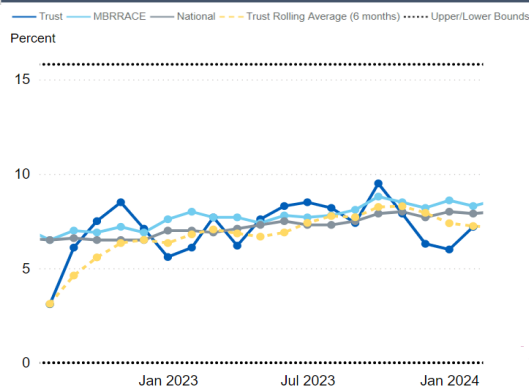
UHL has slightly lower rates of Instrumental Deliveries (7%), Elective C-section (19%) and Spontaneous Deliveries (43%) than the average of all providers nationally (Instrumental 10%, Elective CS 18% & Spontaneous 46% respectively); Emergency C-section (26%) is above the national average (24%).



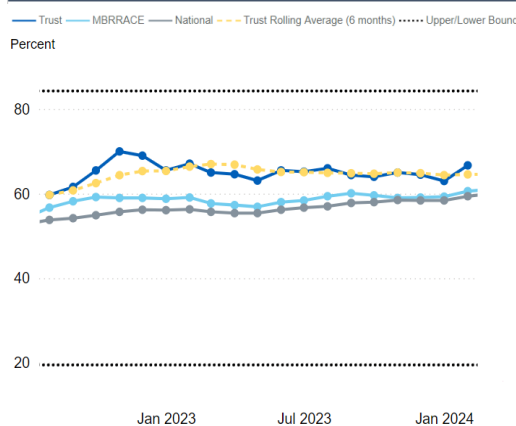
Method of Delivery – Caesarean Section - Further Detail

Caesarean Section Rates Benchmarking by Robson Group - February 2024	Robson Group One	Robson Group Two	Robson Group Five
Trust	7.2%	66.7%	83.8%
MBRRACE Group	8.3%	60.6%	80.8%
National Rate	7.9%	59.4%	81.9%
Trust Rolling 6 Month Average	7.2%	64.6%	83.3%
Commentary	UHL rolling average below both similar Trusts (MBRRACE) and national rate	UHL rolling average above both MBRRACE & national rate	UHL rolling average above both MBRRACE group & National rate

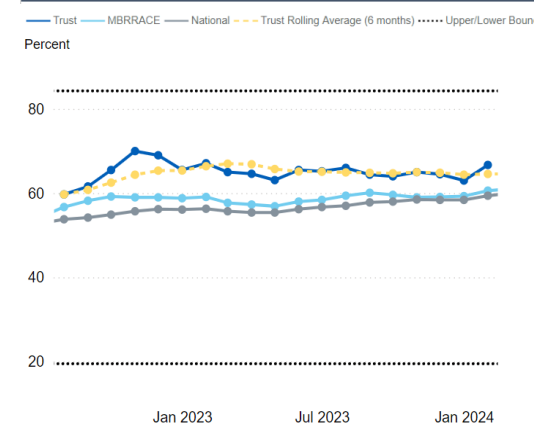
Robson Group One



Robson Group Two



Robson Group Three



The Robson 10-group classification, proposed by the WHO in 2015, classifies all pregnant women at labour/delivery into one of 10 mutually exclusive categories. The categories are based on basic obstetric characteristics that are routinely collected in all maternities (parity, number of foetuses, previous caesarean section, onset of labour, gestational age, and fetal presentation). As part of our Clinical Quality Improvement Metrics, we publish data for Robson Groups 1, 2, and 5:

- 1 = Nulliparous women with a single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour.
- 2 = Nulliparous women with a single cephalic pregnancy, at least 37 weeks' gestation, who either had a labour induced or were delivered by caesarean section before labour.
- 5 = Multiparous women (those with at least one previous pregnancy) with at least one previous caesarean section, with a single cephalic pregnancy, at least 37 weeks' gestation.

More information, including all 10 classification definitions, is available at <https://www.who.int/publications/i/item/9789241513197>