

Trust Board Paper G

Meeting title:	Trust Board				
Date of the meeting:	12 December 2024				
Title:	October 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	Perinatal Assurance Committee (Previously Maternity Assurance Committee) 4 December 2024				
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which					
<p>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.</p>					

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 planned v's actual staffing continues to improve with 41 midwives welcomed to UHL since January 2024 and 37 due to commence by the end of December 2024. The uplifted establishment review following the BirthRate Plus® workforce assessment directly links to sustained vacancy rate currently at 8.9%. Minimum safe staffing standards were met 98.54% with 1:1 care in labour maintained. There are zero consultant obstetrician vacancies with further work underway as part of job planning to create additional sessions to increase the number of consultants in post. The vacancy rate for neonatal nurses is at 9% with 8 nurses commencing the Qualified In Speciality (QIS).

During October 2024 two cases met the criteria for referral to the [Maternity and Newborn Safety Investigations](#) programme (MNSI) and 0 Safety Recommendations received.

Clinical quality indicators for term admissions to the neonatal unit and perineal trauma reduced in month and positive progress has been made with the multidisciplinary training recovery plans. Term admissions to the neonatal unit have decreased in month.

UHL is on track to achieve Year 6 for the NHS Resolution Maternity Incentive Scheme and associated safety actions, plus continues to embed version 3 of the Saving Babies Lives Care Bundle. Development of the perinatal insight dashboard and updated perinatal surveillance scorecard continues with new data views and reporting to be phased in during Quarter 3 (2024/2025) and a plan to be fully adopted by Quarter 4. This will provide a more dynamic perspective data which will fully support the service to 'make data count'; monitoring outcomes to inform change.

The Perinatal Assurance Committee (PAC) continues to have oversight of CQC actions plans alongside monitoring of UHL implementation and adoption of the [3 year delivery plan](#) for maternity and neonatal services.

Recommendations

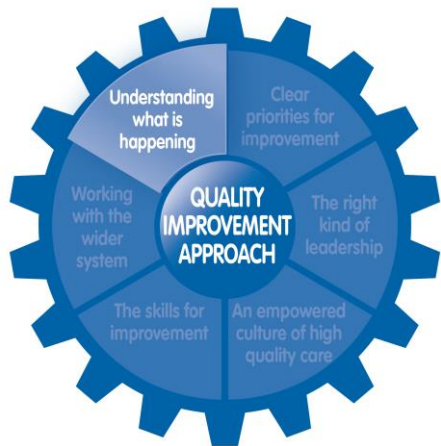
The Trust Board are asked to:

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



Perinatal Quality Assurance Scorecard

October 2024



CONTENTS



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback




Progress Against
Maternity
Incentive Scheme




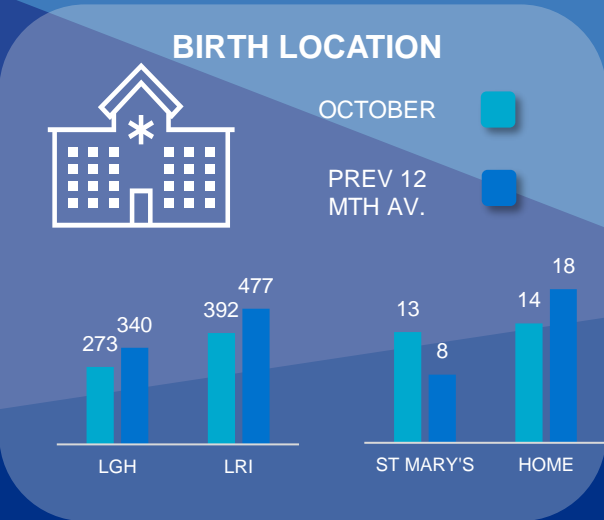
Hot Topics

OCTOBER 2024 AT A GLANCE

892 BOOKINGS
PREV. 12 MONTH AV. 1,025




826 BABIES BORN
PREV. 12 MONTH AV. 825

3RD & 4TH DEGREE TEARS

4.4%


September - 5.8% ▼



BLOOD LOSS > 1,500MLS

2.7%


September - 2.5% ▲



OCTOBER 2024 (AVERAGES)


ANTENATAL BOOKINGS MADE

29



BABIES BORN PER DAY


27



FULL TERM BABIES ADMITTED TO NNU


5.5%

September 7.1% ▼



33% INDUCTION OF LABOUR (IOL)

PREV. 12 MONTHS - 32.6%




ASSISTED BIRTHS

89

PREV. 12 MONTH AV.

Method	October	Prev 12 Mth Av.
VENTOUSE	36	36
FORCEPS	53	63




CAESAREAN SECTIONS

	OCTOBER	PREV 12 MTH. AV.
ELECTIVE	144 (17.4%)	143 (17.3%)
EMERGENCY	226 (27.3%)	215 (26.1%)

68.9% BREASTFEEDING INITIATION

PREV. 12 MONTHS - 67.1% ▲



OCTOBER 2024 AT A GLANCE

82%

MDT CLINICAL SIMULATION TRAINING COMPLIANCE (YTD)



September - 75% ▲

ON TRACK

YEAR 6 MATERNITY INCENTIVE SCHEME 10 SAFETY ACTIONS



31 MODERATE INCIDENTS

September - 33



21.3%



September 17.3% ▲

MATERNITY FRIENDS & FAMILY TEST (RESPONSE RATE)

MATERNITY FRIENDS & FAMILY TEST (PROMOTER RATE)

91.1%



September 93.5% ▼

VACANCY RATE

MIDWIVES

September - 9.0% ▼ 8.9%

CONSULTANT OBSTETRICIAN 0_{WTE}

NEONATAL NURSES 9.0%

NEONATOLOGISTS 3.3_{WTE}

NEWBORN LIFE SUPPORT TRAINING COMPLIANCE (YTD)

88%



September - 80% ▲



2 MNSI REPORTABLE CASES & REFERRED

September - 1

MINIMUM SAFE STAFFING MET (MATERNITY YTD)

98.54%



September - 98.29% ▲



0 PATIENT SAFETY INCIDENT INVESTIGATIONS (PSII)

September - 0

0

CORONER'S REGULATION 28

September - 0

100% 1:1 CARE IN LABOUR

September - 100%



PERINATAL QUALITY SCORECARD SUMMARY

Overview

In October there were 826 babies born with St Mary's Birthing Centre and the Home Birth team welcoming 23 babies. There was an improved period of reportable positive acuity however this was reliant on tactical decisions of redeployment to maintain 1:1 care in labour and safe staffing. The Induction of Labour (IOL) rate was 33% with a decrease in the length of time between decision made to perform and artificial rupture of membranes compared to the previous month. The caesarean section rate remained stable at 44.7%. Pathway delays for elective care are improving however staffing factors are the largest contributing factor. The number of term admissions to the neonatal unit have decreased in month.

Quality & Safety

Zero (0) Patient Safety Incident Investigations (PSII) have been reported. 2 cases were referred to MNSI, currently awaiting confirmation of acceptance. There were no final reports received from MNSI and 31 moderate reportable datix incidents, 45% relate to major obstetric haemorrhage and 38% relating to perineal trauma.

Outcomes

There continues to be improvement in the smoking cessation rates at the point of birth (4.4%), this correlates with the launch of the new in-reach smoking cessation service 'CURE' and embedding of the incentive scheme. Perineal trauma rates have improved in month along with breastfeeding initiation rates. The number of admissions to the neonatal unit of term babies also reduced to 5.5% from 7.7%.

Experience

Reduction in the number of complaints and concerns across perinatal services. Whilst there has been an increase in the response there has been a decline in the promoter rate (91.1%). Themes include miscommunication, delay in care on the ward, and the ward environment. Improving the postnatal pathways with a move to 24hr visiting and partners staying overnight from 1 October is the focus. This is coupled with addressing concerns flagged through complaints / concerns referencing 'noise' on the wards. Feedback and planning of services continues being sought through the LLR Maternity & Neonatal Voices Partnership to ensure cocreation and coproduction of services

Training

Successful launch of Safe Learning Environment Charter (SLEC). Positive recovery of Multi Disciplinary Training (MDT) Compliance rates with standards to be met for Newborn Life Support and Fetal Monitoring. Targeted education as part of quality improvement (perineal trauma and postpartum haemorrhage) alongside transitional care and increasing insitu clinical scenarios

Workforce

There are zero vacancies for consultants across maternity services with a midwifery vacancies of 8.9% reflecting the increase in establishment. UHL have welcomed 41 midwives in 2024 with 37 more due to start. The no. of Qualified in Specialty (QIS) is at 53% with 8 more nurses commencing the QIS course in October. Neonatal nurses have also seen a reducing vacancy rate at 9%

CQC Maternity Overall Ratings

Overall	Leicester General Hospital Leicester Royal Infirmary St Mary's Birth Centre	Requires Improvement Requires Improvement Good	14/06/2024 14/06/2024 20/09/2023
Safe	Leicester General Hospital Leicester Royal Infirmary St Mary's Birth Centre	Requires Improvement Requires Improvement Good	14/06/2024 14/06/2024 20/09/2023
Caring	Leicester General Hospital Leicester Royal Infirmary	Good Good	12/03/2018 05/02/2020
Responsive	Leicester General Hospital Leicester Royal Infirmary	Good Good	12/03/2018 05/02/2020
Effective	Leicester General Hospital Leicester Royal Infirmary	Good Good	12/03/2018 05/02/2020
Well led	Leicester General Hospital Leicester Royal Infirmary St Mary's Birth Centre	Requires Improvement Requires Improvement Requires Improvement	14/06/2024 14/06/2024 20/09/2023



WORKFORCE (MATERNITY)



IN SUMMARY

What Is The Data Telling Us?

- Predicted increase in vacancies for midwifery due to uplift of budgeted establishment following recommendations from the BirthRate Plus® workforce assessment (June 2024)
- 0% vacancy for obstetricians however work under way to create 4 additional posts from within current establishment through the review of job plans
- Anaesthetics and Obstetric shortfalls significantly better than overall regional position (81%)

What Is Going Well?

- Strong midwifery pipeline, working towards being close to full establishment at LGH and further reduction of vacancies at LRI / Community by the end of the year
- Reduced agency usage and positive turnover rates

What Do We Need To Focus On ?

- Focus on Maternity Support Worker (MSW) recruitment
- Response to establishment reviews (November 2024)
- Working towards Pathway to Excellence® accreditation (next phase Leicester General)
- Refreshed workforce plan for Maternity and Neonates (Quarter 3)
- Implementation of the Labour Ward Coordinator and Maternity and MSW competency / development frameworks
- Launch of Safer Learning Environment Charter (SLEC)
- Building cross-site resilience and strengthening of relationships
- Recruitment to key leadership roles (deputy head of operations, matron's and ward leads)
- Reducing levels of sickness absence within the service

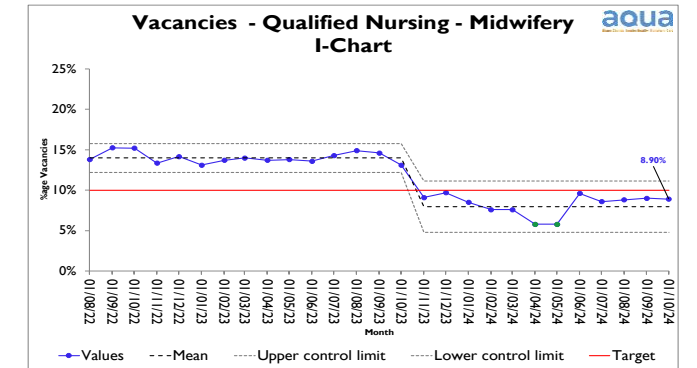
Where Do We Want To Be?

- Improved continuity of care across the whole maternity pathway
- Sustain and continue to improve retention rates for the pipeline staff expected
- Low levels of sickness absence
- Significantly reduced temporary staffing spend
- Improved conversion rates for students

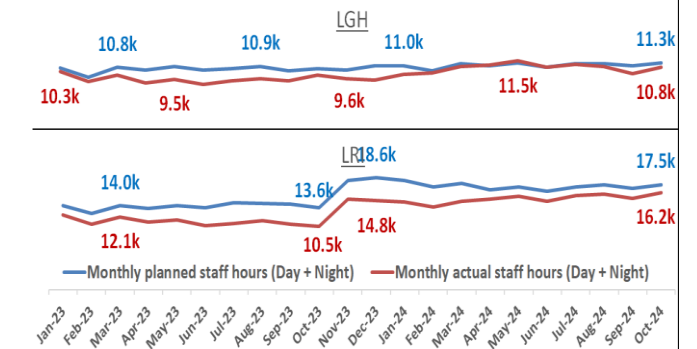
Obstetric staffing shortfalls



Anesthetic staffing shortfalls



Midwifery Safe Staffing by Site (Planned vs. Actual Staff Hours per Month)



WORKFORCE (NEONATOLOGY)



IN SUMMARY

What Is The Data Telling Us?

- Neonatal nurses in post has increased with an improved vacancy rate (9%)
- Qualified in Specialty (QIS) trained nurses reduced slightly to 53% due to the recruitment of non-QIS nurses against a target of 70%
- Increase in the episodes of the unit being fully *open* or *open on discussion* and a decrease in the episodes of closures
- Turnover rates continue to reduce being less than half of that reported at the beginning of the year

What Is Going Well?

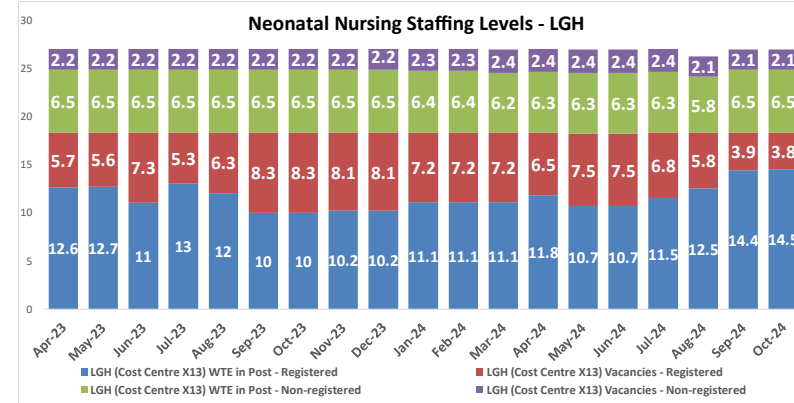
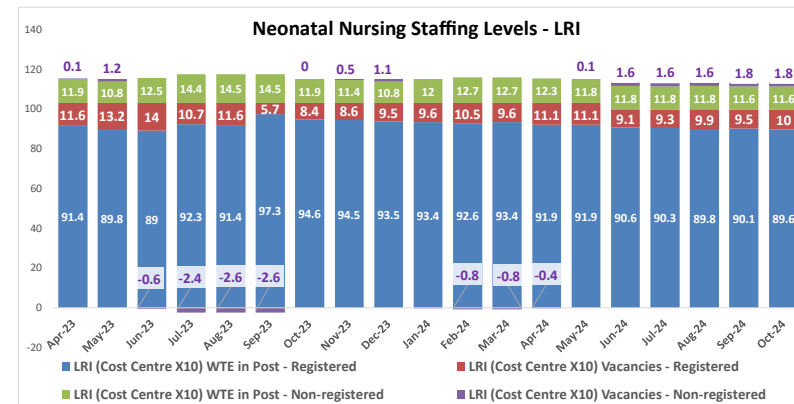
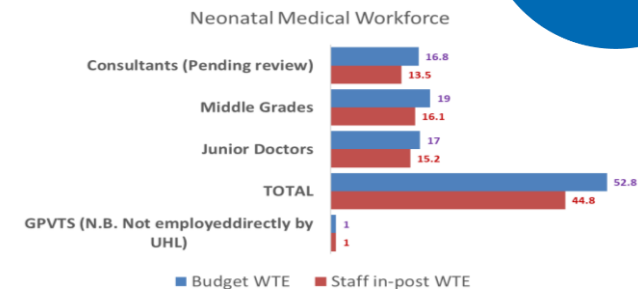
- 8 nurses commenced QIS training
- Increase in clinical band 7 workforce to work towards 2 per shift at LRI site focusing on out of hours
- Good engagement with Neonatal Operational Delivery Network (ODN)
- Embedding STORK Education (interactive empowerment programme for families)

What Do We Need To Focus On?

- Continue recruitment campaign and strengthen the pipeline for medical and nursing
- Compete the trajectory to work towards the British Association of Perinatal Medicine (BAPM) standards
- Increase capacity of the education team
- Empowering Voices (culture and listening programme) action plan with a focus on leadership, staffing levels and education
- Develop Allied Health Professionals (AHP) business case to support the service
- Band 7 coordinator development plans

Where Do We Want To Be?

- Improved staff retention
- Adoption of the Clinical Reference Group (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 MATERNITY OPERATIONAL ACTIVITY



IN SUMMARY

What Is The Data Telling Us?

- Improving episodes of OPEL status with an increase in reportable periods of positive acuity on the delivery suites. However, staff redeployment did increase (n32) in month with 5 site diversions – no reportable harms or concerns. Sickness and unexpected absences the contributing factor
- The number of births has not exceeded the projected forecast
- A slight increase in the number of bookings compared to previous month (n46)
- No concerns regarding the number of red flags reported, delays in elective activity being the leading reason for a red flag

What Do We Need To Focus On?

- Work towards the full separation of the emergency and elective pathways at LGH as part of the new theatre opening and launch of the enhanced recovery pathway
- Continue to work with the ambulance service on out of hospital admissions and multi-agency training
- Monitor the impact of the opening of the new LGH Maternity Day Assessment Unit (MDAU) plus pilot of a dedication transitional care bay on Ward 6 at LRI
- Further analysis of Length of Stay across the maternity pathway
- Focus on reducing redeployment and service diversions

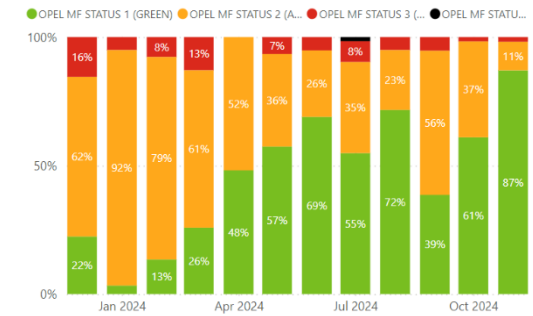
What Is Going Well?

- Opening of MDAU
- Acuity training completed for Matrons, Ward Leaders and Labour Ward Coordinators. With improved data completion reported since by Birthrate Plus®

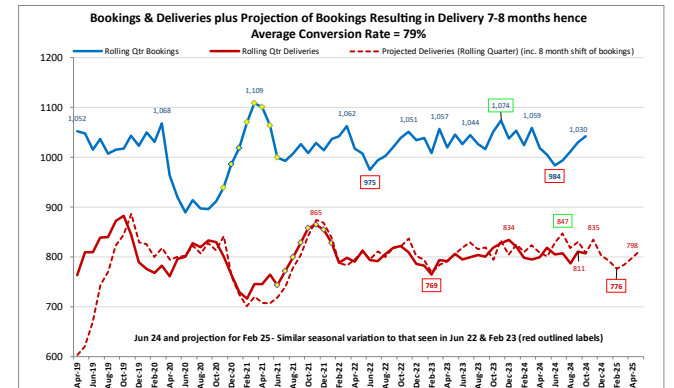
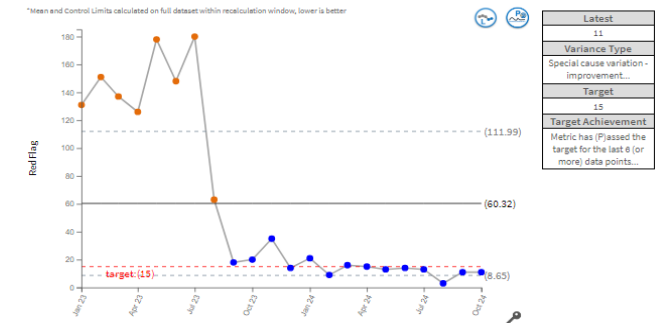
Where Do We Want To Be?

- Maintain safe staffing levels across both units
- Maintain 1:1 care and improve continuity in the inpatient area
- Continued focus around substantive recruitment to reduce premium spend.
- Consistent reporting within the Birthrate plus acuity tool across the service

OPEL Maternity Status - % of submissions



Total Red Flags



SAFETY: INCIDENT REPORTING



Key Performance Indicator	2021-2022	2022-2023	2023-2024	YTD 2024-2025
MNSI Referrals (Eligible Cases)	24	16	18	5
MNSI Referrals (Referred & Accepted)	16	12	11	3
MNSI Referrals (Declined by HSIB)	4	4	4	1
MNSI Referrals (Declined / Consent withdrawn)	4	1	4	1
MNSI Total Safety Recommendations*	34	12	9	5

October 2024
2 cases met MNSI criteria
0 MNSI Safety Recommendations
0 Non MNSI Serious Incidents
0 Never Events
31 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) Patient Safety Incident Investigations (PSII - as per PSIRF) reported
- 2 cases referred to Maternity and Newborn Safety Investigation (MNSI) branch in October 2024 and 0 (zero) final reports received
- 31 Moderate Incidents reported: 14 related to postpartum (PPH) /major obstetric haemorrhage (MOH) and 12 related to perineal trauma (a decreased of 7)
- Neonatal moderate incident related to device related tissue injury

What Is Going Well?

- Focused weekly incident review meetings across both Maternity and Neonates to identify learning, inform improvements and reduce overdue open incidents
- See 'Hot Topics' for actions taken in relation to perineal trauma
- Work with Pioneer ([Pioneer Wound Healing and Lymphedema Centre](#)) on reduction in the number of device related tissue injuries

What Do We Need To Focus On?

- Perineal trauma quality improvement
- Education and awareness on PPH/MOH actions
- Benchmarking best practice around device related tissue injuries for neonates

Where Do We Want To Be?

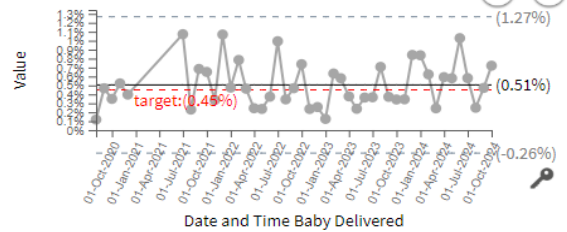
- Embedded practice that results in a sustained reduction of the occurrence of perineal trauma
- Improved compliance around the use of the PPH/MOH risk assessment and proforma
- Integration of MNSI safety prompts to work toward the goal of zero MNSI safety recommendations, building an environment of continuous learning and improvement
- Being responsive to themes identified via PMRT, addressing those findings in order to improve maternal and neonatal health outcomes

SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS



Still birth as % of total deliveries

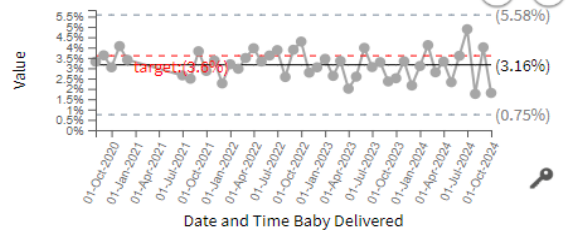
*Mean and Control Limits calculated on full dataset within recalculation window, lower is



Latest	0.7%
Variance Type	Common cause variation
Target	0.45%
Target Achievement	The system may achieve or fail the target subject to random variation

CQIMs1 - PPH >1500ml

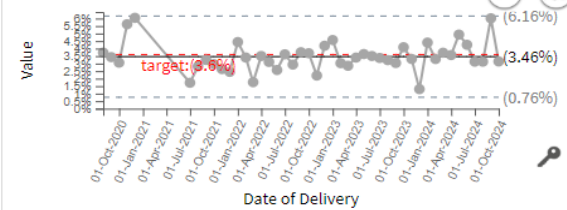
*Mean and Control Limits calculated on full dataset within recalculation window, lower is



Latest	1.8%
Variance Type	Common cause variation
Target	3.6%
Target Achievement	The system may achieve or fail the target subject to random variation

%Women who had a 3rd & 4th degree tear as a % of total deliveries

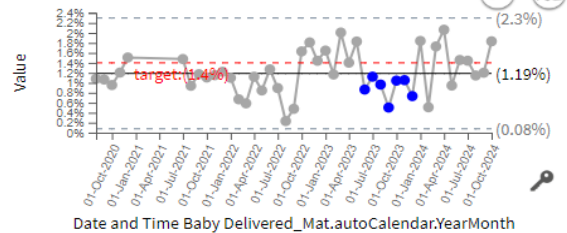
*Mean and Control Limits calculated on full dataset within recalculation window, lower is



Latest	3.1%
Variance Type	Common cause variation
Target	3.6%
Target Achievement	The system may achieve or fail the target subject to random variation

%Babies with Apgar @5mins between 0 and 6

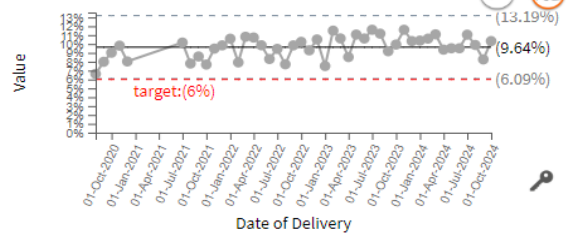
*Mean and Control Limits calculated on full dataset within recalculation window, lower is



Latest	1.8%
Variance Type	Common cause variation
Target	1.4%
Target Achievement	The system may achieve or fail the target subject to random variation

%Babies born Preterm (<37wks)

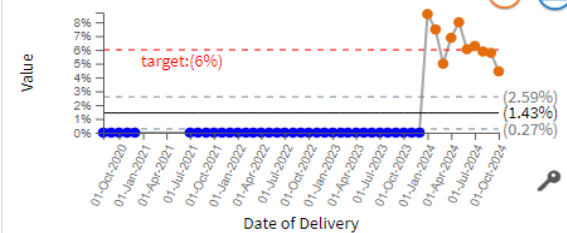
*Mean and Control Limits calculated on full dataset within recalculation window, lower is



Latest	10.3%
Variance Type	Common cause variation
Target	6%
Target Achievement	The system is expected to consistently fail the target

% of women who are current smokers at delivery

*Mean and Control Limits calculated on full dataset within recalculation window, lower is

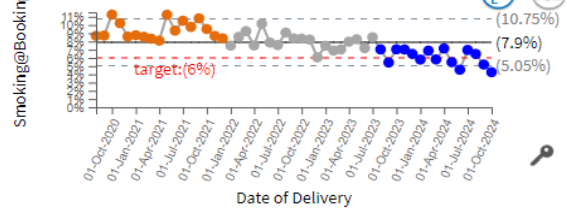


Latest	4.4%
Variance Type	Special cause variation - cause for concern...
Target	6%
Target Achievement	The system is expected to consistently pass the target

Smoking at time of booking

LMNS: 6% (Ref 1.3a)

*Mean and Control Limits calculated on full dataset within recalculation window, lower is



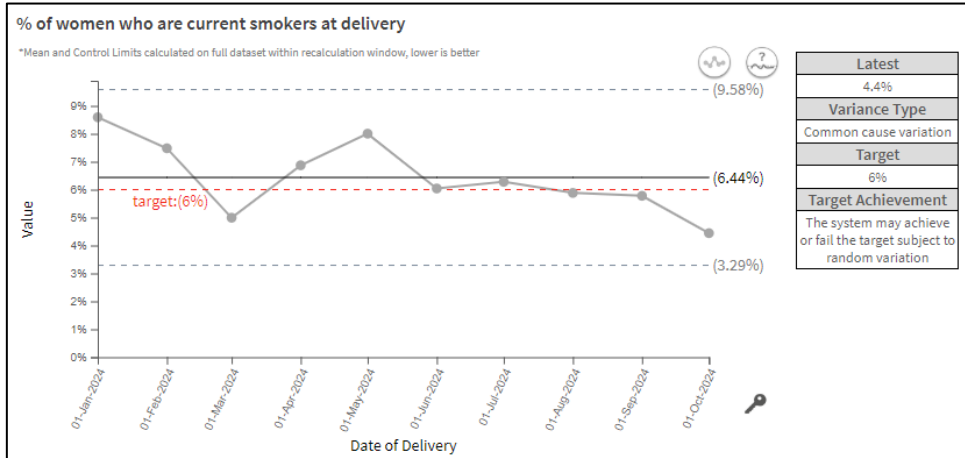
Latest	4.3%
Variance Type	Special cause variation - improvement...
Target	6%
Target Achievement	The system may achieve or fail the target subject to random variation

Initial metrics from the Clinical Quality Improvement metrics. The remaining metrics will be included within further scorecards as the data becomes available. Data Source: E3

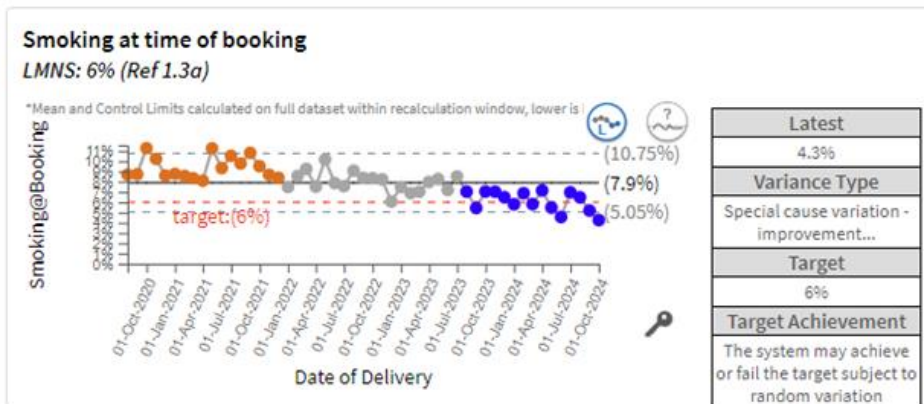
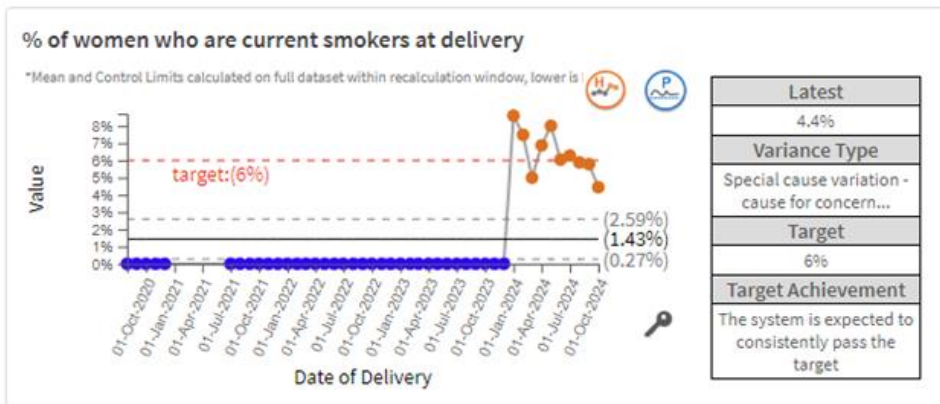
SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS



What is going well?



What is the data telling us?	What is going well?	Where do we want to be?
<ul style="list-style-type: none"> The proportion of women who are smokers at delivery has reduced in October to 4.4% from 5.8%. This is lower than the mean of 6.44% and below the target of 6% 	<ul style="list-style-type: none"> In-reach Smoking Cessation Service CURE launched Voucher Incentive scheme is being embedded encouraging more people to quit smoking. Making Every Contact Count 	<ul style="list-style-type: none"> Remain below the national target of 6% Full recruitment to all Tobacco Dependency Advisors



Definition: Percentage of women who were smokers at delivery

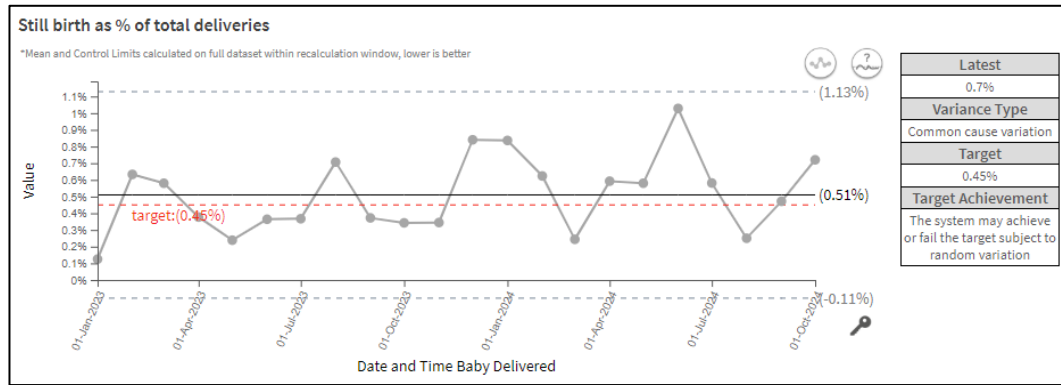
Data Source: E3 (Euroking)

Last recorded data: October 2024

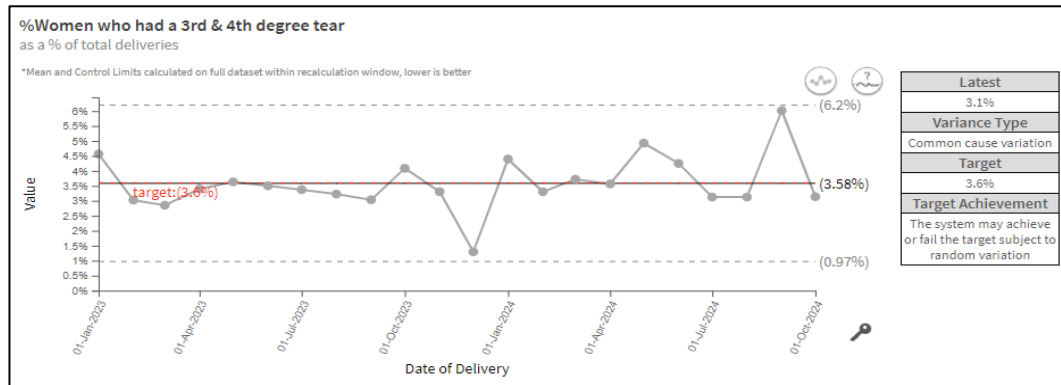
SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS



Areas of focus



Definition: Stillbirths (>= 24 weeks) Data Source: E3 (Euroking) Last recorded data: October 2024



Definition: Number of Women who have a vaginal birth of a singleton baby born between 259 and 315 days who have a 3rd or 4th degree tear. Data Source: E3 (Euroking) Last recorded data: October 2024

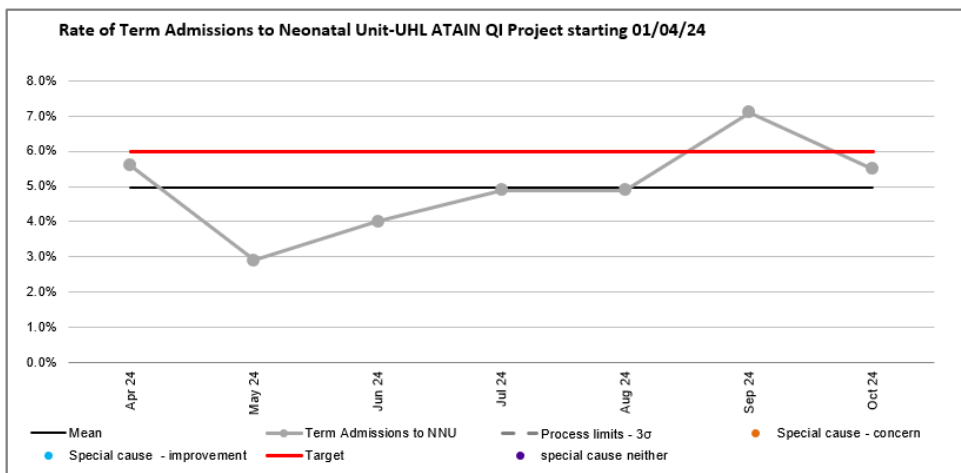
What is the data telling us?	What do we need to focus on?	Where do we want to be?
<ul style="list-style-type: none"> Proportion of stillbirths has increased in October from 0.5% to 0.7% Perinatal mortality themes: placental abruption, congenital anomalies / genetic conditions, ex-utero transfers into UHL 	<ul style="list-style-type: none"> Ascertain if there are any themes with the reported data increase and target specific clinical areas for improvement where necessary Timely completion of safeguarding referrals Identification of high-risk pregnancies requiring Aspirin Continuing to improve information and communication where English is not the first language 	<ul style="list-style-type: none"> Sustained improvements in rates below 0.45%

What is the data telling us?	What do we need to focus on?	Where do we want to be?
<ul style="list-style-type: none"> Proportion of 3rd or 4th degree tears has reduced in October to 3.1% from 6% Latest rates are lower than the mean of 3.58% and below the target of 3.6%. 	<ul style="list-style-type: none"> See 'Hot Topics' Dedicated OASI working group Training package OASI bundle embedded into mandatory training in 2025 Improved awareness and education for service users Improved understanding of impact and data i.e. referrals into PPHS and mental health services 	<ul style="list-style-type: none"> Reduction in perineal trauma incidents Improved outcomes

SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS



Areas of focus



What is the data telling us?	What do we need to focus on?	Where do we want to be?
<ul style="list-style-type: none"> • ATAIN rates showed an increase in September 2024, though this was not outside standard variation. • It had been conjectured this could be an effect on NEWTT2 (Newborn Early Warning Track and Trigger) enhanced observations, however, there is not yet any evidence to support this due to the increased numbers for September caused by higher than usual admissions for respiratory reasons (51% of admissions) 	<ul style="list-style-type: none"> • As part of the formal Quality Improvement project to reduce avoidable term admissions, the Trust is implementing interventions improve management of hypothermia, hypoglycemia and jaundice on the Postnatal Ward • During Quarter 2: 0 (zero) cases of hypothermia, 6 cases of hypoglycemia (comparable to previous Quarter), and an increase in the number of infection cases from previous quarter (13 from 5) 	<ul style="list-style-type: none"> • The Trust usually achieves ATAIN rates within the national target of <6% of births, however, has set an ambitious target to reduce this by 25% by December 2025.

MATERNITY & NEONATAL EXPERIENCE



Complaints & Concerns	Aug-24	Sep-24	Oct-24	2024/25 YTD
Maternity	9	10	4	51
Neonatal	1	1	0	7

Family & Friends Test (FFT)	UHL Target	National	Aug-24	Sep-24	Oct-24	2024-25 YTD
Maternity Friends & Family % of Responses	25%	13%	16.6%	17.3%	21.3%	18.3%
Maternity Friends & Family % of Promoters	96%	93%	93.9%	93.5%	91.1%	93.9%

IN SUMMARY

What Is The Data Telling Us?

- 0 (zero) complaints or concerns for Neonatal services and 4 reports for Maternity (a 60% reduction from the previous month)
- FFT response rate increased by 3% to 21.3% (remaining above the national target) however the promoter rate has declined 91.1%
- Majority of free text comments were either very good or good. Where a score of poor was given themes were miscommunication, delay in care on the ward, and the ward environment
- Complaint themes relate to compassionate care and communication, plus delays in care

What Do We Need To Focus On?

- Trialling 4 hourly midwifery reviews for all antenatal inpatients whereby a holistic assessment will be completed enhancing safety, care and communication
- New fetal monitoring equipment has been provided to delivery suite; we are able to offer women and birthing people the use of telemetry to facilitate births more births in midwifery-led settings. We need to focus on ensuring this is offered and made available where appropriate.
- Educating and informing women, birthing people and families during their pregnancy about important information required to look after themselves and their baby once born.

What Is Going Well?

- In line with the 15 steps recommendation, approval has been granted to have improved signage for patients
- MDAU and new theatre at LGH now opening providing a dedicated space for planned assessments of care plus separate elective and emergency pathways
- Text messaging service has launched within the induction of labour pathway improving communication and timely updates
- Partners staying overnight from 1 October 2024

Where Do We Want To Be?

- Using various methods to obtain patient feedback at regular points of the maternity care journey Providing open, empathetic and compassionate care
- Women and birthing people to feel empowered in their journeys, safe in our care and feel able to communicate their needs and wishes
- Provide care that is flexible and meets individual needs
- When concerns or complaints are raised, response processes are caring and transparent

Compliments

"I have felt well supported by the midwives and have felt able to ask questions where needed. The care for myself and my baby has been excellent."

"Amazing service from start to end. Nothing could be done better. Thank you."

"I was kept updated on what was happening and how long things would take. Lovely friendly staff. Very happy."

"I had an elective c-section and the surgery staff explained everything which was happening, I was fully informed."

"They came whenever I needed help with a feed to make sure I was confident in my latch. I don't think my breastfeeding journey would be going as well if I hadn't stayed there."

MATERNITY & NEONATAL FEEDBACK (STAFF)



IN SUMMARY

What Is Going Well?

- 'You said, We did' and Safety Champion Board in place
- Collaboration with Stoneygate as part of the Empathetic Care Programme with positive uptake and feedback – training now completed with a further day planned for January 2025. Empathy Champion Steering Group with plans to take the lead on a range of initiatives to improve and strengthen empathy across teams
- Communication & Engagement Manager commenced with focus on supporting internal communication campaigns such as the launch of the new digital screens
- Staff survey improved completion rates compared to last year

What Do We Need To Focus On?

- MNVP & Trade Sexual Health completed the 15 Steps walk around with the Safety Champions – await the findings
- Digital Boards to be placed in all clinical areas to help with information providing
- Recruitment into Safety Champion role
- Improve attendance at staff forums
- Safe Learning Environment Charter (SLEC) initiative

Where Do We Want To Be?

- Build a more empathic and compassionate workforce to the benefit of patients and staff
- Improved service user experience: families to receive high quality care which is personalized and inclusive

What Are Staff Telling Us?

Fair allocation of shift lead to ensure there is close monitoring of workload and demands

What Action are We Taking?

Escalated to the senior nursing / midwifery leadership team with plans to work with teams and shared decision-making councils on solutions

What Are Staff Telling Us?

Improve the availability of feeding information for staff and families

What Action are e Taking?

Digital boards will incorporate proactive sharing of information. Further work is required with the MNVP to develop accessible resources

WORKFORCE: TRAINING SUMMARY

IN SUMMARY

What Is The Data Telling Us

- **Multi Disciplinary Training (MDT)**
Compliance: On target to meet 90% standards
- **Newborn Life Support Training**
Compliance: On target to meet 90% standards in all staff groups
- **Fetal Monitoring Compliance:** On target to meet 90% compliance in all staff groups

What Do We Need To Focus On

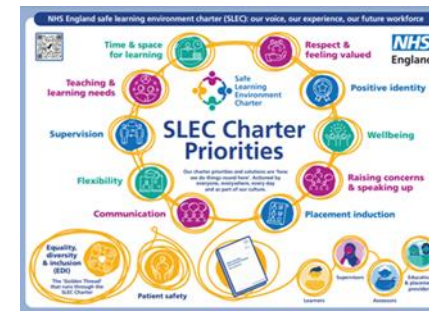
- Monitoring of training compliance
- Supporting quality improvement work relating to perineal trauma and MOH
- Development of a programme to improve transitional care facilitates offered to parents
- 2024/2025 MDT content and work towards increasing insitu clinical scenarios

What Is Going Well

- Full recruitment to the education team
- Launch of the Safe Learning Environment Charter (SLEC)
- National Education and Training Survey (NETs) open across UHL encouraging student feedback of their placement areas
- 94% mandatory training and on track to achieve >95% compliance in each specified area
- Alignment with Patient Safety and Perinatal Safety Improvement Programme

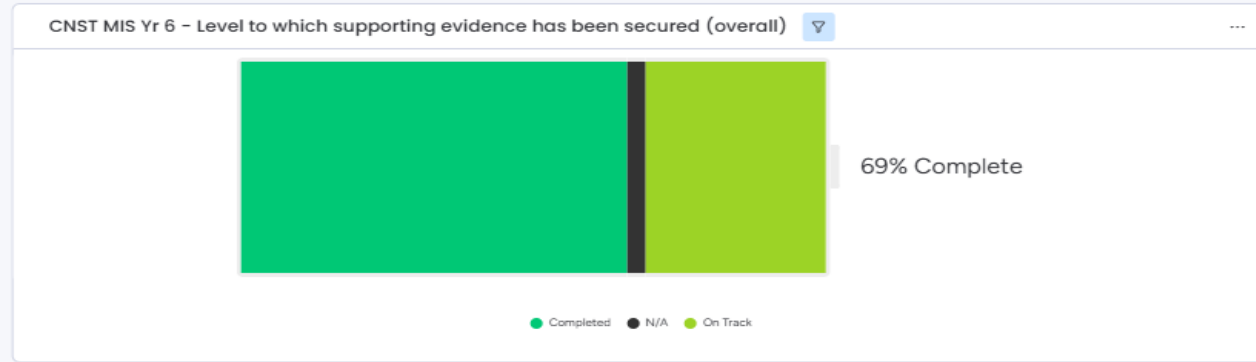
Where Do We Want To Be

- 90% Maternity Incentive Scheme compliance achieved across all staff groups by 30 November 2024
- >95% Compliant in mandatory training by the end of the year
- Staff to feel valued and supported with meaningful development plans and training opportunities



Key Performance Indicator	Target	Aug-24	Sep-24	Oct-24	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	75.0%	75.0%	82%	80.8%
% of All Staff attending NLS Training	90%	82.0%	80.0%	88.0%	83.9%
% of All Staff attending CEFM Training (Theory)	90%	83.0%	84.0%	92.0%	88.4%
% of All Staff attending CEFM Training (Assessment)	90%	83.0%	84.0%	92.0%	88.3%

MATERNITY INCENTIVE SCHEME (MIS) PROGRESS



MIS Safety Action	MIS Standards	Status
1: Use of Perinatal Mortality Review Tool	6	50% complete; on track
2: Submitting data to the Maternity Services Data Set	2	100% complete
3: Transitional Care and Avoiding Term Admissions to Neonatal Unit	4	73% complete; on track
4: Clinical workforce planning	10	21% complete; on track
5: Midwifery workforce planning	6	64% complete; on track
6: Saving Babies Lives Care Bundle	6	100% complete
7: Listening to women, parents and families	5	100% complete
8: Multidisciplinary training	3	91% complete; on track
9: Ward to Board assurance	9	87% complete; on track
10: MNSI and Early Notification Scheme reporting	9	56% complete; on track

By Exception

Safety Action 4: 2 standards outstanding: evidence of action plans to achieve British Association of Perinatal Medicine standards for both nursing and medical workforce in the Neonatal Service. Additionally, a review of consultant attendance in all clinical situations required under guidance from the Royal College of Obstetricians and Gynaecologists is being completed and will be reported to the Perinatal Assurance Committee for acceptance.

On track to achieve all ten Safety Actions and report compliance by February 2025

SAFETY: SAVING BABIES LIVES CARE BUNDLE v3



Intervention Element	Description	Interventions Fully Implemented (Self-Assessment)		Interventions Fully Implemented (LMNS Validated)		NHS Resolution MIS
1	Smoking in Pregnancy	Partly implemented	90%	Partly implemented	60%	CNST Met
2	Fetal Growth Restriction	Partly implemented	95%	Partly implemented	90%	CNST Met
3	Reduced Fetal Movements	Fully implemented	100%	Fully implemented	100%	CNST Met
4	Fetal Monitoring in Labour	Fully implemented	100%	Partly implemented	80%	CNST Met
5	Preterm Birth	Partly implemented	93%	Partly implemented	89%	CNST Met
6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	Total	Partly implemented	94%	Partly implemented	86%	CNST Met

	What is the data telling us?	What is going well?	Where do we want to be?
Element 1	<ul style="list-style-type: none"> The proportion of women who are smokers at delivery has reduced in October to 4.4% from 5.8%. This is lower than the mean of 6.44% and below the target of 6%. Stable referral rates to stop smoking service 	<ul style="list-style-type: none"> The In-reach Smoking Cessation Service CURE launched in November. A Voucher Incentive scheme is being embedded. 	<ul style="list-style-type: none"> Smoking rates to remain below the National target of 6%. Working towards recruiting to all Tobacco Dependency Advisor posts for City and County plus increased referrals to support.
Element 2	<ul style="list-style-type: none"> Improvement of risk assessments at booking of 91% (target 80%) In line with peer for measurement of small for gestational age however a reduction in October detection requires further investigation 	<ul style="list-style-type: none"> Correct identification of women who are at risk of fetal growth restriction. Review of pathways and referrals. Risk assessment for aspirin and vitamin consistently above target Implementation of the GROW 2.0 digital platform for plotting fundal height measurements for all new bookings in September 2024. 61% of midwifery staff have undertaken a training assessment (LCAT) 	<ul style="list-style-type: none"> To remain above target for risk assessment To continue to ensure correct identification of women at risk of growth restriction Continue to embed GROW 2.0 over upcoming months with aim of improving detection rates. Plans for audit of cases where induction was indicated plus continue to work with the Perinatal institute on learning and best practice
Element 3	<ul style="list-style-type: none"> Increased scan capacity has seen an improvement to 100% of women having next day ultrasound sound scans (USS) where there are altered fetal movement – sustained for past 5 months 	<ul style="list-style-type: none"> Early identification of altered fetal movements alongside increased scanning capacity. Positive feedback as part of essential to job training / education 	<ul style="list-style-type: none"> Continue to provide USS within recommended time frames and maintain 100% compliance Collaboration with Maternity and Neonatal Voices Partnership to continue to understand barriers which may exist preventing services users to report concerns – education and awareness
Element 4	<ul style="list-style-type: none"> October demonstrated an improved compliance rate for intrapartum risk assessment at 95% (target of 85%) Continue to work towards fresh eyes compliance within the +/- 15 mins standard of 85%. Improvements not with the latest at 66% Reached out to Leeds Teaching Hospitals to understand best practice 	<ul style="list-style-type: none"> 18 Fetal Monitoring Champions now in place and now completed fetal monitoring Masterclass Training 	<ul style="list-style-type: none"> Work towards the agreed national standard to auditing Work with the ATAIN working party to look at babies admitted to NNU following concerns over fetal monitoring for rapid learning Ensure poor appars and cord gases HIE rates are reducing where concerns around fetal monitoring are identified
Element 5	<ul style="list-style-type: none"> Below target for all relevant preterm interventions at 52% compared to the target of 68%. Common cause variation in steroids within 7 days of birth. Common cause variation in the administration of magnesium sulphate to babies under 32 weeks 	<ul style="list-style-type: none"> Relaunch of peri-prem passport Data analyst reviewing data collection and data quality errors Prospective audit ongoing for October to understand what further interventions are needed NNAP data is now corrected at source within a month of delivery Full pre-term birth team now in place with dedicated consultants, midwifery and neonatal nurse support (Summer 2024) 	<ul style="list-style-type: none"> Embed peri-prem passport Training for staff around guidance of steroids with development of counselling leaflet for all staff Implementation of Badgernet EPR To continue to work on QI projects around delayed cord clamping, IV antibiotics, thermoregulation of the newborn and early breast milk
Element 6	<ul style="list-style-type: none"> Achieving targets for HbA1c measurements for past 5 months currently at 100% against a target of 80% 	<ul style="list-style-type: none"> MDT Diabetic Clinics now in place and working well 	<ul style="list-style-type: none"> Continue to maintain and improve service to diabetic women alongside research and national work undertaken by the diabetic team

Progress to full implementation following LMNS assurance for October 2024 confirmed at **86%**

APPENDICES

HOT TOPIC: PERINEAL TRAUMA / PERINEAL PELVIC HEALTH SERVICE (PPHS)



IN SUMMARY

Why are we doing it?

- An OASI is an obstetric anal sphincter injury that can occur during vaginal birth, also referred to as severe perineal tearing or third- and fourth-degree tears. Most women and birthing people who have an OASI detected and repaired at birth recover well, although it can take some time
- Overarching national mandate to: (i) Optimise their pelvic health and function (ii) Prevent dysfunction (iii) Recognise dysfunction

What Do We Need To Focus On?

- Roll out of focused 30-minute tea trolley teaching sessions
- Implementation of OASI sticker to act as a practice prompt, aid documentation and assist the audit process
- OASI focus months at both sites
- Development of infographics to support the ongoing OASI work
- Improving ICE referrals to the physio service for all OASI trauma
- Working with the consultant midwives to focus on inclusivity specifically for our south Asian communities

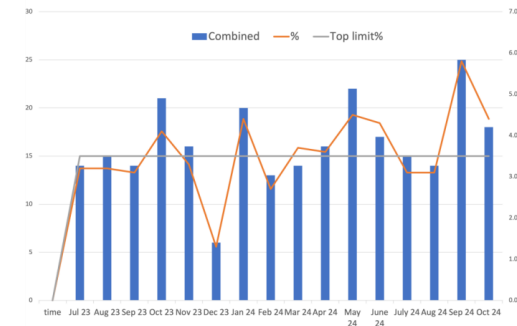
What is going well?

- Identified the most at risk group of women by deep dive audits focusing on postcodes and ethnicity
- OASI and PPHS working groups established and regular MDT input to develop service
- MNVP feedback to patient facing resources and development of educational material in a range of languages to ensure an accessible service
- Documentation aid created to aid staff documentation of the OASI care bundle

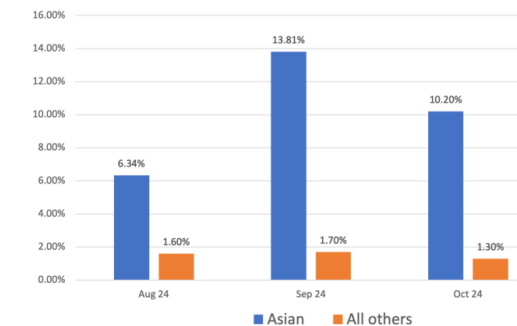
Next steps?

- Exploration of data-informed practice i.e. BK scanner vs portable scanner
- Scoping community-based clinics to bring the service to women
- Sourcing estates to develop the PPHS service
- Trial scanners working alongside colorectal colleagues to ensure the best device to serve the women
- Continue to work collaboratively to develop resources and educational material for women and birthing people
- OASI care bundle being integrated into staff mandatory training in March 2025

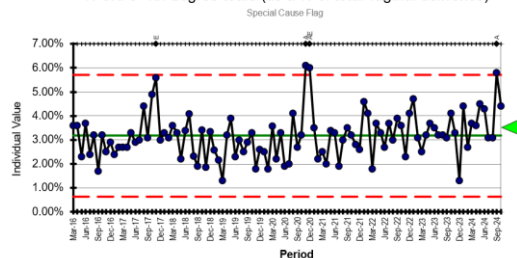
OASI numbers and rates 2023-2024



Proportion of OASI by ethnicity



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



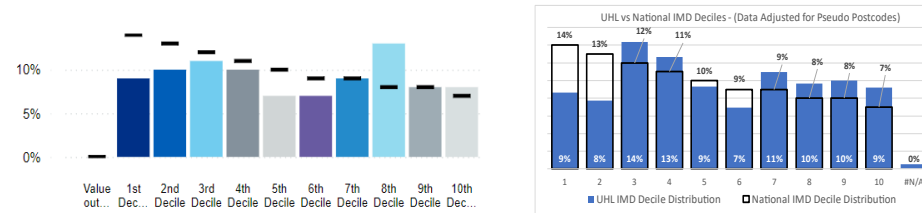
BENCHMARKING OUTCOMES (SEPTEMBER 2024)



Index of Deprivation of Mother at Booking.

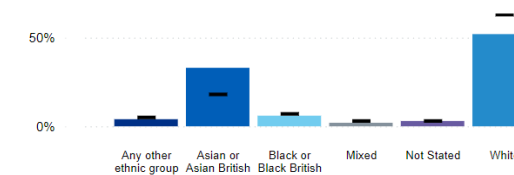
UHL (9%*, coloured blocks) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%, black line)

*Data interrogation indicates MSDS under-representing LLR Deprivation levels. Data adjusted to account for this shows a significant increase in the 3rd & 4th most deprived deciles



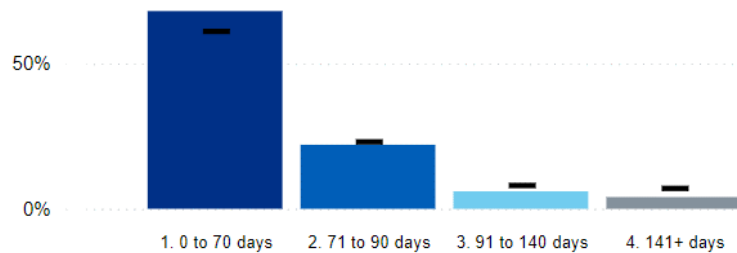
Ethnicity at Booking

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 63% respectively).



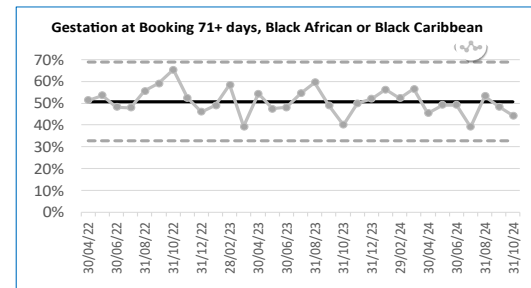
Gestational Age at Booking

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



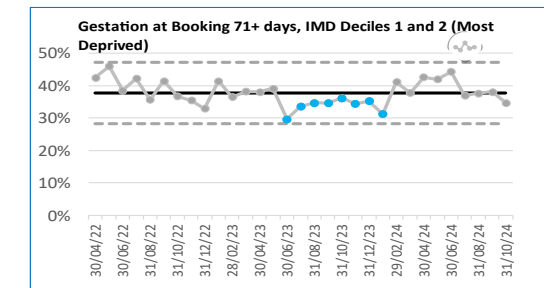
Variation in Late Bookings by Ethnic Group

UHL Late Bookings (71+ Days) are most prevalent amongst the Black African or Black Caribbean populations (51%) vs. Asian Indian, Bangladeshi or Pakistani (34%) and White British (25%).



Variation in Late Bookings by IMD Decile

Mothers booking with UHL are more likely to experience Late Bookings (71+ Days) in the most deprived areas (37%) vs. the least deprived (27%).



Method of Delivery

UHL (9%) is in line with average of all providers nationally (10%) for instrumental deliveries. UHL (29%) is above the national average for Emergency C-Sections (24%) but has lower rates of Elective C-section (17% vs 19%) and Spontaneous Deliveries (42% vs 46%) than the national average.

