

Public Trust Board Paper F

Meeting title:	Trust Board					
Date of the meeting:	13 June 2024					
Title:	April 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

Updates are also provided on the actions underway to reduce the number of episodes relating to major obstetric haemorrhage in addition to the quality improvement project on Induction of Labour

Summary

Midwifery vacancy rate continues to improve as a result of the stretch target of improving the student conversion rate highlighted in the recent workforce plan was achieved. Obstetric consultant vacancies are also improving at 0.75wte with active recruitment underway. Operational demand and capacity is improving as workforce challenges are being addressed.

Education and training plans are in place to address vacancies in the team with additional sessions scheduled for 2024/2025 to address compliance levels.

The Patient Safety Incident Response Framework (PSIRF) has been launched with 2 priorities for perinatal services. A new Perinatal Insights Dashboard is being created to ensure UHL are focusing on outcomes and

impact of quality improvement initiatives, this includes focus in prevention and population health. The dashboard launch has been delayed until Quarter 2 (2024/2025).

Recommendations

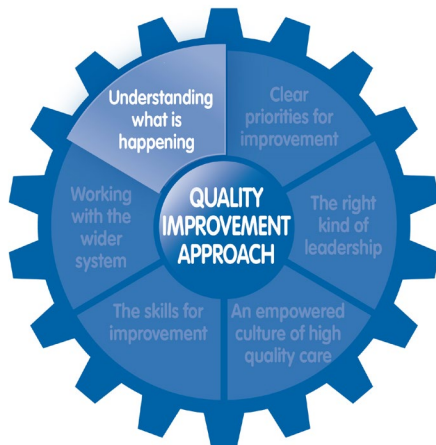
The Trust Board is asked to:

- Be assured by the progress made to date and support the plans for improvement.
- To note that the standards for year 6 of the Maternity Incentive Scheme were released on 2 April 2024 and work is underway to achieve compliance with requirements.



Perinatal Quality Assurance Scorecard

April 2024



Contents



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance

APRIL 2024



*Data to Feb 2024 (all staff groups)

Perinatal Quality Scorecard Summary (April 2024)



Overview

In April, University Hospitals of Leicester (UHL) reported 827 babies were born with 45.3% born by Caesarean Section. Induction of Labour rates remain at an average 30.9%. Workforce gaps are closing and the episodes of operational activity being in 'green' (positive acuity) status are improving. Safety Champion walkarounds and engagement with our communities continued throughout the month. Perinatal Insight Dashboard development and launch delayed to Q2.

Quality & Safety

Patient Safety Incident Response Framework (PSIRF) went live 1 April with training in place for senior leadership and operational teams being rolled out. Zero (0) Patient Safety Incident Investigations (PSII) have been reported in month (NB. PSII will focus on areas where the resulting improvement can have the greatest impact on the safety of our patients). Planning is underway to progress the 2 PSIRF perinatal priorities – postpartum hemorrhage, and addressing inequalities). 21 moderate incidents logged on Datix 7 of which 14 relate to postpartum haemorrhage & perineal trauma.

Workforce

Leicester General Hospital are now fully recruited to midwifery vacancies. A further 57 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 due to imminently complete the course to improve compliance against BAPM standards

Experience

9 new complaints received, themes in relation to management of care and labour. Friends and Family score was 94%. Positive feedback continues to be received on the new IOL pathway and the extension of partner visiting continues. We are making plans to extend this to overnight visiting.

Training

Training has been reduced through April due to vacancies in the Education Team. Multidisciplinary training continues to be a priority. Plans have commenced to reinstate training in May. Weekly fetal monitoring learning sessions continue

	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

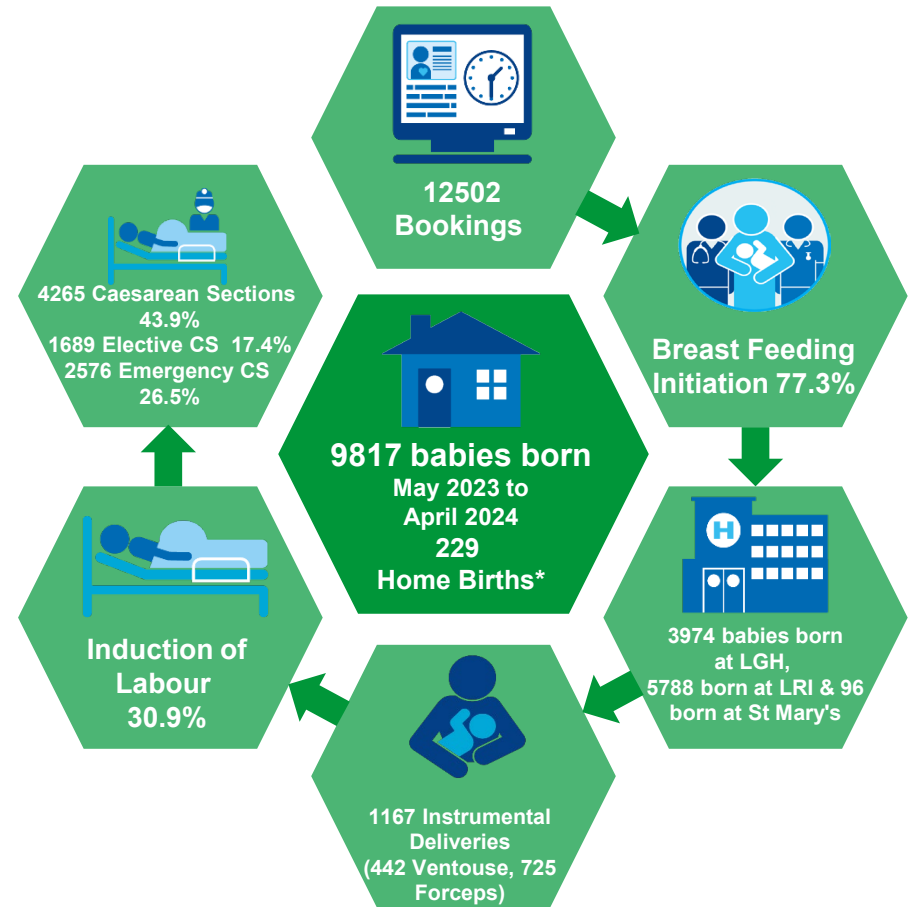
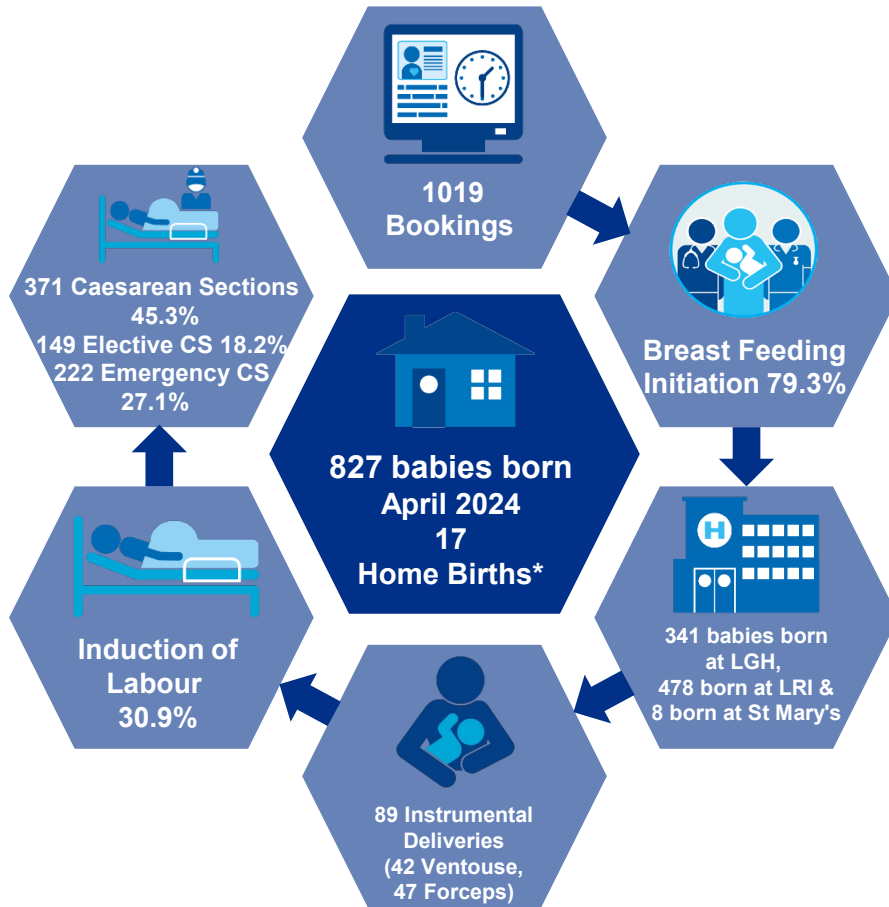
Outcomes

The number of term babies admitted to the neonatal unit has reduced to 5.59% within the average. Total bookings before 10 weeks has increased in month to 77%. Efforts continue with the Maternity and Neonatal Voices Partnership (MNVP) to reach out to communities to continue to improve early engagement with services. Induction of labour Quality Improvement actions continue with early indication of improving experience and reducing delays – further work required to develop key performance indicators to ensure sustainable improvements.

Overall Summary Maternity Activity



During April 2024 (on average) 34 antenatal bookings were made and 28 babies were born per day



Total Births @ UHL April: 819, YTD 819
Orchard Birth Centre Births (LRI) April: 63, YTD: 63
Meadows Birth Centre Births (LGH) April: 45 YTD: 45
Delivery Suite / Obstetric Unit Births (LRI & LGH) April: 686 YTD: 686

Homebirth Rate April: 2.1% (2024-25 YTD 2.1%)
 * Inclusive of homebirths and babies born before arrival (BBA)

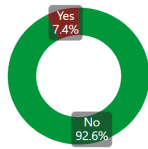
Workforce (Maternity)



Delivery suite Birthrate plus activity and dependency score



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



Anesthetic staffing shortfalls



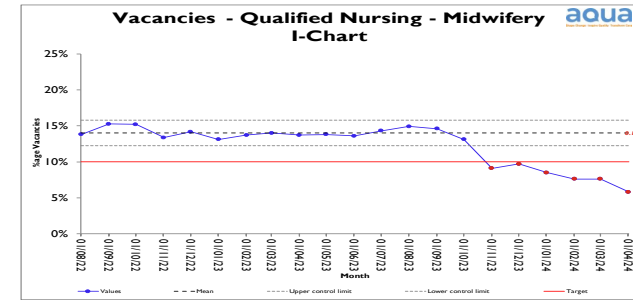
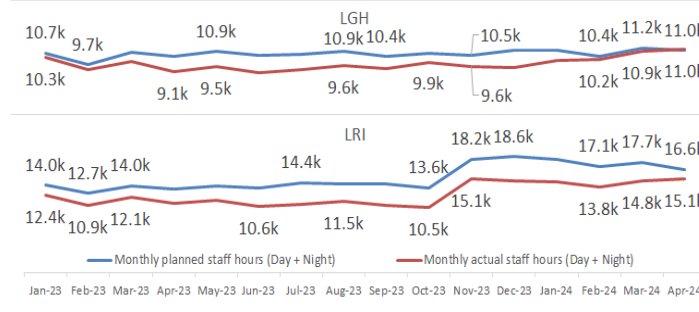
Obstetric staffing shortfalls



Obstetric Medical Workforce



Midwifery Safe Staffing by Site



IN SUMMARY

What Is The Data Telling Us?

- Staff redeployment decreased to 7.9%, actual staffing levels are improved
- The number of reportable red acuity scores for delivery suite has reduced and remains low
- Successful recruitment of midwives resulting in a significant vacancy reduction at the LGH has closed the gap for planned v's actual staffing
- Obstetric recruitment continues with reduced medical shortages

What Do We Need To Focus On ?

- Focus on Maternity Support Worker recruitment to reduce vacancy rate
- Work with the Trust to achieving pathway to excellence standards across Maternity
- Recruit & induct key senior posts
- Review and update workforce plan for Maternity and Neonates with a focus on staff retention utilising the staff survey results to inform this
- Continue roll out of self-rostering across the service.
- Recruit into Band 7 clinical leadership roles to strengthen leadership (specifically out of hours)

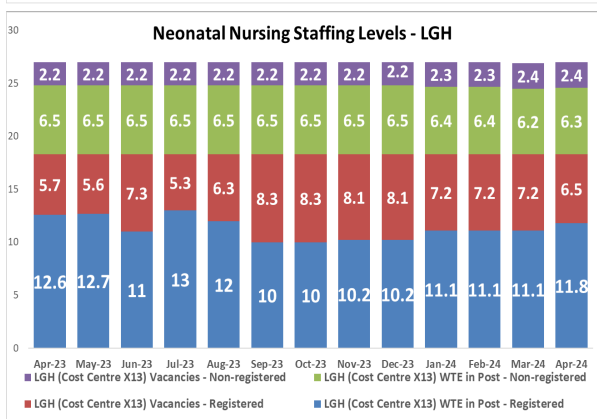
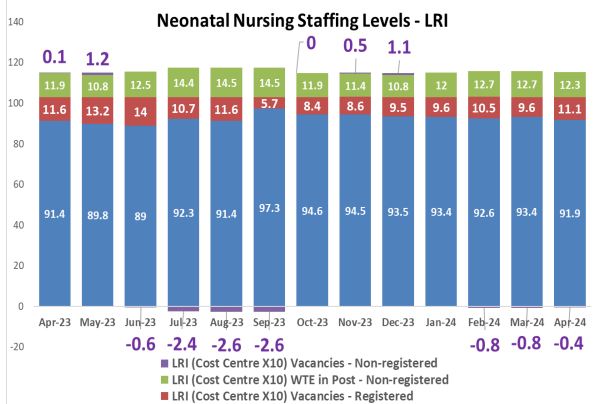
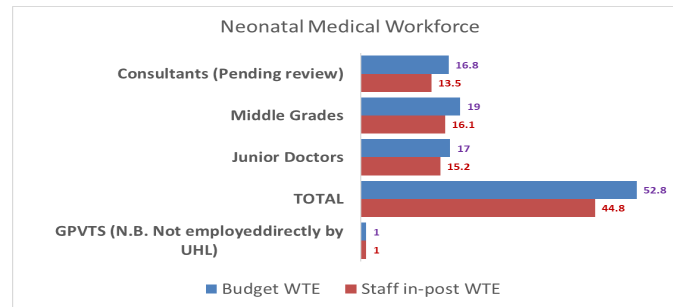
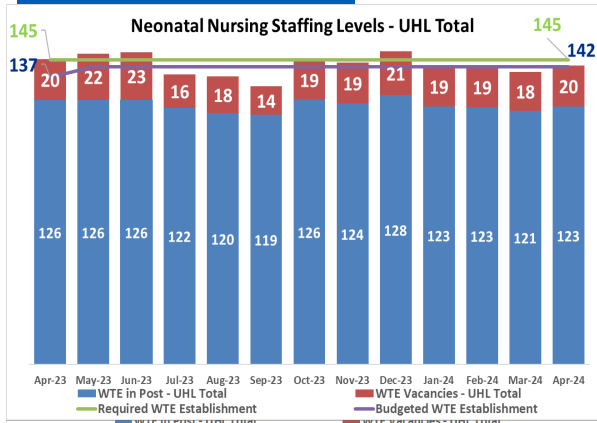
What Is Going Well?

- Recruitment of new midwives
- Turnover rate of Midwives is reducing with levels at 5.8% (2023/24) compared to 7.1% (2022/23), below UHL average
- Launch of Professional Midwifery & Nursing Forum with positive feedback
- Implementation of Matron of the Day to improve tactical / operational 7/7 response; increased senior support and visibility

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
- Rolling recruitment continues and interviews are scheduled for Band 7 nurses and Nursery Nurses.
- Current Qualified in Speciality (QIS) nurses account for over 46% of the registered nurses against BAPM standard of 70%.
- Further 8 nurses have completed the QIS course and are awaiting ratified results which will increase QIS to 54%

What Is Going Well?

- Plan to implement STORK education programme through the Nursery Nurse workforce for all families.
- 2 new matron posts appointed to with – Workforce (incl. Recruitment, Retention & Pastoral) Care Matron and Quality Improvement Matron, both are now in post.
- Plan to increase clinical band 7 workforce to two staff pe(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?

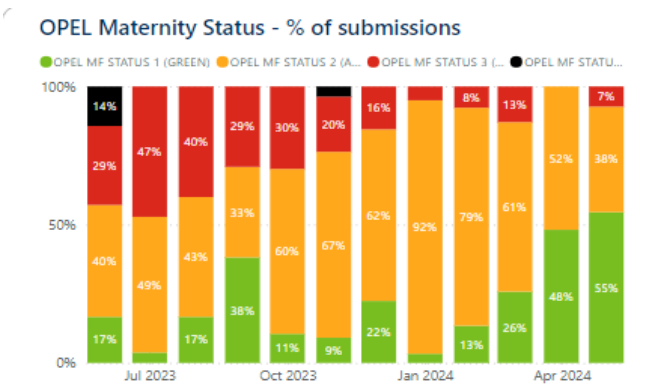
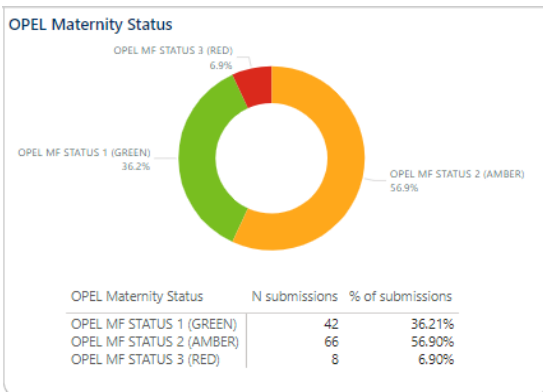
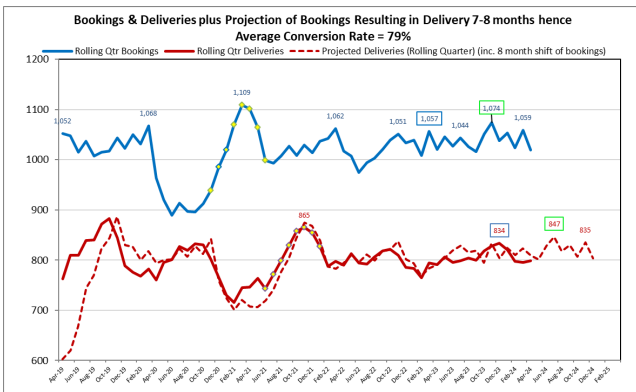
- Continue Recruitment campaign to attract external QIS Nurses and to continue to actively support internal NNU nurses to attend QIS course to increase BAPM compliance.
- Continue to support pipeline of 16 QIS training places each year
- Empowering voices action plan– focus on leadership, staffing levels 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
- QIS trained nurse levels in line with BAPM standards
- A clear trajectory of nurse, medical, and AHP recruitment to close the vacancy gap.

Overall Summary

Operational Activity (April 2024)



IN SUMMARY

What Is The Data Telling Us?

- Booking processes have been streamlined to ensure these are scheduled in the appropriate window for antenatal screening to be offered.
- 0 closures or diversions reported as per Regional SitRep
- 100% of all woman receiving 1:1 care

What Is Going Well?

- Good oversight of ultrasound scan capacity (weekly) to ensure capacity meets demand, working group in place to ensure scans are taking place within 24 to 72 hour as per guidelines and Saving Babies Lives Care Bundle (SBLCB)
- Successful recruitment of two substantive Obstetricians to support improving compliance with ward rounds plus ensure sufficient capacity across maternity assessment areas
- New Deputy Head of Operations for Maternity and Neonates now inpost

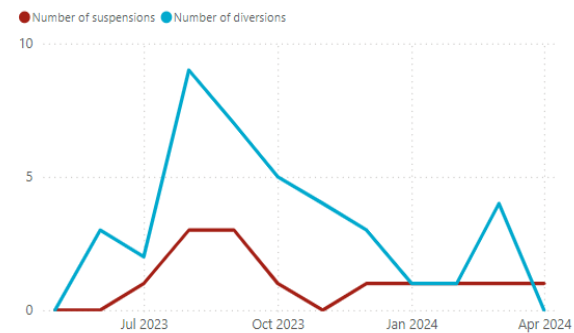
What Do We Need To Focus On?

- Increasing vaccination resource
- Escalation Action Cards to be embedded across services
- Continue to improve ward round compliance
- Focus on Right Place across Maternity & Neonatal Services

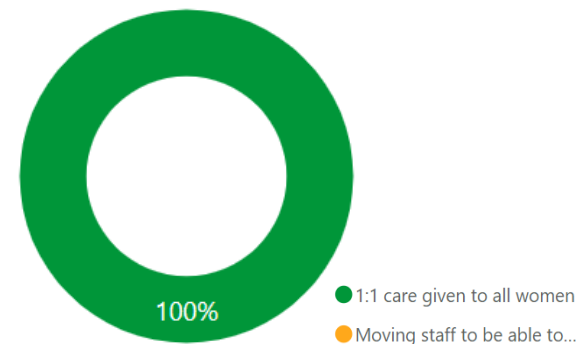
Where Do We Want To Be?

- Sustained period in positive acuity / green OPEL (escalation levels)
- Reduction in delays in care specifically induction of labour
- Maintain 100% for 1:1 care
- All women offered a booking before 10 weeks

Service suspensions and diversions



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	0
MNSI Referrals (Referred & Accepted)	16	12	11	0
MNSI Referrals (Declined by HSIB)	4	4	4	0
MNSI Referrals (Declined / Consent withdrawn)	4	1	4	0
MNSI Total Safety Recommendations*	34	12	9	0

* Safety Recommendations are based on date of Report completion

April 2024
0 case met MNSI criteria
0 MNSI Safety Recommendation
0 Non MNSI Serious Incidents
0 Never Events
24 Moderate Incidents
0 Coroner Reg 28

IN SUMMARY

What Is The Intelligence Telling Us?

- 0 (zero) MNSI Safety Recommendations received in April 2024
- 0 (zero) cases referred to MNSI and 24 Moderate Incidents were reported
- Of the 24 Moderate incidents 14 related to major haemorrhage (MOH) and perineal trauma, a reduction from the previous month
- Term babies admitted to NNU has reduced compared to previous month (5.59%)

What Is Going Well?

- PSIRF timely rapid reviews and After-Action Reviews
- No. of Safety Recommendations Reducing Year on Year (MNSI)
- Increased compliance of Duty of Candour letters being sent out to families with follow up conversations when requested

What Do We Need To Focus On?

- Monitoring of existing action plans to ensure compliance; completion and assurance of effectiveness
- All ATAIN cases to be reported via Datix
- PSIRF perinatal priorities to be defined by CMG to inform corporate plans

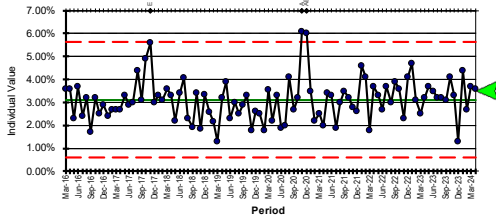
Where Do We Want To Be?

- Timely learning cascaded to staff following Datix reports
- A culture of continuous improvement
- Quality & Safety Team visibility in the clinical areas to offer support with Datix and incident management

Safety Maternity Clinical Outcomes

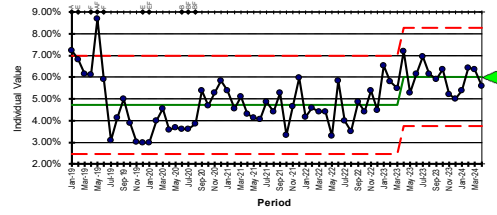
% 3rd & 4th degree tears (as a % of total vaginal deliveries)

Special Cause Flag



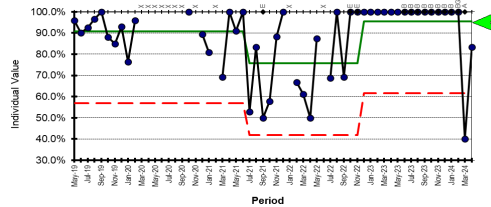
% of Full term babies admitted to NNU

Special Cause Flag



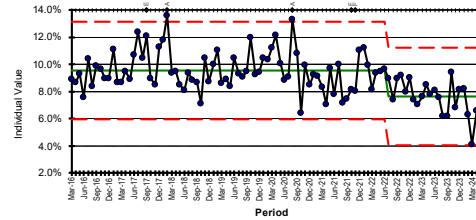
% of women smoking at booking referred

Special Cause Flag



% of women smoking at delivery

Special Cause Flag



Key Performance Indicator	Target	Bench mark	Feb-24	Mar-24	Apr-24	YTD
Spontaneous Deliveries %	Actual	47%	50.1%	43.1%	44.0%	45.2%
Caesarean Section Rate - total	Actual	41%	45.6%	47.1%	45.3%	43.4%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	*3.0%	3.3%	2.6%	2.3%	2.7%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	*2.8%	2.7%	3.7%	3.6%	3.3%
% 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%		6.43%	6.35%	5.59%	6.03%
Bookings before 10 weeks % - booked with UHL (Total)	>77% (UHL Target)	*61%	74.8%	76.6%	77.1%	76.60%
% of women smoking at booking referred (Number of women referred as % of	95%		100%	40%	83%	97%
% of women smoking at delivery	Alert if >6%	8%	6.3%	4.1%	6.6%	7.30%

*UHL KPIs do not exactly match National Comparator

IN SUMMARY

What Is The Data Telling Us?

- Slight increase in bookings before 10 week's gestation, work is ongoing to ensure bookings are timely with a focus on families within the City
- Reduction in 3rd and 4th degree tears / perineal trauma, statistically YTD not an outlier however rapid review of cases have been conducted - no emerging themes
- Increase in the number of women identified as smoking at booking however a significant increase in the number of women referred to smoking cessation services at booking (83% up from 40%)

What Do We Need To Focus On?

- Prompt identification and dissemination of learning as per ATAIN actions
- Ongoing surveillance of reported perineal trauma, review of OASI care bundle implementation
- Continue to ensure appropriate referral of women identified as smoking at booking to return to a 100% compliance rate
- Continuing development of the Perinatal Insight Dashboard (delayed from original launch for April 2024)
- Continue to work with MNVP to improve early access to services at booking

What Is Going Well?

- Pelvic Health clinic funding secured, key posts being recruited to
- Lithotomy Challenge scheduled
- Improved implementation of the Obstetric Bleeding (OBS Cymru) bundle through weighing
- ATAIN related actions to address infant feeding support and thermoregulation awareness

Where Do We Want To Be?

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

Maternity & Neonatal Experience



Family & Friends Test (FFT)	Target	Feb-24	Mar-24	Apr-24	2024-25 YTD
Maternity Friends & Family - % of Responses	25%	23.1%	23.2%	17.5%	17.5%
Maternity Friends & Family - % of Promoters	96%	93.8%	96.0%	94.0%	94.0%

Complaints & Concerns	Feb-24	Mar-24	Apr-24	2024-25 YTD
Maternity	11	6	10	10
Neonatal	0	0	2	2

IN SUMMARY

What Is The Data Telling Us?

- Number of maternity complaints has increased compared to previous month (n=4)
- 2 New neonatal complaints were received in the reporting month
- FFT response rate in April decreased to lowest in quarter. Subsequently the promotor rate has decreased also although only just below the target of 95%
- NNU coverage has increased from 5% footfall in March to 8% coverage in April, against the 25% target
- Postnatal community have the lowest footfall at 5.7%

What Is Going Well?

- Collaboration with UHCW and MNVP responding to partners staying overnight. Plans afoot to launch, ensuring safe areas for lone and vulnerable patients
- Staffing levels on postnatal wards, included via acuity tool and reviewed on a twice daily basis
- Professional Midwifery and Nursing Forum completed in April with a focus on the fundamentals of care
- Matron of day Rota embedded ensures daily senior contact for patient concerns
- Consultant Midwife hosting focus groups for Black women to share experiences

What Do We Need To Focus On?

- Community midwifery and NNU footfall to be targeted.
- Fundamentals of care: communication, compassion, nourishment and pain relief.
- Experiences of Black and Asian women is under-represented in the data
- Individualised care plans and passport launch and uptake

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

April 2024 Update

What Are Staff Telling Us?

Communication with patients surrounding Elective Caesarean Sections at LGH needs addressing and improving

What Action are We Taking?

A review of the pre clerking process is required / Work continues to separate elective and emergency pathways to improve delays

What Are Staff Telling Us?

Due to increase activity staff are pulled from management duties

What Action are We Taking?

Management are facilitating protected time for management activities

IN SUMMARY

What Is The Intelligence Telling Us?

- Birth Trauma Inquiry Report published - UHL continues to look at ways to support women and their families. This includes increasing capacity of the Birth Reflections Team and working towards all women / birthing partner having a postnatal debrief
- Improving clinical areas – Introducing a new system to dispose sharps in the NNU

What Is Going Well?

- LGH continues to be near establishment for staffing & LRI is also seeing improvements!
- SMBC is available for utilisation of the postnatal ward to reduce bed blocking at LRI & LGH
- Neonatal weekly Datix meeting commenced. Revitalised cot side teaching and debrief sessions. Simulation program recommenced.

What Do We Need To Focus On?

- Increasing the capacity in Newborn Infant Physical Examinations to avoid 72 hour breaches
- Hand Hygiene and Infection Control measures
- Delivering care to right baby and right place. Whilst balancing staffing and acuity.

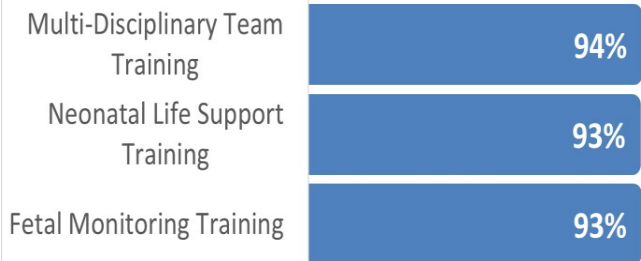
Where Do We Want To Be?

- Next 15 Steps Walkaround with MNVP to incorporate other diverse groups including LGBTQ
- Embedding pastoral and psychology care for staff.

Workforce Training Summary



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



Key Performance Indicator	Target	Feb-24	Mar-24	Apr-24	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	83.0%	tbc	55%	90.0%
% of All Staff attending NLS Training	90%	85.0%	tbc	56.0%	89.5%
% of All Staff attending CEFM Training (Theory)	90%	90.0%	tbc	90.0%	93.1%
% of All Staff attending CEFM Training (Assessment)	90%	90.0%	tbc	90.0%	92.6%

IN SUMMARY

What Is The Data Telling Us

- **MDT Clinical Training Compliance:** Compliance has dropped to 55%, which was anticipated due to Education Team vacancies and cancellation of scheduled training in March and April 2024 (7 sessions cancelled)
- **NLS training compliance:** Currently 56%. This compliance was expected to fall alongside the MDT clinical training compliance, as detailed above.
- **Fetal Monitoring Training** remains compliant at present (90%).

What Is Going Well

- **New Staff:** 2.0 WTE band seven midwives started in April 2024.
- **Training Resumption:** Saving Babies Lives training resumed on May 23rd, 2024.
- **Support:** The team is receiving support from the Deputy Head of Midwifery.

What Do We Need To Focus On

- **GIC Instructors Support:** Ensuring GIC instructors are available for NLS sessions on the Saving Babies Lives study day. To mitigate this risk, a Practice Development Midwife has been selected for the GIC training and will be completing the course at the next available session.
- **Training Compliance Forecast:** Developing a forecast to ensure target compliance is met, with six additional MDT clinic training dates scheduled for August and October 2024.
- **Band 8a Recruitment:** Creating a plan for the band 8a position after unsuccessful recruitment attempts

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.

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
- Requirements to complete surveillance within 1 month and draft report completed by 4 months removed
- On track to meet compliance

2. Maternity Services Data Set

- Assessment month is July 2024 – to achieve at least 10 out of 11 CQIMS
- At least 90% of women booked to contain valid ethnic category
- Ongoing monitoring of monthly data submissions

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 - audits required to ensure criteria for short-term and long-term locums met; monitoring compliance with consultant attendance in certain clinical scenarios underway
- Neonatal Workforce actions plans being progressed to achieve compliance with BAPM nations standards of medical and nursing staffing

5. Midwifery Workforce Planning

- Midwifery staffing establishment review received and internal review completed February 2024, with business case submitted to request funding to establishment
- Compliance with 1:1 care in established labour maintained
- Compliance with supernumerary labour ward co-ordinator on duty at the start of every shift

6. Saving Babies Lives (V3)

- To evidence sufficient progress is made towards full implementation in line with locally agreed improvement trajectory through quarterly quality improvement discussions with the ICB/LMNS and evidence sustained improvement for embedded elements.
- On track with ongoing improvement work pending next assurance meeting in May 2024.

7. Maternity and Neonatal Partnership (MNVP)

- Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality Plan - evidence collation underway with various ongoing work
- Annual CQC survey results analysed and action plan coproduced with the LMNS and shared with the safety champions

8. MDT Training

- 90% compliance to be demonstrated for fetal monitoring and surveillance, maternity emergencies and multiprofessional training, and Neonatal basic life support, across various staff groups by 30 November 2024
- 2 new educational facilitators commenced post in April 2024 with ongoing recruitment to fill remaining vacant posts
- Recovery plan creation underway to ensure compliance for MIS year 6 will be met

9. Safety Champions and Board Assurance

- Review of perinatal surveillance (quality and safety) undertaken monthly by Trust Board
- Ongoing engagement sessions with staff have continued with a plan for walkabouts and virtual sessions created
- Triangulation of claims scorecard with complaint and incident data with executive oversight

10. MNSI and Early Notification Case Referrals

- Eligible cases to be reported to MNSI and to the NHS Resolution under the Early Notification Scheme from 8 December 2024 until 30 November 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.

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.

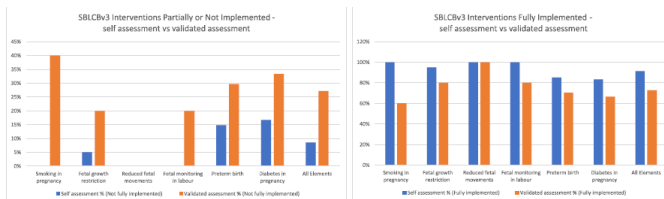
Element 5: Preterm birth

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%.

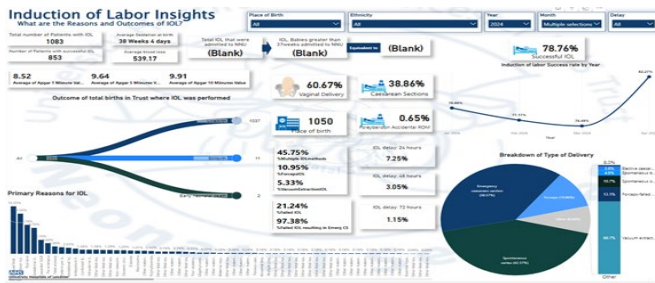
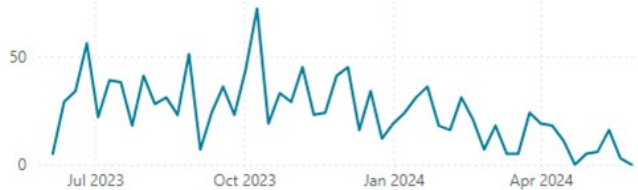
Observation Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully 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	83%	Partially Implemented	67%	CNST Met
All Elements	TOTAL	Implemented	91%	Implemented	73%	CNST Met



Hot Topic INDUCTION OF LABOUR (IOL)



Number of women delayed >6hrs from decision to ARM to transfer to delivery suite room for 1:1 care (weekly totals)



Next Steps

- Benefits measures and KPI's for IOL being set in partnership with NHS England
 - Monitor impact of care bundles and QI initiatives
 - Launch updated patient information
- Ongoing midwifery recruitment to reduce delays and enhance patient experience
- Guidelines Refresh - Implement 'safe gestational ranges' model to avoid fluctuations in IOL bookings day by day

IN SUMMARY

What are we trying to achieve?

- Sustained reduction in the number of delays for those women awaiting Artificial Rupture of Membranes (ARM)/oxytocin
- IOL's are commenced on the day they are scheduled
- Clear targets / KPIs to reach with milestones set (working with NHSE Midlands Perinatal QI team to benchmark)
- Bespoke staffing model for the IOL pathway which enhances patient experience and clinical outcomes
- Increase options for women including birthing location, analgesia and support during IOL
- Staff feel empowered and have the right tools to be able to facilitate informed choice about IOL

What Is Going Well?

- Steady decline in delays since Autumn 2023 evidenced by NHS Midlands Maternity SitRep despite increased IOL rate
- No. of women delayed >6 hrs from decision to ARM to transfer to delivery suite for 1:1 care is declining
- No. of women delayed admission for IOL, day of planned admission, is declining
- Since 1 April 2024, there continues to be weekly incremental improvements in the delays apart from a slight increase early May in the no. of delays of >6 hrs from decision to ARM to transfer to D/S
- Patient Experience Improvements (UHL survey)
 - 10% improvement in women feeling they had enough information about IOL and feeling involved in decisions
 - 7% improvement in experience of delays
 - Service users described their IOL experience as 4.1/5 stars
- Delays continue to reduce despite fluctuations in IOL activity/rate
- Zero serious incidents relating to IOL in the last 12 months
- Reduction in the no. of Red Flags reported from 13 (January) to 8 (March) for delays for IOL admission and commencing the IOL process

Hot Topic POST PARTUM HAEMORRHAGE/MAJOR OBSTETRIC HAEMORRHAGE

IN SUMMARY

Why Are We Doing This?

- PPH/MOH has the potential to cause harm when not identified and managed appropriately
- PPH/MOH in relation to addressing the care of the deteriorating patient has been identified as a PSIRF Corporate Priority
- To improve early detection and effective treatment

What Is Going Well?

- Daily review of Datix to identify reported cases and ensure correct categorisation
- Prompt Rapid Review of care to identify themes and learning
- UHL Maternity Safety Conference (May 2024) addressed PPH/MOH as part of focused discussions to determine additional actions

What Do We Need To Focus On?

- Timely recognition and appropriate escalation of a PPH/MOH
- Accurate measuring of all blood loss
- Appropriate postnatal observations for early identification of the deteriorating patient
- The use of TEG 6 to provide rapid blood result for action
- Ensuring the patient is being cared for in the correct environment by the appropriate level of staff
- Appropriate communication with blood bank and anaesthetists to ensure MDT oversight
- Identification of cases for in-depth review in line with the PSIRF Corporate Priorities
- Use of cell salvage where appropriate

Next Steps

- Engagement with families for feedback of care and to ensure duty of candour
- Identification of cases for extensive review in-line with PSIRF Priorities
- Benchmarking against other Trusts
- Sharing practice
- Education Team focus of learning from skills drills delivered in all clinical areas (Homebirth, SMBC, both hospital sites)
- Embedding of revised PPH/MOH guideline

Appendices

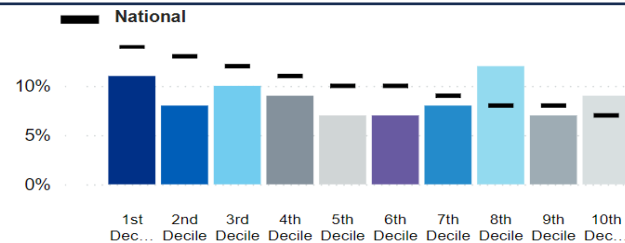
Performance Overview

Benchmarking Outcomes (February 2024 Latest Data)

Index of Deprivation of Mother at Booking.

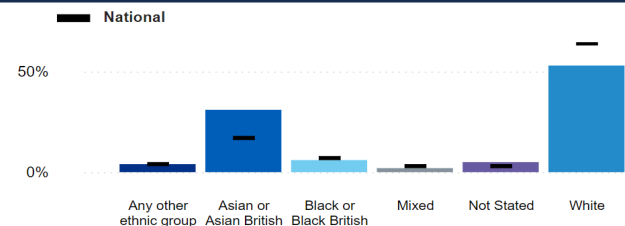
UHL (11%*) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%).

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



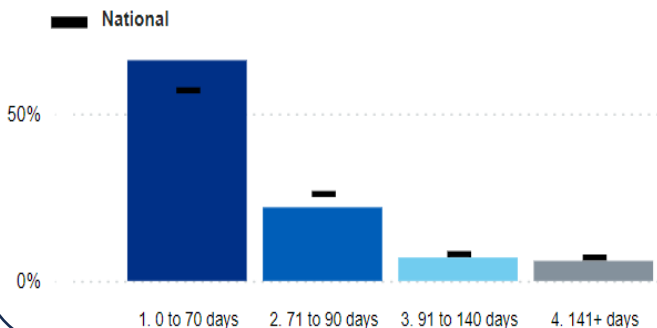
Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (31%) and a correspondingly lower proportion with White ethnicity (53%) than the average across all providers (17% and 64% respectively).



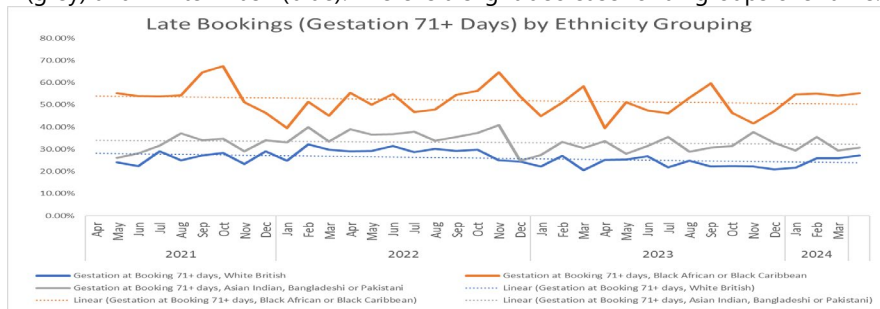
Gestational Age at Booking

UHL (68%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (60%).



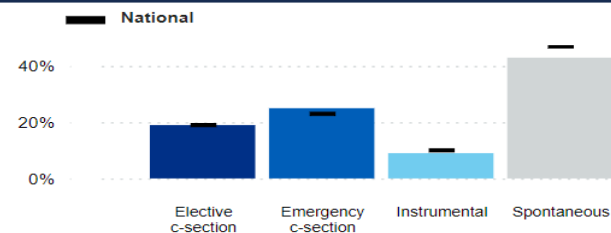
Variation in Late Bookings by Ethnic Group

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

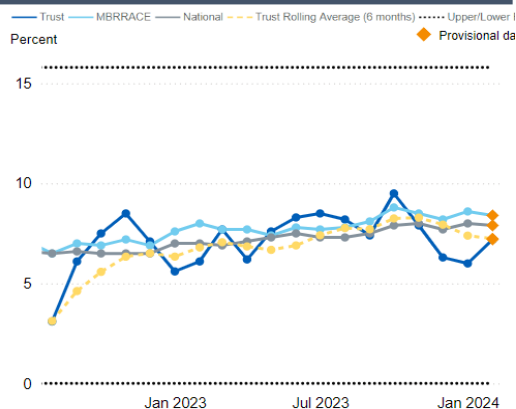
UHL has slightly lower rates of Instrumental Deliveries (8%), Emergency Section (26%) and Spontaneous Deliveries (43%) than the average of all providers nationally (Instrumental 10%, Em CS 24% & Spontaneous 47% respectively); Elective CS (19%) is the same as the national average.



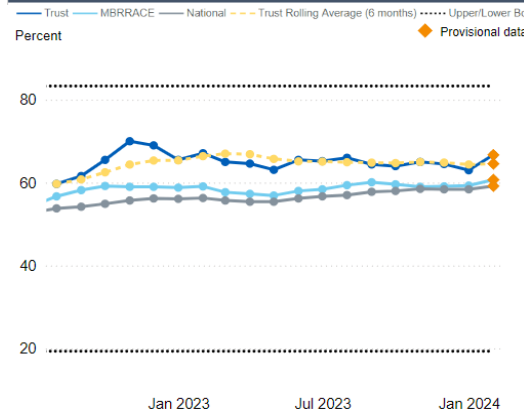
Method of Delivery – Caesarean Section - Further Detail

Caesarean Section Rates Benchmarking by Robson Group - March 2024	Robson Group One	Robson Group Two	Robson Group Three
Trust	7.2%	66.7%	83.8%
MBRRACE Group	8.4%	60.7%	80.6%
National Rate	7.9%	59.2%	82.2%
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 rate similar to national rate but above MBRRACE group rate

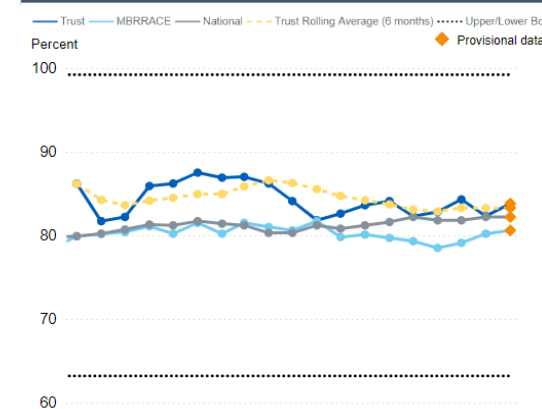
Robson Group One



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>