

Meeting title:	Trust Board	Paper E2				
Date of the meeting:	8 August 2024					
Title:	June 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.

Whilst Family and Friends Test (FFT) responses and footfall have declined in month there are a series of actions initiated to improve uptake. Progress with induction of labour continues to be shared as part of the Induction of Labour Quality Improvement initiative. FFT rates continue to favourable when considering the national benchmarking data.

Recommendations

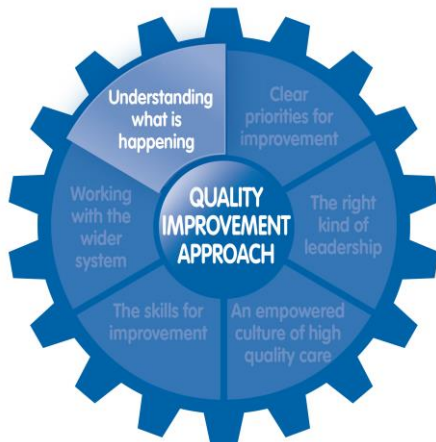
The Board of Directors are asked to:

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



Perinatal Quality Assurance Scorecard

June 2024



Month at a glance

June 2024



Contents



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



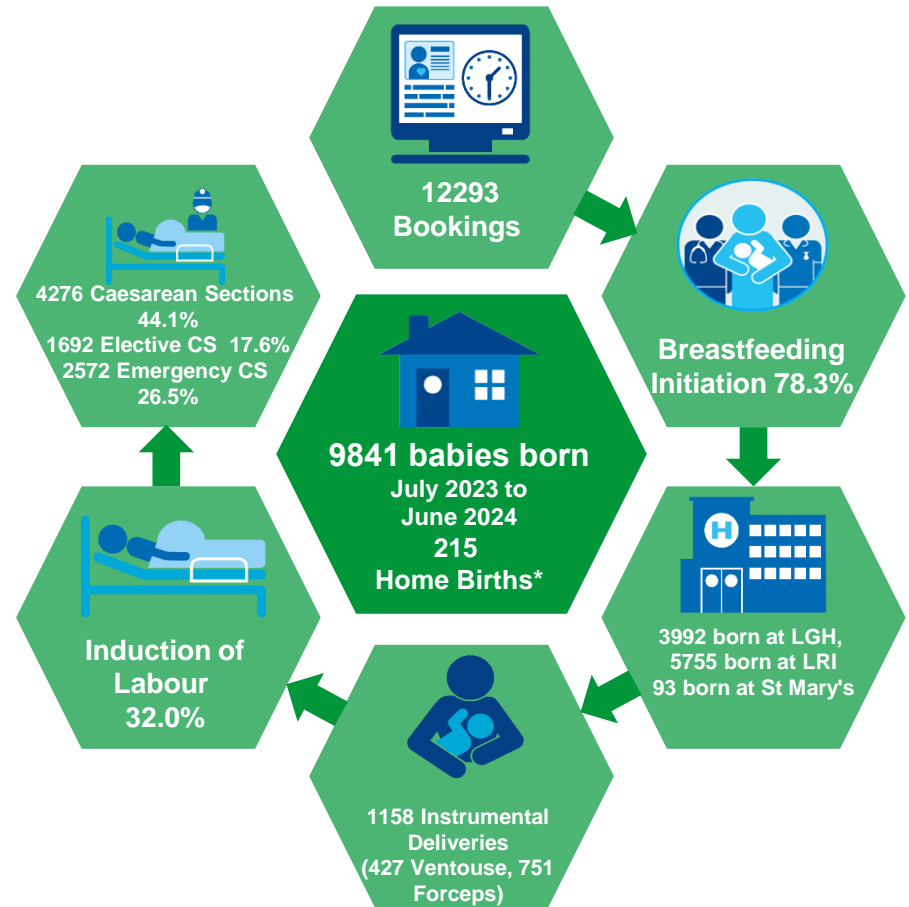
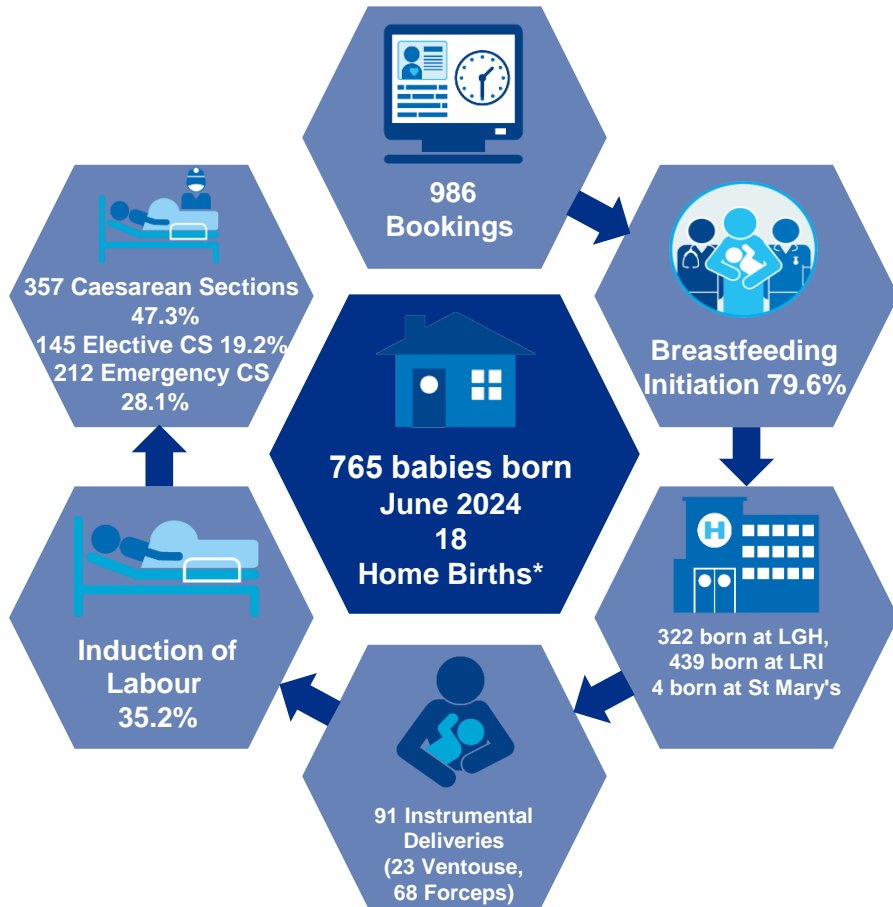
Hot Topics

Overall Summary

Maternity Activity



During June 2024 (on average) 33 antenatal bookings were made and 26 babies were born per day



Total Births: June 2024 755, YTD 2414

Orchard Birth Centre Births (LRI) June: 44, YTD: 161

Meadows Birth Centre Births (LGH) June: 30 YTD: 115

Delivery Suite / Obstetric Unit Births (LRI & LGH) June: 659 YTD: 2063

Homebirth Rate June: 2.4% (2024-25 YTD 2.3%)

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

Perinatal Quality Scorecard Summary (June 2024)



Overview

In June, University Hospitals of Leicester (UHL) reported 765 babies were born with 47.3% born by Caesarean Section. Induction of Labour (IOL) rates are slightly increased at 35.2%. 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 1 case met criteria for referral to MNSI, this was accepted for review. Zero (0) safety recommendations were received in June. 41 moderate incidents were reported of which 11 relate to postpartum haemorrhage / major obstetric haemorrhage & 19 perineal trauma incidents.

Workforce

Establishment has increased by 10wte Midwives following the BirthRate Plus® assessment. In turn this shifted the vacancy rate reporting therefore an increase. However actual staff against planned staffing continues to improve. Leicester General Hospital are now fully recruited to midwifery vacancies. 8 Neonatal Nurses are now ratified for the Qualified In Specialty (QIS) programme with 8 nurses in pipeline to commence training in September

Experience

5 new complaints and 1 concern raised. Friends and Family test shows 94% would recommend the service. Positive feedback continues to be received on the new IOL pathway and the extension of partner visiting continues. The service awaits delivery of recliner chairs for partners to support overnight stays.

Training

Training forecast plan in place to achieve the recovery trajectory of being compliant by end of Q3. Recruitment continues for substantive posts. Training for Newborn Early Warning Track and Trigger (NEWTT2) tool ready for launch in September

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

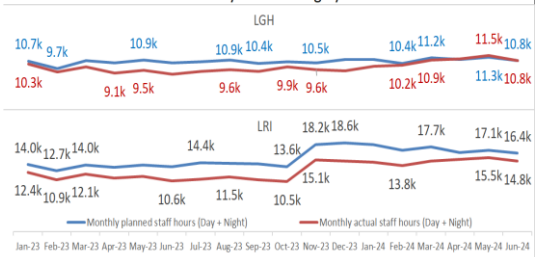
Outcomes

Total bookings before 10 weeks has continued at the higher rate of >77%. Consultant Midwife team continue to target specific City locations to improve early access to services. The number of term babies admitted to the neonatal unit increased in month with focus continuing in the avoiding admission workstreams. Induction of Labour (IOL) Quality Improvement actions continue with notable reduction in delays. Close surveillance on the smoking at delivery metrics with a focus on making every contact counts.

Workforce (Maternity)



Midwifery Safe Staffing by Site



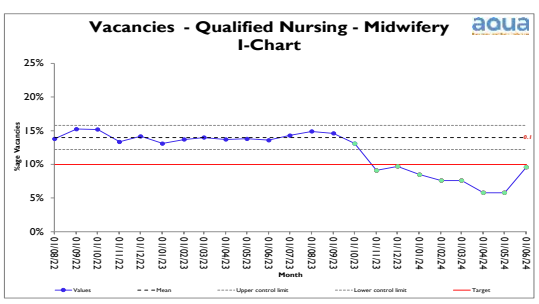
IN SUMMARY

What Is The Data Telling Us?

- Planned versus actual staffing has improved at both acute sites
- Staff redeployment has increased slightly (14 episodes across the month, 9 at LGH and 5 at LRI)
- Number of reportable red acuity scores for delivery suite remains low
- Obstetric recruitment continues with reduced medical shortfalls
- Close observation on Anaesthetic shortfalls
- Establishment has increased in Maternity by 10wte Midwives following the BR+ review

What Is Going Well?

- Midwifery recruitment strong pipeline, working towards being fully established at LRI and LGH site by the end of the year
- Community vacancy is supported by a rolling advert for recruitment
- Matron of the Day (7 days a week) now embedded and has positive feedback from staff regarding visibility and escalation of concerns.
- UHL Maternity are about to embark on a Midwifery apprenticeship journey with Birmingham University

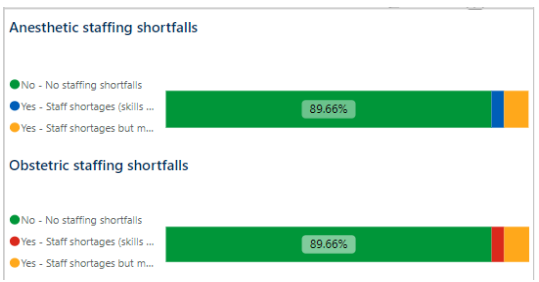
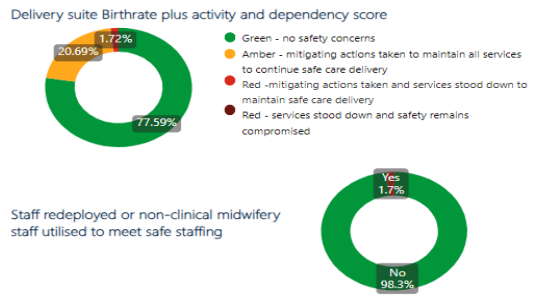


What Do We Need To Focus On ?

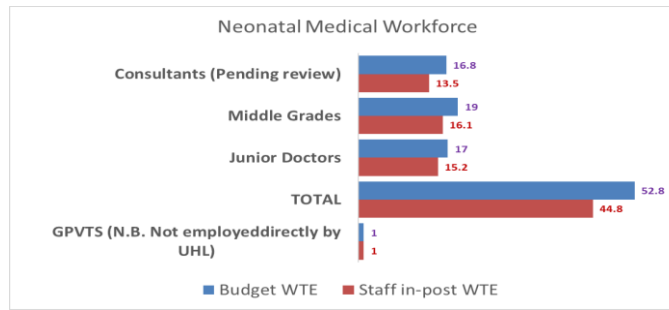
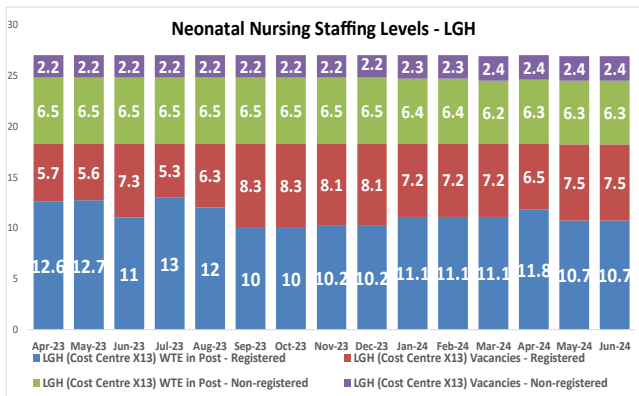
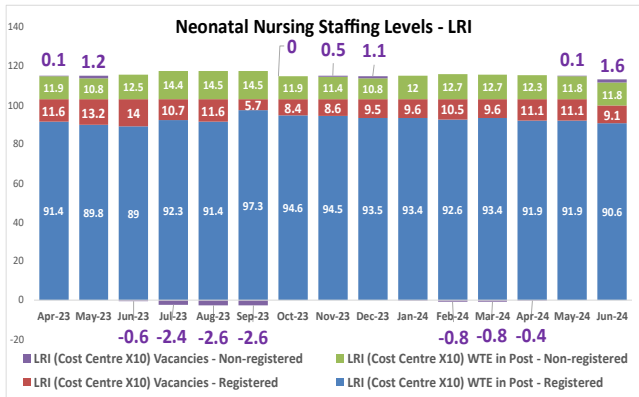
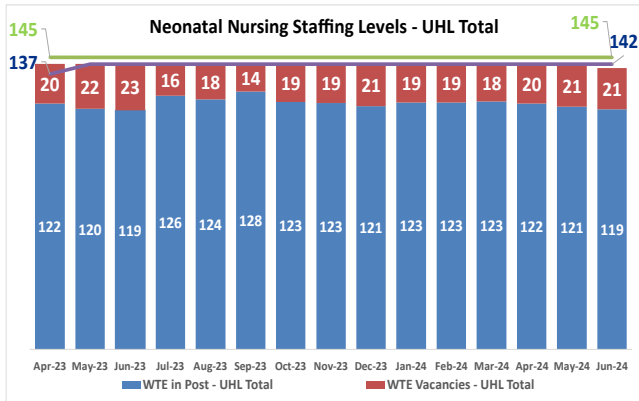
- Focus on Maternity Support Worker (MSW) recruitment to reduce vacancy rate
- Pathway to Excellence® (next phase Leicester General)
- Refreshed workforce plan for Maternity and Neonates
- Implement the Labour Ward Coordinator and Maternity and MSW competency / development frameworks
- Continue to recruit 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
- Improve retention rates for the pipeline staff expected
- Significantly reduced temporary staffing spend
- Improved conversion rates for students
- To have budgets and establishment aligned with BR+ recommendations
- All Matrons, Managers and LWC to access BR+ acuity tool refresh training



Workforce (Neonatology)



IN SUMMARY

What Is The Data Telling Us?

- Neonatal nurses in post remains static with a 15% vacancy rate.
- As part of work to comply with the British Association of Perinatal Medicine (BAPM) standards further nurses have completed the QIS course and there has been a 100% pass rate giving 8 additional Qualified in Specialty (QIS) trained nurses which will increase QIS to 55% against a target of 70%

What Is Going Well?

- 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?

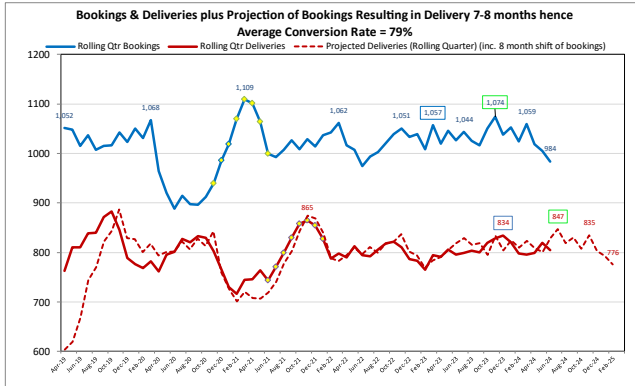
- Continue recruitment campaign to attract external QIS Nurses
- Continue to actively support non-QIS and provide development opportunities
- Review skills/experience of our internationally trained staff to fast track onto QIS programme where appropriate
- Continue to support pipeline of 16 QIS training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

Where Do We Want To Be?

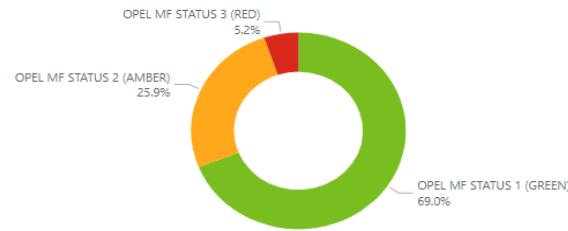
- Good staff retention within the service
- Using the Clinical Reference Group (CRG) workforce tool to support incremental workforce expansion to reach a capacity of 48 cots
- Staffing levels and QIS trained nurse levels for the unit to be compliant with BAPM standards
- A clear trajectory of nurse, medical, and AHP recruitment to close the vacancy gap.

Overall Summary

Operational Activity (June 2024)

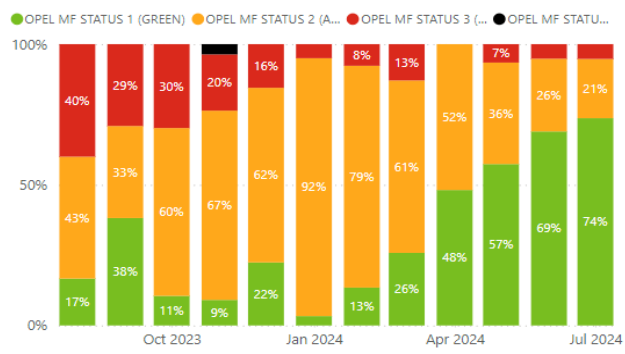


OPEL Maternity Status



OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	40	68.97%
OPEL MF STATUS 2 (AMBER)	15	25.86%
OPEL MF STATUS 3 (RED)	3	5.17%

OPEL Maternity Status - % of submissions



IN SUMMARY

What Is The Data Telling Us?

- Continue to see an increase in reporting OPEL Level 1 Green status in comparison to previous months.
- Births have seen a slight peak as where bookings have further reduced for the month of June.
- Service suspensions and diversions remain low by providing support across both sites.

What Do We Need To Focus On?

- Continue to reduce the DNA rate for ultrasound appointments
- Continue with plans to implement our Single Point of Contact centre
- Implement a new Day Assessment Unit to support appropriate flow

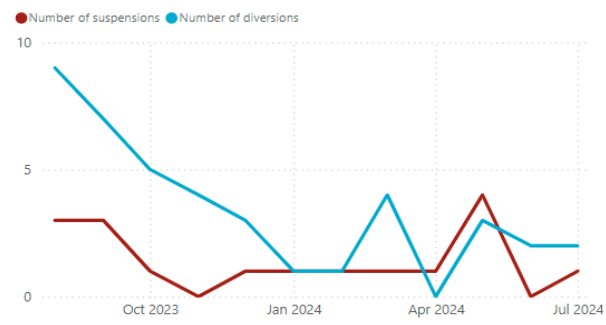
What Is Going Well?

- The new theatre at the LGH is in the final stages and will shortly have a commissioning date.
- Continued improvements across the units providing more comfortable care and support for patients.
- All staff have a much clearer understanding of the escalation policy from using the action cards that have been implemented.

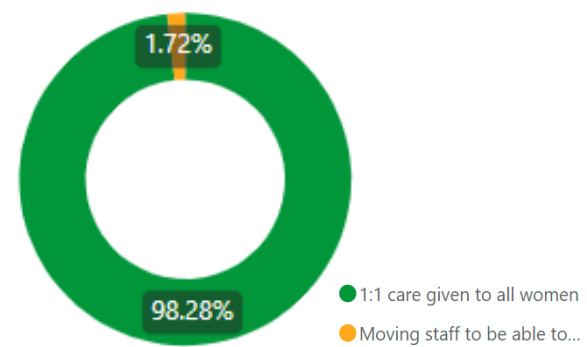
Where Do We Want To Be?

- To continue improvement to our Induction of Labour pathway reducing delays to our patients.
- To continue with workforce recruitment to fill vacancies and reduce high rate locum spend.
- Maintain 1:1 care given to all woman.
- To maintain minimal delays for our elective sections.

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	3
MNSI Referrals (Referred & Accepted)	16	12	11	2
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

June 2024
1 cases met MNSI criteria
0 MNSI Safety Recommendation
0 Non MNSI Serious Incidents
0 Never Events
41 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 June 2024. 1 case referred to MNSI, accepted
- 41 Moderate Incidents were reported: 11 related to postpartum (PPH) /major obstetric haemorrhage (MOH) and 19 related to perineal trauma

What Is Going Well?

- Continuing reduction in the number of open Datix for the CMG
- Improved Duty of Candour compliance

What Do We Need To Focus On?

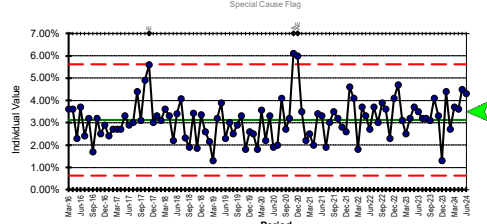
- Aligning actions from Patient Safety Incidents into the perinatal safety improvement programme (PSIP)
- Developing an ATAIN process within the Risk Team to ensure appropriate review, recording and dissemination of learning
- Lithotomy Challenge completed to enhance empathy and improve clinical practices by encouraging professionals to personally experience the lithotomy position (used for various maternity procedures). Feedback has generated an action plan which will be used to enhance care provided.

Where Do We Want To Be?

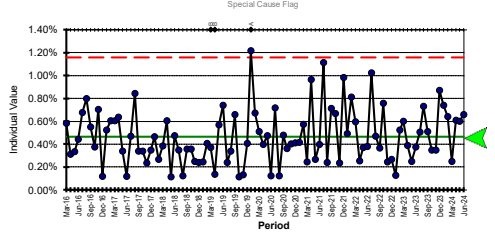
- Learning driving improvement
- Reducing number of moderate harms
- Greater understanding of the increase of perineal trauma (audit currently underway)
- Embedding of PSIRF and greater family engagement during incident reviews

Safety Maternity Clinical Outcomes

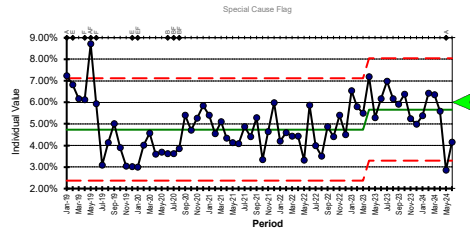
% 3rd & 4th degree tears (as a % of total vaginal deliveries)



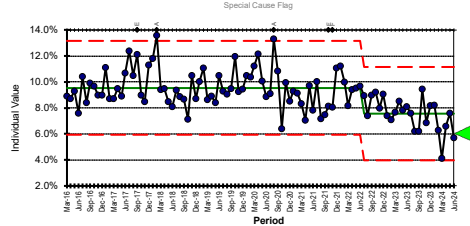
Stillbirths as a % of Total Deliveries



% of Full term babies admitted to NNU



% of women smoking at delivery



Key Performance Indicator	Target	Bench mark	Apr-24	May-24	Jun-24	YTD
Spontaneous Deliveries %	Actual	47%	44.0%	46.0%	40.9%	43.7%
Caesarean Section Rate - total	Actual	41%	45.3%	42.4%	47.3%	44.9%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	*3.0%	2.3%	2.0%	2.3%	2.2%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	*2.8%	3.6%	4.5%	4.3%	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%		5.59%	2.85%	4.14%	4.18%
Bookings before 10 weeks % - booked with UHL (Total)	>77% (UHL Target)	*61%	77.1%	77.9%	77.1%	77.40%
% of women smoking at booking referred (Number of women referred as % of	95%		83%	100%	100%	87%
% of women smoking at delivery	Alert if >6%	8%	6.6%	7.6%	5.7%	7.11%
Still births as %age of Total Deliveries	<0.45%	0.35%	0.61%	0.60%	0.66%	0.62%

*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
- Slight reduction in 3rd and 4th degree tears/perineal trauma
- % of full-term babies admitted to NNU has increased

What Do We Need to Focus On?

- Focus on reducing 3rd and 4th degree tears to include:
 - Obstetric Anal Sphincter Injuries (OASI) care bundle to be re-launched in July in the junior doctors induction
 - Amend the Operative Vaginal Delivery record form to add perineal support.
 - Audit initiated
 - OASI teaching is to be included on the Managing Obstetric Emergencies & Trauma (MOET) 3 yearly course and also on the Operative Vaginal Course
- Continuing development of the Perinatal Insight Dashboard
- Patient Safety Team involvement in the ATAIN process to ensure appropriate review and identified learning
- Close Surveillance & Monitoring - 17 stillbirths (0.7% of births and 0.5% of bookings) have been recorded during Q1, no immediate concerns or themes however cases include care pathways for fetal anomaly, social and complex needs, plus in-utero transfer for specialist care. PMRT reviews are to be conducted to ensure full review of cases and learning.

What Is Going Well?

- Reduction in the number of women smoking at delivery
- All women smoking at booking referred, 100% compliance for the second month running
- Implementation of Saving Babies Lives Care Bundle to improve outcomes (see slide 15)

Where Do We Want To Be?

- Continued reduction in the number of women smoking at booking
- Continued community engagement to promote early pregnancy booking
- Review and understanding of perineal trauma audit to influence learning
- Improved outcomes and achieving the national safety ambition to reduce mortality

Maternity & Neonatal Experience



Family & Friends Test (FFT)	Target	National Benchmark	Apr-24	May-24	Jun-24	2024-25 YTD
Maternity Friends & Family - % of Responses	25%	13%	17.5%	19.0%	17.6%	18.0%
Maternity Friends & Family - % of Promoters	96%	93%	94.0%	95.0%	94.0%	94.6%

Complaints & Concerns	Apr-24	May-24	Jun-24	2024-25 YTD
Maternity	10	7	6	23
Neonatal	2	0	1	3

IN SUMMARY

What Is The Data Telling Us?

- Maternity complaints have decreased compared to previous month
- FFT response rate in May decreased and promoter rate has decreased
- Slide 19/20 outlines the Response Rate Benchmarking: NHSE, UHL is in the upper Quartile when compared to other Providers with the mean for England at 13%

What Is Going Well?

- Collaboration with Trusts patient experience team to improve accuracy of data collection, footfall, and promoter responses
- 4 new iPads received for FFT surveys
- FFT questionnaires for each maternity survey now live in Hindi. Infographic developed for staff to communication
- Feeding support visits being offered routinely on day 3 of the postnatal period
- Face to face meetings more commonplace to support concern and complaint resolution with patients - feedback: more timely, individualised and personable.

What Do We Need To Focus On?

- Continued, monitoring and analysis of complaint and concern themes.
- Empathy training for staff initiated
- MAMA wallets and personalised care plans introduced
- Increase response rate of FFT to meet targets
- Engage and seek out communities who seldom provide feedback and experience poorer outcomes

Where Do We Want To Be?

- Transparent and accessible to women and birthing people who access our services
- Open, empathetic and accountable for patient experiences
- Empowered to learn from incidents and experiences of our services
- 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

June 2024 Update

What Are Staff Telling Us?

Changes to parking arrangements for Telephone Triage staff

What Action are We Taking?

Issue resolved immediately and plans put into place

What Are Staff Telling Us?

Visiting information and terminology requires rephrasing

What Action are e Taking?

QI Matron to liaise with team to ensure visiting policy is in line with BFI standards

What Are Staff Telling Us?

Training for Medical Staff in relation to the new baby tagging system.

What Action are We Taking?

The neonatal managers will cascade training to the medical team. Lead of nursing to ensure staff are compliant to training.

IN SUMMARY

What Is The Intelligence Telling Us?

- Culture in the NHS Maternity Services continues to be highlighted in reports such as the NMC independent review & Birth Trauma Report
- HAPU team meets weekly to address incidents related to tissue viability.
- Nasal septal injuries are a major cause of tissue viability related incidents - education team and the tissue viability lead nurses to cascade education package to wider nursing team.

What Is Going Well?

- Improvements to estates through 15 steps with MNVP continues as we gain funding from NHS grants & Charitable funds.
- Empathy training has been made available for all staff at all levels and in all areas of maternity
- Parent information leaflet in circulation to help them understand the neonatal network structure and the journey their baby will follow once they are ready to step down from intensive care support. Next steps - To provide information within different languages.

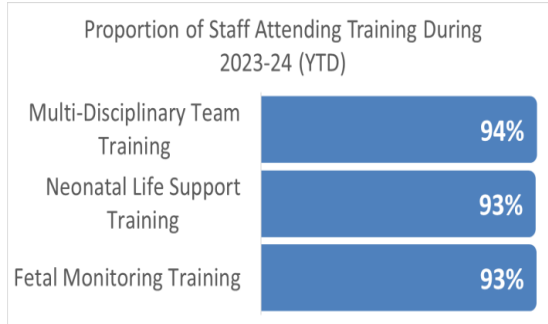
What Do We Need To Focus On?

- Creating a culture of safety and civility through meaningful leadership
- Prescriptions and administration of gentamicin for babies on NNU and PNW focusing on dose, frequency and timely chasing of drug levels

Where Do We Want To Be?

- Continue to engage with clinical staff with more walk arounds and visibility
- Embedding pastoral and psychology care for staff - Pastoral care neonatal matron leading

Workforce Training Summary



Key Performance Indicator	Target	Apr-24	May-24	Jun-24	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	55.0%	67.0%	62%	84.6%
% of All Staff attending NLS Training	90%	56.0%	77.0%	67.0%	85.7%
% of All Staff attending CEFM Training (Theory)	90%	90.0%	85.3%	86.0%	91.4%
% of All Staff attending CEFM Training (Assessment)	90%	90.0%	85.3%	86.0%	91.0%

IN SUMMARY

What Is The Data Telling Us

- **MDT Training Compliance:** Ensuring compliance with MDT training remains a primary focus for the education team. Staff members who have expired or are nearing expiration of their training have been notified
- **Fetal Monitoring Compliance:** Fetal monitoring has seen a slight improvement. Staff members who have expired or are nearing expiration of their training have been notified

What Do We Need To Focus On

- NEWTT2 to be launched on 2nd September 2024
- Monitoring of the training recovery plan
- Training Needs Analysis and CPD opportunities
- MSW Competency Framework
- Recruitment to the Education Team
- Active participants as part of the PSIP programme

What Is Going Well

- The training forecast has allowed the team to ensure an adequate number of training days are available to support MDT training.
- Bank shift support continues to address the shortfall of 3.0 WTE educators within the team.
- Weekly progress meetings between the Education Midwife, CNST Lead, and Deputy Head of Midwifery are ongoing.
- Interviews are scheduled for the positions of Lead Midwife for Education and Practice and Development Midwife.

Where Do We Want To Be

- MIS compliance: 90% compliance achieved across all staff groups by 30 November 2024
- Staff to feel valued and supported with meaningful development plans and training opportunities

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 and CNST compliance database published in May 2024
- NHSR have amended timeframes for certain requirements
- Compliant across areas for June
- Quarterly report presented to Trust Board

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
- Liaising with NHS England; data extract reports generated on scorecard for previous submissions showing errors

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 towards business case with staffing models and reviewing midwifery priorities
- Quality improvement initiative developed with focus on improving early monitoring and early feeding with an aim to reduce admissions for hypoglycaemia.

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. June audit underway.
- Neonatal Workforce action 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 Q1
- Compliance with supernumerary labour ward co-ordinator 100% April, 1 red flag raised in May 2024 (verified as not genuine) 100% June.

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 action plan being progressed
- New requirement for MNVP lead to attend as a member of a Trust Safety and Governance meeting - potential meetings being explored

8. MDT Training

- Focus on increasing compliance rates for MDT clinical training and Basic NLS training - increase noted in June.
- Forecast plan being developed to determine trajectory to achieve 90% target by 30th November and any special measures required
- Focus on facilitating additional training days and ensuring appropriate NLS instructor delivering basis NLS training

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 continue monthly
- Triangulation of claims scorecard with complaint and incident data with executive oversight planned for July 2024

10. MNSI and Early Notification Case Referrals

- 8 cases referred to MNSI as per eligibility criteria and 2 Early Notification case reported to the NHS Resolution between December 2023 - June 2024
- Compliance maintained to date

Saving Babies Lives V3 Progress

Saving Babies' Lives



LMNS assurance reviews continued for element 2, 4 and 6 in May

Compliance with elements 2, 4, and 6 reviewed with final elements due to be reviewed in July

Continued to work with element leads to implement and embed SVBL toolkit

SVBLv3.2 due in July following update on the Growth guidelines by the RCOG

Element 2: Fetal growth restriction 90% compliant

- 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.

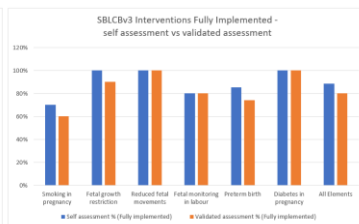
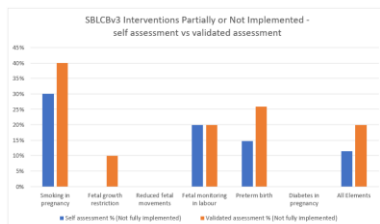
Element 4: Fetal monitoring in labour 80% complaint

- 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.
- Deeper dive around reason why not complaint and outcomes in progress to present in august.
- Introduction of 18 fetal monitoring champions into the clinical areas with additional training

Element 6: Diabetes- 100% compliant

- Audit data now collated to incorporate new guidance.
- Continue to work as a wider MDT to improve care for all women with diabetes

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	Partially implemented	70%	Partially implemented	60%	CNST Met
Element 2	Fetal growth restriction	Fully implemented	100%	Partially implemented	90%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Partially implemented	80%	Partially implemented	80%	CNST Met
Element 5	Preterm birth	Partially implemented	85%	Partially implemented	74%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Partially implemented	89%	Partially implemented	80%	CNST Met



Appendices

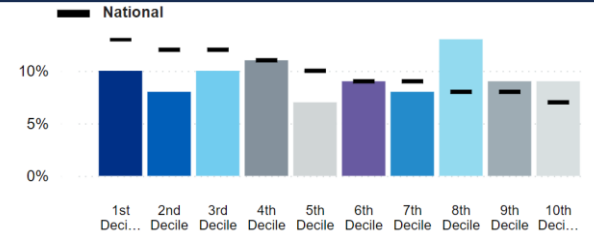
Performance Overview

Benchmarking Outcomes (March 2024 Latest Data)

Index of Deprivation of Mother at Booking.

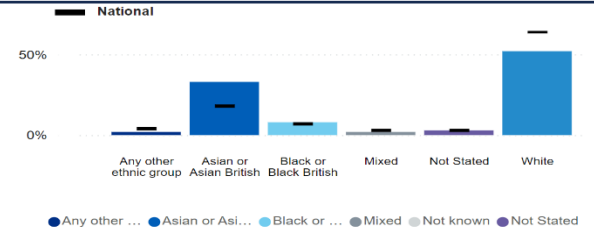
UHL (10%*) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%).

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



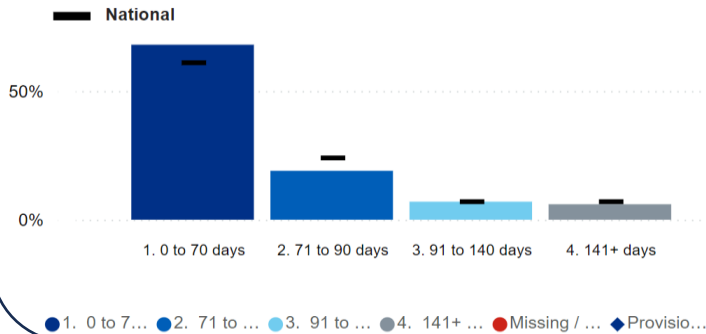
Ethnicity at Booking

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).



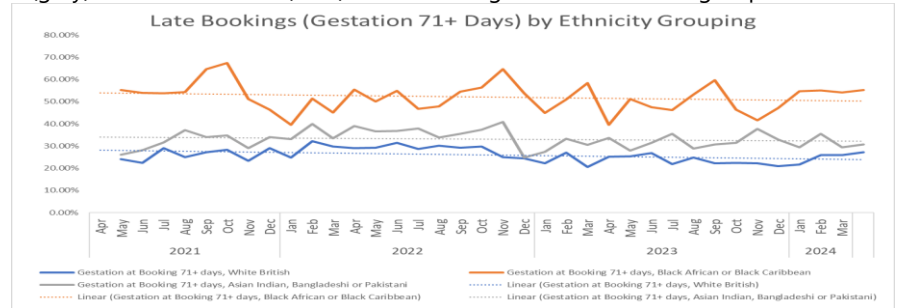
Gestational Age at Booking

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



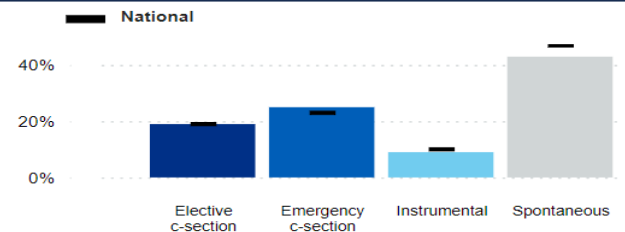
Variation in Late Bookings by Ethnic Group

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

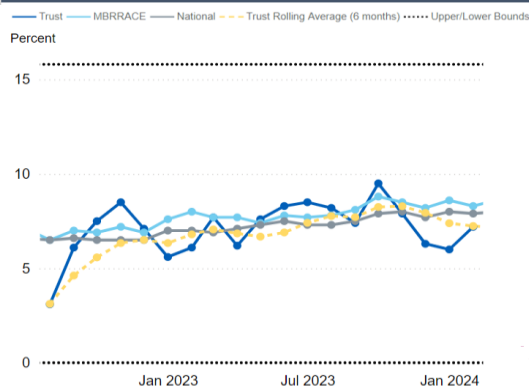
UHL has slightly lower rates of Instrumental Deliveries (7%), Elective C-section (19%) and Spontaneous Deliveries (43%) than the average of all providers nationally (Instrumental 10%, Elective CS 18% & Spontaneous 46% respectively); Emergency C-section (26%) is above the national average (24%).



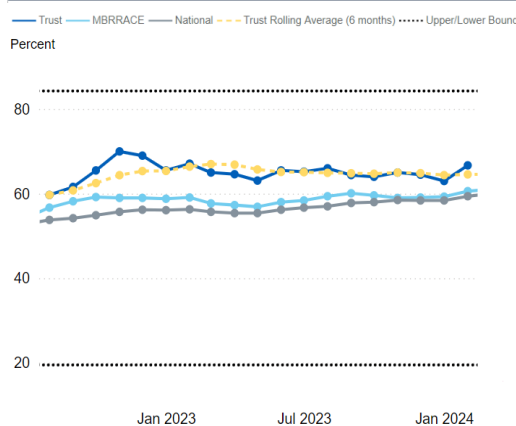
Method of Delivery – Caesarean Section - Further Detail

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

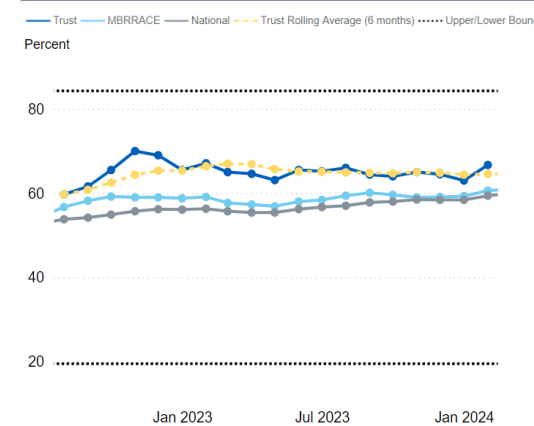
Robson Group One



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>

Performance Overview

Benchmarking Outcomes (April 2024 Latest Data)

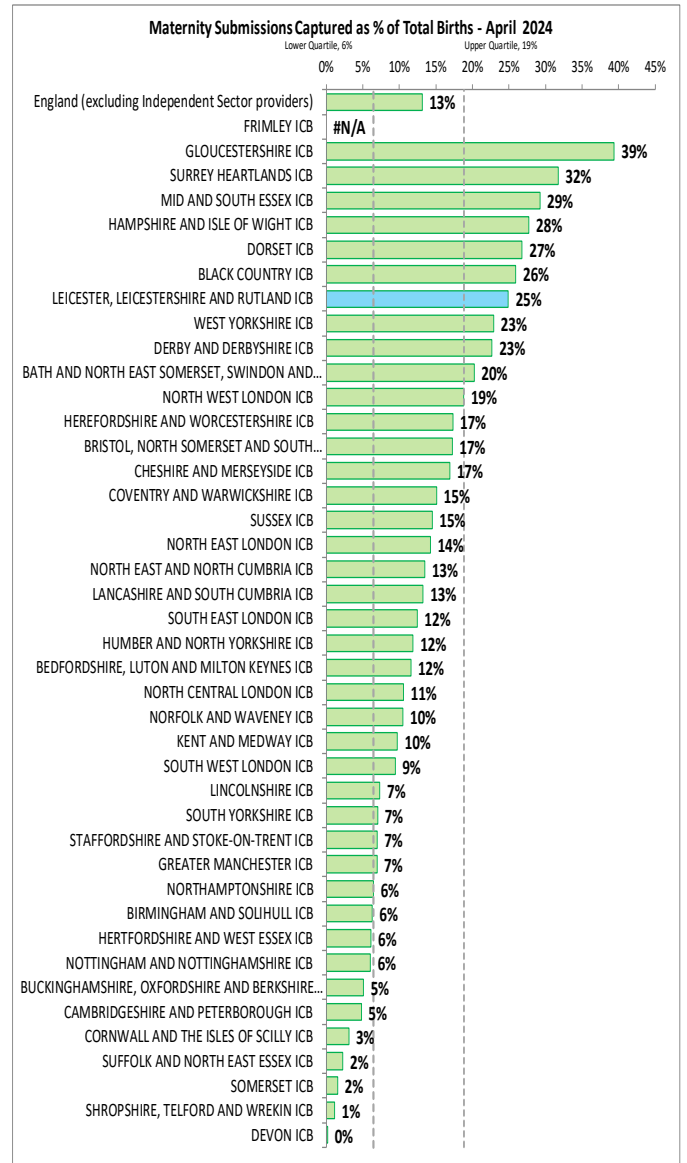
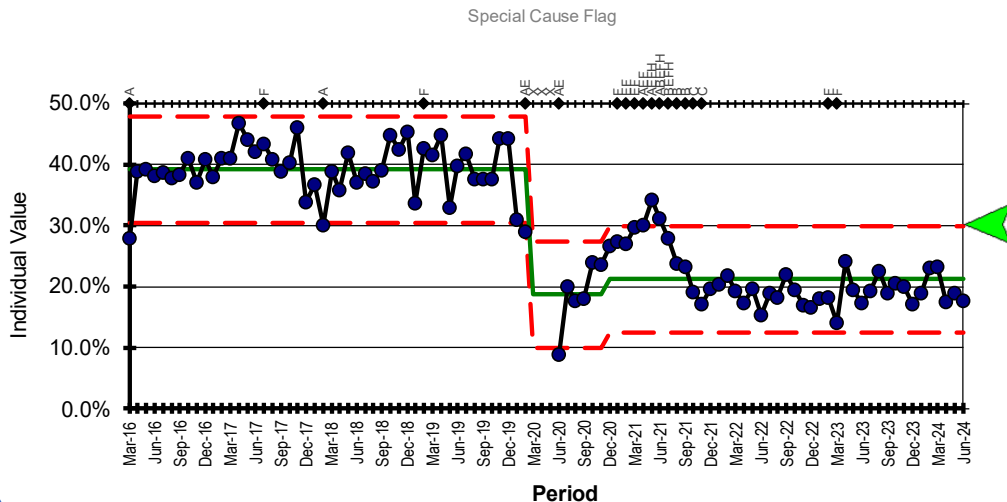
FFT– Maternity % Footfall Captured

Variation has remained within expected limits since Mar 23, when results were significantly below the mean
 Results post COVID appeared to recover towards pre-COVID levels, but since Mar 2021 have declined and are now consistently around the 20% level.
 Mean is significantly below target (adverse). and will remain below target next month; individual results are also very likely to be fall below target (30%) as this coincides with the maximum expected through natural variation. Results will not consistently meet target (if at all) through natural variation; a significant change in process will be required.

Benchmarking – by ICB

LLR (25%) is in the upper Quartile when compared to other ICB's. The mean for England as a whole is 13%

Maternity Friends & Family - % of Potential Responses Captured



Performance Overview

Benchmarking Outcomes (April 2024 Latest Data)

FFT– Maternity % Promoters

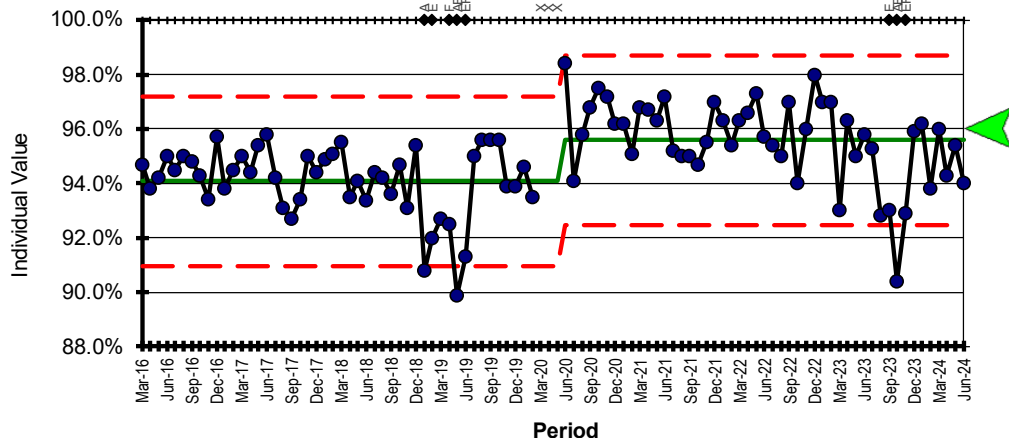
Results have returned to within expected limits since Special Cause – Concern – unusually low result for Oct 23, which was below the minimum level expected for natural variation (92.6%) and was the 2nd lowest result seen. The mean (95.6%) just below target (96%, higher is good)

Benchmarking – by ICB

The LLR (95%) result is very similar to UHL’s (94.3%). LLR is in the interquartile range when compared to other ICB’s. The mean for England as a whole is 93%

Maternity FFT % Promoters

Special Cause Flag



Maternity % Promoters - April 2024 (*= data suppressed)

