

Paper F

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|--|---|--|-----------|---|--------|
| Meeting title: | Trust Board | | | | |
| Date of the meeting: | 9 May 2024 | | | | |
| Title: | Perinatal Scorecard March 2024 | | | | |
| Report presented by: | Julie Hogg, Chief Nurse / Danni Burnett, Director of Midwifery | | | | |
| Report written by: | Danni Burnett, Director of Midwifery / Jonathan Cusack, Clinical Director | | | | |
| Action – this paper is for: | Decision/Approval | | Assurance | X | Update |
| Where this report has been discussed previously | | | | | |

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

Purpose of the Report

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

The scorecard includes 5 areas of focus:

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

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

Summary

Midwifery vacancy rate continues to improve (currently at 7.6%) as a result and 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.

Submission of full compliance for Maternity Incentive Scheme as part of the NHS Resolution Maternity Incentive Scheme and progress continues with implementing the Saving Babies Lives Care Bundle v3 at 73%.

The Perinatal Safety Improvement Programme (previously described as the Maternity and Neonatal Safety Improvement Programme) continues to bring together all quality improvement initiatives in addition to maintaining oversight of regulatory and national recommendations.

A new Perinatal Insights Dashboard is being created to ensure UHL are focusing on outcomes and impact of quality improvement initiatives, this includes focus on prevention and population health. The dashboard will be phased in during Quarter 1 (2024/2025).

Recommendation

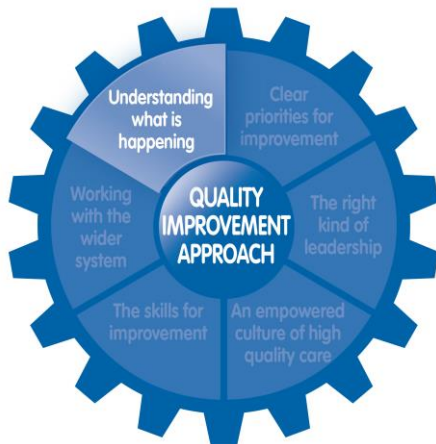
The Trust Board are asked to:

- Be assured by the progress made to date and support the plans for improvement.



Perinatal Quality Assurance Scorecard

March 2024



Contents



Overall
Summary



Workforce



Safety



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance

MARCH 2024



*Data to Feb 2024 (all staff groups)

Perinatal Quality Scorecard Summary (March 2024)



Overview

In March, University Hospitals of Leicester (UHL) reported 810 babies were born with 47.1% born by Caesarean Section which is a slight increase compared to previous months and above the year average. Induction of Labour rates remain at an average 30.8%. Workforce gaps closing with improving periods operating in OPEL Green. Safety Champion Walkarounds continued throughout the month. A *New* Perinatal Insight Dashboard is under development with plans for introduction to commence Q1 2024/2025

Quality & Safety

We continue joint efforts with the Maternity & Neonatal Voice Partnership (MNVP) to engage at-risk groups in the City as part of accessing maternity services earlier. We also have plans to roll out the healthy start vitamins to all pregnant women to improve outcomes in pregnancy. 1 referral to Maternity & Neonatal Safety Investigation (MNSI). There were 24 moderate incidents, 9 of which relates to post-partum haemorrhage, with rapid reviews underway. PSIRF training has commenced ready for the roll out of PSIRF in April

Workforce

Successful midwifery recruitment across all sites, with the Leicester General Hospital almost fully recruited. Further 57 midwives recruited and due to commenced within the next 6 months. Obstetric Consultant vacancy improving with active recruitment underway. 7 Neonatal Nurses undertaking the QIS programme working to achieve compliance against BAPM standards.

Experience

10 complaints received with a positive increase in the Friends & Family Test (FFT) scoring (96%) and coverage rates. Positive feedback continues to be received on the new IOL pathway and the extension of partner visiting continues.

Training

Multidisciplinary training continues to be a priority All staff are booked on to training during Q1 2024/2025 to rectify reduced training (as planned) during Q4. Weekly learning sessions continue for fetal monitoring focusing on escalation

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

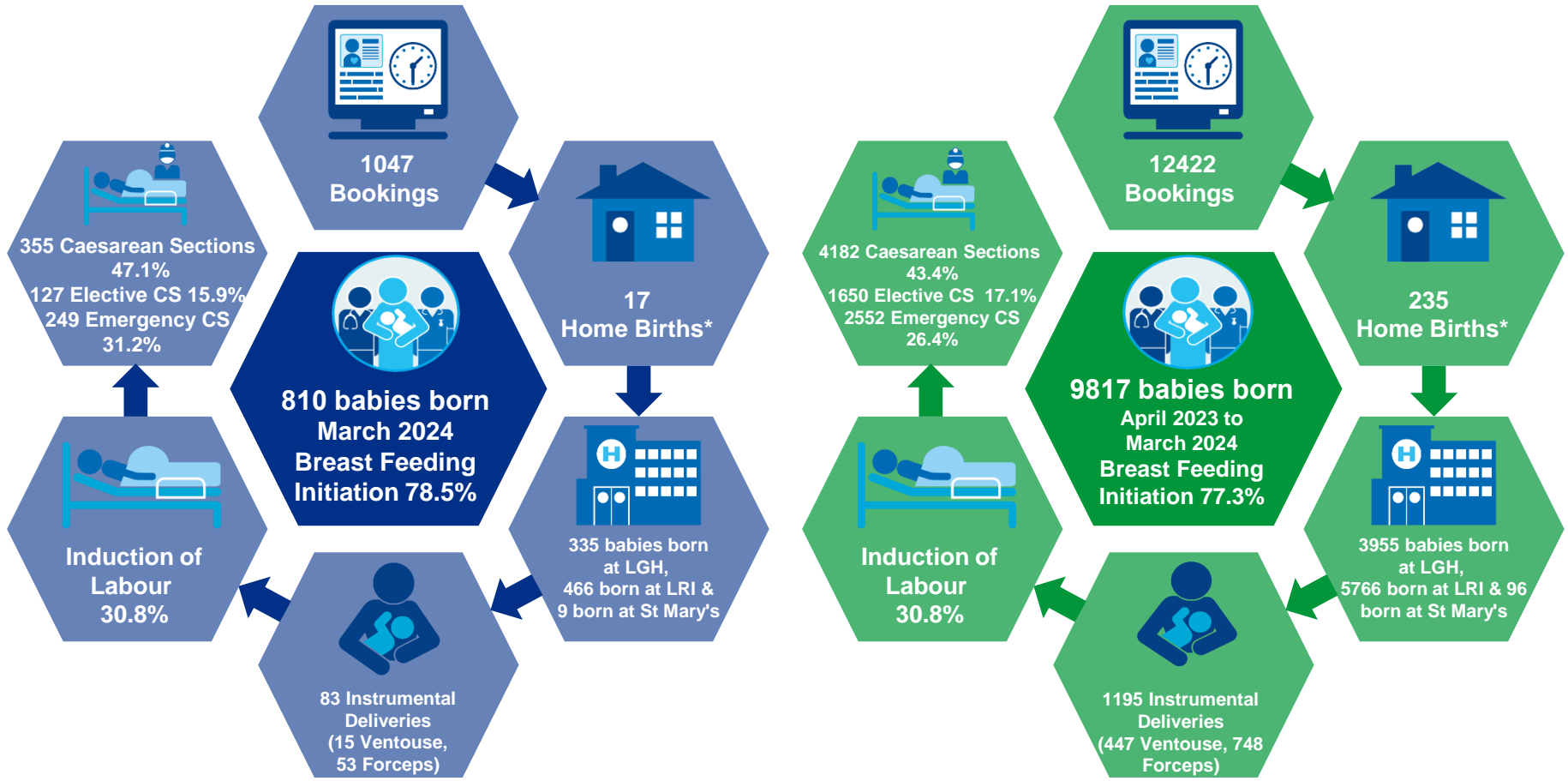
Outcome

Significant perineal trauma cases have increased to 3.7% which is higher than the average year to date - a lithotomy Quality Improvement challenge is commencing April 2024. Major obstetric haemorrhage over 1500ml is in line with the yearly average at 2.6%. The number of term babies admitted to the neonatal unit is higher for the second month at 6.35% and the number of stillbirths as a percentage of total deliveries has reduced to 0.25% against a yearly average of 0.51%. There has been a significant reduction in numbers of women smoking at delivery to 4.1%.

Overall Summary Maternity Activity



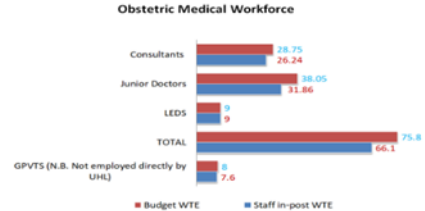
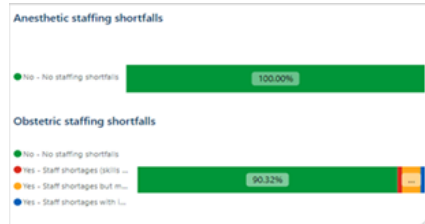
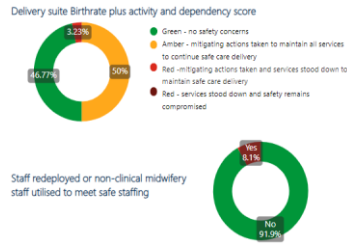
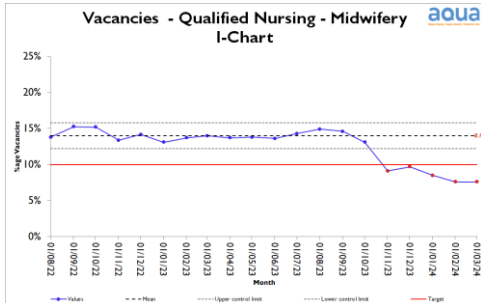
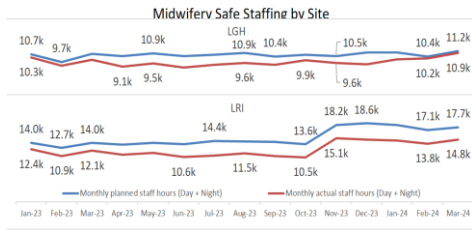
During March 2024 (on average) 34 antenatal bookings were made and 26 babies were born per day



Orchard Birth Centre deliveries (LRI) March: 63, YTD: 696
 Meadows Birth Centre deliveries (LGH) March: 46 YTD: 485
 Delivery Suite deliveries (LRI & LGH) March: 673 YTD: 8255

Homebirth Rate 2.1% (2023-24 YTD 2.4%)
 * Inclusive of homebirths and babies born before arrival (BBA)

Workforce (Maternity)



IN SUMMARY

What Is The Data Telling Us?

- Staff redeployment has increased slightly to 8.1%, but actual staffing levels are improved on both of the acute hospital sites.
- The number of reportable red acuity scores for delivery suite remains low for the whole quarter with March being 3.23%
- Successful recruitment of midwives resulting in a significant vacancy reduction at the LGH has closed the gap for planned v's actual staffing
- Obstetric and anesthetic shortfalls significantly improve from previous month with no obstetric shortfalls at 90% compared to 63% the previous month, and 100% for anesthetics compared to 88%

What Do We Need To Focus On ?

- Continue to develop and flex workforce plan high level actions through the improvement programme workstreams including how we improve engagement and retention across the CMG
- Use the findings of the Birthrate Plus® recommendations around Midwifery establishments to support the current business case for additional clinical ward- based staffing in maternity
- Continued recruitment into Band 7 clinical roles to increase leadership.
- Await Employee Relation support for further self-rostering roll out following positive feedback from staff
- Actions to be determined as part of the staff survey results once received.
- We need to focus on supportive sickness absence management processes being embedded
- Strength based/routine shadowing (Governance)

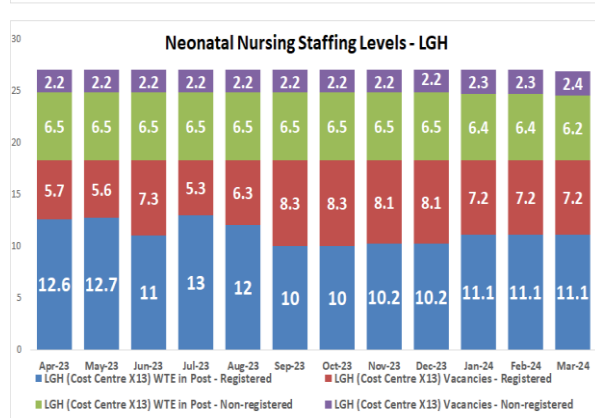
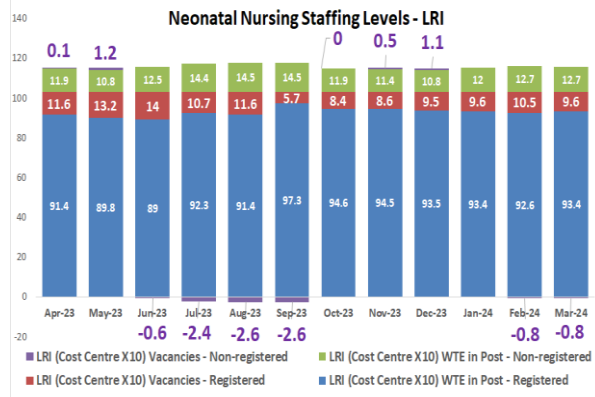
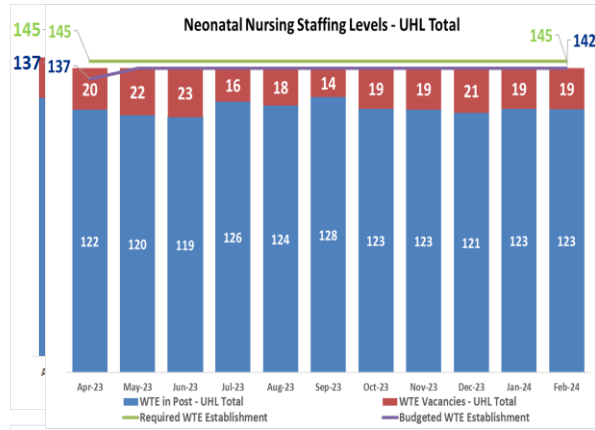
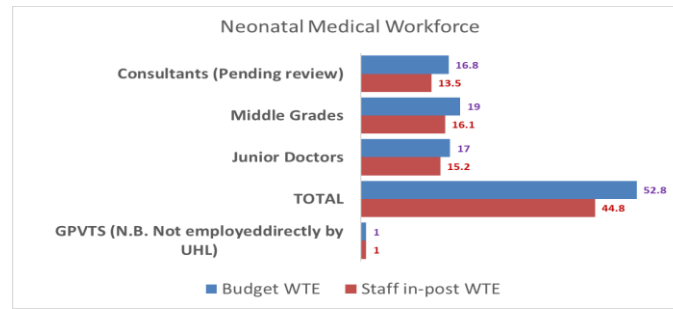
What Is Going Well?

- Recruitment of new midwives –to all sites
- Continued improvement of Safe Redeployment for UHL compared to the Regional position
- Turnover rate of Midwives is reducing with levels below the Trust Target of 10% at 3.64% following month on month reductions since it was 5.12% in September.
- Launch of Professional Midwifery & Nursing Forum with positive feedback
- Plan for Matron support to be enhanced through Matron of the Day

Where Do We Want To Be?

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

Workforce (Neonatology)



IN SUMMARY

What Is The Data Telling Us?

- Neonatal nurses in post has increased slightly at LRI, remains static at LGH.
- Rolling recruitment continues and interviews are scheduled for May for Senior nurses and Nursery Nurses.
- Current Qualified in Speciality (QIS) nurses account for over 53% of the registered nurses against BAPM standard of 70%; this is an improving position.
- Further nurses due to complete the QIS courses

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
- Plan to increase clinical band 7 workforce to two staff per shift (LRI site) and recruitment underway.
- Improved collaborative working across medical and nursing workforce
- Good working relationships between sites

What Do We Need To Focus On?

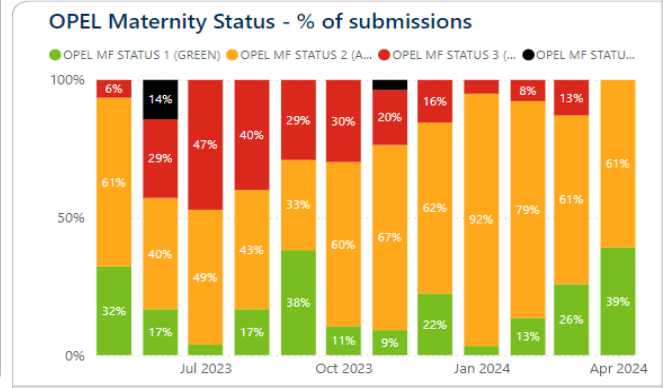
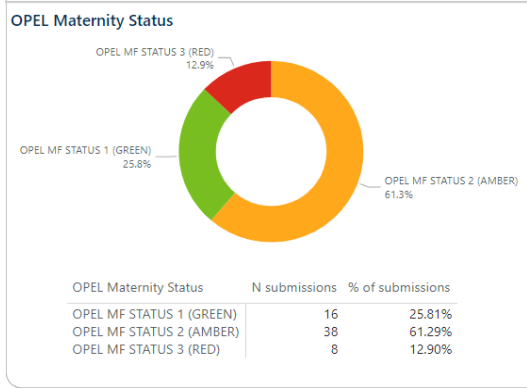
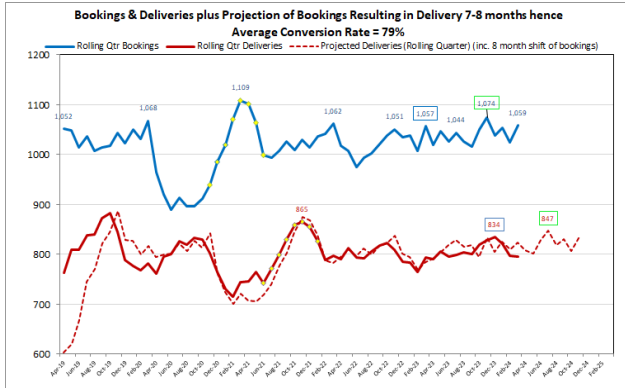
- Continue Recruitment campaign to attract external QIS Nurses and to continue to actively support internal NNU nurses to attend QIS course to increase our BAPM compliance.
- Internal pipeline of 16 QIS training places each year
- Development of package for Band 5 QIS nurses to progress to vacant Band 6 posts
- Empowering voices feedback – focus on leadership, staffing levels and education.
- Review skills/experience of our internationally educated nurses to fast track onto QIS programme where appropriate
- Current advert out for substantive neonatal consultant and one locum consultant neonatal post

Where Do We Want To Be?

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

Overall Summary

Operational Activity (March 2024)



IN SUMMARY

What Is The Data Telling Us?

- 0 episodes of Opel 4 status declared in the month of March
- An increase of 5% of the service operating in OPEL Level 3 compared to the previous month
- Service suspensions and diversions did see an increase
- 96.7% of women requiring one to one care was provided with a total of 3.23% where redeployment from other areas were made to ensure this was met

What Is Going Well?

- Induction of Labour (IOL) App now in use for daily planning and prioritization.
- Continue to deliver the elective activity with planning of additional theatre lists.
- Achieving one to one care for women in labour.

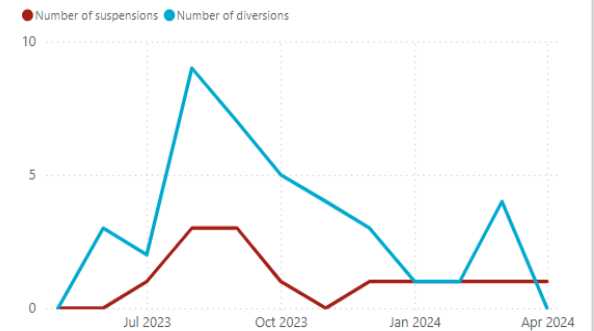
What Do We Need To Focus On?

- Escalation policy to be fully embedded across service.
- Continuing recruitment of medical and midwifery staffing with high quality preceptorship packages
- Opening of the Day Assessment Unit to support management of surges in activity

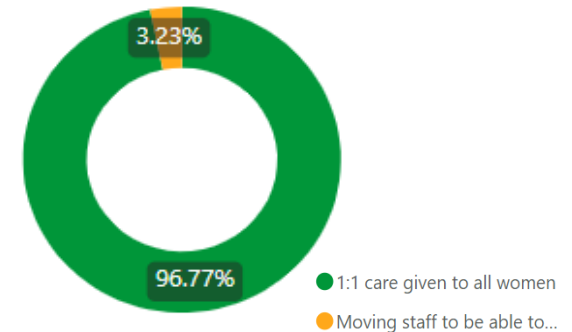
Where Do We Want To Be?

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

Service suspensions and diversions



1:1 care given to all women in established labour



Safety Incident Reporting



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

* Safety Recommendations are based on date of Report completion

| March 2024 |
|------------------------------|
| 1 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 March 2024
- 1 case referred to MNSI and 27 Moderate Incidents (one of which has been rejected due to being a training test incident). No immediate concerns / actions following rapid reviews.
- Of the 27 Moderate incidents 21 related to major haemorrhage and perineal trauma.
- Perineal trauma has increased in accordance with average year to date data, and MOH over 1500mls is in line with the yearly average data.
- Term babies admitted to NNU has increased for the second month (@6.35%)

What Do We Need To Focus On?

- Ongoing review of 3rd and 4th degree tears and PPH to identify any trends/themes. Lithotomy challenge to be launched.
- Monitoring of action plans to ensure compliance; completion and assurance of effectiveness
- Ongoing PSIRF training and roll out of PSIRF
- Planning and focus on PSIRF priorities – MOH, inequalities, and deteriorating patient

What Is Going Well?

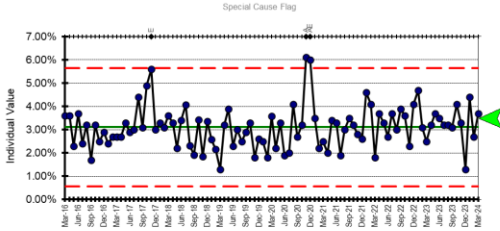
- Timely rapid reviews and After-Action Reviews
- Robust Datix Recovery Plan in progress and overdue Datix incidents are reducing
- Number of Safety Recommendations Reducing Year on Year (MNSI)

Where Do We Want To Be?

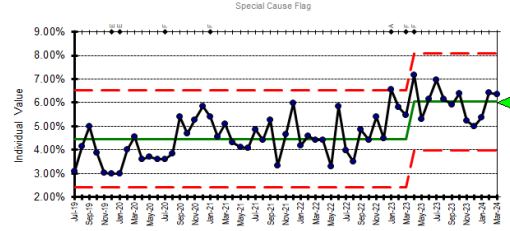
- Reduction in overdue Datix with timely learning cascaded to staff
- PSIRF; methodologies embedded into practice
- A safety culture which is open, transparent, putting the families and staff at the heart of learning and driving forward improvements

Safety Maternity Clinical Outcomes

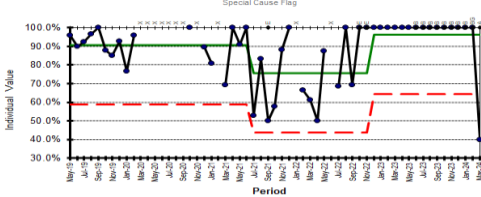
% 3rd & 4th degree tears (as a % of total vaginal deliveries)



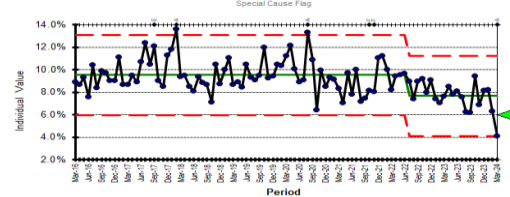
% of Full term babies admitted to NNU



% of women smoking at booking referred



% of women smoking at delivery



| Key Performance Indicator | Target | Jan-24 | Feb-24 | Mar-24 | YTD |
|--|-------------------|--------|--------|--------|--------|
| Spontaneous Deliveries % | Actual | 43.7% | 50.1% | 43.1% | 45.2% |
| Caesarean Section Rate - total | Actual | 43.9% | 45.6% | 47.1% | 43.4% |
| % Blood loss greater than 1500 ml (as a % of total deliveries) | Alert if >3.6% | 2.2% | 3.3% | 2.6% | 2.7% |
| % 3rd & 4th degree tears (as a % of total vaginal deliveries) | Alert if >3.6% | 4.4% | 2.7% | 3.7% | 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% | 5.38% | 6.43% | 6.35% | 6.03% |
| Bookings before 10 weeks % - booked with UHL (Total) | >77% (UHL Target) | 75.7% | 74.8% | 76.6% | 76.60% |
| % of women smoking at booking referred (Number of women referred as % of) | 95% | 100% | 100% | 40% | 97% |
| % of women smoking at delivery | Alert if >6% | 8.2% | 6.3% | 4.1% | 7.30% |
| Still births as %age of total Deliveries | <0.45% | 0.87% | 0.64% | 0.25% | 0.51% |

*UHL KPIs do not exactly match National Comparator

IN SUMMARY

What Is The Data Telling Us?

- Efforts continue to ensure bookings are timely with a focus on families within the City
- Increase in 3rd and 4th degree tears however statistically YTD not an outlier – further work required to understand themes via rapid reviews
- Significant reduction in numbers of women smoking at delivery to 4.1% against a year-to-date average of 7.3%, with increased uptake in incentive scheme for women
- The percentage of women smoking at booking referred has reduced to 40%, when this is usually at 100% - a review of data has been initiated.

What Do We Need To Focus On?

- Perinatal Mortality Lead to review all stillbirth cases in addition to PMRT with close surveillance on trends, update expected as part of end of Quarter reporting
- Need to understand the significant reduction in referrals of smoking women at booking in March
- Close surveillance on perineal trauma and OASI care bundle. Implementation of the pelvic health initiatives
- Perinatal Insight Dashboard in development to inform trends and local on all aspects of UHL outcomes, this include a focus on national KPIs and comparators
- Provision of healthy start vitamins to pregnant people to support better outcomes.

What Is Going Well?

- PMRT Lead Midwife now in post (January 2024)
- Pelvic Health clinic funding secured for 18 months, Lead Midwife & Lead Physio to be recruited

Where Do We Want To Be?

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

Maternity & Neonatal Experience



| Family & Friends Test (FFT) | Target | Jan-24 | Feb-24 | Mar-24 | YTD |
|---|--------|--------|--------|--------|-------|
| Maternity Friends & Family - % of Responses | 25% | 18.9% | 23.1% | 23.2% | 20.4% |
| Maternity Friends & Family - % of Promoters | 96% | 96.0% | 93.8% | 96.0% | 94.5% |

CQC Maternity Survey 2023

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

| Complaints & Concerns | Dec-23 | Jan-24 | Feb-24 | Mar-24 | YTD |
|-----------------------|--------|--------|--------|--------|-----|
| Maternity | 6 | 8 | 11 | 6 | 131 |
| Neonatal | 0 | 1 | 0 | 0 | 7 |

IN SUMMARY

What Is The Data Telling Us?

- Number of maternity complaints has reduced
- Zero neonatal complaints received in the reporting month
- Response rate increased although target (%) for FFT not met in March and the promotor rate has increased in line with the target
- NNU have only 5% FFT coverage against the 30% target
- Postnatal care and staff culture must be priorities for improvement through the maternity and neonatal improvement programme
- Alignment between the findings of the CQC Maternity Survey and local insights and intelligence – postnatal care, access / referral to perinatal mental health, involvement, and feeding support

What Do We Need To Focus On?

- Progressing actions in response to the CQC maternity experience survey results (2023)
- Professional Midwifery and Nursing Forum scheduled for April to launch the Trust Values and behaviours framework with Ward/Dept Leaders.
- Need to improve our feedback from our Neonatal services
- Need a plan to implement the STORK Leicester Mammias to enhance postnatal feeding support

What Is Going Well?

- Collaboration with 'Heads Up' to introduce 'Bumps to Baby' sessions for free antenatal classes within Leicester City following CQC maternity survey and MNVP feedback
- Increased visiting times throughout maternity and neonatal units
- Delivery suite and ward areas at LGH have been re-decorated and low lighting secured
- Birth preferences cards developed to facilitate conversations about birth planning
- MNVP 15 steps reviews – good progress against actions
- We are reviewing staffing levels on postnatal wards to improve post-natal support to women.

Where Do We Want To Be?

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

Maternity & Neonatal Feedback (Staff)



Safety Champion Feedback

March 2024 Update

What Are Staff Telling Us?

No safety concerns raised in maternity this month

What Action are We Taking?

Continued Safety Walkarounds, bimonthly Teams meetings and Safety Champion presence to encourage staff feedback

What Are Staff Telling Us?

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

What Action are We Taking?

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

IN SUMMARY

What Is The Intelligence Telling Us?

- Staffing numbers on shift continues to be at establishment at LGH
- Documentation continues to be a focus for improvement specifically in the community and use of multi systems
- Improving clinical areas – decoration and noticeboard areas

What Is Going Well?

- A structured Safety Walkaround programme is now in place bimonthly. Informal safety walkarounds take place in between.
- Collaboration with the Single Point of Contact workgroup has established a streamlined communication process, out of hours, for Community and telephone triage
- Refocus on antenatal and postnatal ward staffing numbers with plans to increase support staff to improve experience

What Do We Need To Focus On?

- Estates continues to be a priority, following the 15 steps report
- Strengthen cot side teaching to improve staff confidence and morale
- Visibility of managers and matrons with plans to introduce matron of the day for the CMG

Where Do We Want To Be?

- Connectivity to be improved in community to allow staff to complete electronic documentation
- Action cards for staff to ensure escalation is consistent and fully embedded

Saving Babies Lives v3 Progress

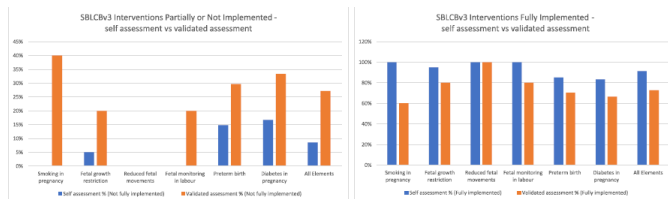
Saving Babies' Lives



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

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

| Observation Elements | Description | Element Progress Status (Self assessment) | % of Interventions Fully Implemented (Self assessment) | Element Progress Status (LMNS Validated) | % of Interventions Fully Implemented (LMNS Validated) | NHS Resolution Maternity Incentive Scheme |
|----------------------|----------------------------|---|--|--|---|---|
| Element 1 | Smoking in pregnancy | Fully implemented | 100% | Implemented | 60% | CNST Met |
| Element 2 | Fetal growth restriction | Partially Implemented | 95% | Partially Implemented | 80% | CNST Met |
| Element 3 | Reduced fetal movements | Fully Implemented | 100% | Implemented | 100% | CNST Met |
| Element 4 | Fetal monitoring in labour | Fully Implemented | 100% | Partially Implemented | 80% | CNST Met |
| Element 5 | Preterm birth | Partially Implemented | 85% | Partially Implemented | 70% | CNST Met |
| Element 6 | Diabetes | Implemented | 89% | Partially Implemented | 67% | CNST Met |
| All Elements | TOTAL | Implemented | 91% | Implemented | 73% | CNST Met |



Element 1: Smoking in pregnancy

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

Element 2: Fetal growth restriction

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

Element 3: Reduced fetal movements

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

Element 4: Fetal monitoring in labour

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

Element 5: Preterm birth

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

Element 6: Diabetes

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

Appendices

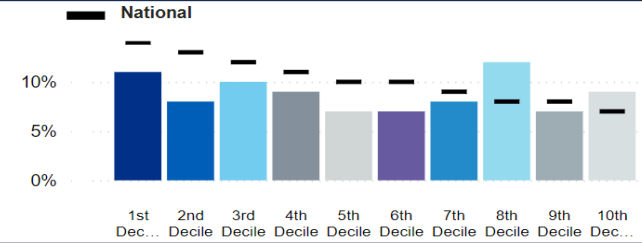
Performance Overview

Benchmarking Outcomes (February 2024 Latest Data)

Index of Deprivation of Mother at Booking.

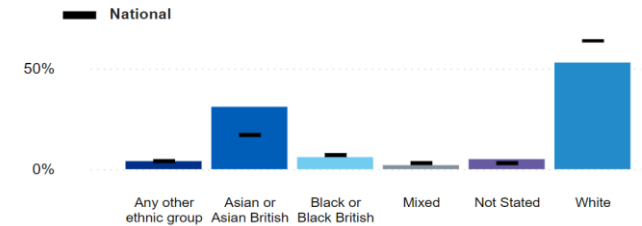
UHL (11%*) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%).

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



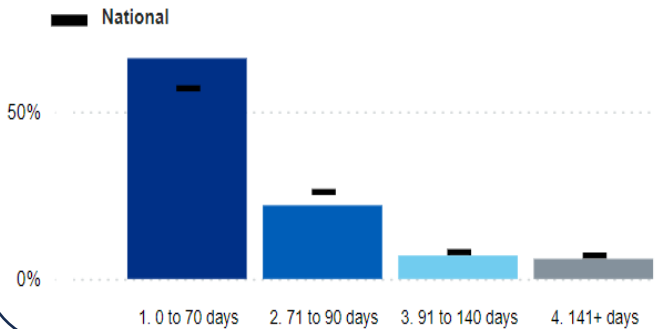
Ethnicity at Booking

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).



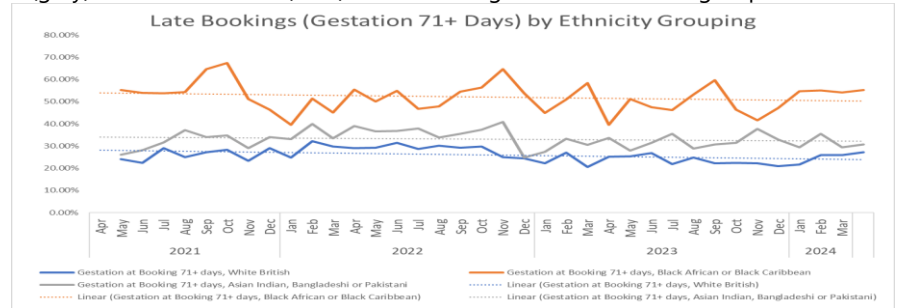
Gestational Age at Booking

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



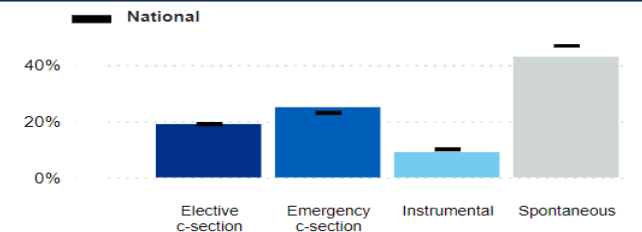
Variation in Late Bookings by Ethnic Group

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

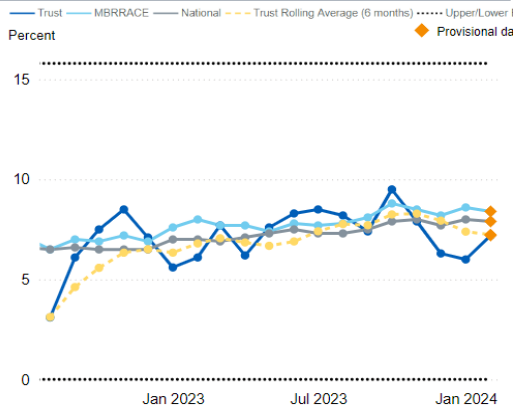
UHL has slightly lower rates of Instrumental Deliveries (8%), Emergency Section (26%) and Spontaneous Deliveries (43%) than the average of all providers nationally (Instrumental 10%, Em CS 24% & Spontaneous 47% respectively); Elective CS (19%) is the same as the national average.



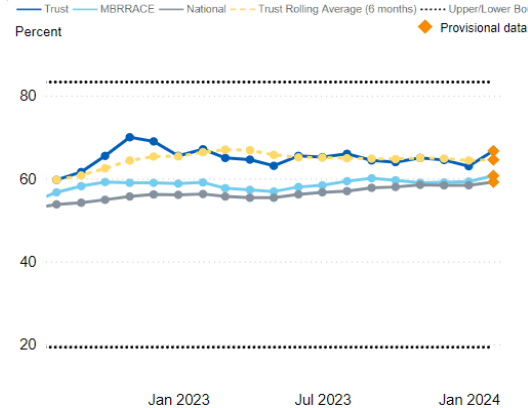
Method of Delivery – Caesarean Section - Further Detail

| 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 |

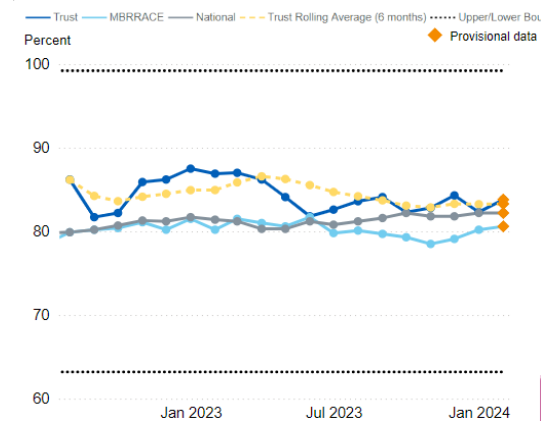
Robson Group One



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>