

Public Trust Board paper F

Meeting title:	Trust Board				
Date of the meeting:	8 February 2024				
Title:	December 2023 Perinatal Quality Surveillance Scorecard				
Report presented by:	Julie Hogg, Chief Nurse / Danni Burnett, Director of Midwifery				
Report written by:	Bex Calladine, Head of Midwifery / Bhavna Mapara, Senior Project Manager				
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
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

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.

Midwifery vacancy rate continues to remain below 10% and episodes of care in negative acuity has improved. Work is progressing on the Induction of Labour (IOL) quality improvement project with a focus on improving timeliness and experience for families.

Recommendations

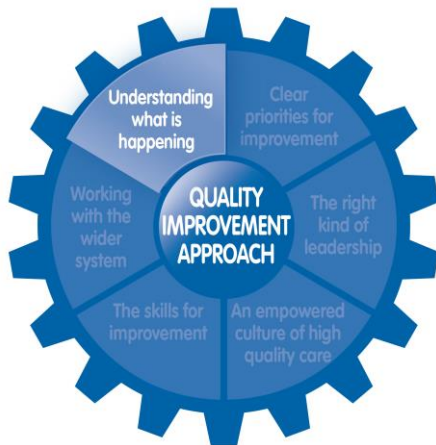
The Trust Board is asked to:

- Be assured by the progress made to date and support the plans for improvement.
- To note work is in progress to continue to develop the perinatal quality scorecard in line with NHR Maternity Incentive Scheme



Perinatal Quality Assurance Scorecard

December 2023



Contents



Overall
Summary



Safety



Workforce



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance

DECEMBER 2023



*(all staff groups)

Perinatal Quality Scorecard Summary (December 2023)



Overview

In December, University Hospitals of Leicester (UHL) reported 824 births, maintaining a consistent 43% caesarean section rate for the third consecutive month. The month also saw 942 new pregnancies being booked, alongside an increase in spontaneous births and a decrease in third and fourth-degree tears. Overall activity remained stable compared to previous months. Successful recruitment campaigns across clinical areas led to a significant improvement in midwifery vacancy rates now below 10%. A new Induction of Labour (IOL) pathway has been met with positive early feedback, with a consistent 3month reduction on delays. Progress is underway to ensure compliance with the Maternity Incentive Scheme (NHSR), and efforts are being made to implement the Saving Babies Lives Care Bundle v3.

Quality & Safety

A delay in booking by 11 weeks and 6 days persists, prompting joint efforts with Maternity & Neonatal Voice Partnership (MNVP) to engage at-risk groups in the city. Notably, all pregnant smokers are being referred to stop smoking services, reflecting a proactive approach to support maternal health. No serious incidents were declared in December 2023. All MNSI action plans are up to date and have been incorporated into the Maternity and Neonatal Improvement Plan.

Workforce

Newly recruited Registered Midwives have initiated their onboarding processes. Staff fill rates per hour persist at a consistent level compared to the previous month. This stability reflects the positive effects of reduced vacancies and effective workforce planning during the Christmas holidays. 5 nurses completed the QIS training programme in December 2023 with a further 7 due to finish May 2024.

Experience

Zero complaints received for neonatal and 11 for maternity services themed around the management of care during labour (IOL delays), Staff attitude (post-natal care and scanning experience) and communication (lack of patient information). Positive feedback on the new IOL pathway.

Outcome

In December, there was a decrease in the number of babies admitted to the neonatal unit, and women having perineal trauma or major obstetric haemorrhage. Emergency Caesarean Sections (25%) align closely with the national average

	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

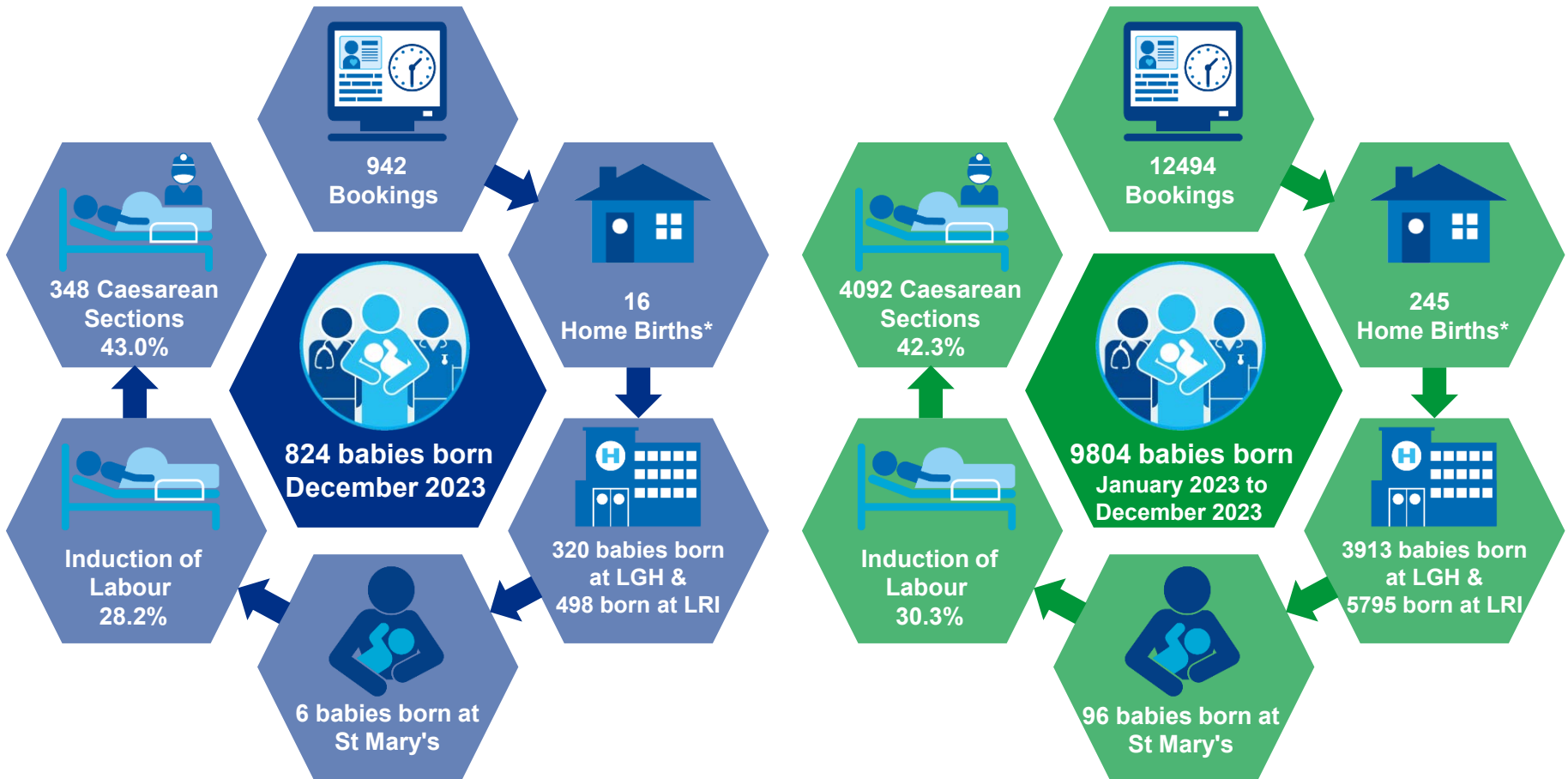
Training

Multidisciplinary training continues to be compliant as per Maternity Incentive Scheme (Safety Actions) plus Saving Babies Lives Care Bundle v3. Weekly sharing of case reviews to draw learning from fetal monitoring scenarios; focus on the importance of escalation where fetal wellbeing is a concern

Overall Summary Maternity Activity



During December 2023 (on average) 30 antenatal bookings were made and 27 babies were born per day

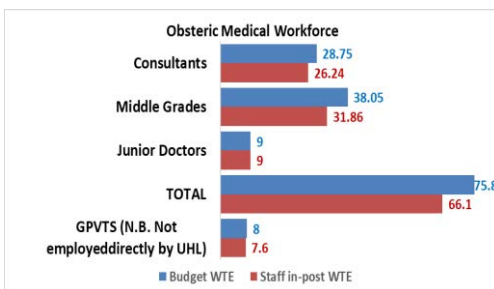
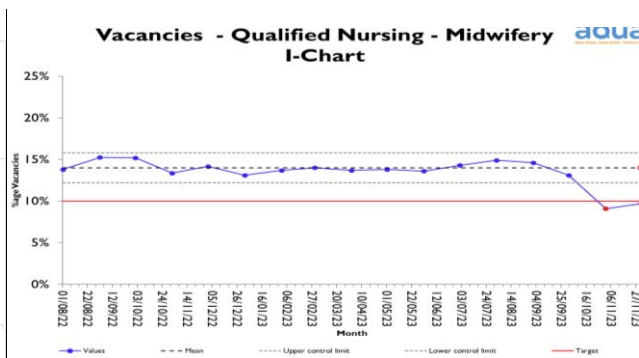
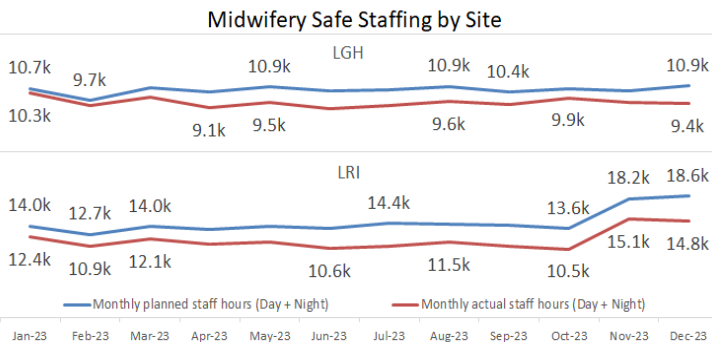


Homebirth Rate 2.0% (2023-24 YTD 2.6%)
 * Inclusive of homebirths and babies born before arrival (BBA)

Workforce (Maternity)



		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Midwifery Safe Staffing (LGH, Registered)	Total monthly planned staff hours (Day + Night)	10,464	10,860	10,479	10,640	10,889	10,416	10,661	10,480	10,948
	Monthly actual staff hours (Day + Night)	9,102	9,524	9,966	9,312	9,598	9,359	9,930	9,580	9,409
Midwifery Safe Staffing (LRI, Registered)	Monthly planned staff hours (Day + Night)	13,518	14,009	13,627	14,445	14,304	14,203	13,633	18,215	18,623
	Monthly actual staff hours (Day + Night)	11,204	11,610	10,597	10,995	11,529	10,878	10,520	15,063	14,787



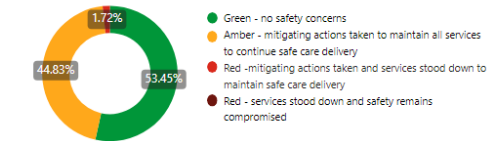
Anesthetic staffing shortfalls



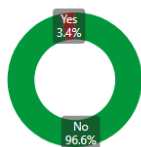
Obstetric staffing shortfalls



Delivery suite Birthrate plus activity and dependency score



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



IN SUMMARY

What Is The Data Telling Us?

- Significant reduction in staff redeployment compared to previous reporting month (18.2% reported during November compared to 3.4% for December) . The number of reportable red acuity scores for delivery suite also improving.
- Slight increase in anaesthetic and obstetric shortfalls for the month with Industrial Action as a contributing factor.
- Successful recruitment of midwives resulting in a significant reduction in the vacancy rate below 10% - LGH working towards closing the gap planned v's actual with active recruitment for LRI
- Stretch target of improving student midwife conversion rate achieved
- Consultant vacancy rate remains static in month however all posts have now been recruited to

What Do We Need To Focus On ?

- Continue to develop and flex workforce plan high level actions through the improvement programme workstreams
- Recruitment into the Safe Staffing Matron vacant post
- Continued recruitment into Band 7 clinical and non-clinical roles
- Collate formal feedback from staff around self- rostering and embed any actions

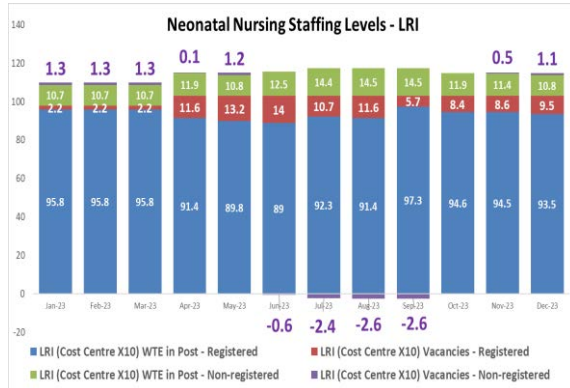
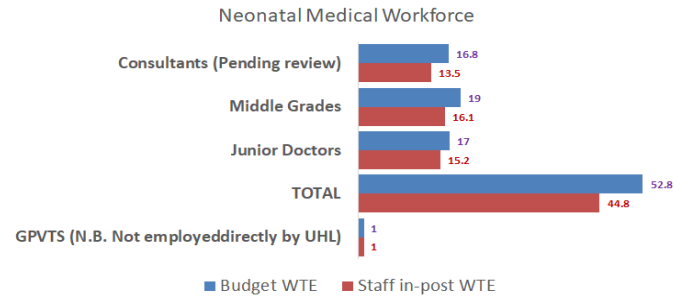
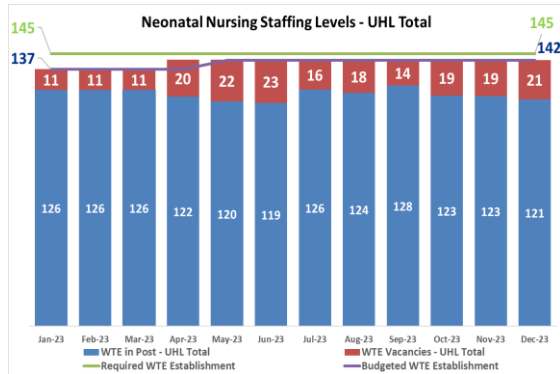
What Is Going Well?

- Recruitment of new midwives
- Continued improvement of Safe Redeployment for UHL compared to the Regional position
- Midwifery turnover rate remains below national average
- Workplans amended to respond to Industrial Action
- With onboarding of additional new recruits expected in new year, position likely to improve further

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 nurse vacancy rate is currently 21.2% (25.75wte) with non-registered at 4.51wte
- Current Qualified in Speciality (QIS) nurses account for over 50% of the registered nurses against BAPM standard of 70%; this is an improving position

What Is Going Well?

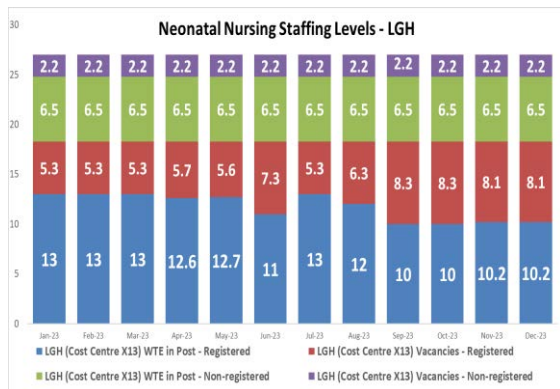
- Increase in nursery nurse team to access associate nurse training
- 2 new matron posts appointed: Recruitment, Retention & Pastoral Care
- Plan to Increase Clinical Band 7 workforce to 2 per shift
- Improved collaborative working across medical and nursing workforce
- Newly appointed unit manager at the LRI

What Do We Need To Focus On?

- Recruitment campaign to attract external QIS Nurses; including continued rolling QIS programme recruitment to increase our BAPM compliance
- Internal pipeline of 16 QIS training places each year
- 5 nurses completed the QIS training programme in December 2023 with a further 7 due to finish May 2024
- Development of package for Band 5 QIS nurses to progress to Band 6 (in progress)

Where Do We Want To Be?

- Improving staff retention within the service
- Using the CRG workforce tool to support incremental workforce expansion to reach a capacity of 48 cots
- Increase in QIS trained nurses to meet BAPM standards
- Have a clear trajectory of nurse, medical, and AHP recruitment to close vacancy gap

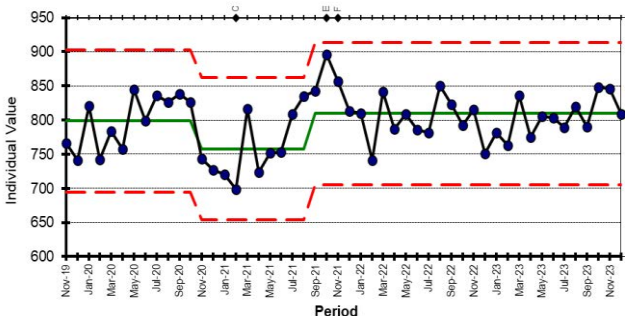


Overall Summary

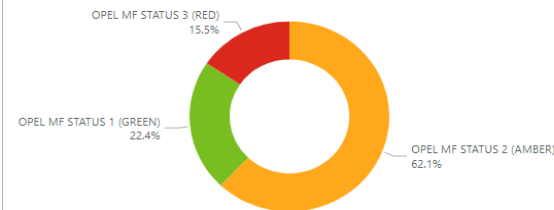
Operational Activity (December 2023)

Total deliveries (LRI, LGH, SMBC, HB & BBA)

Special Cause Flag

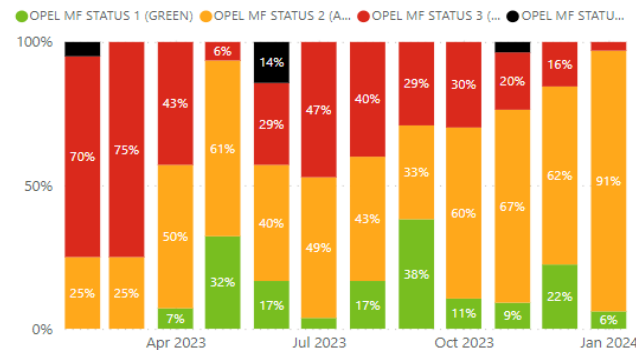


OPEL Maternity Status



OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	13	22.41%
OPEL MF STATUS 2 (AMBER)	36	62.07%
OPEL MF STATUS 3 (RED)	9	15.52%

OPEL Maternity Status - % of submissions



IN SUMMARY

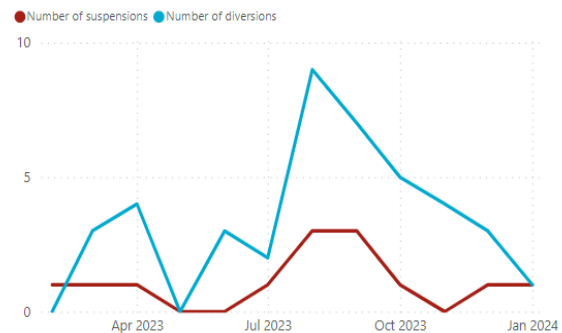
What Is The Data Telling Us?

- 824 total births in December, increase in number of spontaneous labour
- 0 episodes of Opel 4 status declared in the month of December. The number of times declared Opel 1 has further decreased slightly in comparison to the previous month resulting in a 7.62% rise of Opel 2 UHL maternity spent considerably more time operating at OPEL 1

What Is Going Well?

- 100% of women requiring one to one care provided.
- Evidence of reduction in delays for women on IOL pathway.
- Fewer episodes of diversion and suspensions at time of increased capacity and demand, reflecting better planning and reduction in midwifery vacancy

Service suspensions and diversions



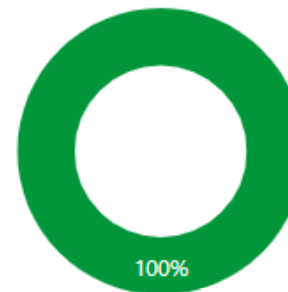
What Do We Need To Focus On?

- Induction of Labour App designed, and training launched; supporting multidisciplinary clinical prioritisation
- Continued focus and reduction of redeployment of staff to meet demand in order to support establishment and workforce planning
- Escalation policy to be fully embedded at all levels

Where Do We Want To Be?

- Sustained reduction of delays and improved experience for women on the IOL pathway
- Sustained 1:1 care given to all women with minimal movement of staff across clinical areas to mitigate

1:1 care given to all women in established labour



- 1:1 care given to all women
- Moving staff to be able to...

Safety Incident Reporting



Key Performance Indicator	2021-22	2022-23	Apr to Dec 2023
MNSI Referrals (Eligible Cases)	24	16	17
MNSI Referrals (Referred & Accepted)	16	12	10
MNSI Referrals (Declined by HSIB)	4	4	3
MNSI Referrals (Declined / Consent withdrawn)	4	1	4
MNSI Total Safety Recommendations*	34	12	9

* Safety Recommendations are based on date of Report completion

December 2023
2 cases met MNSI criteria
0 MNSI Safety Recommendation
0 Non MNSI Serious Incidents
0 Never Events
9 Moderate Incidents
0 Coroner Reg 28

Moderate Incidents by Adverse Event Category - Dec-23	
Undiagnosed Abnormality (Cleft Palate)	1
Occupational Injury on Delivery Unit (LRI)	1
Hospital Acquired Pressure Ulcer (NICU, LRI)	1
Medicine Error (NICU, LRI)	1
Delay going to Theatre (Gynae, LGH)	1
Unexpected Admissions to NICU (1x LRI, 1x LGH)	2
Perineal Tears (1x Third Degree)	1
Delay in Follow Up (Paediatric Outpatients, LRI)	1

IN SUMMARY

What Is The Intelligence Telling Us?

- No MNSI Safety Recommendations received in December 2023
- No (zero) Serious Incidents were reported on STEIS in December and 9 Moderate Incidents declared in December 2023;
- On average 138 datix incidents are reported per month with a decrease in moderate incidents (inclusive of a decreasing trend for major obstetric haemorrhage, perineal trauma, and term admissions). Close surveillance on hospital acquired pressure ulcers (HAPU), whilst the numbers are small this an increase in the typical volume of cases.

What Do We Need To Focus On?

- Targeted actions following Fresh Eyes Fetal Monitoring Audit (October 23) which include: 1. Buddy system to support fetal monitoring and escalation (Element 4: Effective fetal monitoring during labour (NHS England 23); 2. Intrapartum Risk Assessment; completed 2 hourly with fresh eyes and a CARES peer review; and 3. Staff Training: Teach or Treat to promote identification of monitoring concern, communication and decision making
- Further scrutiny of HAPUs

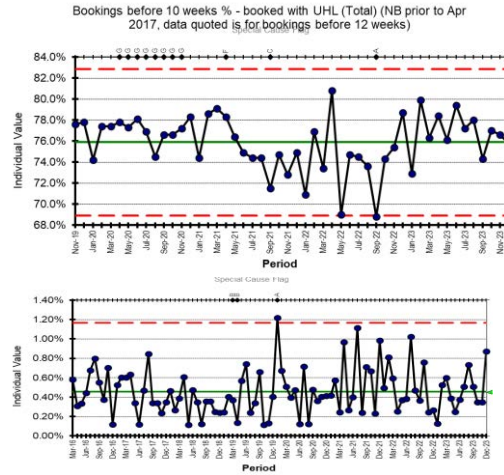
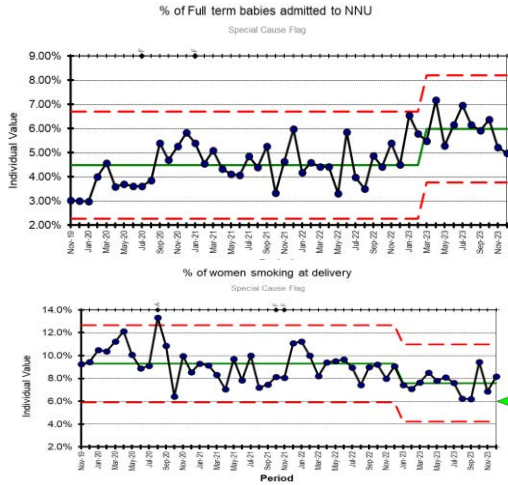
What Is Going Well?

- All MNSI action plans have been integrated into the Maternity and Neonatal Improvement Plan with progress being made in the IOL pathway
- Increasing capacity in the Quality, Risk and Safety Team infrastructure
- New Fetal Monitoring Lead Midwife commenced
- Safety/MBRRACE Learning Event being planned to focus on learning responses and impact of safety actions

Where Do We Want To Be?

- Embedded new Induction of Labour pathway, improving access and experience
- To ensure datix incidents are investigated within the timeframe in accordance with local policy. Quality, Risk, and Safety Team supporting clinical areas to achieve
- Embed & Embrace PSIRF; promoting and sharing learning actions
- Fresh Eyes Audit to reach upper threshold of 90% in accordance with Saving Babies Lives Care Bundle v3

Safety Maternity Clinical Outcomes



Key Performance Indicator	Target	Oct-23	Nov-23	Dec-23	YTD
Spontaneous Deliveries %	Actual	47.9%	44.8%	46.4%	45.1%
Caesarean Section Rate - total	Actual	40.7%	43.0%	43.0%	42.8%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	2.5%	2.6%	2.6%	2.6%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	4.1%	3.3%	1.3%	3.2%
% of Full term babies admitted to NNU NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	6%	6.38%	5.23%	4.99%	6.02%
Bookings before 10 weeks % - booked with UHL (Total)	>77% (UHL Target)	77.0%	76.6%	75.7%	77.00%
% of women smoking at booking referred (Number of women referred as % of those smoking at time of booking less those)	95%	100%	100%	100%	100%
% of women smoking at delivery	Alert if >6%	9.4%	6.9%	8.2%	7.66%
Still births as %age of total Deliveries	<0.45%	0.35%	0.35%	0.87%	0.48%

IN SUMMARY

What Is The Data Telling Us?

- 2% reduction in perineal third and fourth-degree tears (vaginal deliveries); 3.3% in November 2023 compared to 1.3% in December 2023
- Continued efforts to reach women from groups where lower rates of timely booking are identified
- Term Admissions to NNU have reduced (5.23% admissions in Nov 23 compared to 4.99% admissions in Dec 23)

What Do We Need To Focus On?

- Perinatal Mortality Lead to review all stillbirth cases in addition to PMRT with close surveillance on trends
- Expanding and planning an enhanced Pelvic Health offer
- Call the Midwife' re-launch to streamline pregnancy booking process to facilitate early bookings
- Launch of in-house smoking service in line with Saving Babies Lives

What Is Going Well?

- Pregnancy booking form translated into 6 languages
- Planned launch and communications for new maternity website
- Postpartum haemorrhage (PPH) rate remains stable and PPH care bundle continues to be cascades with awareness campaigns and improved documentation

Where Do We Want To Be?

- Report meaningful data in line with national standards and local learning to inform targeted quality improvement projects
- Health Inequalities Dashboard (system) to be launched
- Evidencing a reduction in adverse maternity and neonatal clinical outcomes as a result of implemented improvements

Maternity & Neonatal Experience



Family & Friends Test (FFT)	Target	Oct-23	Nov-23	Dec-23	YTD
Maternity Friends & Family - % of Responses	25%	20.5%	20.1%	17.1%	20.0%
Maternity Friends & Family - % of Promoters	96%	90.4%	92.9%	95.9%	94.2%

CQC Maternity Survey 2022

<ul style="list-style-type: none"> Labour and birth 	Patient Response 7.6 / 10	Compared with other trusts About the same
<ul style="list-style-type: none"> Staff caring for you 	Patient Response 8.2 / 10	Compared with other trusts About the same
<ul style="list-style-type: none"> Care in hospital after the birth 	Patient Response 6.5 / 10	Compared with other trusts About the same

Complaints & Concerns	Oct-23	Nov-23	Dec-23	YTD
Maternity	10	8	6	106
Neonatal	1	0	0	6

IN SUMMARY

What Is The Data Telling Us?

- Complaints continue to decrease month on month (previous seven months)
- The % of responses for FFT has remains below target however the promoter rate has increased
- No (zero) neonatal complaints or concerns were received in December
- Improvement of estates has been highlighted this month which has been escalated to ward managers, matrons and safety champions

What Is Going Well?

- FFT antenatal survey text message timing changed to evening to increase responses
- Positive feedback received about 'Getting to know your baby' parent antenatal education sessions
- Alignment through Patient Experience Board of themes for improvements and QI work on-going
- 15 steps completed with Safety Champions and MNVP at LRI (18th Jan) and LGH (11th Jan)
- Trust wide review of interpretation service providers

What Do We Need To Focus On?

- Reviewing actions from 15 steps
- Increasing awareness of mental health resources available for women, birthing people and their partners (study day for educating staff is being planned)
- Review of workforce to increase response rate of FFT
- Using Accurx system in neonates to provide information to parents
- Detailed analysis of patient feedback regarding visiting times

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

December 2023 Update

What Are Staff Telling Us?

Junior doctors not always confident about writing prescriptions for parenteral nutrition, insulin, electrolyte additives

What Action are We Taking?

Active work with junior medical staff about concerns raised and themes around clinical incidents. Junior doctor induction allow time during induction for trainees to complete their pharmacy assessment

What Are Staff Telling Us?

CTG equipment shortages especially at the LRI

What Action are We Taking?

4 CTGs have been located at medical physics department and returned. The new Fetal Monitoring Lead is looking to source new equipment as part of her role

IN SUMMARY

What Is The Intelligence Telling Us?

- Further work to strengthen digital records
- Compassionate leadership with equal opportunities for all
- Empowering all members of MDT team to voice their concerns

What Is Going Well?

- BSOTS paperwork is now updated following changes to guidelines
- Improved nursing numbers and QIS nurses per shift improving
- Neonatal service managed well to provide safe cover during Industrial Action

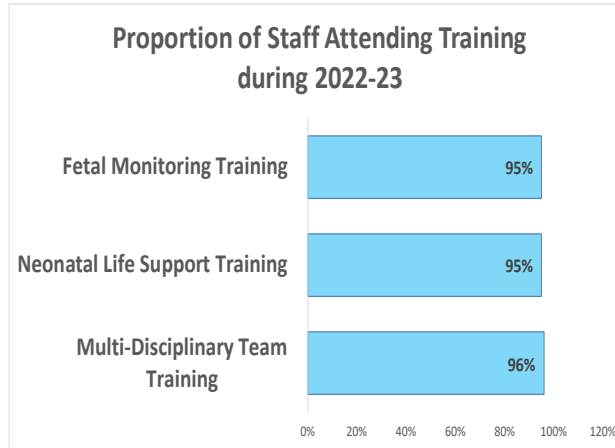
What Do We Need To Focus On?

- Utilisation of NIPE clinics, a full review of success is to be audited starting January 2024
- Improving utilisation of St Mary's Birth Centre
- Collaboration with Maternity & Neonatal Voice Partnership through 15 steps walkarounds
- Improving simulation programme which will help our multidisciplinary team to learn together
- Improving dissemination of lessons learnt from HSIB reviews, PMRT and clinical incidents

Where Do We Want To Be?

- Improved communication and timely information sharing across whole pathway
- Partnerships in care and strengthened relationships

Workforce Training Summary



Key Performance Indicator	Target	Oct-23	Nov-23	Dec-23	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	96.0%	96.0%	96%	95.3%
% of All Staff attending NLS Training	90%	94.0%	94.0%	92.0%	94.6%
% of All Staff attending CEFM Training (Theory)	90%	94.0%	96.0%	92.0%	94.3%
% of All Staff attending CEFM Training (Assessment)	90%	94.0%	96.0%	92.0%	93.8%

IN SUMMARY

What Is The Data Telling Us

- Improved compliance for neonatal nurses (% has increased to over 90%)
- Junior doctors & registrars currently at 86% for fetal monitoring training however staff have training days booked before March 1st, 2024

What Is Going Well

- Simulation and skill drills continue in clinical areas, ensuring ongoing training and preparedness.
- Planning for 2024 training is complete, and new programs have commenced.

What Do We Need To Focus On

- Maternity Education Team recruitment underway; wider MDT is ready to provide support for a seamless transition
- Maintain training levels and compliance

Where Do We Want To Be

- All staff groups are expected to achieve full compliance with MDT training by the end of February 2024.
- Aim to achieve MIS stretch targets in year 3

Maternity Incentive Scheme Progress



*Year 5 standards released on 31 May 2023 with a further update issued on 19 July
Assessment period 30 May - 7 December 2023 : UHL required to report compliance by 1 February 2024*

Safety Actions Year 5 Progress

- MIS assessment period ended 7 December 2023
- Evidence collation finalised as far as possible and presented at the Maternity Assurance Committee (MAC) for assurance
- 7 out of 10 standards fully assured, with further assurance required for:
- Safety Action 4 – completion of consultant attendance audits
- Safety Action 6 – Saving Babies Lives, following final assurance meeting in January 2024
- Safety Action 10 – HSIB referrals and NHSR notification data being validated
- Signed Board Declaration form to be submitted to NHSR by 1 February 2024

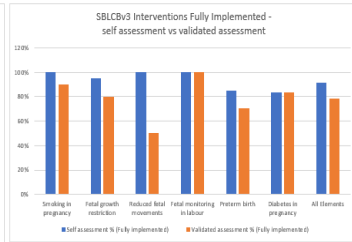
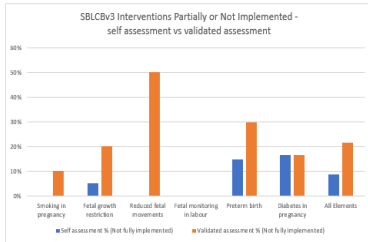
Perinatal Mortality	<ul style="list-style-type: none"> • Progress monitored via national MBRRACE tool • Full compliance in all areas achieved by 7 December 2023
Maternity Services Data Set	<ul style="list-style-type: none"> • Assessment Month July 2023 - final results indicate a pass in all metrics • Registration for users registered on MSDS cloud obtained • Full compliance achieved
Transitional Care & ATAIN	<ul style="list-style-type: none"> • Joint TC pathway / guideline approved September 2023 • Data audits for September - November finalised • ATAIN action plan finalised and signed off by the Maternity Assurance Committee (MAC) with delegated authority for Trust Board, Quality Committee and LMNS. • ATAIN reviews ongoing and deep dive themes identified for respiratory and hypoglycaemia
Clinical Workforce Planning	<ul style="list-style-type: none"> • New audit for obstetric workforce short term and long term locums completed and no shortfalls identified – full compliance achieved • UHL SOP for compensatory rest in place, aligns with RCOG guidance. One derogation re opting out to be agreed. Diary review exercise assured indicating a high level of compliance. • Audits re consultant attendance in clinical scenarios finalised and areas on non-compliance reviewed. • Neonatal staffing not meeting BAPM standards and action plans in place, have been shared with LMNS and signed off by MAC with delegated authority for Trust Board. • Anaesthetic rotas monitored monthly and compliant to date with 24hr duty consultant available
Midwifery Workforce Planning	<ul style="list-style-type: none"> • Establishment review now received and undergoing review • Supernumerary Coordinator Red Flags raised via the intrapartum acuity tool for not maintaining supernumerary status. Deep dive completed and compliance can be recommended. SOP developed to ensure consistent reporting. • 1:1 care during established labour reviewed and red flags verified and compliance assured by MAC.
Saving Babies Lives Care Bundle V3	<ul style="list-style-type: none"> • National implementation tool established and compliance measured by % of interventions embedded • 2nd interim assurance meeting with ICB rescheduled for 24 January 2024. • QI Lead Midwife driving forward the work to embed interventions in line with LMNS set targets.
MNVP and Service user feedback	<ul style="list-style-type: none"> • MNVP relaunched (April 2023) and confirmation of required infrastructure in place received. • Work plan agreed across LMNS. CQC 2022 survey findings shared with LMNS. • Evidence of work around priority groups collated and assured. • QI Engagement Support Officer collating service user feedback to assist workstreams.
MDT Training	<ul style="list-style-type: none"> • Gap analysis and comprehensive training plan completed in line with the Core Competency Framework V2 and 'How to Guide', signed off by the Maternity Assurance Committee (MAC with delegated authority for Trust Board), Quality Committee and LMNS. • 90% targets achieved across all groups except Fetal Monitoring training for Obstetric registrars, Basic NLS training for neonatal nurses and IIA training for midwives. Plans in place to reach 90% target overall. Action plan agreed.
Safety Champions & Board Assurance	<ul style="list-style-type: none"> • Perinatal scorecard refreshed and updated monthly • New maternity midwifery safety champions now in post and action plan updated. • Incident and complaints data triangulation with Claims scorecard with interventions included within the Safety 1/4 Reports and presented at MAC / Quality Committee / monthly directorate meetings • Safety QUAD meetings in place • Evidence of co-production ongoing and reviews of themes/subsequent actions monitored by local safety champions
Reporting to HSIB and NHSR	<ul style="list-style-type: none"> • Full reporting compliance achieved. • Process with litigation team reinforced. • Duty of Candour obligations discharged in all cases • Full compliance to be recommended

Saving Babies Lives v3 Progress



Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully implemented	100%	Partially implemented	90%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	95%	Partially implemented	80%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	85%	Partially implemented	70%	CNST Met
Element 6	Diabetes	Partially implemented	83%	Partially implemented	83%	CNST Met
All Elements	TOTAL	Partially implemented	91%	Partially implemented	79%	CNST Met



LMNS / ICB assurance meeting scheduled (24 January 2024) working towards 70% compliance as per MIS

Actions plans to in progress to achieve 100% full implementation by March 2024

Element 1 – Reducing smoking-currently 90%

- Action plan in progress and options appraisal completed for 'in-house service for UHL

Element 2- Risk assessment, prevention and surveillance of pregnancies – currently 80%

- Multiple pregnancy midwife now in post and audit commenced according to NICE guidance
- Deep dive requested following submission of audit around SGA detection and IOL. No target yet set

Element 3- Raising awareness of reduced Fetal Movements – currently 50%

- Guidelines now in place and communication to all staff
- Need to work with the LMNS to assure robust PMRT data

Element 4- effective fetal monitoring during labour –currently 100%

- To continue deep dive into all fetal monitoring elements

Element 5- reducing preterm birth – 70%

- To work toward a business case for funding for the pre-term labour team
- to work with QI neonatal nurse to formalise QI action plans

Element 6- Management of diabetes in pregnancy – 83%

- To continue to work towards new clinic structure



Leicester Royal Infirmary Dashboard			
On-going Inductions - 2			
Red Inductions - 2			
Amber Inductions - 0			
Green Inductions - 0			
Delayed	0	0	0
Awaiting admission - 4			

Combined Dashboard			
On-going Inductions - 3			
Red Inductions - 2			
Amber Inductions - 1			
Green Inductions - 0			
Delayed	1	0	0
Awaiting admission - 16			

Leicester General Hospital Dashboard			
On-going Inductions - 1			
Red Inductions - 0			
Amber Inductions - 1			
Green Inductions - 0			
Delayed	1	0	0
Awaiting admission - 12			

IN SUMMARY

Why Are We Doing This?

- Enhance patient experience (standardise communication, increase continuity, provide evidence-based information and reduce delays, increase birth choices)
- Reduce adverse clinical outcomes

What Is Going Well?

- 4 x IOL midwives now in post providing continuity of care
- Patient information group with MNVP established to develop new leaflets, video resources for IOL information
- IOL App developed and launching 5th February to facilitate prioritisation
- IOL huddle twice daily involving Head of Midwifery

What Do We Need To Focus On?

- Understanding and triangulating data and outcomes relating to IOL
- Written evidence of risk assessments and individualised plans of care where delays are expected during the IOL pathway
- Minimising and reducing delays for women and birthing people awaiting artificial rupture of membranes
- Improving experience and access to care

Next Steps

- Pathway development for twice weekly MDT meetings to forward plan booking of IOLs
- Development of patient information
- Senior Data Analyst to develop IOL dashboard to monitor monthly data and clinical outcomes
- Await regional review of IOL processes
- Listening and Ideas Events planned with Delivery Suite coordinator and obstetric teams

Appendices

REFERENCE: MIS Perinatal Scorecard Minimum Data Measures

Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 9 (December) 2023-24

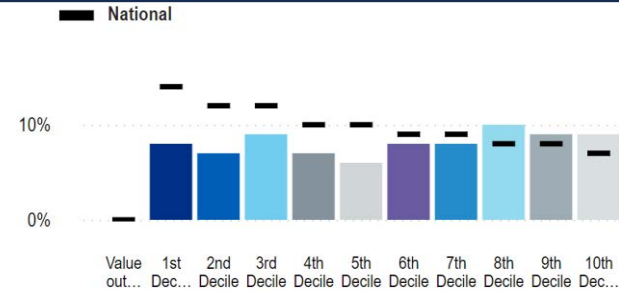
	National target / Alert Level	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023-24 TOTAL / AVERAGE (YTD)
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	789	820	790	848	846	809	7286
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	446	476	453	487	488	475	4152
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	315	319	301	334	332	312	2873
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	28	25	36	27	26	22	261
SIs (Obstetrics)	Actual	2	3	0	0	2	1	15
SIs (Neonatology)	Actual	0	0	1	0	0	0	1
Number of Still births - overall total	Actual	4	6	4	3	3	7	35
Still births as %age of total Deliveries	<0.45%	0.51%	0.73%	0.51%	0.35%	0.35%	0.87%	0.48%
HSIB Referrals	Actual	1	2	0	2	2		10
Moderate Incident	Actual	15	14	6	7	10	7	100
Coroner Regulation 28 Requests	Actual	0	0	0	0	0		0
Funded Midwife to Birth ratio (UHL complete care, 1:nn)	>1:26.4	1:23.7	1:23.6	1:23.5	1:23.7	1:23.7	1:23.9	1:23.6
Midwife Vacancies (%)	10%	14.3%	14.9%	14.6%	13.1%	9.1%	9.7%	9.7%
1 to 1 Care in Labour	Actual	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
% of All Staff attending Annual MDT Clinical Simulation	90%	94%	94%	95%	96%	96%	96%	95%
% of All Staff attending NLS Training	90%	94%	95%	95%	94%	94%	92%	94%
% of All Staff attending CEFM Training (Theory)	90%	94%	95%	94%	94%	96%	92%	94%
% of All Staff attending CEFM Training (Assessment)	90%	92%	93%	94%	94%	96%	92%	94%

Performance Overview

Benchmarking Outcomes (October 2023 Latest Data)

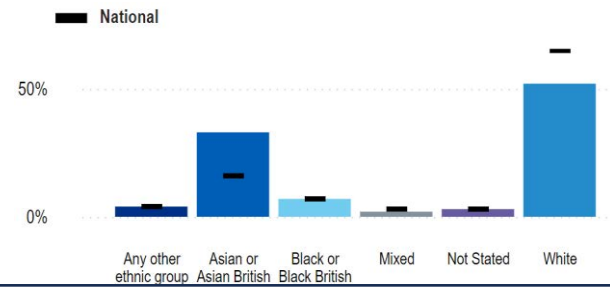
Index of Deprivation of Mother at Booking.

UHL (8%) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (14%)



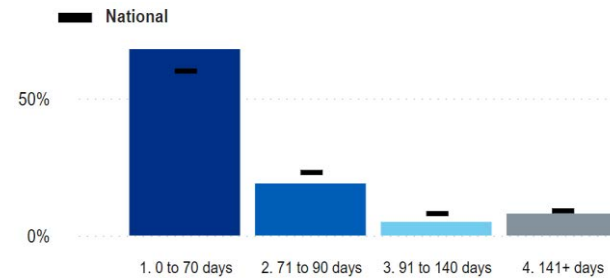
Ethnicity at Booking

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 (17% and 65% respectively)



Gestational Age at Booking

For the lowest Gestational Age group (1 to 70 days), UHL (68%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (60%)



Method of Delivery

UHL has lower rates of Instrumental Deliveries (7%) and Elective CS (15%) than the average of all providers nationally (10% & 17% respectively); Spontaneous Deliveries (47%) and Emergency CS (25%) are at similar levels to the average of all providers.

