Meeting title:	Public Trust Board		Public Trust Board paper G	
Date of the meeting:	12 October 2023			
Title:	August 2023 Perinatal Surveillance Scorecard			
Report presented by:	Julie Hogg, Chief Nurse / Danni Burnett, Director of Midwifery			
Report written by:	Kerry Williams / Rebekah Calladine, Heads of Midwifery			
Action – this paper is for:	Decision/Approval		Assurance	x	Update	
Where this report has been discussed previously	UHL Maternity Assurance Committee (MAC) 4 October 2023			

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Maternity safety is 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.

Further work is required to develop outcome measures around inequalities and inclusion. Activities are scheduled for Quarter 2/3 to improve insights and triangulation. *Appendix Two provides a summary of benchmarking performance to indicate performance compared to both the national and peer position.*

Recommendations

The Board of Directors are 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 MIS
- To note the update on the collaborative work to improve access to information for service users on a new maternity services website

Perinatal Quality Assurance Scorecard

August 2023
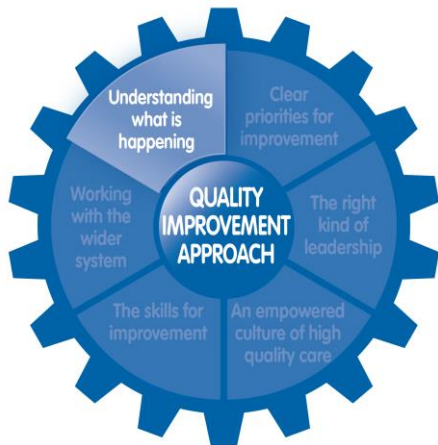
Contents

Overall Summary

Safety

Workforce

Patient Experience

Staff Feedback

Progress Against Maternity Incentive Scheme

Hot Topics

Month at a glance August 2023

x14 Moderate Incidents

x3 Serious Incidents

X2 HSIB reportable cases & referred

HSIB

x0 Coroner's Regulation 28 Report

100% 1:1 care in labour

94% MDT clinical simulation training compliance*

95% newborn life support training compliance

22.6% Maternity Friends & Family Test (response rate)

92.8% Maternity Friends & Family Test (promoter rate)

2.7% blood loss >1500mls

3.2% 3rd & 4th degree tears

6.2% full term babies admitted to NNU

6/10 Maternity Incentive Scheme (Year 5) safety actions on track

80.4% minimum safe staffing met in maternity services (YTD)

Vacancy Rate Midwives 60.4 wte Obstetric 3.8 wte

*(all staff groups)

Perinatal Quality Scorecard Summary (August 2023)

Overview

In August, the caesarean section rate saw a marginal decrease to 43.9% compared to the previous month, while the Induction of Labour (IOL) rate remained static at 32.1%. Booking prior to 10 weeks remains higher in the county with the city experiencing a decline of just under 3%. Both figures continue to surpass the national average of 59%. UHL is on track to fulfil the requirements of Year 5 under the NHS Maternity Incentive Scheme (MIS), with targeted action for 4/10 safety standards (submission Q4 2023/2024). The Maternity & Neonatal Improvement Programme is set to launch in September 2023. This program comes with a comprehensive plan that cements the commitment to providing higher-quality and safer care, aligning perfectly with the objectives of the NHS England 3-year plan. Empowering Voices actions plans in place and progressing across all areas of maternity services.

Safety

Term admissions to NNU slightly increased for the second month supported by ATAIN data, this remains under close observation with a planned deep dive to take place. Local maternity dashboard reported zero cases of cooling therapy. 3 Serious Incidents (SIs) were reported in month; 2/3 cases met the HSIB criteria hence referral, these have been accepted.
100% compliance maintained on Duty of Candour (DoC).
100% compliance in one-to-one midwifery care was maintained in labour.

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

Workforce

30 new midwives have been appointed and due to commence between September and November 2023, including 4 international midwives, 22 newly qualified hospital midwives, 3 newly qualified community midwives, and 1 Band 6 Telephone Triage midwife. Vacancy rate has remained static at around 14% since October 2022. A comprehensive workforce plan created highlights four high level actions: improving recruitment, retention, and support for our nursing and midwifery staff, and setting targets to reduce turnover and increase local student recruitment. Additionally, a clinical workforce plan group will start work in early October to ensure strong frontline leadership is in place to implement the actions.

Experience

Ward 31 at LGH excelled with a 99% recommendation rate, serving 69% of footfall. Maternity inpatient footfall remained at 30% with 95% recommending LRI and 97% recommending LGH. Notable improvements were noted at the LRI in addressing pain relief delays, communication, and noise levels within the ward environments. LGH feedback remains consistently positive despite staffing challenges. Several Listening events facilitated over the summer by the Maternity & Neonatal Voices Partnership (MNVP)
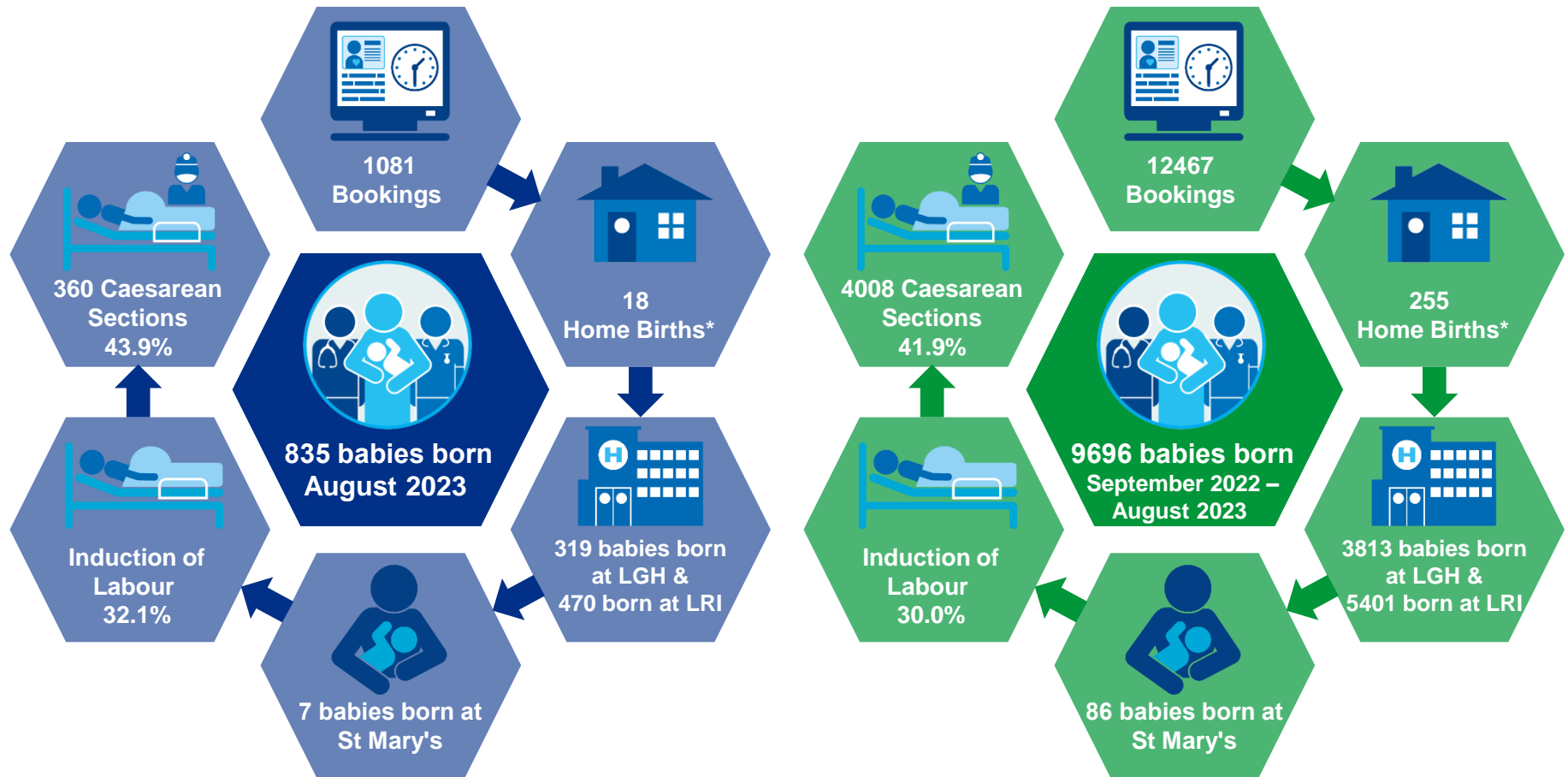
Outcome

MNVP survey has been completed, Quality Improvement work continues with a focus on Induction of Labour pathway. As part of this a clinical prioritisation tool has been developed to standardise approach to booking and deferring IOL where necessary to maintain safety. 3rd/4th degree tears, along with blood loss rates remain below national targets.

Training

Mandatory training remains above 90% consistent with the previous two months. In line with the NHSR MIS. A local training plan has been devised to implement Version 2 of the Core Competency Framework.

Overall Summary Maternity Activity

During August 2023 (on average) 35 antenatal bookings were made and 26 babies were born per day which remains consistent with the 12month period.

1081 Bookings

18 Home Births*

319 babies born at LGH & 470 born at LRI

7 babies born at St Mary's

Induction of Labour 32.1%

360 Caesarean Sections 43.9%

835 babies born August 2023

12467 Bookings

255 Home Births*

3813 babies born at LGH & 5401 born at LRI

86 babies born at St Mary's

Induction of Labour 30.0%

4008 Caesarean Sections 41.9%

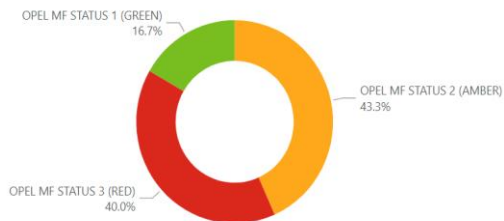**9696 babies born September 2022 – August 2023**

Homebirth Rate 2.2% (2023-24 YTD 2.7%)

Induction of Labour rates in line with peer Trusts

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

OPEL Maternity Status

OPEL MF STATUS 1 (GREEN) 16.7%
OPEL MF STATUS 2 (AMBER) 43.3%
OPEL MF STATUS 3 (RED) 40.0%

OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	10	16.67%
OPEL MF STATUS 2 (AMBER)	26	43.33%
OPEL MF STATUS 3 (RED)	24	40.00%

● Number of suspensions ● Number of diversions

(line chart: Nov 2022 – Jul 2023)
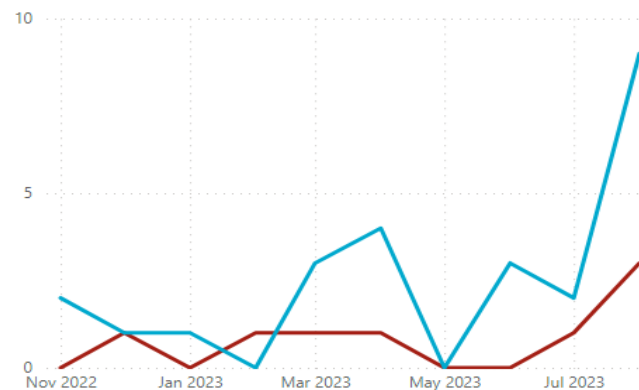
1:1 care given to all women in established labour

3.33%
96.67%
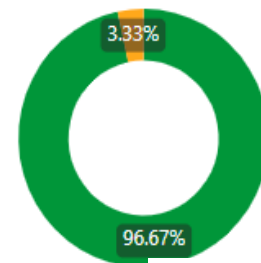
● 1:1 care given to all women
● Moving staff to be able to...

IN SUMMARY

What Is The Data Telling Us?

- Increase in number service suspension and diversion compared to previous month

- Number of times declared Opel 1 increased despite increase in activity across acute units with no episodes of Opel 4 status being declared for 2nd month

- Induction of Labour (IOL) continues to be the main driver for operational challenges

- Homebirth Team not suspended however the team did support at times of escalation

What Is Going Well?

- Twice daily tactical huddles to support timely actions to avoid diversions and closures

- Planned enhanced huddles to support decision making and prioritisation of IOLs

- Increased engagement with regional SITREP reporting and escalation to ICB to support mutual aid requests

- Continued 7 day operational tactical oversight
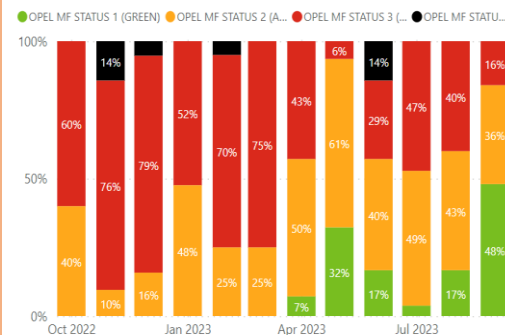
- 1:1 care given to all women in labour

What Do We Need To Focus On?

- Digitalizing activity/virtual wards to support management of elective activity

- Continue to embed action cards to support updated escalation policy

- Embed new process to support management of delayed IOL

Where Do We Want To Be?

- Continued improvement with capacity demand resulting in an increase in reporting Opel 1 Status

- Reduction in delayed IOL

- Continue to work with regional partners during times of scalation and mutual aid

OPEL Maternity Status - % of submissions

● OPEL MF STATUS 1 (GREEN) ● OPEL MF STATUS 2 (A... ● OPEL MF STATUS 3 (... ● OPEL MF STATU...

(stacked bar chart Oct 2022 – Jul 2023: values shown 60%, 40%, 10%, 76%, 16%, 79%, 52%, 48%, 70%, 25%, 75%, 25%, 7%, 43%, 50%, 32%, 61%, 6%, 14%, 29%, 40%, 17%, 47%, 49%, 17%, 40%, 43%, 16%, 36%, 48%)

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

(bar chart Oct 2022 – Jul 2023: 65%, 71%, 58%, 14%, 25%, 43%, 32%, 23%, 19%, 19%, 13%, 8%)
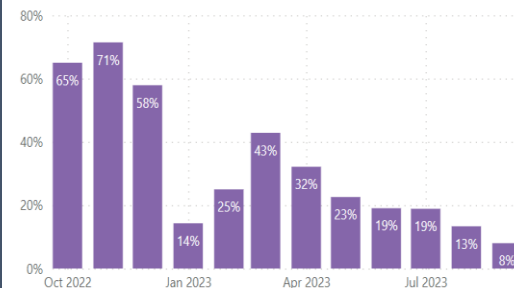
Workforce (Maternity)

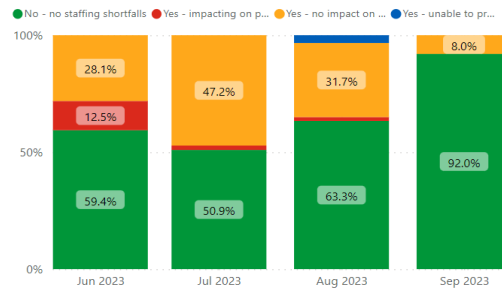|		Apr-23	May-23	Jun-23	Jul-23	Aug-23
Midwifery Safe Staffing (LGH)	Total monthly planned staff hours (Day + Night)	10,464	10,860	10,479	10,640	10,889
	Monthly actual staff hours (Day + Night)	9,102	9,524	8,966	9,312	9,598
Midwifery Safe Staffing (LRI)	Monthly planned staff hours (Day + Night)	13,518	14,009	13,627	14,445	14,304
	Monthly actual staff hours (Day + Night)	11,204	11,610	10,597	10,995	11,529

Obstetric Staffing Shortfalls

Legend: No - no staffing shortfalls ● Yes - impacting on p... ● Yes - no impact on ... ● Yes - unable to pr...

	Jun 2023	Jul 2023	Aug 2023	Sep 2023
Yes - no impact	28.1%	47.2%	31.7%	8.0%
Yes - impacting	12.5%			
No shortfalls	59.4%	50.9%	63.3%	92.0%

Obsteric Medical Workforce

	Budget WTE	Staff in-post WTE
Consultants	28.75	25.24
Middle Grades	38.05	31.86
Junior Doctors	9	9
TOTAL	75.8	66.1
GPVTS (N.B. Not employed directly by UHL)	8	7.6

Midwifery Safe Staffing by Site
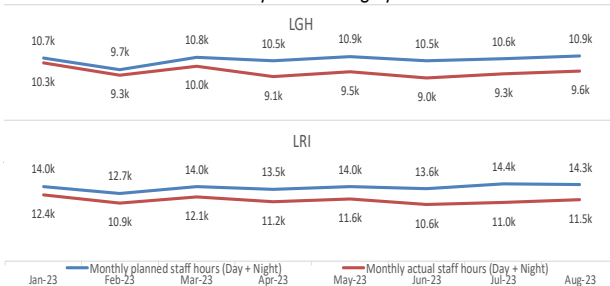
LGH
10.7k, 9.7k, 10.8k, 10.5k, 10.9k, 10.5k, 10.6k, 10.9k
10.3k, 9.3k, 10.0k, 9.1k, 9.5k, 9.0k, 9.3k, 9.6k

LRI
14.0k, 12.7k, 14.0k, 13.5k, 14.0k, 13.6k, 14.4k, 14.3k
12.4k, 10.9k, 12.1k, 11.2k, 11.6k, 10.6k, 11.0k, 11.5k

— Monthly planned staff hours (Day + Night)
— Monthly actual staff hours (Day + Night)
Jan-23, Feb-23, Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23

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

Midlands Region
Yes 35.0%
No 65.0%

LLR
Yes 13.3%
No 86.7%

BR+ Acuity RAG Status by Site

LRI
	Apr-23	May-23	Jun-23	Jul-23	Aug-23
3.5 or more MW short	21	14	37	33	35
Up to 3.5 MW's Short	58	67	60	75	71
Meets Acuity	68	75	50	54	51

LGH
	Apr-23	May-23	Jun-23	Jul-23	Aug-23
3.5 or more MW short	14	18	18	22	14
Up to 3.5 MW's Short	46	68	66	82	86
Meets Acuity	45	43	39	37	42

Legend: Meets Acuity ● Up to 3.5 MW's Short ● 3.5 or more MW short
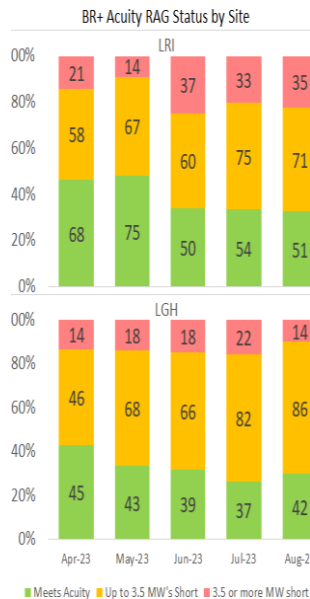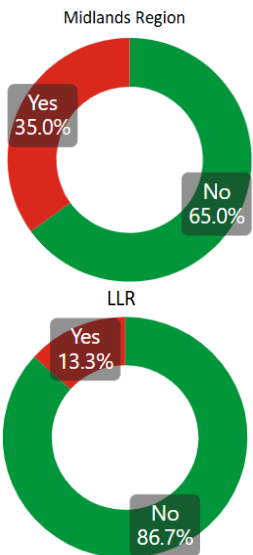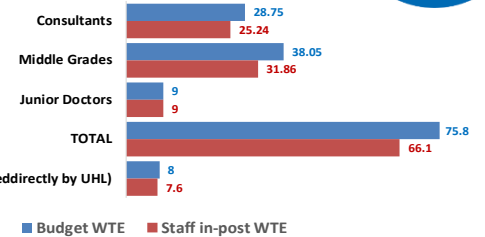
IN SUMMARY

What Is The Data Telling Us?

- Slight increase in Midwifery Vacancy rate in August 60.4wte (14.9%)
- Consultant and support worker vacancy rate remains static compared to previous month
- Remain on target with 30 New Midwives planned to commence in post by Nov '23
- Obstetric staffing shortfalls improved in August compared to previous two months
- Safe Redeployment for UHL continues to be better than the Regional position and continues to improve month on month

What Is Going Well?

- Midwifery recruitment into clinical and leadership positions
- Clinical engagement with workforce plan working party
- New development / leadership posts created to improve talent pipeline and opportunities
- Midwifery turnover rate remains below national average
- Limited critical gaps uncovered in the obstetric rota in August
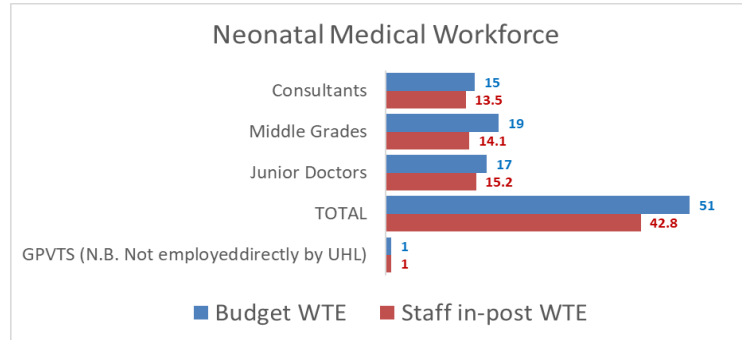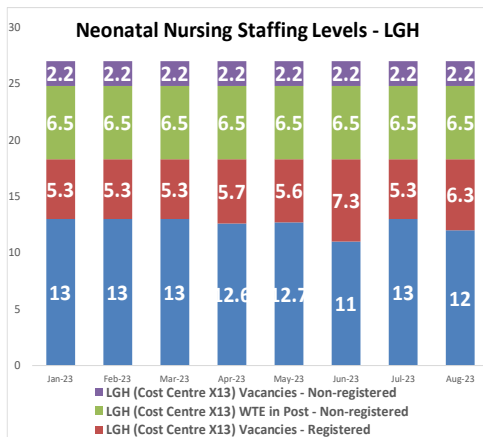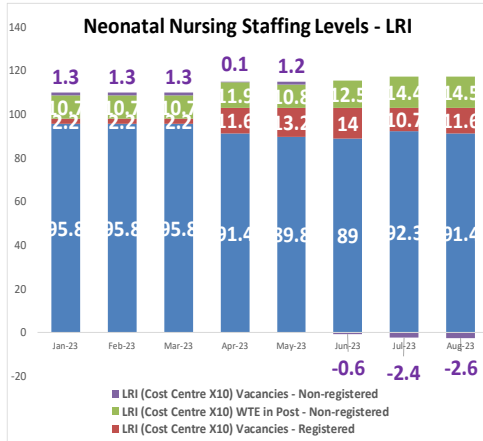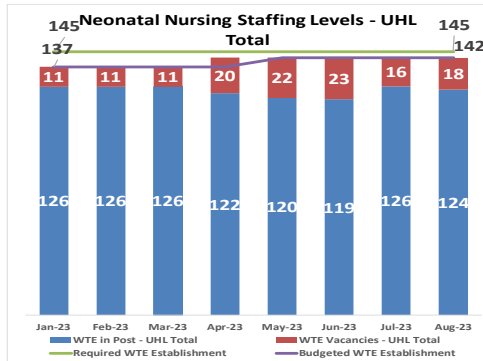- Pilot of self-rostering to improve retention of workforce is being undertaken

What Do We Need To Focus On ?

- Clinical workforce Working Party to drive high level actions highlighted in workforce plan
- Continue working with universities to improve conversion rates
- Continue recruitment of band 7 co-ordinators to ensure 2 on each shift
- Roll out of self rostering to improve retention of workforce

Where Do We Want To Be?

- Meeting recruitment & retention stretch targets highlighted in workforce plan
  - increasing student conversion rate to 40%
  - further reducing turnover rate
- Successful Obstetric recruitment
- Achieving MIS / Ockenden Compliance with Consultant coverage
- Improvement in midwifery vacancy rate

Workforce (Neonatology)

Neonatal Nursing Staffing Levels - UHL Total

Chart data (Jan-23 to Aug-23):
- WTE in Post – UHL Total: 126, 126, 126, 122, 120, 119, 126, 124
- WTE Vacancies – UHL Total: 11, 11, 11, 20, 22, 23, 16, 18
- Required WTE Establishment: 137 ... 145
- Budgeted WTE Establishment: 145 ... 142

Legend:
- WTE in Post - UHL Total
- WTE Vacancies - UHL Total
- Required WTE Establishment
- Budgeted WTE Establishment

Neonatal Nursing Staffing Levels - LRI

Legend:
- LRI (Cost Centre X10) Vacancies - Non-registered
- LRI (Cost Centre X10) WTE in Post - Non-registered
- LRI (Cost Centre X10) Vacancies - Registered

Neonatal Nursing Staffing Levels - LGH

Legend:
- LGH (Cost Centre X13) Vacancies - Non-registered
- LGH (Cost Centre X13) WTE in Post - Non-registered
- LGH (Cost Centre X13) Vacancies - Registered

Neonatal Medical Workforce

Role	Budget WTE	Staff in-post WTE
Consultants	15	13.5
Middle Grades	19	14.1
Junior Doctors	17	15.2
TOTAL	51	42.8
GPVTS (N.B. Not employed directly by UHL)	1	1

Legend:
- Budget WTE
- Staff in-post WTE

IN SUMMARY

What Is The Data Telling Us?

- Consultant vacancy rate at 1.5 WTE
- Nursing vacancy rate remains static at 12.6% compared to previous month
- Middle grade doctors hold the largest vacancy rate within the medical workforce
- QIS trained nurses currently at 44%

What Is Going Well?

- Successful nurse recruitment
- Remain on target with 11.78 WTE nurses due to start September 23
- Neonatal consultant starting Sept 23
- Re-introduction of unit meetings planned to improve communication
- Head of Midwifery conducting stay conversations

What Do We Need To Focus On ?

- Devise and implement training plan to improve number of qualified in specialty (QIS) trained nurses
- Recruitment into new senior nurse leadership posts
- Acting on intelligence from stay conversations
- Rolling out empowering voices programme to ensure workforce collaboration
- Increase number of band 7 posts to ensure peer support with daily operational challenges
- Improving pastoral and clinical support for nurses

Where Do We Want To Be?

- Implementing high level actions highlighted in workforce plan
- 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 recruitment to close vacancy gap

Safety Incident Reporting

Key Performance Indicator	2021-22	2022-23	2023-24 YTD
HSIB Referrals (Eligible Cases)	24	19	10
HSIB Referrals (Referred & Accepted)	16	13	6
HSIB Referrals (Declined by HSIB)	4	3	1
HSIB Referrals (Declined by family / Consent withdrawn)	4	1	3
HSIB Referrals (Total Safety Recommendations*	34	10	1

* Safety Recommendations are based on date of Report completion

August 2023

2 cases met HSIB criteria

1 HSIB Safety Recommendation (YTD)

3 Serious Incidents

0 Never Events

14 Moderate Incidents

0 Coroner Reg 28

IN SUMMARY

What Is The Intelligence Telling Us?

- 3 new reportable serious incidents

- 1 HSIB report finalised in August with 1 safety recommendation relating to individualised care planning for high risk inductions of labour

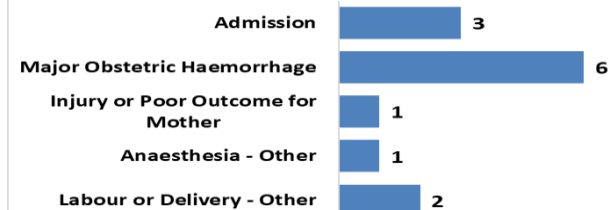- Postpartum Haemorrhage leading cause of moderate incidents

What Is Going Well?

- Implementation of electronic ultrasound referrals
- Guidelines for the Latent Phase of Labor have been published
- Exceptional engagement is observed among Neonatal, Obstetric Risk Leads, and Matrons
- Few complaints despite high activity
- There has been a renewed effort to resolve complaints in a more timely manner

What Do We Need To Focus On?

- Undertake thematic analysis of specific incidents to inform learning needs.

- Ascertain any link between acuity and outcomes

- Training for Datix users

- Sustaining data triangulation with the Claims Scorecard

Where Do We Want To Be?

- Sustained reductions in cases of harm, as demonstrated in audit reports and user feedback.

- Noticeable improvement in user experience around the Induction of Labour pathway.

- Theatre reconfiguration project successfully completed

Maternity Services Incidents - Aug-23

Category	Count
Admission	3
Major Obstetric Haemorrhage	6
Injury or Poor Outcome for Mother	1
Anaesthesia - Other	1
Labour or Delivery - Other	2

Benchmarking - Women who had post-partum blood loss of 1500ml or more (rate per 1000)
**UHL: 37**
Peer Hospitals (MBRRACE): 34
Nationally: 31
UHL (dark blue) showing reducing trend since June 2022; MBRRACE Group (pale blue) - constant until spike, last 2 months:
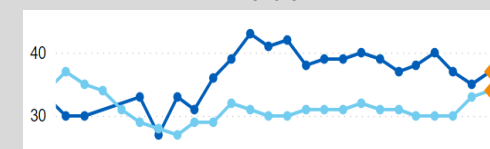
July 2023 data, National Maternity Dashboard -NHS Digital

Key Performance Indicator	Target		Jun-23	Jul-23	Aug-23	YTD	Trend (Actual results expected to be within the dotted lines)
Spontaneous Deliveries %	Actual		43.7%	42.5%	42.8%	44.0%	
Caesarean Section Rate - total	Actual		43.5%	44.7%	43.9%	43.2%	
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%		4.0%	2.3%	2.7%	2.7%	
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%		3.5%	3.2%	3.2%	3.4%	
% of Full term babies admitted to NNU NB:Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of	6%		6.16%	6.97%	6.16%	6.35%	
Bookings before 10 weeks % - booked with UHL (Total)	77% (UHL Target)		79.4%	77.2%	78.0%	77.80%	
% of women smoking at booking referred (Number of women referred as % of	95%		100%	100%	100%	100%	
Breast Feeding Initiation Rate (Total)	75%		76.3%	79.0%	76.6%	77.20%	

% of Full term babies admitted to NNU

Special Cause Flag
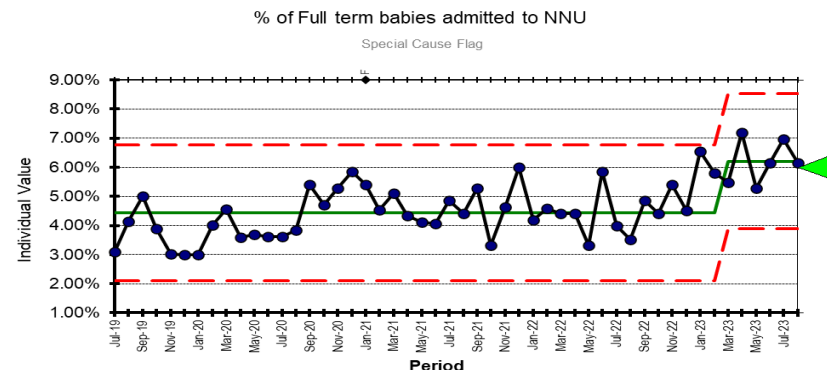
IN SUMMARY

What Is The Data Telling Us?

- 820 total births during the month of August; 7 at St Mary's Birth Centre, 18 Homebirths and No babies were born before arrival (BBA)
- Total number of bookings 1081, with 1011 planning to birth at UHL
- Slight reduction in Caesarean Section rate
- Inductions of labour rate remains static
- Increase in number of births at LRI compared to previous month
- Although the current mean (4.6%) is below ATAIN initial target (6%, favourable), if a step change is inserted into SPC chart, the amended mean (6.2%)would be above the ATAIN target
- Findings from review of 8 term admissions in August highlighted theme of hypoglycemia and adhering to the infant feeding guideline
- Comprehensive peer benchmarking is still being sought via EM Neonatal Network, however published from the South West Neonatal Network Dashboard indicates a similar pattern to UHL, with levels around 4.0%, experiencing a sharp increase in the latter part of 2022-23
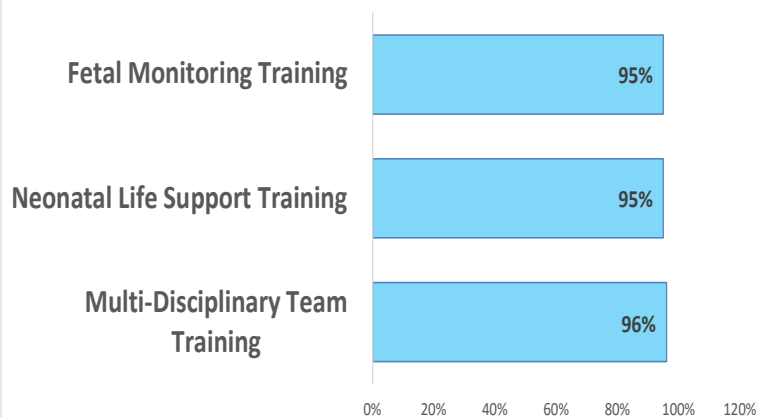
What Is Going Well?

- Blood loss and 3rd/4th degree tears remain below national target
- 2 Quality Improvement Midwives in post to drive forward clinical improvements
- In depth detailed review of IOL service in progress and clinical prioritisation tool in development
- MDT approach to reviewing guidance around IOL

What Do We Need To Focus On?

- Explore why women within the city are less likely to book before 10 weeks than women in the county, work in progress with MNVP
- Allocation of protected time for clinical staff to review Datix
- Quality, Risk and Safety (QRS) team to support each department to develop processes to ensure prompt review, action, and approval of incidents within their respective areas
- Liaise with the Corporate Risk Team to support a bespoke training session on Datix
- Implementing actions within ATAIN action plan, undertaking deep dive review of cases and increase infant feeding team support to ensure close monitoring of babies at risk of admission to the neonatal unit

Where Do We Want To Be?

- Reduction of term admissions to ensure consistently below the national target
- Achieve a reduction in reportable incidents
- Optimise data triangulation to strengthen our approach, ensuring data's pivotal role in shaping pre-conceptual care and public health strategies
- Deliver an improved user experience
- Increased numbers of babies being breastfed at birth

Workforce Training Summary

Proportion of Staff Attending Training during 2022-23

Training	%
Fetal Monitoring Training	95%
Neonatal Life Support Training	95%
Multi-Disciplinary Team Training	96%

(Bar chart axis: 0% 20% 40% 60% 80% 100% 120%)

Key Performance Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23
% of All Staff attending Annual MDT Clinical Simulation	90%	94%	96%	92%	94%	94%
% of All Staff attending Neonatal Life Support (NLS) Training	90%	95%	95%	91%	94%	95%
% of All Staff attending Continuous Electronic Fetal Monitoring (CEFM) Training (Theory)	90%	94%	94%	96%	94%	95%
% of All Staff attending CEFM Training (Assessment)	90%	93%	94%	95%	92%	93%

IN SUMMARY

What Is The Data Telling Us

- Continued reporting of strong position for staff training
- Staff training compliance in year 2 remains above target for 8th consecutive month for all staff groups
- On target to meet MIS year 5 for staff training

What Is Going Well

- New training plan completed to include MIS year 5 and SBLV v3
- Met with MNVP to discuss their involvement in training days

What Do We Need To Focus On

- Working toward a plan in place for skill drills in clinical area during year 3
- Monitor compliance for GROW/GAP and Smoking Cessation training and report training figures
- Ensure all staff are effectively trained in SFH measurement

Where Do We Want To Be

- Achieve MIS Year 5 by maintaining training figures >90%
- Consider stretch targets for year 3 training
- Evidence of learning being embedded

Maternity & Neonatal Experience

Family & Friends Test (FFT)	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	YTD
Maternity Friends & Family - % of Responses	25%	24.2%	19.5%	17.3%	19.3%	22.6%	20.6%
Maternity Friends & Family - % of Promoters	96%	96.3%	95.0%	95.8%	95.3%	92.8%	95.0%

Complaints & Concerns	Apr-23	May-23	Jun-23	Jul-23	Aug-23	YTD
Maternity	11	13	10	20	14	67
Neonatal	0	3	1	0	0	4

CQC Maternity Survey 2022

	Patient Response	Compared with other trusts
∨ Labour and birth	7.6 / 10	About the same
∨ Staff caring for you	8.2 / 10	About the same
∨ Care in hospital after the birth	6.5 / 10	About the same

IN SUMMARY

What Is The Data Telling Us?

- Reduction in the number of complaints and concerns in August

- The % of responses for FFT has increased, however remains below target

- Reduction in the promoter rate, which is below 95% for the first time this year

- The Maternity and Neonatal Voices Partnership (MNVP) have released the results of their 2023 survey this month. 8 themes were identified.

What Is Going Well?

- Senior management team presence at the 1st MNVP membership meeting to engage with members of the community including service users
- Regular monthly meetings in place to enable co-production
- An escalation poster has been developed to inform women and birthing people how to escalate any concerns to senior leaders whilst they are an inpatient. This has been developed following patient feedback and 'Martha's Rule'
- The Patient Experience Board meeting has been revised and increased to monthly to facilitate prompt progress of actions

What Do We Need To Focus On?

- Production of leaflet and video to facilitate improved information around the Induction of Labour process

- Continuing to focus on improvements required as highlighted during the Care Quality Commission (CQC) inspection

- Analysis of complaint and concern themes by ward/location every month – to be tracked through Patient Experience Board

- Outline plan to respond to the feedback and make improvements in alignment with our maternity and neonatal improvement plan

Where Do We Want To Be?

- Women, partners and families receive individualised care and are involved in decisions about their care

- Evidence of timely improvements following patient feedback

- Patients to have knowledge and feel confident in escalating concerns at the point they are raised

Safety Champion Feedback
August 2023 Update

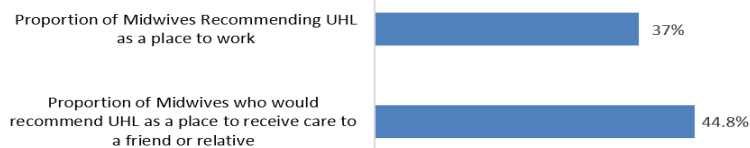| What Staff Said	Action Taken
Update around vacancies across maternity services, including community	• Number of adverts live for recruitment. Continue to gain feedback from stay conversations and exit interviews • Infographic in place to communicate information around incoming recruits • Community undertaking service review to improve caseload numbers
Improve Induction of Labour (IOL) Pathway	• IOL pathway in review by Quality Improvement Lead Midwife • Clinical prioritisation tool being drafted to support decision making • 7 day, twice daily tactical oversight calls in place to review IOL activity with senior oversight
Use of Translators in Maternity	• Improved use of DA languages by staff • To explore face to face interpreter role across maternity and neonates • Appointed consultant midwife for Equality, Diversity and inclusion who will focus on development of translation services
Vulnerable women accessing service, mainly MAU	• BSOTS paperwork highlights ' consideration for social factors' • Safeguarding matron improved communication and dissemination of information around higher risk vulnerable women to ensure workforce aware of individuals

NHS Staff Survey Results 2022 - Midwives

Proportion of Midwives Recommending UHL as a place to work	37%
Proportion of Midwives who would recommend UHL as a place to receive care to a friend or relative	44.8%

IN SUMMARY

What Is The Intelligence Telling Us?

• Communication is key to drive forward the improvements
• Triangulation of intelligence highlights need for IOL improvements to be made
• Staff reporting greater visibility of senior team in clinical areas at weekends

What Is Going Well?

• Communication feedback improved
• 3 new safety champions appointed to cover LRI, LGH & Community
• Greater staff engagement with newsletter evidenced through feedback
• Collaboration with MNVP to drive service changes

What Do We Need To Focus On?

• Accelerating IOL quality improvement workstream
• Ensuring Safety Champion for Community is visible
• Improving face to face interpreter access
• Recruitment and retention of midwifery workforce

Where Do We Want To Be?

• Improved engagement and involvement with staff and service users
• Proactively theming and actioning findings from staff exit questionnaires and stay conversations

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 for Year 5

Overall Delivery Status of Standards

(Bar chart — Count: N/A = 1, Assured = 2, Delivered = 9, Not Yet Delivered = 32)

Overall Percentage of Evidence Gathered

4.5% Evidenced

● Assured   ● Not Yet Delivered   ● Delivered

Saving Babies Lives Care Bundle Version 2 (SBLCBv2):

SBLCB Version 2	Compliance
Reducing smoking in pregnancy	(green)
fetal growth	(green)
Reduced fetal movements	(green)
Fetal monitoring	(green)
Reducing preterm births	(amber)

SBLCB Version 3:

LMNS required compliance targets yet to be set, assurance meetings scheduled for Q3 2023/24

SBLCB Version 3	Compliance
Reducing smoking in pregnancy	(amber)
fetal growth	(amber)
Reduced fetal movements	(amber)
Fetal monitoring	(amber)
Reducing preterm births	(amber)
Diabetes care	(amber)

Perinatal Mortality
- Progress monitored via national MBRRACE tool
- On track with compliance for September 2023

Maternity Services Data Set
- Assessment Month July 2023 - provisional results indicate a pass in all metrics
- Registration for users registered on MSDS cloud obtained
- On track to meet full compliance

Transitional Care & ATAIN
- Joint TC pathway / guideline approved September 2023 – data collection to commence imminently
- ATAIN action plan finalised and approved at Governance
- ATAIN app to be implemented in practice

Clinical Workforce Planning
- New audit for obstetric workforce short term and long term locums complete and no shortfalls identified – full compliance achieved
- UHL SOP for compensatory rest in place, evidence being collated
- Neonatal staffing not meeting BAPM standards and action plans being developed
- Anaesthetic rotas monitored monthly and compliant to date with 24hr duty consultant available

Midwifery Workforce Planning
- Establishment review commissioned (due to complete 30 September)
- Supernumerary Coordinator Red Flags raised via the intrapartum acuity tool, no concerns regarding planned supernumerary status however reported occurrences reported requiring investigation and actions – deep dive underway

Saving Babies Lives Care Bundle V3
- National implementation tool established and compliance measured by % of interventions embedded
- QI Lead Midwife in post driving forward the work to embed the bundle and interventions
- Working in collaboration with LMNS to set targets and collate evidence of actions embedded

MNVP and Service user feedback
- MNVP relaunched (April 2023) and work plan agreed across LMNS
- Collating evidence of work around priority groups
- QI Engagement Support Officer in post collating service user feedback on wards to assist workstreams

MDT Training
- Gap analysis and comprehensive training plan completed in line with the Core Competency Framework V2 and 'How to Guide', pending approval
- 90% targets achieved in August, noting 86% for maternity support workers

Safety Champions & Board Assurance
- Perinatal scorecard refreshed
- New maternity midwifery safety champions now in post x3
- Incident and complaints data triangulation with Claims scorecard with interventions included within the Safety ¼ Reports and presented at MAC / Quality Committee
- 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
- On track for compliance in August 2023
- Process with litigation team reinforced
- Duty of Candour obligations discharged in all cases

Volunteer of the Year Award

Breastfeeding Peer Support Volunteers

Ward 30, LGH, "should receive this award because they have contributed to the health and wellbeing of mothers and babies. This team of Peer Supporters have worked hard and have willingly given their time to enable mothers to continue to feed their babies as they wish."

THE BABY FRIENDLY INITIATIVE

unicef

UNITED KINGDOM

IN SUMMARY

Why Are We Doing This?

- Externally assessed by UNICEF, Baby Friendly accreditation is based on a set of evidence-based standards including maternity & neonatal services
- The standards are designed to provide parents with the best possible care to build close & loving relationships with their baby and to feed their baby in ways which support optimum health & development.

What Is Going Well?

- Standards achieved at LGH (includes maternity & neonatal services)
- Working with Leicester Mamas to provide Breast feeding peer support through volunteers

What Do We Need To Focus On?

- Sustaining support at LGH with internal monthly audits to be submitted April 2024
- Focused work supported by the Infant Feeding team at LRI to achieve baby friendly standards
- Expand breast feeding support volunteers through continued partnership with Leicester Mamas

Where Do We Want To Be?

- Achieve Baby Friendly Accreditation for LRI Maternity & Neonatal service
- Maintain accreditation at re-assessment July 2026 (LGH)

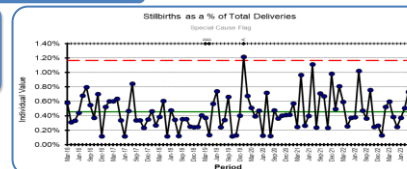## Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 5 (August) 2023-24

	National target / Alert Level	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	2023-24 TOTAL / AVERAGE (YTD)
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	836	775	806	803	789	820	3993
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	485	428	449	450	446	476	2249
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	316	317	319	324	315	319	1594
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	35	30	38	29	28	25	150
SIs (Obstetrics)	Actual	2	0	2	5	2	3	12
SIs (Neonatology)	Actual	0	0	0	0	0	0	0
Number of Still births - overall total	Actual	5	3	2	3	4	6	18
Still births as %age of total Deliveries	<0.45%	0.60%	0.39%	0.25%	0.37%	0.51%	0.73%	0.45%
HSIB Referrals	Actual	1	0	1	2	1	2	6
Moderate Incident	Actual	15	12	16	13	15	14	70
Coroner Regulation 28 Requests	Actual	0	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	1:23.6	1:23.7	1:23.7	1:23.6	1:23.6
Midwife Vacancies (%)	10%	14.0%	13.7%	13.8%	13.6%	14.3%	14.9%	14.1%
1 to 1 Care in Labour	Actual	99.9%	100.0%	100.0%	99.9%	99.6%	100.0%	100%
% of All Staff attending Annual MDT Clinical Simulation	90%	95%	94%	96%	92%	94%	94%	94%
% of All Staff attending NLS Training	90%	96%	95%	95%	91%	94%	95%	94%
% of All Staff attending CEFM Training (Theory)	90%	95%	94%	94%	96%	94%	95%	95%
% of All Staff attending CEFM Training (Assessment)	90%	95%	93%	94%	95%	92%	93%	93%

SPC Analysis & Benchmarking – Stillbirth Rate

University Hospitals of Leicester NHS
NHS Trust

UHL Stillbirths as a % of Total Deliveries
The UHL Stillbirth Rate has remained within the limits of natural variation since an unusual spike in January 2020.
The mean Rate (0.45% or 4.5 in 1000) matches the current national target, although the intention is for Trusts to be below this level (i.e. <4.5 Stillbirths per 1000 Total Births).

Stillbirths as a % of Total Deliveries

Peer Benchmarking
Benchmarking with MBRRACE peer hospitals (Level 3 NICU with Surgery, excluding congenital anomalies) shows UHL to have higher Stabilised and Adjusted Still Birth Rates (per 1000 Total Births) than the majority of providers. UHL has shown a similar level and pattern vs. the mean of the MBRRACE peer group of increasing rates by year.
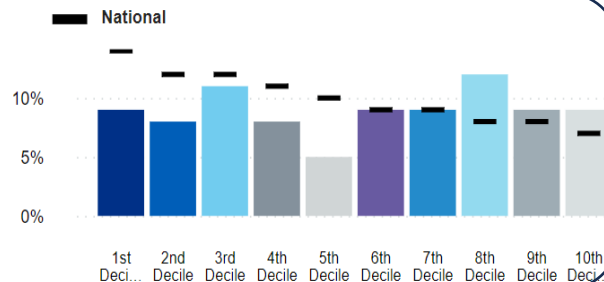
Data to 2021 – the most recent available

https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/data-viewer/

Mortality rates excluding congenital anomalies, Level 3 NICU & neonatal surgery, 2021

Stabilised & adjusted stillbirth rate per 1,000 total births excluding congenital anomalies

Mortality rates excluding congenital anomalies, by year

Stabilised & adjusted stillbirth rate per 1,000 total births excluding congenital anomalies

Index of Deprivation of Mother at Booking.

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

Legend: National

Categories: 1st Deci..., 2nd Decile, 3rd Decile, 4th Decile, 5th Decile, 6th Decile, 7th Decile, 8th Decile, 9th Decile, 10th Deci...

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 (56%) than the average across all providers (17% and 66% respectively)

Legend: National

Categories: Any other ethnic gr..., Asian or Asian Br..., Black or Black Br..., Mixed, Not known, Not Stated, White

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%)

Legend: National

Categories: 1. 0 to 70 days, 2. 71 to 90 days, 3. 91 to 140 days, 4. 141+ days

Method of Delivery

UHL (27%) has a higher proportion of deliveries by Emergency CS than the average of all providers nationally (23%), and a correspondingly lower proportion of Spontaneous (UHL 42%, all 49%) & Instrumental deliveries (UHL 9%, all 10%).

Legend: National

Categories: Elective c-section, Emergency c-section, Instrumental, Spontaneous
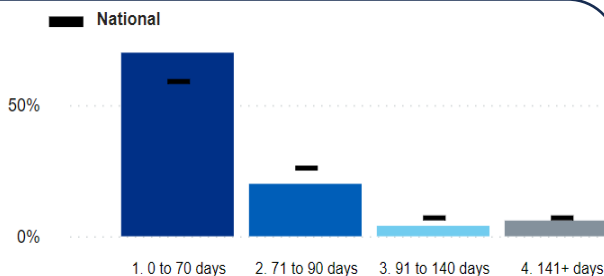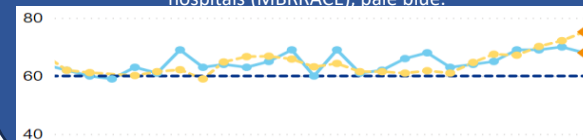

Women who were smokers at booking
UHL: 8.6%
Peer Hospitals (MBRRACE): 7.4%
Nationally: 9.1%

Proportion at UHL (rolling average) and average of all providers showing similarly decreasing trend over last 12 months

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Women who were current smokers at delivery
UHL: 8.1%
Peer Hospitals (MBRRACE): 6.9%
Nationally: 7.9%

Proportion at UHL (rolling average) and average of all providers showing similarly decreasing trend over last 12 months

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Babies who were born preterm (rate per 1000)
UHL: 74.0
Peer Hospitals (MBRRACE): 71.0
Nationally: 63.0
Indication of increasing trend at UHL (yellow) AND Peer hospitals (MBRRACE), pale blue:

Babies whose first feed was breastmilk
UHL: 68.8%
Peer Hospitals (MBRRACE): 75.8%
Nationally: 72.1%
proportion at UHL showing increasing trend over last 4 months; Peers & Nationally remaining steady

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