Meeting title:	Public Trust Board				
Date of the meeting:	14 December 2023				
Title:	Perinatal Surveillance Scorecard - October 2023				
Report presented by:	Julie Hogg, Chief Nurse / Danni Burnett, Director of Midwifery				
Report written by:	Kerry Williams, Head of Midwifery				
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 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.

Midwifery vacancy rate has improved in October and further improvement expected in November with the onboarding of new midwives. As a result, the stretch target of improving the student conversion rate highlighted in the recent workforce plan was achieved.

October saw an increase in activity, despite this 1:1 care in labour was maintained and mandatory training remains above the required target.

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 MIS
- To note the resources accessed by the Trust Board level safety champions on the Future NHS Platform, as required by the Maternity Incentive Scheme

Perinatal Quality Assurance Scorecard

October 2023
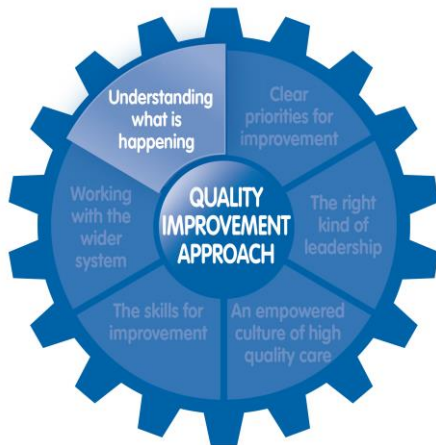
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Safety

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Perinatal Quality Scorecard Summary (October 2023)

Overview

An increase in activity was noted for October with 863 babies born within Leicester Maternity Services. 47.9% of these were spontaneous births while 40.7% born via caesarean section, which is a continued decrease on the previous two months. 10 babies were born at St Mary's Birth Centre and 16 babies were born at home which is a consistent number with the previous month. Postpartum blood loss of above 1500ml occurred in 2.5% of all births which remains below the threshold of 3.1% for the fourth consecutive month. There was (on average) 35 antenatal bookings made and 28 babies were born per day.

Progress is being made on gathering evidence as part of Year 5 of the NHS Resolution Maternity Incentive Scheme ahead of submission in February 2024, and Quality Improvement projects continue to respond to feedback from families utilizing our service.

Safety

Term admissions to NNU increased from last month, the ATAIN working group continue to review all cases and are undertaking work to share learning and actions.

There were no Serious Incidents (SI) reported in October however one baby was admitted to the Neonatal Unit (NNU) for cooling.

100% compliance continues to be maintained for Duty of Candour (DoC) and 100% of women and birthing people received one to one care in labour.

		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

Workforce

Midwifery vacancy rate improved by 1.5% in October in line with onboarding of new recruits. With planned onboarding of new midwives in November this is likely to decrease below target by end of the year.

Obstetric workforce remains static, despite this continued improvement seen in obstetric staffing shortfalls.

Neonatal Consultant vacancy improved in month and a round table planned for November to review Neonatal Nurse staffing will provide support and actions to drive narrowing of neonatal nursing vacancy gap. Ongoing support continues from the East Midlands Operational Delivery Network.

Experience

There has been a slight reduction in the number of complaints received in October. Inpatient % of responses remains good and well above target, ongoing work continues to improve the % of responses received with the community midwifery services. Following patient feedback, work continues to reduce noise at night and supporting extended partners staying.

Outcome

October saw a slight increase in the number of 3rd and 4th degree tears for the first time in five months. The percentage of women who are smoking at delivery has risen by 3% however all smokers were referred in line with Saving Babies Lives Version 3. Focus on Quality Improvement projects for Saving Babies Lives V3 with plans for an 'In-house' stop smoking service developed and launch of incentive scheme.

Training

Mandatory training has remained above 90% for the previous rolling 12 months. Skills drills have continued in the community setting to support Maternity Incentive Scheme standards

Month at a glance

x7 Moderate Incidents

x0 Serious Incidents

x2 HSIB reportable cases & referred

HSIB

x0 Coroner's Regulation 28 Report

100% 1:1 care in labour

96% MDT clinical simulation training compliance*

94% newborn life support training compliance

21% Maternity Friends & Family Test (response rate)

90% Maternity Friends & Family Test (promoter rate)

2.5% blood loss >1500mls

4.1% 3rd & 4th degree tears

6.4% full term babies admitted to NNU

7/10 Maternity Incentive Scheme (Year 5) safety actions on track

83.0% minimum safe staffing met in maternity services (YTD)
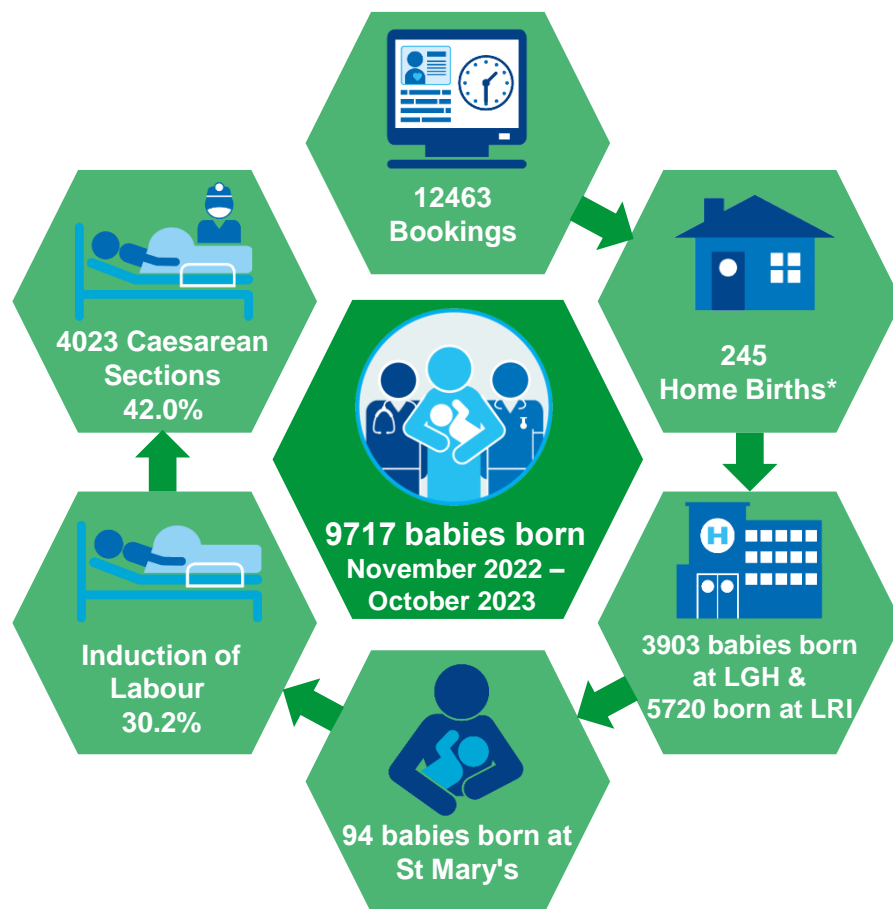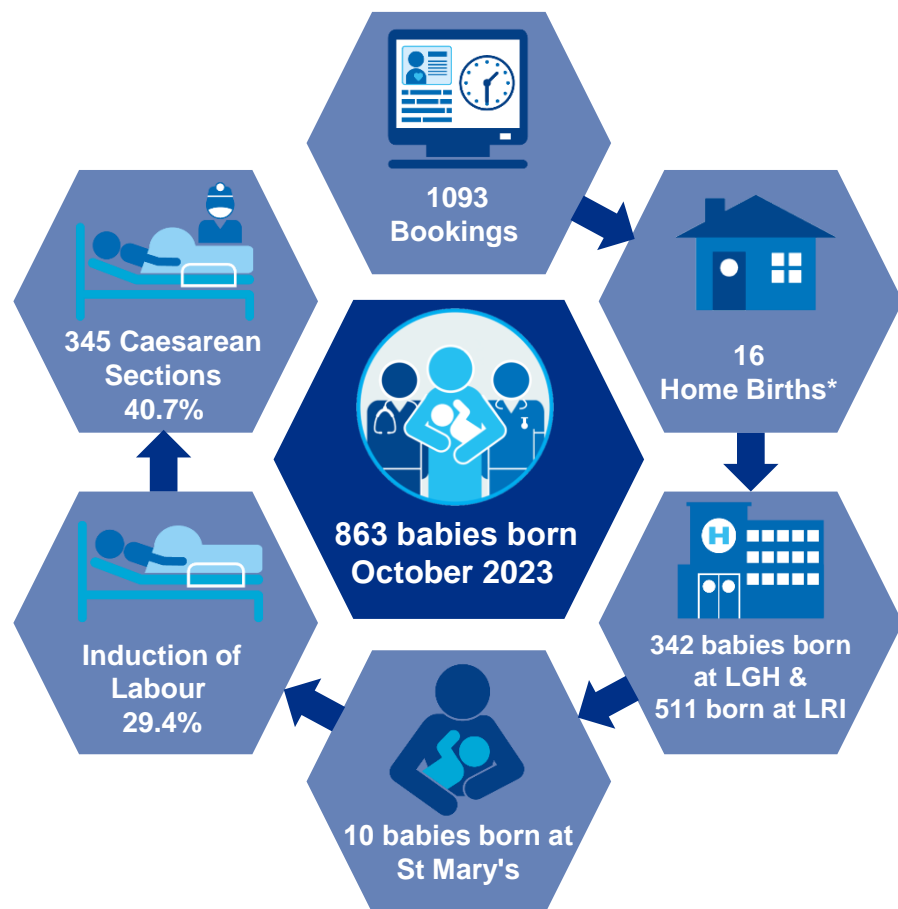
Vacancy Rate Midwives 13.1% Obstetric 3.8 wte

*(all staff groups)

Overall Summary — Maternity Activity

During October 2023 (on average) 35 antenatal bookings were made and 28 babies were born per day

October 2023

- 1093 Bookings
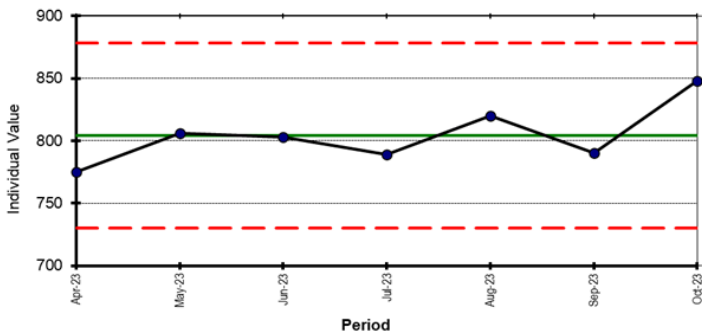- 16 Home Births*
- 342 babies born at LGH & 511 born at LRI
- 10 babies born at St Mary's
- Induction of Labour 29.4%
- 345 Caesarean Sections 40.7%
- **863 babies born October 2023**

November 2022 – October 2023

- 12463 Bookings
- 245 Home Births*
- 3903 babies born at LGH & 5720 born at LRI
- 94 babies born at St Mary's
- Induction of Labour 30.2%
- 4023 Caesarean Sections 42.0%
- **9717 babies born November 2022 – October 2023**

Homebirth Rate 1.9% (2023-24 YTD 2.6%)
* Inclusive of homebirths and babies born before arrival (BBA

Total deliveries (LRI, LGH, SMBC, HB & BBA)
Special Cause Flag

OPEL Maternity Status

- OPEL MF STATUS 1 (GREEN) 10.5%
- OPEL MF STATUS 3 (RED) 29.8%
- OPEL MF STATUS 2 (AMBER) 59.6%
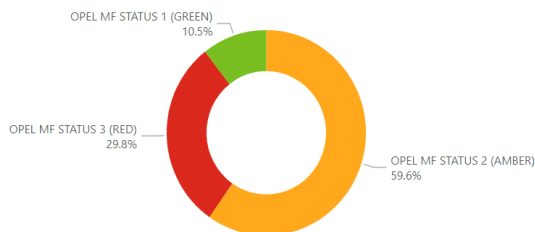
OPEL Maternity Status	N submissions	% of submissions
OPEL MF STATUS 1 (GREEN)	6	10.53%
OPEL MF STATUS 2 (AMBER)	34	59.65%
OPEL MF STATUS 3 (RED)	17	29.82%

OPEL Maternity Status - % of submissions

Service suspensions and diversions

1:1 care given to all women in established labour

- 1:1 care given to all women — 92.98%
- Moving staff to be able to... — 7.02%

IN SUMMARY

What Is The Data Telling Us?

- October saw a significant increase in birth activity compared to previous 6 months

- No episodes of Opel 4 status declared for 4th month in a row. However, number of times declared Opel 1 decreased for the first time in 3months resulting in a 50% increase of Opel 2 status

- To support with increase in activity the homebirth team was fully suspended on 1 occasion

- 1:1 care in labour was maintained with the support of redeployment

What Is Going Well?

- Despite increase in activity continue to avoid Opel 4 status

- Robust operational support at times of escalation to manage patient flow as well as Induction of labour workload and capacity

- Continue with enhanced huddles to support decision making and prioritisation of Induction of Labours (IOLs)

- Maintaining 7-day operational tactical oversight

- Development of IOL app to support decision making and prioritisation
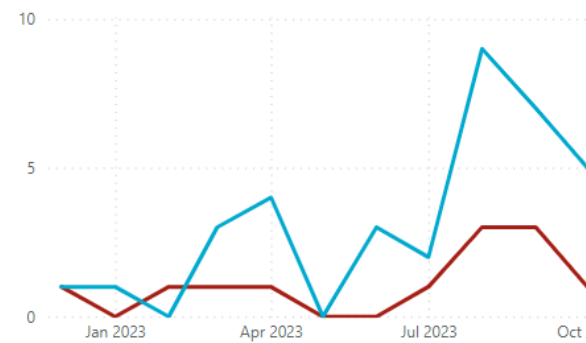
What Do We Need To Focus On?

- Recruit to new IOL Midwives & roll out and embed new IOL app to support daily decision making

- Continue to monitor BSOTS compliance

- Continue timely escalation and prioritisation at times of high activity for regional support; reduce redeployment episodes for Ward areas
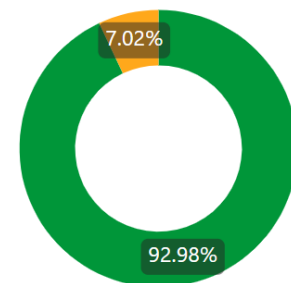
Where Do We Want To Be?

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

- Improvement in number of deferred Induction of Labour cases

Workforce (Maternity)

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-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
	Monthly actual staff hours (Day+Night)	9,102	9,524	8,966	9,312	9,598	9,359	9,930
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
	Monthly actual staff hours (Day+Night)	11,204	11,610	10,597	10,995	11,529	10,878	10,520

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	Oct 2023	Nov 2023
Top (orange)	28.1%	47.2%	31.7%	16.4%	10.5%	25.6%
Middle (red)	12.5%					
Bottom (green)	59.4%	50.9%	63.3%	81.8%	84.2%	71.8%

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

Vacancies - Qualified Nursing - Midwives

Series: Midwifery, Mean, UCL, LCL, Target (Aug-22 to Oct-23)
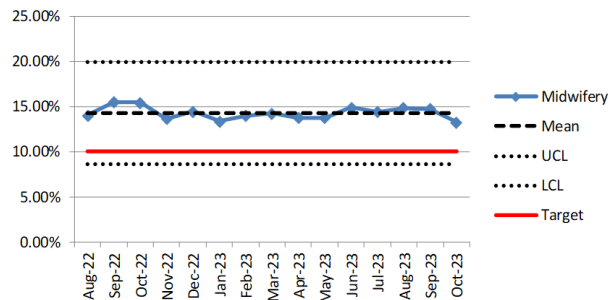
Staff redeployed or non-clinical midwifery staff utilised to meet safe staffing

Midlands Region
- Yes 34.7%
- No 65.3%

LLR
- Yes 21.1%
- No 78.9%

BR+ Acuity RAG Status by Site

LRI Delivery Suite

3.5 or more MW short	21	14	37	33	35	25	24
Up to 3.5 MW's Short	58	67	60	75	71	67	79
Meets Acuity	68	75	50	54	51	69	58

LGH Delivery Suite

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
3.5 or more MW short	14	18	18	22	14	6	16
Up to 3.5 MW's Short	46	68	66	82	86	78	61
Meets Acuity	45	43	39	37	42	52	49

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

IN SUMMARY

What Is The Data Telling Us?

- Stretch target of improving student midwife conversion rate achieved
- Vacancy rate improved by 1.5% in October in line with onboarding of new recruits
- Consultant vacancy rate remains static
- Safe Redeployment for UHL continues to be better than the Regional position and continues to improve month on month
- Slight increase in number of times red acuity reported at LGH due to increase in workload

What Is Going Well?

- With continued planned onboarding of new midwives in November the vacancy rate likely to decrease below target by end of the year
- Midwifery turnover rate remains below national average
- Recruitment of new midwives
- Continued improvement seen in Obstetric staffing shortfalls for 4th consecutive month
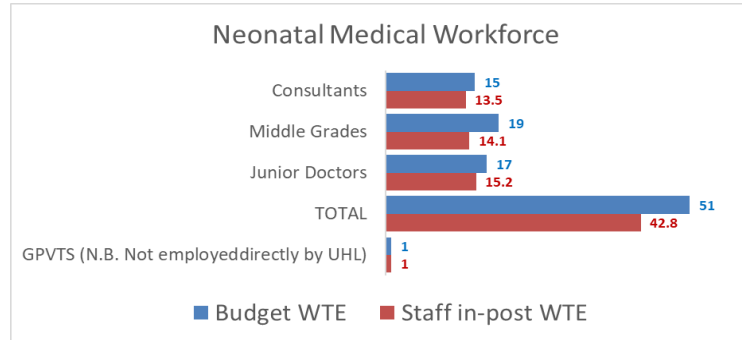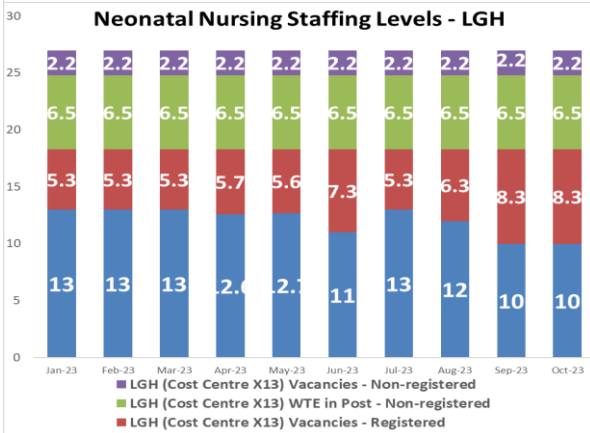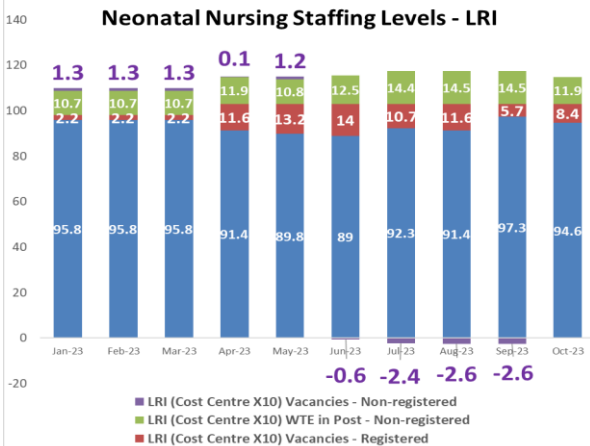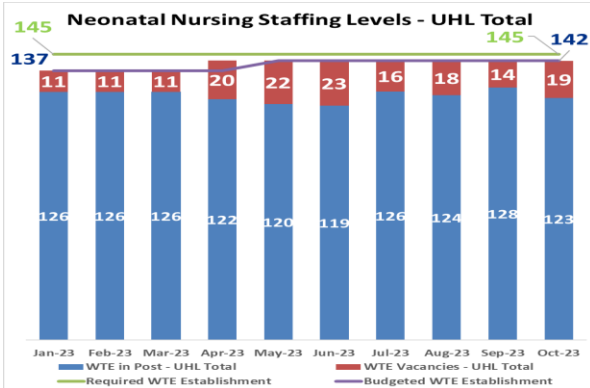
What Do We Need To Focus On ?

- Recruiting into substantive safe staffing matron role to support drive of workforce plan
- Continue working with universities to maintain relationships and visibility with student midwives to support increase in student conversion rates
- Further recruitment of Band 7 co-ordinators to ensure 2 on each shift
- Collate feedback from staff around self-rostering and embed actions

Where Do We Want To Be?

- Meeting remaining recruitment & retention stretch targets highlighted in workforce plan
- Improving Obstetric & Midwifery vacancy rates
- Achieving MIS / Ockenden Compliance with Consultant coverage

Workforce (Neonatology)

Neonatal Nursing Staffing Levels - UHL Total

137 / 145 / 145 / 142

Jan-23: 126 (11), Feb-23: 126 (11), Mar-23: 126 (11), Apr-23: 122 (20), May-23: 120 (22), Jun-23: 119 (23), Jul-23: 126 (16), Aug-23: 124 (18), Sep-23: 128 (14), Oct-23: 123 (19)

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

Neonatal Nursing Staffing Levels - LRI

Jan-23: 95.8, 2.2, 10.7, 1.3
Feb-23: 95.8, 2.2, 10.7, 1.3
Mar-23: 95.8, 2.2, 10.7, 1.3
Apr-23: 91.4, 11.6, 11.9, 0.1
May-23: 89.8, 13.2, 10.8, 1.2
Jun-23: 89, 14, 12.5, -0.6
Jul-23: 92.3, 10.7, 14.4, -2.4
Aug-23: 91.4, 11.6, 14.5, -2.6
Sep-23: 97.3, 5.7, 14.5
Oct-23: 94.6, 8.4, 11.9

- 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

Jan-23: 13, 5.3, 6.5, 2.2
Feb-23: 13, 5.3, 6.5, 2.2
Mar-23: 13, 5.3, 6.5, 2.2
Apr-23: 12.6, 5.7, 6.5, 2.2
May-23: 12.7, 5.6, 6.5, 2.2
Jun-23: 11, 7.3, 6.5, 2.2
Jul-23: 13, 5.3, 6.5, 2.2
Aug-23: 12, 6.3, 6.5, 2.2
Sep-23: 10, 8.3, 6.5, 2.2
Oct-23: 10, 8.3, 6.5, 2.2

- 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

IN SUMMARY

What Is The Data Telling Us?

- Vacancy in Band 6 nurses (17.9 WTE)
- Shortfall of 43 WTE Qualified in Speciality (QIS) Nurses
- 12 Nurses Currently undertaking QIS training programme

What Is Going Well?

- Lead Nurse for Women's services in post
- Interviews scheduled for Matron lead for Recruitment, Retention & Pastoral Care
- Increasing Clinical Band 7 workforce to provide clinical oversight and support
- Strengthened communication with team
- MDT approach to workforce planning
- Neonatal staffing round table scheduled for November

What Do We Need To Focus On?

- Supporting staff to complete QIS training with 16 funded places per year
- Development of package for Band 5 QIS nurses to progress to Band 6
- Recruitment campaign to attract external, experienced QIS nurses
- Increase cot-side support for developing clinical skills and competence
- Explore nursery nurse (Band 4) roles and career pathways

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
MNSI Referrals (Eligible Cases)	24	16	13
MNSI Referrals (Referred & Accepted)	16	12	7
MNSI Referrals (Declined by HSIB)	4	4	2
MNSI Referrals (Declined by family / Consent withdrawn)	4	1	4
MNSI Referrals (Total Safety Recommendations*	34	12	0

* Safety Recommendations are based on date of Report completion

October 2023

1 cases met MNSI criteria

0 MNSI Safety Recommendation (YTD)

0 Non MNSI Serious Incidents

0 Never Events

8 Moderate Incidents

0 Coroner Reg 28

IN SUMMARY

What Is The Intelligence Telling Us?

- 1 completed HSIB/MNSI finalised in October - No Safety Recommendations
- No Non MNSI SI escalated
- 1 MNSI new case referred and accepted
- Improving trends with major obstetric haemorrhage (based on local Datix)

What Is Going Well?

- 2 drafts and 1 final MNSI reports with No Safety Recommendations
- Utilisation of additional capacity to support the team to progress investigations
- Recruitment of IOL Midwives

What Do We Need To Focus On?

- Undertake thematic analysis and look back of specific incidents to inform learning needs
- Ongoing recruitment into the Quality, Risk and Safety Team including increasing capacity of PMRT function
- Sustaining data triangulation with the Maternity and Neonatal Improvement Programme & Workstreams

Where Do We Want To Be?

- Noticeable improvement in user experience around the Induction of Labour pathway
- Datix incidents to be opened and reviewed within in a timely manner- in line with policy
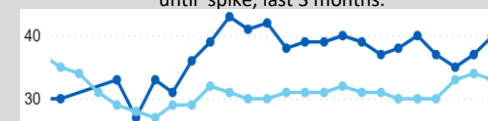- Embed & Embrace PSIRF; promoting and sharing learning actions

Moderate Incidents by Adverse event

(Bar chart — categories: Delay or failure to monitor; Failure to follow Care Pathway; Massive Obstetric Haemorrhage (MOH) > 2,000ml; Third or fourth degree tears; Treatment not clinically indicated; Unexpected admission to Neo-Natal Unit; Unintended injury in the course of an operation or clin task)
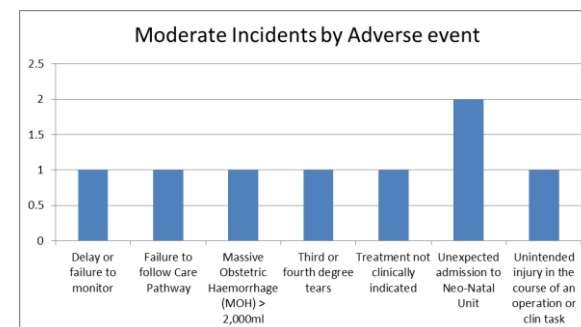
Benchmarking - Women who had post-partum blood loss of 1500ml or more (rate per 1000)
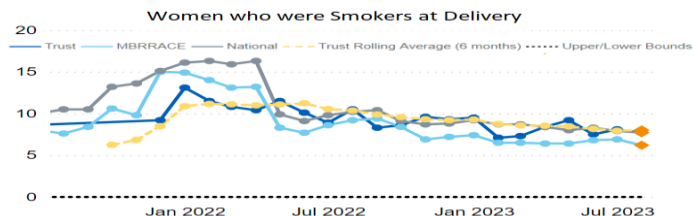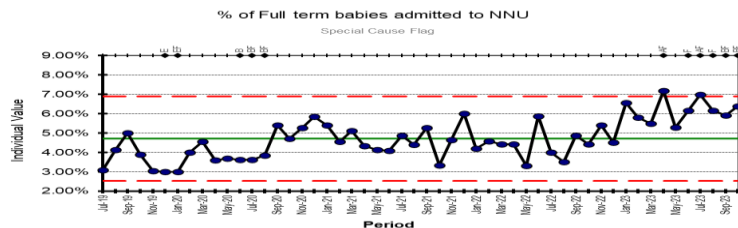**UHL: 37**
Peer Hospitals (MBRRACE): 34
Nationally: 31
UHL (dark blue) showing reducing trend until last 2 months. MBRRACE Group (pale blue) - constant until spike, last 3 months:

August 2023 data, National Maternity Dashboard -NHS Digital

% of Full term babies admitted to NNU
Special Cause Flag

Women who were Smokers at Delivery

Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	YTD
Spontaneous Deliveries %	Actual	42.8%	47.1%	47.9%	45.0%
Caesarean Section Rate - total	Actual	43.9%	42.5%	40.7%	42.7%
% Blood loss greater than 1500 ml (as a % of total deliveries)	Alert if >3.6%	2.7%	2.5%	2.5%	2.6%
% 3rd & 4th degree tears (as a % of total vaginal deliveries)	Alert if >3.6%	3.2%	3.1%	4.1%	3.4%
% of Full term babies admitted to NNU NB:Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births	6%	6.16%	5.91%	6.38%	6.29%
Bookings before 10 weeks % - booked with UHL (Total) NB prior to Apr 2017, data quoted is for bookings before 12 weeks)	77% (UHL Target)	78.0%	74.3%	77.0%	77.20%
% 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%	6.2%	6.2%	9.4%	7.71%

IN SUMMARY

What Is The Data Telling Us?

• There has been a slight increase in the number of 3rd and 4th degree tears this month

• The percentage of women who are smoking at delivery has risen by 3% however 100% of all smokers were referred in line with Saving Babies Lives Version 3

• There has been an increase in the number of term admissions to NNU; all cases are to be reviewed through ATAIN and Datix rapid reviews

What Is Going Well?

• There is a focus on Quality Improvement projects for Saving Babies Lives V3. Option appraisal for an 'In-house' stop smoking service developed and launch of incentive scheme

• Digital technology being utilised for Induction of Labour. This will be launched in December to improve prioritisation, flow and outcomes
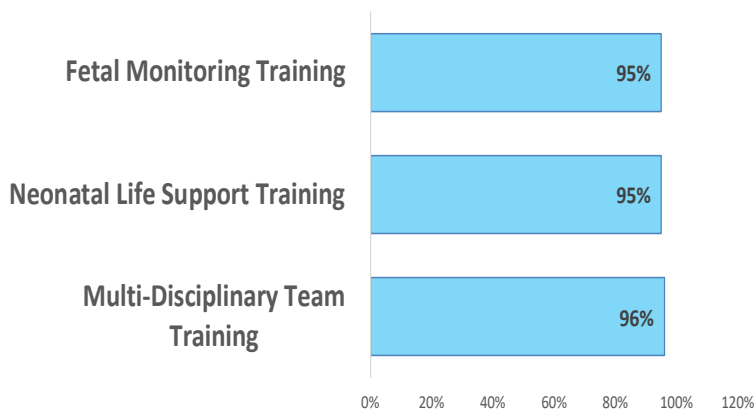
What Do We Need To Focus On?

• Development of a Perinatal Surveillance Group to triangulate data

• Teams to maintain effective communication to enable prompt and efficient escalation assisted by regional launch of Each Baby Count escalation toolkit

• To focus on blood loss>1500mls once new PPH guideline and proforma launched and monitor impact

• Full implementation of the OASI perineal trauma bundle

Where Do We Want To Be?

• Report meaningful data in line with national standards and local learning to inform targeted quality improvement projects.

• Evidencing a reduction in adverse maternity and neonatal clinical outcomes as a result of implemented improvements

Workforce Training Summary

Proportion of Staff Attending Training during 2022-23

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

Key Performance Indicator	Target	Aug-23	Sep-23	Oct-23	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	94.0%	95.0%	96%	95.3%
% of All Staff attending NLS Training	90%	95.0%	95.0%	94.0%	95.3%
% of All Staff attending CEFM Training (Theory)	90%	95.0%	94.0%	94.0%	94.9%
% of All Staff attending CEFM Training (Assessment)	90%	93.0%	94.0%	94.0%	94.3%

IN SUMMARY

What Is The Data Telling Us

- Compliance with mandatory training remains above the required target for a rolling 12-month period

What Is Going Well

- Training days are including patient stories and we have shared learning with peers regionally and nationally

- Skills drills in the community continue and are evaluating well

What Do We Need To Focus On

- Embed plan to ensure all staff are effectively trained in symphysis fundal height (SFH) measurement

- Year 3 training planning

- Support Neonatal team to increase BLS training figures

Where Do We Want To Be

- Continue with 90% staff trained in all staff groups by the end of December 2023

- Aim to achieve MIS stretch targets in year 3

Maternity & Neonatal Experience

Family & Friends Test (FFT)	Target	Aug-23	Sep-23	Oct-23	YTD
Maternity Friends & Family - % of Responses	25%	22.6%	19.0%	20.5	20.3%
Maternity Friends & Family - % of Promoters	96%	92.8%	93.0%	90.4	94.1%

Complaints & Concerns	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	YTD
Maternity	11	13	10	20	14	14	10	92
Neonatal	0	3	1	0	0	1	1	6

CQC Maternity Survey 2022

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

IN SUMMARY

What Is The Data Telling Us?

- There has been a reduction in the number of complaints received

- The % of responses for FFT has remained stable and remains below target

- Promoter rate has decreased and has fallen by 3% from the previous month. It remains below target.

- Themes around night shift and partners staying is the main driver for required improvements within the inpatient setting

What Is Going Well?

- Following patient feedback, visiting times have been extended until midnight and patients are now able to have 2 x birth partners with them on the ward

- Close partnership built with Trusts Patient Experience team and working alongside them to develop 'call for concern' campaign to facilitate patients asking for a 2nd opinion regarding their care

- 4 Induction of Labour midwives appointed following patient feedback to provide standardisation of information, promote informed decision making and consent and continuity of care

What Do We Need To Focus On?

- Provide open and transparent information through social media platforms to inform our community about monthly statistics (as requested through MNVP)

- Explore the use of digital consent to enable and support informed decision making and consent

- Continue to make prompt progress towards a 24 hour Single Point of Contact service

Where Do We Want To Be?

- Women and birthing people to have access to the information they need to make their own informed decisions about their care

- To action patient feedback in a timely way

- To co-produce and co-design all improvements with the LLR MNVP

Maternity & Neonatal Feedback (Staff)

Safety Champion Feedback - October 2023 Update

Examples of What Staff Said	Action Taken
• Reports of Newborn Infant Physical Examination (NIPEs) not always being completed within 72 hours	• Plan to utilise the 5 new community NIPE clinics
• Lack of consumables availability for neonatal procedures	• Housekeepers fully established, training in place and process for regular reordering/replenishment of stock
• Insufficient number of neonatal nurses who are qualified in specialty on each shift	• Rolling recruitment in place for neonatal nurses. Increase in training posts for HDU/ITU QIS nursing course

Board Level Safety Champions

Resource Accessed on Future NHS Platform	Action Taken
• Board safety champions blog	• Time spent with the safe staffing matron and recruitment, retention, pastoral midwives to plan engagement and collaboration
• Review WRES data in conjunction with the evidence from the Empowering Voices programme	• Worked with regional colleagues to develop and launch the labour ward co-ordinator strengths and motivator profile. This will be used to adopt strengths-based recruitment – an evidence based objective approach to recruitment.
• Janam App information accessed - an innovative mobile application designed by UHL to improve perinatal health and reduce health inequalities in maternity outcomes for south Asian women	• Janam app launch event attended on 12 October 2023 by Executive Safety Champion and presentation given on the UHL Equity Strategy and Action Plan
• Read Good Leadership Is About Asking Good Questions	• Provoked to ask different questions and support the investment at board level in the Maternity and Neonatal Improvement Programme
• Ockenden IEA infographic	• Informed communication with staff; consideration to be given to updating existing infographics.

IN SUMMARY

What Is The Intelligence Telling Us?

• Recruitment of International Midwives & Nurses is improving staffing vacancies and bringing unique insight into practice from across the globe
• Successful recruitment of bank / agency staff

What Is Going Well?

• New Governance Boards now in place in the inpatient area / virtual boards being created for community services
• Triangulation of Board to Ward insights and information
• Board Level Safety Champion visit programme across all areas

What Do We Need To Focus On?

• Safety champions visibility and capacity
• Continue to conduct Safety Walkarounds
• Further collaboration with system partners
• Alignment with Empowering Voices as part of MNIP worksteams

Where Do We Want To Be?

• Realtime performance and insights for staff and families via interactive boards
• Self-rostering in all areas
• Increase staff engagement and involvement

Labour Ward Coordinator

Strengths and Motivators Profile
Sally Bibb and Debbie Whitaker

30 November 2023

Bringing Ingenuity to Life.
paconsulting.com

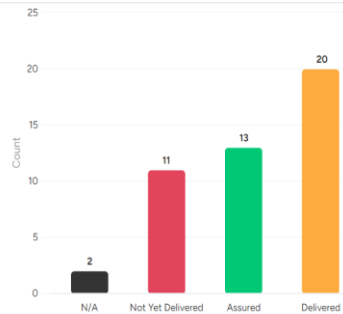Commissioned by Julie Hogg, Chief Nurse, University Hospitals Leicester NHS Trust, 2023
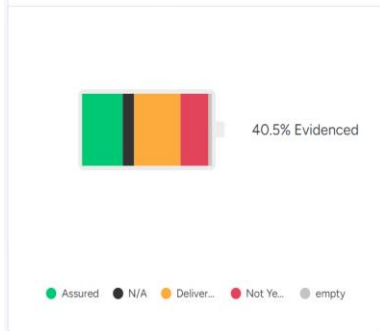
Maternity Incentive Scheme Progress

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

Overall Delivery Status of Standar...

Category	Count
N/A	2
Not Yet Delivered	11
Assured	13
Delivered	20

Overall Percentage of Evidence G...

40.5% Evidenced

Legend: ● Assured ● N/A ● Deliver... ● Not Ye... ● empty

Perinatal Mortality
- Progress monitored via national MBRRACE tool
- 2 areas have achieved minimum compliance target for scheme
- On track for full compliance by 7 December 2023

Maternity Services Data Set
- 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
- Joint TC pathway / guideline approved September 2023
- Data collection for September and October finalised
- ATAIN action plan finalised and signed off by the Maternity Assurance Committee (MAC). Sign off by Trust Board and LMNS pending
- ATAIN reviews ongoing and deep dive themes identified for respiratory and hypoglycaemia

Clinical Workforce Planning
- 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. Diary review exercise being finalised
- Neonatal staffing not meeting BAPM standards and action plans in place. Sign off by Trust Board and LMNS / ODN pending.
- Anaesthetic rotas monitored monthly and compliant to date with 24hr duty consultant available

Midwifery Workforce Planning
- Establishment review commissioned and outcome expected imminently
- Supernumerary Coordinator Red Flags raised via the intrapartum acuity tool for not maintaining supernumerary status. Deep dive ongoing and development of SOP to ensure consistent reporting.
- 1:1 care during established labour being reviewed as red flags recorded on acuity tool.

Saving Babies Lives Care Bundle V3
- National implementation tool established and compliance measured by % of interventions embedded
- 2nd compliance meeting with ICB scheduled for 11 December 2023
- QI Lead Midwife driving forward the work to embed interventions in line with LMNS set targets

MNVP and Service user feedback
- MNVP relaunched (April 2023) and confirmation of required infrastructure in place received
- Work plan agreed across LMNS. CQC 2022 survey findings shared with LMNS.
- Collating evidence of work around priority groups
- QI Engagement Support Officer collating service user feedback to assist workstreams. Experience paper to be drafted.

MDT Training
- 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). Pending Trust Board and LMNS approval
- 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

Safety Champions & Board Assurance
- 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 ¼ 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
- On track for compliance in October 2023
- Process with litigation team reinforced
- Duty of Candour obligations discharged in all cases

Hot Topic — Single Point of Contact (SPOC)

IN SUMMARY

Why Are We Doing This?

Building on the success of the separation of the Telephone Triage (TT) from the Maternity Assessment Unit (MAU) we are expanding this to create a Single Point of Contact (SPOC)

Project Expected Outcomes

- All women have access to maternity services through a single contact number
- Advice is consistent with current policies/guidelines
- Advice given is objective, removing human factors such as operational pressures
- Advice given is documented at the time of the telephone call to support ongoing communication between healthcare professionals and women
- Creation of Virtual Wards and Service Oversight to support tactical and operational plans

What Is Going Well?

- Positive feedback from staff and service users from current telephone triage service
- Working group with strong engagement across MDT
- Using NetCall system, so able to monitor activity and fluctuation in response times
- Benchmarking has provided learning from other organisations and shared resources to inform our approach

Approach

- Phased approach to ensure each change adds value for service users (supported by regular data review)
- Working in conjunction with website development to increase awareness & access to generic information

What Do We Need To Focus On?

From 8 January 2024 using the current 3 spaces in MAU telephone triage room:
- ✓ Addition of 1 midwife (11.30pm – 7am) - gives 24/7 cover
- ✓ Addition of 1 clinic co-ordinator (8am – 4pm)

Continue staff forums & written comms

Developing Standard Operating Procedures and Call Algorithms

Next Steps

- Ongoing review of changes and impact on service users & staff
- Identify larger room to increase capacity (minimum 6 workspaces) to increase the number of services included in SPOC – if this is not possible, explore digital solution that supports SPOC without call handlers in one space
- Addition of community team admin from 4 February

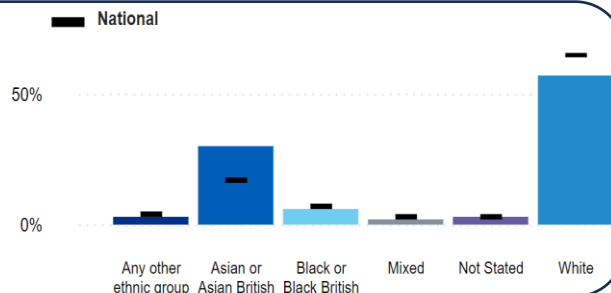| Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 7 (October) 2023-24								
	National target / Alert Level	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	2023-24 TOTAL / AVERAGE (YTD)
Total deliveries (LRI, LGH, SMBC, HB & BBA)	Actual	806	803	789	820	790	848	5631
No. of hospital deliveries at LRI (excl HB & BBA)	Actual	449	450	446	476	453	487	3189
No. of hospital deliveries at LGH (excl HB & BBA)	Actual	319	324	315	319	301	334	2229
No. of hospital deliveries at SMBC Plus HB & BBA	Actual	38	29	28	25	36	27	213
SIs (Obstetrics)	Actual	2	5	2	3	0	0	12
SIs (Neonatology)	Actual	0	0	0	0	1	0	1
Number of Still births - overall total	Actual	2	3	4	6	4	3	25
Still births as %age of total Deliveries	<0.45%	0.25%	0.37%	0.51%	0.73%	0.51%	0.35%	0.44%
HSIB Referrals	Actual	1	2	1	2	0	2	8
Moderate Incident	Actual	16	13	15	14	6	7	83
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	1:23.6	1:23.7	1:23.7	1:23.6	1:23.5	1:23.7	1:23.6
Midwife Vacancies (%)	10%	13.8%	13.6%	14.3%	14.9%	14.6%	13.1%	8.2%
1 to 1 Care in Labour	Actual	100.0%	99.9%	99.6%	100.0%	100.0%	100.0%	100%
% of All Staff attending Annual MDT Clinical Simulation	90%	96%	92%	94%	94%	95%	96%	94%
% of All Staff attending NLS Training	90%	95%	91%	94%	95%	95%	94%	94%
% of All Staff attending CEFM Training (Theory)	90%	94%	96%	94%	95%	94%	94%	94%
% of All Staff attending CEFM Training (Assessment)	90%	94%	95%	92%	93%	94%	94%	94%

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%)
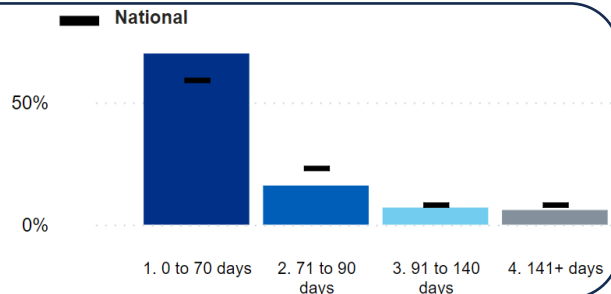
National

Deciles: 1st Deci…, 2nd Decile, 3rd Decile, 4th Decile, 5th Decile, 6th Decile, 7th Decile, 8th Decile, 9th Decile, 10th Deci…
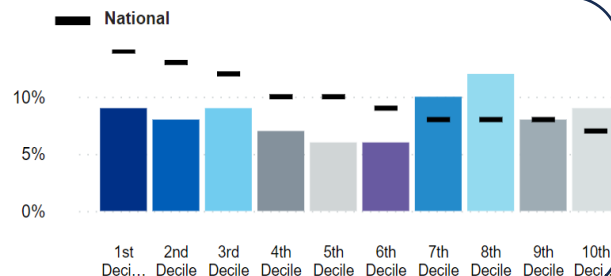
Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (30%) and a correspondingly lower proportion with White ethnicity (57%) than the average across all providers (17% and 65% respectively)
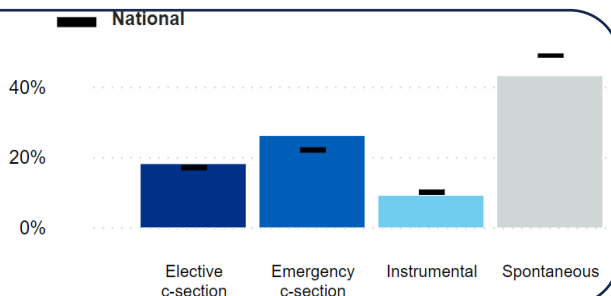
National

Categories: Any other ethnic group, Asian or Asian British, Black or Black British, Mixed, Not Stated, White

Gestational Age at Booking

For the lowest Gestational Age group (1 to 70 days), UHL (70%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (59%)

National

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

Method of Delivery

UHL (26%) has a higher proportion of deliveries by Emergency CS than the average of all providers nationally (22%), and a correspondingly lower proportion of Spontaneous (UHL 43%, all 49%) & Instrumental deliveries (UHL 9%, all 10%).
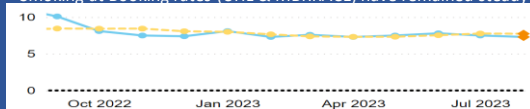
National

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

Women who were smokers at booking
UHL: 7.06%
Peer Hospitals (MBRRACE): 7.3%
Nationally: 9.0%
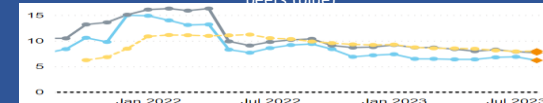Smoking at Booking rates (UHL & MBRRACE) have remained steady

Oct 2022, Jan 2023, Apr 2023, Jul 2023

Women who were current smokers at delivery
UHL: 7.78.1%
Peer Hospitals (MBRRACE): 6.9%
Nationally: 7.9%
UHL (yellow) similar reducing trend to National av. (grey) and MBRRACE peers (blue)
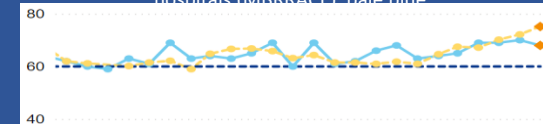
Jan 2022, Jul 2022, Jan 2023, Jul 2023

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%
UHL (yellow) had shown decrease until last 8 months when recovered slightly. Peers (blue) & Nationally (grey) remaining steady

Jan 2022, Jul 2022, Jan 2023, Jul 2023