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|--|---|--|-----------|---|--------|
| Meeting title: | Public Trust Board Public Trust Board paper H | | | | |
| Date of the meeting: | 14 September 2023 | | | | |
| Title: | Perinatal Surveillance Scorecard & Maternity Assurance Committee | | | | |
| Report presented by: | Julie Hogg, Chief Nurse & Danielle 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 | | | | | |

| |
|--|
| 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 maternity assurance met in August 2023. The quadrant report is enclosed to assure the board on the activities of the committee.

The perinatal surveillance 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) as outlined within Slide 13, in addition to local insights.

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

Maternity Assurance Committee (MAC) Chair's Highlight Report to Trust Board

| | | | |
|---|--|-----------------------------|---|
| Subject: | Maternity Assurance Committee (MAC) Highlight Report | Date: 30 August 2023 | |
| Prepared By: | Julie Hogg, Chief Nurse/Danni Burnett, Director of Midwifery | | |
| Approved By: | Julie Hogg, Chief Nurse | | |
| Presented By: | Julie Hogg, Chief Nurse/Danni Burnett, Director of Midwifery | | |
| Purpose | | | |
| Brief Trust Board on the key discussions at the UHL Maternity Assurance Committee (MAC) | | Assurance | Trust Board asked to receive and note the update from MAC |

| Matters of Concern or Key Risks to Escalate | Major Actions Commissioned / Work Underway |
|---|---|
| <ul style="list-style-type: none"> During Quarter 1 (Q1) there were: <ul style="list-style-type: none"> 8 reportable Serious Incidents (SI), 6 meeting Healthcare Safety Investigation Branch (HSIB) criteria. All 6 HSIB reportable cases referred with 3 accepted). 2 intrapartum deaths, 2 early neonatal deaths 3 HIE cases and 1 maternity service closure. All cases are subject to investigation with no immediate issues to escalate. 33 Maternity Complaints / Concerns reported and 8 associated with Neonates, communication and delays identified as the most prevalent reason for reporting. There is alignment in learning and actions being taken to drive improvement when considering the Trust Claims Scorecard and triangulation across safety and experience information. Delays in Induction of Labour (IOL) and Capacity across services remain a challenge. | <ul style="list-style-type: none"> Further work required to quantify and articulate the actions in relation to Obstetric and Neonatal high-impact actions as part of the Workforce Plan for Maternity & Neonatal Services. Final plan to be approved at October MAC UHL continue to work to achieve full compliance with the 7 Immediate & Essential Actions (IEAs) for Ockenden. The Workforce Plan illustrates actions to address the midwifery gap with work continuing to ensure full achievement of consultant-led MDT Ward Rounds (Day & Night). October MAC to review evidence of progress with further external assurance planned through the Local Maternity & Neonatal System (LMNS) and LLR ICB. All 10 Safety Actions for Year 5 (NHSR/CNST) Maternity Incentive Scheme (MIS) are being monitored and progressed in line with requirements. Targeted work underway to progress Safety Action 4 (Clinical Workforce Planning) and Safety Action 5 (Midwifery Workforce Planning). A deep dive review is being undertaken to further understand and respond to Red Flags. For Safety Action 6 (Saving Babies Lives Care Bundle v3) the scheme is not assessing against the % compliance of the outcome indicators but rather the % compliance of the interventions embedded at the end of the assessment period. A work plan is being developed. Relationships and activities are in place with the Maternity & Neonatal Vice Partnership (MNVP) and Quality Improvement team to progress Safety Action 7 (Listening to women, parents, and |

| | <p>families).</p> <ul style="list-style-type: none"> • Focused work on Major Obstetric Haemorrhage (highest reportable incident where harm occurs), the reporting is consistent with outcome, and 2 out of the 24 cases identifying notable care issues. Recording of all calls to telephone triage is now in place, with audit of the advice given. Quality Improvement Team leading on the refresh and relaunch of Induction of Labour pathway. Coding of Complaints and Incidents lacks consistency therefore targeted work to address. Timely contact from Matron / Head(s) of Service for all complaints and concerns (maternity) • Update on work to understand inequalities in Black mothers' perinatal health and initiatives to address these. A thematic review is emerging with plans to inform an improved care model. In collaboration with a PhD student focus groups are in place to explore experience of care during pregnancy and research is being undertaken within community groups to understand the support in place. Further work is required to benchmark nationally and to bring together initiatives in addressing inequalities across LLR. This goes beyond maternity however there is a specific role for the maternity equity workstream. Actions in place to incorporate outcomes and inequalities data as part of the emerging perinatal surveillance framework. • Weekly action tracker meetings continue to respond to initial feedback following the CQC inspection in February/March 2023. Awaiting publication of the final reports. Progress has been made separating the Telephone Triage from the Maternity Assessment Unit (MAU), agreeing business cases in relation to the Theatre estate and separation of elective / emergency activity on the Leicester General site, continued focus on recruitment / retention / pastoral initiatives, and strengthening of operational oversight arrangements. |
|---|---|
| Positive Assurances to Provide | Decisions Made |
| <ul style="list-style-type: none"> • The Maternity Services Data Set (MSDS) submission for July activity achieved the deadline (31 August 2023) and on track for 100% compliance. Full compliance achieved or on track for MIS Safety Actions 1 (Perinatal Mortality), 9 (Board Assurance) and 10 (HSIB and Early Notification Cases). | <ul style="list-style-type: none"> • Timeline agreed as part of MIS confirm and challenge ahead of submission during Quarter 4 (2023/2024), this includes Executive Board Oversight and Assurance • Progress utilisation and adoption of Monday.Com as part of the new Maternity & Neonatal Improvement Programme Framework |

- Audit completed with 100% compliance with guidance for escalation when the computerised Cardiotocograph (CTG) do not meet criteria
- Progressing with driving forward actions in response to the **Empowering Voices** programme. Priorities on improving the onboarding experience and dedicated team away days. A **Communication and Engagement strategy** for maternity is being coproduced with staff as part of strengthening the voice and timely information cascade.

Comments on Effectiveness of the Meeting

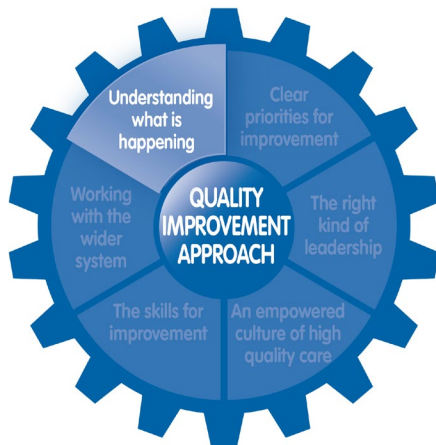
MAC continues to embed, and members have reflected on the scale of the workplan to ensure there is a proportionate and appropriate time for each priority. A new Maternity & Neonatal Improvement Programme has launched supported by a dedicated team. This programme with the new online programme management system will inform and update MAC with the aim for evidence to be clear and accessible.

MAC noted the Trust's and CMGs response to the outcome of the Lucy Letby trial as well as approving an amendment in the ICB attendee with the Head of Womens Maternity and Neonates Transformation joining MAC replacing the ICB Chief Nurse.



Perinatal Quality Assurance Scorecard

July 2023



Contents



Overall
Summary



Safety



Workforce



Patient
Experience



Staff
Feedback



Progress Against
Maternity
Incentive Scheme



Hot Topics

Month at a glance July 2023



*(all staff groups)

Perinatal Quality Scorecard Summary (July 2023)

Overview

In July, the caesarean section rate was 46.3%, a 2.8% increase from the previous month. Induction of Labour (IOL) rate remains static at 31.7% and 81.3% of bookings were completed before 10 weeks' gestation, surpassing the national average of 59%. UHL are progressing towards Year 5 of NHS Maternity Incentive Scheme (MIS) and meeting national target for antenatal steroids compliance in Saving Babies Lives Care Bundle, following national changes to compliance standards. The Maternity & Neonatal Improvement Programme is due to launch September 2023 with a programme plan underpinning the commitment to quality and safer care, aligning with the NHS England 3-year delivery plan. Refreshed Safety Champion work and engagement plan in place with 3 new incoming champions.



Safety

Term admissions to NNU slightly declined from the previous month supported by ATAIN data. 2 Serious Incidents (SIs) were reported and referred/accepted by HSIB. A quality improvement project has been established to focus on the Induction of Labour pathway. 100% compliance was achieved for BSOTS paperwork completion and one-to-one midwifery care was maintained in labour.

| CQC Rating | Safe | Good | Caring | Responsive | Well-Led | Overall |
|------------|-------------------------------|---------------|---------------|---------------|---------------|---------------|
| LRI | Good Feb 2020 | Good Feb 2020 | Good Feb 2020 | Good Feb 2020 | Good Feb 2020 | Good Feb 2020 |
| LGH | Requires Improvement Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |
| St Mary's | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 | Good Mar 2018 |

Workforce

Midwifery vacancies are currently at 14.3%, whereas Maternity Support Worker vacancies have seen significant improvement.

Focus continues to increase the number of Qualified In Specialty (QIS) Neonatal Nurses.

Sickness rates for Maternity and Neonates are unchanged in month but have significantly improved when compared to the previous 12 months.



Experience

FFT response rate increased by 2%, maintaining a promoter rate of 95.3%. Improvements noted in complaints received around delay in receiving pain relief and noise at night on the ward. Neonatal services received no complaints during reporting period.

Outcome

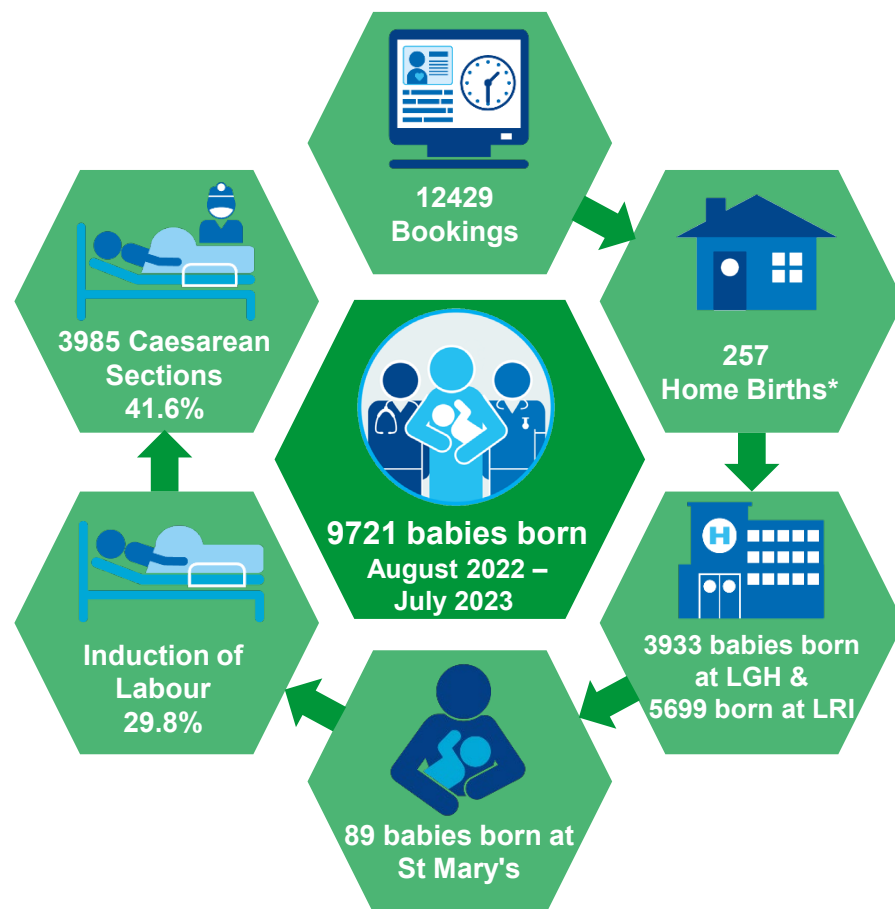
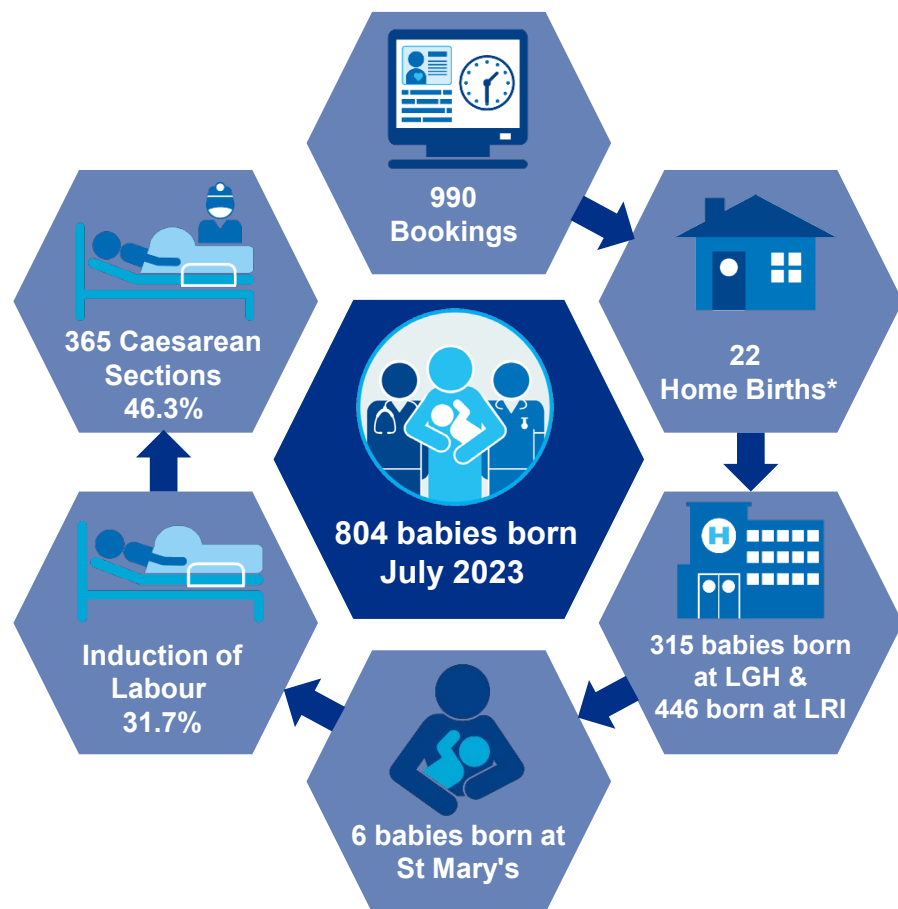
IOL and Post Partum Haemorrhage have been a key focus for continuous improvement, scoping actions to improve the pathway and experience. Immediate changes relating to the booking process and multi-disciplinary review of IOL bookings in place.

Training

All mandatory training for staff groups remains above the 90% key performance indicator

Overall Summary Maternity Activity

During July 2023 (on average) 32 antenatal bookings were made and 26 babies were born per day which remains consistent with the 12month period.



Homebirth Rate 2.5% (2023-24 YTD 3.0%)

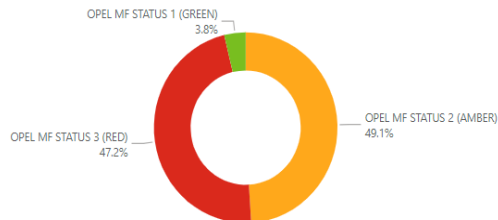
Induction of Labour rates in line with peer Trusts

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

Overall Summary

Operational Activity (July 2023)

OPEL Maternity Status



| OPEL Maternity Status | N submissions | % of submissions |
|--------------------------|---------------|------------------|
| OPEL MF STATUS 1 (GREEN) | 2 | 3.77% |
| OPEL MF STATUS 2 (AMBER) | 26 | 49.06% |
| OPEL MF STATUS 3 (RED) | 25 | 47.17% |

Acute maternity services suspended:

| Count | % of submissions |
|-------|------------------|
| 1 | 1.9% |

Acute maternity services diverted:

| Count | % of submissions |
|-------|------------------|
| 2 | 3.8% |

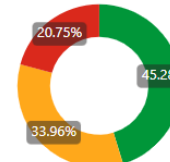
Homebirth services suspended:

| Count | % of submissions |
|-------|------------------|
| 0 | 0.0% |

MLU suspended:

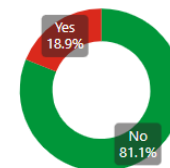
| Count | % of submissions |
|-------|------------------|
| 0 | 0.0% |

Delivery suite Birthrate plus activity and dependency score



- Green - no safety concerns
- Amber - mitigating actions taken to maintain all services to continue safe care delivery
- Red - mitigating actions taken and services stood down to maintain safe care delivery
- Red - services stood down and safety remains compromised

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



IN SUMMARY

What Is The Data Telling Us?

- No OPEL 4 status reported in month compared to 6 times the previous month. There was a 50% reduction in reporting OPEL 3, with induction of Labour (IOL) being the main driver for challenges
- Continue to use internal support to divert between sites when required
- There were zero reports of the Home Birth service or Midwifery Lead unit being suspended however staff from the Home Birth team did support at times of escalation
- One Maternity Unit Closure currently under investigation

What Is Going Well?

- Timely actions to avoid divert or closure
- Increased regional sitrep reporting compliance
- Increased engagement with the ICB to support mutual aid requests
- Continued 7-day operational tactical oversight

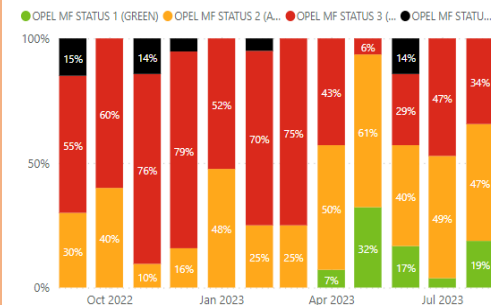
What Do We Need To Focus On?

- Digitalising activity/virtual wards for elective activity
- Continue development of action cards to embed new escalation policy
- Embedding new process to assisting with delayed IOL

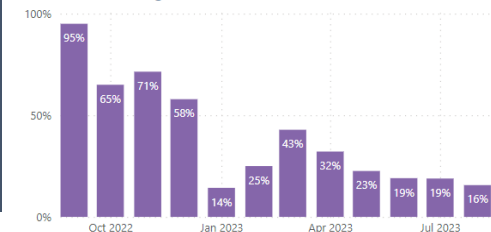
Where Do We Want To Be?

- Continued improvements with capacity and demand i.e., increase in OPEL 1 reporting
- Significant reduction in delayed IOL
- Continued work with regional partners regarding mutual aid

OPEL Maternity Status - % of submissions



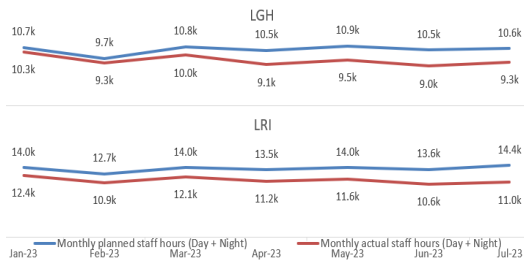
Staff redeployed or non-clinical midwifery staff utilised to meet safe staffing levels



Workforce (Maternity)

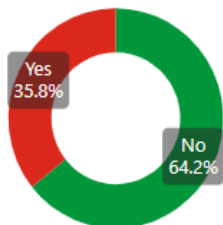
| | | Apr-23 | May-23 | Jun-23 | Jul-23 |
|-------------------------------|---|--------|--------|--------|--------|
| Midwifery Safe Staffing (LGH) | Total monthly planned staff hours (Day + Night) | 10,464 | 10,860 | 10,479 | 10,640 |
| | Monthly actual staff hours (Day + Night) | 9,102 | 9,524 | 8,966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

Midwifery Safe Staffing by Site

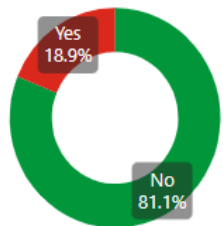


Staff redeployed or non-clinical midwifery staff utilised to meet safe staffing

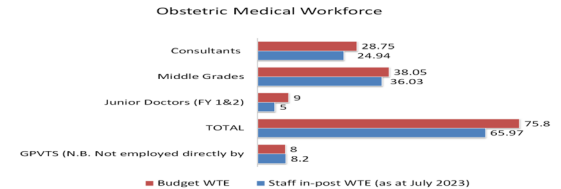
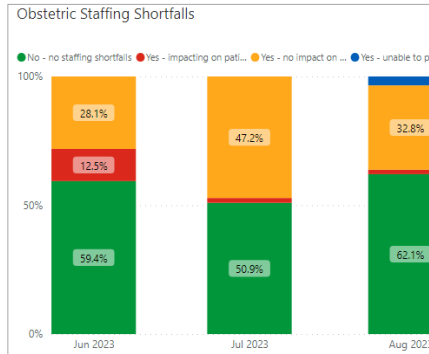
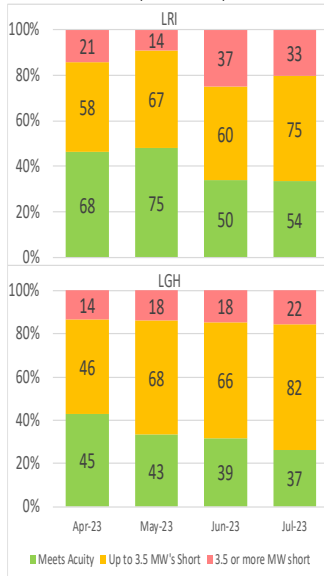
Midlands Region



LLR



BR+ Acuity RAG Status by Site



IN SUMMARY

What Is The Data Telling Us?

- 57.8wte (14.3%) Midwifery Vacancy
- 3.51wte Obstetric Consultant Vacancy
- 2.4wte Support Worker Vacancy
- 30 New Midwives due to commence in post by Nov '23
- Midwifery and obstetric vacancy rates remain static
- Middle grade obstetric workforce holds greatest medical workforce vacancy due to increase in establishment
- Midwifery and support worker CHPPD improved in July and continues to remain greater than 9
- Safe Redeployment for UHL is better than the Regional position and continues to improve month on month

What Is Going Well?

- 2 midwives recruited onto the Advanced Care Practitioner (ACP) training programme
- Recruitment Campaign for Midwives and Support Workers
- New development / leadership posts created to improve talent pipeline and opportunities
- Midwifery turnover rate remains below national average
- 100% fill of obstetric rota achieved in July

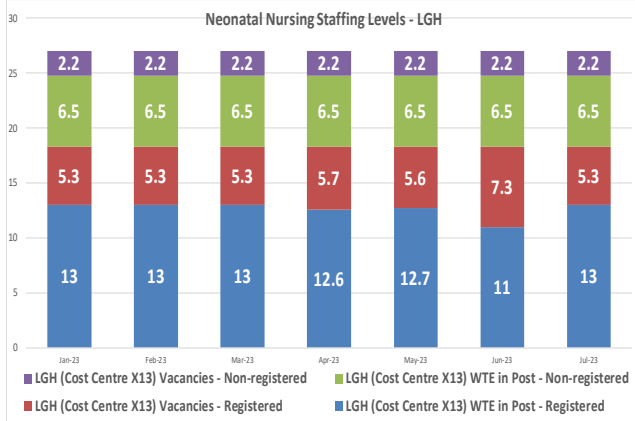
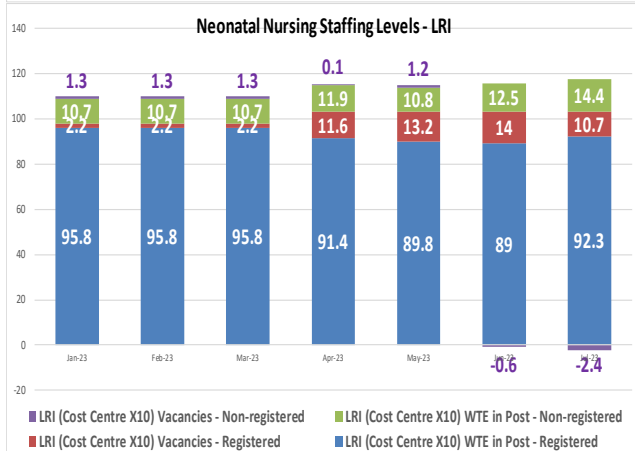
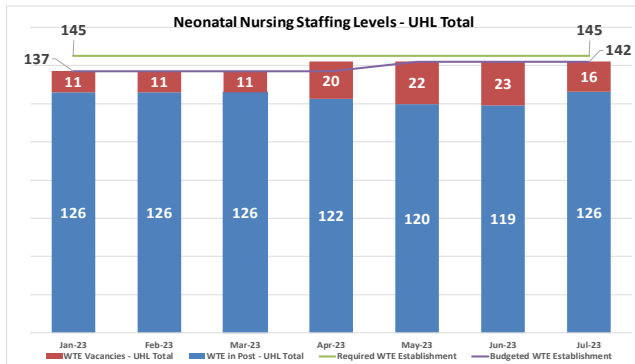
What Do We Need To Focus On ?

- Clinical workforce Working Party created to implement high level actions from workforce plan
- Roll out of self-rostering to improve retention of workforce
- Proactive Recruitment (midwives and obstetricians)
- Working with universities to improve conversion rates from trainee to employee

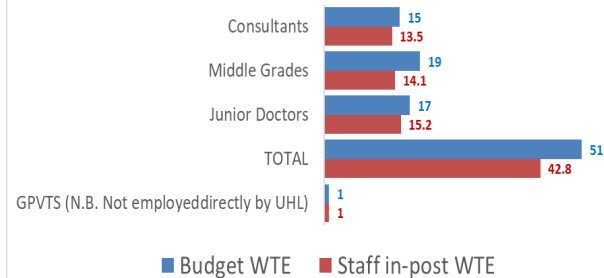
Where Do We Want To Be?

- Meeting recruitment & retention stretch targets highlighted in workforce plan
- Increasing student conversion rate to 40%
- Further reduction in turnover rate
- Successful Obstetric recruitment
- Achieving MIS / Ockenden Compliance with Consultant presence

Workforce (Neonatology)



Neonatal Medical Workforce



IN SUMMARY

What Is The Data Telling Us?

- Vacancy Rate: Neonatal Consultants 1.5wte, Non-Qualified In Specialty (QIS) Nurses 0 (zero), QIS Nurses 12.9wte
- Vacancy rate improved compared to Apr/May/June
- QIS trained nurses currently at 44%

What Is Going Well?

- Successful recruitment of international & local nurses
- 11.78 WTE nurses due to start September 23
- Turnover improved since last year however data shows upward trend since April 23 (11% in July)
- Role of discharge and family care co-ordinator is improving patient flow to home or other centres
- Band 7 time out sessions to strengthen leadership team
- 1 Neonatal consultant starting Sept 23

What Do We Need To Focus On ?

- Benchmark QIS ratio against other level 3 units
- Recruitment & training plan to increase QIS nurses (BAPM standard 70%)
- Recruitment of new Band 7 ward manager at LRI
- Embed quality roles into service with national funds
- Acting on intelligence from stay conversations
- Devise and embed strategy to succession plan into band 6/7 roles following workforce plan intelligence
- Empowering voices programme

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

Safety Incident Reporting

| Key Performance Indicator | 2021-22 | 2022-23 | July 2023 |
|---|---------|---------|-----------------------|
| HSIB Referrals (Eligible Cases) | 24 | 19 | 2 met HSIB criteria |
| HSIB Referrals (Referred & Accepted) | 16 | 13 | 2 Serious Incidents |
| HSIB Referrals (Declined by HSIB) | 4 | 3 | 0 Never Events |
| HSIB Referrals (Declined by family / Consent withdrawn) | 4 | 1 | 15 Moderate Incidents |
| HSIB Referrals (Total Safety Recommendations*) | 34 | 9 | 0 Coroner Reg 28 |

* Safety Recommendations are based on date of Report completion

IN SUMMARY

What Is The Intelligence Telling Us?

- HSIB reportable cases reduced from previous month
- Neonatal death rate reduced, HIE and cooling significantly reduced compared to this time last year
- Risk Assessment audits show an improvement in completion and compliance, this is being closely monitored.

What Is Going Well?

- Neonatal moderate incidents continue to remain at a low level
- Sustained a reduction in the number of safety recommendations from HSIB
- The Quality Improvement team has reinvigorated its efforts to improve the Induction of Labour and Transitional Care pathways
- Ultrasound e-referral in practice
- Latent Phase of Labour guidance published

What Do We Need To Focus On?

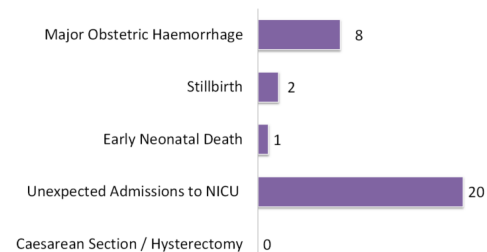
- Applying audit findings to maintain risk assessment compliance
- Focusing on improved information sharing with Health Visiting through digital solutions
- Sustaining data triangulation with the Claims Scorecard

Where Do We Want To Be?

- Evidence of consistent sustained reductions in cases of harm, seen in audit and user feedback reporting
- Improved user experience around Induction of Labour pathway
- Theatre reconfiguration complete



Maternity Services Incidents – July 2023



Safety Perinatal Mortality (PMRT)

Perinatal Mortality Completed Reviews (April - June 2023)

| Category | No. of Cases | Grading of Care* | |
|------------------------|--------------|------------------|----|
| Stillbirths | 8 | | |
| Late Fetal Losses | 5 | Grading A | 14 |
| Early Neonatal Deaths | 12 | Grading B | 8 |
| Late Neonatal Deaths | 5 | Grading C | 1 |
| Infant Deaths >28 days | 1 | Grading D | 0 |

*Gradings of Care

- A. No issues with care identified
- B. Issues which they considered would have made no difference to the outcome for the baby
- C. Issues which may have made a difference to the outcome for the baby
- D. Issues which were likely to have made a difference to the outcome for the baby

Top 5 Perinatal Mortality Review Learning Themes

Missed observations/care

Delay in review/care

Documentation

Missed opportunities

Language Barrier/Translation

Perinatal Mortality (April to June 2023)

| | Stillbirths | | | Neonatal Deaths (up to 28 days) | | |
|-------|-------------|-----|-----------|---------------------------------|--------------|-----------|
| | Total | TOP | Corrected | Total | <24w/TOP /OB | Corrected |
| April | 3 | 1 | 2 | 4 | 2 | 2 |
| May | 2 | 0 | 2 | 7 | 1 | 6 |
| June | 3 | 0 | 3 | 6 | 2 | 4 |
| TOTAL | 8 | 1 | 7 | 17 | 5 | 12 |

IN SUMMARY

What Is The Data Telling Us?

- Stillbirths and neonatal death remain the top themes in reviewed cases
- Communication and delay in review remain a consistent trend, triangulating with feedback gathered from complaints

What Is Going Well?

- Sustained multi-disciplinary engagement in reviews
- Identification of external 'buddy' to support peer working around reviews of care, using similar population.
- Anticipated compliance with PMRT reporting for MIS Year 5 timeframe

What Do We Need To Focus On?

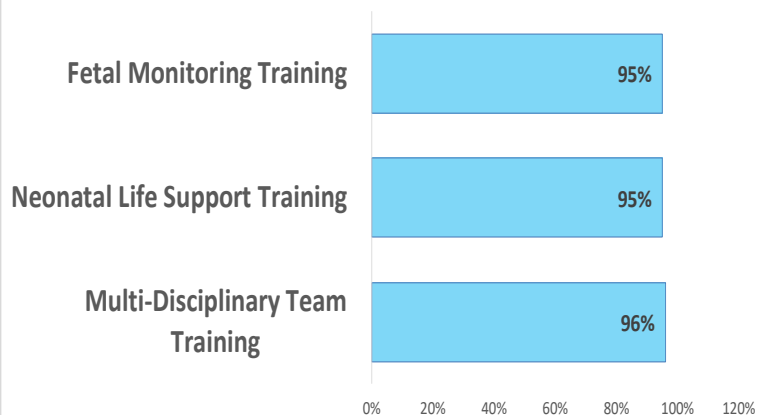
- Delivering and tracking actions in place following case reviews to facilitate system learning
- Embed high quality interpreting services for non-English speaking women
- Continue to develop neonatal bereavement pathway

Where Do We Want To Be?

- Improvement in number of cases related to Perinatal Care Issues / Concerns
- Explore themes identified in reporting and align to maternity and neonatal improvement plan
- Clear triangulation with all reporting related to cases of harm to identify learning priorities

Workforce Training Summary

Proportion of Staff Attending Training during 2022-23



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



IN SUMMARY

What Is The Data Telling Us

- Staff training compliance in year 2 remains above target for 7th 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 Maternity and Neonatal Voices Partnership to discuss their involvement in training days

What Do We Need To Focus On

- Work toward having 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 symphysis fundal height measurement (detection of babies not growing as expected)

Where Do We Want To Be

- Achieve MIS Year 5 by maintaining training figures >90%
- Consider stretch targets for year 3 training

Maternity & Neonatal Experience



| Family & Friends Test (FFT) | Target | Apr-23 | May-23 | Jun-23 | Jul-23 | YTD |
|---|--------|--------|--------|--------|--------|-------|
| Maternity Friends & Family - % of Responses | 25% | 24.2% | 19.5% | 17.3% | 19.3% | 20.1% |
| Maternity Friends & Family - % of Promoters | 96% | 96.3% | 95.0% | 95.8% | 95.3% | 95.6% |

| Complaints & Concerns | Apr-23 | May-23 | Jun-23 | Jul-23 | YTD |
|-----------------------|--------|--------|--------|--------|-----|
| Maternity | 11 | 13 | 10 | 20 | 54 |
| Neonatal | 0 | 3 | 1 | 0 | 4 |

CQC Maternity Survey 2022

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

IN SUMMARY

What Is The Data Telling Us?

- 17 complaints for Maternity Services, 3 concerns (8 LGH, 10 LRI, 2 Community/Home). Complaints have doubled for maternity compared to previous month
- % of women who recommend UHL has remained stable around 95%
- FFT data showing women need more involvement in decision making in the antenatal period

What Do We Need To Focus On?

- Roll-out of free antenatal education classes to other community hubs within LLR
- Focus on improvement of estate and equipment within community settings
- Involving Engagement Officer with Quality Improvement work to ensure service user voice is represented during change
- To develop feedback accessible feedback tools for women who have experienced loss/are vulnerable

What Is Going Well?

- Feedback is positive in relation to telephone consultations and triage. Patients report excellent and accessible communication.
- Early indication of increased footfall from antenatal text messaging service
- Soft launch of the Janam App with the community midwives
- MNVP established and working in close partnership with UHL priorities
- 11 o'clock stop on postnatal wards re-launched and positive feedback received regarding feeding information provided

Where Do We Want To Be?

- Women, partners and families receive individualized care and are involved in decisions about their care
- Development of 'Ask Me' poster to raise awareness for inpatients of options to escalate concerns to senior leads
- Provide more information/education to women through digital platforms with accessibility for all
- To be responsive and timely in resolving emerging themes

Safety Maternity Clinical Outcomes

| Key Performance Indicator | Target | May-23 | Jun-23 | Jul-23 | YTD | Trend Actual results expected to be within the dotted lines |
|--|-------------------|--------|--------|--------|-------|--|
| Spontaneous Deliveries % | Actual | 45.3% | 43.7% | 44.7% | 44.8% | |
| Caesarean Section Rate - total | Actual | 43.8% | 43.5% | 46.3% | 43.3% | |
| % Blood loss greater than 1500 ml (as a % of total deliveries) | Alert if >3.6% | 2.5% | 4.0% | 2.3% | 2.71% | |
| % 3rd & 4th degree tears (as a % of total vaginal deliveries) | Alert if >3.6% | 3.7% | 3.5% | 3.1% | 3.4% | |
| % of Full term babies admitted to NNU <small>NB: Figures from January 2019 reflect ATAIN: Term admissions to NNU as % of UHL Term births</small> | 6% | 5.29% | 6.16% | 6.97% | 6.39% | |

IN SUMMARY

What Is The Data Telling Us?

- 1% increase in spontaneous births this month
- Caesarean section rate has increased by 2.8% since previous month
- Blood Loss >1500mls below national target. There has been a very slight increase in Post Partum Haemorrhage (PPH) which correlates to the increase in Caesarean section rate
- Full term NNU admissions remains above 6%

What Do We Need To Focus On?

- Benchmarking to understand variation (see appendix for further comparison with MBRRACE peer and national trends as per February Maternity Services Dashboard (MSDS2))
- Monitor impact of newly implemented 'post dates' IOL guidance (amended in line with national guidance from 41+5 to 41 weeks gestation).
- Reduction of term admissions with hypoglycaemia
- Update ATAIN action plan to ensure learning is implemented efficiently.
- Embedding updated local PPH guideline which includes Obstetric Bleeding Strategy (OBS Cymru) programme.

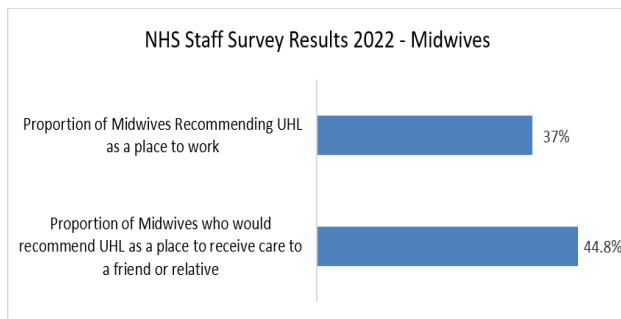
What Is Going Well?

- Blood loss and 3rd/4th degree tears remain below national target
- QI Lead Midwife has joined ATAIN group to assist with improvement plan actions based on emerging themes from ATAIN findings
- Fully established QI team
- In depth detailed review of IOL service in progress

Where Do We Want To Be?

- % of term admissions consistently below national target
- Reduction in reportable incidents
- Better use of data triangulation to strengthen our approach to ensure data plays a crucial role in shaping pre-conceptual care and public health strategies
- Improved user experience

Maternity & Neonatal Feedback (Staff)



Safety Champion Feedback (July 2023 Update)

| What Staff Said | Action Taken |
|---|---|
| Vacancies across maternity services | <ul style="list-style-type: none"> Exploration of themes from exit interviews and feedback to teams where necessary to target reasons for leaving Communications around incoming recruits |
| Improve communication with the teams | <ul style="list-style-type: none"> Good staff engagement with new communication strategy Draft communication strategy being circulated for comments First maternity newsletter released and well received with positive feedback |
| Reduce redeployment of staff from wards and home birth team | <ul style="list-style-type: none"> Local escalation policy in use and shared with wider UHL team Publication of action cards Capture of any redeployment on twice daily tactical call to ensure appropriateness |
| Maternity Assessment & Telephone Triage – improve pathways | <ul style="list-style-type: none"> Single point of access scoping and improvement plan being devised by QI team Relaunch of BSOTS and audit programme |

IN SUMMARY

What Is The Intelligence Telling Us?

- Communication is key to drive forward the improvements
- Redeployment from ward areas and home birth needs further attention
- Separation of Telephone Triage and Maternity Assessment Unit continues to be a positive change
- Staff reporting greater visibility of senior team in clinical areas at weekends

What Is Going Well?

- Outgoing safety champion has effectively completed the safety actions identified during her tenure
- 3 new safety champions appointed to cover LRI, LGH & Community
- Greater staff engagement with newsletter evidenced through feedback

What Do We Need To Focus On?

- Ensuring Safety Champion for Community is visible
- Maintaining monthly meetings with MNVP to coproduce and collaborate website development
- Improvement and development of IOL and TC pathways

Where Do We Want To Be?

- Improved engagement and involvement
- Proactively theming and actioning findings from staff exit questionnaires and stay conversations
- Sustained reduction in staff redeployment by use of the daily tactical calls as described

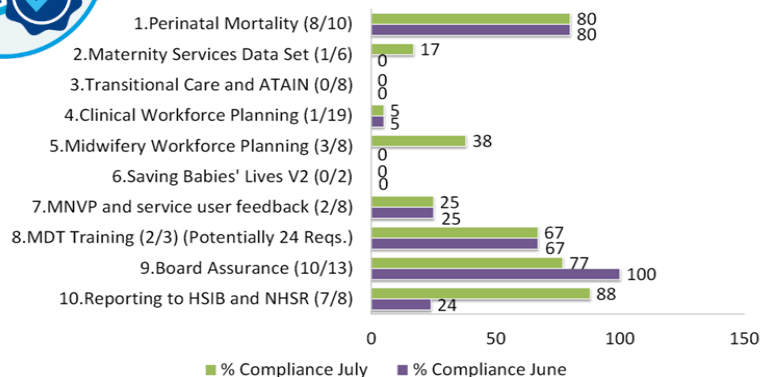
Maternity Incentive Scheme Progress

Safety Actions for Year 5

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



MIS Compliance for Year 5



Saving Babies Lives Care Bundle Version 2 (SBLCBv2):

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|-------------------------------|------------|
| Reducing smoking in pregnancy | |
| Fetal growth | |
| Reduced fetal movements | |
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Saving Babies Lives Care Bundle Version 3:

V3 released on 1 June 2023 with updated standards for each element, diabetes care added as a 6th element. New national implementation tool is now live – collaborative work with LMNS/ICB partners to progress

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| Fetal monitoring | |
| Reducing preterm births | |
| Diabetes care | |

Perinatal Mortality

- Progress monitored via national MBRRACE tool
- On track with compliance for July 2023

Maternity Services Data Set

- Assessment Month July 2023
- Provisional submission made with ongoing updates
- Registration for users registered on MSDS cloud obtained

Transitional Care & ATAIN

- Joint pathway / guideline undergoing review
- New app for ATAIN reviews to be finalised
- ATAIN action plan finalized, work to improve process for obtaining notes to facilitate reviews

Clinical Workforce Planning

- New audit requirements for obstetric workforce being progressed
- Service medical audit lead pending, midwifery lead in place
- UHL SOP for compensatory rest in place
- Neonatal staffing not meeting BAPM standards and action plans being developed

Midwifery Workforce Planning

- Workforce Plan cocreated with staff and universities
- 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 occurrences reported requiring investigation and actions

Saving Babies Lives Care Bundle V3

- Implementation tool 'Live'
- LMNS meeting review (29 August 2023)
- QI Lead Midwife in post driving forward the work to embed the bundle and interventions
- Compliance measured by % of interventions embedded via the tool

MNVP and Service user feedback

- MNVP relaunched (April 2023)
- Work plan agreed across LMNS

MDT Training

- Core Competency Framework V2 being implemented into local training plan
- Gap analysis and comprehensive training plan completed pending approval
- 90% targets achieved in July

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 1/4 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 July 2023
- Process with litigation team reinforced
- Duty of Candour obligations discharged in all cases



Health for
Under 5s

Pregnancy | Health for Under 5s

Antenatal information updated so far:

- ✓ Monitoring baby's movements
- ✓ Antenatal appointment timelines
- ✓ Scans
- ✓ Hospital clinics
- ✓ Screening
- ✓ Antenatal classes/education
- ✓ Maternity contact numbers
- ✓ Vaccinations in pregnancy
- ✓ Lifestyle and well-being
- ✓ GBS
- ✓ Research at UHL
- ✓ Maternity Assessment Unit

IN SUMMARY

Why Are We Doing This?

- Current UHL maternity website is outdated, improvements required around accessibility and easy to read
- There is no dedicated clinical ownership of the current website

What Is Going Well?

- We have a strong relationship with our partners at Leicestershire Partnership Trust (LPT) who have capacity to build a maternity services hub on their website
- Updated antenatal information has already been uploaded to the website including information about contact numbers and monitoring baby's movements
- Engagement from clinical leads/specialist to update information in a timely manner
- Engagement with the Maternity & Neonatal Service Partnership

What Do We Need To Focus On?

- Completion of upload of all antenatal information prior to updating and uploading intrapartum/postnatal information
- Working alongside the LLR MNVP to ensure content is relevant and serves the expectation of our community

Where Do We Want To Be?

- We want to ensure women and birthing people have the most up to date, detailed information and education to facilitate informed decision making and choice.
- To produce a QR code sticker to apply to all booking notes which service users can be signposted to from their booking appointment

Appendices

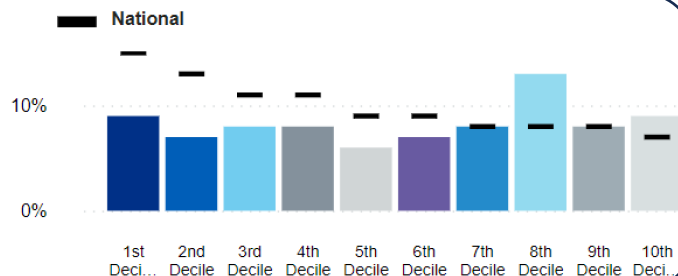
REFERENCE: MIS Perinatal Scorecard Minimum Data Measures

| Minimum Data Measures YEAR 5 MIS | | June-23 | Maternity Perinatal Quality Surveillance Scorecard - W&C CMG Month 4 (July) 2023-24 | | | | | | | |
|--|--|----------|---|-------------------------------|--------|--------|--------|--------|--------|--------|
| Findings of review of all perinatal deaths using the real time data monitoring tool | | Slide 9 | | National target / Alert Level | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 |
| Findings of review all cases eligible for referral to HSIB. | | Slide 10 | Total deliveries (LRI, LGH, SMBC, HB & BBA) | Actual | 763 | 836 | 775 | 806 | 803 | 789 |
| The number of incidents logged graded as moderate or above and what actions are being taken | | Slide 10 | No. of hospital deliveries at LRI (excl HB & BBA) | Actual | 432 | 485 | 428 | 449 | 450 | 446 |
| Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training | | Slide 11 | No. of hospital deliveries at LGH (excl HB & BBA) | Actual | 305 | 316 | 317 | 319 | 324 | 315 |
| Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively | | Slide 7 | No. of hospital deliveries at SMBC Plus HB & BBA | Actual | 26 | 35 | 317 | 319 | 324 | 316 |
| Service User Voice feedback | | Slide 13 | SIs (Obstetrics) | Actual | 1 | 2 | 0 | 2 | 5 | 2 |
| Staff feedback from frontline champions and walk-about | | Slide 14 | SIs (Neonatology) | Actual | 0 | 0 | 0 | 0 | 0 | 0 |
| HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust | Awaiting inspection ratings from CQC No HSIB Concerns | | Number of Still births - overall total | Actual | 4 | 5 | 3 | 2 | 3 | 4 |
| Coroner Reg 28 made directly to Trust | Slide 10 | | Still births as %age of total Deliveries | <0.45% | 0.52% | 0.60% | 0.39% | 0.25% | 0.37% | 0.51% |
| Progress in achievement of CNST 10 | Slide 15 | | HSIB Referrals | Actual | 1 | 1 | 0 | 1 | 2 | 1 |
| Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually) | Slide 14 | | Moderate Incident | Actual | 21 | 15 | 12 | 16 | 13 | 15 |
| Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually) | Slide 14 | | 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 | 1:23.7 | 1:23.6 | 1:23.6 | 1:23.7 | 1:23.7 |
| | | | Midwife Vacancies (%) | 10% | 13.7% | 14.0% | 13.7% | 13.8% | 13.6% | 14.3% |
| | | | 1 to 1 Care in Labour | Actual | 99.9% | 99.9% | 100.0% | 100.0% | 99.9% | 99.6% |
| | | | % of All Staff attending Annual MDT Clinical Simulation | 90% | 97% | 95% | 94% | 96% | 92% | 94% |
| | | | % of All Staff attending NLS Training | 90% | 97% | 96% | 95% | 95% | 91% | 94% |
| | | | % of All Staff attending CEFM Training (Theory) | 90% | 95% | 95% | 94% | 94% | 96% | 94% |
| | | | % of All Staff attending CEFM Training (Assessment) | 90% | 95% | 95% | 93% | 94% | 95% | 92% |

Performance Overview

Benchmarking Outcomes (Quarterly Update)

Index of Deprivation of Mother at Booking



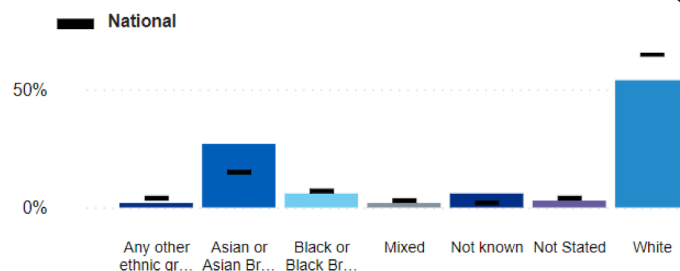
Women who were smokers at booking

UHL: 8.5%

Peer Hospitals (MBRRACE): 7.8%

Nationally: 9.5%

Ethnicity at Booking



Women who were current smokers at delivery

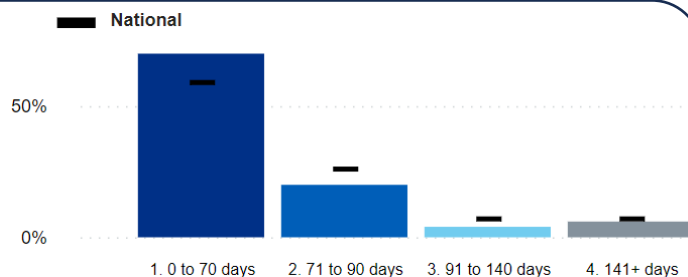
UHL: 9.2% (Proportion at UHL (rolling average) decreasing over last 12 months)

Peer Hospitals (MBRRACE): 6.4%

Nationally: 8.1%

Gestational Age at Booking

1 to 70 days
UHL 70%
Nationally 59%



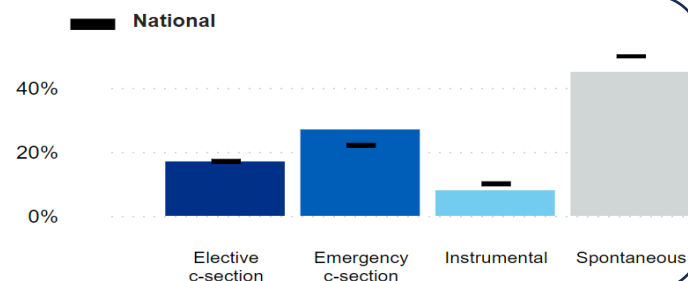
Babies who were born preterm (rate per 1000)

UHL: 74.0

Peer Hospitals (MBRRACE): 71.0

Nationally: 63.0

Method of Delivery



Babies whose first feed was breastmilk

UHL: 65.6% - proportion at UHL showing decreasing trend over last 12 months

Peer Hospitals (MBRRACE): 75.1%

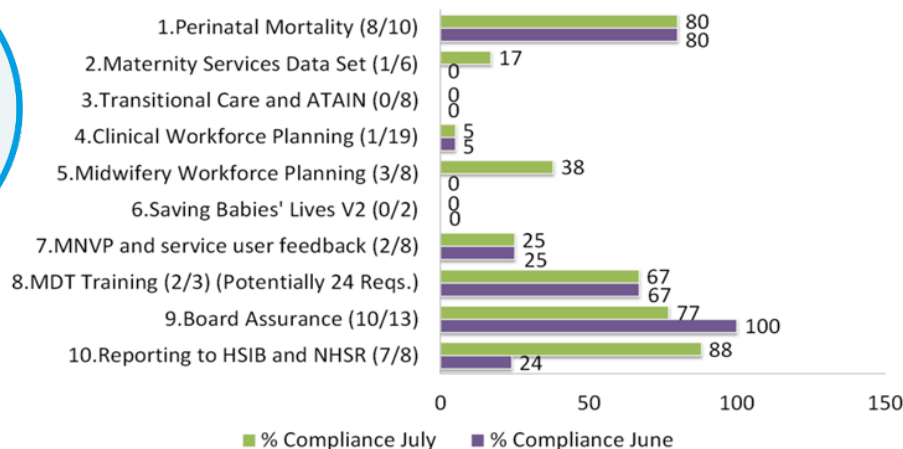
Nationally: 71.2%

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