Trust Board public paper H

University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Trust Board (PUBLIC)					
Date of the meeting:	14 August 2025					
Title:	June 2025 Perinatal Quality Surveillance Scorecard					
Report presented by:	Julie Hogg, Chief Nurse Danni Burnett, Director of Midwifery and Deputy Chief Nurse					
Report written by:	Danni Burnett, Director of Midwifery and Deputy Chief Nurse					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously	Clinical Management Group - Women's Board (July 2025)					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Maternity safety and improving quality are a national priority and concern. The perinatal surveillance scorecard provides oversight of the quality and safety of the service at UHL. Current Clinical Management Group (CMG) risks indicate challenges around workforce and culture, please read this report alongside corporate risks to consider any additional actions and mitigations.

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. Experience
4. Outcomes
5. Training

Summary

In June, a total of **779 babies were born**, with activity levels remaining within normal limits across both maternity sites. Notably, there was a **decrease in the number of red and amber acuity cases reported**, indicating a positive trend in service stability and capacity management.

Perinatal services continue to demonstrate strong performance across key areas, providing assurance in the delivery of safe, effective, and high-quality care. Workforce recruitment and retention remain positive, with **stable staffing levels** maintained across services. **Qualified**

in Specialty (QIS) compliance has increased from **54% to 59%**, and Band 6 neonatal nurse vacancies are decreasing through targeted internal development and recruitment efforts. Despite some short-term sickness, staffing levels have remained within acceptable limits. Consultant rota refinement and improvements in workforce data accuracy are ongoing, supporting more responsive service delivery. Staff survey results showed **improvements across all subthemes with the exception of burnout**. In response, the Leadership Team is working closely with People Partners, Perinatal Safety Champions, and Professional Midwifery and Nursing Advocates to support staff well-being, with a focus on **proactive and sustainable interventions.**

Education and training performance remains a key strength, with compliance across all elements of Safety Action 8 of the Maternity Incentive Scheme r**emaining within the 80–90% target range**. In Quarter 1, the Maternity Education Team trained 479 members of the multidisciplinary workforce across 31 study days. As the service moves into Quarter 2, the focus is on enhancing coordination of staff training, improving clinical governance collaboration, and sustaining high standards of care through proactive harm reduction initiatives.

All clinical **quality improvement metrics** remain **within common cause variation**. Pre-term birth rates are stable, while **term admissions** have shown a **positive downward trend**, now falling below target. **Breastfeeding** initiation rates have **increased** and remain within expected variation, and postpartum haemorrhage (PPH) rates have stabilised at local average levels. The proportion of women smoking at the time of delivery has remained below the target for the ninth consecutive month, reflecting ongoing public health improvement. Progress also continues on the implementation of the 10 **PeriPrem Care Bundle, with 5 elements currently above or on target.** There has also been a **positive increase in the uptake of Pertussis vaccinations** this month, alongside **targeted work underway to increase the uptake of RSV vaccinations**, supported by active recruitment efforts.

The rate of **induction of labour (IOL) has increased** over the past three months, currently ranging between 30–37%, in part due to a r**ise in diabetic mothers**. The average wait time from decision to artificial rupture of membranes (ARM) is 24 hours, **with 29% of delays attributed to staffing constraints**. This remains an area of focus through a dedicated IOL quality improvement working group.

Patient experience and service user engagement remain central to the service's improvement efforts. Although **Friends and Family Test (FFT)** promoter and response rates **declined** this month, **qualitative feedback** continues to provide **assurance**. No neonatal complaints were received, and six maternity complaints were recorded, with common themes including missed screening tests and aspects of postnatal care. **Changes** to the LLR **Maternity and Neonatal Voices Partnership (MNVP) provision** were implemented during the reporting period, with collaborative workshops held to shape future service models. Ongoing i**mprovement work** includes **filming inpatient areas for the maternity website** to enhance transparency, and delivering staff education sessions to support informed choice and consent.

From a safety perspective, **no Patient Safety Incident Investigations (PSIIs)** were commissioned this month. **One case** has been referred to the **Maternity and Neonatal Safety Investigations (MNSI)** programme, pending confirmation of acceptance. One final PSII report was received, with **no safety actions** identified. Three moderate harm incidents were recorded on Datix, including two unexpected neonatal admissions and one case of major obstetric haemorrhage.

Overall, the perinatal service continues to show resilience and a strong commitment to continuous improvement, underpinned by structured governance, integrated quality monitoring, and effective multidisciplinary collaboration. The alignment between workforce capacity, clinical outcomes, and patient experience provides assurance that services remain safe, responsive, and focused on delivering high-quality maternity and neonatal care.

Recommendation

Board of Directors are asked to **note** the perinatal quality surveillance metrics and the plans to continue improvement across the service.

University Hospitals of Leicester NHS Trust

Perinatal Quality Assurance Scorecard

June 2025

CONTENTS


Overall Summary


Workforce


Safety


Patient Experience


Staff Feedback


Training


Progress against MIS


Hot Topics

JUNE 2025 AT A GLANCE

AVERAGES PER DAY

BOOKINGS	BIRTHS
35	26

BABIES BORN

779

PREV. 12 MONTH AV. 792

BIRTH LOCATION

LRI	ST MARY'S
429	6

LGH	HOME
324	14

3RD & 4TH DEGREE TEARS

2.8%

MAY - 4.8% ▼

3.6%

BLOOD LOSS >1,500MLS

MAY- 3.2% ▼

403 GIRLS

376BOYS

PREV. 12 MONTH AVERAGE
380 GIRLS, 414 BOYS

5.9%

MAY 5.4% ▲

FULL TERM BABIES ADMITTED TO NNU

351

CAESAREAN SECTIONS

	JUNE	PREV 12 MTH. AV.
ELECTIVE	143 (18.4%)	138 (17.4%)
EMERGENCY	208 (26.7%)	214 (27.1%)

INDUCTION OF LABOUR (IOL)

35.9% PREV. 12 MONTHS – 33.5%

SETS OF TWINS

5

SETS OF TRIPLETS

1

ASSISTED BIRTHS

96

VENTOUSE	FORCEPS
32	64

PREV. 12 MONTH AV.

VENTOUSE	FORCEPS
32	64

BREASTFEEDING INITIATION

67.1%

PREV. 12 MONTHS – 66.9% ▼

NHS

JUNE 2025 AT A GLANCE

93%
MDT CLINICAL SIMULATION TRAINING COMPLIANCE (YTD)
May - 95% ▼

YEAR 6 MATERNITY INCENTIVE SCHEME 10 SAFETY ACTIONS

1
MNSI REPORTABLE CASES & REFERRED
May - 1 ◀ ▶

13.6%
May 18.1% ▼
MATERNITY FRIENDS & FAMILY TEST (RESPONSE RATE)

92.9%
May 93.4% ▼
MATERNITY FRIENDS & FAMILY TEST (PROMOTER RATE)

VACANCY RATE

MIDWIVES	May – 7.2% ▼	6.0%
CONSULTANT OBSTETRICIAN		5 WTE
NEONATAL NURSES	May – 9.8% ▼	7.6%
NEONATOLOGISTS		8.1%

3 MODERATE INCIDENTS
May - 1 ▲

NEWBORN LIFE SUPPORT TRAINING COMPLIANCE (YTD)
94%
May– 95% ▼

0 PATIENT SAFETY INCIDENT INVESTIGATIONS (PSII)
May - 1 ◀ ▶

0 CORONER'S REGULATION 28
May - 0 ◀ ▶

MINIMUM SAFE STAFFING MET (MATERNITY YTD)
96.69%
May– 95.87% ▲

1:1 CARE IN LABOUR **100%**
May – 100% ◀ ▶

NHS

PERINATAL SCORECARD SUMMARY

OVERVIEW

Workforce recruitment and retention remain strong, with stable staffing levels and QIS compliance increased from 54% to 59%. All clinical quality metrics remain within common cause variation. Pre-term birth rates are stable, term admissions have declined below target, breastfeeding rates are rising, and PPH rates are steady. Smoking at delivery remains below target for the ninth consecutive month. The induction of labour (IOL) rate has increased over the past three months, currently ranging between 30–37%, with a rise in diabetic mothers noted. The average wait time from decision to ARM is 24 hours with 29% of the scheduled delays primarily due to staffing constraints. Overall, progress remains positive for the implementation of the 10 PeriPrem Care Bundle.

CQC Maternity Overall Ratings

Site Name	Latest report date	Previous report date	Latest			Previous			Change		
			Overall	Safe	Well led	Overall	Safe	Well led	Overall	Safe	Well led
Leicester General Hospital	14/06/2024	20/09/2023	R	R	R	R	I	R	➡	▲	➡
Leicester Royal Infirmary	14/06/2024	20/09/2023	R	R	R	R	I	R	➡	▲	➡
St Mary's Birth Centre	20/09/2023	20/09/2023	G	G	R	G	G	G	➡	➡	▼

G Good R Requires Improvement I Inadequate

Workforce

Workforce recruitment and retention continue to progress well, with stable staffing levels maintained across key areas and active efforts underway to fill remaining vacancies. Despite some short-term sickness, staffing remains within acceptable limits. Qualified in Specialty (QIS) compliance has increased to 59% with reducing levels of band 6 neonatal nurse vacancies through internal development and recruitment. Staff survey actions remain ongoing to continue to improve staff engagement. Ongoing plans to refine consultant rota's and improve workforce data accuracy are supporting more effective and responsive service delivery.

Training

We have remained within our targeted compliance rates 0f 80-90% in each element of Safety Action 8 of the Maternity Incentive Scheme. Within Quarter One the Maternity Education team have trained 479 members of the multidisciplinary team across 31 study days. Our focus going into Quarter two is to prioritise; actions aligned with safety, compliance, and quality improvement and our key initiatives focusing on sustaining high standards in maternity care through improved staff training coordination, enhanced clinical governance collaboration, and proactive efforts to reduce avoidable harm.

Outcomes

All clinical quality improvement metrics remain within common cause variation. Pre-term birth rates are stable, with ongoing initiatives focused on further reduction. Term admissions have shown a positive downward trend, now falling below target, with continued quality improvement efforts aimed at sustaining this progress. Breastfeeding rates have increased and remain within expected variation, while postpartum haemorrhage (PPH) rates have stabilised around the average. Notably, the percentage of women smoking at the time of delivery has remained below target for the ninth consecutive month.

Experience

Friends and Family Test (FFT) promoter and response rates declined this month. There were no neonatal complaints, and six maternity complaints were received. Key themes included missed screening tests and aspects of postnatal care. Changes to the LLR Maternity and Neonatal Voices Partnership (MNVP) provision took place this month, with workshops held to collaboratively plan a future service model alongside system partners. Improvement work continues, including the filming of inpatient areas for inclusion on the maternity website, aimed at enhancing transparency and patient understanding. Staff education sessions are also being delivered to promote informed choice and consent.

Quality & Safety

No Patient Safety Incident Investigations (PSIIs) were commissioned during the reporting period. One case has been referred to the Maternity and Neonatal Safety Investigations (MNSI) programme, with family consent recently obtained; confirmation of acceptance is currently awaited. One final investigation report was received, identifying no safety actions. Three moderate harm incidents were recorded on Datix: Two involved the unexpected admission of newborns to the Neonatal Unit. One related to a major obstetric haemorrhage.

OVERALL MATERNITY OPERATIONAL ACTIVITY

Overall Summary

What is the data telling us?

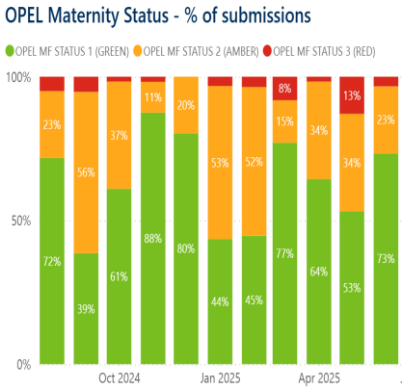
- Activity levels have remained within normal levels on both sites with a decrease decrease in the number of red and amber acuity cases reported.
- Sustained reduction in the frequency of staff redeployment from the ward at LGH at 18 occasions and a significant reduction seen at the LRI with 8 occasions
- Internal diversions on several occasions with no negative impact of harm or Home Birth suspensions
- No. of red flags increased slightly across both sites (n14 reported)
- IOL demand continues, 29% were delayed with staffing (65%) and bed capacity (26%) the leading cause for delays

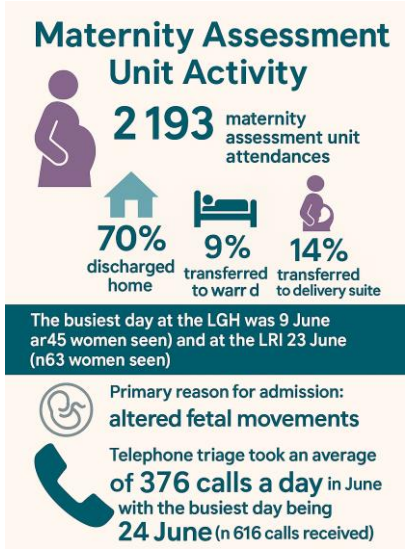
What do we need to focus on?

- Increased winter bookings suggest a rise in births from July onwards, with the reduction in vacancy rates is expected to help maintain safe staffing levels during this high-acuity period
- Monitor impact of LGH Maternity Day Assessment Unit (MDAU)
- Focus on increasing outpatient IOL for suitable cases
- Bed capacity and demand modelling
- Transition into the Single Point of Contact from Telephone Triage
- Maintain oversight of red flags and validation of Birthrate plus acuity scoring

What is going well?

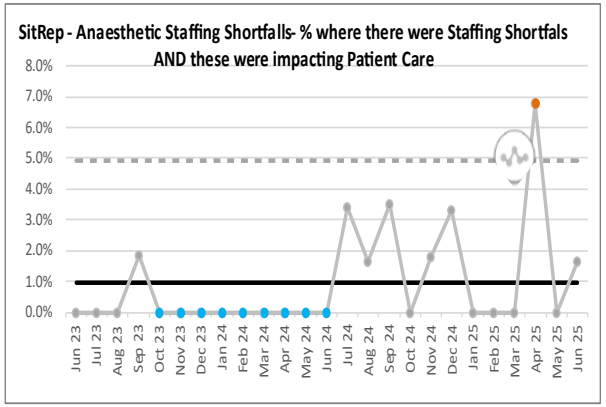
- Neonatal Antibiotic training for midwives
- Enhanced triage performance, reflecting more efficient patient assessment and flow.
- Supporting the long-term sustainability of specialist services through ongoing succession planning, and workforce development
- Sustained reduction in red flags
- Demonstrating progress with the commencement of estates work for the Single Point of Contact
- Engagement with the IOL Working Group

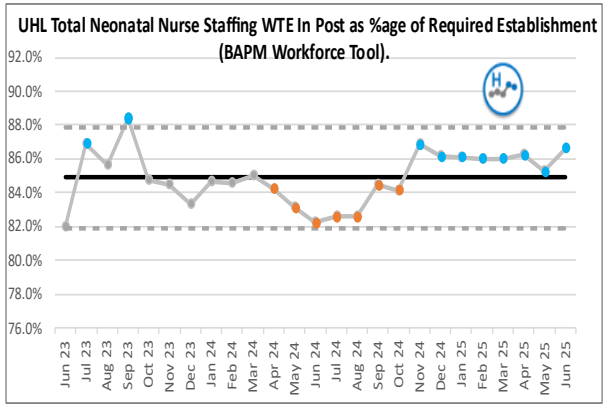


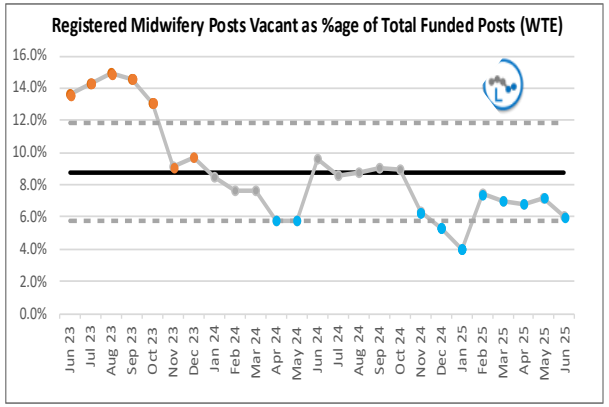


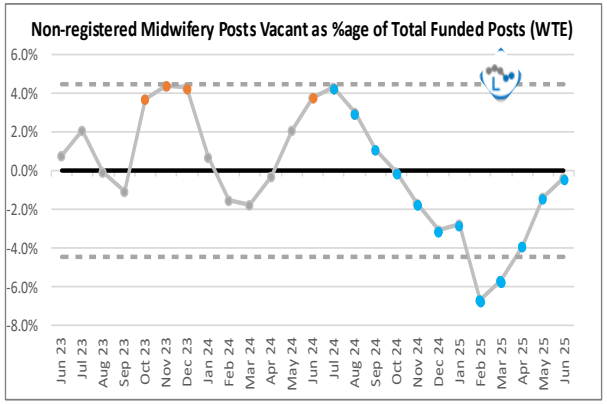
Where do we want to be? Maintain safe staffing levels across both units. Maintain 1:1 care and improve continuity in the inpatient area. Consistent reporting within the Birthrate plus acuity tool across the service. Improved flow through the department including reducing delays for elective activity and timely discharges

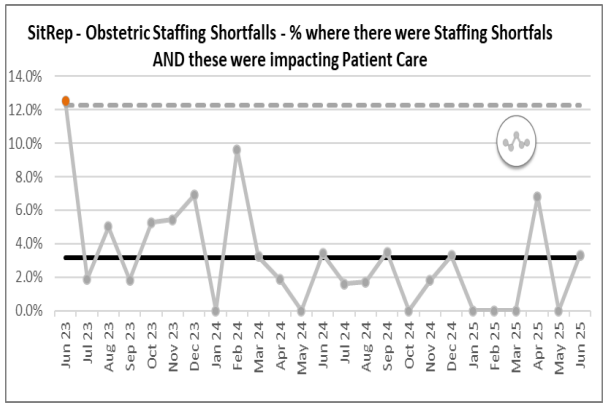
WORKFORCE (PERINATAL)

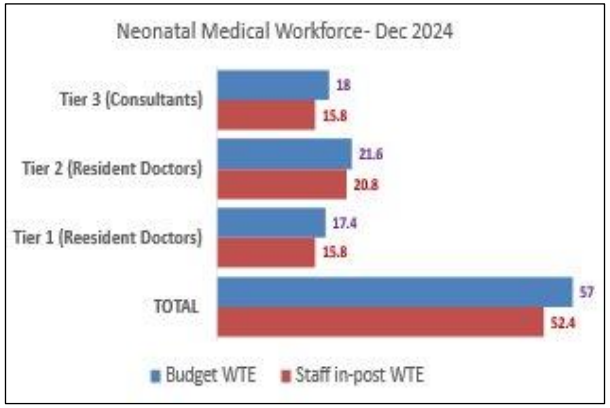


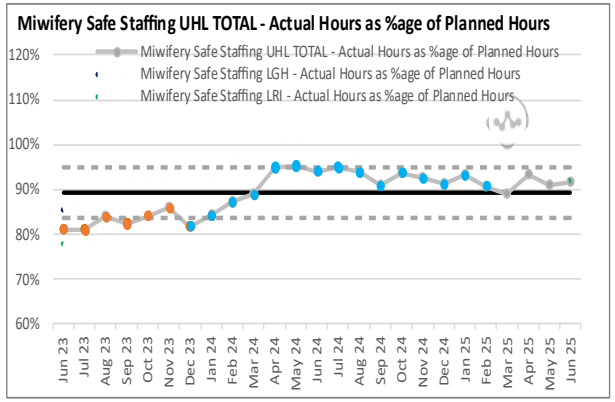


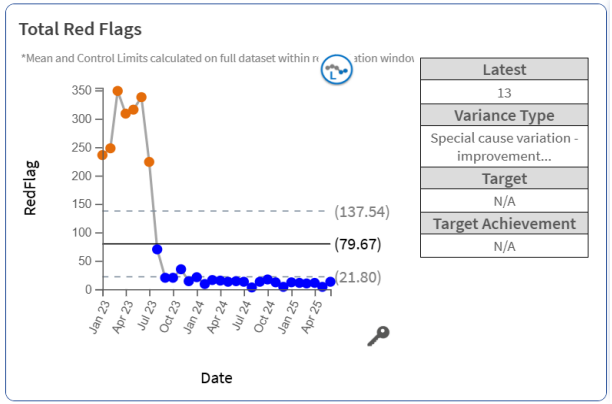












NB. The associated staffing graph which shows an increase in Midwifery vacancies relates to budget movements that have occurred over the last two months showing an artificial increase which does not reflect the true position. This reporting should be corrected in the new financial year.

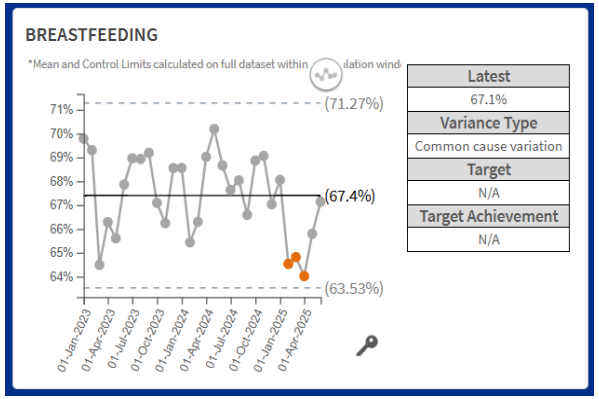
SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS (CQiM)

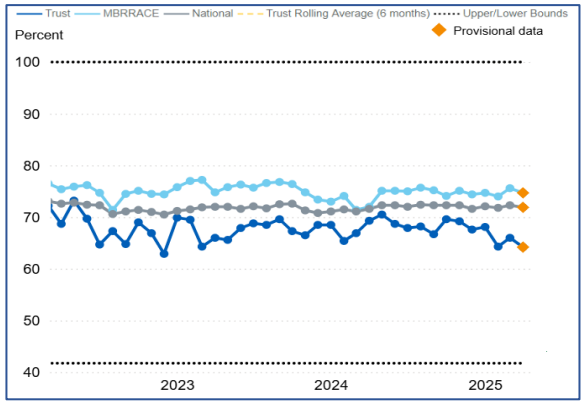
SUMMARY

CQiMs remain within standard cause variation (see slide 17).
Although perineal trauma remain a common cause of variation there has been an in month improvement with close monitoring alongside breastfeeding and PPH rates to understand local variations enabling targeted interventions.

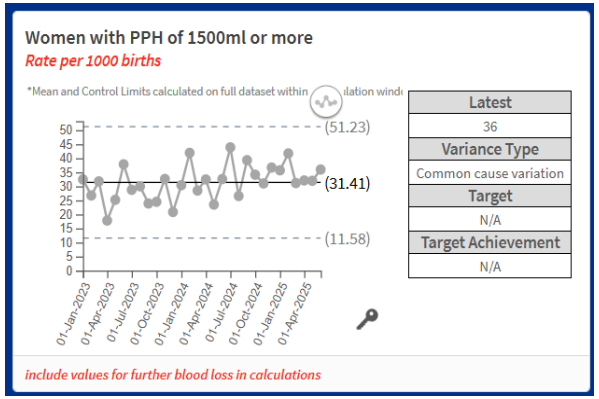
Initial metrics from the Clinical Quality Improvement Metrics. Remaining metrics will be included within further scorecards as the data becomes available and transition to PowerBI

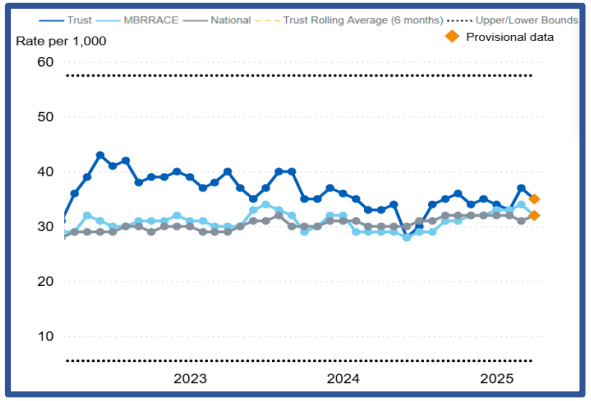
Data Source: E3



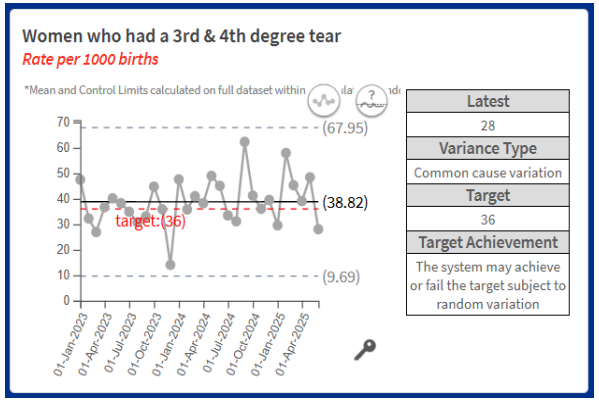


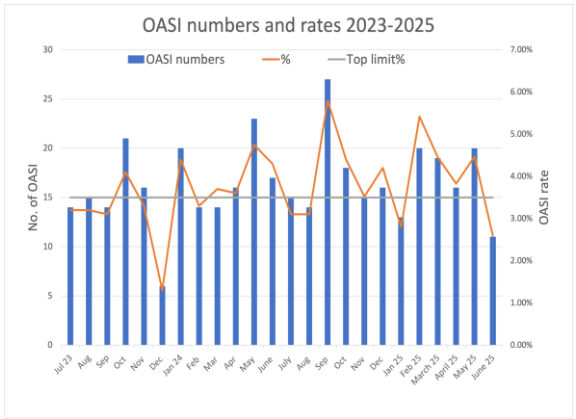
Breastfeeding - Data indicates an improvement in performance, returning to common cause variation. Benchmarking shows UHL consistently below the mean level of all provider and MBRRACE peers however UHL does not flag as an outlier. **Actions:** 'Getting to know your baby' session to all. Development of a care package which a Newborn Enhanced Support Team (NEST) aligned with the principles and aims of transitional care. Re-launched Infant Feeding logs. Peri-Prem box introduced on each ward. Development of digital content for new digital screens. Engage with system partners to develop a coordinated, joined-up approach and explore opportunities for support in addressing low breastfeeding. Deep dive data analysis of communities.





Postpartum Haemorrhage (PPH): 32 women per 1,000 births which is within the expected range but has shown a slight increase. Contributing factors - 'measured blood loss' resulting in improved detection and recording of blood loss. Rate is above the national average, however reduced over recent years - not classed as an outlier however close surveillance. **Actions:** Progress PSIRF plan with focus on relaunch of OBS Cymru care bundle. Development of the dashboard (transfusion data, ITU admissions. System Engineering Initiative for patient experience (SEIPS) exercises completed. MDT working group. Plan to assess whether improvements are effectively mitigating the increased risk faced by ethnic minority groups and people from areas of deprivation.

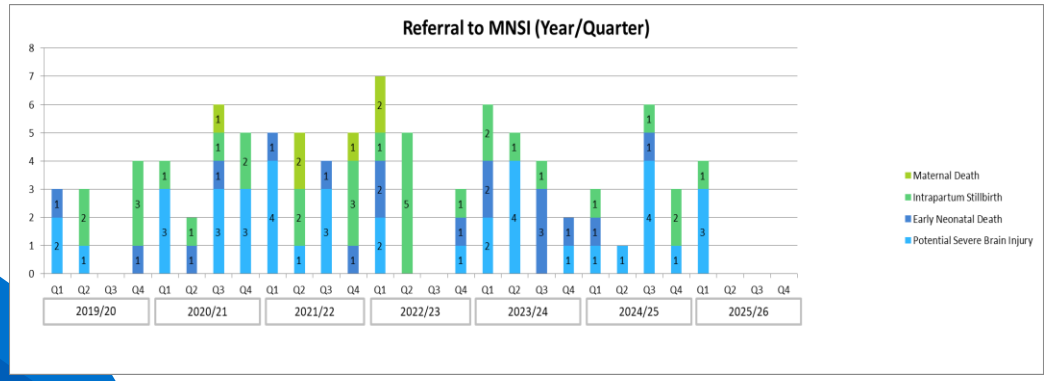




Perineal Trauma: 3rd and 4th degree tear rate saw a substantial reduction in June 2025. Attributed to the actions of the OASI working group and clinicians working within the Perinatal Pelvic Health Service (PPHS). Actions: Service users completing self-assessment questionnaires. Introduction of NICHE pads and OASI stickers. Further education and awareness of the OASI care bundle. Further engagement with GP colleagues to improve primary care experience, service user survey data collection, improvements in patient functional rating scales and maintenance perineal rates below target. Aftercare – PPHS Single point of access. Referral rates 9-day average wait and RTT for physiotherapy - all patients allocated appointments with no waiting list.

SAFETY INCIDENT REPORTING

June 2025	
1 case met MNSI criteria	0 Never Events
0 MNSI Safety Recommendations	3 Moderate Incidents
0 Patient Safety Incidents (PSII)	0 Coroner Reg 28



What is the data telling us?

- 0 Patient Safety Incident Investigations (PSII) commissioned, 1 cases referred to Maternity and Newborn Safety Investigation (MNSI)
- 3 Moderate Incidents reported within Maternity: 1 major obstetric haemorrhage and 2 unexpected admissions to the Neonatal Unit
- 1 Stillbirth recorded during June (<32weeks) attributed to a placental abruption. 1 late neonatal death at (<36weeks), transfer into UHL due to known congenital abnormalities). No immediate themes or safety concerns
- Themes from safety recommendations / prompts include management as per guidelines, maintaining clinical oversight during times of competing clinical demands, and communication

What do we need to focus on?

- Continued review of unexpected admissions of the Newborn into Neonatal unit to identify preventable causes (ATAIN)
- Continue to triangulate detailed Perinatal Mortality Reviews to identify any emerging patterns or avoidable factors – Peer Review with another Level 3 Unit to be organized
- Embed OASI care bundle
- Prompt identification and actioning of safety recommendations and safety prompts following external investigation – focus on clinical oversight 'helicopter view'

What is going well?

- Daily triage of reported incidents ensures that each incident is assessed and graded according to the level of harm, in alignment with the Patient Safety Incident Response Framework
- Encouraging decline perineal trauma rates

Where do we want to be? - Maintaining a robust reporting culture - Continued reduction of significant perineal trauma – Reduction in postpartum haemorrhage rates – Embedding learning from complaints, claims and patient safety investigations both internal and external

MATERNITY AND NEONATAL EXPERIENCE

Complaints & Concerns	Apr-25	May-25	Jun-25	2025/26 YTD
Maternity	9	3	6	18
Neonatal	0	1	0	1

Family & Friends Test (FFT)	UHL Target	National	Apr-25	May-25	Jun-25	2025-26 YTD
Maternity Friends & Family % of Responses	25%	13%	**14.7%**	**18.1%**	**13.6%**	**15.5%**
Maternity Friends & Family % of Promoters	96%	93%	**94.4%**	**93.4%**	**92.9%**	**93.6%**

Compliments

"The care was incredible"
Delivery Suite LRI

"Midwives were excellent, very attentive and gave amazing care"
Maternity Assessment Unit LGH

"Midwives made me feel safe to give birth the way I wanted to"
Homebirth Team

What is the data telling us?

- Zero neonatal complaints received in June
- Six maternity complaints received this month; 2 relate to missed screening tests and 3 relate to postnatal care.
- FFT response and promotors rate has dropped this month however response rate remains above national target. There has been a reduction in the promotor rate over the last 3 months with delivery and postnatal community care having the highest poor responses

What is going well?

- Birth outside of guidance learning event held to educate staff to better support women and birthing people with their choices
- Filming commenced of inpatient maternity areas which will be uploaded onto the maternity website for service users to watch prior to admission
- Perineal care patient information leaflets developed following patient feedback

What do we need to focus on?

- Improving discharge care - enabling care that is individualised, efficient and supports women and birthing people to be well informed
- Antenatal parent education – providing face to face and virtual education sessions which are realistic of present-day maternity care
- Providing care that is individualized, evidence based and considers the wishes of service users

Where do we want to be? Provide compassionate, caring and individualized care where women and birthing people feel supported and informed. Women and birthing people feel empowered to provide feedback and are given regular opportunities which are accessible for all. Feedback drives sustainable improvements

WORKFORCE (PERINATAL)

What is the data telling us?

- Positive progress in neonatal nurse recruitment, with a strong pipeline in place and only one remaining vacancy.
- There have been no staffing shortfalls within Anaesthetics and Obstetrics that have impacted patient care.
- Recruitment is on-going for 5WTE Obstetric consultants' positions identified through job plan exercise and introduction of new elective pathways
- Short term sickness has impacted Planned vs. actual midwifery staffing hours at both sites however they remain within acceptable limits, supported by effective use of bank staff.
- Tier 1 & Tier 2 neonatal medical workforce is staffed well, with minimal vacancy gaps.

What is going well?

- Turnover rates remain low for nursing & Midwifery vacancies at 5.5%
- QIS compliance has increased to 59% following the ratification of results for eight nurses, with increased commitment to the QIS course places over the next two intakes to improve compliance further with this.
- A strong pipeline of midwives is in place with increased numbers of places being offered to UHL students.
- The number of vacant Band 6 Neonatal Nurse posts is reducing due to positive internal development and recruitment.
- Positive improvements in staff survey results
- Protected supernumerary time for staff undertaking the QIS course

What do we need to focus on?

- Robust training and development plans for onboarding of internationally educated nurses to support them through the OSCE and induction processes.
- Enhancing the appraisal process to ensure meaningful feedback while meeting compliance requirements and achieving organisational targets for staff development and performance.
- Business case and plans to address 24/7 cross site Consultant rota and Allied Health Professionals (AHP) model
- Recruitment into 3 vacancies to support the 18-slot neonatal rota
- Enacting skill mix changes across the neonatal nursing workforce to improve compliance with BAPM.
- Embedding of the Safer Learning Environment Charter across services.

Where do we want to be? Improved continuity of care across the whole pathway. Improved staff satisfaction and engagement evidenced through staff survey results. Sustain and continue to improve retention rates for the pipeline staff expected. Low levels of sickness absence. Safer Learning Environment Charter (SLEC) embedded

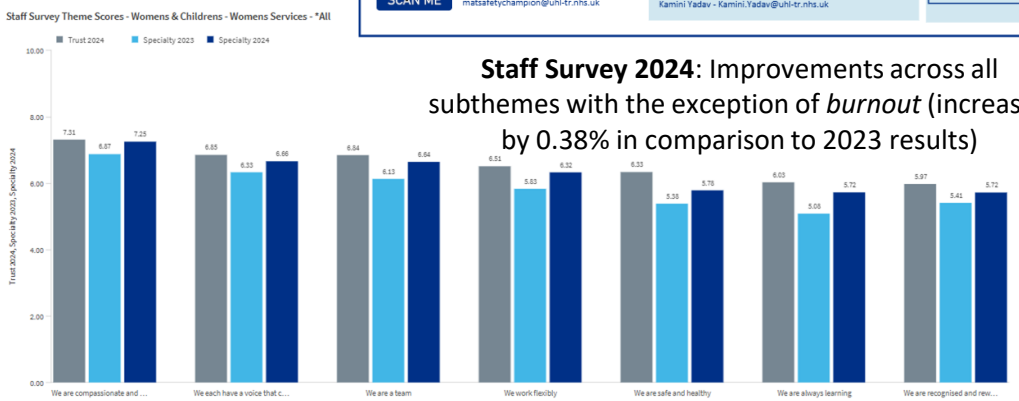
MATERNITY AND NEONATAL FEEDBACK (STAFF)

Safety Champion Walkarounds focused on LRI Delivery Suite and NNU. Immediate feedback that Reflect & Connect is well utilised

- **What Are Staff Telling Us?**
  - Unreported damaged equipment cluttering the Birth Centre
- **What Action are We Taking?**
  - Birth Centre Manager has sourced a box, with regular check-in's with Medical Physics for repairs.
- **What Are Staff Telling Us?**
  - Estates works not completed despite continuous chasing.
- **What Action are We Taking?**
  - Escalated through Operational Team for completion of works
- **What Are Staff Telling Us?**
  - Maternity and Neonatal communications around anticipated cot capacity needs to be optimised
- **What Action are We Taking?**
  - IOL and ELCS diaries shared with Neonatal Consultants for enhanced care planning.

What do we need to focus on?

- Actioning and closure of Safety Champion Walkaround actions, in priority order
- Supporting closure of the outstanding Empowering Voices actions
- Completion of MNVP 15 Steps response reports for Maternity Wards and Neonatal Areas
- Working in collaboration with partnership Trust Safety Champion, providing guidance and support.



Staff Survey 2024: Improvements across all subthemes with the exception of *burnout* (increased by 0.38% in comparison to 2023 results)

Where do we want to be? Empathic, culturally sensitive, and compassionate workforce to the benefit of families and staff. High care for all, with UHL being a great place to work; investing in the development of our staff and timely action on feedback.

WORKFORCE: TRAINING SUMMARY

Key Performance Indicator	Target	Apr-25	May-25	Jun-25	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation	90%	95.0%	95.0%	93.0%	87.7%
% of All Staff attending NLS Training	90%	95.0%	95.0%	94.0%	89.9%
% of All Staff attending CEFM Training (Theory)	90%	91.0%	93.0%	89.0%	88.8%
% of All Staff attending CEFM Training (Assessment)	90%	91.0%	92.0%	88.0%	88.6%

What is going well?

- Maintained >90% compliance in MDT Training and NLS Training
- In Q1 of this year our maternity education team have; run 31 study days- training 479 members of staff across the multidisciplinary team

What do we need to focus on?

Overview:

During Q2, the Maternity Education Team will prioritise actions aligned with safety, compliance, and quality improvement. Our Key initiatives focusing on sustaining high standards in maternity care through improved staff training coordination, enhanced clinical governance collaboration, and proactive efforts to reduce avoidable harm.

What is the data telling us?

- **Multi-Disciplinary Training (MDT) Compliance:** maintained over >90% since November 2024
- **Newborn Life Support Training Compliance:** maintained over >90% since November 2024
- **Fetal Monitoring Compliance:** has fallen below our target of 90%

Key Priorities & Objectives for Q2

- **Sustained Compliance with Safety Action 8**
- **Centralised Coordination of Fetal Monitoring Training:** To address declining compliance, the Maternity Education Team will assume full responsibility for booking staff onto fetal monitoring training. This centralisation will enable closer oversight and support compliance recovery, targeting >90% adherence by quarter-end.
- **Collaborative Reduction of OASI and PPH Rates:** In partnership with the Quality Improvement team, we will continue targeted work to reduce OASI and PPH rates.
- **Review of Avoidable Term Admissions to NNU:** The team will initiate detailed reviews of avoidable term admissions to the Neonatal Unit. The goal is to identify recurrent themes and training gaps contributing to preventable admissions, with initial findings expected by the end of Q2.
- **In-Situ Emergency Skills Drills:** We will increase in-situ emergency drills across clinical areas to reinforce team preparedness and embed learning. A minimum of two drills will be conducted this quarter, with learning captured to inform broader training needs.

Where do we want to be? >95% compliant for MDT training. Outcomes to improve through seeing a reduction in perineal trauma and significant blood loss. Enhance staff knowledge, skills and confidence to provide safe evidence based and compassionate maternity care. Create a culture of continuous learning. Using simulation and shared learning, refine maternity staffs existing expertise and skill to identify and manage obstetric emergencies in a timely manner to reduce poor outcomes for mothers/ birthing people and infants

MATERNITY INCENTIVE SCHEME (MIS) PROGRESS

Year 7 of the scheme launched on 2 April 2025

The ten Safety Actions comprise 95 individual mandated safety action requirements, when compared to 84 for the previous year UHL are currently on track to achieve all 10 safety actions with no escalated risk to delivery.

For any items not yet delivered, the dates for submission during the reporting period have not yet lapsed but remain On Track.

MIS Safety Action- YEAR 7	MIS Standards	Status
1: Use of Perinatal Mortality Review Tool	7	On Track
2: Submitting data to the Maternity Services Data Set	2	On Track
3: Transitional Care and Avoiding Term Admissions to Neonatal Unit	4	On Track *
4. Clinical workforce planning	19	On Track
5. Midwifery workforce planning	12	On Track
6. Saving Babies Lives Care Bundle	9	On Track
7. Listening to women, parents and families	4	On Track *
8. Multidisciplinary training	21	On Track
9. Ward to Board assurance	9	On Track
10. MNSI and Early Notification Scheme reporting	8	On Track

**A level of risk to achieving compliance is acknowledged and is being managed*

SAFETY: SAVING BABIES LIVES CARE BUNDLE v3

	Description	Interventions Fully Implemented (Self-Assessment) Q4		Interventions Fully Implemented (LMNS Validated) Q4		NHS Resolution MIS
1	Smoking in Pregnancy	Fully implemented	100%	Partly implemented	100%	CNST Met
2	Fetal Growth Restriction	Partly implemented	95%	Partly implemented	95%	CNST Met
3	Reduced Fetal Movements	Fully implemented	100%	Fully implemented	100%	CNST Met
4	Fetal Monitoring in Labour	Fully implemented	100%	Fully implemented	100%	CNST Met
5	Preterm Birth	Partly implemented	96%	Partly implemented	93%	CNST Met
6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	Total	Partly implemented	97%	Partly implemented	**96%**	CNST Met

Nb. MIS Technical Guidance requires assurance to Trust Board and ICB that SBLCB is on track to achieve compliance across all six elements.

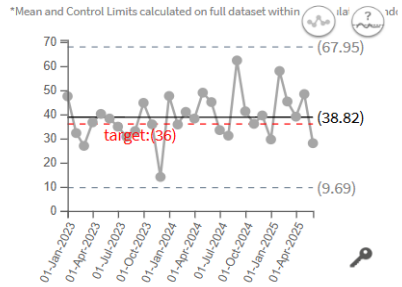
- Saving Babies live v3.2 launched end April 25
- Q4 LMNS validated at 96%
- Awaiting new SVBL tool to be launched

	What is the data telling us	What is going well	Where do we want to be?
Element 1	In Q4,we saw an increase in women having Co readings at 36 weeks increasing to 88%. Smoking at time of delivery showed improvement in March to 4.2% dropping below the 6% target. Despite In reach service being in place since November 2024 we have still not reached target of 90% of smokers being referred to TDA although an increase has been seen	Project manager commenced February 2025. TDA Smoking referrals have increased over last Q4. In reach service launched November 2024 and starting to become embedded in practice – further TDAs now onboarded	Project manager to review where service improvements can be made. Continue to review improvement action plans and develop impact measures
Element 2	Risk assessments for Vitamin D, Aspirin, and Fetal Growth at booking consistently remain above target. Deep dive showed that over last year correctly identifying and offering IOL for babies born <10th centile in 72% of cases	Use of GROW 2.0 going well. Audit to identify how many women were induced for Suspected SGA and birth centiles in progress-	Consultant lead needed for element. Improve detection rates of SGA with use of the GROW 2.0. Develop impact measures
Element 3	During Q3 ultrasound scans for Fetal growth averaged 100%. Compliance with providing "RFM Information at 28 weeks" remained above the 90% target, reaching 95.7%. However, "RFM: Offered Computerised CTG" fell below target, currently at 88.5% against 90% target- however need to consider external factors	Altered fetal movements continues to be the main reason for admission to MAU, women understand the importance. Continue to see a reduction of women being induced ,39 week for AFM alone	Continue to ensure women feel confident to escalate any concerns through education develop impact measures
Element 4	Consistently exceed targets for most metrics under effective Fetal monitoring during labour. With improvements in the hourly assessment of Fetal heart monitoring increasing to 90% in March	Continued improvement in hourly and fresh eyes reviews for Q4 following QI project	To improve evaluate improvement of fresh eyes review through QI project ongoing develop impact measures- awaiting the version of SVBL
Element 5	Seen a reduction in preterm birth by ethnicity from 2023-2024. There is a small reduction in pre-term births between 24- and 36+6-weeks gestation however data cleansing exercise underway due to data discrepancies between E3 and badgernet (elements of per-prem passport) - improvement in intravenous antibiotics, steroids and early breast milk noted	Data quality following data cleansing has shown that some areas are making improvements to reach target. Peri-prem team working together to align data correction and actions plans	To continue to work on identified QI projects to improve thermoregulation. Need to understand the data sets further develop impact measures
Element 6	HbA1c measurements consistently meet the target, while CGM referrals remain steady at 100%.	Diabetes team recently presented a poster of improvements at diabetes UK	Continue to monitor and develop impact measures

APPENDICES

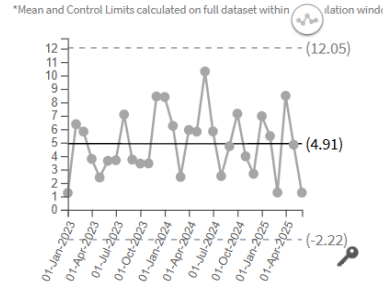
SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS (CQiM)

Women who had a 3rd & 4th degree tear
Rate per 1000 births



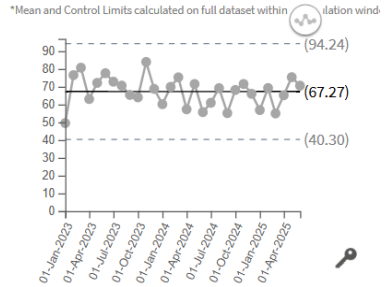
Latest
28
Variance Type
Common cause variation
Target
36
Target Achievement
The system may achieve or fail the target subject to random variation

Stillbirths
Rate per 1000 births



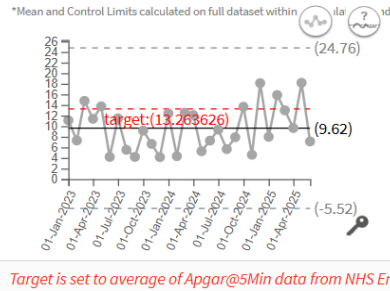
Latest
1
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Preterm Births
Rate per 1000 births



Latest
70.59
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

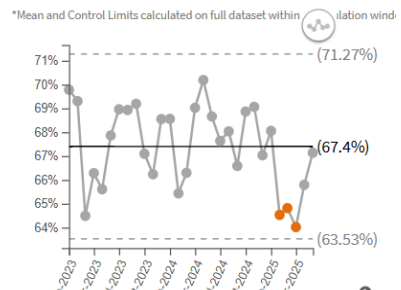
Babies with Apgar @5mins less than 7
Rate per 1000 births



Latest
7
Variance Type
Common cause variation
Target
13.263626
Target Achievement
The system may achieve or fail the target subject to random variation

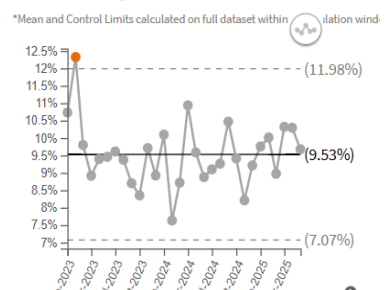
Target is set to average of Apgar@5Min data from NHS England

BREASTFEEDING



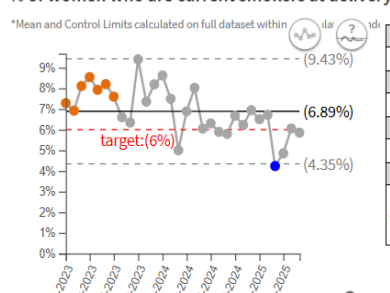
Latest
67.1%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

BMI at Booking >35



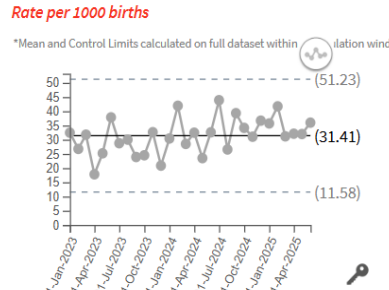
Latest
9.7%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

% of women who are current smokers at delivery



Latest
5.9%
Variance Type
Common cause variation
Target
6%
Target Achievement
The system may achieve or fail the target subject to random variation

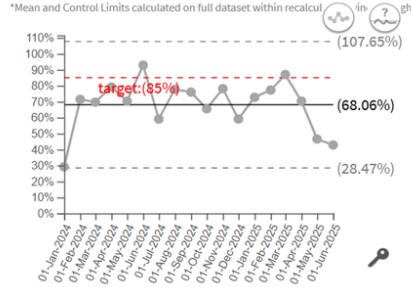
Women with PPH of 1500ml or more
Rate per 1000 births



Latest
36
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

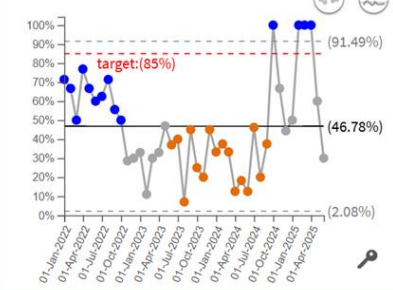
include values for further blood loss in calculations

IV abx given - E3 (GBS Antibiotics)
LMNS: 85%



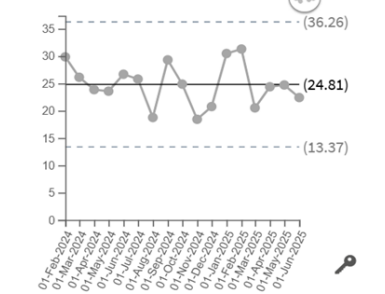
Latest
43%
Variance Type
Common cause variation
Target
85%
Target Achievement
The system may achieve or fail the target subject to random variation

IV abx given



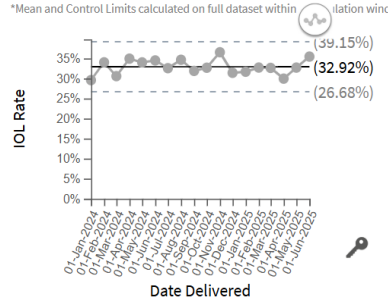
Latest
30%
Variance Type
Common cause variation
Target
85%
Target Achievement
The system may achieve or fail the target subject to random variation

Average Length of Time Between Decision made to perform ARM and ARM …



Latest
22
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Percentage of IOL commenced (IOL rate)



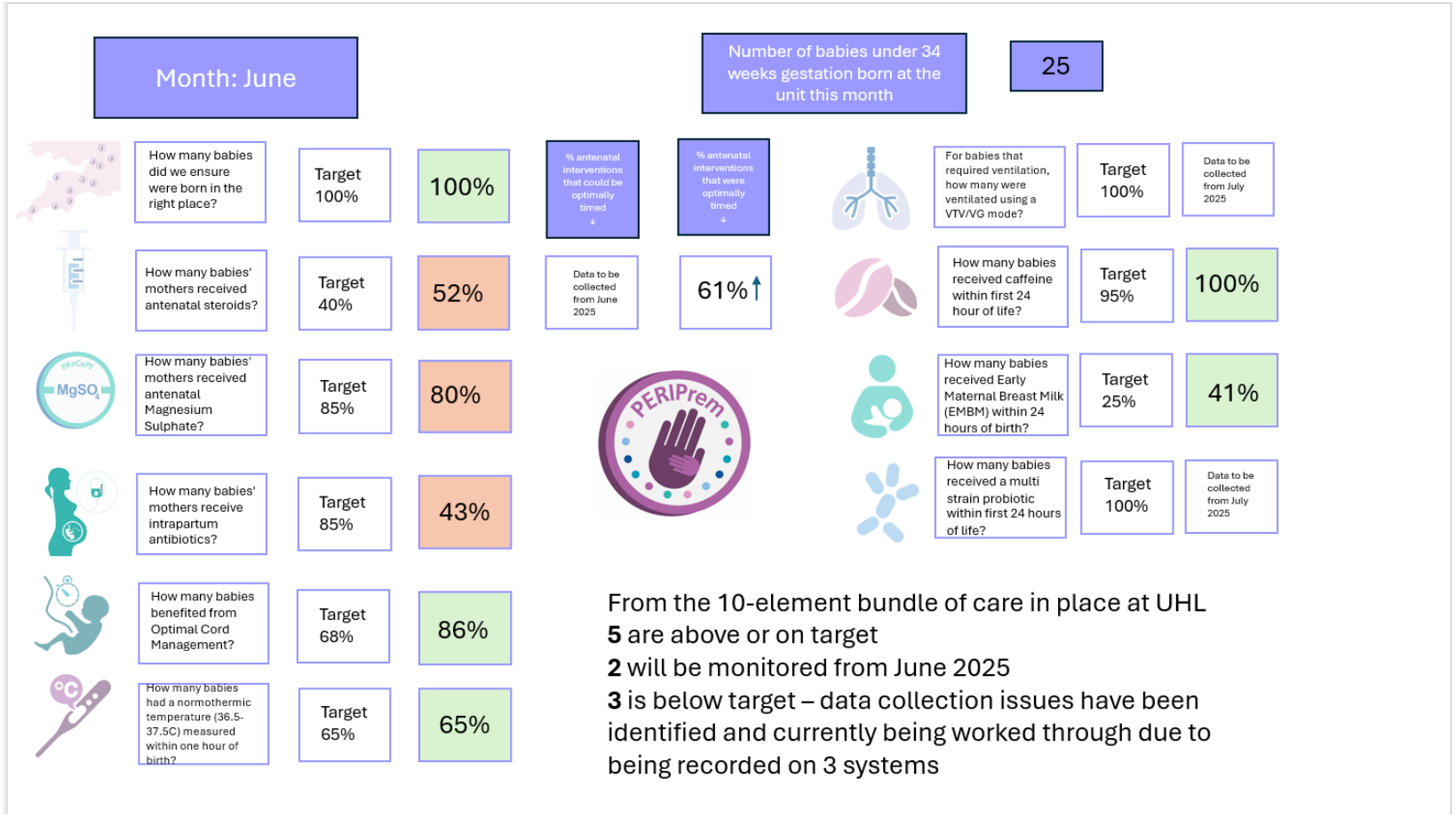
Latest
35%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Initial metrics from the Clinical Quality Improvement Metrics. Remaining metrics will be included within further scorecards as the data becomes available. Data Source: E3

Delayed due to transition over to PowerBI and pause of development for QLiK

Hot Topics : Peri-Prem Bundle

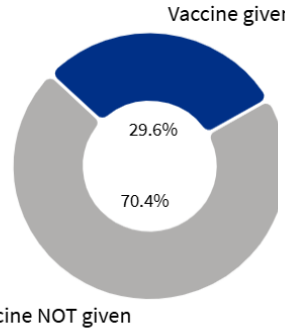
10 elements of bundle used at UHL and Targets set from the LMNS as part of the Saving babies' lives, Element 5 bundle – targets due to review in August 2025



Ongoing work to ensure data collect is correct and reviewing the women's journey to identify where improvements can be made with Development of journey database

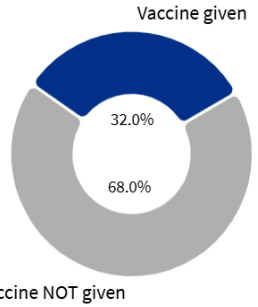
Immunisation Summary Antenatal Pertussis, RSV, & Neonatal BCG Immunisations

Uptake of RSV Vaccination - LRI
Given/Not given



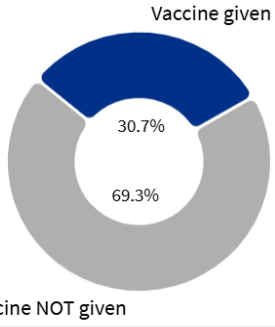
Reporting Period: May-2025 to May-2025

Uptake of RSV Vaccination - LGH
Given/Not given



Reporting Period: May-2025 to May-2025

Uptake of RSV Vaccination - UHL Total
Given/Not given

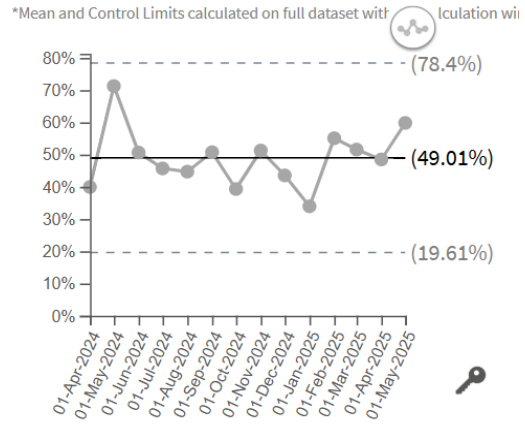


Reporting Period: May-2025 to May-2025

In July 2025, NHSE and UHL conducted a detailed review of the VIP data. As a result, an action plan has been implemented in response to UHL's continued reporting of pertussis and RSV uptake rates below 60%, using the FASP scan as the closest proxy to the 28-week mark.

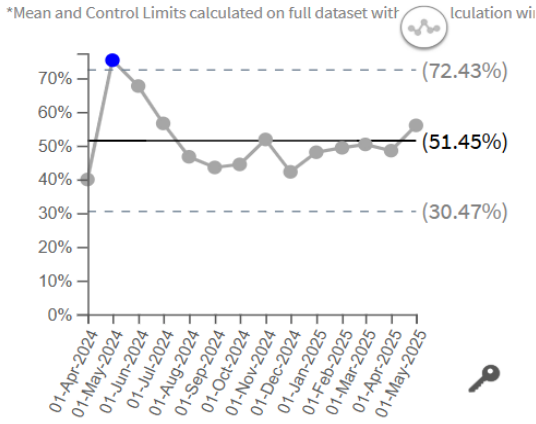
As part of the plan, recruitment efforts are ongoing, including a live advert for 1.1 WTE Immunisation Nurse/Midwife. Additionally, work is underway to establish a robust community vaccination service supported by a digital booking system as well as improving advertisement and education for uptake within the acute sites.

% Uptake of Pertussis Vaccination for LGH



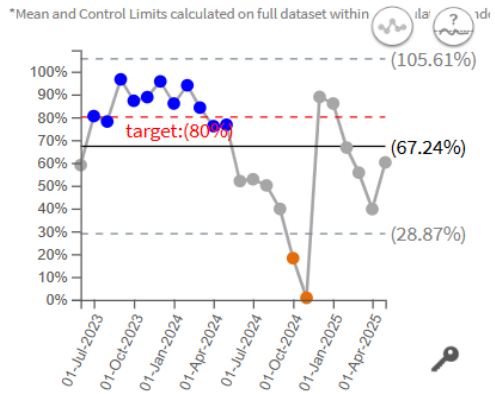
Latest
59.8%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

% Uptake of Pertussis Vaccination for LRI



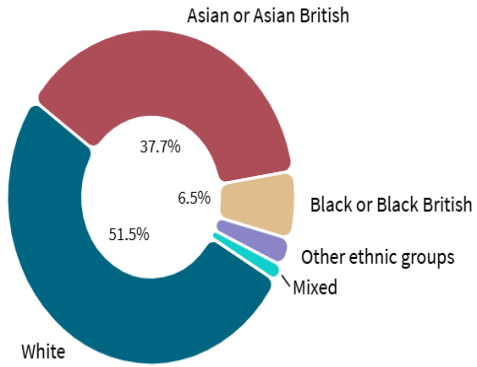
Latest
56.0%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Of those eligible (number 1b) the percentage of BCG vaccinations given ≤ 28 days
(with appropriate SCID screening outcome) KPI=80% (i.e. coverage)



Latest
60.2%
Variance Type
Common cause variation
Target
80%
Target Achievement
The system may achieve or fail the target subject to random variation

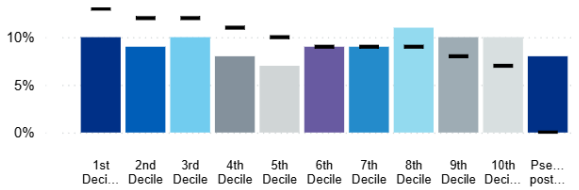
Ethnic (Grouped) of those who received the Pertussis Vaccine (UHL)
Reporting Period: May-2025 to May-2025

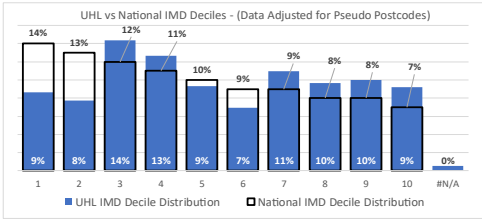


****Proportion of women offered RSV vaccination who were vaccinated by the Trust's maternity service in the reporting period in comparison to the number of 1st FASP scans carried out (UHL Total).**
*****Flu data will be reported on from October in line with the National Guidance)**

BENCHMARKING OUTCOMES (June 2025)

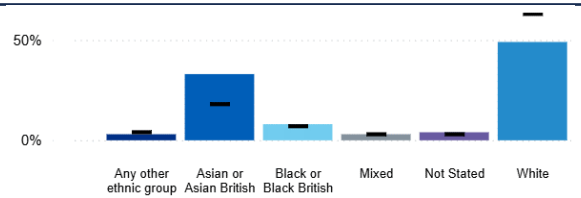
Index of Deprivation of Mother at Booking.
UHL (10%*, coloured blocks) has a lower proportion of bookings from mothers in the most deprived areas when compared to the average of all providers across England (13%, black line)
*Data interrogation indicates MSDS under-representing LLR Deprivation levels. Data adjusted to account for this shows a significant increase in the 3rd & 4th most deprived deciles





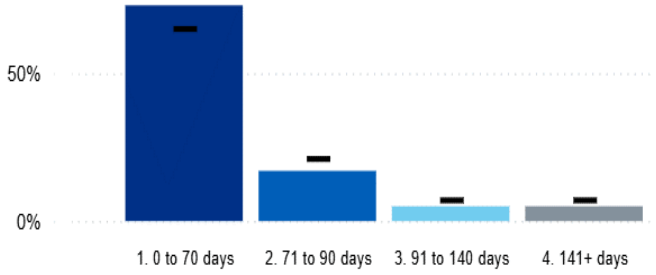
Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (33%) and a correspondingly lower proportion with White ethnicity (49%) than the average across all providers (18% and 63% respectively).



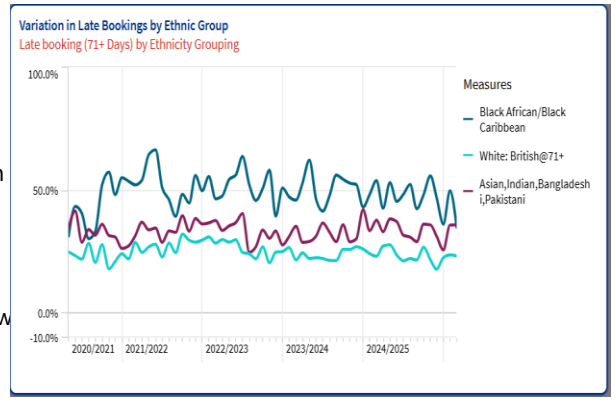
Gestational Age at Booking

UHL (73%) completes a higher proportion of bookings by 70 days than the average of all Providers in England (65%).



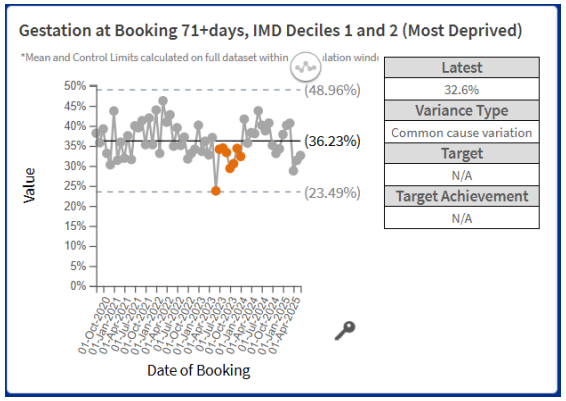
Variation in Late Bookings by Ethnic Group (*Local data)

UHL Late Bookings (71+ Days) amongst the Black African or Black Caribbean populations (34.6%) have reduced to a similar level vs. Asian Indian, Bangladeshi or Pakistani (36.1%). White British show a sustained lower rate (24%).
*As of June 2025



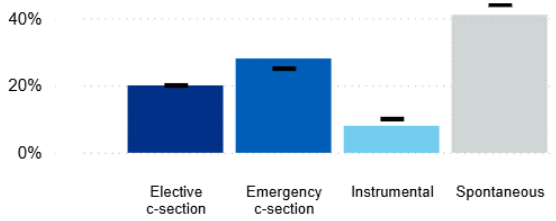
Variation in Late Bookings by IMD Decile (*Local data)

Mothers booking with UHL are more likely to experience Late Bookings (71+ Days) in the most deprived areas (36%) vs. the least deprived (26%). Improvement seen during Jun23 to Jan 24 not sustained.
*As of June 2025



Method of Delivery

UHL has a higher rate of Emergency C-Sections (28%) than the national average rate (25%) but has slightly lower rates of Spontaneous (41% vs. 44%), and instrumental deliveries (8% vs 10%). UHL & National Elective C-section rates are the same (20%).



(Benchmarking Data from National Maternity Dashboard, NHS Digital Month of March 2025) https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set/maternity-services-dashboard

INTERPRETING DATA

Throughout this series of slides, we display data that shows you how we are performing in the current month and across time.
We primarily do this through single data points on the 'At a Glance' slides and Statistical Process Control (SPC) charts.
On this slide, we describe **single data points.**

A single data point is indicative of a single month only.

These values should not be interpreted in isolation, even if they seem especially high or low in comparison to previous months. In this situation, the SPC chart (covered on the next slide) will help us understand whether a particular value represents a significant change.

The arrow indicator (where present) shows you how the value compares to the value for that same measure in the previous month, and whether that value is better than last month's (green) or worse than last month's (red).

Sometimes a measure will appear both as a single data point and an SPC chart within these slides. You may notice that the numbers do not align for the same month for that same measure. Good spot! This is because we may calculate a measure differently, depending on what we are trying to measure.

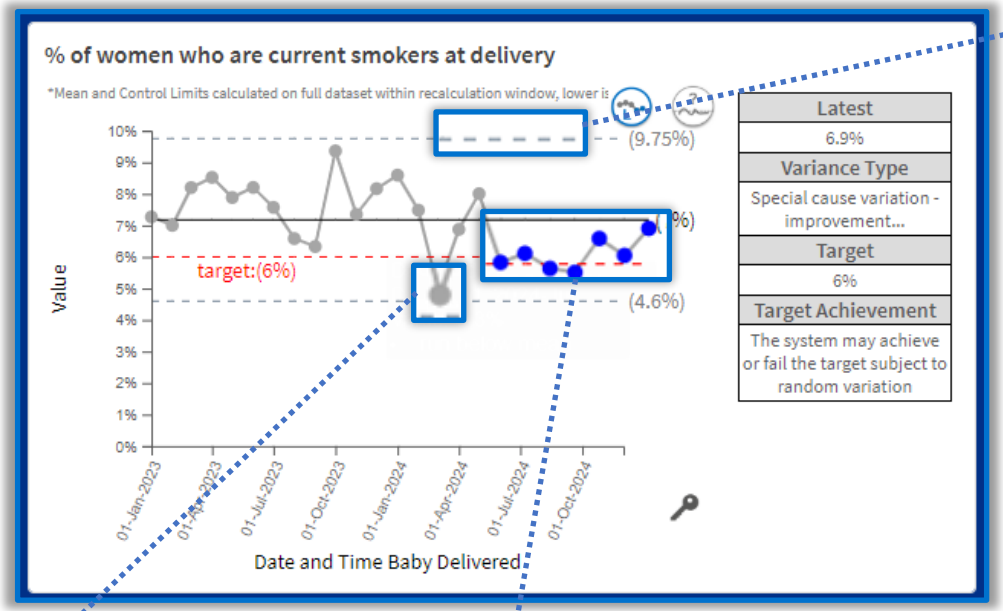
Single data points
these reflect local calculations. They will not exclude specific populations, unless there is a specific reason to do so.

SPC charts
these will be calculated in line with standard national calculations so that we can compare ourselves meaningfully to other Trusts. These calculations may exclude certain categories of people.

INTERPRETING DATA

Throughout this series of slides, we display data that shows you how we are performing in the current month and across time. We primarily do this through single data points on the 'At a Glance' slides and Statistic Process Control (SPC) charts. In this slide, we describe **SPC charts.**

SPC charts are widely used across the NHS to measure changes in data over time. There is **strong evidence** that these provide a **better basis for decision making** versus isolated data points.



An SPC chart has **three reference lines** that allow you to interpret variation in the data. The **central reference line** shows the average (sometimes the median). The **upper and lower reference lines** show the process limits. These limits are defined by the variability in the data itself. Roughly 99% of the values should fall inside process limits. Sometimes there is also a **target line** – this shows the target that we are aiming to achieve for a given measure.

Common cause variation: a single value that looks abnormally high or low, but remains within process limits, is due to **common cause variation**. This means that it is not statistically significant as an isolated value and can be explained by usual variance in the system.

Special cause variation: this represents a value or trend that is likely to be **statistically significant** and therefore **not due to normal variation**. In our slides, these will be highlighted in **blue**. There are 4 different kinds of special cause variation:

1. **6 or more consecutive points above or below the mean line**
2. **A single data point outside the control limits**
3. **6 or more consecutive points increasing or decreasing**
4. **2 out of 3 consecutive points close to the process limit**