

Public Trust Board Paper G

Meeting title:	Trust Board (PUBLIC)					
Date of the meeting:	09th October 2025					
Title:	August 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

August saw continued high activity across maternity services, with service levels remaining within expected limits. Operational pressures were managed effectively, with fewer service diversions and no identified impact on clinical outcomes. Regional support was accessed during OPEL Level 4 periods, and a consistent escalation approach is being developed with regional partners.

Workforce recruitment and retention remain strong, with stable staffing across key areas. QIS compliance is steady at 56%, supported by external recruitment of trained nurses. Consultant rota refinement and improvements in workforce data accuracy are ongoing to support responsive service delivery. Sickness absence increased during August, impacting delivery suite acuity. In response,

the management team is actively working with staff to implement targeted support measures aimed at reducing absence and maintaining safe staffing levels.

Education and training remain a strength, with Safety Action 8 compliance maintained within the 80–90% target range. The Maternity Education Team continues to audit unexpected term neonatal admissions to support ATAIN improvements. Three nursery nurses joined LGH via the Care Certificate and HCA Induction programme, enhancing postnatal care.

Clinical quality metrics remain within common cause variation. Perineal trauma rates for 3rd and 4th degree tears are at their lowest in 18 months. Preterm birth rates exceed the national average but align with MBRRACE peers, reflecting UHL's role as a Level 3 NICU and regional cardiac centre. A review of unplanned neonatal admissions following induction of labour found no direct link to the IOL process; improvement work is ongoing. Breastfeeding rates increased in month with positive progress being made in preparation of baby friendly re-accreditation across both LGH and LRI sites.

Patient experience remains a priority. No neonatal complaints were received; however, maternity complaints rose to ten, the highest since September 2024, with 90% related to acute hospital care. Common themes include quality of care, delays in induction, and communication. FFT response and promoter scores improved, with the promoter rate exceeding the national target and falling just below the UHL benchmark. Targeted actions are underway to address recurring themes.

Two Patient Safety Incident Investigations (PSIIs) were commissioned in line with PSIRF priorities. One case was referred to the Maternity and Neonatal Safety Investigations (MNSI) programme following further consultation with the family. Three final MNSI reports were received during the reporting period. Six moderate harm incidents were reported via Datix, all within maternity services. Oversight remains robust, with trajectory plans in place to support learning and continuous improvement. Multidisciplinary team (MDT) actions are being established in response to safety recommendations and prompts issued within the MNSI reports, ensuring timely implementation and shared learning across the service.

Progress continues on the UHL maternity vaccination action plan. Recruitment is complete, and inductions are underway. In response to declining compliance rates, staff education has been prioritised through multimedia resources and team engagement. A bookable clinic via Nerve Centre is planned to launch within two months to support improved vaccine compliance.

UHL remains 99% compliant with the Saving Babies' Lives Care Bundle, pending LMNS validation, and is on track to meet Maternity Incentive Scheme year 7.

Recommendation

The Trust Board is asked to **note** the perinatal quality surveillance metrics and the plans to continue improvement across the service.

Perinatal Quality Assurance Scorecard

AUGUST 2025



CONTENTS



AUGUST 2025 AT A GLANCE



AVERAGES PER DAY
BOOKINGS 31 BIRTHS 27

BABIES BORN



819

PREV. 12 MONTH AV.
794



BIRTH LOCATION

LRI

ST MARY'S

431

0

LGH

HOME

360

17

3RD & 4TH
DEGREE
TEARS



2.4%

July
5.0% ▼



3.5%

BLOOD
LOSS
>1,500MLS

July
3.5% ▼

381 GIRLS



437 BOYS



PREV. 12 MONTH AVERAGE
383 GIRLS, 409 BOYS



5.2%

July
5.5% ▼

FULL TERM
BABIES
ADMITTED TO
NNU

INDUCTION OF LABOUR (IOL)

30.0%

PREV. 12 MONTHS – 33.2%



356

CAESAREAN
SECTIONS

ELECTIVE

AUG

139
(17.2%)

PREV 12
MTH. AV.

137
(17.4%)

EMERGENCY

217
(26.9%)

217
(27.4%)

SETS OF TWINS



8

SETS OF TRIPLETS



0

ASSISTED BIRTHS

103

VENTOUSE

35

PREV. 12 MONTH AV.

VENTOUSE

31

FORCEPS

68

FORCEPS

62



BREASTFEEDING
INITIATION



68.2%

PREV. 12 MONTHS – 66.5% ▲

JULY 2025 AT A GLANCE

91%

MDT CLINICAL
SIMULATION
TRAINING
COMPLIANCE (YTD)



July- 93%

YEAR 6
MATERNITY INCENTIVE
SCHEME
10 SAFETY ACTIONS

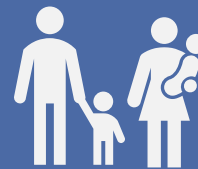


1

MNSI
REPORTABLE
CASES &
REFERRED

July- 1

10.7%



July
5.2%

MATERNITY FRIENDS &
FAMILY TEST (RESPONSE
RATE)

VACANCY RATE

MIDWIVES

July - 5.2%

5.4%

CONSULTANT OBSTETRICIAN

5_{WTE}

NEONATAL NURSES

July- 4.5%

5.2%

NEONATOLOGISTS

8.1%

95.6%



July 94.6%

MATERNITY
FRIENDS &
FAMILY TEST
(PROMOTER
RATE)

NEWBORN LIFE
SUPPORT TRAINING
COMPLIANCE (YTD)

87%



July- 91%

6

MODERATE
INCIDENTS

July- 12



2

PATIENT SAFETY
INCIDENT
INVESTIGATIONS
(PSII)

July- 0



0

CORONER'S
REGULATION 28

July- 0

MINIMUM SAFE STAFFING
MET (MATERNITY YTD)

92.69%

July - 94.58%



1:1 CARE IN
LABOUR

100%

July- 100%

PERINATAL SCORECARD SUMMARY

OVERVIEW

August saw continued high activity across services. Workforce recruitment and retention remain strong, with a solid pipeline of staff to fill vacancies. QIS is stable at 56%, supported by externally trained nurses. The Maternity Education Team has begun auditing unexpected term neonatal admissions to support ATAIN improvements. Three nursery nurses have joined the LGH site to enhance postnatal support. Perineal trauma rates for 3rd and 4th degree tears are at their lowest in 18 months. UHL’s preterm birth rate exceeds the national average but aligns with MBRRACE peers. Two PSIs were commissioned in August in response to our PSIRF priorities, there was referral to MNSI, and three MNSI reports were received. Vaccinations team now recruited to with focus on education and awareness campaigns



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 positively, with stable staffing levels maintained across key areas. Active recruitment efforts are ongoing to address remaining vacancies. Sickness absence has increased, impacting delivery suite acuity during the month. Qualified in Specialty (QIS) compliance remains at 56%, due to the onboarding of new staff rather than turnover To support future workforce resilience, there has been external recruitment of QIS trained nurses. Work is ongoing to refine consultant rotas and improve workforce data accuracy, enabling more effective and responsive service delivery.

Training

The Maternity Education Team has begun auditing unexpected term neonatal admissions to support the ATAIN working group, identifying key themes and driving system-wide improvements. In August, three new nursery nurses joined Leicester General Hospital through the Care Certificate and HCA Induction programme, enhancing postnatal care and family support. Safety Action 8 compliance within the Maternity Incentive Scheme dipped in one of three areas but remains within the target range of 80–90%. Robust oversight mechanisms are in place, with clear trajectory plans to maintain and improve compliance.

Outcomes

Perineal trauma rates for third- and fourth-degree tears returned to the low rates seen in the preceding months after a temporary rise in July. Preterm birth rate remains above the national average but is consistent with MBRRACE peer benchmarks. This reflects the Trust’s complex patient population and its role as a Level 3 NICU and regional cardiac centre. A detailed review of the increase in unplanned neonatal unit admissions in May following induction of labour found no direct link to the IOL process. All clinical metrics remain within common cause variation, with ongoing improvement work across all Clinical Quality Improvement Metrics (CQIMs).

Experience

Since May 2025, there have been no neonatal complaints. Maternity complaints rose to ten in August—with 90% related to care within the acute hospital setting. Common themes include quality of care, delays in induction of labour, and communication. Friends and Family Test (FFT) response and promoter scores have improved, with the promoter rate exceeding the national target and falling just 0.4% below the UHL benchmark. Actions are being taken to address recurring themes, with targeted improvement work underway to enhance communication, streamline induction processes, and strengthen overall care delivery.

Quality & Safety

Two PSIs were commissioned in line with PSIRF priorities. One case, initially declined for external review by the family, has now been referred to the MNSI programme following further consultation. Three final MNSI reports were received during the period. Six moderate harm incidents were reported via Datix, all within Maternity Services: two related to labour and delivery, one major obstetric haemorrhage, two fetal losses, and one staff injury. Robust oversight is in place, with clear trajectory plans to support learning, improvement, and sustained safety performance.

OVERALL MATERNITY OPERATIONAL ACTIVITY



What is the data telling us?

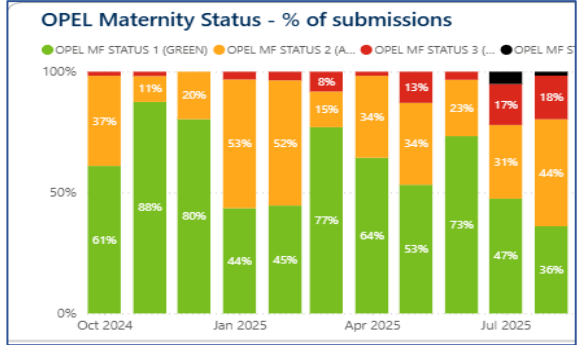
- Activity levels remain higher than average but with a slight reduction in red acuity levels (7.4%) compared to last month,
- Amber OPEL increased with an associated decrease in Green OPEL Levels and Acuity. Pressures are largely multifactorial, driven by staffing, acuity, and activity
- There has been an increase in staff redeployment from the wards on both sites to maintain safe cover
- Service diversions and suspensions have occurred less frequently, with no identified impact on clinical outcomes
- Red flags increased on both sites (n25 reported), linked to delayed or cancelled time critical activity

What do we need to focus on?

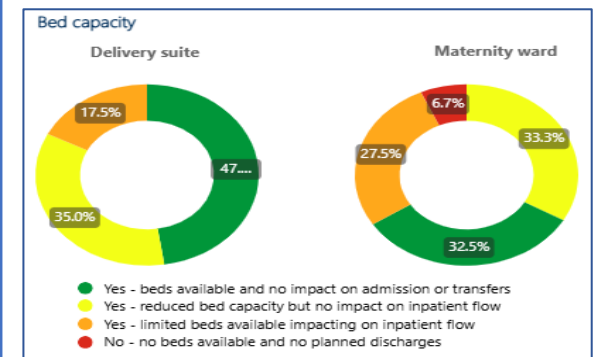
- During periods of OPEL Level 4 pressure, actively engage with regional support where available,
- Review impact of LGH Maternity Day Assessment Unit (MDAU) and optimisation of capacity to support MAU
- Monitoring the launch of the outpatient IOL pilot
- Working with internal clinical management groups to look at opportunities for expansion of Bed capacity against demand modelling
- Review of elective pathway at LGH
- Transition into the Single Point of Contact from Telephone Triage
- Review Tactical meeting reporting and documentation

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
- Demonstrating progress with the commencement of estates work for the Single Point of Contact
- Engagement with the IOL Working Group
- Oversight of red flags and Matron validation of Birthrate plus acuity scoring



	Count	% of submissions
Acute maternity services suspended:	4	3.3%
Acute maternity services diverted:	17	14.2%
Homebirth services suspended:	2	1.7%
MLU suspended:	2	1.7%

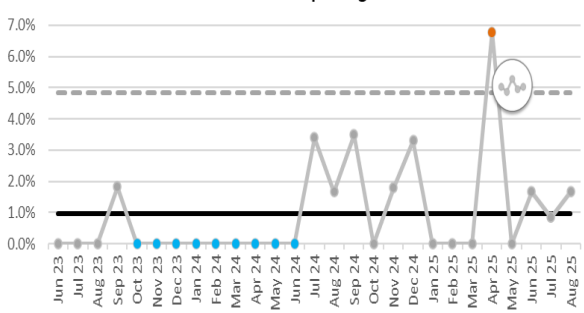


Where do we want to be? Maintain safe staffing levels across both units. Maintain 1:1 care and improve continuity in the inpatient area. Consistent reporting within the Birthrate plus acuity tool across the service. Improved flow through the department including reducing delays for elective activity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

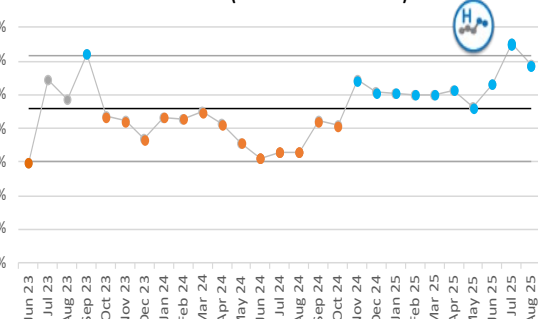
WORKFORCE (PERINATAL)



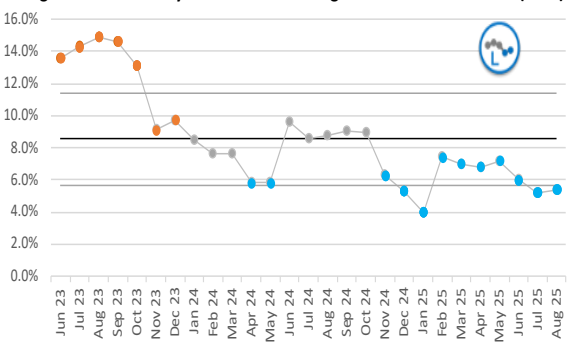
SitRep - Anaesthetic Staffing Shortfalls - % where there were Staffing Shortfalls AND these were impacting Patient Care



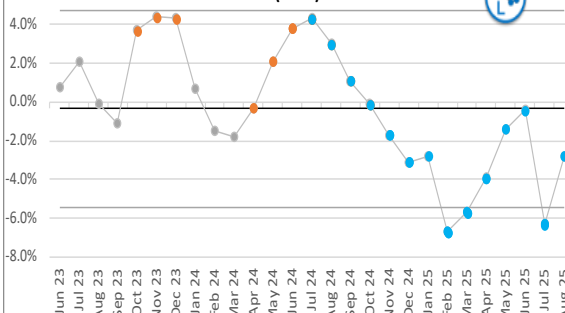
UHL Total Neonatal Nurse Staffing WTE In Post as %age of Required Establishment (BAPM Workforce Tool).



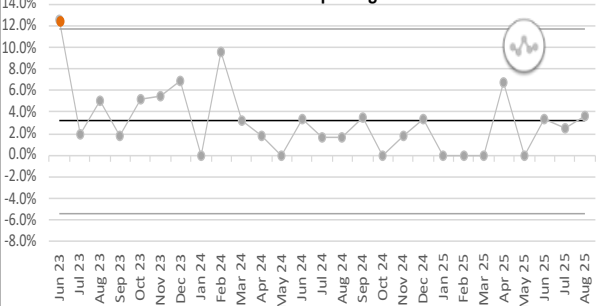
Registered Midwifery Posts Vacant as %age of Total Funded Posts (WTE)



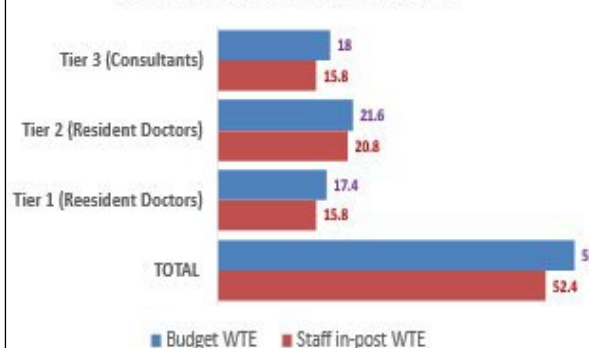
Non-registered Midwifery Posts Vacant as %age of Total Funded Posts (WTE)



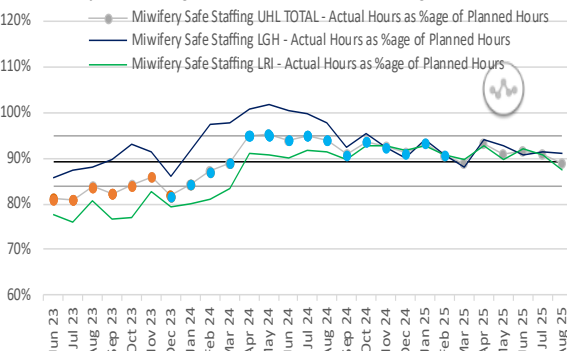
SitRep - Obstetric Staffing Shortfalls - % where there were Staffing Shortfalls AND these were impacting Patient Care



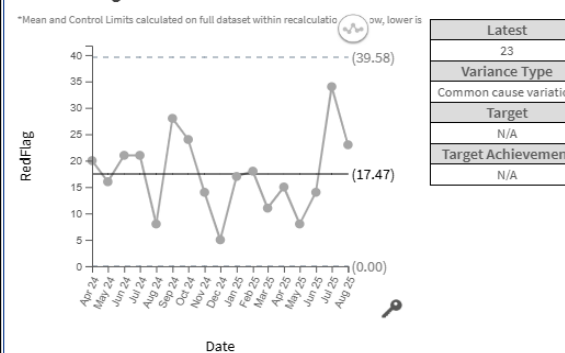
Neonatal Medical Workforce- Dec 2024



Miwifery Safe Staffing UHL TOTAL - Actual Hours as %age of Planned Hours



Total Red Flags



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.

WORKFORCE (PERINATAL)



What is the data telling us?

- Positive progress with reduction in vacancies to 5% for neonatal nurses, with a strong pipeline of recruitment in place to close vacancies in Quarter 3. Numbers of staff with the QIS has remained at 56%. Two nurses have been recruited externally with QIS course and are due to commence Quarter 4.
- No staffing shortfalls within Anaesthetics and Obstetrics have occurred.
- Recruitment is on-going for 5WTE Obstetric consultants' positions identified through job plan exercise and introduction of new elective pathways
- Sickness levels remained high impacting across the month on midwifery staffing levels and acuity at both sites and an increase in red flags due to delays in care
- 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
- UHL Neonatal Unit has secured funds to increase the next two cohorts of nurses undertaking the QIS course to nine to improve QIS compliance
- A strong pipeline of midwives and neonatal nurses is in place with staff due to commence across Q3
- Neonatal Nursing trajectory remains on track
- Continued protected supernumerary time for staff undertaking the QIS course
- Empathy training is planned to commence in September 2025 with good uptake of staff from perinatal services
- Recruitment to MCA posts across the acute sites.

What do we need to focus on?

- Robust onboarding and induction processes for new starters across the service.
- 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

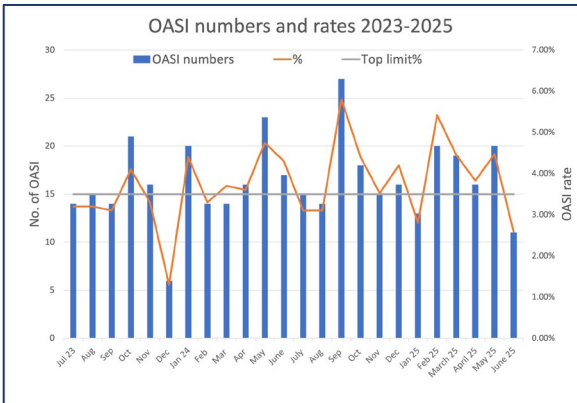
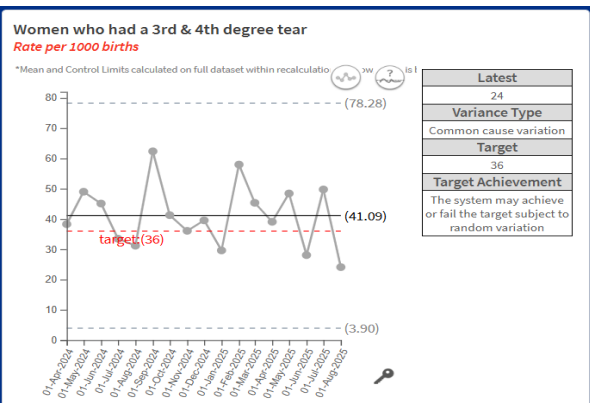
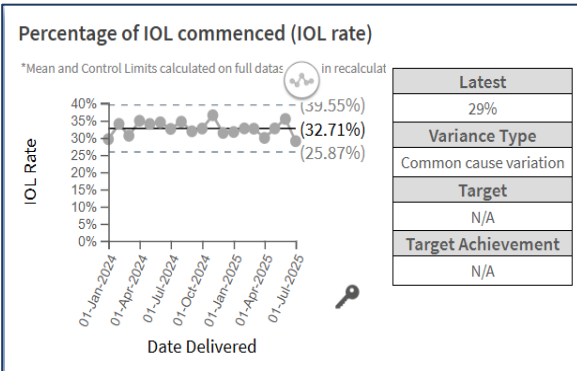
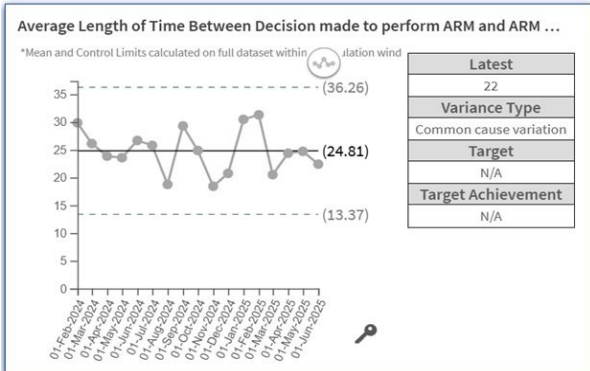
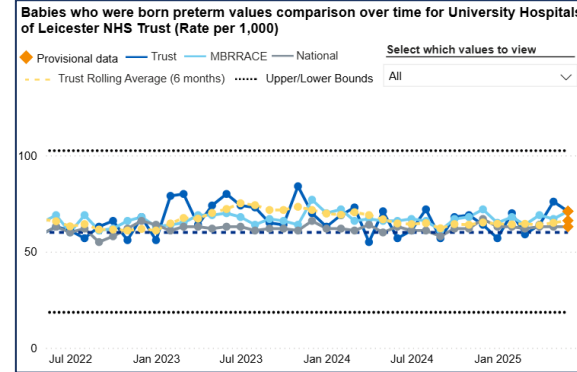
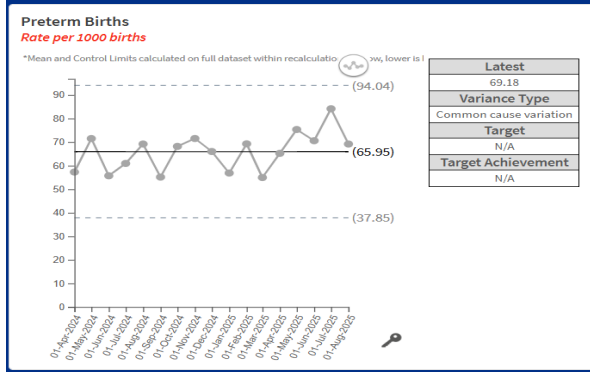
SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS (CQIM)

SUMMARY

CQIMs remain within standard cause variation (see slide 17). While preterm births continue to be a common source of variation, there has been a gradual month-on-month increase, aligned with higher overall birth numbers. We are also closely monitoring the rise in third- and fourth-degree tears, as well as induction of labour performance

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



Preterm Births- Although UHL's rate (71%) is higher than the national average (63%), it is comparable to the MBRRACE peer group and remains well within tolerance. Since launching the PPROM clinic in September 2024, 119 referrals have been made, with 100 confirmed cases. The median time to birth was 12.5 days, with 96% resulting in preterm delivery. Auditable standards have been met: 98.8% of planned deliveries at 37 weeks (if no spontaneous labour) and 91% of planned deliveries by 34 weeks in GBS-positive cases. **Actions:** greater user involvement, and more postnatal support. The clinic will expand to IUGR cases, strengthen neonatal input, and introduce a PPROM leaflet and Intra uterine transfer database.

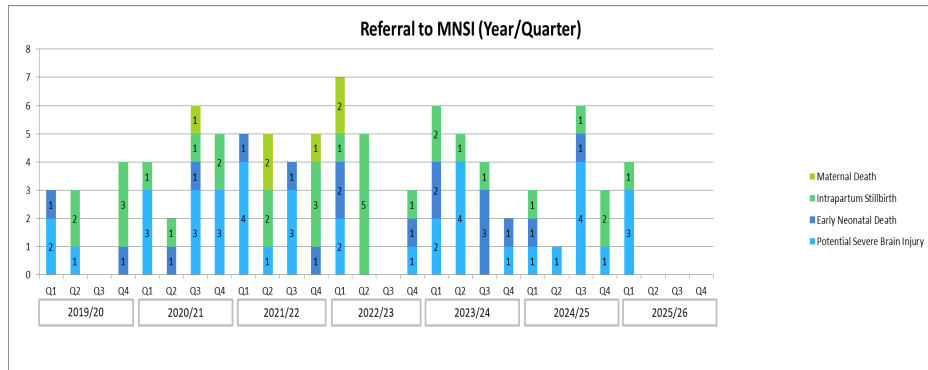
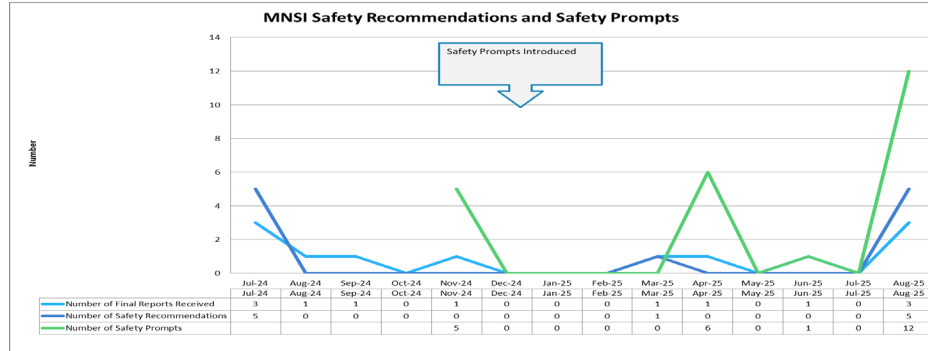
Induction of Labour (IOL): Deep dive into increased number of unplanned NNU admissions during May following IOL found no correlation to IOL process. Quality Improvement project commenced to improve preparation for IOL/spontaneous labour and consultations with stakeholders to scope introduction of alternative non-hormonal IOL method Dilapan. Work is also underway on an outpatient IOL pathway.

Perineal Trauma: 3rd and 4th degree tear rate decreased to lowest rate in >18 months, back to similarly low rate in June following a spike in July. **Actions:** Episiotomy training for midwives and doctors commenced following staff feedback and learning from audit. OASI training continues on MDT mandatory training days. QI Lead Midwife continues to chair national OASI network to share learning and improvements collaboratively across the UK. Focus group held with South Asian women to gain feedback for antenatal education provision.

SAFETY INCIDENT REPORTING



August 2025	
1 case met MNSI criteria	0 Never Events
5 MNSI Safety Recommendations	6 Moderate Incidents
2 Patient Safety Incidents (PSII)	0 Coroner Reg 28



What is the data telling us?

- **2 Patient Safety Incident Investigations (PSII)** commissioned both aligning to local Patient Safety Incident Response Framework (PSIRF) priorities of Postpartum Haemorrhage
- **1 Case referred** to Maternity and Newborn Safety Investigation (MNSI), increased number of safety prompts and recommendations in month (based on reports finalized).
- **6 Moderate Incidents** reported. **5 Stillbirths and 4 Neonatal Deaths recorded** all subject to PMRT processes

What do we need to focus on?

- Improved clinical oversight to ensure timely identification and implementation of safety recommendations in collaboration with the Perinatal Safety Improvement Programme to support triangulation of actions
- On-going multidisciplinary action planning meeting to support learning from patient safety incidents and drive service improvements
- Continued triangulation of detailed Perinatal Mortality Review findings to detect emerging trends or potentially avoidable factors and inform learning
- Safety Prompts – strengthening USS pathways, information sharing and working across boundaries

What is going well?

- Notable reduction in significant perineal tears, focused work within this area remains on-going
- Postpartum haemorrhage rates remain stable and while not currently identified as an outlier this continues to be an area of focused quality improvement
- 100% compliance continues to be maintained in the following key areas: Unexpected admission to the Neonatal Unit (ATAIN), duty of candour process, referrals to the Maternity and Neonatal Safety Investigations (MNSI) programme, reporting to NHS Resolutions (NHSR)

Where do we want to be? - Continued commitment to maintaining a strong and robust safety reporting culture – sustained reduction in the incidence of significant perineal trauma – on-going efforts focused on reducing postpartum haemorrhage rates through targeted interventions

MATERNITY AND NEONATAL EXPERIENCE

Complaints & Concerns	Jun-25	Jul-25	Aug-25	2025/26 YTD
Maternity	6	6	10	34
Neonatal	0	0	0	1

Family & Friends Test (FFT)	UHL Target	National	Jun-25	Jul-25	Aug-25	2025-26 YTD
Maternity Friends & Family % of Responses	25%	13%	13.6%	5.2%	10.7%	12.5%
Maternity Friends & Family % of Promoters	96%	93%	92.9%	94.6%	95.6%	94.2%

What is the data telling us?

- Zero neonatal complaints received since May 2025
- Ten maternity complaints received this month (highest since September 2024). 90% of all complaints relate to care delivered within the acute hospital setting. Themes include; quality of care, induction of labour delays and communication.
- FFT response and promoter rate have both increased this month with promoter rate above national target and only 0.4% below UHL target.

What is going well?

- The 'Leicester Maternity Matters' audio series (podcast) launched this month following requests from service users for accessible parent education
- Fetal presentation scan training for midwives commenced to improve timely, efficient care during the IOL pathway and within maternity triage
- There is consistent positive scoring through FFT related to being involved in decisions about care, being treated with respect and dignity and being spoken to in a way which was understood

What do we need to focus on?

- Providing detailed information to facilitate informed decision making and consent for those being offered an IOL or caesarean birth
- Listening to women's concerns and treating them seriously through open and transparent communication and escalation pathways
- Progressing the enhanced continuity of carer model to enhance personalised and supportive care and address health inequalities

Compliments

"The service has been above and beyond any expectation"
Specialist Midwifery Team

"I was made to feel comfortable from the second I walked in the door to the second I left"
Orchard Birth Centre LRI

"We received the best care on this ward. Staff helped and cared for us so much"
Ward 30 LGH



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

MATERNITY AND NEONATAL FEEDBACK (STAFF)



Safety Champions have continued monthly walkarounds, discussing any concerns directly with staff and feeding back “You Said, We Did” actions.

Staff value visibility of Safety Champions and want more engagement opportunities in community settings.



Successful in securing funding to implement the Labour Ward Coordinator Education & Development Framework and the Safe Learning Environment Charter (SLEC), supporting safer care and staff development.

What Are Staff Telling Us?

- Ongoing concerns around car parking access at LGH

• What Action are We Taking?

- Worked with Car Parking team to secure interim night/weekend permits and ensure staff details are up to date on the portal.

• What Are Staff Telling Us?

- Capacity pressures on cesarean pathways with staff valuing the opportunity for open MDT discussions

• What Action are We Taking?

- Ongoing MDT discussions to address ELCS capacity pressures and improve daily planning at LGH, options being explored around shifting the sessions to better support flow



What do we need to focus on?

- Actioning and closure of Safety Champion Walkaround actions, in priority order
- Continuing to embed positive workplace cultures through tailored training opportunities
- Continuing MDT approach to manage ELCS capacity at LGH
- Completion of MNVP 15 Steps response reports for Maternity Wards and Neonatal Areas
- Ensuring staff voices are heard consistently across all sites. engagement with community colleagues

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	Jun-25	Jul-25	Aug-25	Rolling 12 Months
% of All Staff attending Annual MDT Clinical Simulation (exc. Medical staff commencing >1st Jul 2025)	90%	93.0%	93.0%	91.0%	91.3%
% of All Staff attending NLS Training	90%	94.0%	91.0%	87.0%	91.8%
% of All Staff attending CEFM Training (Theory) (exc. Medical staff commencing >1st Jul 2025)	90%	89.0%	90.0%	90.0%	89.9%
% of All Staff attending CEFM Training (Assessment) (exc. Medical staff commencing >1st Jul 2025)	90%	88.0%	90.0%	90.0%	89.8%

What is going well?

- Maintained >90% compliance in MDT Training and Fetal Monitoring Training
- Continued to progress our Transitional Care offer on our postnatal wards
- Our Maternity Educators spent several hours working clinically supporting the demands of our services and supporting our MDT colleagues.

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: has dropped below 90% for the first time since November 2024
- **Fetal Monitoring Compliance:** has maintained at our target of 90%

August:

- The Maternity Education Team began their in-depth audit into our incidence of unexpected term neonatal admissions to the neonatal unit- this body of work will feed into our Avoiding Term Admission in Neonatal Units (**ATAIN**) working group and examine any recurrent themes and action any areas for wider learning or system reviews.
- Our August **Care Certificate and HCA Induction** programme commenced welcoming three new nursery nurses into our maternity workforce at the Leicester General Hospital. Our nursery nurses play an invaluable role in assisting our families in the postnatal wards- with baby care, feeding support and other essential care.
- Since our bespoke **Telephone Triage** training began in April, to date we have trained over 100 staff members within our Maternity Services. With 7 more sessions planned before the end of Q4.

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

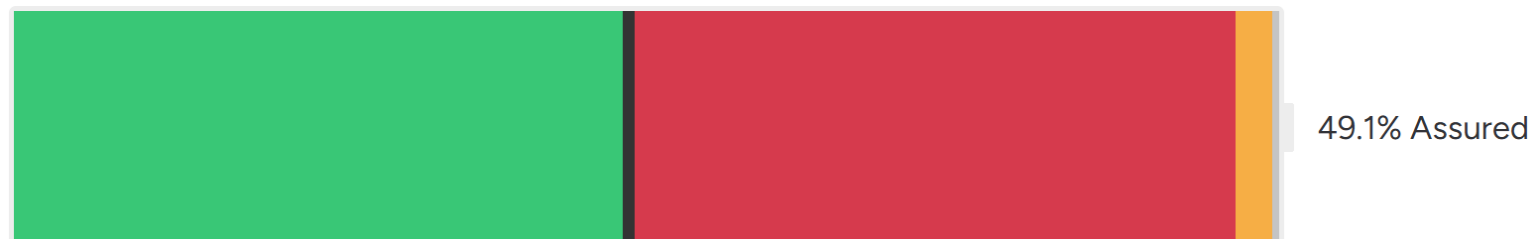
The ten Safety Actions comprise 95 individual mandated safety action requirements, when compared to 84 for the previous year UHL are currently on track to achieve all 10 safety actions with no escalated risk to delivery.

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

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

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

CNST MIS Yr 7 - Level to which supporting evidence has been secured (overall) 



SAFETY: SAVING BABIES LIVES CARE BUNDLE v3



	Description	Interventions Fully Implemented (Self-Assessment) Q1		Interventions Fully Implemented awaiting LMNS validation		NHS Resolution MIS
1	Smoking in Pregnancy	Fully implemented	100%	Partly implemented		CNST Met
2	Fetal Growth Restriction	Partly implemented	95%	Partly implemented		CNST Met
3	Reduced Fetal Movements	Fully implemented	100%	Fully implemented		CNST Met
4	Fetal Monitoring in Labour	Fully implemented	100%	Fully implemented		CNST Met
5	Preterm Birth	Fully implemented	100%	Partly implemented		CNST Met
6	Diabetes	Fully implemented	100%	Fully implemented		CNST Met
All Elements	Total	Partly implemented	99%	Partly implemented		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](#)
- [Awaiting LMNS validation](#)
- [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 Q1, we saw a continued steady increase in CO testing at 36 weeks. Smoking at time of delivery showed improvement remaining below the 6% target. Embedding the in-reach service is continuing and although we have not met 90% of smokers being referred to TDA although an increase has been seen over Q1	Ongoing work with the Communication team to raise the profile of the Stop smoking service in the form of updating Inpatient tv screens and animation for pathways. Teaching updated for staff in Q1 following feedback	Project manager to review where service improvements can be made. Continue to review improvement action plans and develop impact measures
Element 2	Q1 saw 87% of cases being input onto digital GROW 2.0 platform. The national average detection rate has dropped nationally and UHL is in line with this Risk assessments for Vitamin D, Aspirin, and Fetal Growth at booking consistently remain above target.	Digital reporting of growth restriction and uterine artery dopplers will now be available on digital system	Consultant lead needed for element. Improve detection rates of SGA with use of the GROW 2.0. Develop impact measures
Element 3	All elements remain above targets	We have had no IOL performed for reduced fetal movements alone in Q1 – to observe and adapt training as needed	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 and consistency with each of the 4 elements	Plan to change audits to have a focus on outcomes and learning based on SVBLv3.2	Using outcomes and learning to inform Qi and changes
Element 5	Preterm birth 24-36 weeks gestation remains above target but positive improvements seen in earlier gestations Increase in NNU conversations for all gestations in Q1 Improvement seen in all relevant interventions	Although remains above target we have seen a reduction during Q1 of babies born at the more extreme pre-term gestations meaning more babies were born at a viable gestation maybe due to interventions like cx cerclage and progesterone to continue to work with Peri-prem team to further understand-	To continue to work on identified Q1 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

HOT TOPIC- POSTPARTUM HAEMMORHAGE PREVENTION WEEK

Why?

PPH is a current Patient Safety Incident Response Framework (PSIRF) priority for UHL Maternity Services as it remains a leading national cause of maternal mortality. The PPH Prevention Working Party was formed in March 2025 and have prioritised rolling out the OBS Cymru care bundle as an evidence based intervention to reduce UHL's PPH rates. The PPH Prevention week gave an in-depth training opportunity for all staff groups to engage with the bundle and the positive difference it can make.

When?

18th-22nd August
2025

What now?

The PPH working party have taken learning from feedback from staff, many of whom have now joined the working party following the week's events. Upcoming actions include: focused effort on elective section PPHs and risk assessment completion compliance, audits to understand impact of the event, engagement with universities for pre-registration involvement, OBS UK research project support and PDSA cycles for quality improvements.

PPH Event Week Summary

Monday – OBS Cymru Study & Blood Bake-off

The OBS UK team presented the OBS Cymru care bundle:

- Risk assessment
- Measurement of blood loss
- TEG-guided management
- Appropriate escalation

Staff engaged in a fun and educational “Blood Bake-off” to raise awareness across clinical areas.

Tuesday – Risk Assessment

Focused on embedding risk assessment into routine care:

- Available in handheld records and laminated sheets in delivery rooms
- Emphasis on MDT responsibility
- Suggested integration into ward rounds and SBAR handovers

Wednesday – TEG-Guided Management

Anaesthetist Rohan Babla and TEG rep Kelly led a session on TEG use in PPH:

- Include **fibrinogen** in clotting requests
- Take TEG at **1000mL active blood loss**
- Ensure lab and blood gas samples accompany TEG for comprehensive review

Thursday – Measured Blood Loss (MBL)

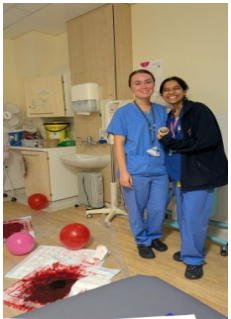
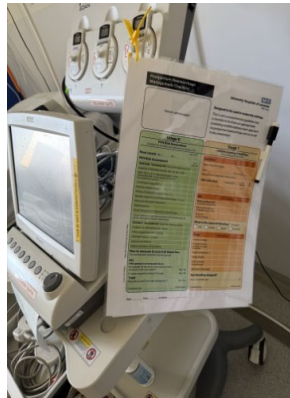
Encouraged transition from EBL to MBL/WBL:

- Many staff weigh blood but still document EBL
- Blood loss guessing challenge revealed inaccuracies in estimation
- Reinforced importance of **accurate measurement**

Friday – Escalation & Debriefing

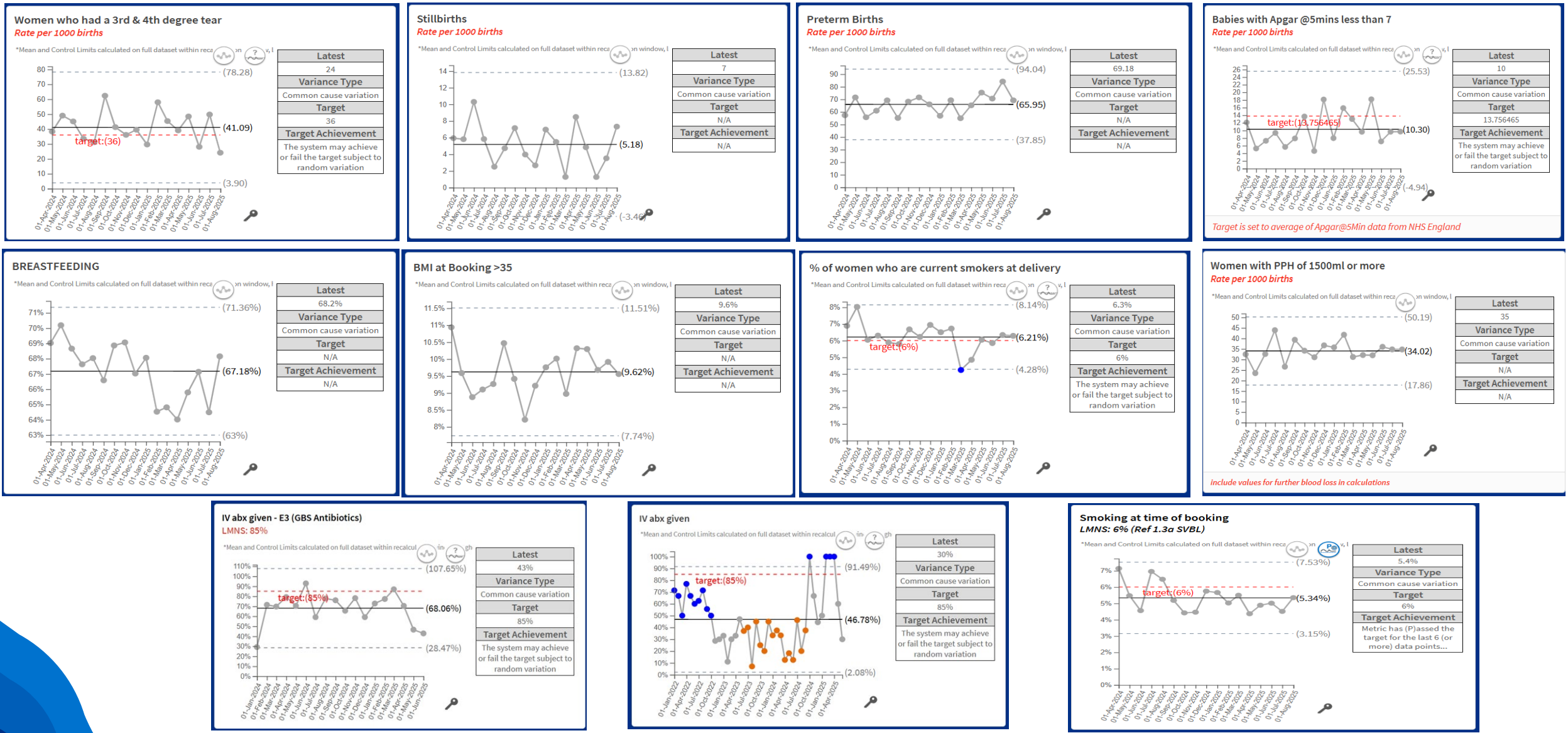
Panel discussion on escalation protocols and patient experience:

- Importance of **civility in emergencies**
- Upcoming **Enhanced Maternity Care training**
- Timely debriefs in ITU and Obstetrics
- Fewer ITU admissions, but more complex cases requiring early risk assessment



APPENDICES

SAFETY: CLINICAL QUALITY SURVEILLANCE METRICS (CQIM)

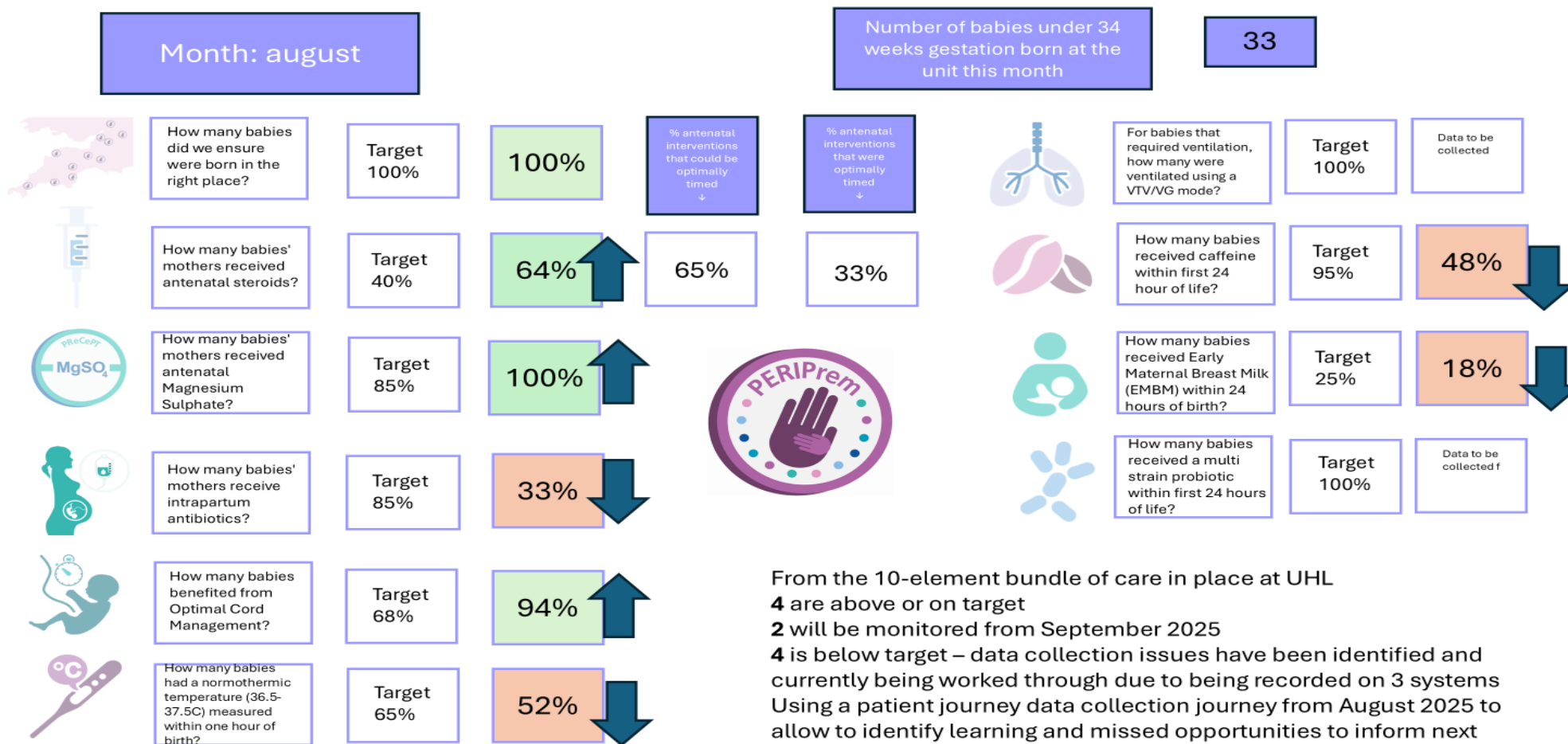


Initial metrics from the Clinical Quality Improvement Metrics. Remaining metrics will be included within further scorecards as the data becomes available. Data Source: E3
Delayed due to transition over to PowerBI and pause of development for QLiK



Hot Topics : Peri-Prem Bundle

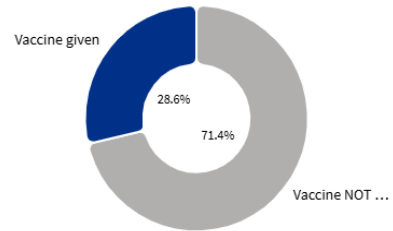
10 elements of bundle used at UHL and Targets set from the LMNS as part of the Saving babies' lives, Element 5 bundle



From the 10-element bundle of care in place at UHL
 4 are above or on target
 2 will be monitored from September 2025
 4 is below target – data collection issues have been identified and currently being worked through due to being recorded on 3 systems
 Using a patient journey data collection journey from August 2025 to allow to identify learning and missed opportunities to inform next steps

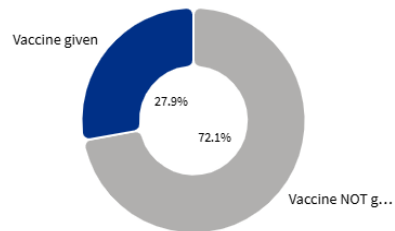
Immunisation Summary Antenatal Pertussis, RSV, & Neonatal BCG Immunisations

Uptake of RSV Vaccination - LRI
Given/Not given



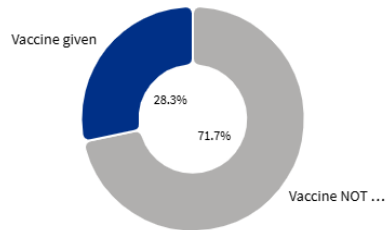
Reporting Period: Aug-2025 to Aug-2025

Uptake of RSV Vaccination - LGH
Given/Not given



Reporting Period: Aug-2025 to Aug-2025

Uptake of RSV Vaccination - UHL Total
Given/Not given

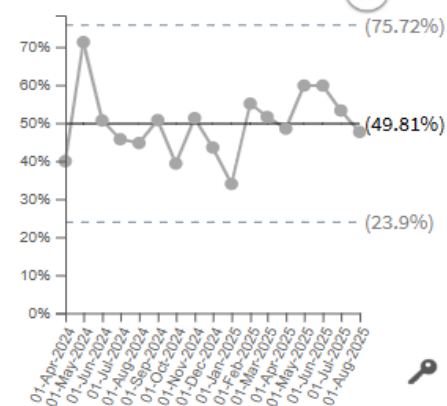


Reporting Period: Aug-2025 to Aug-2025

Positive progress continues with the implementation of the UHL action plan. Recruitment is now complete, with all positions successfully filled. Team inductions are underway, including relevant training. Unfortunately, compliance rates have declined this month. In response, staff education has been prioritised. This includes a podcast video, targeted email communications, infographics, team discussions and the distribution of resources related to the winter plan. Looking ahead we aim to launch a bookable clinic via Nerve Centre at each site within the next two months. This will support improved compliance by enabling appointment scheduling alongside scan and clinic bookings as well as text reminders with vaccine information attached.

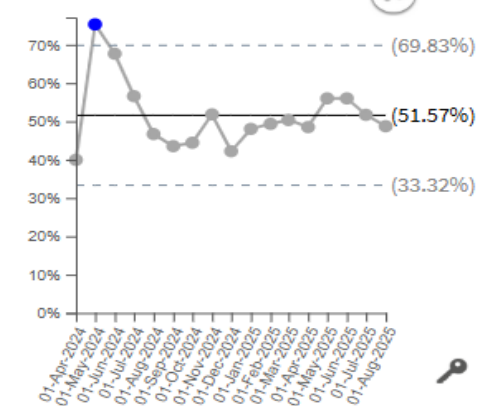
% Uptake of Pertussis Vaccination for LGH

*Mean and Control Limits calculated on full dataset with calculation w



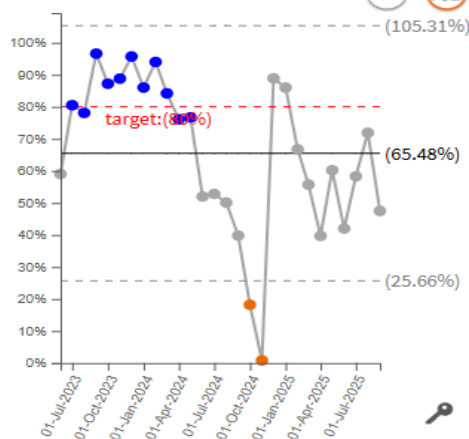
% Uptake of Pertussis Vaccination for LRI

*Mean and Control Limits calculated on full dataset with calculation w



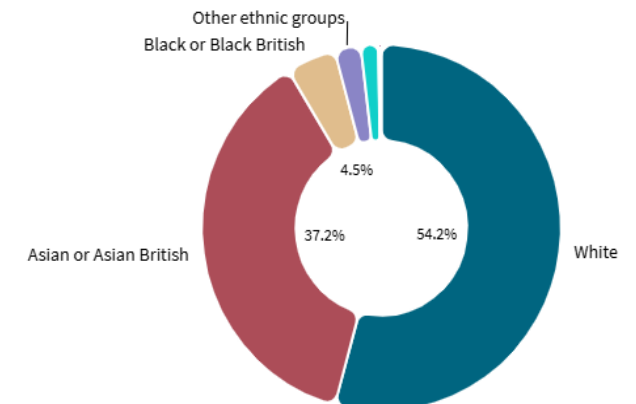
Of those eligible (number 1b) the percentage of BCG vaccinations given ≤ 28 days
(with appropriate SCID screening outcome) KPI=80% (i.e. coverage)

*Mean and Control Limits calculated on full dataset within reporting period



Ethnic (Grouped) of those who received the Pertussis Vaccine (UHL)

Reporting Period: Aug-2025 to Aug-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)**

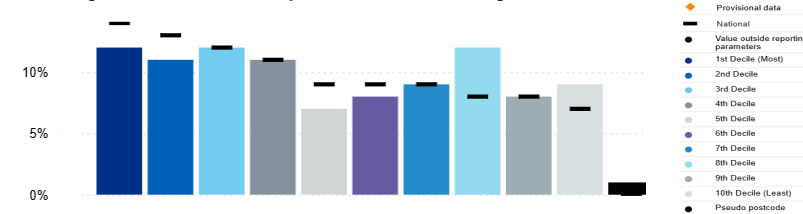
BENCHMARKING OUTCOMES (Latest Data June 2025)

Index of Deprivation of Mother at Booking.

UHL (12%*, 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 (14%, black line)

*Data interrogation had indicated MSDS under-representing LLR Deprivation levels due to use of pseudo-postcodes for overseas visitors etc. Data adjusted from June 2025 to account for this. This shows a significant increase in the 3rd & 4th most deprived deciles, when compared to previous reporting.

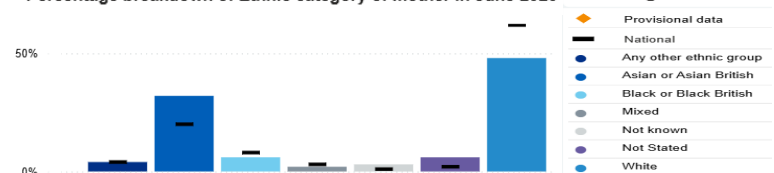
Percentage breakdown of Index of deprivation of mother at booking in June 2025



Ethnicity at Booking

UHL has a higher proportion of bookings from mothers with Asian or Asian British ethnicity (32%) and a correspondingly lower proportion with White ethnicity (48%) than the average across all providers (20% and 62% respectively).

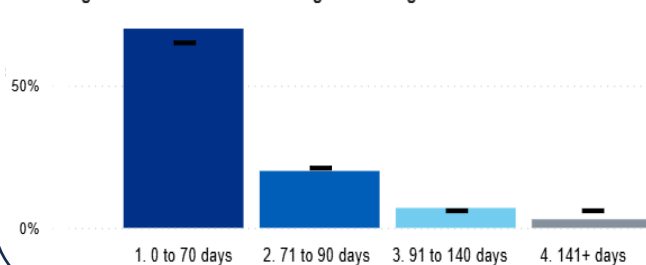
Percentage breakdown of Ethnic category of mother in June 2025



Gestational Age at Booking

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

Percentage breakdown of Gestational age at booking in June 2025



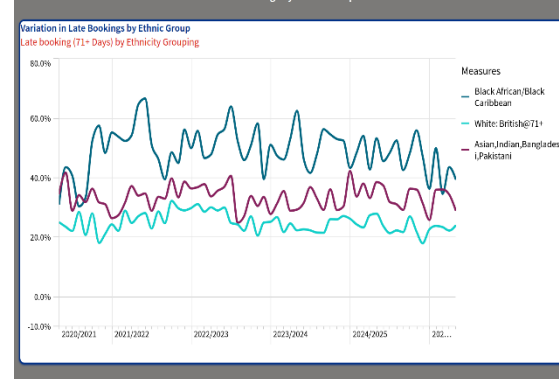
Variation in Late Bookings by Ethnic Group (*Local data)

UHL Late Bookings (71+ Days) – recent evidence of reducing trend amongst Black African or Black Caribbean populations (39.4%).

Asian Indian, Bangladeshi or Pakistani (28.9%) and White British (24.1%) ethnic groups showing no apparent trend.

*As of Aug 2025

KEY PERFORMANCE INDICATOR: Variation in Late Bookings by Ethnic Group

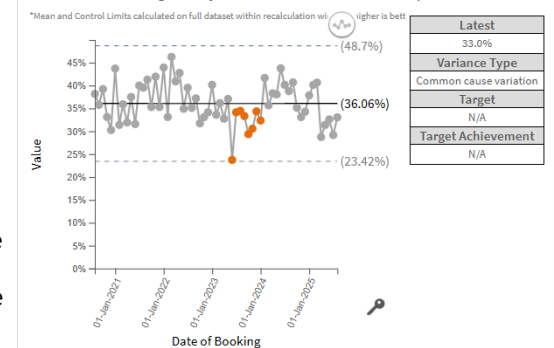


Variation in Late Bookings by IMD Decile (*Local data)

Mothers booking with UHL are more likely to experience Late Bookings (71+ Days) in the most deprived areas (36%) vs. the least deprived (26%). Possible indication of Improvement seen since Apr 25 (mean 31%).

*As of Aug. 2025

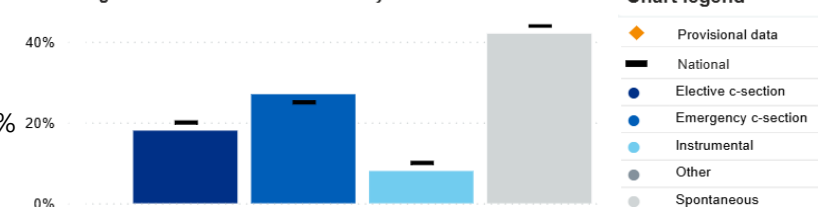
Gestation at Booking 71+days, IMD Deciles 1 and 2 (Most Deprived)



Method of Delivery

UHL has a slightly higher rate of Emergency C-Sections (27%) vs. the national average rates (25%) but has slightly lower rates of Elective C-Sections (18% vs 20%), Spontaneous Deliveries (42% vs. 44%) and instrumental deliveries (8% vs 10%).

Percentage breakdown of Method of delivery in June 2025



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.

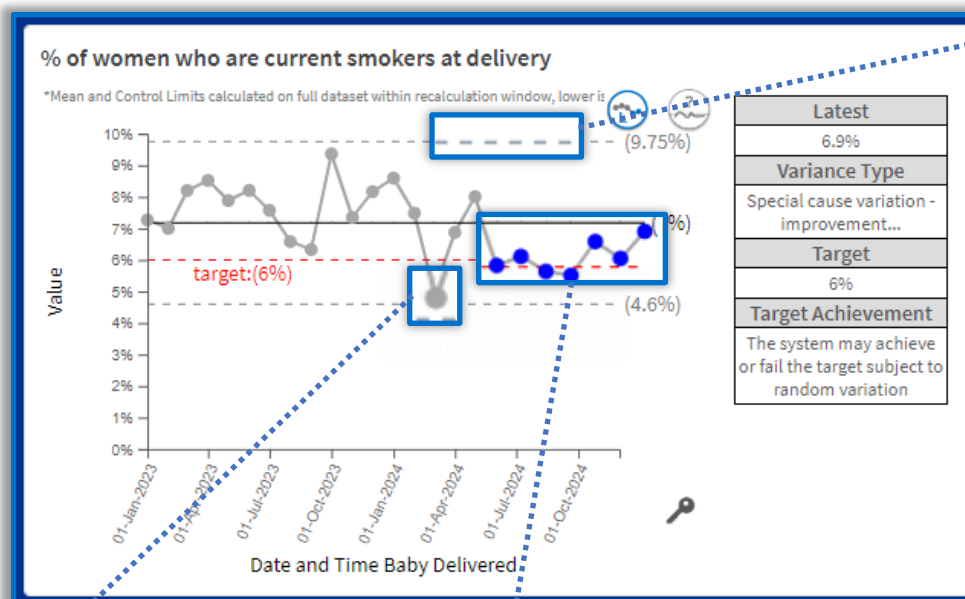
SPC charts
these will be calculated in line with standard national calculations so that we can compare ourselves meaningfully to other Trusts. These calculations may exclude certain categories of people.

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.

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:

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.

- 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