Public Trust Board Paper I

Meeting title:	Trust Board					
Date of the meeting:	9 October 2025					
Title:	NHS Maternity and Neonatal Three-Year Delivery Plan: UHL Progress Report					
Report presented by:	Julie Hogg, Chief Nurse Danni Burnett, Director of Midwifery					
Report written by:	Danni Burnett, Director of Midwifery and Karradene Aird, Interim Head of Midwifery					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	X
Where this report has been discussed previously	Perinatal Assurance Committee (September 2025)					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The report provides assurance and mitigates significant risks by demonstrating measurable improvements in safety, equity, workforce stability, and governance across maternity and neonatal services, while aligning with national priorities and preparing for future transformation under the NHS 10-Year Plan. 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

To provide an update and assurance to the Perinatal Assurance Committee (PAC) and Board of Directors on the progress made by University Hospitals of Leicester (UHL) in delivering the NHS Maternity and Neonatal Three-Year Delivery Plan. It outlines how national priorities are being translated into local action across four strategic workstreams focusing on safety, personalisation, equity, and workforce wellbeing and highlights achievements, challenges, and next steps to improve outcomes and experiences for mothers, babies, and families.

Summary

University Hospitals of Leicester (UHL) has made significant strides in delivering the NHS Maternity and Neonatal Three-Year Delivery Plan, demonstrating a strong commitment to safer, more personalised, and equitable care. The Trust has embedded national priorities into local practice through four strategic workstreams, each showing tangible progress and impact.

We are currently in Year 3 of the NHS Maternity and Neonatal Three-Year Delivery Plan, which was launched in March 2023. The annual update provided in the September 2025 PAC paper reflects progress made across all four workstreams as the plan approaches its final phase.

In **Workstream 1: Listening to Women and Families**, UHL has prioritised personalised care and equity. The launch of the My Maternity Journey booklet and streamlined mental health pathways have enhanced support for women throughout their maternity experience. The introduction of a 7-day bereavement service and strengthened continuity of care models reflect a compassionate and

responsive approach. Equity initiatives, such as targeted antenatal sessions and improved access for LGBTQ+ and South Asian communities, have begun to reduce disparities, including a measurable drop in late bookings for Black women.

Workstream 1 Highlights	Workstream 1 Achievements
Launched My Maternity Journey booklet (v2) and 7-day bereavement service. Streamlined perinatal mental health pathways Appointed Consultant Midwife for Inclusivity and launched LGBTQ+ training. Developed equity dashboards and reduced late bookings for Black women. Strengthened engagement with Maternity Voices Partnership (MNVP).	97% satisfaction for compassionate care during labour. 1,000 women referred to MINT services. Full UNICEF Baby Friendly Initiative status at Leicester General Hospital

Workstream 2: Developing, Supporting and Retaining Staff has focused on building a resilient and inclusive workforce. Recruitment of Safe Staffing Matrons and a reduction in midwifery vacancies to below 6% signal progress in workforce stability. Staff wellbeing has been supported through shared decision-making structures, anti-racism frameworks, and recognition programmes. Training access has improved, with a 12.5% increase in learning opportunities for trainee midwives and a notable reduction in sickness absence.

Workstream 2 Highlights	Workstream 2 Achievements
Reduced midwifery vacancies to <6%. Introduced Strengths-Based Recruitment and PMA support programmes. Embedded Shared Decision-Making Councils and anti-racism frameworks. Delivered Birthrate Plus acuity training and achieved MIS training standards.	12.5% increase in trainee midwives accessing learning. Sickness rates for midwives reduced from 7.25% to 6.48%. Improved staff satisfaction and recognition across professions.

In **Workstream 3: Sustaining a Safety Culture**, the Trust has embedded a proactive and transparent approach to safety. The launch of the Perinatal Safety Improvement Programme (PSIP) and implementation of PSIRF have strengthened incident response and learning. Staff confidence in raising concerns has grown, supported by empathy training and cultural competency development. Safety oversight has been enhanced through governance reforms and the introduction of tools like the X Tag system for neonatal security.

Workstream 3 Highlights	Workstream 3 Achievements
Established Perinatal Safety Improvement Team and launched PSIRF. Hosted Perinatal Safety Study Conference and delivered empathy training. Relaunched OASI care bundle and introduced ethnicity field in Datix. Embedded oversight via Guardian Service and tactical huddles.	Increased staff confidence in raising concerns. Reduction in late bookings for Black women (0.6%). Positive trends in incident reporting and staff recommending UHL as a workplace.

Workstream 4: Standards and Structures has driven infrastructure and digital transformation. The relaunch of triage systems, expansion of neonatal and maternity facilities, and deployment of digital tools such as Badgernet, Janam App, and MyKit Check have modernised care delivery. These innovations have contributed to improved clinical outcomes, including a reduction in stillbirth rates and neonatal brain injury, and no maternal mortality since 2023. The Trust has also achieved 99% implementation of the Saving Babies Lives Care Bundle.

Workstream 4 Highlights	Workstream 4 Achievements
Relaunched Birmingham Obstetric Triage System and opened second obstetric theatre. Launched Neonatal Badgernet (Jan 2025); Maternity Badgernet due Oct 2025. Introduced Janam App to address language barriers and My Kit Check for equipment assurance. Developed Aristotle Equity Dashboard and refreshed surveillance dashboards.	99% implementation of Saving Babies Lives Care Bundle. Reduction in stillbirth rates (from 4.27 to 3.16) and neonatal brain injury (from 8.3% to 7.1%). No maternal mortality since 2023.

Governance across all workstreams is robust, with a three-tier structure ensuring oversight from workstream leads through to the Perinatal Assurance Committee and Trust Board. Regular reporting to the Women's Board and LMNS Board ensures alignment with national surveillance models.

Alignment with the NHS 10-Year Health Plan

The plan marks a pivotal moment for maternity services. While the plan sets out a vision for transforming the NHS through prevention, digital innovation, and community-based care, it does not yet include a detailed maternity strategy. Instead, the Government has committed to a **rapid review of maternity services** and the creation of a **National Maternity and Neonatal Taskforce**, chaired by the Secretary of State. This means maternity care will receive a **dedicated, standalone improvement plan**, rather than being a small component within the broader NHS strategy. The 10-Year Plan also reinforces the importance of women's health, with commitments to support the Three-

Year Delivery Plan, address the maternal mortality gap for Black and Asian women, and invest in women's health hubs and digital infrastructure to improve access and outcomes.

UHL's progress with the Maternity and Neonatal 3-Year Delivery Plan dovetails with the new NHS 10-Year Plan by laying a strong foundation for many of the longer-term ambitions outlined in the national strategy. While the 3-Year Plan focuses on immediate priorities such as safety, equity, workforce wellbeing, and digital transformation, the 10-Year Plan expands these into broader system-wide reforms.

UHL will evolve its Perinatal Safety Improvement Programme (PSIP) by embedding the learning, infrastructure, and governance developed through the 3-Year Delivery Plan into a longer-term strategic framework that aligns with the NHS 10-Year Plan. This includes expanding equity-focused initiatives, scaling digital transformation through tools like Badgernet and Janam App, and strengthening workforce wellbeing and leadership development. The programme will continue to be driven by robust data, service user engagement, and system-wide collaboration, ensuring that maternity and neonatal services remain responsive, inclusive, and future-ready.

Safety and Equity: UHL's work on reducing stillbirths, neonatal brain injury, and late bookings for Black women directly supports the 10-Year Plan's commitment to tackling health inequalities and improving maternal outcomes.

Digital Transformation: The implementation of tools like Badgernet, Janam App, and My Kit Check at UHL reflects the 10-Year Plan's emphasis on digital maturity and data-driven care.

Workforce Development: UHL's investment in safe staffing, anti-racism frameworks, and leadership development complements the 10-Year Plan's focus on workforce retention, wellbeing, and inclusive practice.

Governance and Transparency: The robust assurance structures in place at UHL mirror the 10-Year Plan's call for stronger accountability and system-wide learning.

In essence, the 3-Year Plan acts as a delivery vehicle for the first phase of the 10-Year Plan, ensuring that maternity and neonatal services are not only aligned with national priorities but also well-positioned to scale and evolve as part of the wider transformation agenda.

Recommendation

The Board is asked to **note** the progress made in delivering the NHS Maternity and Neonatal Three-Year Delivery Plan, and to **acknowledge the current and future challenges** in improving care across maternity and neonatal services.

Furthermore, the Board is asked to **support the evolution of the UHL Perinatal Safety Improvement Programme (PSIP)** to ensure continued alignment with both the existing 3-Year Plan and the emerging priorities of the NHS 10-Year Plan. This will involve scaling equity-focused initiatives, advancing digital transformation, strengthening workforce wellbeing, and embedding robust governance and service user engagement to deliver safer, more personalised, and more equitable care.

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UHL Maternity and Neonatal 3 Year Plan

September 2025

Maternity & Neonatal 3 Year Plan

NHS University Hospitals of Leicester NHS Trust

Executive Summary : UHL Maternity and Neonatal 3 Year Plan

Purpose of the Report

University Hospitals of Leicester (UHL) continues to make **strong progress** in delivering the NHS Maternity and Neonatal Three-Year Delivery Plan Three-year-delivery-plan-for-maternity-and-neonatal-services . This update provides assurance that the Trust is effectively translating national priorities into local action, with a clear focus on safety, personalisation, equity, and workforce wellbeing.

Summary

Across all four workstreams, UHL has delivered a range of impactful initiatives. These include the **launch of the "My Maternity Journey" booklet**, enhanced perinatal mental health pathways, and the introduction of **7-day bereavement services**. Engagement with service users has been strengthened through the Maternity Voices Partnership, while targeted equity actions have improved access and experience for vulnerable communities.

Workforce development has also seen **notable achievements**, including the recruitment of Safe Staffing Matrons, a **reduction in midwifery vacancies to below 6%**, and the implementation of Strengths-Based Recruitment. Staff wellbeing has been supported through anti-racism frameworks, recognition schemes, and shared decision-making structures, contributing to a **12.5% increase in learning access for trainee midwives** and a **reduction in sickness absence**.

The Trust has embedded a **positive safety culture**, underpinned by the Perinatal Safety Improvement Programme and PSIRF. Staff confidence in raising concerns has increased, and incident response processes have been enhanced through training and governance reforms. Equity-focused projects have also led to a **reduction in late bookings for Black women**.

In terms of infrastructure and digital transformation, UHL has relaunched triage systems, expanded neonatal and maternity facilities, and implemented tools such as **Badgernet, Janam App, and My Kit Check**. These efforts have contributed to a **reduction in stillbirth rates**, a **decline in neonatal brain injury**, and **no maternal mortality since 2023**. The Trust has also achieved **99% implementation of Saving Babies Lives Care Bundle interventions**.

Governance is robust, with a three-tier structure ensuring oversight from workstream leads through to the Perinatal Assurance Committee and Trust Board. Regular reporting to the Women's Board and LMNS Board ensures alignment with the Perinatal Quality Surveillance Model.

UHL remains committed to continuous improvement, with next steps including the launch of Maternity Badgernet, implementation of MEWS, and further development of equity dashboards and digital tools to support safer, more personalised, and more equitable care.

This report must be read in conjunction with; Maternity and Neonatal 3YR Delivery Plan Progress Report_Final_PAC_July 2025

Recommendation

The Board are asked to note the progress, current and future challenges to improving care across maternity and neonatal services

Introduction: UHL Maternity and Neonatal 3 Year Plan

Our maternity and neonatal service is committed to delivering safer, more personalised and more equitable care by aligning our local priorities with the NHS Three-Year Delivery Plan. Through listening to women and families, supporting and retaining our workforce, and strengthening a culture of safety and learning, we are turning national ambitions into local action to improve outcomes and experiences for every mother, baby and family we serve.

The following sets out how we are delivering the NHS Three-Year Plan for maternity and neonatal services, through **twelve priority objectives** translated into measurable local actions.

- Personalised Care
- Develop a Positive Safety Culture
- Work with Service Users to Improve Care
- Improve Equity for Mothers and Babies
- Value and Retain our Workforce
- Grow Our Workforce
- Learning and Improving
- Invest in Skills
- Support and Oversight
- Standards to Inform Best Practice
- Data to Inform Learning
- Make Better Use of Technology

Background: Development of PSIP Workstreams

In November 2023, as part of the UHL response to the NHS Three-Year Delivery Plan, we launched the **UHL Perinatal Safety Improvement Programme (PSIP)**. The programme is focused on:

- Building compassionate partnerships with women and families to ensure the best possible care.
- Creating a rewarding and empowering working environment that supports staff wellbeing and a positive safety culture.
- Embedding national and local guidelines and evidence-based practice to deliver consistently safe outcomes.

The following provides an update on progress against the four Delivery Plan themes, which are embedded within the PSIP workstreams:

Maternity & Neonatal 3 Year Plan

NHS University Hospitals of Leicester NHS Trust

Overview: Delivery of the 3 Year Plan - Objectives

● Strong ◯ Weak

Below is a summary of how we have delivered against the NHS Three-Year Plan objectives within the 4 workstreams, with progress rated to show areas of strength and where further improvement is needed.

Workstream 1 — Listening to Women and Families

Personalised Care
- Empower staff with time, training, tools, and information to deliver personalised care.
- Monitor care through audits and feedback and act on findings.
- with NHS England's safe staffing principles. Consider implementing midwifery continuity of carer in line
- Achieve UNICEF Baby Friendly Initiative standards (or equivalent) for infant feeding by March 2027.

Improve Equity for Mothers and Babies
- Deliver services that address health inequalities and support informed decision-making.
- Ensure access to interpreter services and compliance with the Accessible Information Standard.
- Collect and analyse data by population groups to identify and address disparities in outcomes and experiences.

Work with Service Users to Improve Care
- Involve service users in governance, quality improvement, and co-production of services.

Workstream 2 — Developing, Supporting and Retaining Staff

Grow Our Workforce
- Conduct regular workforce planning aligned with NHS guidance.
- Meet staffing levels set by Birthrate Plus or equivalent tools by 2027/28.
- Develop plans to fill vacancies and support return-to-practice clinicians.
- Provide administrative support to reduce clinical workload.

Value and Retain Our Workforce
- Create and implement retention improvement plans.
- Address workforce inequalities and promote anti-racist practices.
- Respond to feedback from students and trainees.
- Offer preceptorships and mentorship for new and senior midwives.
- Develop diverse future leaders through succession planning.

Invest in Skills
- Conduct annual training needs analysis and align with core competency frameworks.
- Ensure appropriate supervision for junior and specialist medical staff.
- Require certification for short-term locum obstetricians

Workstream 3 — Sustaining a Safety Culture

Develop a Positive Safety Culture
- Allocate time and training for safety leads and champions.
- Engage in national leadership programmes and review culture regularly.
- Provide clear escalation routes and Freedom to Speak Up (FTSU) support.

Learning and Improving
- Respond compassionately to families experiencing harm.
- Use PSIRF and feedback to drive continuous improvement.
- Ensure structured learning processes and timely implementation of actions.
- Consider cultural and linguistic factors in incident responses.

Support and Oversight
- Promote transparency and regular review of service quality.
- Appoint board-level safety champions and involve maternity leads in board discussions.
- Include MNVP in complaints processes and safety monitoring.
- Act on staff feedback and FTSU data.

Workstream 4 — Standards and Structures

Standards to Ensure Best Practice
Implement Saving Babies' Lives Care Bundle v3 by **March 2024**.
Adopt MEWS and NEWTT-2 tools by **March 2025**.
Review outcomes and align care with NICE guidelines.
Complete national maternity self-assessment and use findings for improvement.

Make Better Use of Digital Technology
- Deliver a digital maternity strategy aligned with NHS England's What Good Looks Like framework.
- Procure an EPR system (if not ICB-managed) that meets national standards and supports evolving maternity and neonatal modules.
- Ensure neonatal modules enable standardised data collection for audits and critical care datasets.

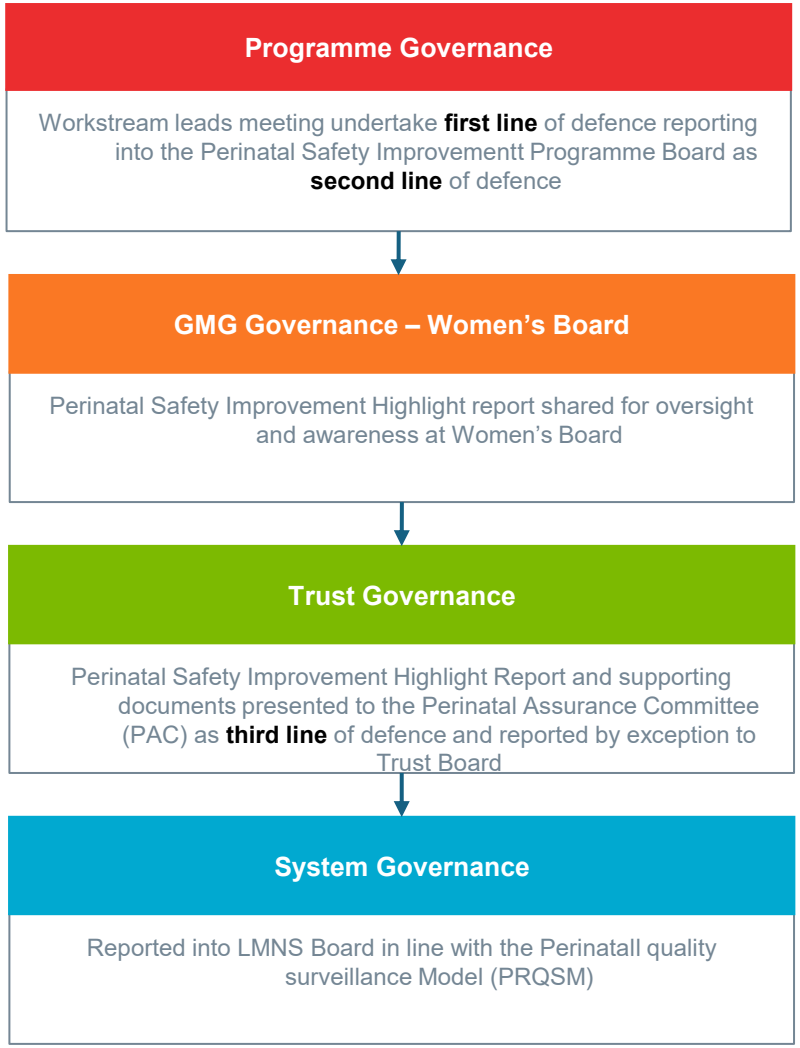
Data to Inform Learning
- Analyse data for trends and inequalities.
- Ensure high-quality submissions to national datasets and incident reporting bodies.

Overview: Delivery of the 3 Year Plan - Projects

Below is a summary of projects delivered to achieve the 3-year plan objectives within each workstream.

Workstream 1 Listening to Women and Families	Workstream 2 Developing, Supporting and Retaining Staff	Workstream 3 Sustaining a Safety Culture	Workstream 4 Standards and Structures
• IHI equity projects • Perinatal Mental Health Services • Pelvic Health Services (PPHS) • Maternity Enhanced Continuity of Carer • Bereavement Care • Personalised Care • Patient Experience and MNVP • UNICEF Baby Friendly Initiative (BFI)	• Maternity and Neonatal Workforce review and planning • Recruitment, Retention and Pastoral Care • Core Competency frameworks • Staff training and development	• Cultural transformation • PSIRF • Feedback (safety champions, Freedom to Speak Up, complaints and MNVP) • Escalation frameworks	• Saving Babies Lives v3.0 • Maternity Early Warning Score (MEWS) • ATAIN • Newborn Early Warning Trigger and Track Tool (NEWTT) • Digital maturity and systems including Electronic Patient Record (EPR) • Policies and Guidelines • Perinatal insights • Peer reviews

Governance: Governance and Assurance of 3 Year Plan.



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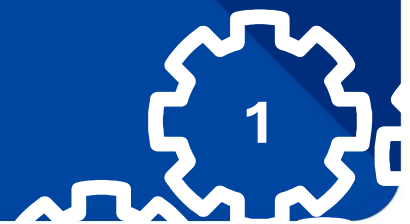
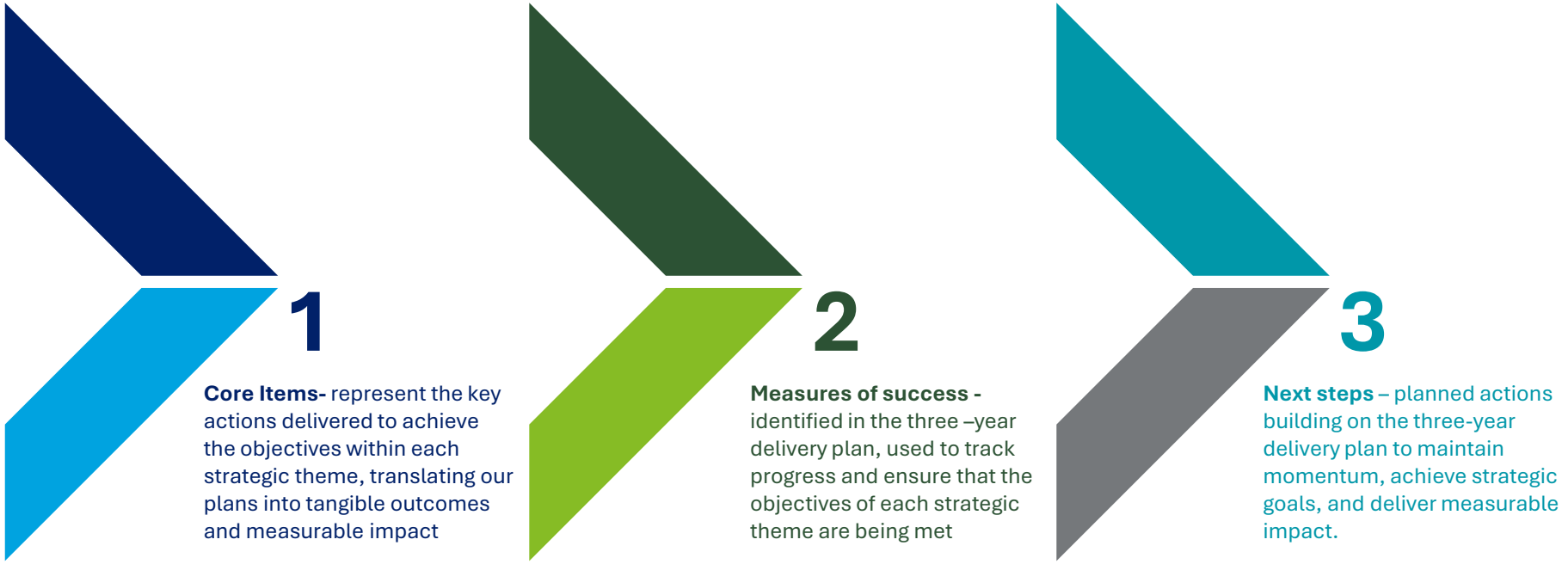
Workstream 1:
Listening to Women and Families



Plan: Workstream 1 Listening to Women and Families



Core Items Delivered : Workstream 1 Listening to Women and Families

Core Items 1

Personalised Care & Support	Improve Equity for Mothers and Babies	Work with Service Users to Improve Care
• My Maternity Journey booklet (v2) launched • Mental health pathways streamlined, psychology support expanded to enhance perinatal wellbeing • EMCoC scoping review completed; four continuity of care models embedded in LLR • Collaboration with LPT Best Start to Life programme: recruitment of breastfeeding peer supporters, enhanced parent education. • 7-day bereavement service launched • Specialist Midwife for Pelvic Health appointed, dedicated project group progressing national PPHS standards • Procurement of specialist equipment (Endo-anal ultrasound). Obstetric lead appointed as regional PPHS lead	• Consultant Midwife, Lead for Inclusivity appointed (Jan 2024), pride in practice training launched (July 2025) for LGBTQ+ care • Data dashboards developed to analyse data by populations groups • Progress on LLR Equity Plan: Focus groups with vulnerable communities, bespoke antenatal sessions, maternity website with accessibility tools, and reduction of late bookings for black women • Full review of Friends and Family Test questions undertaken with the MNVP. Co-creation of new questions translated in four different languages.	• Birth partners staying overnight launched (Oct 2024). • Universal provision of Healthy Start Vitamins (April 2024). • Development of new feeding logs and postnatal discharge information aligned with NICE guidance. • Annual co-produced CQC Maternity Survey Action Plan with MNVP • Recruitment of Lead Birth Reflections Midwife (2025) • Strengthened engagement with MNVP and service users to inform care guidelines, mental health pathways, and breastfeeding support

Measures of Success: Workstream 1 Listening to Women and Families

Measures of success 2

- Delivered and sustained – Perinatal Pelvic Health & Perinatal Mental Health services
- 6% Increase in responding to concerns raised during labour and birth
- Postnatal care has declined since 2022 which aligns to the national picture
- 1000 Women referred to MINT Services
- Kind and compassionate treatment during labour and birth (new question in 2023) – scored 97% 2023 and 2024
- 7% Increase in the adequacy of time spent discussing Mental Health at 6-8 week GP check
- 6% Improvement in professionals being aware women's medical history 2022 – 2024.
- Full BFI status at Leicester General Hospital
- Year on Year improvement in women always being involved in Antenatal care decisions

Next steps: Workstream 1 Listening to Women and Families

Next Steps 3

- The service will strengthen standards and accreditation by successfully progressing and achieving BFI level 3 accreditation at the LRI site and within Neonatal Services, alongside presenting the options appraisal for EMCoC to PAC in July 2025 to agree the way forward
- Capacity and digital integration will be enhanced through a focus on increasing neonatal cot capacity and by transferring PCSPs onto the new EPR system, with subsequent auditing to ensure effective utilisation
- Service user voice and engagement will be enhanced by launching Call 4 Concern within maternity to ensure women and families feel listened to in the postnatal period, alongside developing stronger relationships with Healthwatch as the interim host for the LLR MNVP
- Equity and access to care will be advanced through continuation of the Late Bookings project and sustained work to improve access to mental health services for South Asian women

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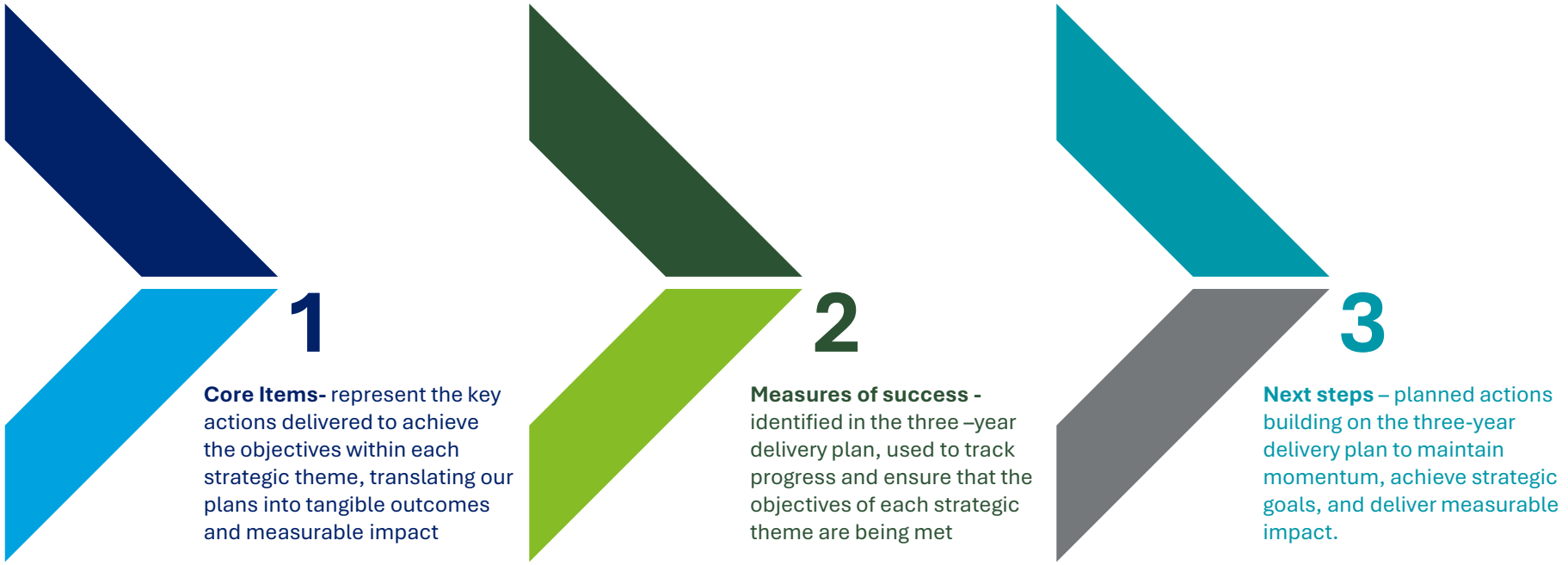
Workstream 2:
Developing, Supporting and Retaining Staff

2

Plan: Workstream 2 Developing, Supporting & Retaining Staff



1

Core Items- represent the key actions delivered to achieve the objectives within each strategic theme, translating our plans into tangible outcomes and measurable impact

2

Measures of success - identified in the three –year delivery plan, used to track progress and ensure that the objectives of each strategic theme are being met

3

Next steps – planned actions building on the three-year delivery plan to maintain momentum, achieve strategic goals, and deliver measurable impact.

Core Items Delivered : Workstream 2 Developing, Supporting & Retaining Staff

Core Items 1

Grow Our Workforce	Value and Retain Our Workforce	Invest in Skills
• Safe Staffing Matrons recruited within Maternity and Neonates, alongside Recruitment, Retention and Pastoral Care Midwives • Midwifery vacancies reduced- now <6% • Strengths-Based Recruitment launched • Specialist Midwife Review completed • Successful recruitment into Lead PMA and Safety Champion role	• Empowering Voices completed • Shared Decision-Making Councils developed • Matron of the Day embedded • Launch of PMA Reflect and Connect support programme • Staff recognition initiatives including 'Just to say thank you', 'Greatix', UHL Inclusion and UHL Recognition Awards • Anti-Racism Framework commenced • Non-direct care staff undertaking rostered and ad-hoc clinical shifts, including SLT who are QIS-trained	• Self-assessments for Labour Ward Co-ordinator Framework completed • Midwifery professional standards benchmarking gap analysis completed • MSW Framework completed • Workforce, Training and Education action plan updated and implemented • Birth Rate Plus Acuity Tool training delivered; departmental budgets aligned with safe staffing requirements; bi-annual acuity reviews completed • Achieved MIS standard for MDT training Year 5 & 6

Measures of Success: Workstream 2 Developing, Supporting & Retaining Staff

Measures of success 2

- Overall improvement in satisfaction with recognition for good work across professions
- Decrease in sickness rates for midwives from 7.25% to 6.48%
- Annual workforce plans submitted and approved, inclusive of being funded to Birthrate +
- Awarded Teaching Excellence Framework (TEF)
- Increase in the number of staff who recommend UHL as a place to work
- 95% O&G Trainees felt they had the opportunity to discuss and agree training needs, an increase of 3.2%
- >4% Reduction in Turnover rates for Midwives
- Year on Year increase in nursing establishment, with growing numbers of QIS
- There has been a 12.5% improvement in trainee midwives being allowed to attend learning

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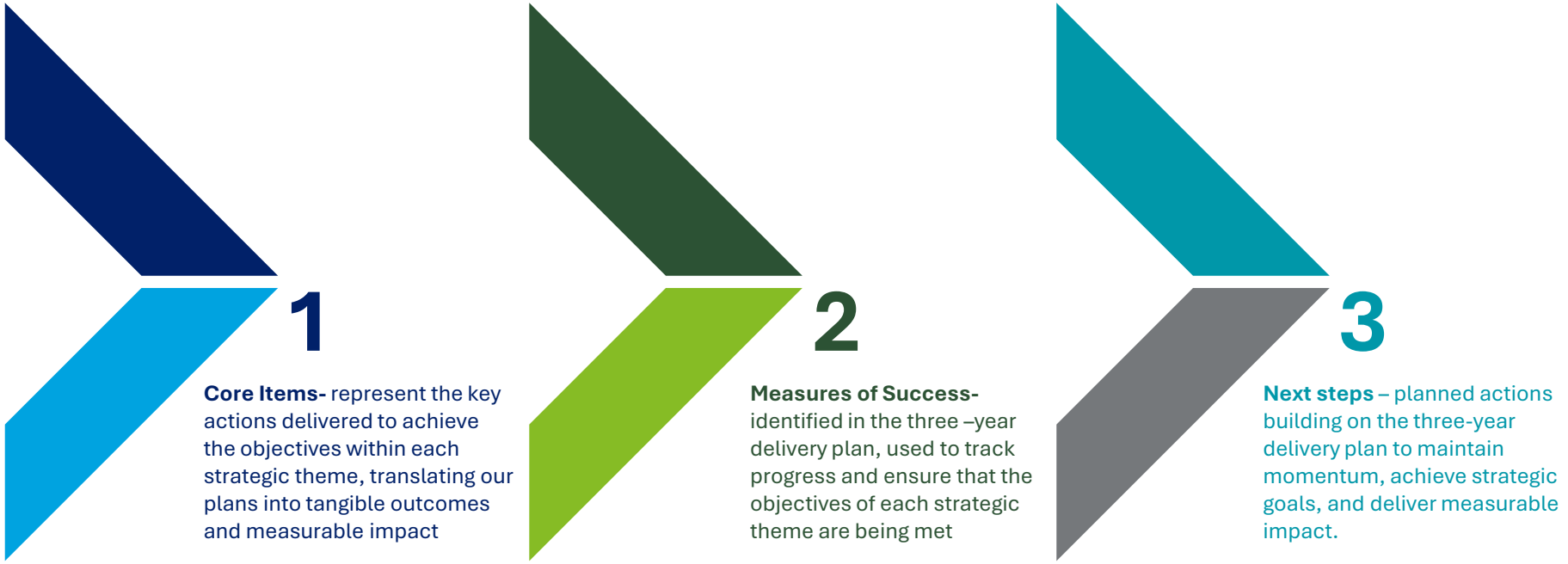
Workstream 3:
Sustaining a Safety Culture

3

Plan: Workstream 3 Sustaining a Safety Culture



Core Items Delivered : Workstream 3 Sustaining a Safety Culture

Core Items 1

Develop a Positive Safety Culture	Learning and Improving	Support and Oversight
• Perinatal Safety Improvement Team established • PSIP programme launched • External Guardian Service implemented by UHL • X Tag system introduced for enhanced neonatal security • PSIRF launched within Perinatal Services • New Maternity Safety Champion and Lead PMA appointed • Quality and Safety Team attending tactical huddles to encourage incident reporting	• Perinatal Safety Study Conference hosted by UHL and LLR LMNS • Empathy Training delivered to 177 staff with the Stoneygate Centre for Empathetic Healthcare • Baby Lifeline Cultural Competency Course attended by 20 perinatal colleagues • Obstetric Anal Sphincter Injury (OASI) care bundle relaunched • Ethnicity as a mandatory field in Datix pilot • Telephone Triage Training Package launched in response to PSII learning, contributing to the Single Point of Contact Project • PPH risk assessment educational materials launched • PPH Prevention Event Week with national research team involvement	• Oversight embedded through the role of the Guardian Service (linked to external support- TRIM & AMICA • Ongoing governance through Quality and Safety Team attendance at huddles & tactical huddles • Revised TOR for safety champions and appointment into all roles • Alignment to the Perinatal Quality Surveillance Model (former and revised edition

Measures of Success : Workstream 3 Sustaining a Safety Culture

Measures of success

2

Upward trend from 2023-2024 towards the organisation addressing staff concerns in all groups

The findings from the GMC National Training Survey have remained consistent since 2023 in all three areas

66.6% of O&G trainees felt comfortable raising concerns, an increase from 64% in 2023

A positive increase across most staff groups on being encouraged to report incidents

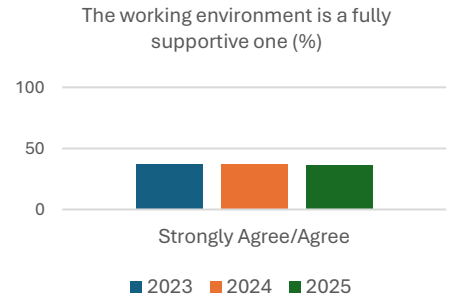
14.04% student midwives would recommend UHL to friends and colleagues as a place to work

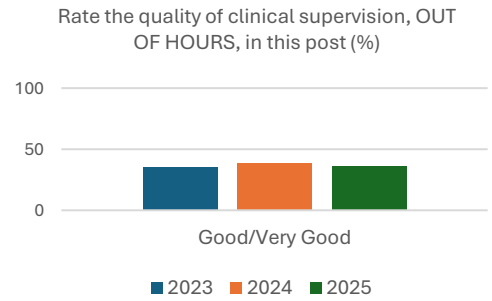
61% Student midwives felt comfortable raising concerns, a marked increase from 54% in 2023

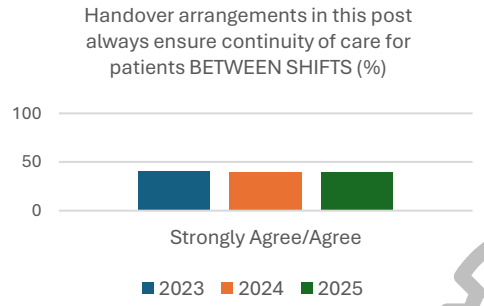
>10% Increase in the proportion of staff who would recommend UHL as a place to work

PSIRF Maternity have two current priorities: Postpartum Haemorrhage Prevention (PPH) and Inclusivity

Pursuing equity IHI project – addressing late bookings for Black women- 0.6 % reduction in 2024







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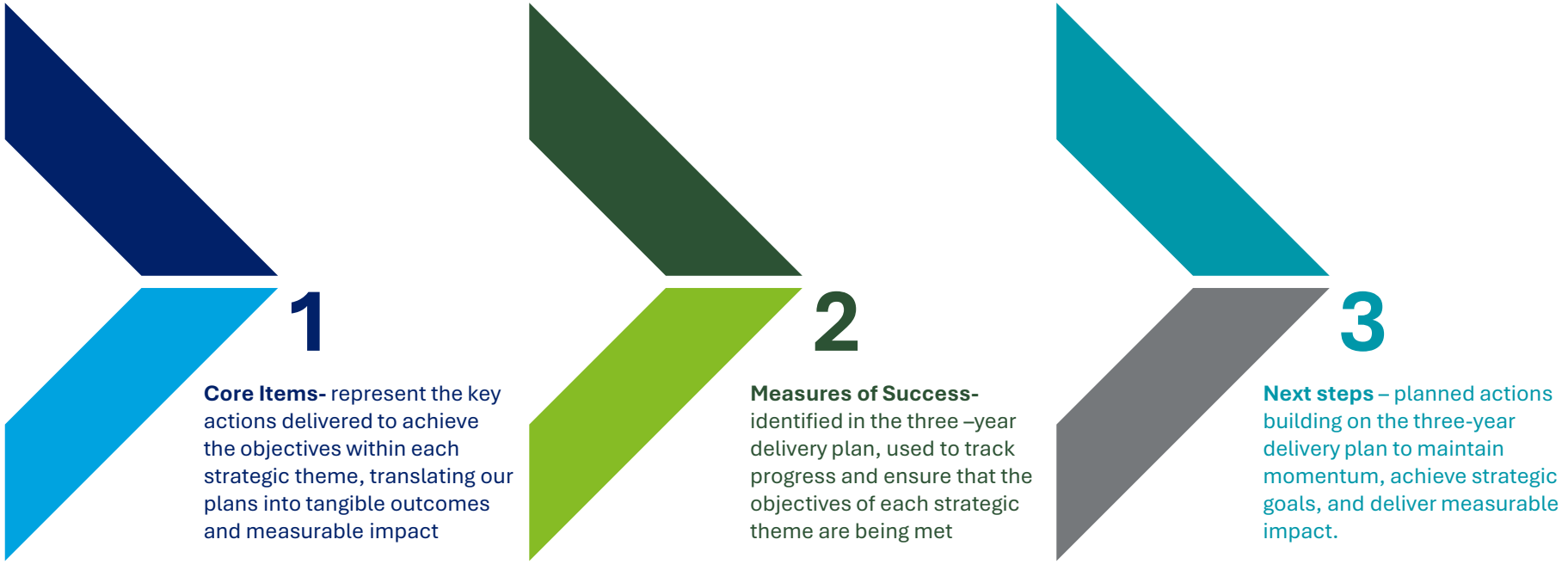
Workstream 4:
Standards and Structures that underpin Safer, more personalised, and more equitable care

4

Plan: Workstream 4 Standard and Structures



Core Items Delivered : Workstream 4 Standard and Structures

Core Items 1

Standards to Ensure Best Practice	Make Better Use of Digital Technology	Data to Inform Learning
• Birmingham Symptom-Specific Obstetric Triage System relaunched • Operational Delivery Network Peer Review undertaken • Fetal Medicine Peer Review undertaken by University College London • Neonatal Early Warning Trigger and Track v2 launched • Second Obstetric Theatre opened at LGH • 5-day per week vaccination clinic launched • Maternity Day Assessment Unit opened • Ringfenced Transitional Care Unit launched cross-site • Annual PMRT peer review with out of region Trusts	• My Kit Check digital assurance system established for timely maintenance of perinatal equipment • Neonatal Badgernet launched – January 2025 • PPHS referral app launched • Maternity Badgernet launching Oct 2025 • Launch of Janam App- aimed to address language barriers experienced by people of South Asian heritage • Nerve Centre us in Maternity • Live dynamic blood test results list in place for ward areas • Digital system in place for early obstetric warning signs	• Aristotle Perinatal Equity Dashboard launched by LLR – November 2024 • Appointment of a Perinatal Data Analyst • Development of Perinatal Data Dashboards • A refreshed perinatal quality surveillance dashboards- presented to Board of Directors and LMNS monthly

Measures of Success : Workstream 4 Standard and Structures

Measures of success

2

- SB — Reduction in stillbirth rates from 4.27 to 3.16 (stabilised & adjusted)
- Neonatal brain injury has decreased from 8.3% in 2024 to 7.1%
- Sustained reduction in Term admissions to the neonatal unit below the national target of 6%
- Increase in Neonatal Mortality, 2.07 to 2.33- UHL is a tertiary referral centre
- No cases of Maternal Mortality since 2023.
- 100% — Proportion of women who give birth in a Trust with Neonatal intensive care unit <27w/<800g
- 99% — Saving Babies Lives Care Bundle (SBLCB) interventions Fully implemented*
- Implementation of Neonatal Badgernet Jan 2025. Launching Maternity Badgernet Oct 2025
- PREM — Rates slightly higher than the national ave. 67% compared to 62%. ✓ 10 elements of PP Bundle