Public Trust Board Paper H

Meeting title:	Trust Board (PUBLIC)					
Date of the meeting:	13th November 2025					
Title:	September 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 (October 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

September saw a slight reduction in activity and acuity across maternity services, contributing to improved service stability. No Patient Safety Incident Investigations (PSIIs) were commissioned, though one case was referred to the Maternity and Neonatal Safety Investigation (MNSI) programme and accepted for external review. Nine moderate harm incidents were reported, primarily within maternity services. Clinical metrics remained within expected variation, with improvements in smoking indicators and reductions in preterm birth and postpartum haemorrhage (PPH) rates. However, rates of 3rd and 4th degree tears increased, prompting targeted work to address higher

risk among South Asian women. Vaccine uptake improved at LGH, particularly for RSV and Pertussis.

Workforce recruitment continues positively, with 15 midwives joining in September and 20 more expected in the coming months. Consultant recruitment is progressing, and the appointment of the UK's first Associate Professor for Neonatal Nursing marks a significant milestone in education and workforce development. Sickness absence increased, impacting delivery suite acuity, and targeted support measures are being implemented to maintain safe staffing levels.

Education and training remain strong. Safety Action 8 compliance remains within the 80–90% target range, with a slight dip attributed to rotational medical staff changes. The Maternity Education Team continues to audit unexpected term neonatal admissions to support ATAIN improvements. Training compliance for MDT simulation and NLS remains high, and QI initiatives were spotlighted during QI Week 2025.

Clinical quality metrics remain within common cause variation. Smoking indicators show sustained improvement, while PPH rates continue a downward trend. OASI rates rose, particularly among South Asian women, prompting episiotomy training and enhanced pelvic health support. Breastfeeding initiation increased to 68.5%, and induction rates fell by 3%, with no adverse outcomes reported.

Patient experience remains a priority. One neonatal complaint was received, and maternity complaints rose to 14, the highest since September 2024. 50% of complaints related to care received 3–12 months prior. FFT response rate increased to 14.7%, the highest since May, and promoter rate reached 96.6%, exceeding both national and UHL targets. UHL was confirmed as part of the National Maternity Investigation.

No PSIIs were commissioned, and one MNSI case was accepted. Nine moderate harm incidents were reported. Oversight remains robust, with strengthened review processes and multidisciplinary action planning supporting shared learning and safety improvements. Ethnic and socioeconomic disparities continue to influence access to maternity care. Asian women are disproportionately represented in the most deprived areas (51%) and are three times more likely to experience severe perineal trauma. Late booking rates are notably higher among Asian (32%) and Black (5.6%) women, often linked to deprivation and language barriers. Although 70% of women booked within 70 day, exceeding the national average, non-English speakers and those from deprived backgrounds remain at risk of delayed engagement. These findings are directing targeted areas of improvement across all Perinatal Safety Improvement Programme workstreams.

Progress continues on the UHL maternity vaccination action plan. Vaccine uptake improved at LGH, and staff education has been intensified through multimedia resources. A maternity RSV pilot is planned for November–January to enhance winter protection.

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

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

September 2025

CONTENTS

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SUMMARY

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The month in review

In September, 803 babies were born across UHL. Activity and acuity levels decreased, contributing to improved service stability. No Patient Safety Incident Investigations (PSIIs) were commissioned, though one case was referred to the Maternity and Neonatal Safety Investigation (MNSI) programme and accepted for external review. Nine moderate harm incidents were reported, mostly within maternity services. Clinical metrics remained within expected variation, with improvements in smoking indicators and reductions in preterm birth and postpartum haemorrhage rates. However, rates of 3rd and 4th degree tears increased, prompting targeted work to address the higher risk among South Asian women. Vaccine uptake improved at LGH, particularly for RSV and Pertussis. Fifteen midwives joined the service, with twenty more expected over the next three months. Consultant recruitment is progressing, and the appointment of the UK's first Associate Professor for Neonatal Nursing marks a significant step in strengthening education and workforce development. Friends and Family Test scores improved, and UHL was confirmed as part of the National Maternity Investigation.

Clinical Quality and Safety

Zero Patient Safety Incident Investigations (PSIIs) were commissioned during September 2025. One case met criteria for referral to the Maternity and Neonatal Safety Investigation (MNSI) programme in September and was accepted for external review. One final MNSI reports was received during the reporting period. Nine moderate harm incidents were reported via Datix, eight within Maternity Services: four incidents related to labour and delivery, three fetal losses and end one neonatal death.

Outcomes

All clinical metrics remain within common cause variation, with ongoing improvement work delivered through dedicated workstreams. There has been sustained improvement across both smoking indicators, smoking at the time of booking and smoking at delivery. 3rd and 4th degree tear rates increased in September following a substantial reduction in August 2025. South Asian women face a disproportionate risk of OASI (x3 higher) with tailored work being undertaken. Preterm birth and PPH rates decreased, and a positive increase in the number of women who had a Respiratory Syndicate Virus (RSV) and Pertussis vaccine at the LGH site was noted.

Workforce

Active recruitment remains underway to address outstanding vacancies. This month, sickness absence has increased, particularly impacting delivery suite acuity, focused support is being provided to mitigate operational pressures.15 midwives have joined this month, with a further 20 expected to start over the next three months. Consultant recruitment is advancing, with interviews scheduled for November, and work continues to refine rotas and improve workforce data. A key milestone has been achieved with the appointment of the UK's first Associate Professor for Neonatal Nursing, which will enhance education and support a positive pipeline of neonatal nurses.

Training and Compliance

Work continues auditing unexpected term neonatal admissions to neonatal unit, identifying themes and driving system improvements. Whilst we have seen a decrease in compliance in 1/3 areas for the Maternity Incentive Scheme- Safety Action 8. This remains in our target range of 80-90% and was a predicted fluctuation with the change in rotational medical staff in August- we remain on target to achieve MIS SA8.

Experience

Complaints have risen this month with maternity complaints (n=14) being the highest since September 2024. One neonatal complaint was received. Varied themes reported with 50% of complaints relating to care between 3 and 12 months ago. UHL was announced as being included within National Maternity Investigation this month.

The Friends and Family Test (FFT) response rate and promoter score have both improved. FFT response rate (14.7%) highest since May with promoter rate meeting both national and UHL target (96.6%) and is the highest rate seen this year.

Operational and Capacity

Activity levels and acuity reduced this month, with no instances of level 4 acuity, indicating improved service stability. Induction rates fell by 3%, and although delays persisted, no adverse maternal or neonatal outcomes were reported. Staff redeployment dropped significantly to 8.3%, and Red Flags decreased. Key priorities include reviewing the elective pathway and MDAU impact, improving triage and outpatient induction processes, refining escalation protocols, and progressing consultant recruitment.

SEPTEMBER 2025 AT A GLANCE

AVERAGES PER DAY

BOOKINGS	BIRTHS
36	27

BABIES BORN

803

PREV. 12 MONTH AV. 796

BIRTH LOCATION

	LRI	ST MARY'S
	432	0
	LGH	HOME
	371	0

3RD & 4TH DEGREE TEARS

3.0%

August 2.4% ▲

3.4%

BLOOD LOSS >1,500MLS

August 3.5% ▼

377 GIRLS

426 BOYS

PREV. 12 MONTH AVERAGE
384 GIRLS, 411 BOYS

6.3%

Aug 5.2% ▲

FULL TERM BABIES ADMITTED TO NNU

INDUCTION OF LABOUR (IOL)

26.9%

PREV. 12 MONTHS – 32.7%

363 CAESAREAN SECTIONS

	SEPT	PREV 12 MTH. AV.
ELECTIVE	148 (18.7%)	138 (17.4%)
EMERGENCY	215 (27.1%)	218 (27.5%)

SETS OF TWINS

7

SETS OF TRIPLETS

0

ASSISTED BIRTHS

93

VENTOUSE	FORCEPS
34	59

PREV. 12 MONTH AV.

VENTOUSE	FORCEPS
31	62

BREASTFEEDING INITIATION

68.5%

PREV. 12 MONTHS – 66.6% ▲

NHS

SEPTEMBER 2025 AT A GLANCE

91%

MDT CLINICAL SIMULATION TRAINING COMPLIANCE (YTD)

Exc Med. Staff starting >1st Jul 25

August- 91%

YEAR 6 MATERNITY INCENTIVE SCHEME 10 SAFETY ACTIONS

1

MNSI REPORTABLE CASES & REFERRED

August- 1

14.7%

August 10.7%

MATERNITY FRIENDS & FAMILY TEST (RESPONSE RATE)

VACANCY RATE

MIDWIVES	August– 5.4%	4.8%
CONSULTANT OBSTETRICIAN		5 WTE
NEONATAL NURSES	August – 5.5%	5.2%
NEONATOLOGISTS		8.1%

96.6%

August 95.6%

MATERNITY FRIENDS & FAMILY TEST (PROMOTER RATE)

9 MODERATE INCIDENTS

August- 6

NEWBORN LIFE SUPPORT TRAINING COMPLIANCE (YTD)

87%

August– 87%

0 PATIENT SAFETY INCIDENT INVESTIGATIONS (PSII)

August - 2

0 CORONER'S REGULATION 28

August - 0

MINIMUM SAFE STAFFING MET (MATERNITY YTD)

93.9%

August– 92.69%

1:1 CARE IN LABOUR **100%**

June– 100%

NHS

IN FOCUS – Clinical Quality Surveillance

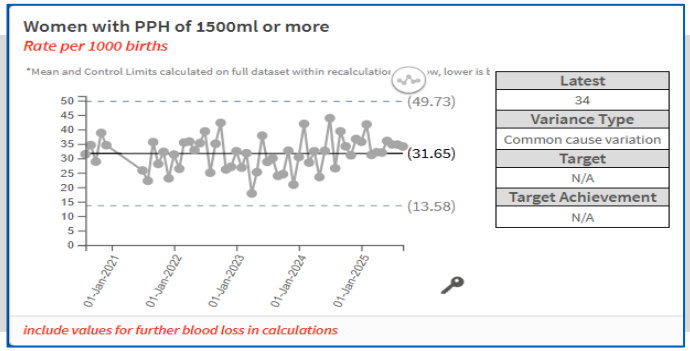
NHS University Hospitals of Leicester NHS Trust

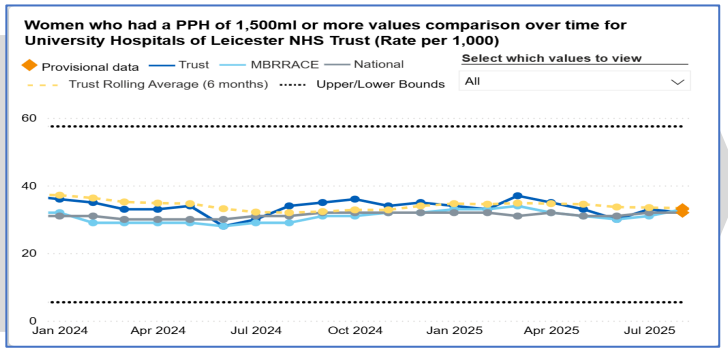
Summary

CQIMS remain within standard cause variation (see slide 16) with both smoking indicators showing sustained improvement through special cause variation. While preterm births continue to be a common source of variation, there has been a gradual month-on-month increase, aligned with higher overall number of births. We are also closely monitoring the rise in third- and fourth-degree tears, as well as induction of labour performance.

Postpartum Haemorrhage

PPH rates have stabilised over the course of 2025 and then demonstrated a downward trend since June 2025. Audit data undertaken as part of the PSIRF actions has also supported this reduction with smaller volumes of PPH rates. The rates of bleeds over 1.5L have demonstrated being below the rolling 6-month average since April 2025, demonstrating continuous improvement in this area. In comparison to peers UHL have been lower or within 1.0 per 1000 within National and MBRRACE rates since May 2025. The PPH working group have been active since March 2025, with primary actions being relaunch of the OBS Cymru proforma, additions to ward round sheets, updates to theatre documentation, and driving measurement of blood loss, risk assessments, escalation and TEG usage which have all demonstrated upward trend of implementation.

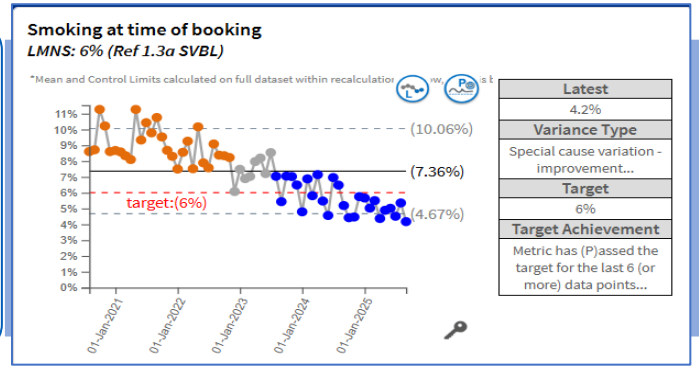


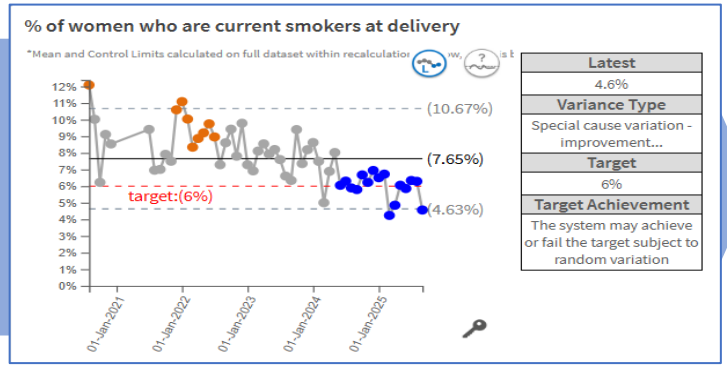


Smoking at Booking and Delivery

Data shows continued improvement across both smoking indicators, smoking at the time of booking and smoking at delivery. Smoking at booking has remained below the 6 percent target for several months, while smoking at delivery is steadily approaching this threshold. The presence of special cause variation indicates that these are genuine improvements rather than random fluctuations, unlike patterns seen in other CQIMs.

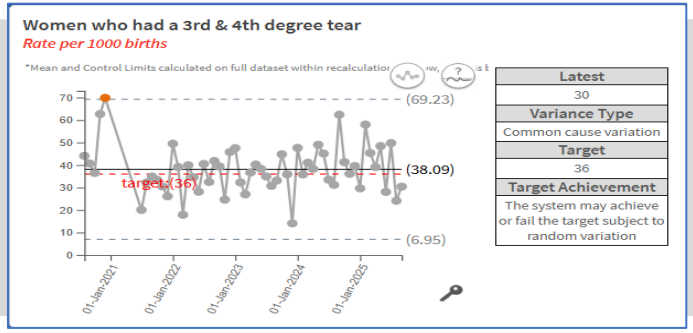
Moving forward, our focus will remain on supporting women to stay smoke free throughout pregnancy. Strengthening follow-up through smoking cessation services will help reduce the risk of relapse before delivery, allowing us to sustain and build on the positive progress achieved so far.

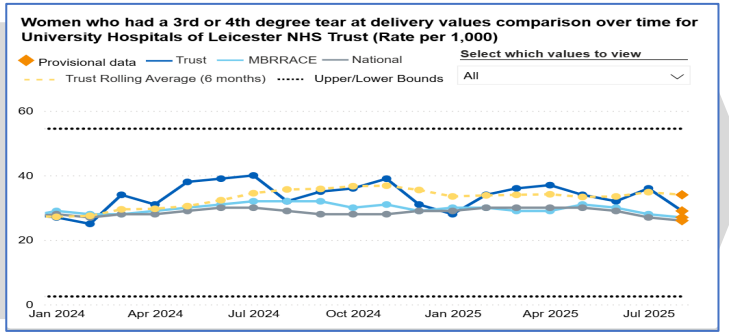




3rd and 4th degree tears

3rd and 4th degree tear rate increased in September following a substantial reduction in August 2025. South Asian women face a disproportionate risk of OASI (x3 higher) and majority of OASI this month occurred following unassisted vaginal birth. Actions: Episiotomy training for midwives and doctors commencing following staff feedback and 50% of OASI attributed to episiotomies. Perinatal Pelvic Health Service (PPHS) actions: Recording of episode for new Leicester Maternity Matters podcast by Specialist Midwife for pelvic health on topics including preparing for birth, types of tears, pelvic health and exercises and wound healing following birth. Women who have experienced OASI are contacted by the physio department within 5 days. The PPHS have a 100% referral rate for OASI due to failsafe against EPR systems.



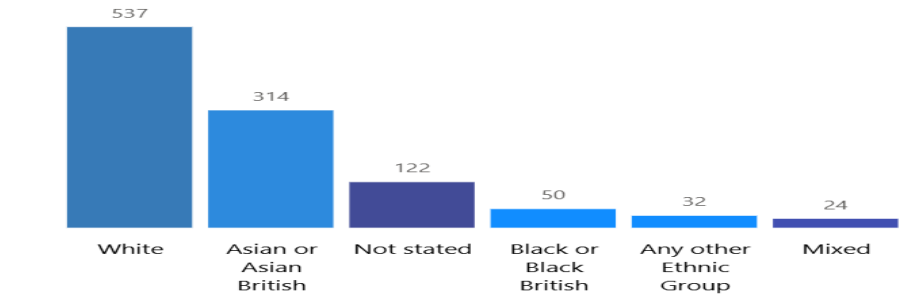


EQUITY AND POPULATION

University Hospitals of Leicester NHS Trust

Ethnic profile and variations

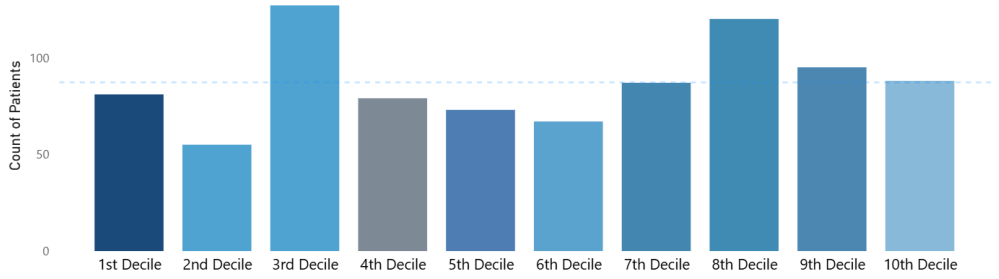
Population profile at booking



White women made up the largest proportion of bookings (50%), followed by Asian or Asian British (29%)
Black, Mixed, and Other ethnic groups collectively accounted for around 10% of bookings.
11% of bookings lacked recorded ethnicity information which may limit equity monitoring indicating room for improvement in data completeness and better data capture process.

Deprivation

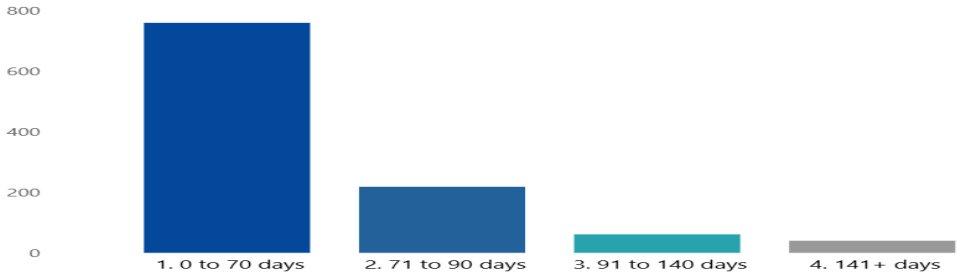
Population profile at booking



The distribution shows peaks in the 3rd and 8th IMD deciles, reflecting a mixed deprivation profile within the Trust's maternity population. When examined by ethnicity, White women were more evenly spread across deprivation levels, with 25% in the most deprived areas and 48% in the least deprived. Asian women were more concentrated in deprived areas, with 51% in the most deprived and 17% in the least deprived, while 38% of Black or Black British women lived in the most deprived areas. These patterns, alongside slightly higher late booking rates among Asian and Black women, suggest that deprivation and ethnicity may together influence access and timing of booking, reinforcing the need for targeted and equitable support.

Gestational Age

Gestational Age at booking

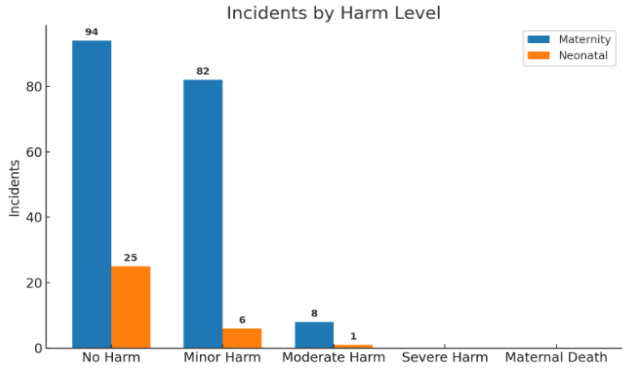


A total of 70% of women booked within 70 days, which is above the national average of 64%, demonstrating strong early engagement with maternity services.
However, Asian (32%) and Black (5.6%) women were proportionally more represented among late bookers, while 'not stated' ethnicity also increased to 14%, indicating possible inequalities in early engagement and data completeness.
75% of early bookers were English-speaking, reflecting strong engagement among this group and suggesting that language or communication barriers may contribute to later booking among others.

CLINICAL QUALITY AND SAFETY

University Hospitals of Leicester NHS Trust

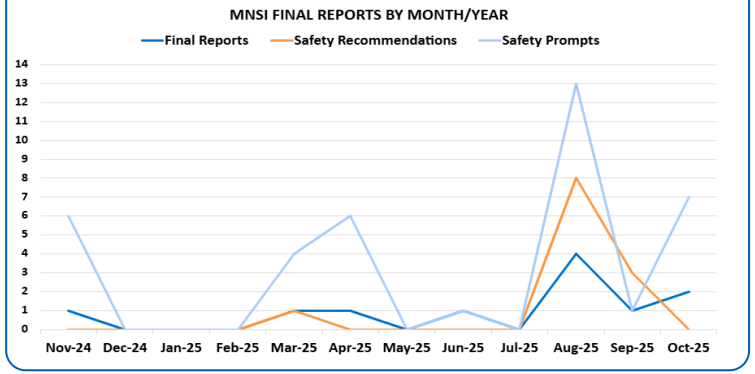
Incidents and Events



MNSI case	Current month	Prior Month
Referred	1	1
Accepted	1	1

PSII cases	Current Month	Prior Month
Commissioned	0	2

MNSI Referrals



What the data is telling us

- **0 Patient Safety Incident Investigations** (PSII) commissioned during the reporting period
- **1 Case referred** to Maternity and Newborn Safety Investigation (MNSI)
- **9 Moderate Incidents** reported: 8 within Maternity Services: 4 Labour or delivery, 4 fetal losses, 1 within Neonates: complication of treatment
- **6 Stillbirths recorded** during September (<24->41 week's gestation
- **2 Neonatal Deaths** Gestations ranging from 22+4-38+2,

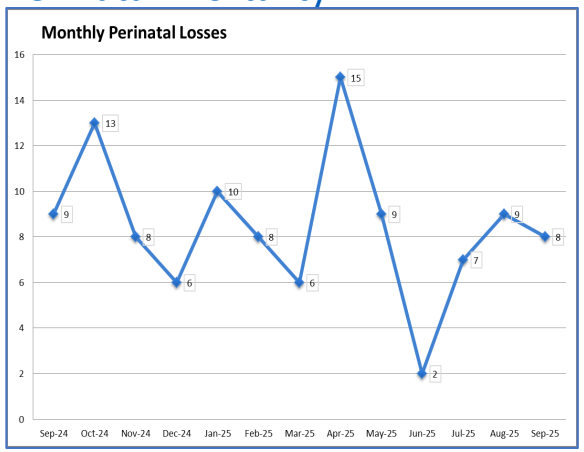
What we need to focus on

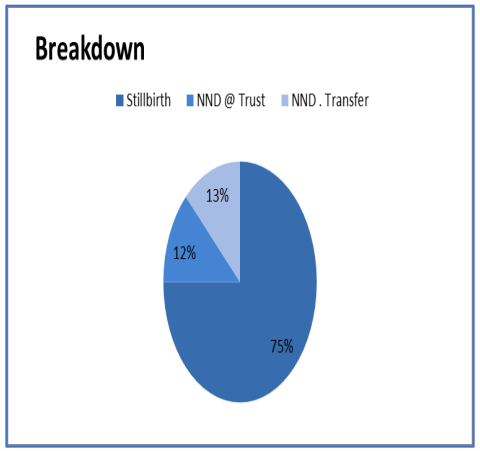
- **Strengthened Clinical Oversight** mechanisms to ensure timely recognition and implementation of safety recommendations, in collaboration with the Perinatal Safety Improvement Programme
- Ongoing **multidisciplinary action planning** meetings continue, to support shared learning from patient safety incidents and drive targeted service improvements
- Strengthened review processes for incidents graded as **moderate harm** to support early identification of emerging themes and inform proactive safety interventions
- Integration of detailed findings from **Perinatal Mortality Reviews** to identify emerging themes and trends informing system-wide learning and quality improvement.

What is going well

- Sustained improvement in the rate of 3rd and 4th degree perineal tears. Notably, the rate of Obstetric Anal Sphincter Injuries (OASI) associated with assisted births has significantly decreased from 10% in March to <3% in September
- Postpartum Haemorrhage (PPH) >1.5L has continues to see a downward trend with a stabilised variation noted over the last 3 months
- Recent Audit has shown that 'weighed' blood loss has increased from 14% to 52%, while commencement of the Post Partum (PPH) Risk Assessment has increased from 36% to 61%

Perinatal Mortality





CQC Maternity Rating

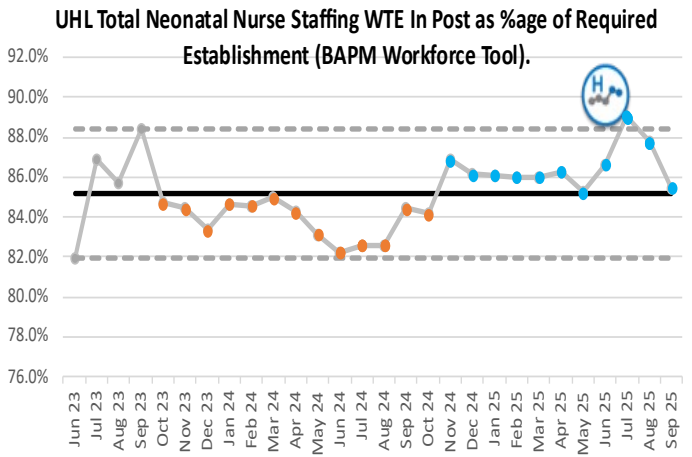
	LRI	LGH	StM
Are services safe?	Requires Improvement	Requires Improvement	Good
Are services effective?	Requires Improvement	Requires Improvement	Good
Are services caring?	Requires Improvement	Requires Improvement	Good
Are services responsive?	Requires Improvement	Requires Improvement	Good
Are services well-led	Requires Improvement	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good

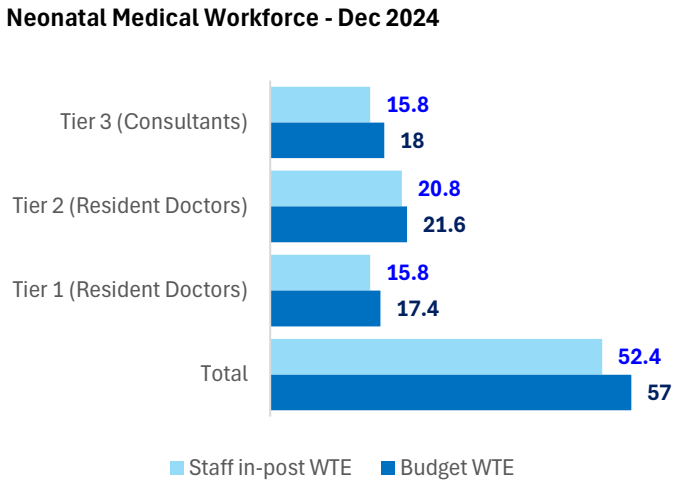
Outstanding · Good · Requires Improvement · Inadequate

WORKFORCE - Overview

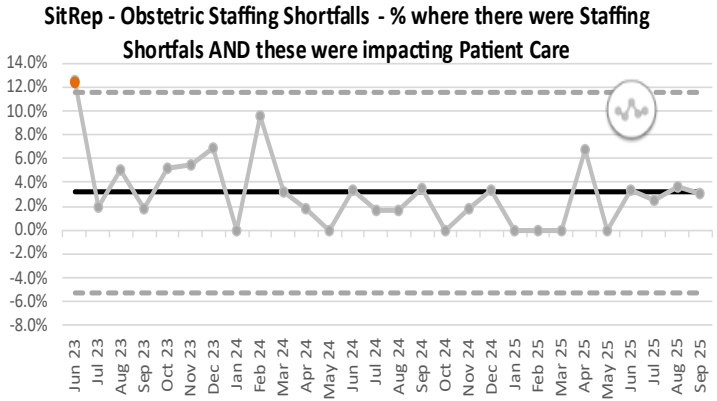
University Hospitals of Leicester NHS Trust

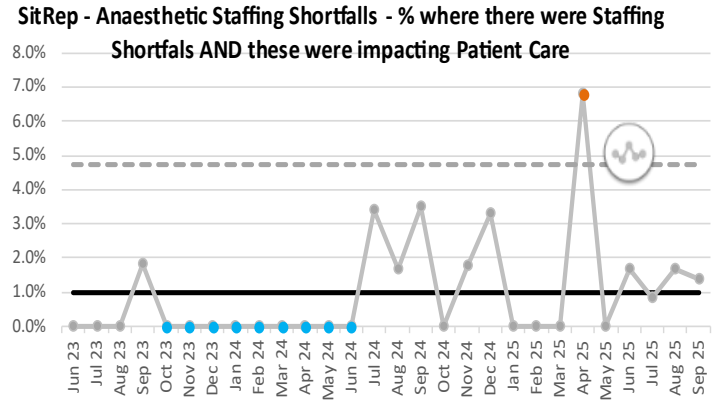
Workforce



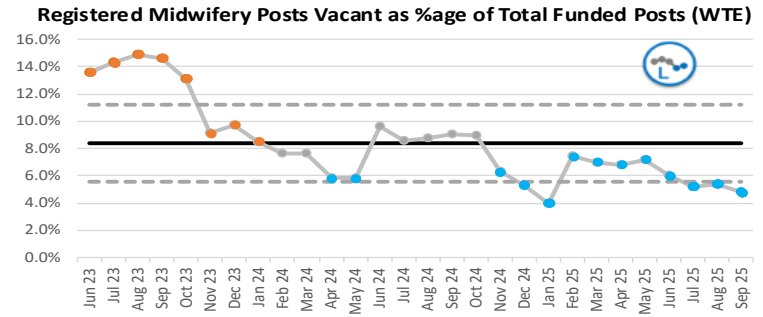


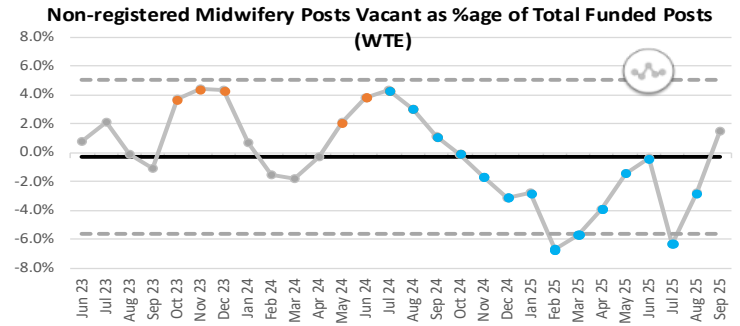
Shortfalls



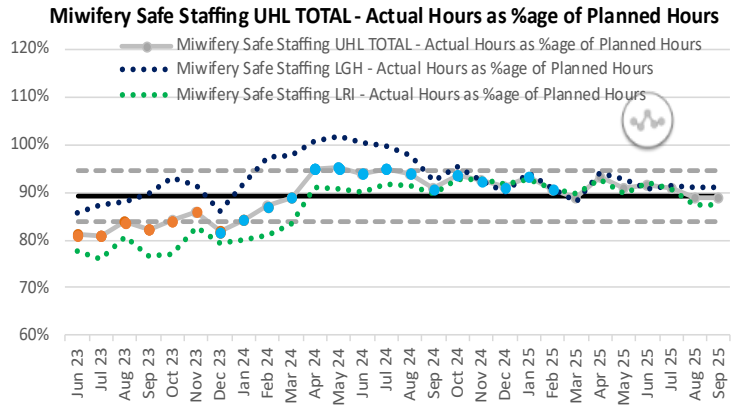


Vacancies





Safe Staffing

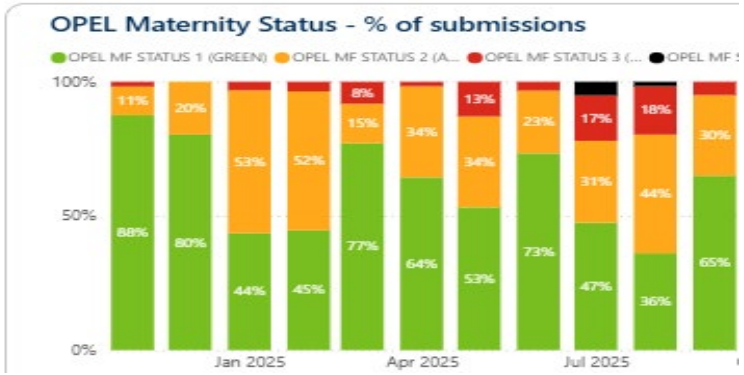


OPERATIONAL AND CAPACITY

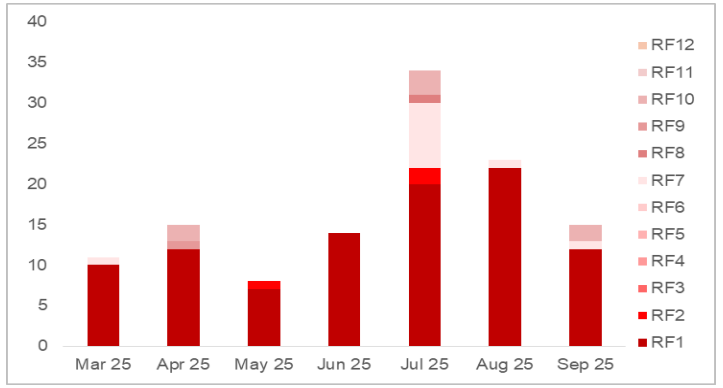
University Hospitals of Leicester NHS Trust

Key Information

Operational Pressures Escalation Levels



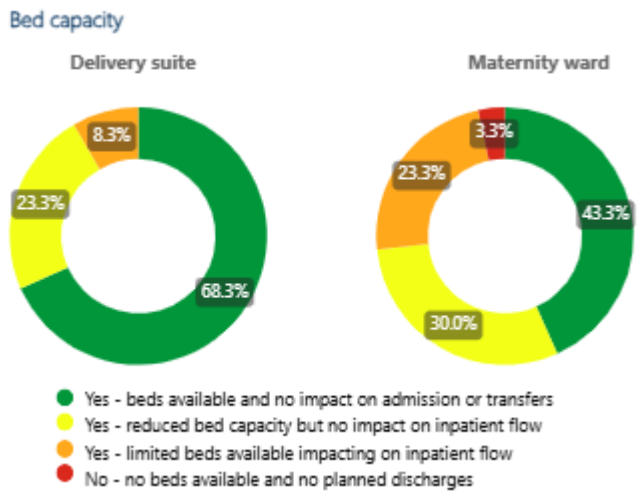
Midwifery Red Flag Events



Performance Levels

Service	Count	% of subm.
Acute maternity services suspended	1	1.7%
Acute maternity services diverted	2	3.3%
Homebirth services suspended	0	0.0%
MLU Suspended	0	0.0%

Availability Levels



What the data is telling us

- Overall activity levels declined during the month, accompanied by a reduction in OPEL level 2 and 3 acuity. Notably, there were no instances of level 4 acuity, indicating improved service stability
- Induction rates fell by 3% from the previous month. Despite this, delays continued due to sustained operational pressures, primarily driven by acute staff sickness. This was reflected in the number of Red Flags raised- although reduced from the previous month.
- Staff were redeployed on 8.3% of occasions, representing a significant reduction from the previous month (26%)
- While delays in the elective pathway (IOL)persisted, no adverse maternal or neonatal outcomes have been associated with these delays

What we need to focus on

- Ongoing monitoring is required to assess the impact of patient experience
- Working with the region to agree a consistent approach where regional escalation is used once local options are exhausted
- Review impact of LGH Maternity Day Assessment Unit (MDAU) and optimisation of capacity to support MAU
- Bed capacity and 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

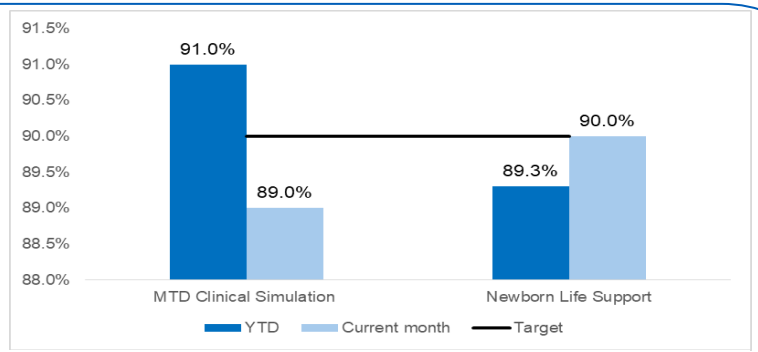
- Progressing recruitment of existing consultant obstetric vacancies
- Enhancing the delivery of outpatient inductions
- Enhanced triage performance, reflecting more efficient patient assessment and flow
- Supporting the long-term sustainability of specialist services through ongoing succession planning, and workforce development
- Sustained trajectory to increase the Qulified in Speciality (QIS) neonatal nursing workforce
- Oversight of red flags and Matron validation of Birthrate plus acuity scoring

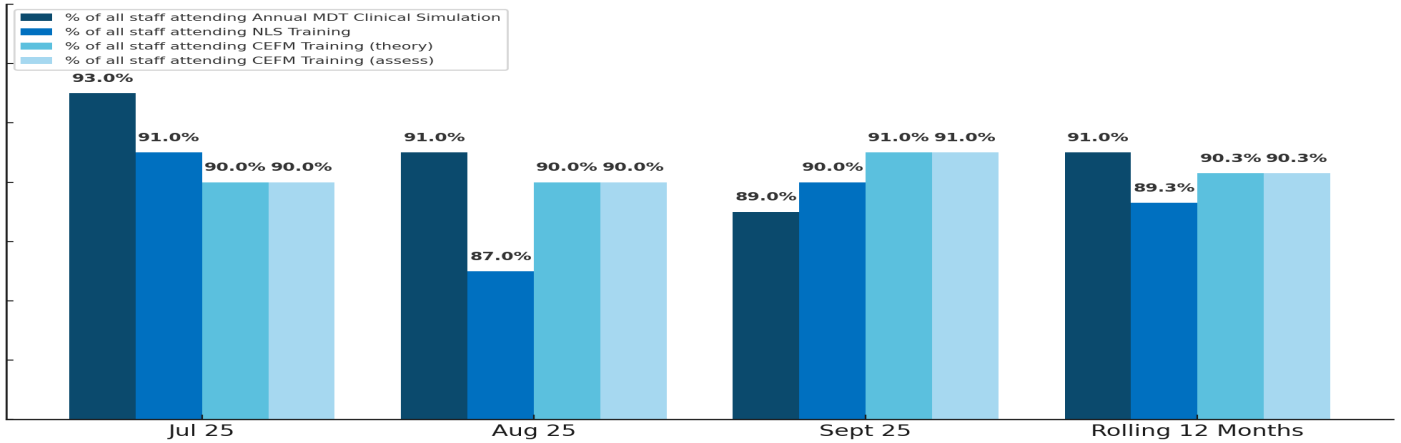
TRAINING AND COMPLIANCE

University Hospitals of Leicester NHS Trust

Training compliance

Attendance – All Staff





Key Performance Indicator	Target	Jul-25	Aug-25	Sept-25	Rolling 12 months
% of all staff attending Annual MDT Clinical Simulation	**90%**	93.0%	91.0%	89.0%	**91.0%**
% of all staff attending NLS Training	**90%**	91.0%	87.0%	90.0%	**89.3%**
% of all staff attending CEFM Training (theory)	**90%**	90.0%	90.0%	91.0%	**90.3%**
% of all staff attending CEFM Training (assess)	**90%**	90.0%	90.0%	91.0%	**90.3%**

What the data is telling us

- The slight drop noted in our data for September is reflective of the large intake of rotational medical doctors in August. Causing our MDT training to drop slightly below 90%, however it has consistently remained within our local target range 80-90% since Nov 2024.
- NLS has returned to the 90% mark and predicted to remain at this % or higher for the remainder of the MIS Year 7.

What we need to focus on

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 going well

- Remain on a trajectory to achieve MIS Year 7
- The Education team have reported on their first month findings of the in-depth review Avoiding Term Admissions in Neonates (ATAIN) datix's. Identifying themes of learning which is directly being fedback into ongoing mandatory training and the ATAIN QI group.

SAFETY ACTIONS

University Hospitals of Leicester NHS Trust

Maternity Improvement Scheme

MIS Safety Action – Year 7	MIS Standards	Status
1. Use of Perinatal Mortality Review Tool	6	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	10	On Track*
5. Midwifery workforce planning	6	On Track
6. Saving Babies Lives Care Bundle	6	On Track
7. Listening to women, parents, and families	5	Achieved
8. Multidisciplinary training	3	On Track
9. Ward to Board assurance	9	On Track
10. MNSI and Early Notification Scheme Reporting	9	On Track

Summary

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. **UHL has achieved Safety Action 7 in its entirety.**

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*

Saving Babies Lives

Element	Interventions Fully Implemented (Self-Assessment) Q2		Interventions Fully Implemented (LMNS Validated) Q2		NHS Resolution MIS
Smoking in Pregnancy	Fully	100%	Partly		CNST Met
Fetal Growth Restriction	Partly	95%	Partly		CNST Met
Reduced Foetal Movements	Fully	100%	Fully		CNST Met
Fetal Monitoring in Labour	Fully	100%	Fully		CNST Met
Preterm Birth	Fully	100%	Partly		CNST Met
Diabetes	Fully	100%	Fully		CNST Met
All Elements	Partly	99%	Partly		CNST Met

Summary

Submission 7 (Q1 25/26) has been assured at 97% by the LMNS.
Element 2 95% implemented. UHL does not currently use PLGF testing within its current service provision with no named Consultant Lead at the time of submission.
Element 5 96% implemented. Data inaccuracies due to multiple electronic patient recording systems.

Submission 8 (Q2 25/26) submission made 16/10/25.
Element 2 95% implemented. UHL does not currently use PLGF testing within its current service provision, however a Consultant Lead has since been named.
Element 5 100% implemented. Action plan update- BadgerNet go-live date 28/10/25.

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

EXPERIENCE FEEDBACK

University Hospitals of Leicester NHS Trust

Patient Experience

Complaints and Concerns

	Jul-25	Aug-25	Sep-25	25 / 26 YTD
Maternity	6	10	14	48
Neonatal	0	0	1	2

Friends and Family Test (FFT)

	Target	National	Jul-25	Aug-25	Sep-25	25 / 26 YTD
Maternity FFT % Responses	25%	13%	5.2%	10.7%	14.7%	12.8%
Maternity FFT % of Promoters	96%	93%	94.6%	95.6%	96.6%	94.6%

Compliments

"I always had the support I needed"

Evington Community Midwifery Team

"The level of service was exceptional. Communication was amazing, they explained all processes, procedures and results in a great level of detail tailored to our understanding"

Labour Ward LGH

"Every member of staff we met over the 5 days went above and beyond expectation. They were amazing and couldn't do enough for us and we are very thankful for all their help."

Ward 5 LRI

What the data is telling us

- One neonatal complaint received (first since May 2025) relating to communication
- Fourteen maternity complaints received this month (highest since September 2024)
- 50% of complaints relate to care received between 3- and 12-months prior with 2 complaints relating to care received at St Marys Birth Centre
- This month, UHL were announced as being included in the National Maternity Investigation
- FFT response rate highest since May
- FFT promoter rate has met national and UHL target and is the highest rate seen this year

What we need to focus on

- Providing detailed information to facilitate informed decision making and consent for those being offered an Induction of Labour
- Providing compassionate and supportive care during the postnatal period, enabling women to feel safe and knowledgeable about caring for themselves and their baby upon discharge home
- Developing relationships with Health Watch and our interim MNVP to triangulate feedback and service user voice including analysis of CQC maternity survey results

Staff Experience

What are staff telling us?	What actions are we taking?
Ongoing concerns around car parking access at LGH	Worked with Car Parking team to secure interim night/weekend permits and ensure staff details are up to date on the portal.
Capacity pressures on ELCS days at LGH, with staff valuing the opportunity for open MDT discussions	Ongoing MDT discussions to address ELCS capacity pressures and improve daily planning at LGH

What 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

SPOTLIGHT ON…

Quality Improvement WEEK 8-12 SEPT 2025

NHS University Hospitals of Leicester NHS Trust

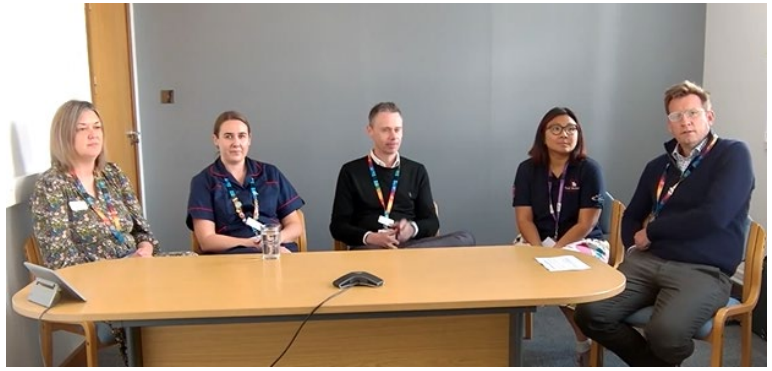
What is going on?

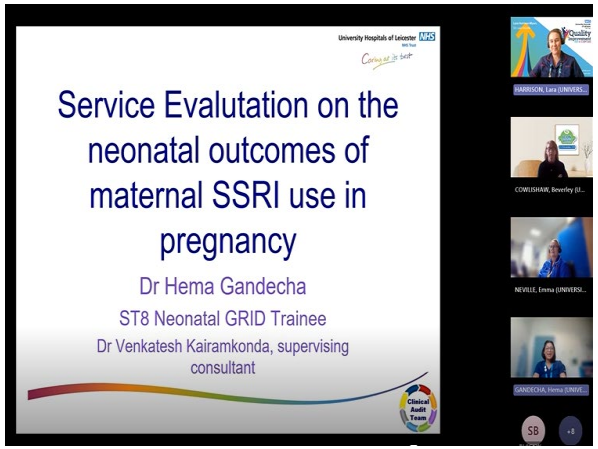
QUALITY IMPROVEMENT (QI) WEEK

QI Week 2025 took place from 8-12 September and marked a vibrant celebration of Quality Improvement across UHL, uniting clinical, clerical, support, and leadership colleagues in a shared mission to enhance patient care, staff wellbeing, and operational effectiveness. This was the first year UHL actively promoted the week and promotion was led by UHL's corporate QI team alongside UHL's QI Lead Midwives.

When?

8th – 12th September 2025





What did the week include?

The week featured a rich mix of virtual masterclasses, interactive pop-up stands, collaborative walkarounds, and the Quarterly AQIP Awards, all designed to empower staff with tools, insights, and inspiration to drive meaningful change.

1.) The PMAs joined in by hosting a QI walkaround with Ciara Maguire (Bereavement Midwife and PMA), who shared her inspiring QI project. Staff from across the multidisciplinary team joined the discussion, and the feedback was overwhelmingly positive. The project focuses on ensuring that compassionate, sensitive care can be provided to bereaved families, even when the dedicated bereavement suite is in use. Currently, both LRI and LGH have one bereavement suite to provide 1:1 care, but at times this means support must be given in a standard labour ward room. To support families in these circumstances, the project introduces a specially curated Bereavement Trolley containing essential items. Developed collaboratively with colleagues delivering intrapartum care, the trolley enables rooms to be quickly and thoughtfully prepared for bereaved families at short notice. This initiative reflects our ongoing commitment to improving the care environment for families during the most difficult of times and has been warmly welcomed by staff as an important and meaningful development.

2.) Lara Harrison-Myers (QI Lead Midwife) led a virtual session called 'Born to Improve' which was recorded and attended by both clinical and non-clinical staff. A summary was provided to inform staff of the QI work being undertaken within maternity and neonates and 3 staff members presented their QI projects: Emma Neville (Fetal Monitoring Lead Midwife) - Implementing a Hollistic Well-Being Chart, Akshaya Rajangam (Obstetrician) - Obstetric films for training, Hema Gandecha (Neonatalogist) - Maternal SSRI use in pregnancy.

3.) The QI team met with Richard Mitchell (Chief Executive) during UHL's 'Friday Focus' to reflect on activities ran throughout the week. There were important discussions regarding the importance of QI within the NHS, what impact it has on patient care and staff and how people can get involved.

What Now

The Perinatal Safety Improvement Team will continue to work collaboratively with UHL's QI team. The teams plan to complete the NHS IMPACT QI Maturity self-assessment to improve ways of working and develop goals and strategies to build continuous improvement as part of UHL's improvement culture.

APPENDICES

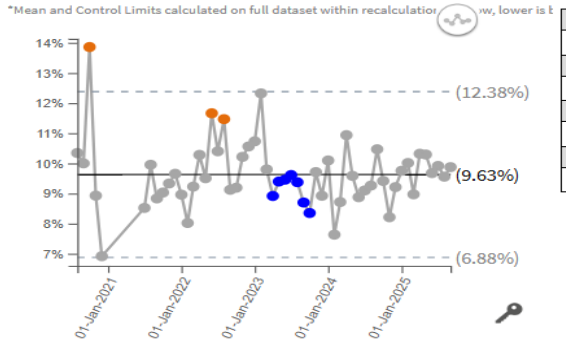
TRENDS: CLINICAL QUALITY SURVEILLANCE

University Hospitals of Leicester NHS Trust

Antenatal

BMI at Booking >35

*Mean and Control Limits calculated on full dataset within recalculation ...w, lower is b...

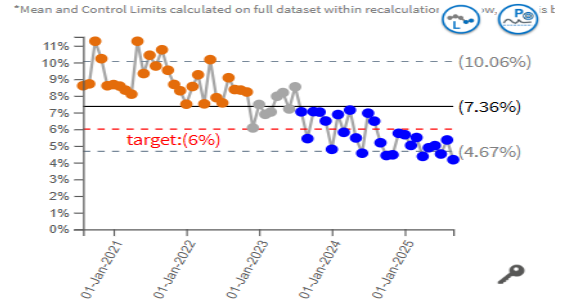


Latest
9.9%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Smoking at time of booking

LMNS: 6% (Ref 1.3a SVBL)

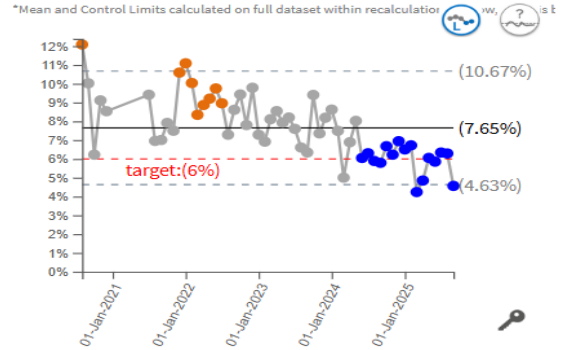
*Mean and Control Limits calculated on full dataset within recalculation ...w, ...s b...



Latest
4.2%
Variance Type
Special cause variation - improvement...
Target
6%
Target Achievement
Metric has (P)assed the target for the last 6 (or more) data points...

% of women who are current smokers at delivery

*Mean and Control Limits calculated on full dataset within recalculation ...w, ...s b...



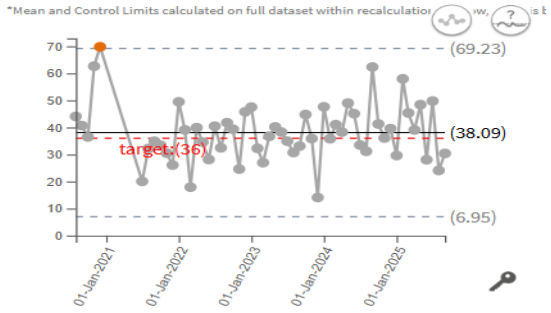
Latest
4.6%
Variance Type
Special cause variation - improvement...
Target
6%
Target Achievement
The system may achieve or fail the target subject to random variation

Intrapartum

Women who had a 3rd & 4th degree tear

Rate per 1000 births

*Mean and Control Limits calculated on full dataset within recalculation ...w, ...s b...

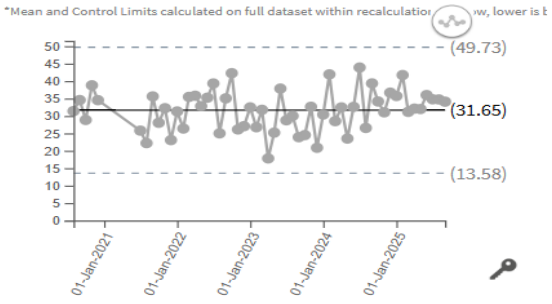


Latest
30
Variance Type
Common cause variation
Target
36
Target Achievement
The system may achieve or fail the target subject to random variation

Women with PPH of 1500ml or more

Rate per 1000 births

*Mean and Control Limits calculated on full dataset within recalculation ...w, lower is b...

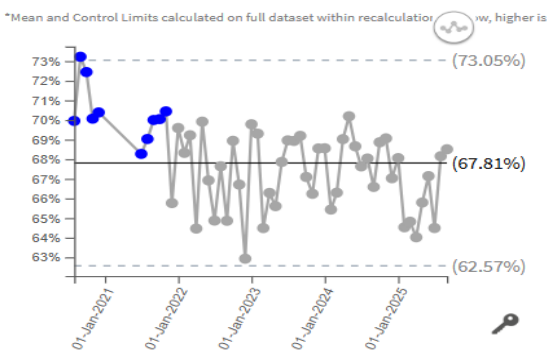


Latest
34
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

include values for further blood loss in calculations

BREASTFEEDING

*Mean and Control Limits calculated on full dataset within recalculation ...w, higher is ...



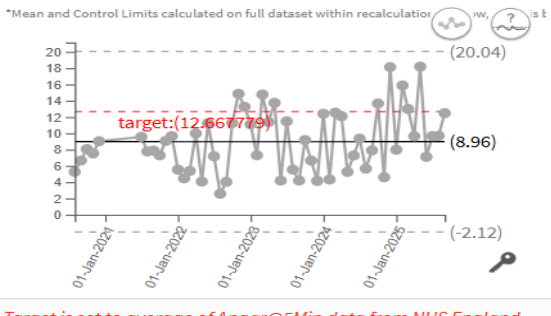
Latest
68.5%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Outcomes

Babies with Apgar @5mins less than 7

Rate per 1000 births

*Mean and Control Limits calculated on full dataset within recalculation ...w, ...s b...



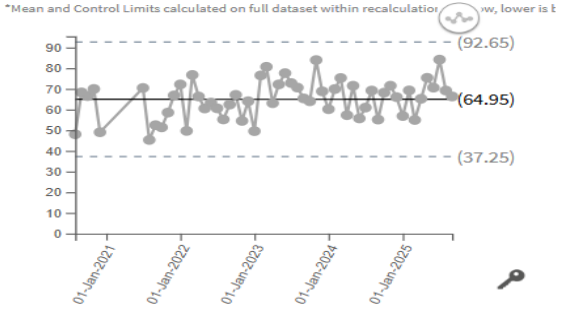
Latest
12
Variance Type
Common cause variation
Target
12.667779
Target Achievement
The system may achieve or fail the target subject to random variation

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

Preterm Births

Rate per 1000 births

*Mean and Control Limits calculated on full dataset within recalculation ...w, lower is b...

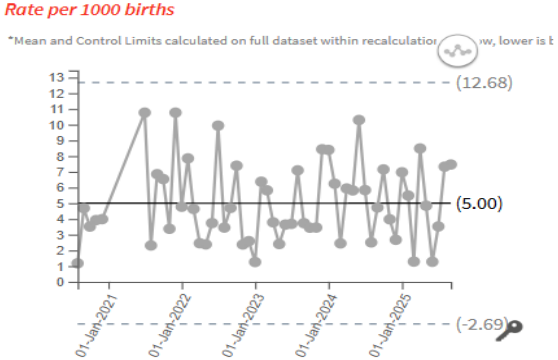


Latest
66.33
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

Stillbirths

Rate per 1000 births

*Mean and Control Limits calculated on full dataset within recalculation ...w, lower is b...



Latest
7
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

IMMUNISATION SUMMARY

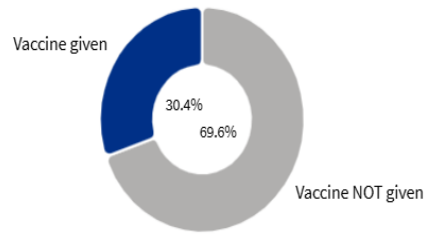
University Hospitals of Leicester NHS Trust

RSV Uptake

There has been a **notable increase in vaccine uptake at Leicester General Hospital (LGH)**, reflecting the success of recent engagement efforts at the site.
To address the recent decline in overall compliance rates, staff education has been intensified. New resources have been deployed, including a podcast video, targeted communications, infographics, and team-led discussions aligned with the winter plan.
A **Maternity RSV pilot project** is currently being scoped in collaboration with the ICB and PCL. This initiative is planned to run from **November through January**, aiming to enhance protection for pregnant individuals and newborns during the winter season.

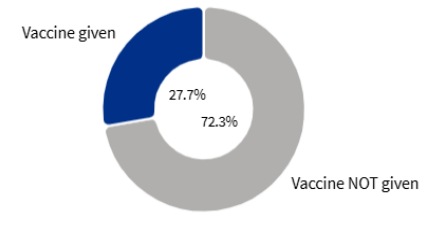
NB –flu data will be reported on from October in line with National Guidance

Uptake of RSV Vaccination - UHL Total
Given/Not given



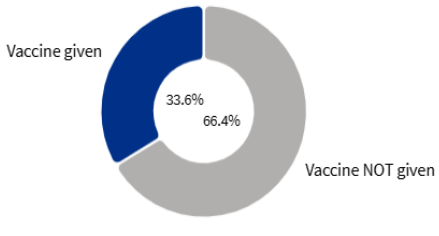
Reporting Period: Sep-2025 to Sep-2025

Uptake of RSV Vaccination - LRI
Given/Not given



Reporting Period: Sep-2025 to Sep-2025

Uptake of RSV Vaccination - LGH
Given/Not given

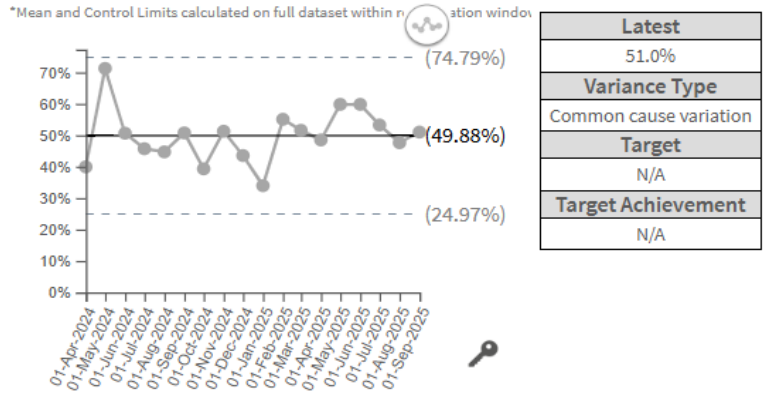


Reporting Period: Sep-2025 to Sep-2025

Pertussis Uptake

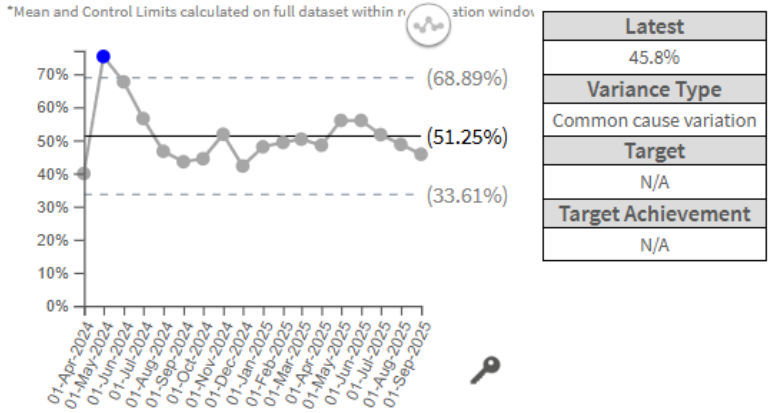
Uptake of the Pertussis vaccination continues to fall over the last three months, dropping below the median slightly.

% Uptake of Pertussis Vaccination for LGH



Latest
51.0%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

% Uptake of Pertussis Vaccination for LRI

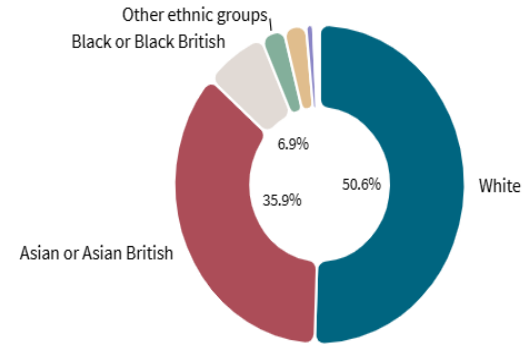


Latest
45.8%
Variance Type
Common cause variation
Target
N/A
Target Achievement
N/A

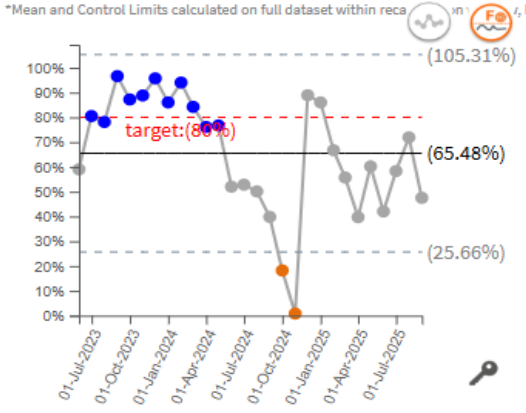
Insights

The uptake of the BCG vaccine continues to trend upwards overall but continues below the median line.

Ethnic (Grouped) of those who received the Pertussis Vaccine (UHL)
Reporting Period: May-2024 to Sep-2025



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



Latest
47.5%
Variance Type
Common cause variation
Target
80%
Target Achievement
Metric has (F)ailed the target for the last 6 (or more) data points...

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.
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.

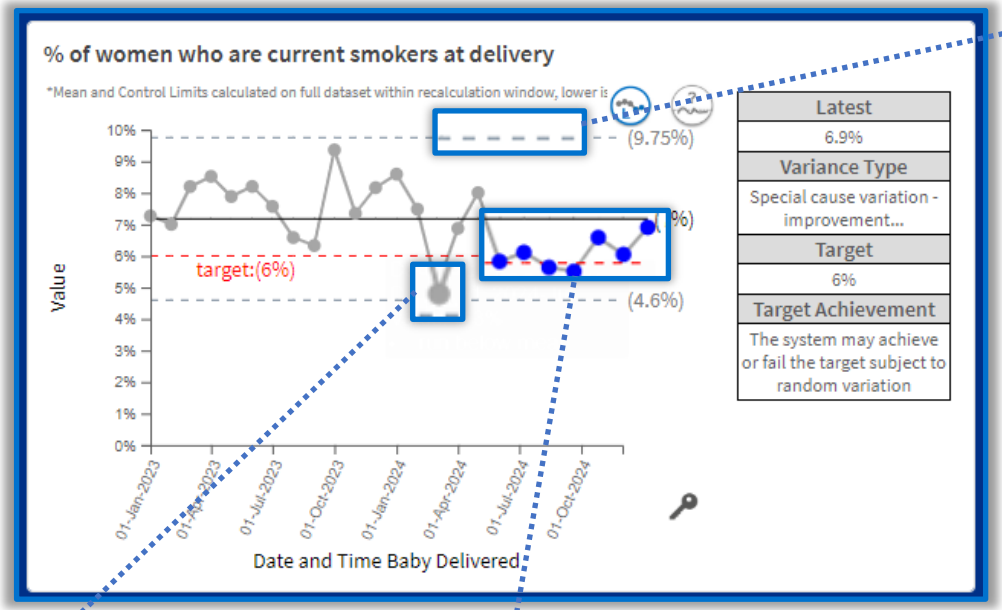
Single data points
these reflect local calculations. They will not exclude specific populations, unless there is a specific reason to do so.

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**

GLOSSARY OF TERMS

University Hospitals of Leicester NHS Trust

Glossary

Term	Abbreviation
Induction of Labour	IoL
Hypoxic-Ischemic Encephalopathy	HIE
Hospital Readmission	HRA
Postpartum Haemorrhage	PPH
Intensive Care Unit	ICU
Severe Maternal Morbidity	SMM
Leicester General Hospital	LGH
Leicester Royal Infirmary	LRI
Gestational Diabetes Mellitus	GDM
Hyperemesis Gravidarum	HG