

## Cover Sheet

Trust Board Meeting in Public: Wednesday 13 November 2024

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**Title:** Maternity Services Update Report

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**Status:** For Discussion

**History:** Regular Reporting

Maternity Clinical Governance Committee

Previous Report to Trust Board 11 September 2024

[TB2024.73]

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**Board Lead:** Chief Nursing Officer

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**Confidential:** No

**Key Purpose:** Assurance

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## Executive Summary

1. This paper provides an update to the Trust Board on maternity related activities. The key points are summarised below:
2. **Three-Year Delivery Plan Progress:** The report outlines progress on the three-year delivery plan, focusing on listening to women, workforce, culture and leadership, and standards. Of note is the review community midwifery staffing resulting in improved staffing levels and reduced closures of homebirths and midwifery-led units.
3. **Maternity Safety Support Programme:** Significant progress has been made, including the establishment of a senior midwifery leadership team and refurbishment of an intrapartum bereavement room. A review of this progress is scheduled for December 2024 in collaboration with the Integrated Care Board (ICB).
4. **Maternity Incentive Scheme Risks:** The report identifies two main risk areas in the Maternity Incentive Scheme and summarises the action plans in place to ensure compliance.
5. **Antenatal and Newborn Screening Action Plan:** Long-term sickness in the screening team has led to overdue actions, and an external consultant has been engaged to address these issues and additional staffing resource has been allocated to ensure timely progress.
6. **Compliance with CQC Action Plan:** Progress against the CQC action plan is being monitored, with no overdue 'Must Do' actions and completion of all 'Should Do' actions from the Horton Midwifery Led Unit inspection. Progress is being monitored monthly through a maternity services evidence group.
7. **Safety, Quality and Experience Review:** A comprehensive review of maternity services has been completed, focusing on safety, quality, and patient experience over the past four years. The next steps are to share the report for review and comment before reporting to the Trusts Integrated Assurance Committee.

## Recommendations

8. The Trust Board is asked to note the contents of the update report.

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## Maternity Services Update Report

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### 1. Purpose

1.1. The aim of this paper is to provide an update to the Trust Board on the following maternity related activities:

- Three-year Single Delivery Plan for Maternity and Neonatal Services
- Year 6 Maternity (and Perinatal) Incentive Scheme (MPIS)
- Maternity Safety Support Programme (MSSP)
- Maternity Performance Dashboard
- CQC Action plan update
- Antenatal and Newborn (ANNB) Screening
- Midwifery Led Unit (MLU) status
- Perinatal Quality Surveillance Model Report
- Maternity Safeguarding
- Safety, Quality and Experience Review

### 2. Three Year Delivery Plan for Maternity and Neonatal Services

2.1. The Three-year Single Delivery Plan for Maternity and Neonatal services was published on 20 March 2023. A summary of progress against each of the themes is summarised below:

#### Theme 1: Listening to Women

2.2. The service has established a Triangulation and Learning Committee that includes service users, complaints, PALS, safety, patient experience, and operational colleagues. The committee aims to integrate feedback data from various sources, such as complaints, incidents, patient experience, and legal claims, to plan, develop, and systematically embed triangulated learning and improvement activities.

2.3. The Equality, Diversity, and Inclusion (EDI) midwives have implemented an intervention from Good Things Foundation gifting Sim cards and devices to families who do not have digital access. The OUH is the first maternity service in the region to provide these which will improve communication and access to services.

2.4. EDI Midwives have secured access to AFiUK Oxford, a supportive hub for families of African and other ethnic minority backgrounds living in the UK.

AFiUK Oxford offers resources and guidance to these families. Maternity colleagues will visit monthly to discuss maternal health issues and share important messages, which can be communicated throughout the community.

### **Theme 2: Workforce**

- 2.5. The maternity service is busiest during the summer and early autumn. Staff members were reassigned from non-clinical roles to clinical positions, and training sessions were reduced to ensure that the service was safely staffed during this peak period. This proactive planning and management helped address the increased demand and resulted in fewer delays in inductions of labour despite increased activity and birth rates during this time. The initiative has received positive feedback from staff.
- 2.6. A review of community midwifery staffing, caseload, and skill mix has been completed. This involved a comprehensive analysis of each team's caseload numbers and the specific requirements of various community areas. By comparing the expected number of births and antenatal and postnatal visits with the current staffing levels, adjustments were made to optimise midwifery staffing. The review has led to improved staffing levels and has ensured that the Trust can provide six on-call midwives for both day and night shifts and a community bleep holder for all 9 community teams to ensure full oversight of the daily staffing and operational activity. The review has resulted in a reduction in closures of homebirths and midwifery-led units. Community services were suspended on two occasions in August and September due to increased acuity. However, no women were affected during these suspensions.
- 2.7. The current midwifery vacancy stands at 11.3 WTE, and 9.48 WTE vacancies for Maternity Support Workers. Monthly recruitment efforts are ongoing, with midwifery and MSW interviews scheduled for November and December. Based on the current trajectory, the service is expected to be fully established by January 2025.

### **Theme 3: Culture and Leadership**

- 2.8. Weekly maternity leadership walkarounds, aligned with the Care Assure framework, are now integrated throughout the service. These walkarounds provide a consistent leadership presence that encourages open communication with patients and staff, promoting a culture of transparency and trust.
- 2.9. In September, the Maternity leadership team collaborated with the EDI and PMA teams, alongside staff, to participate in the maternity initiative "Share Your Experiences and Shape Change on Bias and Discrimination." This

event is an essential component of ongoing efforts to shape the work environment and promote an inclusive culture.

- 2.10. Maternity and Neonatal Safety Champion walkarounds are ongoing and are included in the Maternity (and Perinatal) Incentive Scheme, safety action 9.

#### **Theme 4: Standards**

- 2.11. Saving Babies Lives Care Bundle version 3 has been implemented and compliance has been reported as part of the Maternity (and Perinatal) Incentive Scheme, safety action 6. The service has been working collaboratively with the BOB LMNS on this work.
- 2.12. All maternity services use digital notes (BadgerNet), and all women and birthing people will exclusively use the digital system by October 2024.

### **3. Maternity (and Perinatal) Incentive Scheme (MPIS)**

- 3.1. MPIS is reported monthly through MCGC and is a regular agenda item at the monthly Maternity and Neonatal Safety Champions meetings for review, progress and escalation.
- 3.2. There are two main areas of compliance risk for MPIS Year 6: Safety Action 4 - Neonatal Medical Workforce and Safety Action - Saving Babies' Lives, specifically Element 1, which focuses on Carbon Monoxide (CO) monitoring.
  - 3.2.1. Safety Action 4 - Neonatal Medical Workforce - The Trust is in the final stages of agreeing on funding to increase the neonatal medical workforce. The Trust Management Executive will ratify the funding plan and workforce model in November.
  - 3.2.2. Safety and Action 6 – Saving Babies Lives - Element 1 Carbon Monoxide (CO) Monitoring - New equipment has been distributed throughout the community settings and fail-safes have been implemented to monitor compliance. The MPIS Midwife and Public Health team has attended community clinics to identify any barriers to completion and provide support to facilitate improvements.
- 3.3. The Confidential Trust Board will receive the following reports:
  - 3.3.1. The Quarter 1 perinatal mortality report as mandated by Safety Action 1.
  - 3.3.2. The ATAIN action report as required by Safety Action 3.
  - 3.3.3. The compliance report for the Saving Babies Lives Care Bundle version 3 for Quarter 1, as stipulated by Safety Action 6.

- 3.4 The Trust Board will receive the Biannual Maternity Safe Staffing report in January 2025, as required by Safety Action 5.

#### **4. Maternity Safety Support Programme (MSSP)**

- 4.1. The Trust has made substantial progress in the Maternity Safety Support Program (MSSP). A review of this progress is scheduled for December 2024 in collaboration with the Integrated Care Board (ICB). Below is a summary of key progress for this reporting period:
- 4.1.1. Intrapartum Bereavement Room on Delivery Suite: This work has progressed well. Asbestos removal work has been completed within phase 1, and the final refurbishing and soundproofing of the room has commenced and will be completed in November 2024.
- 4.1.2. The Maternity and Neonatal Governance and Operational Delivery Committee is now well established. Its activities include ensuring the delivery of key objectives and managing governance and risks related to the operational performance of maternity and neonatal services. The committee meets monthly and maintains a continuous action log that tracks various key objectives, including safety, complaints, incident reporting, quality, and workplace culture.

#### **5. Maternity Performance Dashboard**

- 5.1. Five exceptions were reported in the maternity performance dashboard for September. Appendix 1 provides details of each exception, mitigations, and improvement actions.
- 5.2. The maternity performance dashboard narrative also includes data related to community activities. The information presented is for August, as the service must manually validate the data to ensure its quality. This careful process guarantees that the data is accurate and reliable. The digital team is working to improve the data entry processes, eventually offering real-time data alongside other unit activities. Outcomes for community activities (such as PPH, OASI, etc.) are incorporated into the overall figures for September.

#### **6. Perinatal Quality Surveillance Model Report**

- 6.1. The Ockenden actions and the Maternity (and Perinatal) Incentive Scheme require that the Board be informed of the Perinatal Quality Surveillance Model (PQSM) report, which is reported monthly to the MCGC.

- 6.2. The Perinatal Quality Surveillance Model (PQSM) report for August and September, both of which were reported through MCGC in September and October, will be presented at the upcoming Private Trust Board meeting on 13 November 2024.

## **7. CQC Action Plan Update**

- 7.1. Maternity Services and the Trust Assurance Team have formed an Evidence Group to continuously monitor and evaluate the progress and effectiveness of the CQC action plan. The inaugural meeting of this group was held on 30 September 2024.
- 7.2. The Evidence Group will work with Maternity Services to ensure the evidence is robust and validated. A clear framework for monitoring progress against action plans, including timely escalation, has been implemented if expected progress is not achieved.
- 7.3. In the Horton Midwifery Led Unit CQC action plan there were six 'Must Do' actions and seven 'Should Do' actions.
  - 7.3.1. There are no overdue 'Must Do' actions from the Horton Midwifery Led Unit inspection. The Evidence Review Group is reviewing the consistency of action embedding, with work in place to increase levels of assurance.
  - 7.3.2. The six 'Should Do' actions have been completed with good levels of assurance and will be reviewed and assessed at the next Evidence Group.
  - 7.3.3. Work is scheduled to begin in November for the installation of the new birthing pool, with an expected lead time of two weeks. The service is collaborating with OMNVP on a communication plan.
- 7.4. There are two 'Should Do' actions related to estates from the 2021 CQC inspection of the Maternity at the JRH. Actions taken to date include room occupancy signage on all doors and privacy curtains in all rooms where women will receive care. The new pool room on delivery suite has been fully refurbished and includes new ensuite facilities.
- 7.5. The second 'Should Do' action relates to the enhancement to the provision of a bereavement room on Delivery Suite. Work has commenced and is expected to be completed by the end of November 2024.
- 7.6. Progress against the CQC action plan is reported through existing governance processes, which include Maternity Clinical Governance Committee (MCGC), SuWOn Divisional Clinical Governance Committee and the Trust Clinical Governance Committee (CGC) as part of the quality reports.



## 8. Antenatal and Newborn (ANNB) Screening

- 8.1. Due to long-term sickness in the screening team, several actions related to the action plan are overdue. To improve compliance with the action plan, the team has engaged an external consultant to address the backlog and ensure the Trust meets its compliance objectives efficiently.
- 8.2. As previously stated, Evidence Group will support maternity services in continuously monitoring and evaluating the progress and effectiveness of the Antenatal and Newborn Screening action plan. The first meeting of this group took place on 30 September, and it was concluded that there was limited assurance of progress to date. In response, the service has redirected alternative staff to prioritise the screening service and work progressing the action plan.
- 8.3. Progress against the ANNB action plan is reported through existing governance processes, which include the Maternity Clinical Governance Committee (MCGC), the SuWOn Divisional Clinical Governance Committee and the Trust Clinical Governance Committee (CGC) as part of the quality reports. The service meets weekly to track the actions.

## 9. Maternity Safeguarding

- 9.1. The HOPE box project which supports mothers who are separated from their babies at birth due to care proceedings is moving forward with site readiness confirmed and some funding raised through a generous donation to maternity safeguarding projects. The service is 10awaiting costings for training from Lancaster University prior to requesting the remaining funds in a joint application including PAUSE from Oxfordshire County Council, a national project that works to improve the lives of women who have had or are at risk of having more than one child removed from their care and the services and systems that affect them.

## 10. Safety, Quality and Experience Review

- 10.1. A comprehensive review of maternity services has been completed, focusing on safety, quality, and patient experience over the past four years. This review thoroughly evaluates patient safety, service quality, and patient experience data based on key performance indicators. It includes an analysis of maternal and neonatal outcomes, audit reports, and comparisons against national standards and benchmarks to assess the safety and quality of the services provided. The next step is to share the report for review and comment before reporting to the Trust's Integrated Assurance Committee in January 2025.

## **11. Conclusion**

11.1. In conclusion, this report provides updates on essential activities related to maternity services, including the Three-Year Delivery Plan, progress on the Maternity Safety Support Programme, and proactive measures implemented to address compliance risks associated with the Maternity Incentive Scheme. Additionally, an update is included on the challenges faced regarding the antenatal and newborn screening action plan, along with the actions taken to address these issues.

## **12. Recommendations**

12.1. The Trust Board is asked to note the contents of the update report.



**Oxford University Hospitals**  
NHS Foundation Trust

# Maternity Performance Dashboard

**Date: October 2024**

***Data period: September 2024***

**Presented at: Maternity Clinical Governance Committee**

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## Executive Summary

### Key updates

Starting this month, the performance dashboard narrative will encompass data related to our community activities. The information presented pertains to the previous month (August), owing to the current necessity for manual validation to ensure data quality. The digital team is actively working on enhancing data entry processes to eventually provide real-time data alongside other unit activities. Outcomes for community activities (such as PPH, OASI, etc.) are incorporated within the overall September figures.

### Notable Successes

- Our Equality Diversity and Inclusion Midwives have implemented an intervention from Good Things Foundation gifting Sim cards and devices to families who do not have digital access. We were the first maternity service in the region to provide these which will improve communication and access to services.
- Further work by our EDI midwives has secured access to AFiUK Oxford who provide a hub for families of African and other ethnic minority backgrounds living in the UK from other continents. They provide support and advice to families. They will be welcoming our maternity colleagues monthly to talk about maternal health issues and messages which can then be spread throughout the community.
- Equal Start Oxford team won the *Team of the Year* NHSse Celebrating Excellence Award
- SIM based education programme – Health Innovation Oxford. This programme contributed to by our specialist midwives for pre-term birth and education has been shortlisted for a Royal College of Midwives Award. Congratulations to all involved.

| Domain                                   | Performance challenges, risks and interventions  |
|--|--|
| <b>Activity</b>                          | <p>605 mothers gave birth in September 2024, which is 25 lower than the previous month. 699 planned bookings were completed, which is 48 less than the previous month. 212 caesarean sections were performed, which accounts for 35% of the mothers birthed in September 2024 - this shows a 2.6% decrease from August 2024.</p> <p>Community * Key Update data from August 2024, 82 women birthed in the community settings, 45 were on the Spires alongside midwifery unit, 15 were at home, 15 were at freestanding midwifery units (Wantage, Wallingford and Chipping Norton) and 7 at the Horton freestanding midwifery unit.</p>   |
| <b>Workforce</b>                         | <p>The midwife-to-birth ratio was 1:26.08. The service continues with a robust recruitment and retention plan to align with the recommended Birthrate Plus uplift. The daily staffing meeting continues to ensure safe staffing across the service enabling mitigations and triggers escalation as needed. There were no occasions when 1:1 care was not provided for women in established labour and there was one occasion when the delivery suite coordinator was not working in a supernumerary capacity for a short period of time due to increased acuity. There was a reduction in use of on-call hours worked, 238 compared to 332 the previous month. The number of occasions where staff were moved from offices/specialities to support in clinical areas was 176 which is a decrease in occasions from August where there were 186. 13 Ulysses were submitted in respect of staffing concerns around daily staff movements to address acuity.</p> <p>There were 37 recorded red flags raised for delays in the Induction of Labour process above 24 hours due to staffing and capacity challenges which represents a significant reduction from 70 in August. The trajectory continues in a downward trend since the implementation of the quality priority in May 24.</p>   |
| <b>Maternal Morbidity</b>                | <p>The overall rate of third-degree tears amongst mothers birthed in September 2024 was 4.74% (n=19). This is 0.84% higher than the RCOG national mean of 3.9%. The rate of third-degree tears sustained during unassisted (spontaneous) vaginal births (including breech births) was 2.99% (n=12) and during assisted (forceps and ventouse) vaginal births was 1.75% (n=7). The ethnic backgrounds of these women were: White British (n=11), Asian-Other (n=2), White -Other (n=1), Pakistani (n=1) and Not Stated (n=4).</p> <p>The overall rate of heavy bleeding (PPH) of <math>\geq 1.5</math> litres amongst mothers birthed in September 2024 was 3.6% (n=22 women). The overall rate of PPH <math>\geq 1500</math>mls following vaginal birth was 2.6% (n=16) which remains the same from August 2024 but is below the NMPA national mean of 2.80%. The women's ethnic categories were: White British (n=5), Indian (n=1), Pakistani (n=2), White-Other (n=2), Not Known (n=3) and Not stated (n=3). The rate of PPH of <math>\geq 1.5</math> litres following caesarean section amongst mothers birthed in August 2024 was 1% (n=6). This is a 0.1% decrease from August 2024 and is significantly below the NMPA national mean of 4.75% . The women's ethnic backgrounds were: British (n=3), White-Other (n=1), Black African (n=1) and Not stated (n=1).</p> <p>In August 2024 in the community settings there were 3 third degree tears, 1 on Spires alongside midwifery unit and 2 were at home births. Both cases were transferred to delivery suite for appropriate follow up care. There was 1 case of PPH <math>&gt;1.5</math>l at home, the woman was appropriately transferred for obstetric care and recovered well.</p> <p>Ongoing Quality Improvement and education work continues through the PEACHES model and PPH prevention and management monitored through Maternity and Trust Clinical Governance processes.</p> |
| <b>Perinatal Morbidity and Mortality</b> | <p>In September 5 cases were reviewed using the Perinatal Mortality Review process. No cases were graded C or D, two cases were graded A/A, which included 38+3/40 neonatal death (this case is under review by the MNSI) and a 24/40 intrauterine death from which good practice was identified. Two cases were graded B/A both of which pre-term, one was due to lack of recognition of pain, the other in relation to the lack of identification of positive Whooley Questions (a mental health screening tool). A further case was graded B/B this related to the unavailability of the bereavement suite on L7 for postnatal care due to staff redeployment during high acuity. Learning from these reviews will be disseminated via safety huddles/learning of the week.</p> <p>19 term babies were unexpectedly admitted to special care following birth in September 2024. They were admitted with presumed sepsis (n=2), respiratory distress (n=12), jaundice (n=1), hypernatremia (n=1), Anaemia (n=1), Fall (n=1), Gastrointestinal (n=1). These cases are under review by the Maternity and Neonatal governance teams aligned with the National ATTAIN framework.</p>   |

# Executive summary (continued)



| Domain  | Performance challenges, risks and interventions   |
|---|---|
| <b>Maternity safety</b>                             | <p>No cases were referred to the Maternity Newborn Safety Investigations as none met the established criteria. A total of 220 incidents were reported through Ulysses, including 52 moderate harm cases such as PPH &gt;1.5 litres, OASI, and unexpected admissions to the SCBU. Of the moderate harm incidents reported, 44 have been reviewed. The majority had no care concerns; however, 1 case was graded as C, where learning was identified regarding appropriate risk assessment for the place of birth. Positive elements of practice were highlighted in the reviews, including prompt recognition, appropriate escalation of emergencies, and evidence of debriefing.</p>  |
| <b>Test Endorsement</b>                             | <p>The endorsement rate for test results stands at 89.97%, reflecting a notable increase of 7.72%. Maternity has been recognised as second in the Trust for compliance, a testament to the diligent efforts of the Quality Assurance and Improvement Coordinator, as well as the engagement of the wider multidisciplinary team. The successful improvement initiatives will be disseminated across the Trust to facilitate organisational learning.</p>  |
| <b>Patient Experience</b>                           | <p>7 complaints were received. Maternity complaints often involve multiple factors across pregnancy, delivery and postnatal care, requiring a multidisciplinary response. The service is working towards a maternity complaints dedicated inbox monitored by a core team with a clear process for dissemination and response within the 25 day requirement. The service continues to hold weekly MDT meetings to address complaints.</p> <p>The service have held the second Triangulation and Learning Committee (TALC) meeting which brings together themes for learning and improvement to patient experience in Maternity using multiple sources of incidents, complaints, claims and service user feedback. This group will oversee the identified quality improvement actions relating to communication on the delivery suite, visiting, and pain relief on the postnatal ward.</p> |
| <b>Staff Experience (Cultural Improvement work)</b> | <p>The service is committed to providing staff a safe, supportive environment which motivates the team to deliver care aligned with the Trust values. The service is responsive to “say on the day” feedback from staff. The Trust’s staff survey is currently being undertaken and our staff are encouraged to provide feedback. The service has also introduced a ‘<i>Marvel of the Month</i>’, this recognition comes directly from colleagues, who have nominated through the ‘Say on the Day’ devices platform. Following summer mitigation pressures on the service, feedback from staff was that the forward planning and redeployment of staff made a positive difference to their experience compared with previous years.</p>   |
| <b>Public Health</b>                                | <p>In September 2024, 89.88% of women initiated breastfeeding, surpassing the target of 80%. Two dedicated immunisation hubs were established at JR and Horton sites, adjacent to the maternity ultrasound departments, to offer a drop-in service for pregnancy recommended vaccines. This initiative allowed the service to meet the national target for the rollout of the new RSV vaccine on 1 September 2024. It is now possible to offer all four pregnancy-recommended vaccines, including pertussis, flu, COVID-19, and RSV. Compliance with the requirement to offer these vaccines to 100% of service users has been achieved and over 350 RSV vaccines have already been given.</p>  |
| <b>Exception reports</b>                            | <p>There are 5 exceptions identified from the September 2024 data which are annotated below on Slides 8 to 10.</p>  |

# Indicator overview summary (SPC dashboard)



Exception report



| KPI  | Latest month | Measure | Target | Variation | Assurance | Mean  | Lower process limit | Upper process limit |
|--|--------------|---------|--------|-----------|-----------|-------|---------------------|---------------------|
| Mothers Birthed                                      | Sep 24       | 605     | 625    |           |           | 625   | 549                 | 700                 |
| Babies Born  | Sep 24       | 613     | -      |           |           | 634   | 558                 | 711                 |
| Scheduled Bookings                                   | Sep 24       | 699     | 750    |           |           | 707   | 568                 | 845                 |
| Inductions of labour (IOL)                           | Sep 24       | 149     | -      |           |           | 148   | 108                 | 188                 |
| Inductions of labour (IOL) as a % of mothers birthed | Sep 24       | 24.6%   | 28.0%  |           |           | 23.8% | 18.6%               | 29.0%               |
| Spontaneous Vaginal Births SVD (including breech)    | Sep 24       | 326     | -      |           |           | 313   | 235                 | 391                 |
| Spontaneous Vaginal Births SVD (including breech): a | Sep 24       | 53.9%   | -      |           |           | 51.3% | 44.4%               | 58.2%               |
| Forceps & Ventouse/Instrumental Deliveries (OVD)     | Sep 24       | 75      | -      |           |           | 88    | 58                  | 118                 |
| Number of Instrumental births/Forces & Ventouse as   | Sep 24       | 12.4%   | -      |           |           | 14.1% | 9.6%                | 18.6%               |
| SVD + OVD Total                                      | Sep 24       | 401     | -      |           |           | 399   | 335                 | 464                 |

| KPI  | Latest month | Measure | Target | Variation | Assurance | Mean  | Lower process limit | Upper process limit |
|--|--------------|---------|--------|-----------|-----------|-------|---------------------|---------------------|
| Caesarean Section (CS)                               | Sep 24       | 212     | -      |           |           | 214   | 176                 | 252                 |
| Number of CS births as a % of mothers birthed        | Sep 24       | 35.0%   | -      |           |           | 35.2% | 29.3%               | 41.0%               |
| Number of Emergency CS                               | Sep 24       | 108     | -      |           |           | 125   | 99                  | 150                 |
| Emergency CS births as a %                           | Sep 24       | 17.9%   | -      |           |           | 19.9% | 14.7%               | 25.2%               |
| Number of Elective CS                                | Sep 24       | 104     | -      |           |           | 92    | 40                  | 145                 |
| Elective CS births as a %                            | Sep 24       | 17.2%   | -      |           |           | 14.5% | 10.2%               | 18.7%               |
| Robson Group 1 c-section with no previous births a % | Sep 24       | 14.8%   | -      |           |           | 13.3% | 7.5%                | 19.1%               |
| Robson Group 2 c-section with no previous births a % | Sep 24       | 53.8%   | -      |           |           | 55.3% | 44.5%               | 66.1%               |
| Robson Group 5 c-section with 1+ previous births a % | Sep 24       | 77.4%   | -      |           |           | 79.1% | 60.1%               | 98.1%               |
| Elective CS <39 weeks no clinical indication         | Sep 24       | 0       | 0      |           |           | 0     | -1                  | 1                   |

| KPI   | Latest month | Measure | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|---|--------------|---------|--------|-----------|-----------|------|---------------------|---------------------|
| Prospective Consultant hours on Delivery Suite        | Sep 24       | 109     | 109    |           |           | 109  | 109                 | 109                 |
| Midwife:birth ratio                                   | Sep 24       | 26.1    | 22.9   |           |           | 26.5 | 22.8                | 30.2                |
| Maternal Postnatal Readmissions                       | Sep 24       | 5       | -      |           |           | 8    | 0                   | 16                  |
| Readmission of babies                                 | Sep 24       | 21      | -      |           |           | 19   | 3                   | 36                  |
| 3rd/4th Degree Tears amongst mothers birthed          | Sep 24       | 19      | -      |           |           | 12   | -1                  | 26                  |
| 3rd/4th degree tears amongst mothers birthed as a %   | Sep 24       | 4.7%    | 3.5%   |           |           | 3.0% | 0.0%                | 6.0%                |
| 3rd/4th degree tears following unassisted Vaginal bir | Sep 24       | 12      | -      |           |           | 9    | -4                  | 22                  |
| 3rd/4th degree tears following unassisted Vaginal bir | Sep 24       | 3.0%    | -      |           |           | 2.6% | 0.4%                | 4.9%                |
| 3rd/4th degree tears following an Instrumental vagin  | Sep 24       | 7       | -      |           |           | 4    | -4                  | 12                  |
| 3rd/4th degree tears following an Instrumental vagin  | Sep 24       | 1.8%    | -      |           |           | 1.2% | -0.8%               | 3.2%                |
| 3rd/4th Degree Tear following unassisted (vaginal) bi | Sep 24       | 3.7%    | -      |           |           | 2.6% | -1.3%               | 6.6%                |
| 3rd/4th Degree Tear following assisted (Instrumental  | Sep 24       | 9.3%    | -      |           |           | 4.7% | -3.1%               | 12.5%               |

| KPI   | Latest month | Measure | Target | Variation | Assurance | Mean  | Lower process limit | Upper process limit |
|---|--------------|---------|--------|-----------|-----------|-------|---------------------|---------------------|
| PPH 1.5L or greater, vaginal births                     | Sep 24       | 16      | -      |           |           | 13    | 1                   | 25                  |
| PPH 1.5L or greater, vaginal births as a % of mothers b | Sep 24       | 2.6%    | 2.4%   |           |           | 2.1%  | 0.3%                | 3.9%                |
| PPH 1.5L or greater, caesarean births                   | Sep 24       | 6       | -      |           |           | 7     | -1                  | 15                  |
| PPH 1.5L or greater, caesarean births as a % of mother  | Sep 24       | 1.0%    | 4.3%   |           |           | 1.2%  | -0.6%               | 3.1%                |
| ICU/CCU Admissions                                      | Sep 24       | 3       | -      |           |           | 1     | -1                  | 2                   |
| % completed VTE admission                               | Sep 24       | 89.3%   | 95.0%  |           |           | 95.2% | 90.3%               | 100.0%              |
| Maternal Deaths: All                                    | Sep 24       | 0       | -      |           |           | 0     | 0                   | 1                   |
| Early Maternal Deaths: Direct                           | Sep 24       | 0       | -      |           |           | 0     | 0                   | 0                   |
| Early Maternal Deaths: Indirect                         | Sep 24       | 0       | -      |           |           | 0     | 0                   | 0                   |
| Late Maternal Deaths: Direct                            | Sep 24       | 0       | -      |           |           | 0     | 0                   | 0                   |
| Late Maternal Deaths: Indirect                          | Sep 24       | 0       | -      |           |           | 0     | 0                   | 0                   |



# Indicator overview summary (SPC dashboard), continued



Exception report



| KPI  | Latest month | Measure | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|--|--------------|---------|--------|-----------|-----------|------|---------------------|---------------------|
| Puerperal Sepsis   | Sep 24       | 0       | -      |           |           | 6    | -2                  | 13                  |
| Puerperal Sepsis as a % of mothers birthed                     | Sep 24       | 0.0%    | 1.5%   |           |           | 0.9% | -0.2%               | 2.0%                |
| Stillbirths (24+0/40 onwards; excludes TOPs)                   | Sep 24       | 0       | -      |           |           | 2    | -2                  | 6                   |
| Stillbirths (24+0/40 onwards; excludes TOPs): as rate          | Sep 24       | 2       | 4      |           |           | 3    | #N/A                | #N/A                |
| Late fetal losses (delivered 22+0 to 23+6/40; excludes TOPs)   | Sep 24       | 0       | 1      |           |           | 0    | -1                  | 2                   |
| Neonatal Deaths (born in OUH, up to 28 days) All               | Sep 24       | 1       | -      |           |           | 2    | -2                  | 7                   |
| Neonatal Deaths (born in OUH, up to 28 days): Early (0-7 days) | Sep 24       | 1       | -      |           |           | 2    | -2                  | 6                   |
| Neonatal Deaths (born in OUH, up to 28 days): Late (8-28 days) | Sep 24       | 0       | -      |           |           | 1    | -2                  | 3                   |
| Neonatal Deaths (born in OUH, up to 28 days): as rate          | Sep 24       | 2       | 3      |           |           | 1    | -2                  | 5                   |
| HIE  | Sep 24       | 0       | 0      |           |           | 0    | 0                   | 1                   |

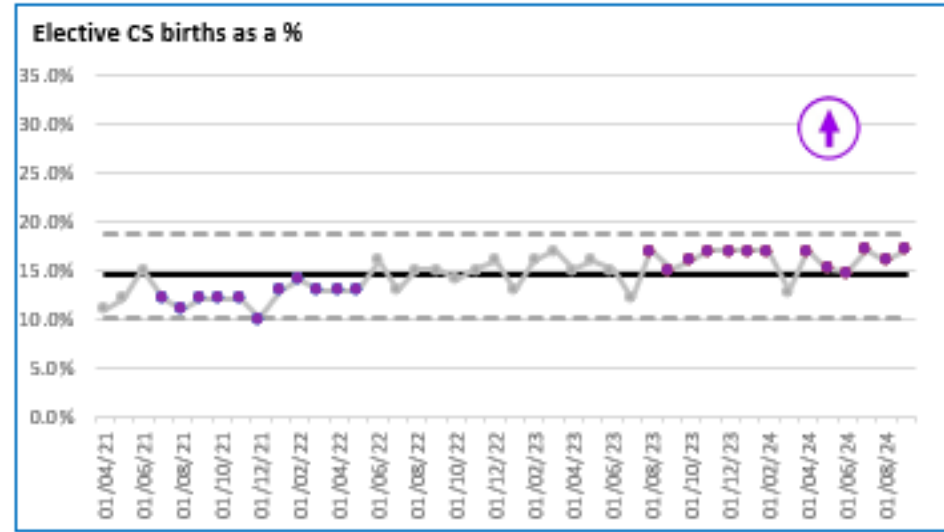
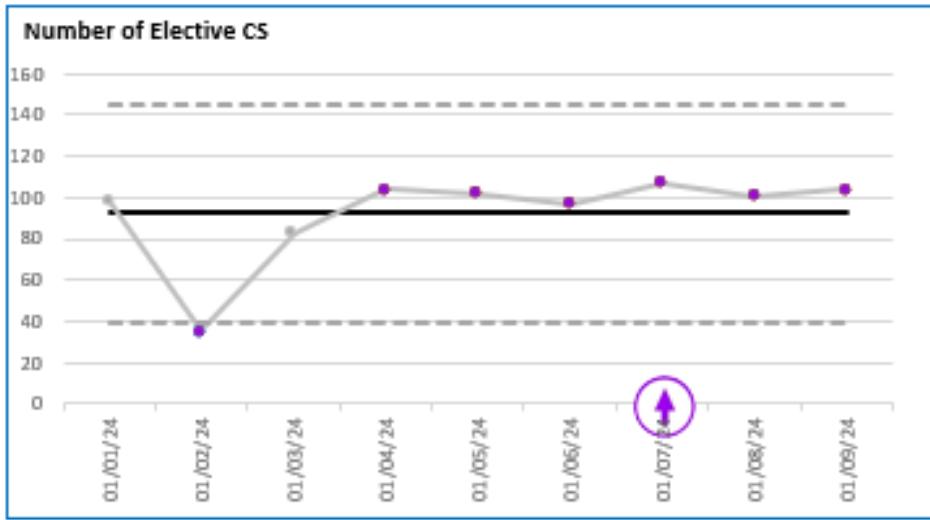
| KPI   | Latest month | Measure | Target | Variation | Assurance | Mean | Lower process limit | Upper process limit |
|---|--------------|---------|--------|-----------|-----------|------|---------------------|---------------------|
| Shoulder Dystocia   | Sep 24       | 8       | -      |           |           | 8    | 0                   | 17                  |
| Shoulder Dystocia as a % of babies born                   | Sep 24       | 1.3%    | 1.5%   |           |           | 1.3% | 0.1%                | 2.6%                |
| Unexpected NNU admissions                                 | Sep 24       | 20      | -      |           |           | 25   | 7                   | 43                  |
| Unexpected NNU admissions as a % of babies born           | Sep 24       | 3.3%    | 4.0%   |           |           | 3.9% | 1.2%                | 6.6%                |
| Hospital Associated Thromboses                            | Sep 24       | 0       | 0      |           |           | 0    | -1                  | 1                   |
| Returns to Theatre  | Sep 24       | 0       | 0      |           |           | 1    | -2                  | 4                   |
| Returns to Theatre as a % of caesarean section deliveries | Sep 24       | 0.0%    | 0.0%   |           |           | 0.7% | -0.8%               | 2.1%                |
| Number of PSII  | Sep 24       | 2       | 0      |           |           | 1    | -2                  | 4                   |
| Number of Complaints                                      | Sep 24       | 7       | -      |           |           | 8    | -3                  | 19                  |
| Born before arrival of midwife (BBA)                      | Sep 24       | 9       | -      |           |           | 6    | -2                  | 15                  |

| KPI  | Latest month | Measure | Target | Variation | Assurance | Mean  | Lower process limit | Upper process limit |
|--|--------------|---------|--------|-----------|-----------|-------|---------------------|---------------------|
| Test Result Endorsement                                    | Sep 24       | 90.0%   | 85.0%  |           |           | 74.8% | 62.4%               | 87.3%               |
| Number Of Women Booked This Month Who Current Smoking      | Sep 24       | 33      | -      |           |           | 46    | 22                  | 70                  |
| Percentage Of Women Booked This Month Who Current Smoking  | Sep 24       | 4.7%    | -      |           |           | 6.6%  | 3.2%                | 10.0%               |
| Number of Women Smoking at Delivery                        | Sep 24       | 35      | -      |           |           | 32    | 15                  | 49                  |
| Percentage of Women Smoking at Delivery                    | Sep 24       | 5.8%    | 8.0%   |           |           | 5.1%  | 2.2%                | 8.0%                |
| Number of women with a live birth                          | Sep 24       | 603     | -      |           |           | 610   | 519                 | 701                 |
| Number of Woman with a live birth Initiating Breastfeeding | Sep 24       | 542     | -      |           |           | 506   | 303                 | 708                 |
| Percentage of Women Initiating Breastfeeding               | Sep 24       | 90%     | 80%    |           |           | 80%   | 71%                 | 90%                 |
| Number of women booked by 10+0/40                          | Sep 24       | 392     | -      |           |           | 383   | 228                 | 538                 |
| Percentage of women booked by 10+0/40                      | Sep 24       | 56%     | -      |           |           | 67%   | 58%                 | 76%                 |

# Maternity Exception Report (2)

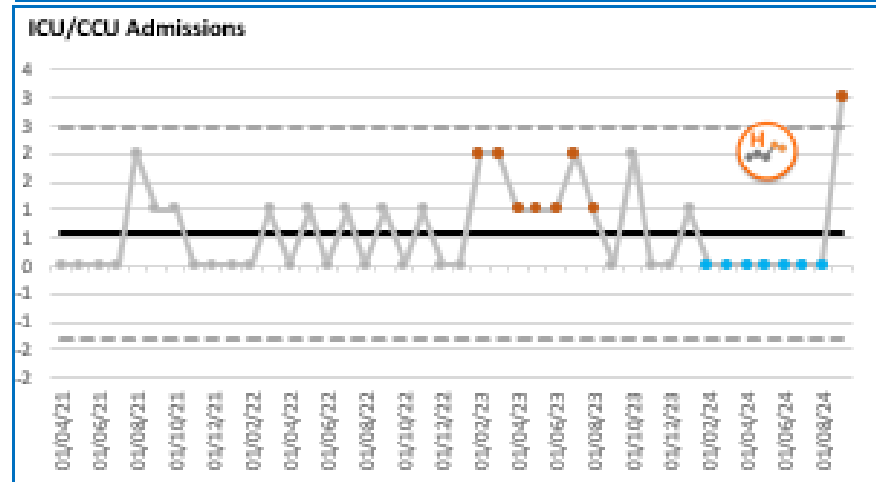
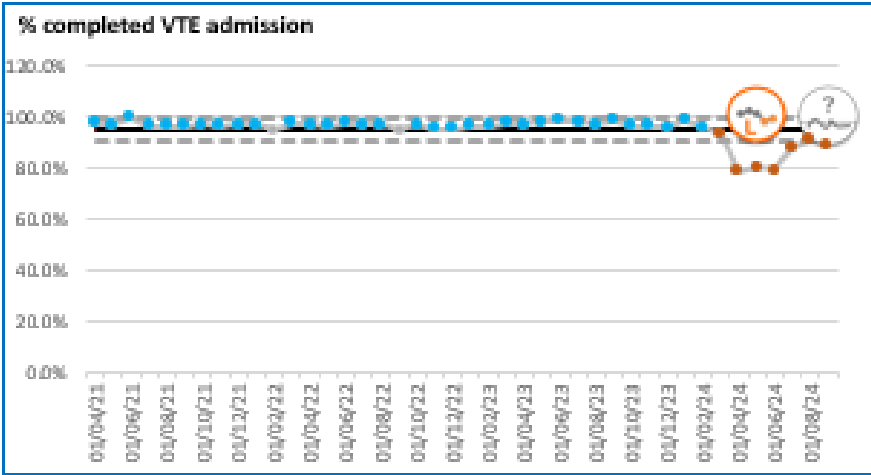
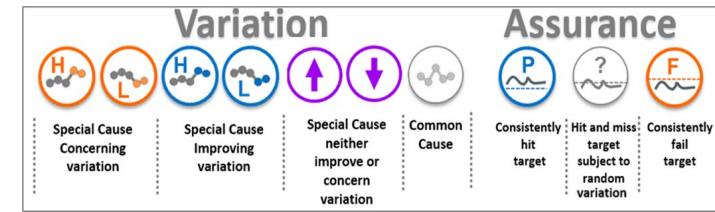
**Variation**

**Assurance**



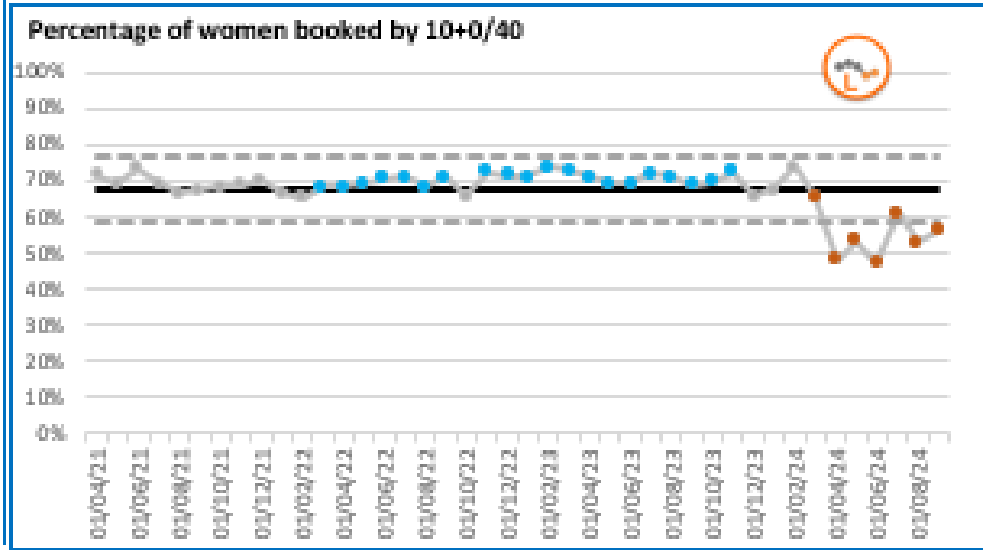
| Summary of challenges and risks   | Actions to address risks, issues and emerging concerns relating to performance and forecast   | Timescales to address performance issue(s) and identification of any gaps in assurance  | Risk Register score | Data quality rating |
|---|---|---|---------------------|---------------------|
| <p>Number of Elective CS shows special cause neither improve or concern variation</p> <p>Elective CS births as a % shows special cause neither improve or concern variation</p> | <p>The number of elective CS does not have a target however this has been highlighted as an exception as the rise in CS rates nationally is reflected within the trust.</p> <p>The total number of caesarean sections performed in the trust increased from 1,949 (27% of all births) in 2020-21 to 2,599 (35% of all births) in 2023-24. This represents a 33.4% increase in births by caesarean section. Capacity for this increase represents a risk with 2 additional weekend lists a month being added to address this. Alongside this the challenges regarding theatre staffing adds to the complexity of any solution. Mitigation across division is underway to avoid cancellation.</p> | <p>Immediate escalation to expansion of elective lists and additional capacity via emergency pathway at weekends.</p> <p>Elective list will be reviewed on a daily basis while Trust works through pay solution with Theatre staff.</p> <p>Continue to monitor performance via monthly MCGC</p> | 15                  |                     |

# Maternity Exception Report (4)



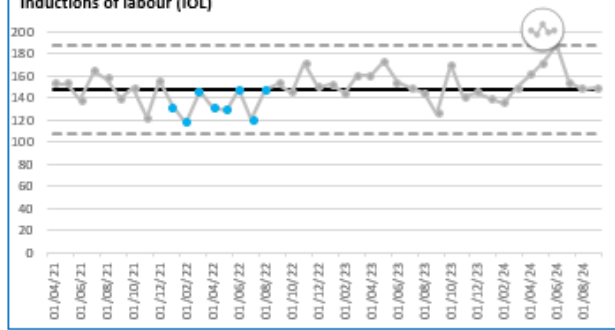
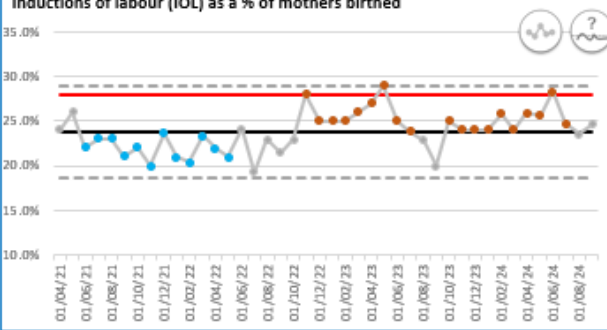
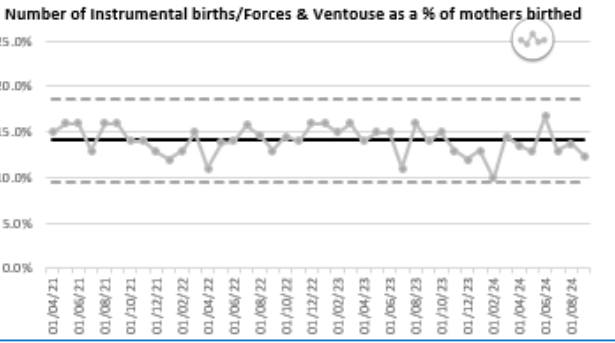
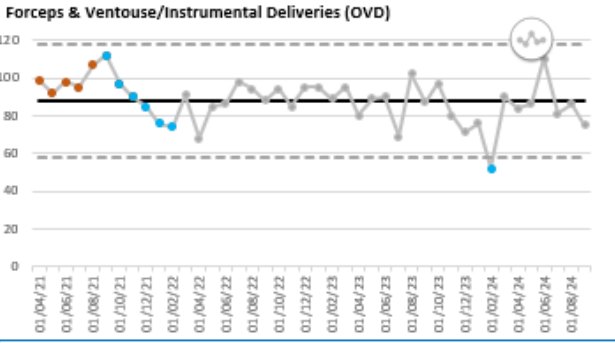
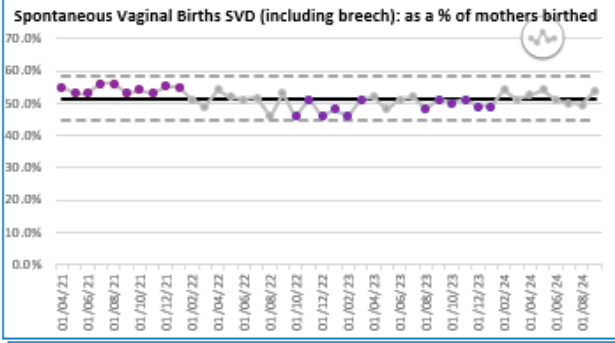
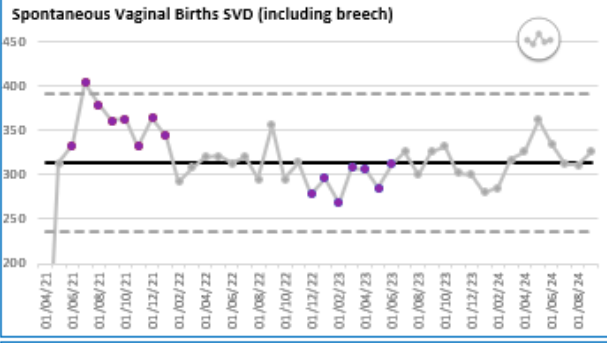
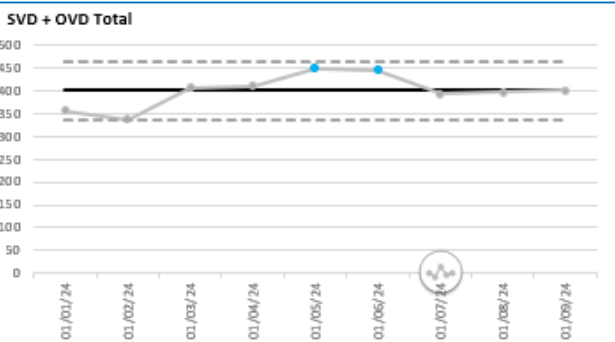
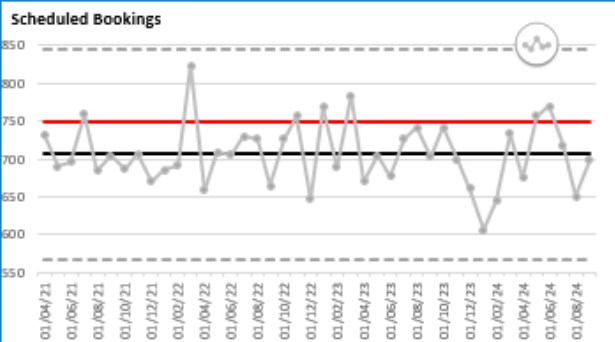
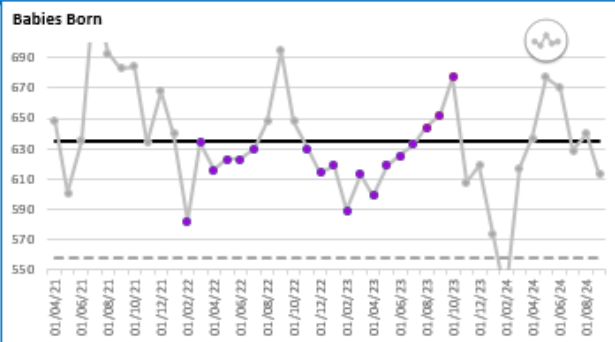
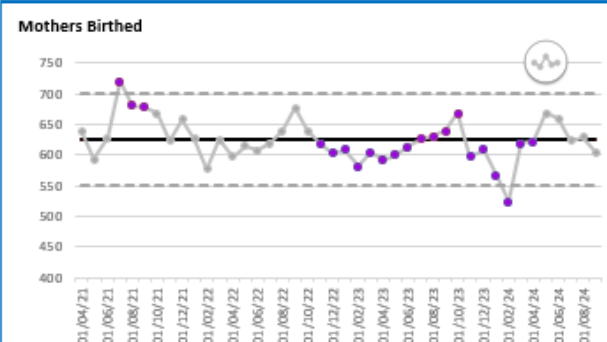
| Summary of challenges and risks                                    | Actions to address risks, issues and emerging concerns relating to performance and forecast  | Timescales to address performance issue(s) and identification of any gaps in assurance | Risk Register score | Data quality rating |
|--|--|--|---------------------|---------------------|
| % completed VTE admission shows Special Cause Concerning Variation | Work continues to address the VTE on admission target, this month saw a decline in the improvement trajectory by 1.9%. The community areas were 100% compliant with VTE scores with JR at 89%. Targeted feedback continues to areas with poorer compliance and consistent messaging is being sent out regarding the use of CERNER.   | November MCGC 2024   | N/A                 | N/A                 |
| ICU/CCU Admissions shows Special Cause Concerning Variation        | There were three cases where women were admitted to ITU. All cases have been subject to rapid review, in two cases no care concerns were identified; however, one case has been declared a PSII due to a potential delay in the recognition of a deteriorating patient with signs of sepsis and subsequent treatment delay. Initial actions taken include sepsis identification in the triaging process, and a sepsis Learning of the Week will be disseminated service wide. Further learning will be identified following PSII review. | PSII 2425-016 – Report due to PST 27/12/2024   |                     |                     |

# Maternity Exception Report (7)

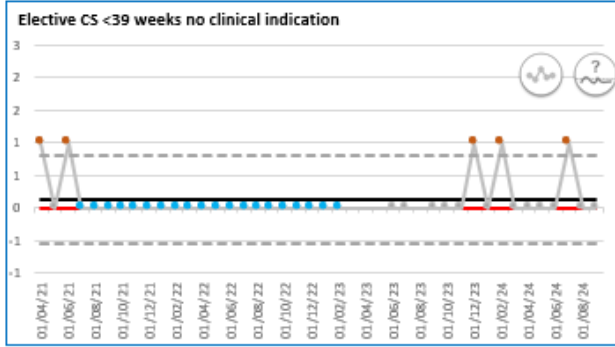
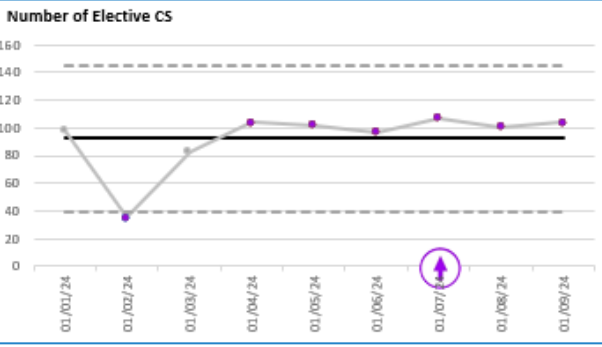
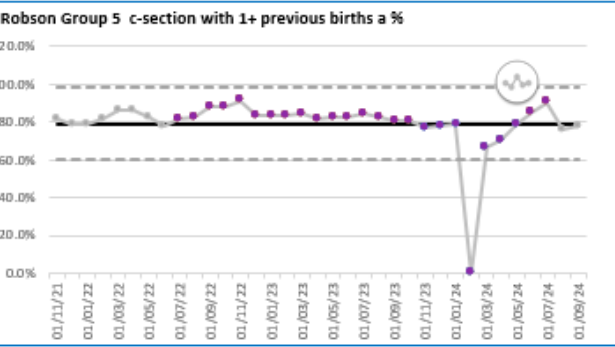
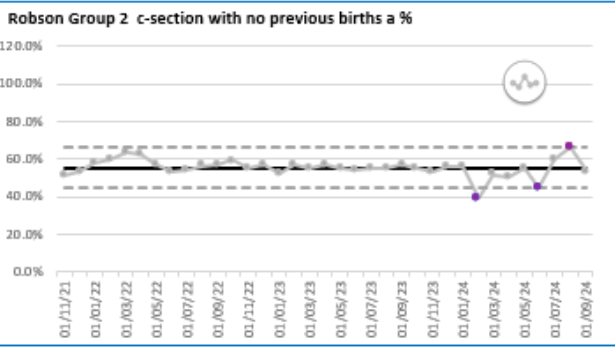
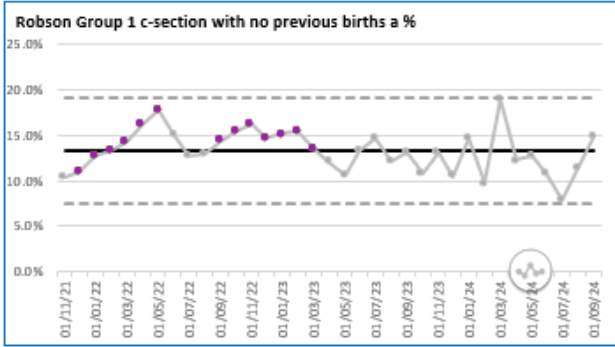
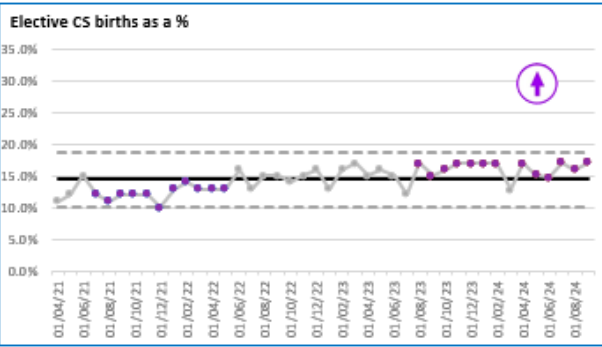
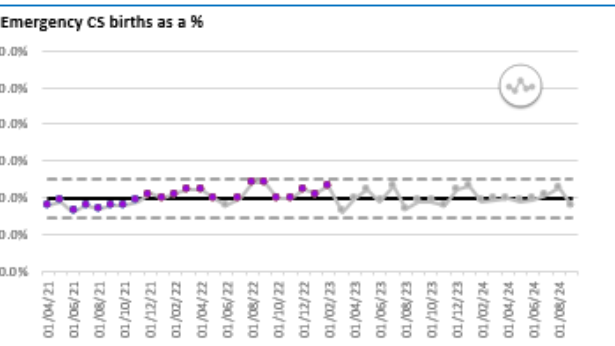
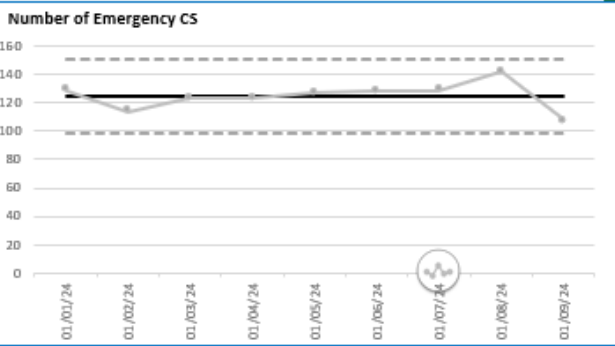
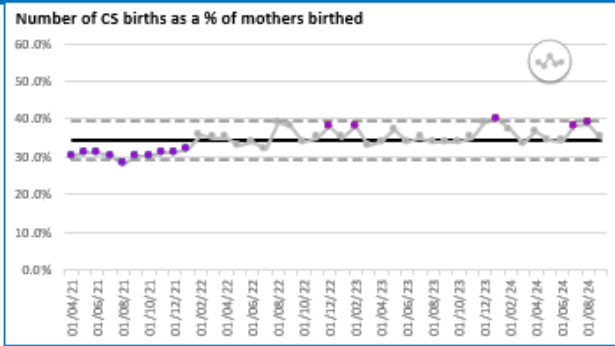
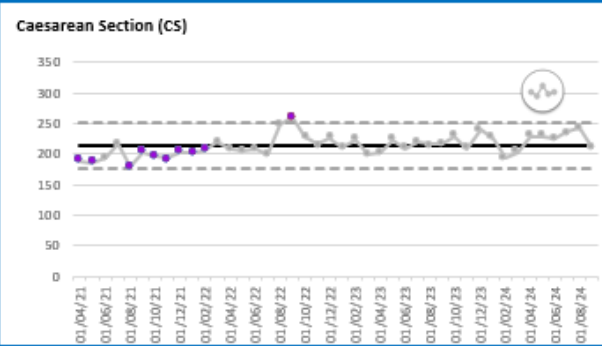


| Summary of challenges and risks   | Actions to address risks, issues and emerging concerns relating to performance and forecast   | Timescales to address performance issue(s) and identification of any gaps in assurance   | Risk Register score | Data quality rating |
|---|---|--|---------------------|---------------------|
| <p>Percentage of women booked by 10+0/40 shows Special Cause Concerning Variation</p> | <p>Several multifaceted issues continue to affect the efficacy of the booking process. Sickness among both midwifery and administrative staff can significantly disrupt the workflow, as the process is heavily reliant on administrative efficiency. Additionally, there is a lack of clarity on the digital pathway for service users which can result in delays in the receipt of single point of access referral forms, which hampers the timely scheduling of appointments. There is also a notable lack of clarity surrounding the booking process itself, further compounded by the limited availability of booking slots. Restricted space and capacity within booking clinics, due to estate constraints, exacerbate this issue. With a projected increase in bookings over Q4 from between 35 and 75 per month, mitigations include the following:</p> <ul style="list-style-type: none"> <li>• Implement a backup system to cover for sickness among midwifery and administrative staff to ensure continuity of the booking process.</li> <li>• Develop clear communications for both services users (via OMNVP and instagram/social media) and staff (via newsletters; safety huddles; team meetings) to clarify each step of the booking process, reducing ambiguity.</li> <li>• Explore options to expand booking clinic space and capacity, potentially through tactical booking clinics and/or out of hours.</li> </ul> | <p>Continue to monitor performance via monthly MCGC</p> <p>Immediate release of communications to service users and staff.</p> |                     |                     |

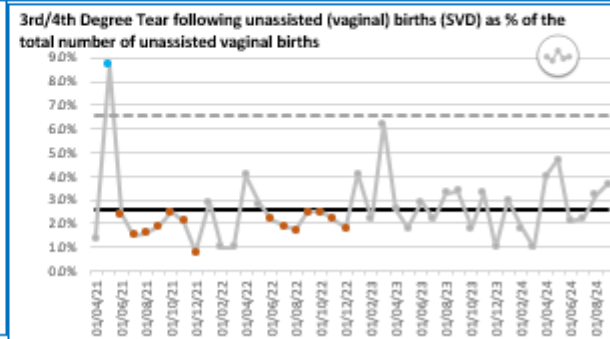
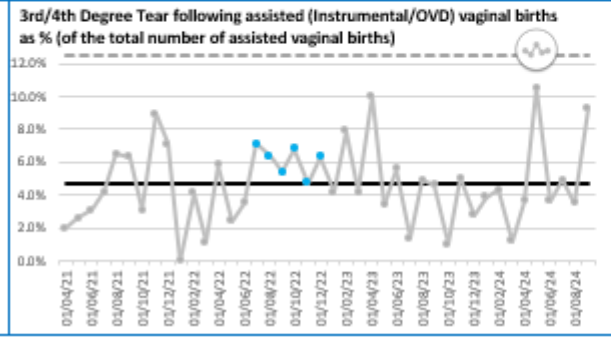
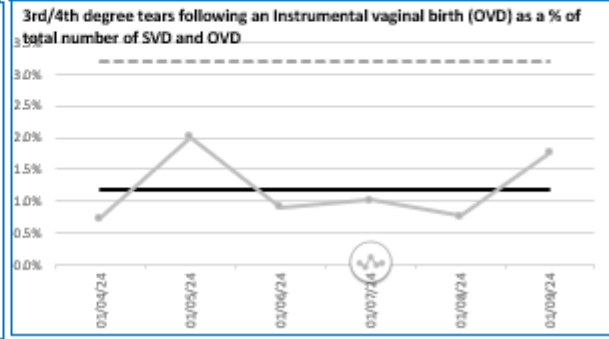
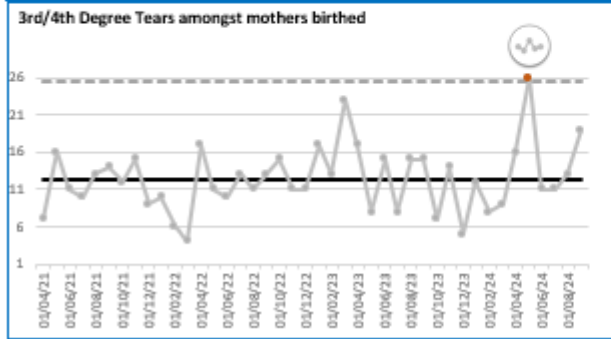
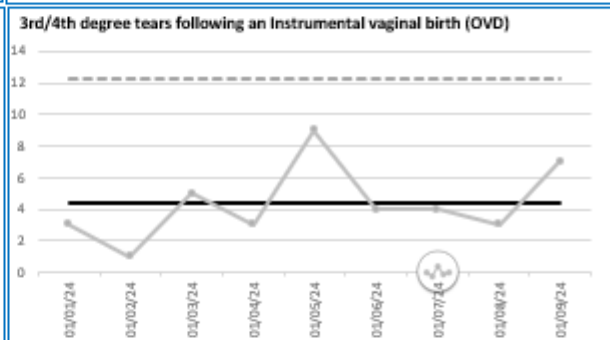
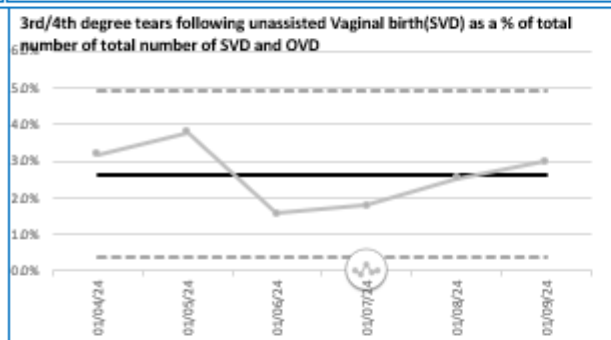
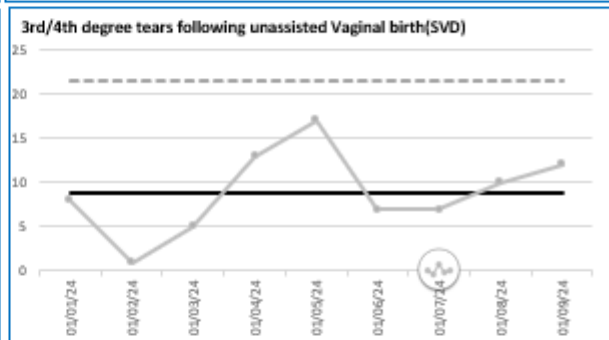
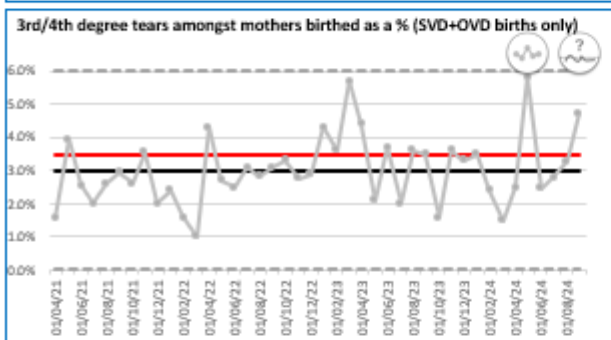
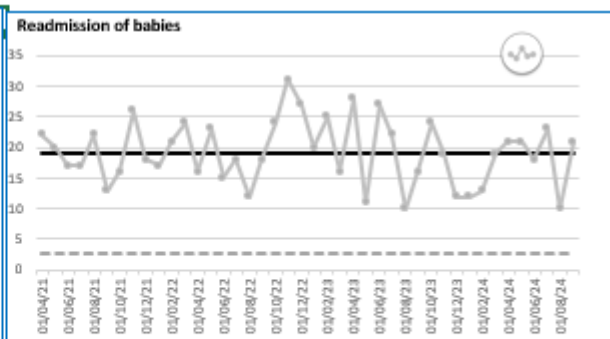
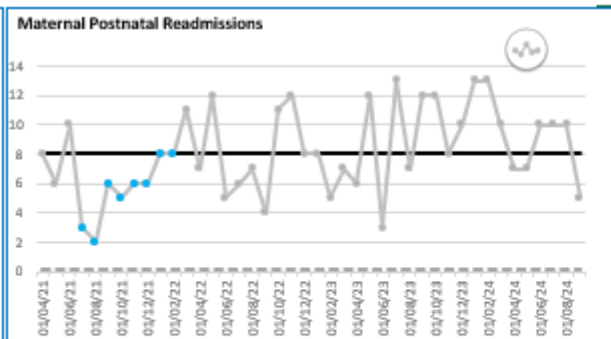
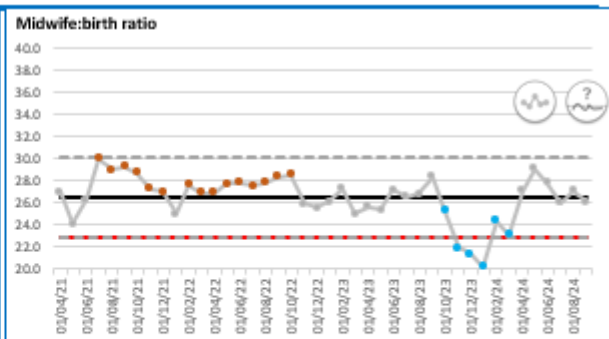
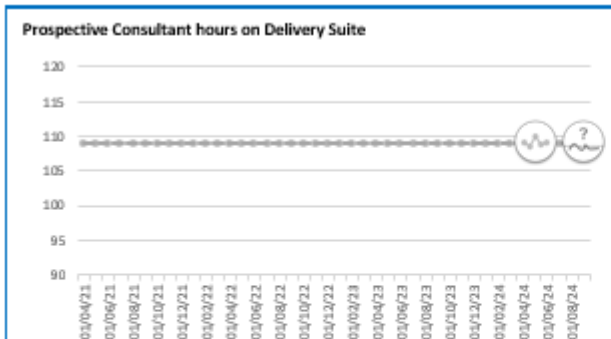
# Appendix 1. SPC charts (1)



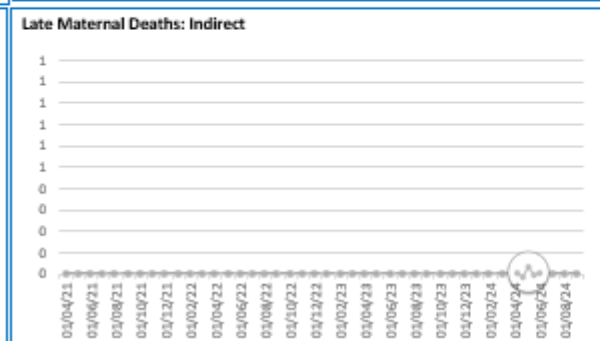
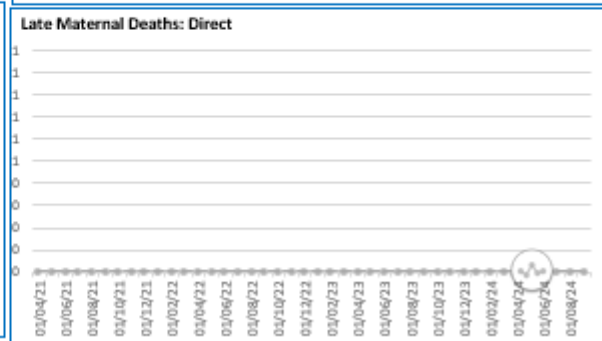
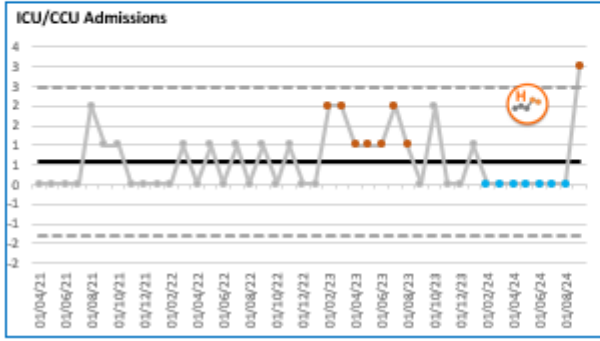
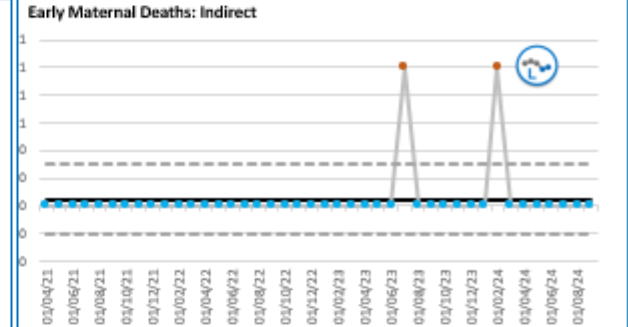
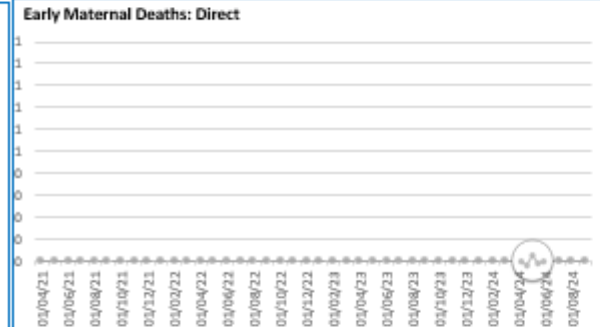
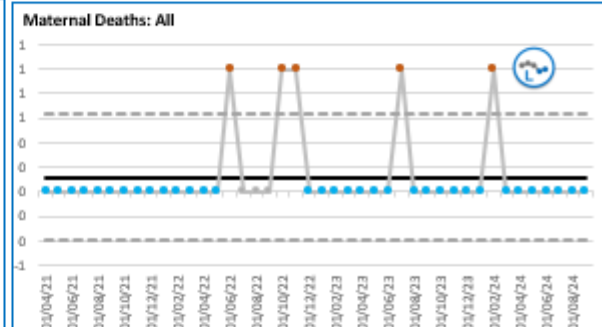
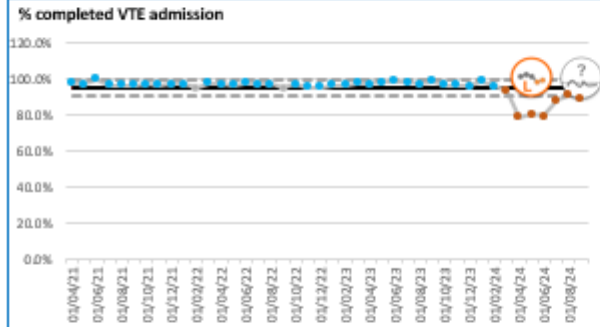
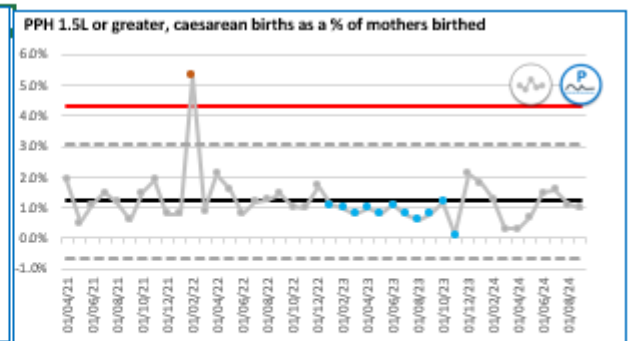
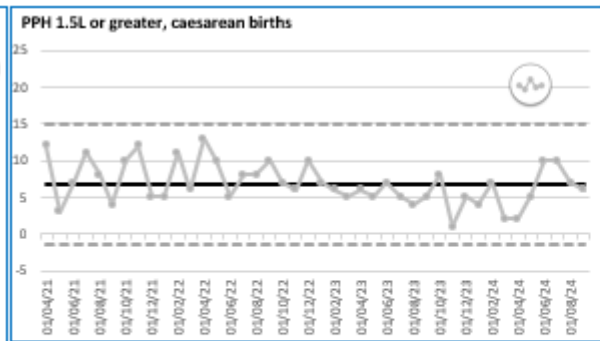
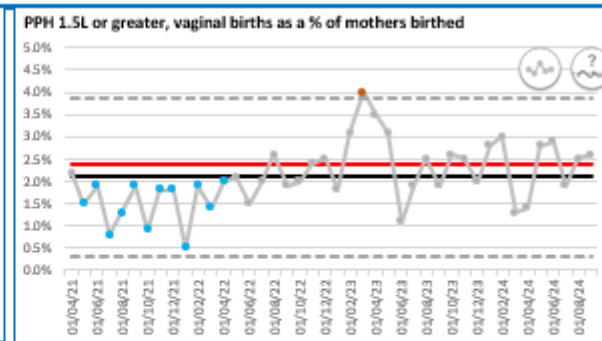
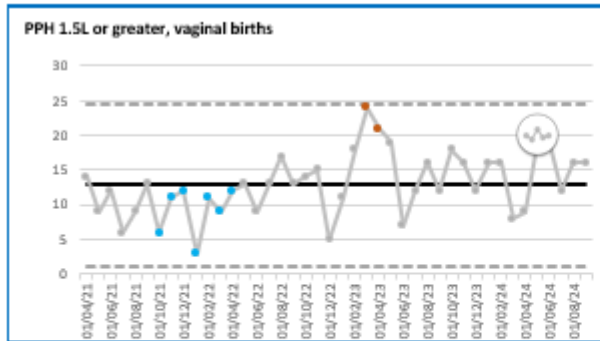
# Appendix 1. SPC charts (2)



# Appendix 1. SPC charts (3)

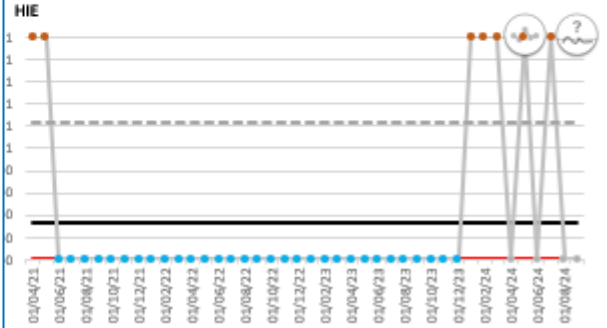
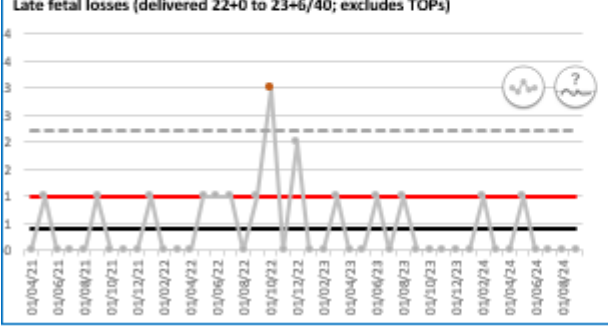
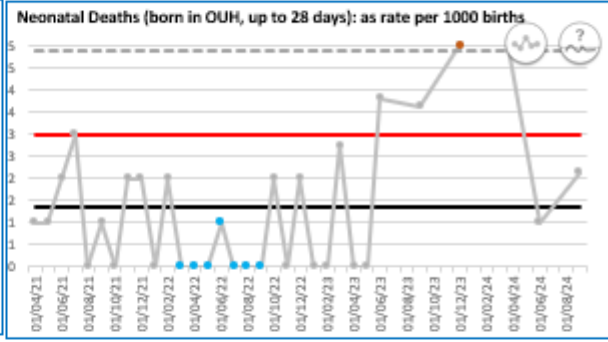
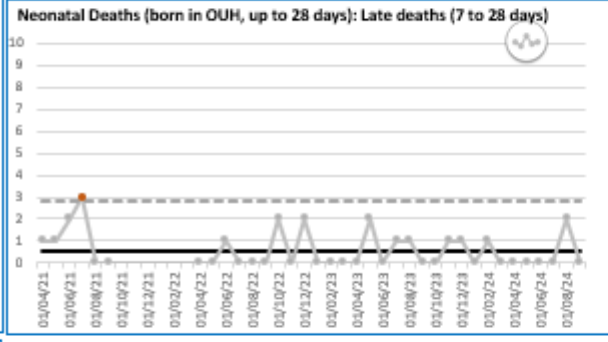
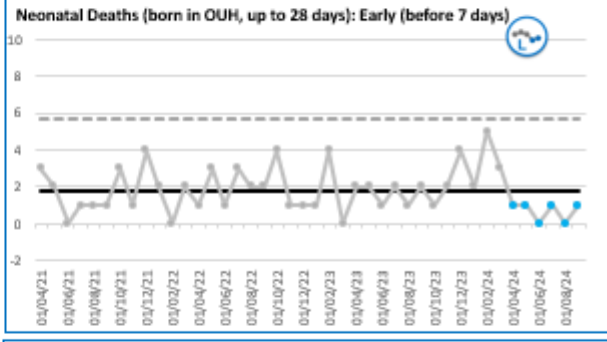
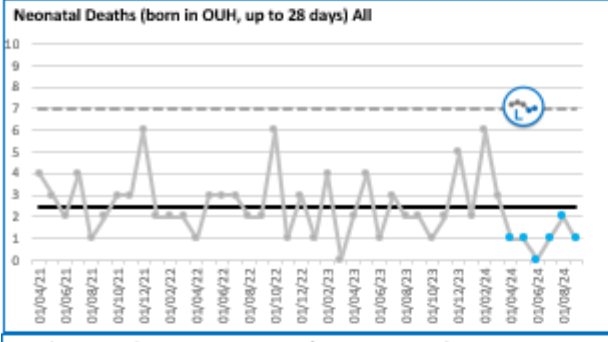
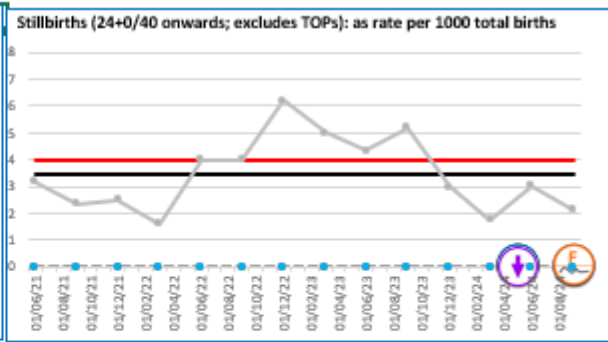
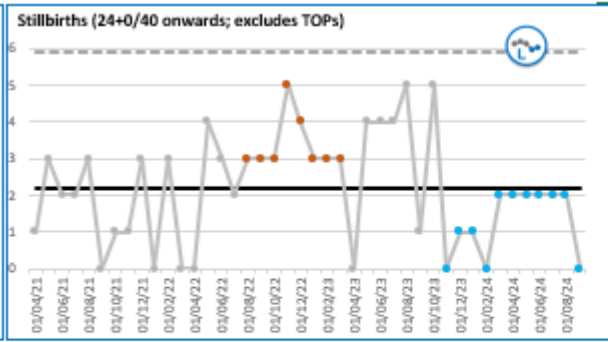
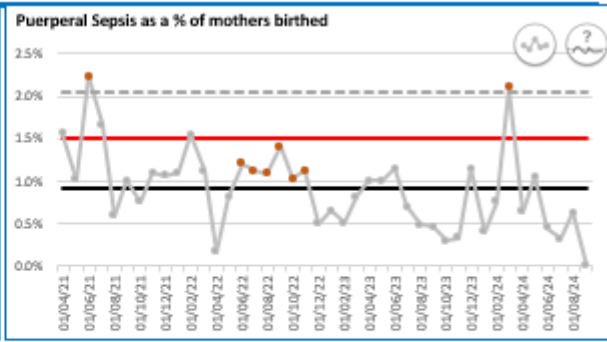
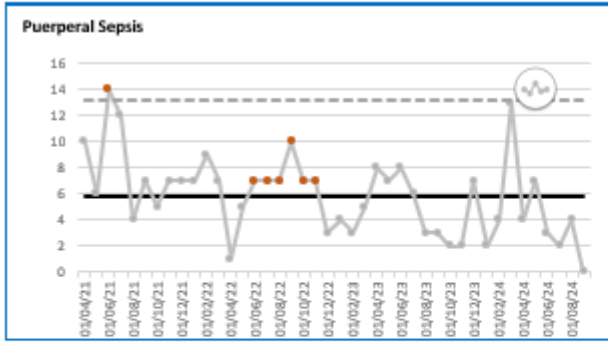


# Appendix 1. SPC charts (4)

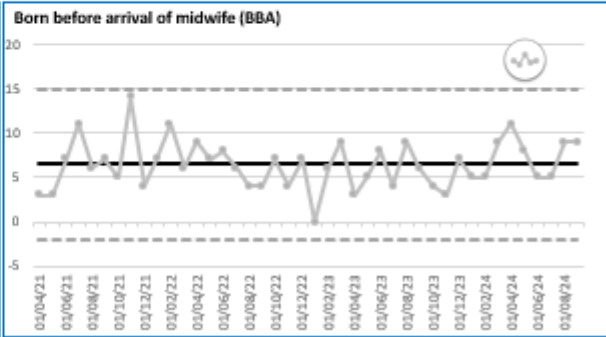
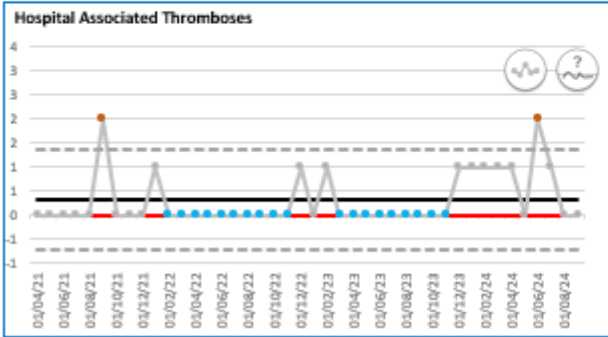
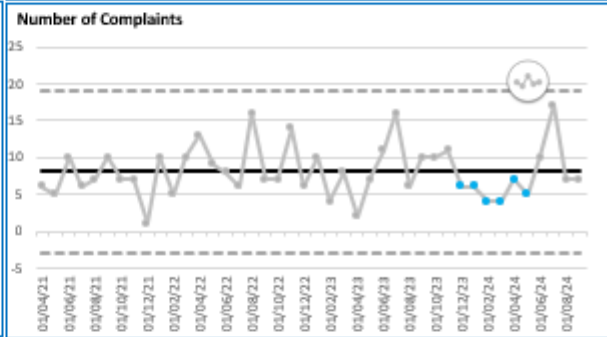
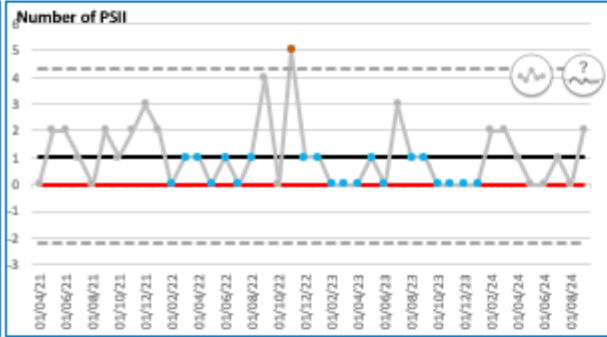
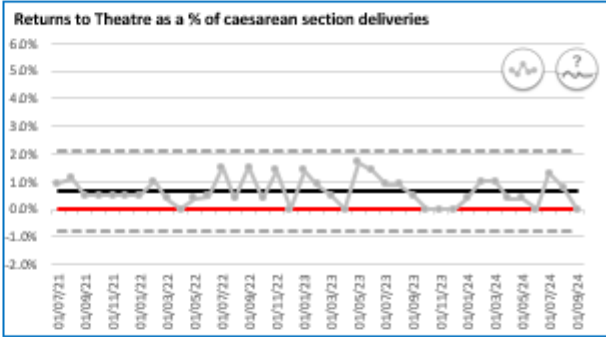
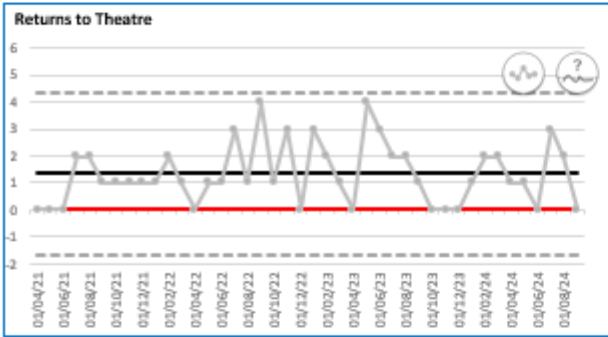
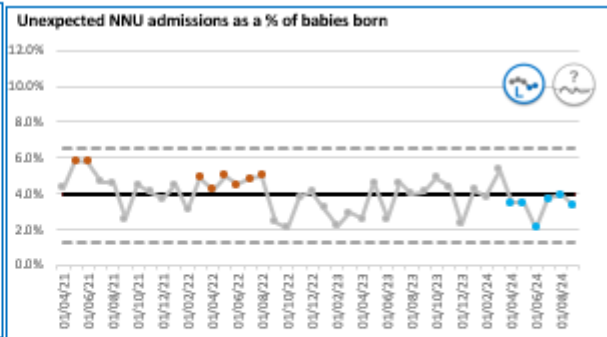
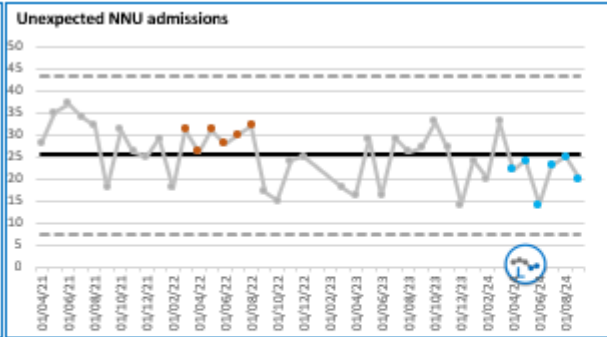
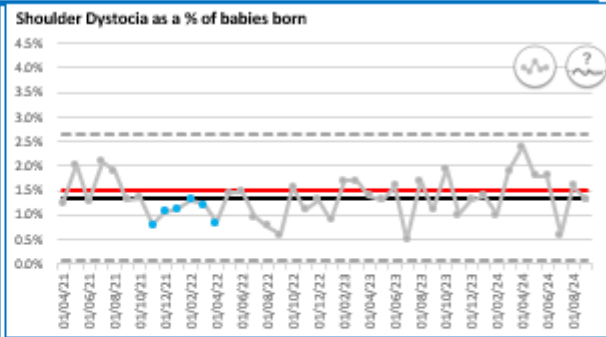
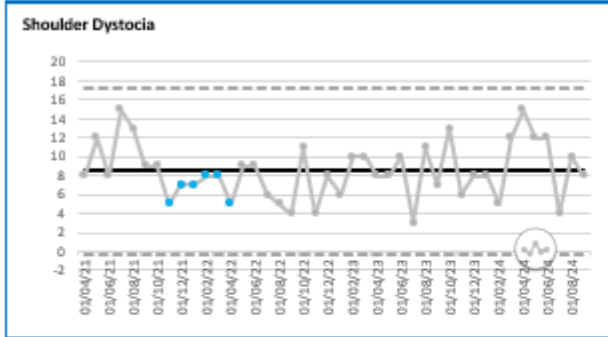




# Appendix 1. SPC charts (5)



# Appendix 1. SPC charts (6)



# Appendix 1. SPC charts (7)

