

## Cover Sheet

Trust Board Meeting in Public: Wednesday 15 January 2025

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**Title:** Maternity Services Update Report

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**Status:** For Discussion

**History:** Regular Reporting

Maternity Clinical Governance Committee (MCGC)

Previous paper presented to Trust Board 13/11/2024

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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 for Maternity and Neonatal Services: The report outlines progress on the three-year delivery plan and provides an update on progress related to listening to women, workforce, culture and leadership, and standards.
3. Maternity Safety Support Programme: Significant progress has been made on the Maternity Safety Support Programme, including the establishment of a senior midwifery leadership team and the ongoing refurbishment of an intrapartum bereavement room.
4. The report outlines an overview of compliance with regards to Maternity and Perinatal incentive scheme (MPIS) Year 6 and the requirements of the Trust Board in declaring compliance with year 6 of the scheme.
5. Antenatal and Newborn (ANNB) Screening Assurance Visit: Progress made with the action plans following the visit.

## Recommendations

6. The Trust Board is asked to:
  - Receive and note the contents of the update report.
  - Consider how the Board may continue to support the Divisional Teams.
  - Receive and note associated papers in support of the Maternity Incentive Scheme Year 6 (Available in Reading Room).
  - Request Board approval for the CEO to sign the Board declaration form confirming that the Board is satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions meets the required safety standards as set out in the safety actions and technical guidance document.
  - The Board declaration form is to be submitted to NHS resolution via [nhsr.nis@nhs.net](mailto:nhsr.nis@nhs.net) by the deadline of **12 noon on 3 March 2025**.

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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:
  - 1.1.1. Three-year Single Delivery Plan for Maternity and Neonatal Services
  - 1.1.2. Year 6 Maternity (and Perinatal) Incentive Scheme (MPIS)
  - 1.1.3. Maternity Safety Support Programme (MSSP)
  - 1.1.4. Maternity Performance Dashboard
  - 1.1.5. CQC Action plan update
  - 1.1.6. Antenatal and Newborn (ANNB) Screening
  - 1.1.7. Midwifery Led Unit (MLU) status
  - 1.1.8. Perinatal Quality Surveillance Model Report
  - 1.1.9. Maternity Safeguarding

### 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 March 30, 2023. A summary of progress against each of the themes is summarised below:

#### Theme 1: Listening to Women

- 2.2. The Triangulation and Learning Committee (TALC), which consists of service users, complaints, PALS, safety, patient experience, legal, and operational colleagues, has continued to hold monthly meetings. During these meetings, three areas for improvement in postnatal care have been identified, and efforts are currently underway to address them:
  - 2.2.1. Facilitating 24-hour visiting for partners to keep families together.
  - 2.2.2. Optimising pain relief for postnatal women and birthing individuals.
  - 2.2.3. Enhancing kindness and compassion.
- 2.3. The service has received the results of the annual CQC Maternity Survey, which were published on November 28, 2024. The survey focused on individuals receiving maternity services in January and February 2024. A total of 273 responses were collected, resulting in a response rate of 50.4%.

- 2.4. Aligned with some of the themes identified in TALC above, the Trust ranks among the top five in the Southeast for 'Start of Care.' However, is in the bottom five for 'Triage and Assessment,' 'Labour and Birth,' and 'Staff Caring for You.'
- 2.5. The results of this survey, along with any actions developed to address them, will be managed and monitored through TALC. There is ongoing work programs in place aimed at improving patient experience, with actions being co-produced in collaboration with the OMNVP. These initiatives include 24-hour visiting hours and the recent addition of family bays in the postnatal ward. A detailed triage review is also scheduled for the new year. Exceptions reported by TALC are presented and monitored monthly at the Maternity Clinical Governance Committee (MCGC).
- 2.6. The OMNVP have undertaken 15 Step Walk Rounds in both the maternity inpatient area and the Neonatal unit during November 2024, both services are awaiting formal reports.

## **Theme 2: Workforce**

- 2.7. The current vacancy for Midwifery stands at 11.3 WTE (Whole Time Equivalent), with no vacancies in Nursing and 9.48 WTE vacancies for Maternity Support Workers (MSWs). Monthly recruitment efforts are ongoing, with additional midwifery and MSW interviews scheduled for November and December. The current trajectory indicates that the service is expected to be fully established by the end of January 2025.
- 2.8. The workforce task and finish group meet monthly. This includes the leadership team, recruitment and retention team, HR representatives and the legacy midwife. The group has recently reviewed the maternity support worker (MSW) establishments within all areas across acute and community and appropriate modifications have been made to increase both Nursery Nurse and MSW support in the postnatal ward. This will ensure that Transitional Care Unit (TCU) is appropriately staffed to deliver safe, specialist care on a cost neutral basis.
- 2.9. The Deputy Heads of Midwifery and Matrons are working with the Trust Corporate teams to enhance the efficiency and effectiveness of the rosters as part of the 'check and challenge' program. The service has received positive feedback for the improvements made so far and is achieving strong compliance with the key performance indicators for rosters.
- 2.10. The rosters are created based on the hours worked by substantive staff and align with the NHS Professionals (NHSP) savings improvement plan. Bank shifts are now added with minimal lead time to ensure safe staffing that matches patient acuity. The operational leadership team oversees the NHSP requirements and manages all shift requests.

- 2.11. The perinatal clinical governance manager has been appointed to the neonatal clinical governance team. The individual in this role will collaborate closely with the Senior Neonatal and Maternity team to lead the clinical governance agenda within the Children's Directorate. Their focus will be on facilitating effective and efficient governance processes across divisions, specifically in coordination with Maternity services.

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

- 2.12. Maternity and Neonatal Safety Champions continue their walk rounds, which are reported as part of the Maternity and Perinatal Incentive Scheme, safety action 9.
- 2.13. Weekly maternity leadership walk-arounds are ongoing and are aligned with the Care Assurance framework. These walk-arounds ensure a consistent leadership presence, which promotes open communication with staff and helps foster a culture of transparency and trust. During these visits, additional questions are posed to gather insights from both service users and staff.
- 2.14. The Maternity Leadership team, in collaboration with the Equality, Diversity, and Inclusion (EDI) group and the Professional Midwifery Advocates (PMAs), conducted a survey to gather anonymous feedback from staff regarding bias and discrimination in the Maternity department. The results were presented to the leadership team on December 9th, and an action plan has been developed to address the findings. This plan includes the need for all staff to refresh their understanding of the Maternity Behavioural Charter and to ensure that staff name badges feature phonetic spellings of names.

### **Theme 4: Standards**

- 2.15. 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. This is reported as part of the Perinatal Quality Surveillance model to the Confidential Trust Board.
- 2.16. Staff are now using digital notes (BadgerNet) in maternity, all women and birthing people have been solely on the digital system since October 2024.

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

- 3.1. The Trust is self-declaring compliance with NHS Resolution Year 6 MPIS, following meeting 10 out of the 10 Safety Actions.
- 3.2. The minimum requirements have been met for the purposes of the Maternity Incentive Scheme. The confidential trust board will receive

assurance with this within the Perinatal Quality Surveillance Model (PQSM) Report.

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

- 4.1. Intrapartum Bereavement Room on Delivery Suite: This work was completed, and the room opened on the 22 November 2024. The room has a calm and homely feel and has been soundproofed. This new room will hopefully provide the space families need while going through this difficult time whilst they are supported by the team.
- 4.2. An MSSP reset and review meeting was held on December 10, 2024, with the regional team. Follow-up correspondence from NHSE highlighted significant progress on the MSSP exit criteria. It was agreed that the service should move to the sustainability phase of the MSSP, with an exit meeting scheduled for April 2025, coinciding with a Regional Insight visit. This progress reflects the commitment and efforts of the Directorate, Divisional, and Executive teams at OUH.

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

- 5.1. There were four exceptions reported for the November data, see Appendix 1 for further detail, mitigations, and improvement actions. The dashboard includes data relating to the activity in the community.

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

- 6.1. One of the requirements from Ockenden actions and the Maternity (and Perinatal) Incentive Scheme is that the Board is informed of the Perinatal Quality Surveillance Model (PQSM) report.
- 6.2. The Perinatal Quality Surveillance Model (PQSM) report for October and November will be presented to the Confidential Trust Board meeting on 08 January 2025. Both months were reported through MCGC in November and December and are a regular agenda item at the monthly Maternity and Neonatal Safety Champions meetings.

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

- 7.1. The Maternity Services, in collaboration with the Trust Assurance Team and Corporate Nursing, have established an Evidence Group to continuously monitor and evaluate the progress and effectiveness of the CQC action plan. The group held a meeting on November 25, 2024.

- 7.2. The Evidence Group is working closely with the Maternity Service to ensure that the evidence collected is reliable and validated. A clear framework has been implemented for monitoring progress against the action plans, including specific protocols for timely escalation in cases where 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 outlined. There are no overdue 'Must Do' actions from the Horton Midwifery Led Unit inspection. The Evidence Review Group has reviewed the consistency of action embeddedness, with work in place to increase levels of assurance.
- 7.4. Six 'Should Do' actions have been identified as having been completed. The remaining action is to undertake a ligature risk assessment. The Trust Ligature Risk Assessment SOP was approved in November 2024 and as a result the previous ligature risk assessment for the Horton (MLU) is being refreshed. This will be reviewed at the next Evidence Group meeting.
- 7.5. Work was undertaken in November to install the new birthing pool at the Horton Midwifery Led Unit. The pool has been installed and is awaiting final checks prior to usage.
- 7.6. There are two 'Should Do' actions related to estates from the 2021 CQC inspection of the Maternity at the JRH. The first action (action 11) states that "The service should consider the environment to ensure women, and their families are always treated with respect and dignity". As previously reported this links to the long-term major capital investment estates planning. Actions taken to date include room occupancy signage on all doors and privacy curtains in all rooms where women receive care. The new pool room on delivery suite has been fully refurbished and includes new ensuite facilities.
- 7.7. The second 'Should Do' action (action 12) relates to the enhancement to the provision of a bereavement room on Delivery Suite. This work was completed, and the room opened on the 22 November 2024. The room is fully soundproofed and offers a private and tranquil space for families who have experienced loss to stay.
- 7.8. 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. Work continues on the Antenatal and Newborn Screening (ANNB) screening assurance action plan.
- 8.2. The Trust Assurance Team met with the Maternity team on the 25 November 2025 at the Evidence Group meeting to monitor and evaluate the progress of the effectiveness of the action plan.
- 8.3. Following the Evidence Group meeting, further evidence has been submitted and this has been shared with SQAS as requested and approved.
- 8.4. The action plan has been discussed at the Antenatal and Newborn Screening Board meeting that was attended by NHS England on the 05 December 2024.
- 8.5. Evidence has been received for the 5 urgent recommendations.
- 8.6. Evidence has been received for the 6 recommendations due by the 31 October 2024.
- 8.7. There are 10 recommendations due by the 31 January 2025 and 2 have been signed off by SQAS. There is a plan in place to address the remaining actions.
- 8.8. There are 15 recommendations due by the 31 July 2025 and 2 actions have been signed off by SQAS.
- 8.9. Progress against the ANNB 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. It is also discussed at the Antenatal and Newborn Quarterly Board meetings.
- 8.10. The screening service is meeting weekly to track the actions and will be presenting further evidence to NHS England dynamically as the evidence becomes available.

## **9. Maternity Safeguarding**

- 9.1. The service has completed the Pre-Birth Guidance as a collaborative multi-agency project with Children's Social Care, the Police, and Oxford Health. This guidance represents a significant step forward in ensuring robust support for vulnerable families during the perinatal period and can be located on the Oxfordshire Children Safeguarding Board (OSCB) website as well as on the safeguarding intranet page. As part of its implementation, drop-in training sessions for midwives will commence in

the New Year to ensure familiarity and effective application of the guidance in practice.

- 9.2. In December, the maternity safeguarding and mental health team will conduct a comprehensive deep dive into 40 cases involving socially complex factors. This review aims to evaluate compliance with the new guidance and pathways, identify best practices, and highlight areas where additional improvements or actions may be required. The findings will inform further refinement of our processes and support for families.
- 9.3. In December, the local addiction service supplied the safeguarding team with new substance screening tools, enabling the possibility of on-the-spot screening for concerning presentations or when required and consent obtained. The substance use midwife will update the guideline to include this service enhancement, ensuring seamless integration into our safeguarding processes.

## **10. Midwifery Led Unit (MLU) Status**

- 10.1. In October, there were 2 occasions reported where of Community Midwifery Services were closed. One related to the closure of the Horton Midwifery Led Unit (MLU) due to acuity and the community service being at capacity with ongoing births and were unable facilitate further activity. One woman was unable to have her chosen place of birth, she attended Spires Birth Centre at the John Radcliffe (JR) site as an alternative.
- 10.2. There were two occasions in November where Community Midwifery Services were closed. One related to the closure of the Horton only and was due to staff sickness during the shift. The phone calls were diverted to the JR triage line. The ambulance remained on site as escalation to prevent the building being left vacant. No service users were affected. The second closure was linked to no community midwives being available to open the Wantage birth centre as all on-call midwives had been called into the JR delivery suite due to acuity. The escalation was appropriate, and risk assessed to provide adequate safety to both service users and the workforce.

## **11. Conclusion**

- 11.1. This report provides an update on essential maternity activity which includes the CQC action plan update, Maternity and Perinatal Incentive Scheme (MPIS), and Antenatal and Newborn Screening Services. It summarises the findings and recommendations as well as the actions taken by the service to address them.

11.2. The report aims to assure the Trust Board of the Maternity service delivery and performance.

## 12. Recommendations

12.1. The Trust Board is asked to:

- Receive and note the contents of the update report.
- Consider how the Board may continue to support the Divisional Teams.
- Receive and note associated papers in support of the Maternity Incentive Scheme Year 6 (Available in Reading Room).
- Request Board approval for the CEO to sign the Board declaration form confirming that the Board is satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions meets the required safety standards as set out in the safety actions and technical guidance document.
- The Board declaration form is to be submitted to NHS resolution via [nhsr.nis@nhs.net](mailto:nhsr.nis@nhs.net) by the deadline of **12 noon on 3 March 2025**.



**Oxford University Hospitals**  
NHS Foundation Trust

# Maternity Performance Dashboard

**Date: December 2024**

***Data period: November 2024***

**Presented at: Maternity Clinical Governance Committee**

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# Executive Summary

## Key Updates

- There was a reduction in activity compared with October 2024, with 86 fewer births and 117 fewer bookings undertaken.
- The community information presented is from October due to the current need for manual validation to ensure data quality. The digital team is currently enhancing data entry processes to provide real-time data alongside other unit activities. Outcomes for community activities (such as PPH, OASI, etc.) are included in the overall November figures.

## Notable Successes

- **Maternity Support Worker Long Service Awards:** 38 awards were given to our wonderful maternity support workers in recognition of their long service and commitment.
- **Dedicated Bereavement suite:** The delivery suite team is pleased to announce the opening of a new soundproof bereavement suite for families affected by pregnancy loss. This room will provide families with a peaceful space to stay together during a difficult time.
- **Refurbishment of birthing pool at the Horton:** The Horton midwifery led unit has had a new birthing pool installed for women and birthing people to use.
- **Ethics Roundtable Choice and Autonomy in Obstetrics:** Members of the Maternity and Neonatal Multi-Disciplinary Team (MDT), including Lawrence Impey, Brenda Kelly, Claire Litchfield, and Dominic Wilkinson, along with our OMVP colleague Safoora Teli, have published a paper in the BMJ Journal of Medical Ethics. The paper explores the ethics of non-normative birth choices and was developed in collaboration with colleagues from the fields of philosophy and clinical ethics. [Ethics round table: choice and autonomy in obstetrics | Journal of Medical Ethics](#)

Domain	Performance challenges, risks and interventions
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**Activity** In November 2024, 579 mothers gave birth, which is 86 fewer than in the previous month. There were 678 planned bookings completed, representing a decrease of 117 from October. Of the births in November, 203 were caesarean sections, making up 35.1% of all births for the month. This reflects a 1% decrease compared to October 2024. In October 2024, a total of 76 women (11.42%) gave birth in community settings. Among these, 41 women (6.2%) delivered at the Spires alongside midwifery unit, 17 women (2.6%) birthed at home, 9 women (1.4%) utilised freestanding midwifery units in Wantage, Wallingford, and Chipping Norton, and another 9 women (1.4%) gave birth at the Horton freestanding midwifery unit.

**Workforce** The birth to midwife ratio was 1:21.1. The service continues to implement a robust recruitment and retention plan to align with the recommended Birthrate Plus uplift. Daily staffing meetings are held to ensure safe staffing levels across the service, allowing for timely mitigations and escalations as needed.

There were no instances when 1:1 care was unavailable for women in established labour. However, on two occasions during a shift, the delivery suite coordinator was not working in a supernumerary capacity. These instances were brief and occurred while waiting for on-call staff to arrive at the unit. Additionally, the number of hours provided by on-call staff decreased from 399 in October to 261.3. Conversely, the number of hours worked by staff reassigned from their planned roles to support clinical areas increased by 17 hours, totalling 217 hours. There were 41 recorded red flags related to delays in the induction of labour process that exceeded 24 hours. This is a decrease of 12 compared to the previous month. Additionally, 19 Ulysses reports were submitted concerning staffing issues related to daily staff movements required to address acuity, which is an increase of 6 from the previous month.

**Maternal Morbidity** The overall rate of PPH  $\geq$  1500mls following vaginal birth was 1.7% (n=10) which shows a 1.2% decrease from October 2024 and is below the NMPA national mean of 2.80%. The women's ethnic categories were: White British (n=3), Chinese (n=2), Any Other ethnic group (n=1), Not Known (n=3) and Not stated (n=1).

The rate of PPH of  $\geq$  1.5 litres following caesarean section amongst mothers birthed in November 2024 was 1.2% (n=7). This is a 0.5% decrease from October 2024 and is below the NMPA national mean of 4.75%. The women's ethnic backgrounds were: British (n=3), Black African (n=1) and Not stated (n=3).

In October 2024 in the community settings there was 1 (3.2%) third degree tear at the Wallingford birth centre, the woman was transferred to delivery suite for appropriate follow up care. In October, there were 2 (2.4%) post-partum haemorrhages requiring transfer to obstetric care, 1 from Spires and 1 from a home birth. There were no admissions to SCBU following community births.

**Perinatal Morbidity and Mortality** In November 3 cases were reviewed using the Perinatal Mortality Review process. The care is graded by the following four categories during the review process, two grades are given one for care up to the point of diagnosis of death, and one for care following the diagnosis of death. Cases are graded as below: All cases were graded A or B and related to, a neonatal death following birth at 23+4/40, an intrauterine death at 24+1 of a baby with known abnormalities and a 32/40 intrauterine death with no identified risk factors who attended MAU with reduced foetal movements.

25 term babies were unexpectedly admitted to special care following birth in November 2024.

**Maternity safety** In November 2024, no cases met criteria for referral to Maternity Newborn Safety Investigations branch. 240 patient safety incidents were reported via Ulysses, including 65 moderate harm cases such as PPH  $>$ 1.5 litres, OASI, and unexpected admissions to SCBU. Of the moderate harm incidents reviewed (n=25) over the month three cases had care concerns, 2 cases were graded C, 2 post-partum haemorrhages relating to prompt escalation, 1 case was graded D relating to an admission to SCBU, where individual learning and support was identified. The baby did not have a repeat jaundice level checked within a certain timeframe as guideline in day 3 postnatal visit. On day 5 the jaundice level was close to the exchange transfusion line and the baby was admitted to the neonatal unit. The baby received phototherapy and discharged home well.

# Executive summary (continued)



Domain	Performance challenges, risks and interventions
<b>Test Endorsement</b>	<p>This test result endorsement figure is reported one monthly retrospectively as the ORBIT system does not update with the final endorsement compliance rate until the 8<sup>th</sup> of each month. The result endorsement for October 2024 was 89.08%. This reflects a decrease of 0.89%.</p>
<b>Patient Experience</b>	<p>In November 2024, 5 complaints were received, which is a decrease on the previous month (n=19). The service is now able to collect FFT electronic data from BadgerNet from the 36-week timeline release . This appears weekly until the baby has been born. A further timeline FFT is released at birth and a third FFT is released for community feedback upon their discharge from the community midwives. 24-hour visitors has commenced from 2 December with a soft launch while the changes are embedded within the workforce and learning opportunities are taken. All service users are offered this facility while on labour ward triggering an appropriate bay being allocated (family or none family bay). They have been provided with a dedicated visitor kitchen and bathroom with shower. We have received extremely positive verbal feedback. A further paper FFT has now made to capture this feedback.</p> <p>The Triangulation and Learning Committee (TALC) has met with the maternity voices to receive the quarterly survey feedback and can confirm:</p> <ul style="list-style-type: none"><li>• Overall feedback percentage score for the maternity service has increased slightly this Quarter with a mean average of 7.1 , 48% of our feedback scored 8 or more out of 10. This is significant improvement from a low level in Q3 of 6.7 /10 and 42% scored 8 or more out of 10.</li></ul> <p>The TALC has generated three themes from our feedback</p> <ol style="list-style-type: none"><li>1) Requirement for 24-hour visitors -This has gone live on 2/12/24 with dedicated visitor kitchen, toilet and shower room</li><li>2) Improvement and access to TTOs / medications on postnatal ward – Postnatal task and finish group have been working with pharmacy to improve this feedback</li><li>3) Shared decision making and improving base to basics with introductions – Yellow badges have been ordered. Care assurance audit confirmed 100% introductions from staff to service users during the feedback session.</li></ol>
<b>Staff Experience (Cultural Improvement work)</b>	<p>The Maternity Leadership team in collaboration with the Equality, Diversity and Inclusion (EDI) and the Professional Midwifery Advocates (PMA's) undertook a survey to gather anonymous feedback from staff related to bias and discrimination in Maternity. This was presented to the leadership team on the 09 December and will be shared with the doctors prior to sharing with staff.</p>
<b>Public Health</b>	<p>Breastfeeding initiation at birth is 87.56% in November 2024. The vaccination hubs at the JR and Horton continue to offer RSV, Whooping cough, Flu and Covid vaccinations to all pregnant women attending for scan. The smoking cessation service received 43 referrals during November. We have received the 10/40 booking audit and completed a deep dive into opportunities for improvement. We have met with the community teams to share this learning.</p>
<b>Exception reports</b>	<p>There are 4 exceptions identified from the November 2024 data which are annotated below on Slides 8 to 11.</p>



# Indicator overview summary (SPC dashboard)



Exception report



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mothers Birthed	Nov 24	579	625			625	544	705
Babies Born	Nov 24	585	-			634	552	716
Scheduled Bookings	Nov 24	678	750			708	563	853
Inductions of labour (IOL)	Nov 24	140	-			149	108	189
Inductions of labour (IOL) as a % of mothers birthed	Nov 24	24.2%	28.0%			23.8%	18.8%	28.8%
Spontaneous Vaginal Births SVD (including breech)	Nov 24	310	-			314	237	390
Spontaneous Vaginal Births SVD (including breech): a	Nov 24	53.5%	-			51.4%	44.4%	58.3%
Forceps & Ventouse/Instrumental Deliveries (OVD)	Nov 24	72	-			88	56	119
Number of Instrumental births/Forces & Ventouse as	Nov 24	12.4%	-			14.1%	9.5%	18.6%
SVD + OVD Total	Nov 24	382	-			401	327	474

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Caesarean Section (CS)	Nov 24	203	-			215	174	255
Number of CS births as a % of mothers birthed	Nov 24	35.1%	-			35.2%	29.3%	41.0%
Number of Emergency CS	Nov 24	111	-			124	91	158
Emergency CS births as a %	Nov 24	19.2%	-			19.9%	14.7%	25.1%
Number of Elective CS	Nov 24	92	-			94	47	140
Elective CS births as a %	Nov 24	ER 15.9%	-			14.5%	10.4%	18.6%
Robson Group 1 c-section with no previous births a %	Nov 24	11.4%	-			13.2%	7.4%	18.9%
Robson Group 2 c-section with no previous births a %	Nov 24	60.4%	-			55.4%	44.7%	66.1%
Robson Group 5 c-section with 1+ previous births a %	Nov 24	80.5%	-			79.2%	61.0%	97.4%
Elective CS <39 weeks no clinical indication	Nov 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	Nov 24	109	109			109	109	109
Midwife:birth ratio	Nov 24	21.1	22.9			26.4	22.5	30.3
Maternal Postnatal Readmissions	Nov 24	10	-			8	0	16
Readmission of babies	Nov 24	19	-			19	3	36
3rd/4th Degree Tears amongst mothers birthed	Nov 24	13	-			12	0	25
3rd/4th degree tears amongst mothers birthed as a %	Nov 24	3.4%	3.5%			3.0%	0.1%	6.0%
3rd/4th degree tears following unassisted Vaginal bir	Nov 24	9	-			9	-2	20
3rd/4th degree tears following unassisted Vaginal bir	Nov 24	2.9%	-			2.6%	0.3%	4.9%
3rd/4th degree tears following an Instrumental vagin	Nov 24	4	-			4	-3	12
3rd/4th degree tears following an Instrumental vagin	Nov 24	5.6%	8.0%			5.8%	-4.5%	16.0%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
PPH 1.5L or greater, vaginal births	Nov 24	10	-			13	1	25
PPH 1.5L or greater, vaginal births as a % of mothers b	Nov 24	1.7%	2.4%			2.1%	0.3%	3.9%
PPH 1.5L or greater, caesarean births	Nov 24	7	-			7	-1	15
PPH 1.5L or greater, caesarean births as a % of mothe	Nov 24	1.2%	4.3%			1.2%	-0.6%	3.1%
ICU/CCU Admissions	Nov 24	1	-			1	-1	3
% completed VTE admission	Nov 24	ER 91.2%	95.0%			95.0%	90.2%	99.7%
Maternal Deaths: All	Nov 24	0	-			0	0	1
Early Maternal Deaths: Direct	Nov 24	0	-			0	0	0
Early Maternal Deaths: Indirect	Nov 24	0	-			0	0	0
Late Maternal Deaths: Direct	Nov 24	0	-			0	0	0
Late Maternal Deaths: Indirect	Nov 24	0	-			0	0	0

# Indicator overview summary (SPC dashboard), continued



Exception report

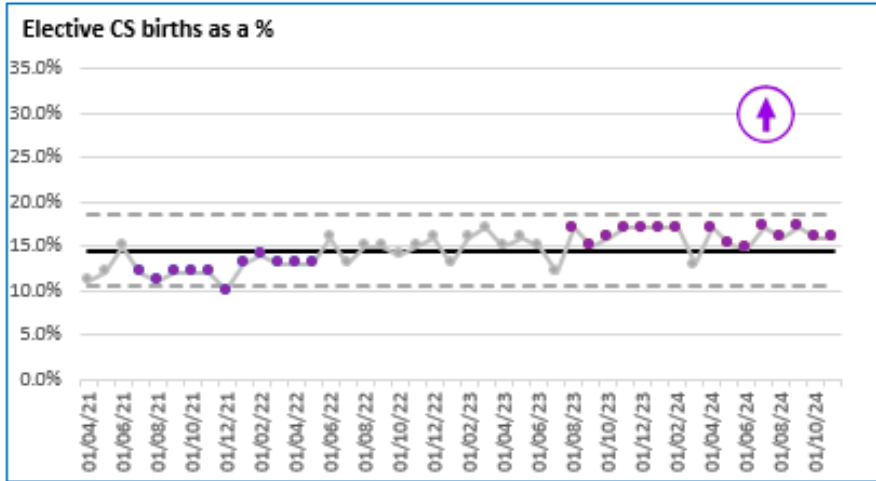
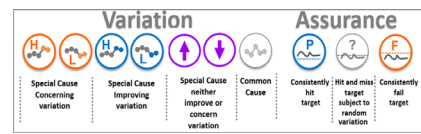


KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Puerperal Sepsis	Oct 24	1	-			6	-2	13
Puerperal Sepsis as a % of mothers birthed	Oct 24	0.2%	1.5%			0.9%	-0.2%	2.0%
Stillbirths (24+0/40 onwards; excludes TOPs)	Nov 24	2	-			2	-2	6
Stillbirths (24+0/40 onwards;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

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Shoulder Dystocia	Nov 24	10	-			8	0	17
Shoulder Dystocia as a % of babies born	Nov 24	1.7%	1.5%			1.3%	0.0%	2.6%
Unexpected NNU admissions	Nov 24	28	-			25	7	43
Unexpected NNU admissions as a % of babies born	Nov 24	4.8%	4.0%			3.9%	1.1%	6.6%
Hospital Associated Thromboses	Nov 24	0	0			0	-1	1
Returns to Theatre	Nov 24	4	0			1	-2	4
Returns to Theatre as a % of caesarean section deliveries	Nov 24	2.0%	0.0%			0.7%	-0.8%	2.2%
Number of PSII	Nov 24	0	0			1	-2	4
Number of Complaints	Nov 24	5	-			8	-4	20
Born before arrival of midwife (BBA)	Nov 24	3	-			6	-2	15

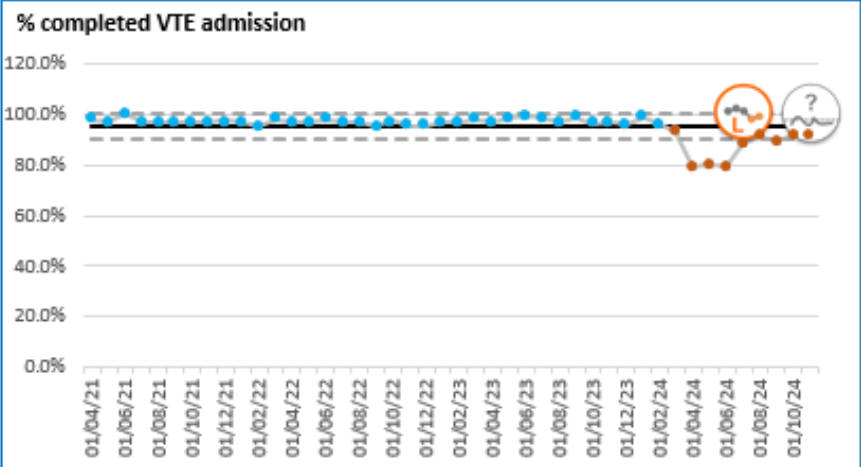
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Test Result Endorsement	Oct 24	89.1%	85.0%			75.2%	63.0%	87.4%
Number Of Women Booked This Month Who Current	Nov 24	33	-			45	22	68
Percentage Of Women Booked This Month Who Current	Nov 24	4.9%	-			6.5%	3.2%	9.8%
Number of Women Smoking at Delivery	Nov 24	27	-			32	15	49
Percentage of Women Smoking at Delivery	Nov 24	4.7%	8.0%			5.1%	2.3%	7.9%
Number of women with a live birth	Nov 24	579	-			612	500	724
Number of Woman with a live birth Initiating Breastfeeding	Nov 24	507	-			515	309	722
Percentage of Women Initiating Breastfeeding	Nov 24	88%	80%			81%	72%	90%
Number of women booked by 10+0/40	Nov 24	417	-			394	237	550
Percentage of women booked by 10+0/40	Nov 24	62%	-			67%	58%	76%

# Maternity Exception Report (2)



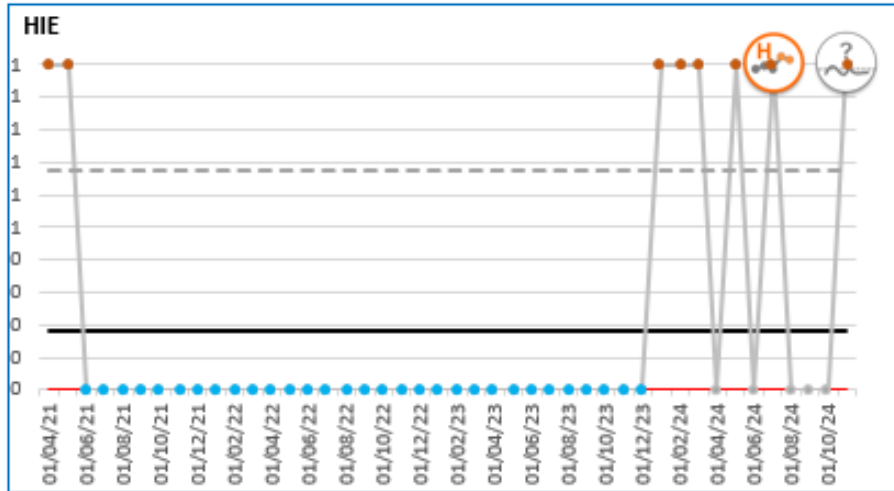
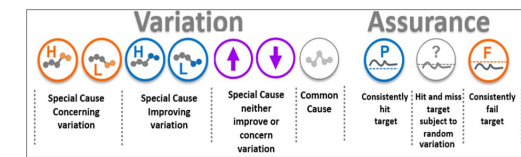
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
Elective CS births as a % shows special cause neither improve or concern variation	<p>As per the previous months, the increase in number is reflective of increased demand on the service from women with clinical indication for CS and increased choice for caesarean birth which reflects the national picture.</p> <p>The increased demand for CS is on the maternity risk register reflecting the increased demand on the service as women require higher levels of care both during surgery and in the postnatal/post operative period.</p>	N/A	N/A	N/A

# Maternity Exception Report (4)



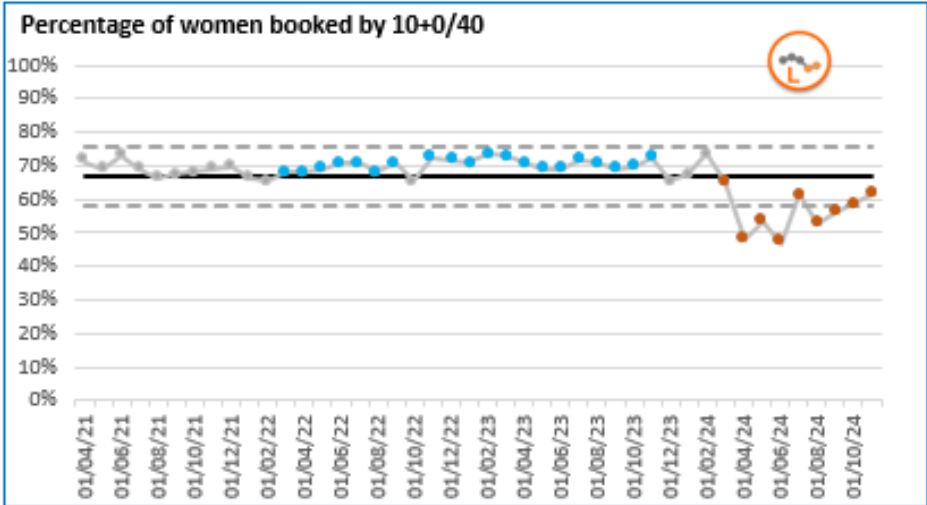
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
<p>% completed VTE admission shows special cause concerning variation</p>	<p>Our monthly compliance figure of 91.2% for November is within 3.8% of the Trust/CQUIN target of &gt;95%. Education and targeted measures taken to mitigate previous low compliance are proving effective, and will continue until target compliance is achieved.</p>	<p>Ongoing monthly review</p>	<p>N/A</p>	<p>N/A</p>

# Maternity Exception Report (5)



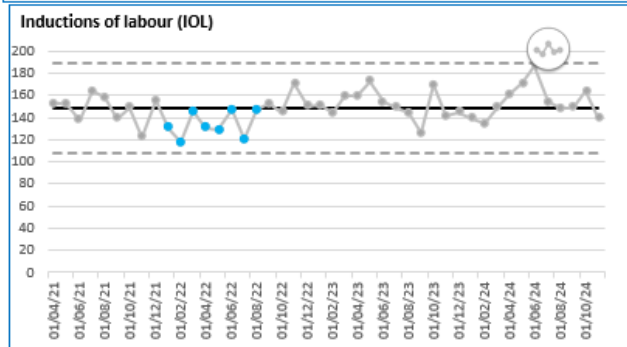
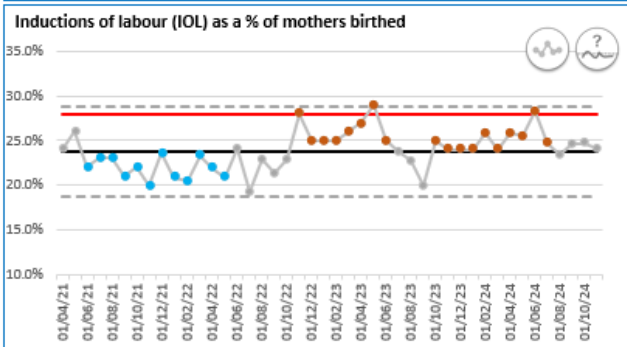
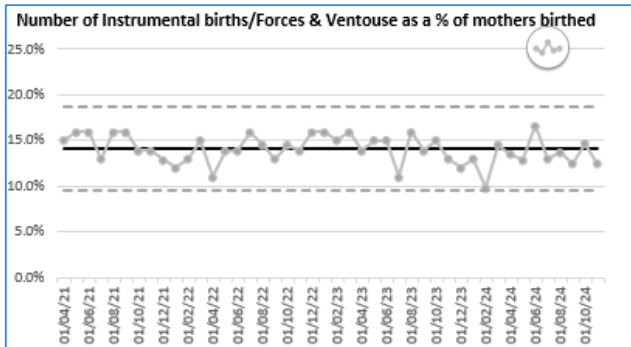
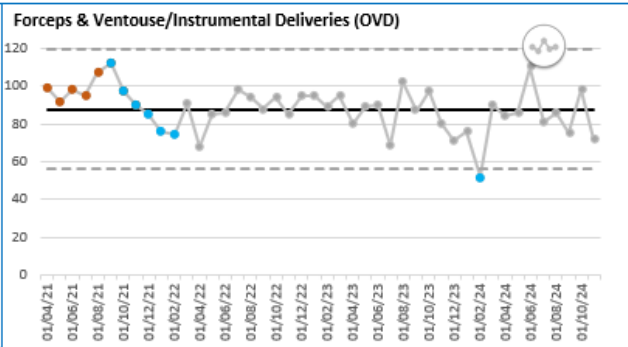
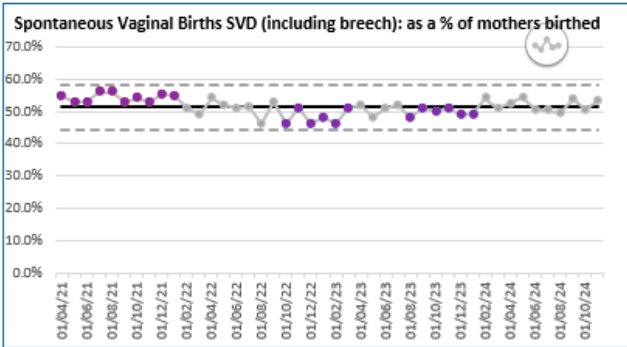
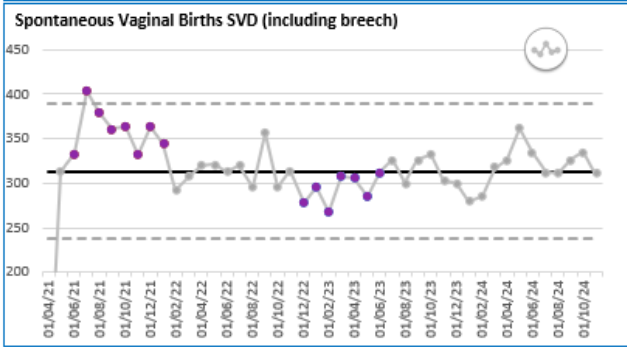
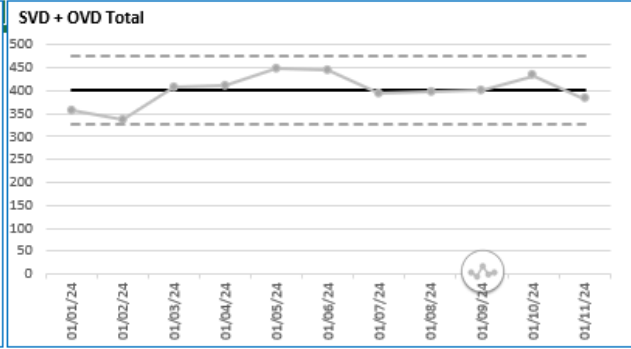
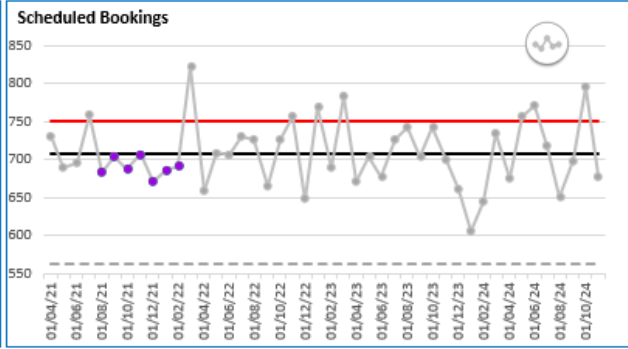
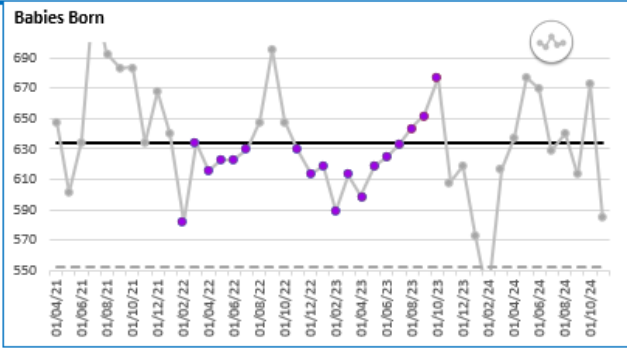
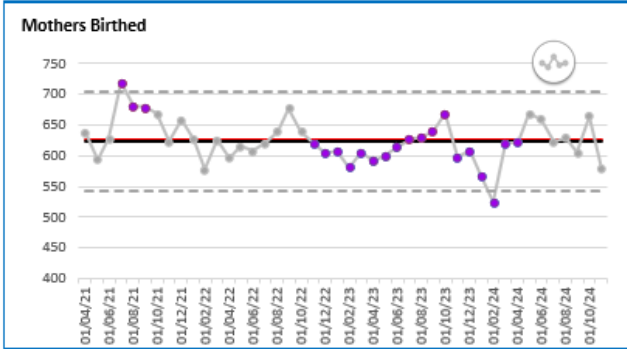
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
HIE shows special cause concerning variation	No action proposed. This was a singular case relating to a baby born by emergency caesarean birth following a placental abruption. This case does not meet the criteria for MNSI referral as the woman was not in labour. The service closely monitors and responds to incidents of HIE and reviews all cases using existing clinical governance processes and referrals to MNSI as appropriate.	N/A	N/A	N/A

# Maternity Exception Report (7)

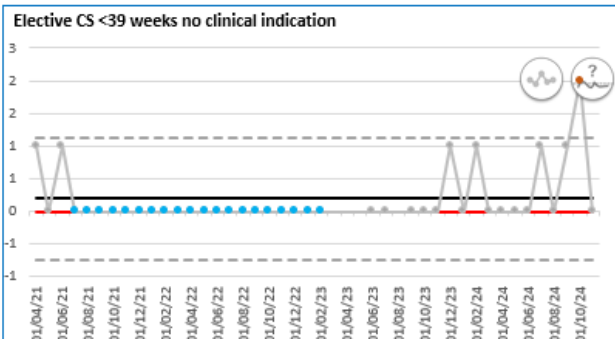
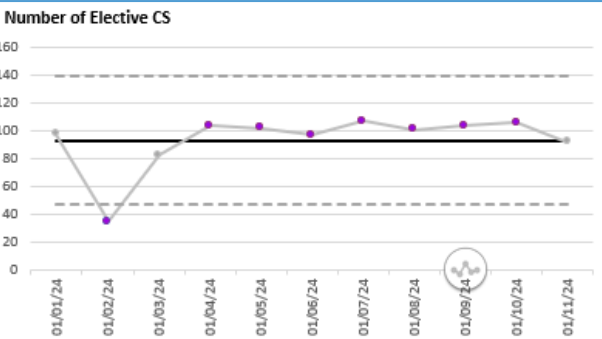
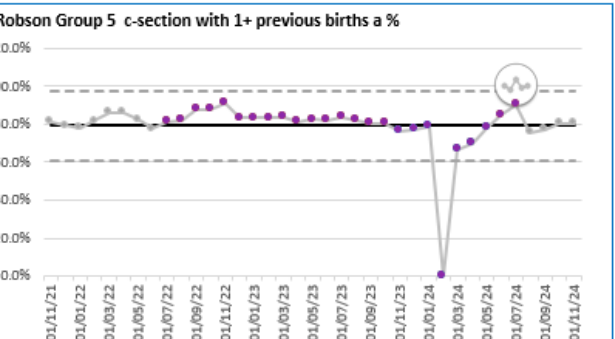
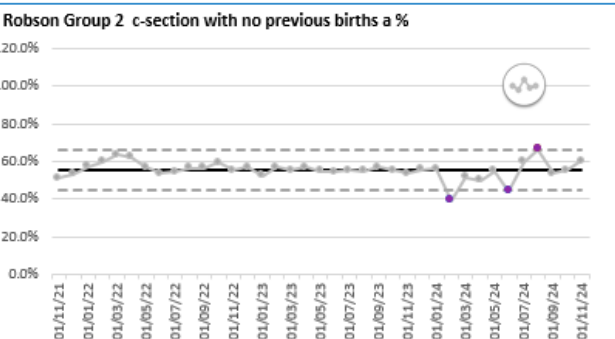
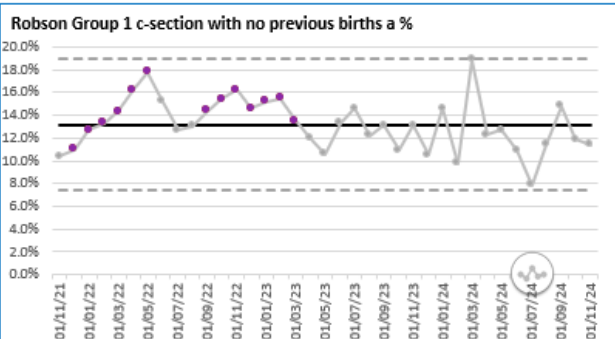
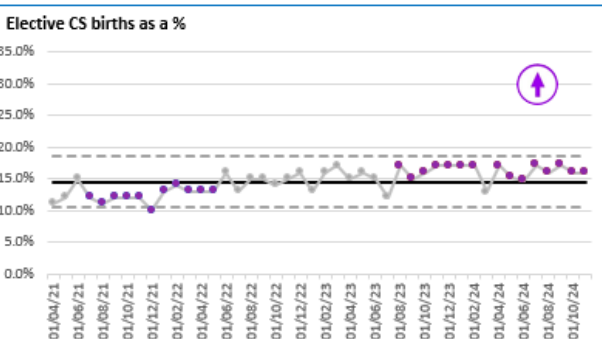
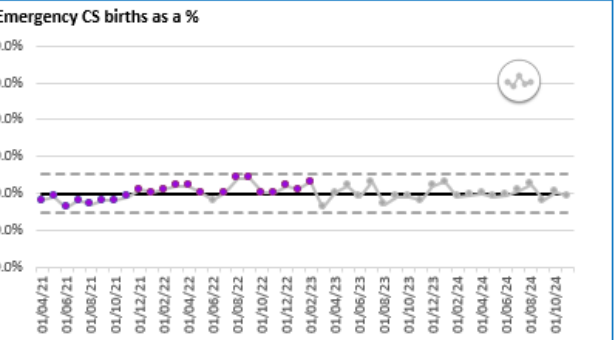
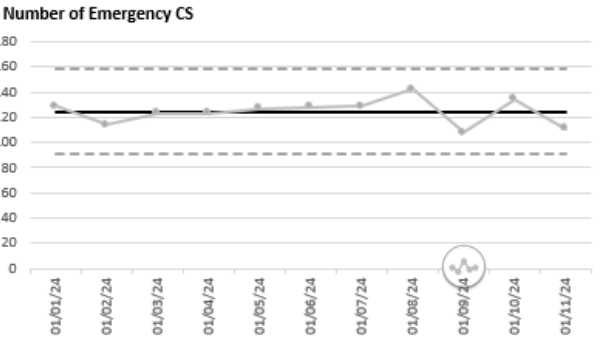
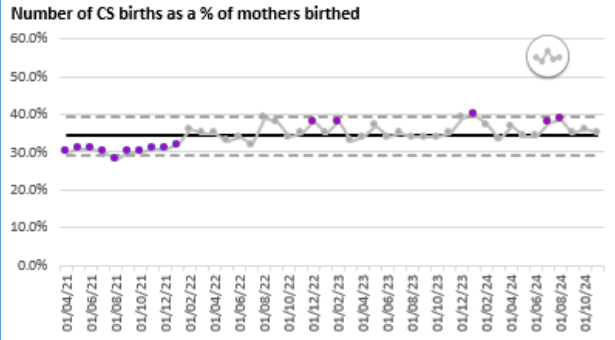
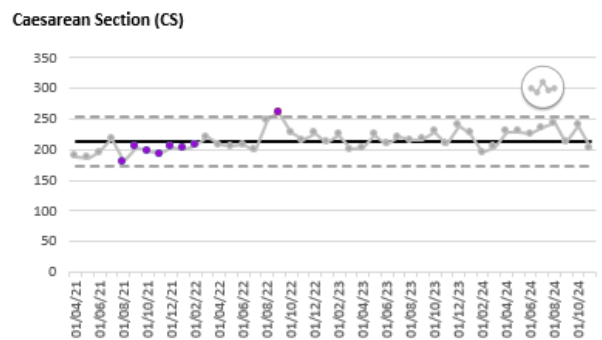


Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
Percentage of women booked by 10+0/40 shows special cause concerning variation	This is an improvement on the previous month, however, remains below target. Matron for community to explore individual bookings to examine in more depth the reasons for booking after 10/40. Audit commenced (ID. 9999). Results send to community team leads and will follow up as part of walk rounds. A service now request has been submitted to add an additional reason to the exception reporting of 'SPA referral received >7+6. Badgernet bug potentially detected – follow up with system C to determine.	January 2025	N/A	N/A

# Appendix 1. SPC charts (1)

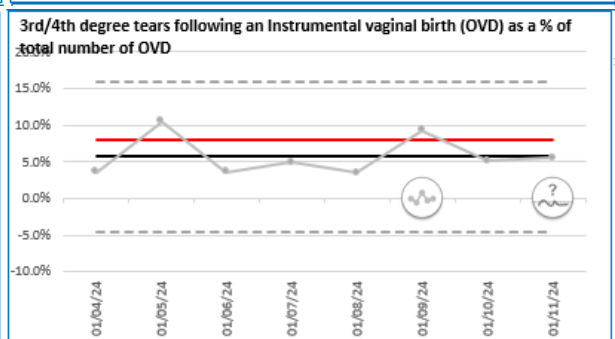
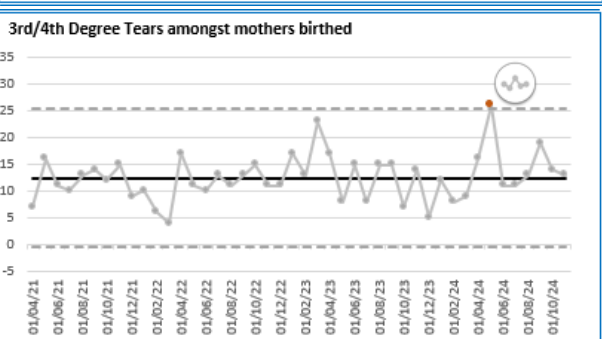
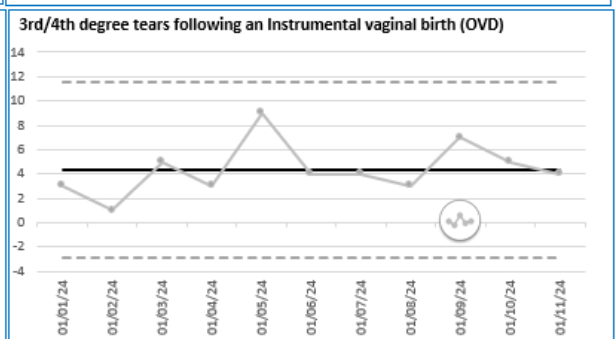
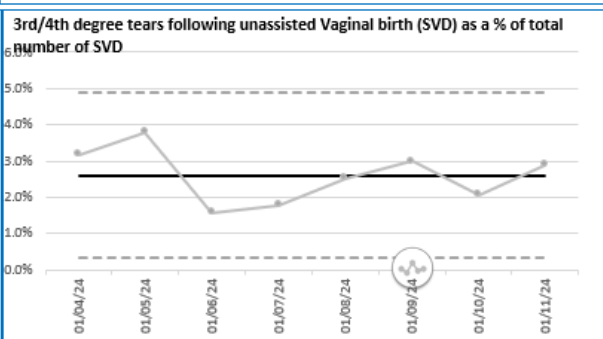
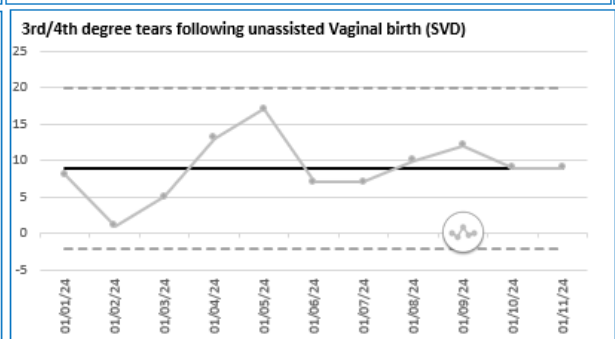
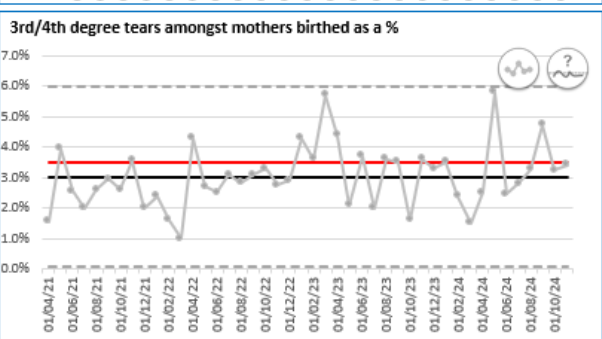
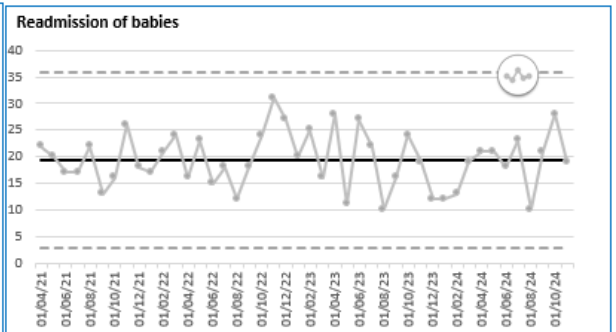
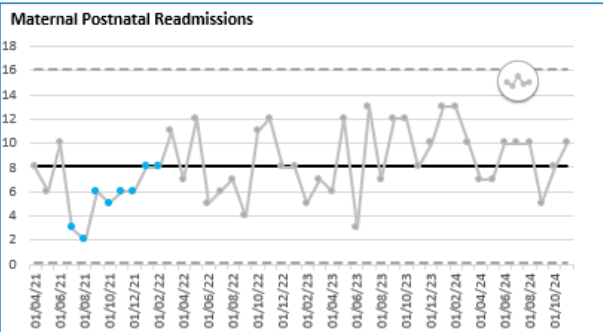
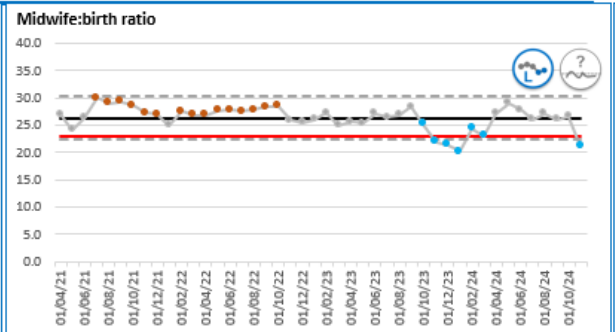
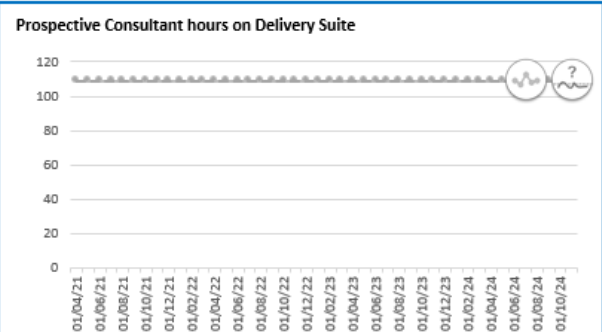


# Appendix 2. SPC charts (2)

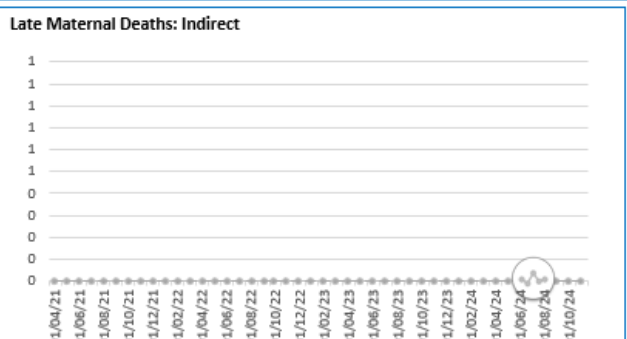
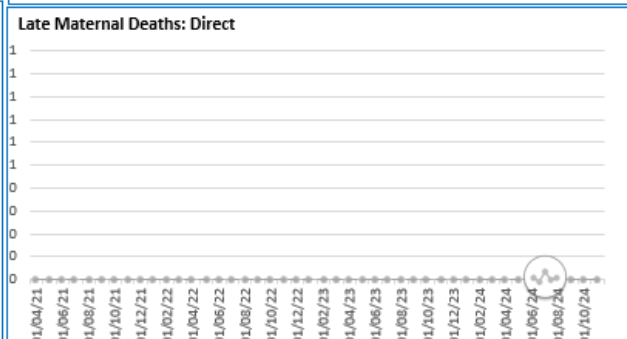
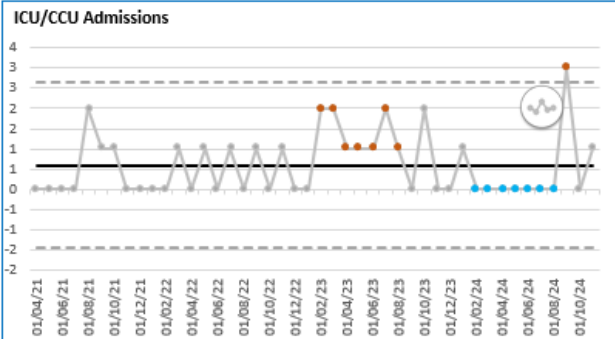
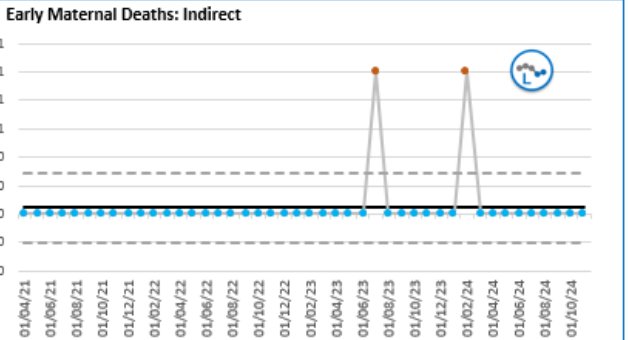
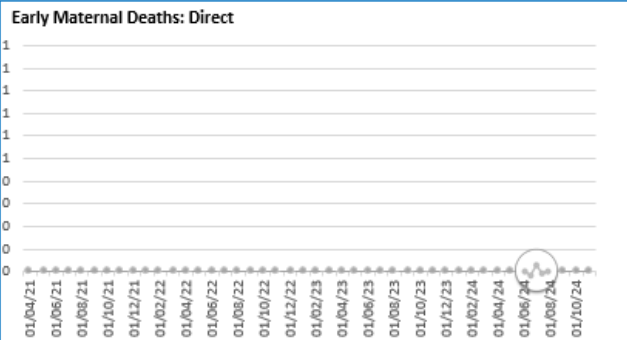
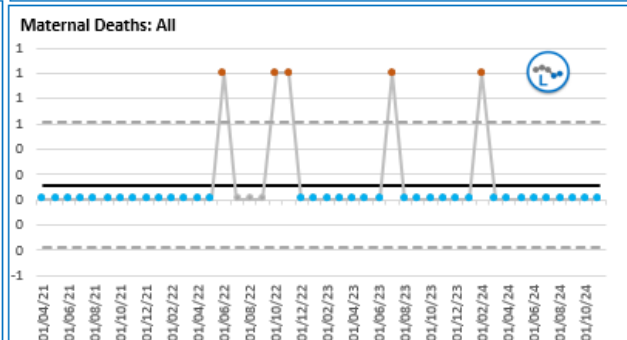
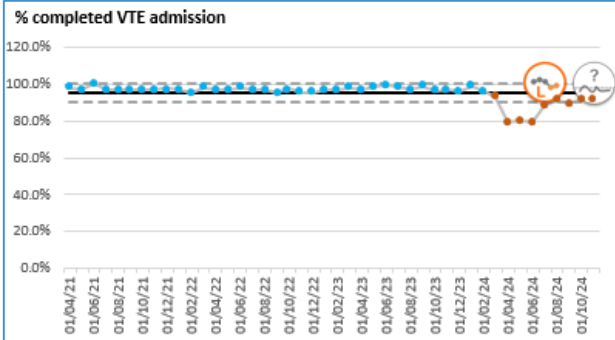
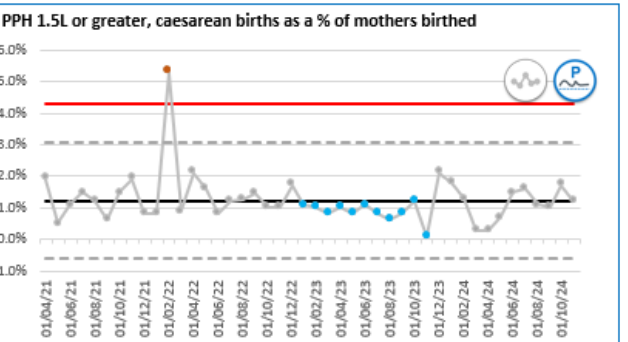
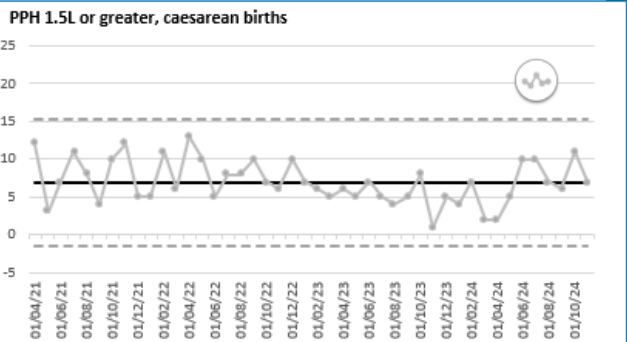
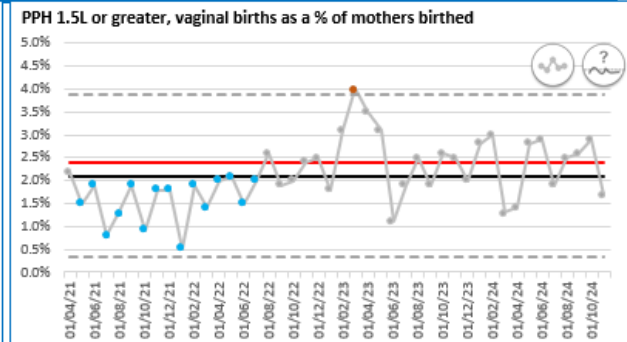
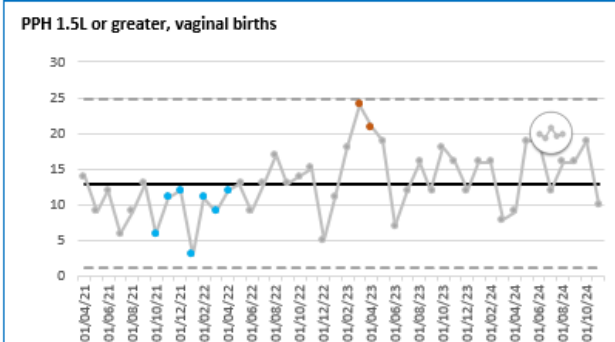




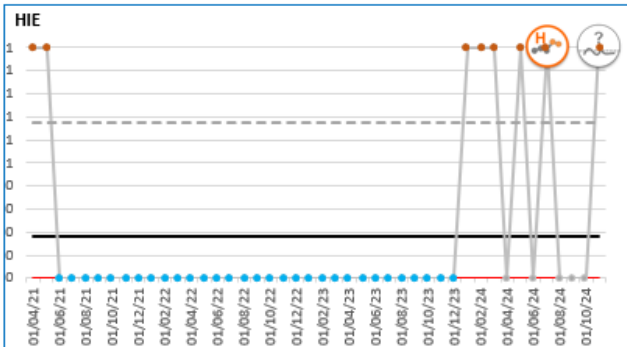
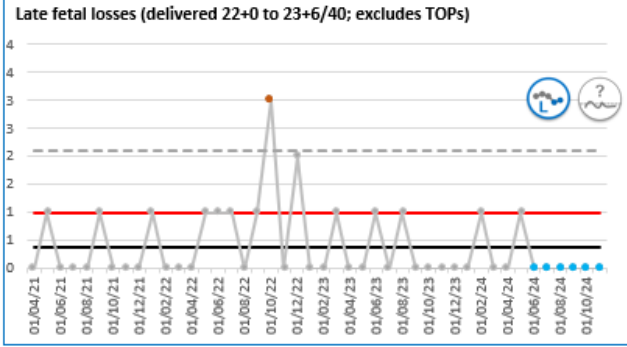
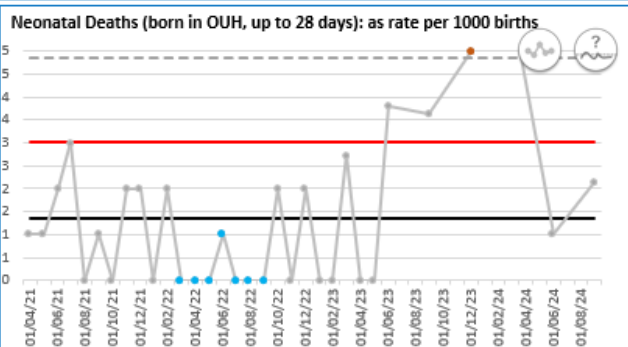
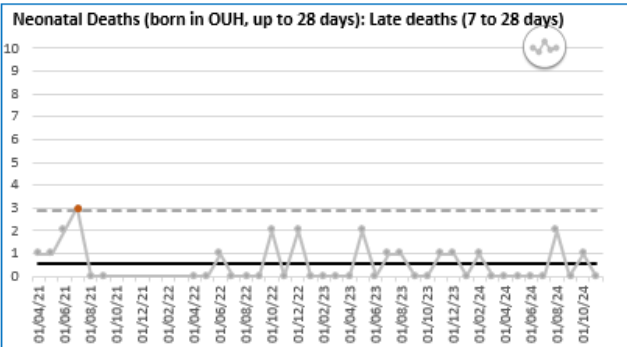
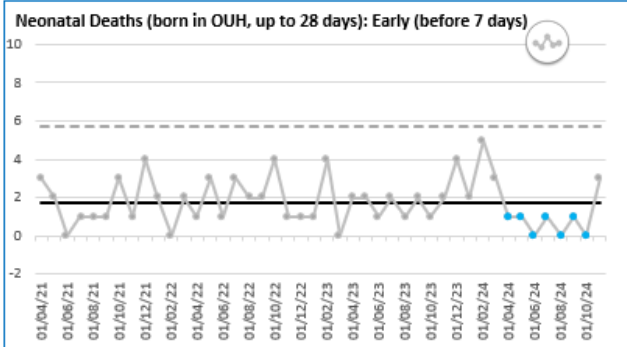
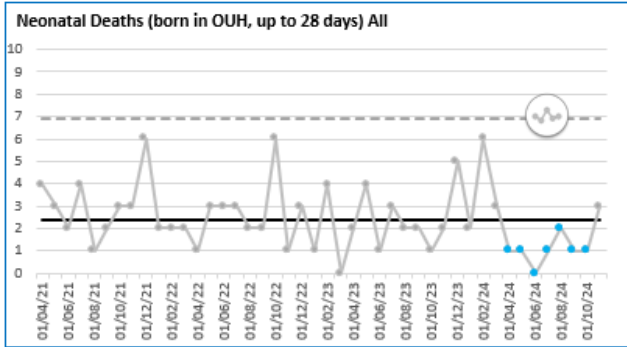
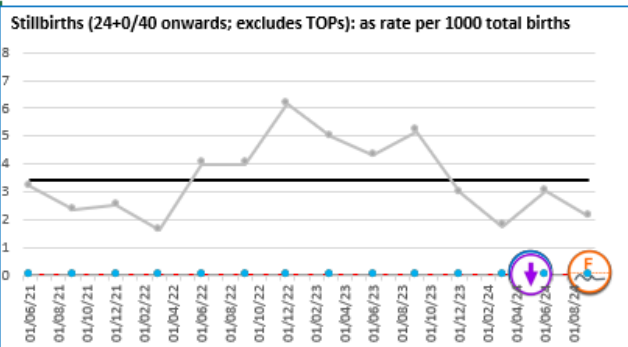
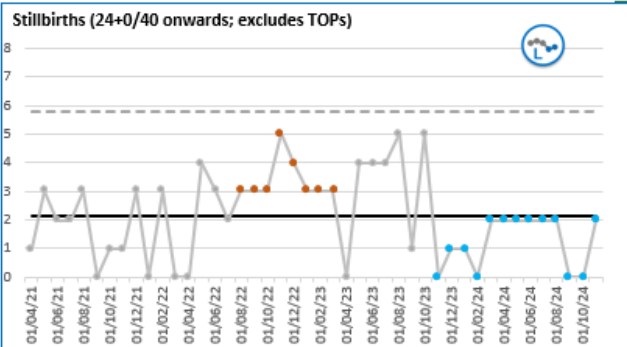
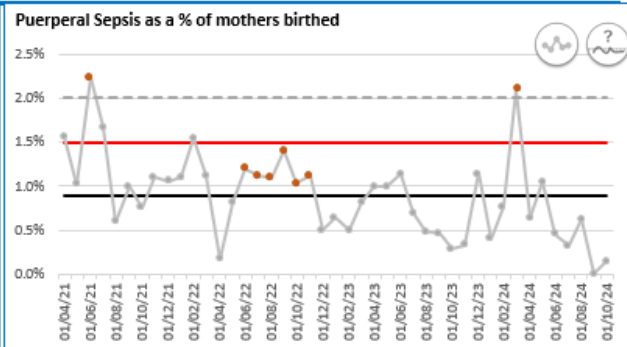
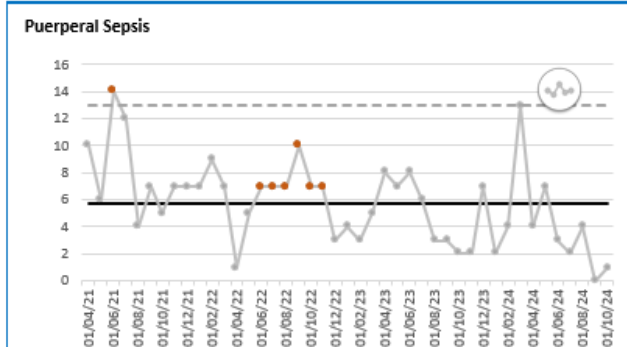
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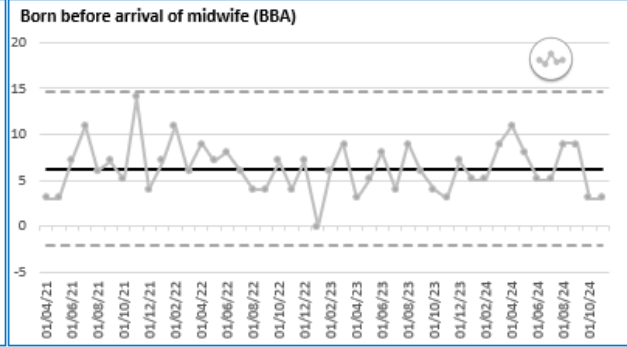
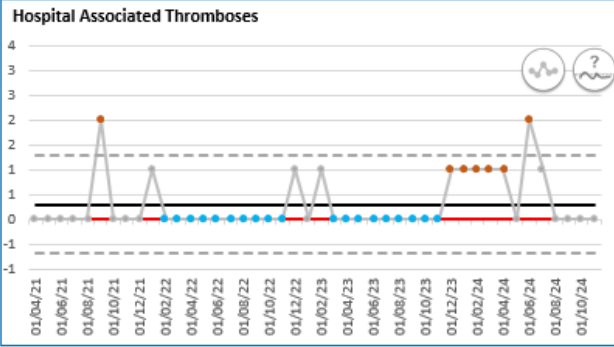
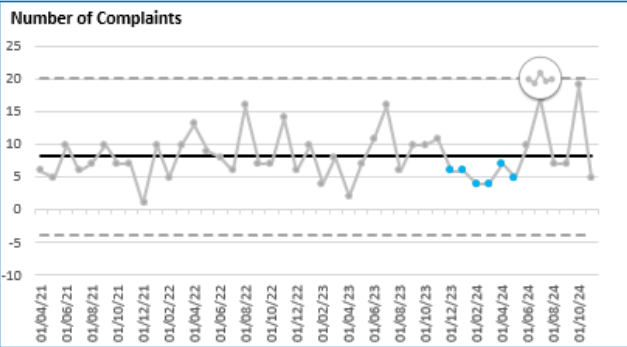
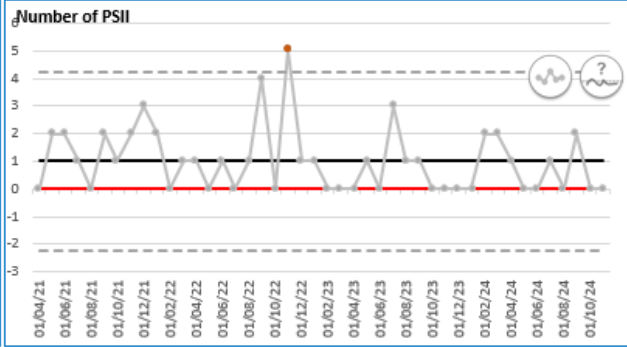
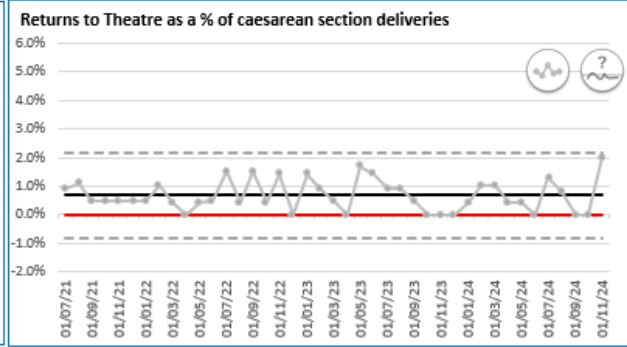
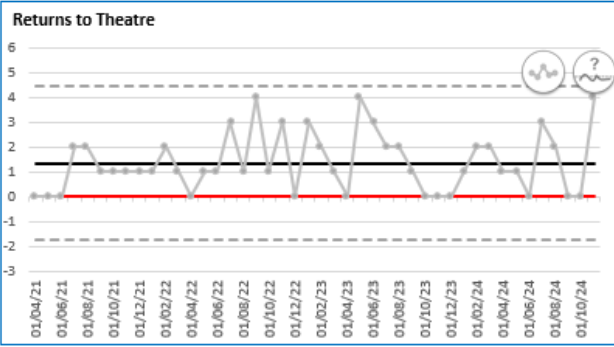
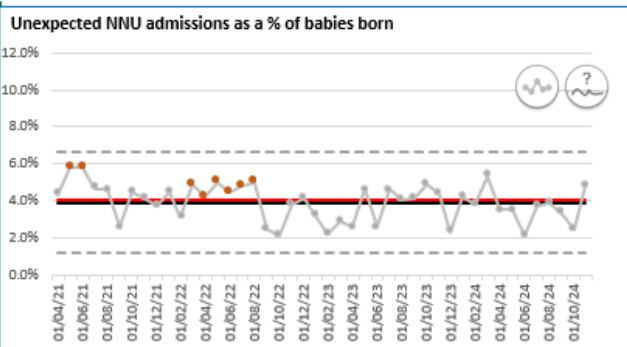
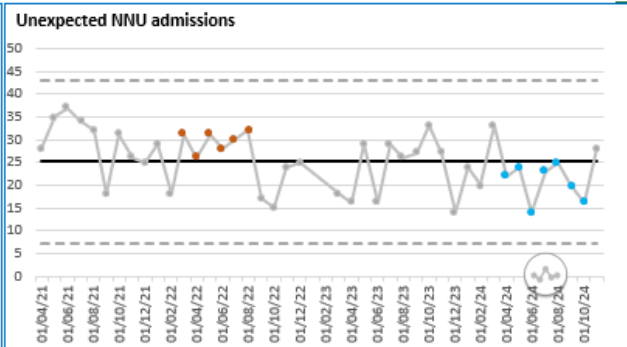
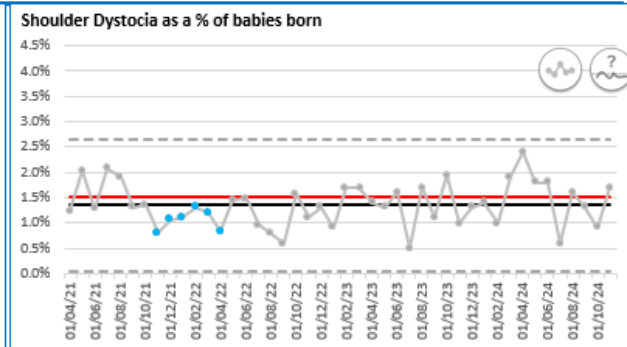
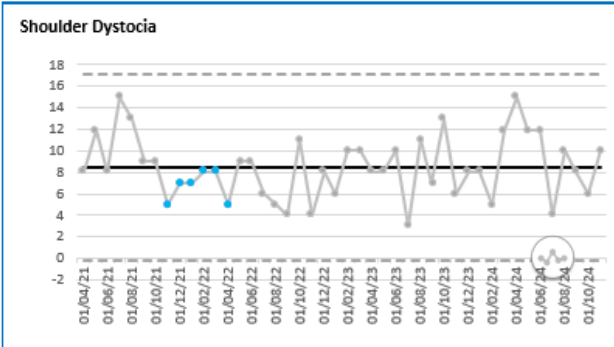
# Appendix 4. SPC charts (4)



# Appendix 5. SPC charts (5)



# Appendix 6. SPC charts (6)



# Appendix 7. SPC charts (7)

