Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 March 2025

TB2025.19

Title:	**Maternity Services Update Report**

Status:	**For Discussion**
History:	**Regular Reporting**
	Maternity Clinical Governance Committee (MCGC)
	Previous paper presented to Trust Board 15/01/2025

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Confidential:	**No**
Key Purpose:	Assurance

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 (MSSP)**: Significant progress has been made on the MSSP recommendations. The sustainability strategy meeting is planned for April with the BOB ICB and NHS England regional colleagues to ensure ongoing improvements and integrate sustainable practices within maternity services.
4. **MPSIS:** The Trust declared compliance with NHS Resolution Year 6 MPIS after meeting all 10 Safety Actions at the January Trust Board meeting. Final papers were presented to the LMNS board on 5 February 2025, and the signed declaration will be submitted to the ICB by 21 February 2025. Final submission to NHSR is the 3rd of March 2025.
5. **Antenatal and Newborn (ANNB) Screening Assurance:** Following the Antenatal and Newborn (ANNB) Screening Assurance Visit, 23 out of 36 recommendations from the Screening Quality Assurance Service (SQAS) have been closed. Thirteen remain open, with completion date on schedule for July 2025.

Recommendations

6. The Trust Board is asked to:
    - Receive and note the contents of the update report.

Contents

Maternity Services Update Report

1. Purpose

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

1.2. Three-year Single Delivery Plan for Maternity and Neonatal Services

1.3. Maternity (and Perinatal) Incentive Scheme (MPIS) year 6

1.4. Maternity Safety Support Programme (MSSP)

1.5. Maternity Performance Dashboard

1.5.1. Perinatal Quality Surveillance Model Report

1.6. CQC Action plan update

1.7. Antenatal and Newborn (ANNB) Screening

1.8. Midwifery Led Unit (MLU) status

2. Three Year delivery plan for Maternity and Neonatal Services

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

Theme 1: Listening to Women

2.1. The service has received the results of the annual CQC Maternity Survey, which were published in November 2024. An action plan is being co-produced along with the OMNVP and aligned to the TALC action plan. A detailed analysis and action plan will be submitted to the Patient, Family and Carer Experience Forum and MCGC in March 2025.

2.2. The next Service User CQC Maternity Survey commenced data collection in February 2025.

2.3. The OMNVP conducted 15 Step Walk Rounds in the maternity inpatient area and the Neonatal unit in November 2024. They met with the Maternity Service in February to provide feedback. A co-produced action plan is under development.

2.4. The service aims to achieve UNICEF UK's Baby Friendly Initiative by March 2027, a strategic plan to achieve is underway.

2.5. 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:

2.5.1. **Facilitating 24-Hour Visiting for Partners**
Significant progress has been made in facilitating 24-hour visiting hours for partners to help keep families together. This effort has involved revising the visiting policy to allow partners continuous access and ensuring that facilities are equipped to accommodate overnight stays, including comfortable seating. Additionally, we have developed informational materials to inform staff, patients, and families about the new visiting policy and its benefits.

2.5.2. **Optimising Pain Relief**
The service is currently reviewing and updating its pain management protocols to incorporate a broader range of options that are tailored to individual needs. Additionally, staff training is being enhanced to include the latest pain relief techniques and person-centred care approaches. We are also working to co-design resources for postnatal women and birthing individuals that outline available pain relief options and promote open communication regarding pain levels.

2.5.3. Enhancing Kindness and Compassion
The service has established kindness initiatives through workshops and training sessions aimed at promoting empathy, compassion, and caring among all staff members. Additionally, regular feedback mechanisms have been implemented in postnatal care areas to gather input from patients and families about their experiences and suggestions for improvement. The service is also developing programs to recognize and reward staff members who consistently demonstrate kindness and compassion in their care. The service has introduced "Kindness in Action" workshops and training sessions that focus on promoting empathy, kindness, and compassionate care among all staff members.

Theme 2: Workforce

2.6. The current vacancy for Midwifery is 12.27 WTE (Whole Time Equivalent), with no vacancies in Nursing and 7.6 WTE vacancies for Maternity Support Workers (MSWs). Monthly recruitment efforts are ongoing, with additional midwifery and MSW interviews scheduled to start their roles in early 2025. The service is also anticipating the arrival of a further 10 internationally trained midwives who are currently in the pipeline, to join the team over the

coming months. The service has been focusing on enhancing the onboarding process for new staff to ensure they integrate smoothly and effectively into their roles.

2.7. The service has also been monitoring and strengthening the retention strategies with noted improvements in both Midwifery and support staff of approximately 50% since 2020/21. These strategies include providing professional development opportunities, mentorship programs, and ensuring a supportive work environment that values staff well-being and growth.

2.8. The workforce task and finish group continue to meet monthly. This includes the leadership team, recruitment and retention team, HR representatives and the legacy midwife.

2.9. The Deputy Heads of Midwifery and Matrons continue to work with the Trust Corporate teams to enhance the efficiency and effectiveness of the rosters as part of the monthly ‘check and challenge’ program.

2.10. Efforts continue to support the creation of rosters 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 is triangulated with service acuity. The operational leadership team oversees the NHSP requirements and manages all shift requests daily.

Theme 3: Culture and Leadership

2.11. Maternity and Neonatal Safety Champions conduct regular walk rounds, reported under safety action 9 of the Maternity and Perinatal Incentive Scheme. On January 29, 2025, the Head of Midwifery and the Non-Executive Director for Maternity and Neonates visited various areas, including the newly refurbished bereavement room on the delivery suite, the immunisation hub, the ANNB team, and the postnatal ward where they observed the 'Red Hat Project' in action.

2.12. 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.

Theme 4: Standards

2.13. 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 quarterly audits continue and

currently in the process of collecting the data for quarter 3. The data is in the process of being reviewed with the service. This is reported as part of the Perinatal Quality Surveillance model report.

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

3.1. The Trust has declared compliance with NHS Resolution Year 6 MPIS, meeting all 10 Safety Actions at the January Trust Board meeting. Routine procedures and ongoing audits ensure continued compliance. The Saving Babies Lives quarter 3 review will be discussed with key stakeholders and the LMNS, noting significant improvement in Element 1 Smoking.

3.2. The Trust CEO has signed the declaration form, which has been sent to the ICB. On February 24, 2025, the ICB CEO, ICB CNO, and LMNS will meet to sign the form, which will then be returned to the Trust for submission to NHS Resolutions by the 3rd March 2025.

4. Maternity Safety Support Programme (MSSP)

4.1. Following the last site visit in December areas requiring improvement and escalation as part of the programme within the report by the Maternity Improvement Advisor (MIA) are:

4.2. Challenges with the Maternity estate, however improvements noted within the inpatient areas, pool room on delivery suite, level 7 and the bereavement room on delivery suite. Plans are in place regarding further redecoration and improvement throughout the service.

4.3. The service has continued to recruit midwives although some gaps remain there is good oversight of midwifery staffing and forward planning is in place. The recruitment position following the qualification of midwives currently is very positive.

4.4. Maternity and neonates are organised into separate divisions within the Trust's operational structure, which presents challenges for operational and governance pathways. To address this separation, a joint governance lead has been appointed, and a committee has been established to connect maternity and neonates. The aim of which is to streamline the operational and governance pathways.

5. Maternity Performance Dashboard

5.1. There were four exceptions reported for the January 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 December and January will be presented to the Trust Board meeting on 12 March 2025. The data was reported to MCGC in January and February and is an agenda item at the bi-monthly Maternity and Neonatal Safety Champions meetings.

6.3. The Bob LMNS are advising that this is to move to a monthly reporting cycle will enhance the consistency and timeliness of the data presented. This adjustment aims to provide the Trust Board with more frequent insights and enable quicker responses to any emerging issues within the perinatal services.

7. CQC Action Plan Update

7.1. The Maternity Services, in collaboration with the Trust Assurance Team and Corporate Nursing, have continued to meet monthly as part of the Evidence Group to continuously monitor and evaluate the progress and effectiveness of the CQC action plan. The group held a meeting on January 27, 2025.

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. The service has been undertaking the ligature risk assessments. The community areas have completed their ligature risk assessments with dates for completion across all inpatient areas planned.

7.5. The installation of a new birthing pool, a notable improvement, was completed in November. Final water checks are underway, with the pool expected to be operational by the end of March. This addition underscores

the service's dedication to providing state-of-the-art amenities to support the birthing experience.

7.6. There is one ‘Should Do’ action related to estates from the 2021 CQC inspection of the Maternity at the JRH. 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 bereavement room on delivery suite has been fully refurbished and includes new ensuite facilities.

7.7. 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. The ANNB team met with NHSE on the 09 January to review progress on the action plan as there were 10 actions due by the 31 January 2025.

8.2. There were 36 recommendations comprising 107 sub actions. Work continues on the action plan.

8.3. The Screening Quality Assurance Service (SQAS) have closed 23 recommendations so far. There are 13 that remain open, the completion deadline is the 3rd July 2025.

8.4. Recommendation 1 will remain open so that SQAS can monitor the timeliness of response to incident related requests and reports.

8.5. The Trust Assurance Team met with the Maternity team on the 27 January 2025 at the Evidence Group meeting to monitor and evaluate the progress of the effectiveness of the action plan. The next Evidence group meeting is on the 24 February 2025.

8.6. 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.

8.7. The screening service is meeting weekly to track the actions. They are meeting with NHSE on the 11 March 2025 to review progress with the remaining recommendations.

8.8. The Annual Screening Report for 2023-24 will be submitted to the Trust Board.

9. Maternity Safeguarding

9.1. Following the successful pilot of the Hospital Independent Domestic Violence Advocate (HIDVA) in maternity, Oxfordshire County Council has agreed to continue funding this vital role from March 2025. Over the past six months, the HIDVA has provided direct support to more than 40 victims of domestic abuse within maternity services. This role has been instrumental in ensuring that victims receive continued safeguarding and advocacy, extending beyond the conclusion of midwifery care to prevent any gaps in support. The sustained funding will allow for the ongoing integration of domestic abuse support within maternity services, reinforcing the trust's commitment to safeguarding vulnerable individuals and their families.

9.2. To enhance access to social and mental health resources, a comprehensive Padlet has been created by the safeguarding and mental health team to serve as a centralised hub for support services across Oxfordshire and nationwide. While still in its early stages, this digital resource will provide maternity staff and pregnant individuals with accessible information on a wide range of support services, including Domestic abuse support, housing assistance, financial guidance and mental health support groups. This initiative aligns with the implementation of the Royal College of Midwives' Maternity Disadvantage Assessment Tool (MaTDAT), which aims to identify and address social and economic inequalities affecting pregnant individuals. By consolidating essential resources into one easily accessible platform, the Padlet will empower maternity staff to provide more holistic and informed support, ultimately improving outcomes for vulnerable women and families.

10. Midwifery Led Unit (MLU) Status

10.1. In December 2024 and January 2025, there were no occasions when community services were suspended.

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. Inform the Trust Board that the MPIS declaration form is to be submitted to NHS resolution by the deadline of 12 noon on 3 March 2025.

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

Recommendations

11.4. The Trust Board is asked:

- Receive and note the contents of the update report.

Oxford University Hospitals
NHS Foundation Trust

Maternity Performance Dashboard

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Date: February 2025

Data period: January 2025

Presented at: Maternity Clinical Governance Committee

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Executive Summary

Key Updates

Notable Successes

Antenatal and Newborn Screening Assurance Action Plan: Following the assurance visit in April 2024, a total of 36 recommendations were made. Of these, 21 needed to be completed by the end of January 2025. All of these have been completed and signed off by NHS England. Currently, 13 actions remain open and are on track to be completed as planned by July 2025.

Midwifery Led Birth Choices Clinic: The clinic has expanded its services by now offering in-person consultations at the Horton Maternity Unit with a consultant midwife. This is a significant enhancement from the previous virtual or JR-based appointments. The new service provides women and birthing people in the northern region of the county with the opportunity to discuss their birth preferences, explore available options, and receive expert guidance tailored to their individual needs, empowering them to make informed decisions about their care.

Executive summary

Domain	Performance challenges, risks and interventions
Activity	In January 2025, 579 mothers gave birth, which is 45 fewer than in December. In contrast, there were 775 scheduled bookings completed, representing an increase of 89 compared to the previous month. Additionally, 220 caesarean sections were performed, accounting for 38% of the total births, which is a 0.5% increase from December. In January 2025, 28 (4.83%) of women/birthing people birthed in community settings (including homebirths). 36 (6.2%) were on the Spires alongside midwifery unit, 13 (2.2%) were at home, 9 (1.6%) were at freestanding midwifery units (Wantage, Wallingford and Chipping Norton) and 8 (1.4%) at the Horton freestanding midwifery unit.
Workforce	The midwife-to-birth ratio was 1:23. The service continues to implement a robust recruitment and retention plan to align with the recommended uplift from Birthrate Plus. Daily staffing meetings ensure safe staffing levels across the service, allowing for mitigations and escalation as needed. There were no occasions when 1:1 care was not provided for women in established labour or when the delivery suite coordinator was not working in a supernumerary capacity. There was a significant decrease in the number of on-call hours used, including those of community midwives, which dropped from 212.8 hours in December to 158 hours. Additionally, there was a reduction in the number of staff who did not receive breaks, although there was a slight increase in the number of staff leaving late across the entire service. Overall, 76% of shifts maintained staffing levels at 85% or above, which is consistent with the previous month.
Maternal Morbidity	The overall rate of third-degree tears among mothers who had a vaginal birth in January 2025 was 3.24% (n=12). This falls within the national average of 0 to 8%. During unassisted (spontaneous) vaginal births, including breech births, the rate of third-degree tears was 3.06% (n=9). The ethnic backgrounds of these women included: White British (n=1), Indian (n=1), Irish (n=1), Black African (n=2), Not stated (n=3), and Not known (n=1).The rate of third-degree tears sustained during unassisted (spontaneous) vaginal births (including breech births) was 3.06% (n=9). The rate of third-degree tears sustained during assisted (forceps and ventouse) vaginal births was 3.95% (n=3). The ethnic backgrounds of these women were: White British (n=3). In January 2025, the rate of postpartum haemorrhage (PPH) of 1500 ml or more among mothers who had an assisted vaginal birth was 0.9% (n=5). This figure is below the national mean of 2.80% reported by the National Maternity and Perinatal Audit (NMPA). The ethnic breakdown of these mothers was as follows: White British (n=1), Pakistani (n=1), Black African (n=1), White Other (n=1), and not stated (n=1). Similarly, the rate of PPH of 1500 ml or more among mothers who had an unassisted vaginal birth was also 0.9% (n=5), which is again below the NMPA national mean of 2.80%. The ethnic backgrounds of these mothers included: White British (n=2), Black African (n=1), any other ethnic group (n=1), and not known (n=1). For mothers who had a caesarean section, the rate of PPH of 1.5 liters or more was 1% (n=6) in January 2025. This represents a 0.2% increase from December 2024 and remains below the NMPA national mean of 4.75%. The ethnic backgrounds of these mothers included: White British (n=4), not known (n=1), and Indian (n=1). Please note that ethnicity data is currently being reviewed to identify any potential disproportionate representation.
Perinatal Morbidity and Mortality	In January, three cases were reviewed using the Perinatal Mortality Review process. One case received an 'A' grade for the care provided before delivery, with no issues identified. However, it was graded a 'B' after the baby's death due to care being administered in the antenatal ward instead of the dedicated bereavement suite. Although families experiencing loss are typically cared for in the bereavement suite, circumstances related to acuity and capacity made this impossible on this occasion. In the second case, the grade was 'B' because inconsistent advice regarding fetal movements was given earlier in the pregnancy. Although this did not impact the outcome, the learning points will be shared with the community teams. The care provided after the baby's death was graded as an 'A'. The third case is yet to conclude as further information was requested (Grading criteria are attached as Appendix 1).
Maternity safety	In January, 29 full-term babies were unexpectedly admitted to the neonatal unit, marking a significant increase. In response, immediate actions have been implemented, including a Learning Multidisciplinary Team (MDT) and after-action reviews to thoroughly investigate the and draw out immediate learnings. Initial findings indicate that this increase is due to multiple factors, including estates issues that have led to lower temperatures and a rise in seasonal respiratory conditions. To address these challenges the Red Hat project was launched in January and aims to provide visual cues for better monitoring by issuing red hats to babies who are at a higher risk and require more intensive observation. The progress of the quality improvement project will be monitored and initially evaluated during Q1 2025/26. In January, 237 patient safety incidents were reported through Ulysses, including 66 cases of moderate harm, such as post-partum hemorrhage (PPH) greater than 1.5 liters, obstetric anal sphincter injury (OASI), and unexpected admissions to the Special Care Baby Unit (SCBU). Appropriate learning responses were implemented in accordance with Patient Safety Incident Response Framework (PSIRF) principles to ensure considered and appropriate action was taken on a case-by-case basis. Additionally, the safety team led a multidisciplinary team (MDT) meeting focused on thermoregulation. Emerging themes included environmental issues in the observation area, particularly concerning temperature control and the layout of the facilities. Thermometers are currently being sourced, and the immediate care guidelines for newborns will be reviewed to establish a clear pathway for managing newborns with low temperatures. There were 2 HAT cases reported that involved shared care with the Royal Brompton Hospital (RBH). A joint learning MDT is planned to review these cases and facilitate shared learning. It is expected that pathways for sharing patient information will be identified as an area for improvement. No cases met the criteria for referral to the Maternity Newborn Safety Investigations Branch in January.

Executive summary (continued)

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Domain	Performance challenges, risks and interventions
Test Endorsement	The test result endorsement figure is reported monthly, retrospectively, as the ORBIT system does not update with the final endorsement compliance rate until the 8th of each month. The result endorsement for December 2024 was 89.18%, reflecting an increase of 3%.
Service User Experience	In January 2025, ten complaints were received, marking an increase from the previous month (seven complaints). The recurring themes included discharge wait times and access to pain relief in the postnatal setting. Ongoing improvements, such as 24-hour visiting hours, pharmacy reviews, and the scheduling of discharge coordinators, are receiving positive initial feedback. A formal evaluation of the new bereavement suite in the delivery suite, as well as the introduction of overnight stays for partners, will be conducted at the end of the fourth quarter (Q4). The results of the latest CQC Maternity Survey have been reviewed, and actions have been aligned with either existing or new workstreams. The identified themes correspond with those mentioned in complaints and other feedback from service users, with the exception of a new theme concerning access to triage services. In response to this and other intelligence, a service-wide Triage Project, supported by the Corporate Assurance Team, has been initiated. This project will include a peer review and is planned to go live in Q1. The patient safety team continue to respond dynamically via the rapid responder role, visiting families following involvement in incidents. Feedback from this exercise has been overwhelmingly positive and the team have been able to offer an additional opportunity to address questions or concerns to service users in real time. The service will be evaluated in Q4. A strategic rollout of interpreting services for 'wheeled devices' was initiated after the launch of the new interpreting service. These devices are located in the postnatal ward, delivery suite/MAU, and the Florence Park community hub. Ongoing collaboration with Absolute the interpreting serive and the Patient Experience team continues, and an evaluation of the pilot program is scheduled to take place in the first quarter (Q1).
Staff Experience (Cultural Improvement work)	Staff experience is a top priority, and the service has received positive anecdotal feedback following a steady improvement in recruitment. There are now 24 Professional Midwifery Advocates available, along with a range of well-being interventions for staff who may need support. Additionally, the service maintains close communication with the Freedom to Speak Up team to ensure we are responsive to any immediate safety concerns or emerging issues.
Public Health	Breastfeeding initiation at birth was 86.81% for January 2025 and exceeds the UK rate of 73-74%. Both immunisation hubs have provided a total of 2338 vaccines since opening in Sept 2024 these being Flu, Covid, Pertussis and RSV. The Covid vaccination programme for pregnant women ended on 31st January with the Flu programme continuing until 31st March 2025. The Tobacco Dependency Service had 579 referrals for 2024 of which 296 declined to participate However, out of the 155 women who have accepted, we have continued to have high numbers of women who have reached varying stages and weeks of being smoke free. 24 women and their families have remained smoke free postnatally which is a significant achievement for the service. A National incentive scheme supporting service users to quit smoking launched on 31/1/25. This will offer the service user £400 throughout pregnancy and in the postnatal period to commit to quitting. Regular CO monitoring will evidence change. Trusts who have commenced this incentive scheme have noticed a 50 % increase in women engaging with the Tobacco Dependency Service.
Exception reports	There are 4 exceptions identified from the January 2025 data which are annotated below on Slides 8 to 10.

Indicator overview summary (SPC dashboard)

ER Exception report

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Mothers Birthed	Jan 25	579	625			624	541	706
Babies Born	Jan 25	590	-			633	549	717
Scheduled Bookings	Jan 25	775	750			709	564	854
Inductions of labour (IOL)	Jan 25	158	-			149	109	189
Inductions of labour (IOL) as a % of mothers birthed	Jan 25	27.3%	28.0%			23.9%	19.0%	28.9%
Spontaneous Vaginal Births SVD (including breech)	Jan 25	294	-			313	238	389
Spontaneous Vaginal Births SVD (including breech): a	Jan 25	50.8%	-			51.3%	44.5%	58.2%
Forceps & Ventouse/Instrumental Deliveries (OVD)	Jan 25	76	-			87	57	118
Number of Instrumental births/Forces & Ventouse as	Jan 25	13.1%	-			14.0%	9.6%	18.4%
SVD + OVD Total	Jan 25	370	-			398	327	470

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Caesarean Section (CS)	Jan 25	220	-			215	174	256
Number of CS births as a % of mothers birthed ER	Jan 25	38.0%	-			35.2%	29.3%	41.0%
Number of Emergency CS	Jan 25	121	-			124	93	156
Emergency CS births as a %	Jan 25	20.9%	-			19.9%	14.9%	25.0%
Number of Elective CS	Jan 25	99	-			95	50	140
Elective CS births as a % ER	Jan 25	17.1%	-			14.6%	10.6%	18.7%
Robson Group 1 c-section with no previous births a %	Jan 25	16.7%	-			13.3%	7.5%	19.1%
Robson Group 2 c-section with no previous births a %	Jan 25	54.5%	-			55.5%	44.9%	66.0%
Robson Group 5 c-section with 1+ previous births a %	Jan 25	78.9%	-			79.4%	61.1%	97.6%
Elective CS <39 weeks no clinical indication	Jan 25	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	Jan 25	109	109			109	109	109
Midwife:birth ratio	Jan 25	23.2	22.9			26.3	22.2	30.3
Maternal Postnatal Readmissions	Jan 25	7	-			8	0	16
Readmission of babies	Jan 25	19	-			19	3	35
3rd/4th Degree Tears amongst mothers birthed	Jan 25	12	-			12	0	25
3rd/4th degree tears amongst mothers birthed as a %	Jan 25	3.2%	3.5%			3.0%	0.0%	6.0%
3rd/4th degree tears following unassisted Vaginal bir	Jan 25	9	-			9	-2	19
3rd/4th degree tears following unassisted Vaginal bir	Jan 25	3.1%	-			2.5%	-0.1%	5.2%
3rd/4th degree tears following an Instrumental vagin	Jan 25	3	-			4	-2	10
3rd/4th degree tears following an Instrumental vagin	Jan 25	4.0%	8.0%			5.4%	-3.1%	13.9%
PPH equal to or greater than 1.5L following an instrun	Jan 25	5	-			9	4	15
PPH equal to or greater than 1.5L following an instrun	Jan 25	0.9%	-			1.5%	0.7%	2.4%

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
PPH 1.5L or greater, vaginal births	Jan 25	5	-			13	1	24
PPH 1.5L or greater, vaginal births as a % of mothers b	Jan 25	0.9%	2.4%			2.1%	0.3%	3.8%
PPH 1.5L or greater, caesarean births	Jan 25	6	-			7	-1	15
PPH 1.5L or greater, caesarean births as a % of mother	Jan 25	1.0%	4.3%			1.2%	-0.6%	3.0%
ICU/CCU Admissions	Jan 25	0	-			1	-1	3
% completed VTE admission ER	Jan 25	93.1%	95.0%			94.9%	90.2%	99.5%
Maternal Deaths: All	Jan 25	0	-			0	0	1
Early Maternal Deaths: Direct	Jan 25	0	-			0	0	0
Early Maternal Deaths: Indirect	Jan 25	0	-			0	0	0
Late Maternal Deaths: Direct	Jan 25	0	-			0	0	0
Late Maternal Deaths: Indirect	Jan 25	0	-			0	0	0

Indicator overview summary (SPC dashboard), *continued*

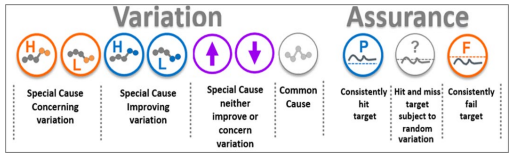
ER Exception report

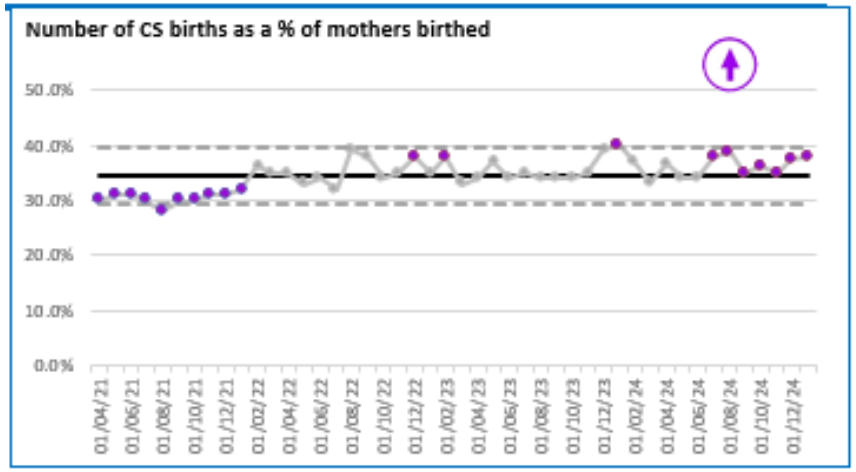
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Puerperal Sepsis	Dec 24	1	-			6	-2	13
Puerperal Sepsis as a % of mothers birthed	Dec 24	0.2%	1.5%			0.9%	-0.3%	2.0%
Stillbirths (24+0/40 onwards; excludes TOPs)	Jan 25	3	-			2	-1	6
Stillbirths (24+0/40 onwards; excludes TOPs): as rate	Dec 24	3	0			3	#N/A	#N/A
Late fetal losses (delivered 22+0 to 23+6/40; excludes	Jan 25	0	1			0	-1	2
Neonatal Deaths (born in OUH, up to 28 days) All	Jan 25	1	-			2	-2	7
Neonatal Deaths (born in OUH, up to 28 days): Early (	Jan 25	1	-			2	-2	6
Neonatal Deaths (born in OUH, up to 28 days): Late de	Jan 25	0	-			1	-2	3
Neonatal Deaths (born in OUH, up to 28 days): as rate	Dec 24	3	3			1	-2	5
HIE	Jan 25	0	0			0	0	1

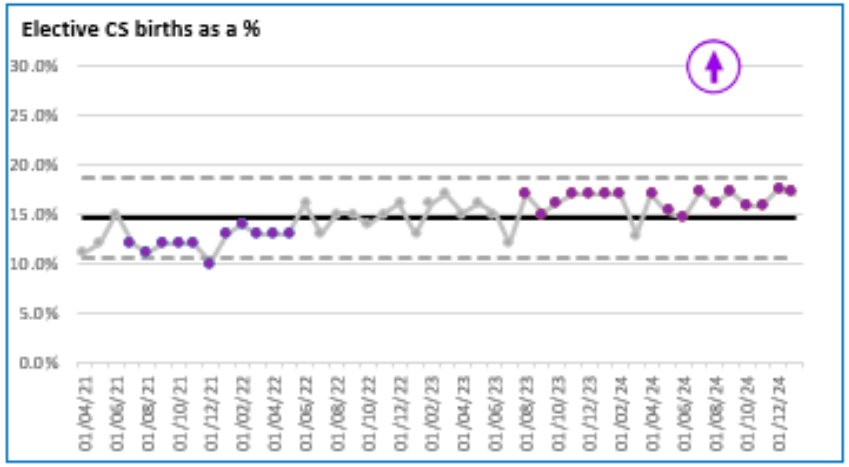
KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Shoulder Dystocia	Jan 25	6	-			8	0	17
Shoulder Dystocia as a % of babies born	Jan 25	1.0%	1.5%			1.3%	0.1%	2.6%
Unexpected NNU admissions	Jan 25	29	-			25	7	43
Unexpected NNU admissions as a % of babies born	Jan 25	4.9%	4.0%			3.9%	1.1%	6.7%
Hospital Associated Thromboses ER	Jan 25	2	0			0	-1	1
Returns to Theatre	Jan 25	1	0			1	-2	5
Returns to Theatre as a % of caesarean section delive	Jan 25	0.5%	0.0%			0.7%	-0.8%	2.2%
Number of PSII	Jan 25	0	0			1	-2	4
Number of Complaints	Jan 25	10	-			8	-4	20
Born before arrival of midwife (BBA)	Jan 25	4	-			6	-2	15

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Test Result Endorsement	Dec 24	89.2%	85.0%			75.7%	63.7%	87.7%
Number Of Women Booked This Month Who Current	Jan 25	26	-			45	22	67
Percentage Of Women Booked This Month Who Curre	Jan 25	3.4%	-			6.4%	3.1%	9.6%
Number of Women Smoking at Delivery	Jan 25	27	-			32	15	48
Percentage of Women Smoking at Delivery	Jan 25	4.7%	8.0%			5.1%	2.3%	7.8%
Number of women with a live birth	Jan 25	576	-			610	497	723
Number of Woman with a live birth Initianing Breastf	Jan 25	500	-			517	321	713
Percentage of Women Initiating Breastfeeding	Jan 25	87%	80%			81%	72%	90%
Number of women booked by 10+0/40	Jan 25	485	-			403	258	548
Percentage of women booked by 10+0/40	Jan 25	63%	-			67%	58%	75%

Maternity Exception Report (2)

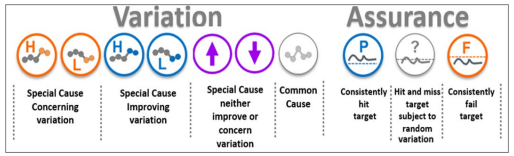


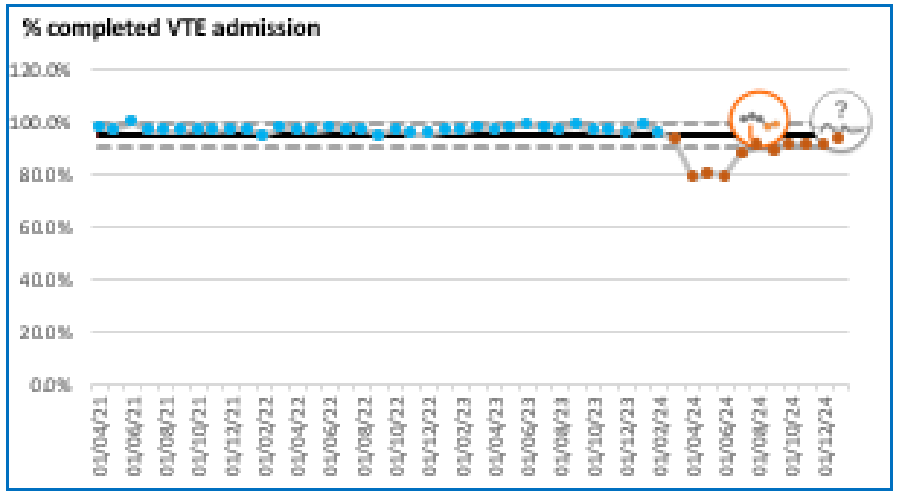




Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
Number of CS birth as a % of mothers birthed shows special cause neither improve or concern variation	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.	N/A	N/A	N/A
Elective CS births as a % shows special cause neither improve or concern variation	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.	N/A	N/A	N/A

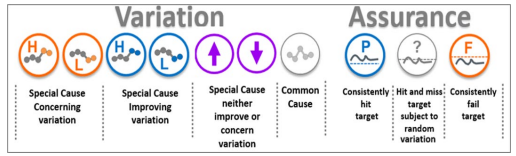
Maternity Exception Report (4)

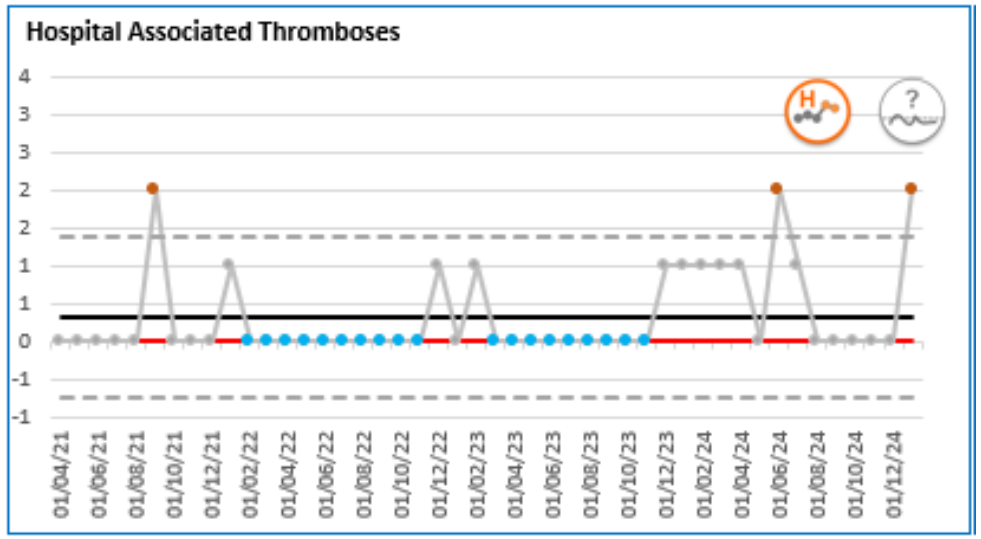




Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
The % of completed VTE admission shows special concerning variation	Our monthly compliance figure of 93.1% for January 2025 is within 1.9 % of the Trust/CQUIN target of >95% (this demonstrates a 2.1% increase from December 2024). Education and targeted measures taken to mitigate previous low compliance are proving effective and will continue until target compliance is achieved. Completion of VTE assessments for Postnatal Readmission (PNRA) has been identified as an area which requires improvement. Appropriate learning prompts have been circulated to the relevant clinical areas. Progress within these targeted areas will be monitored closely and reported and reviewed monthly through Maternity Clinical Governance Committee.	1 month	N/A	N/A

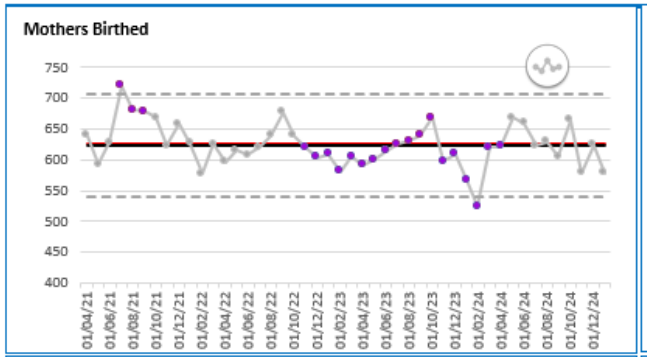
Maternity Exception Report (6)

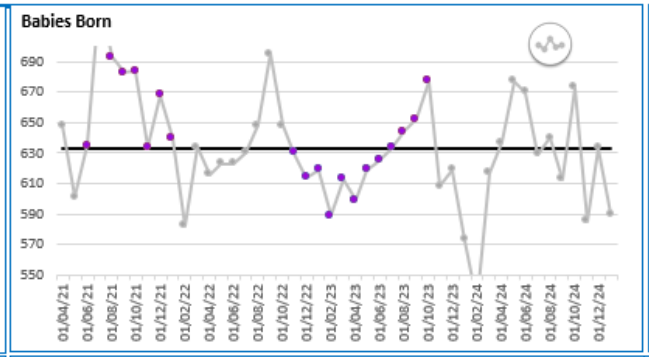


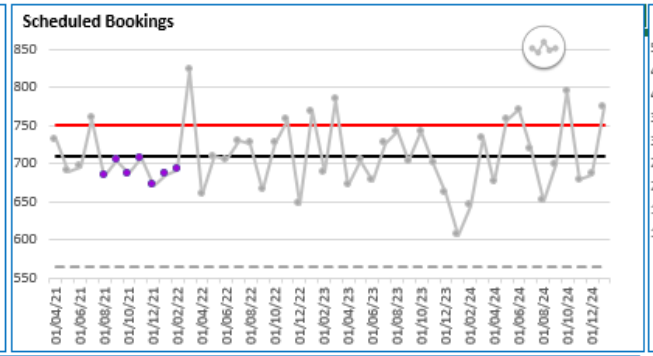


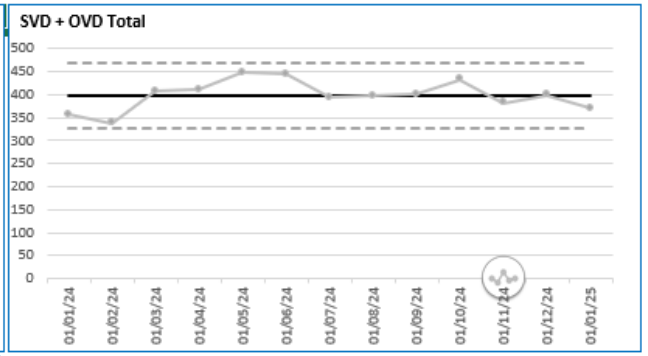
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
Hospital Associated Thromboses shows special concerning variation	Two hospital acquired thrombosis (HAT) were reported in January. Both involved shared care with Royal Berkshire Hospitals (RBH). As a learning response the service is hosting a shared Learning Multidisciplinary Team Review to identify any preventative actions and share learning across both sites and the BOB region. It is anticipated that pathways for sharing patient information will emerge as an area for improvement. In addition to this, the service will audit VTE compliance within the department, with particular focus on women who are readmitted.	LMDT scheduled for 11th February 2025 Actions and learning will be identified at this meeting and an action plan developed.	N/A	N/A

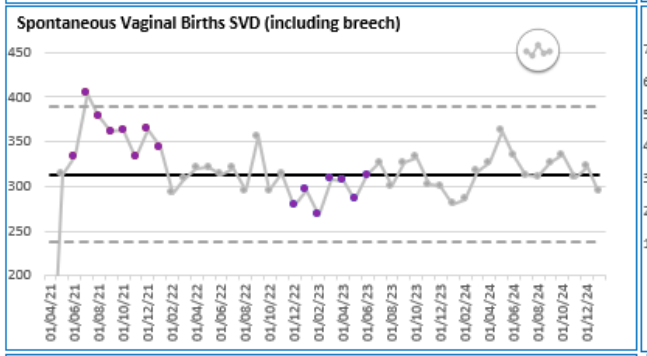
Appendix 1. SPC charts (1)

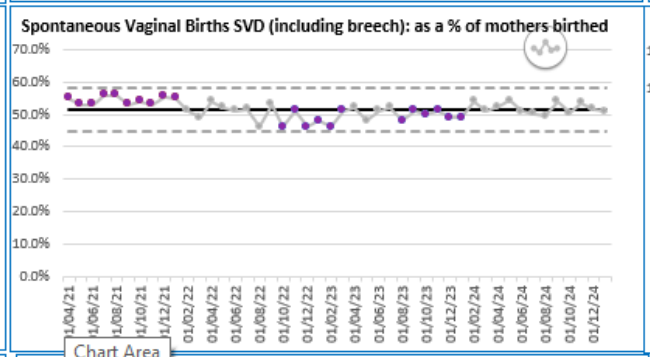


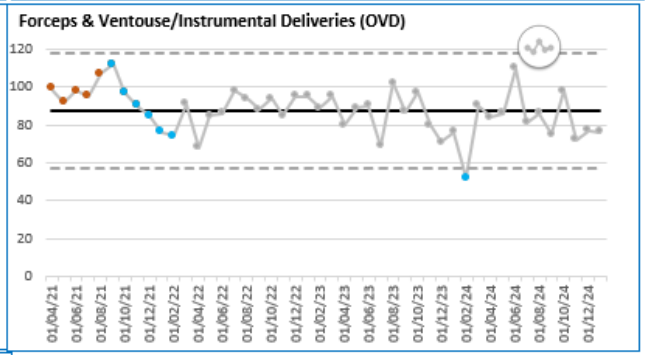


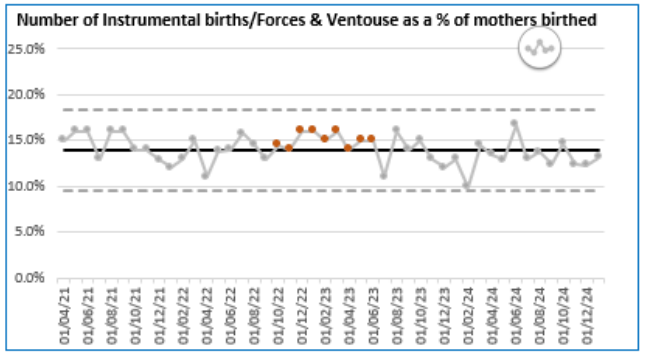


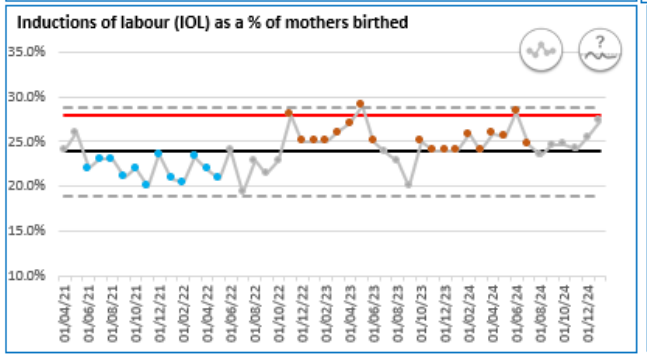


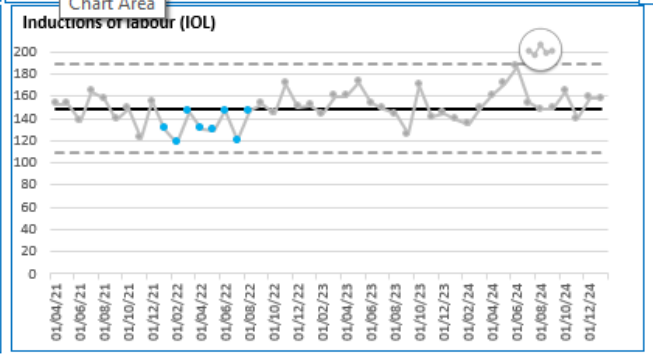




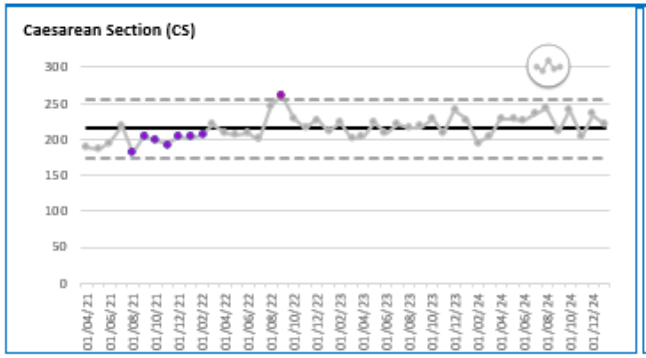


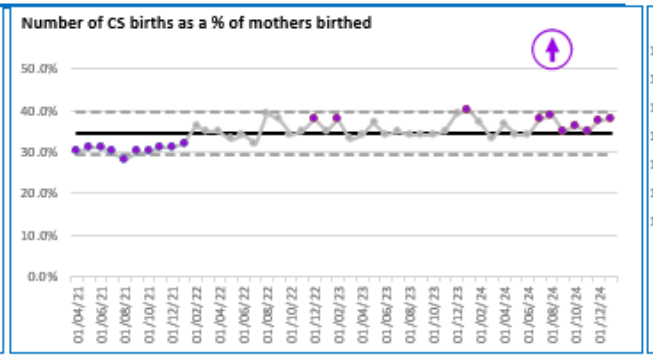


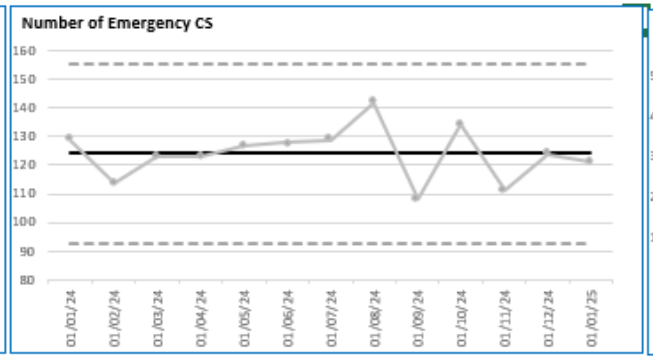


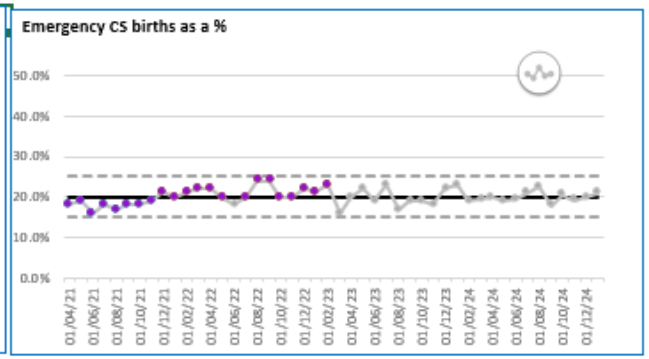


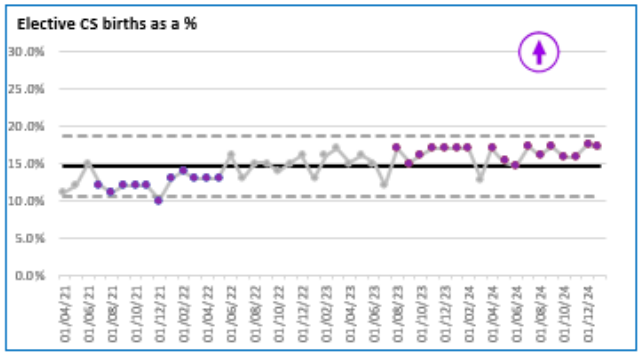
Appendix 2. SPC charts (2)

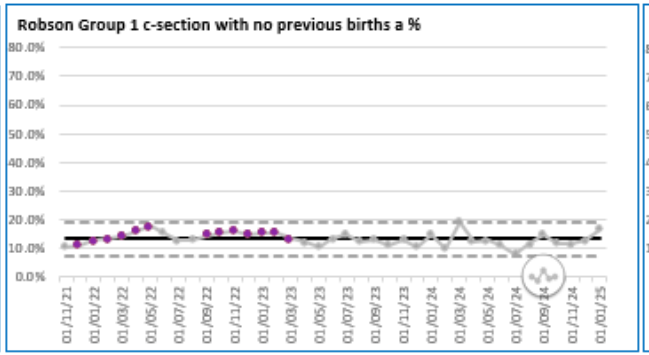


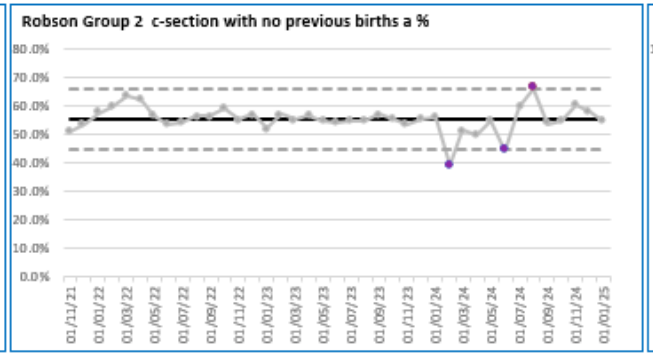


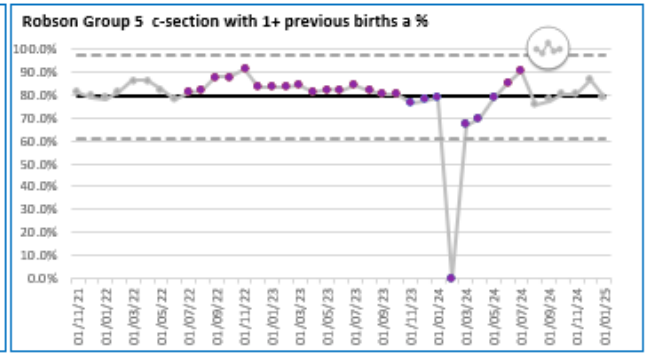


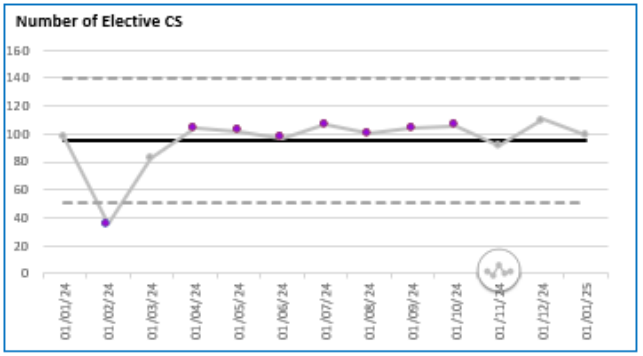


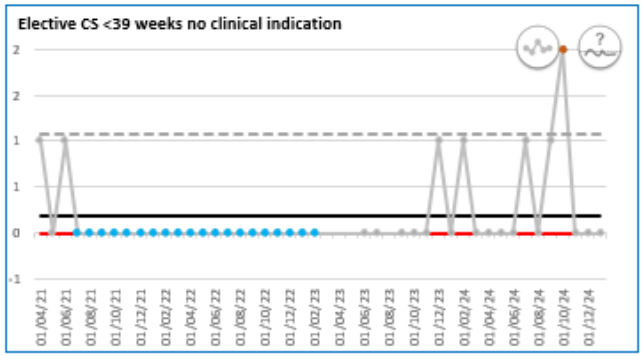




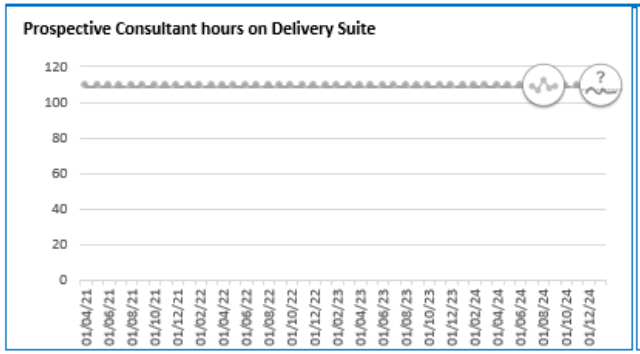


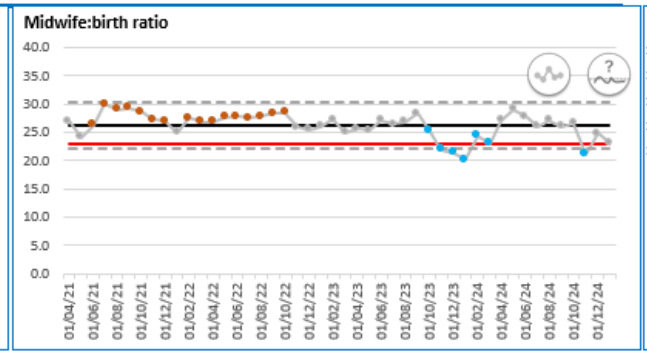


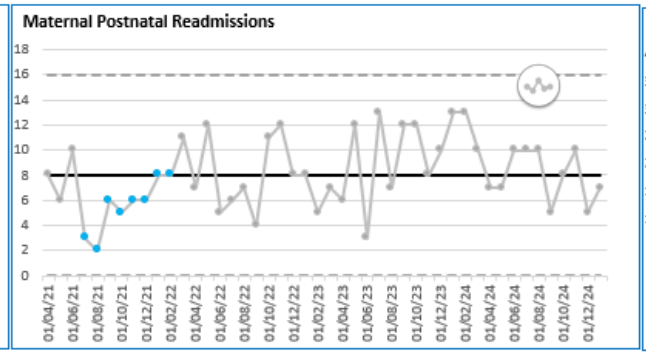


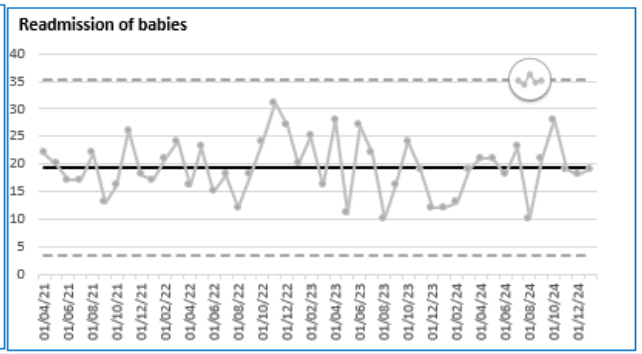


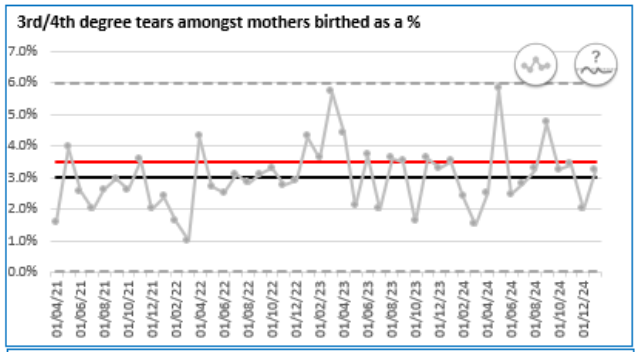
Appendix 3. SPC charts (3)

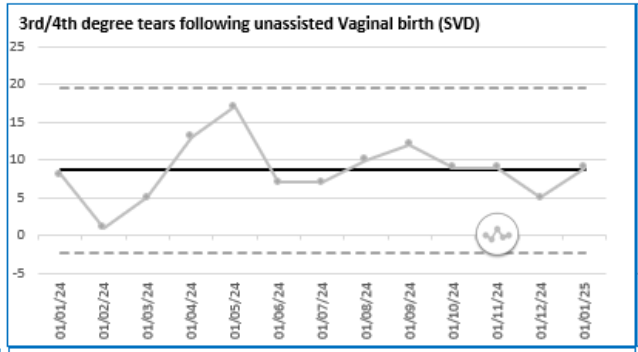


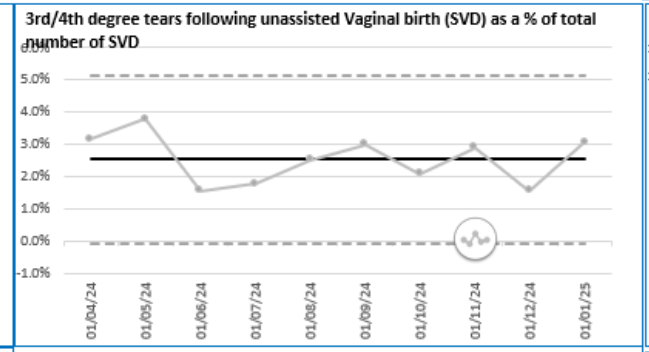


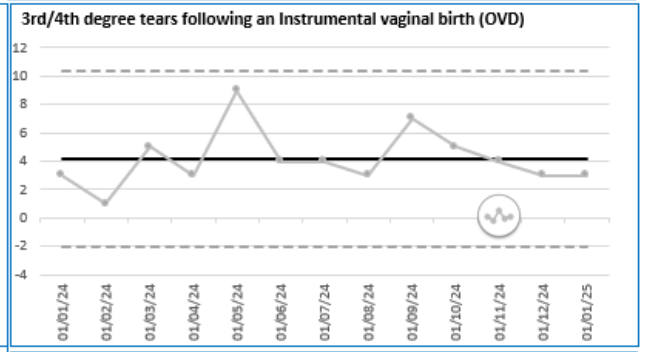


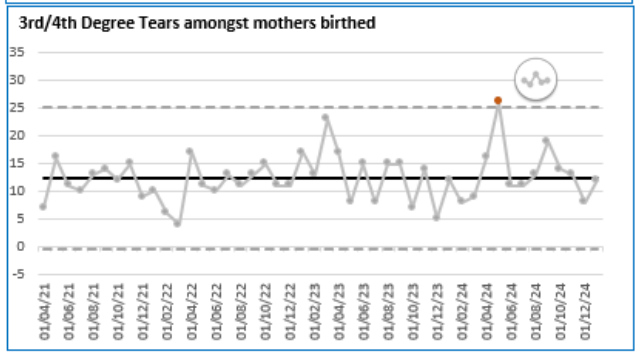


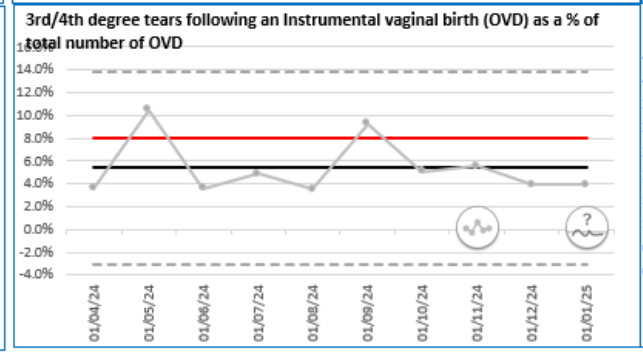


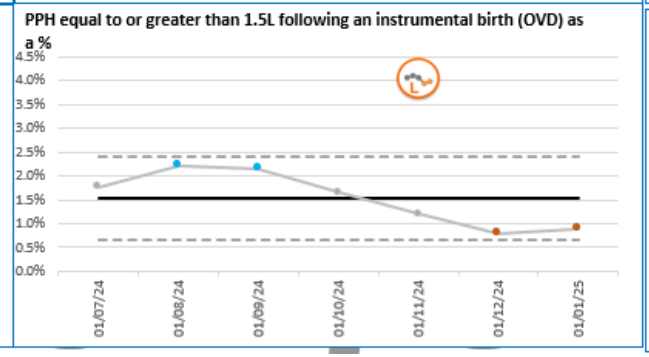


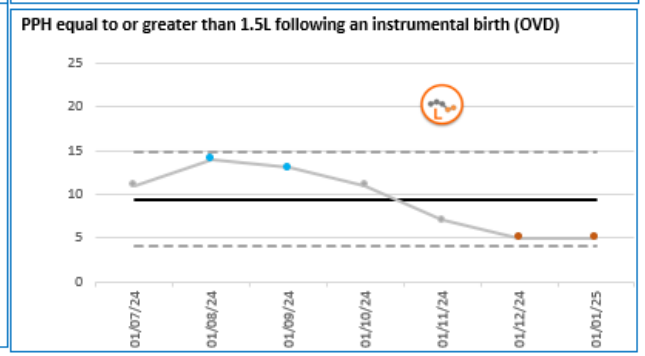




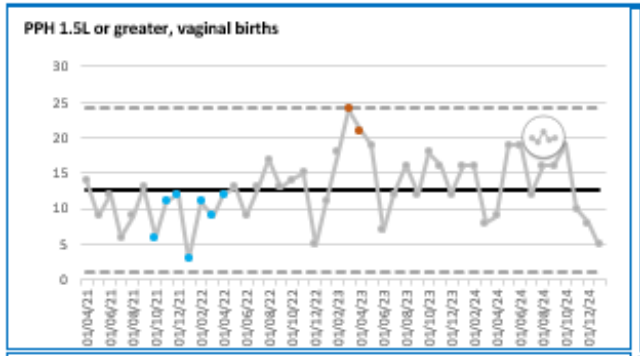


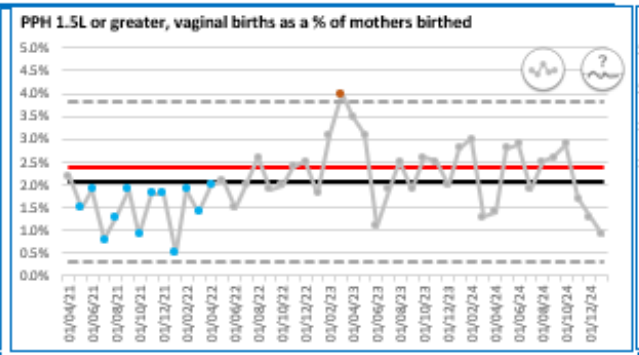


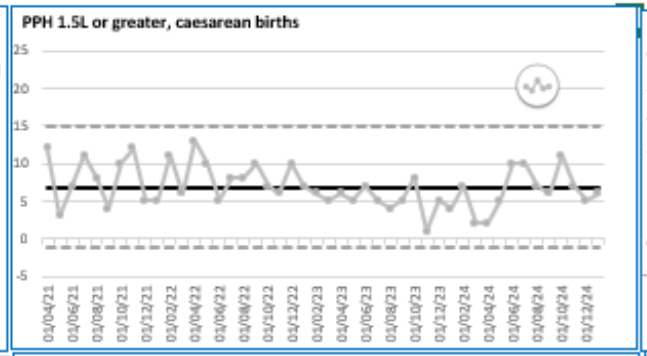


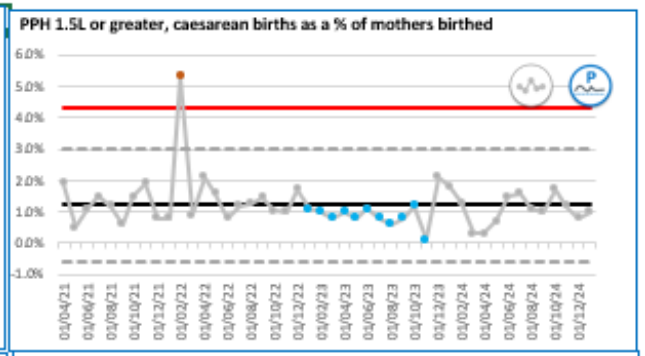


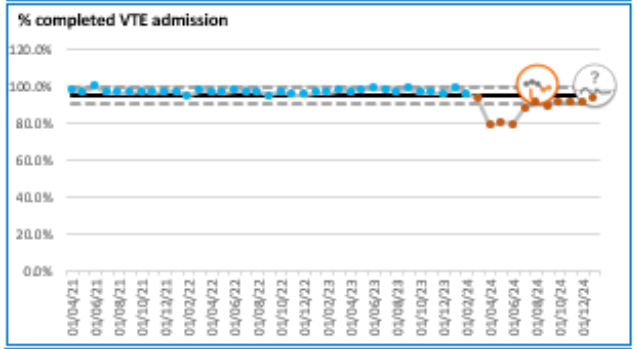
Appendix 4. SPC charts (4)

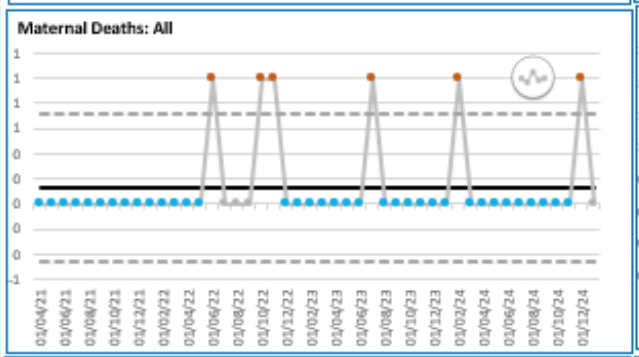


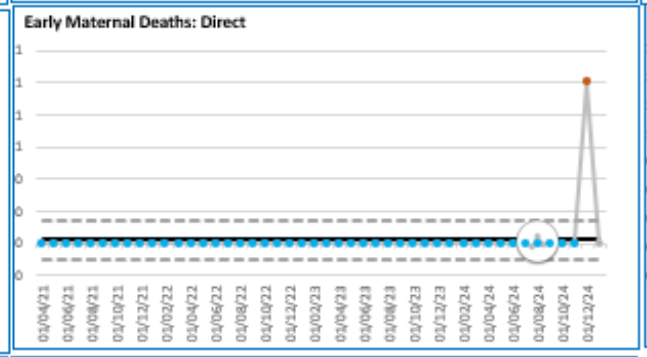


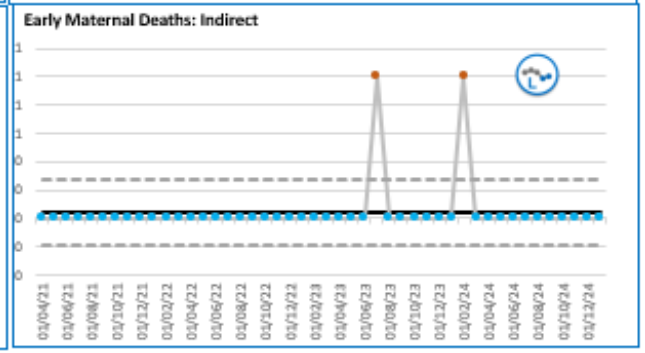


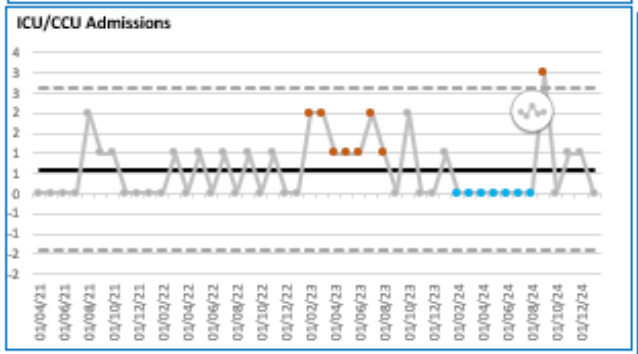


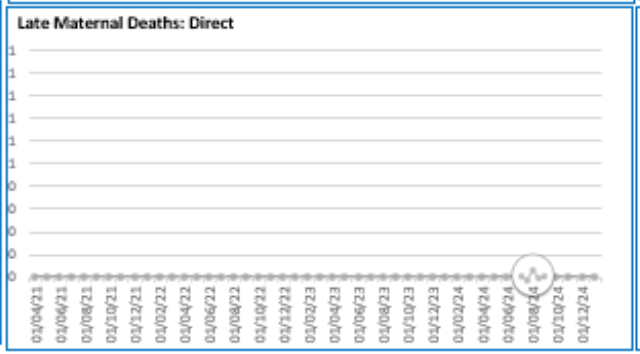


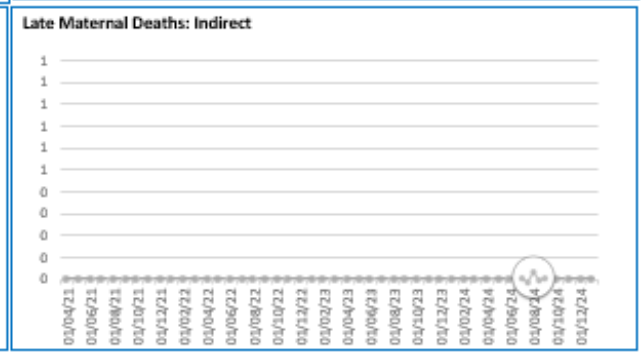




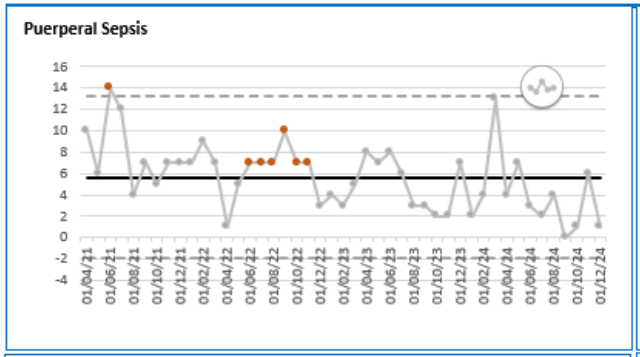


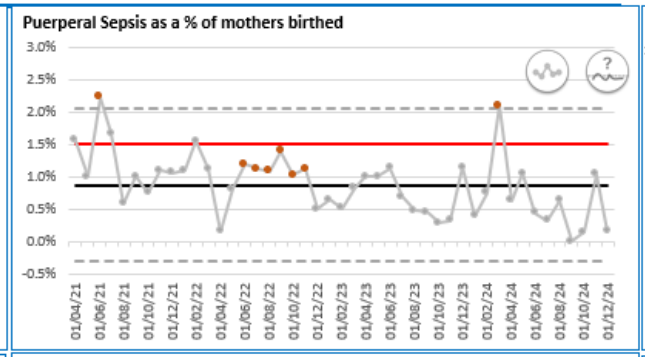


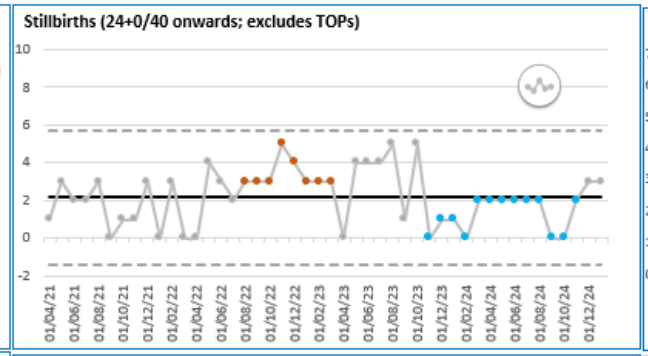


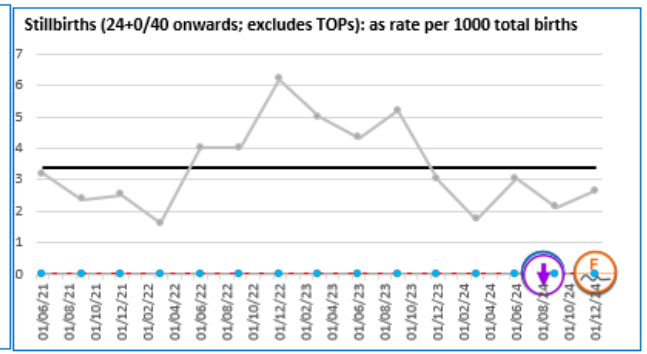


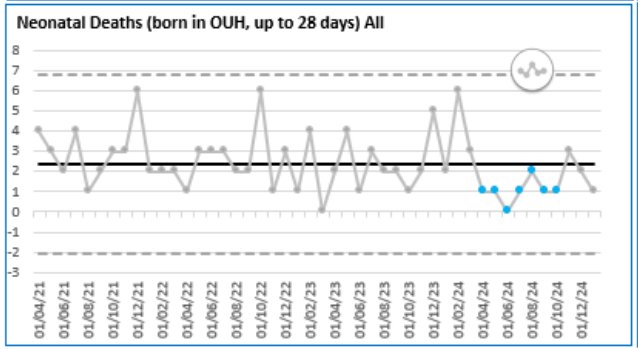
Appendix 5. SPC charts (5)

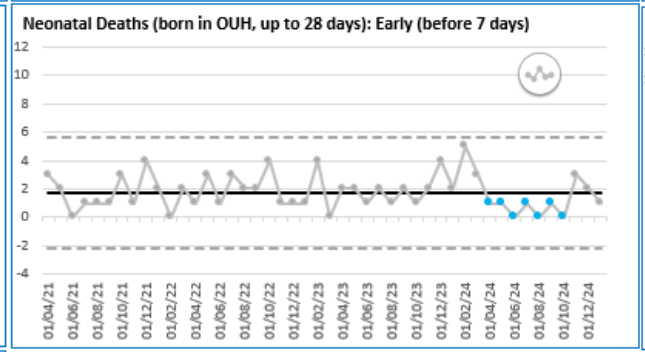


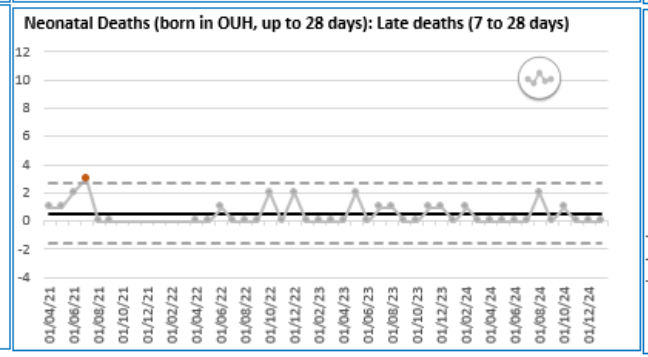


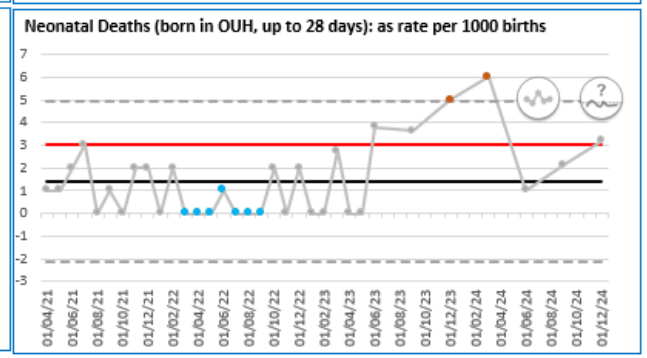


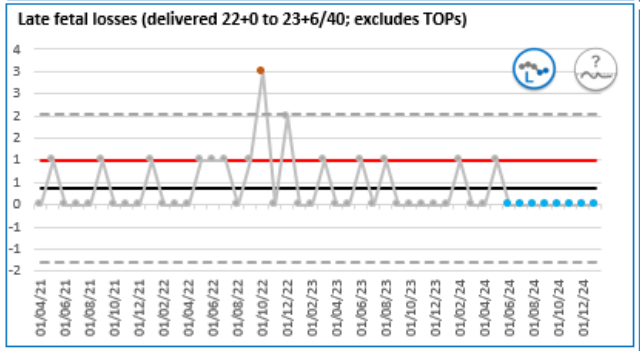


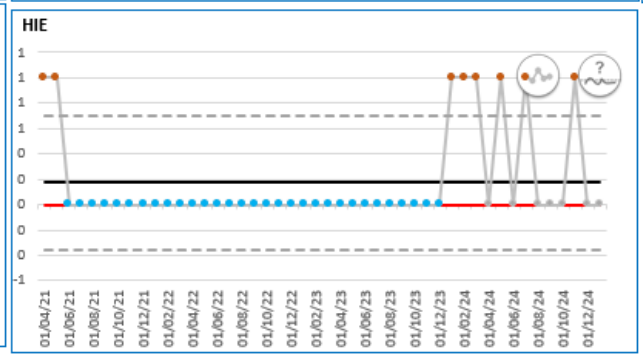




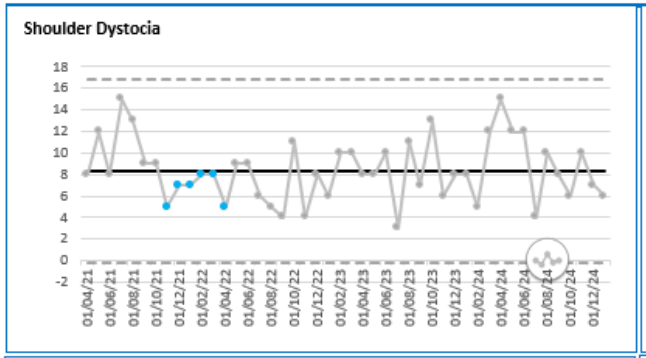


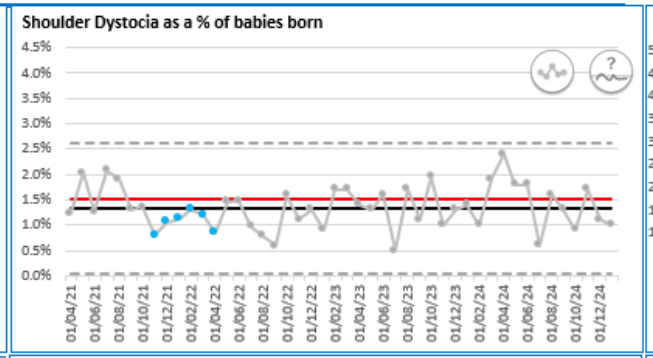


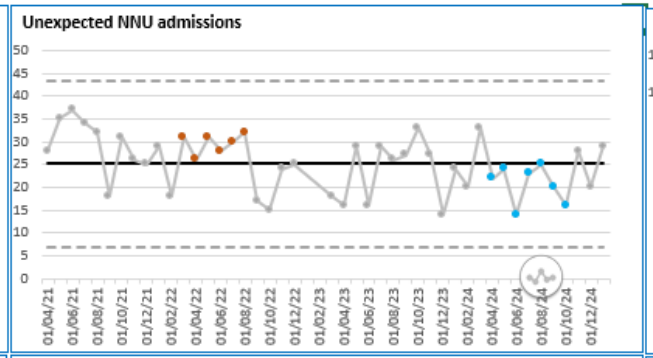


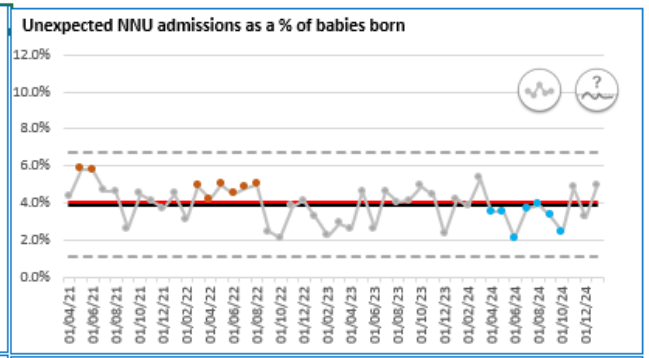


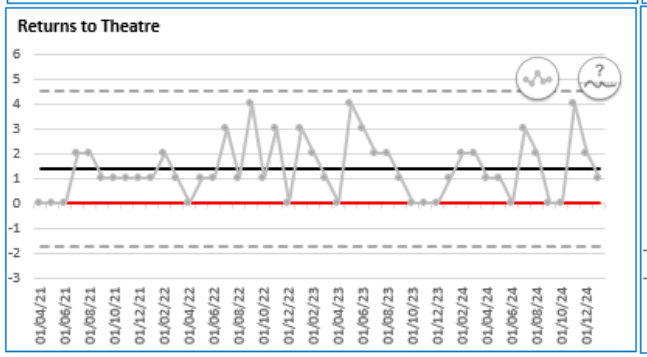
Appendix 6. SPC charts (6)

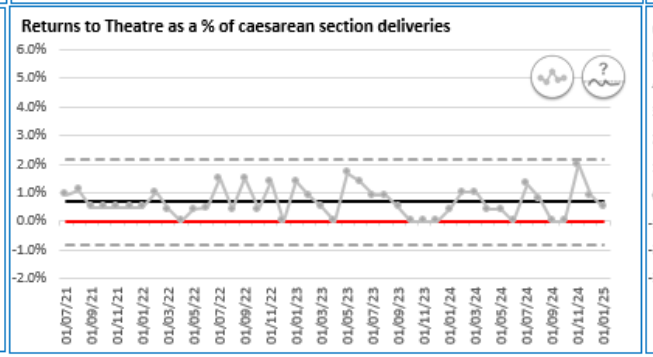


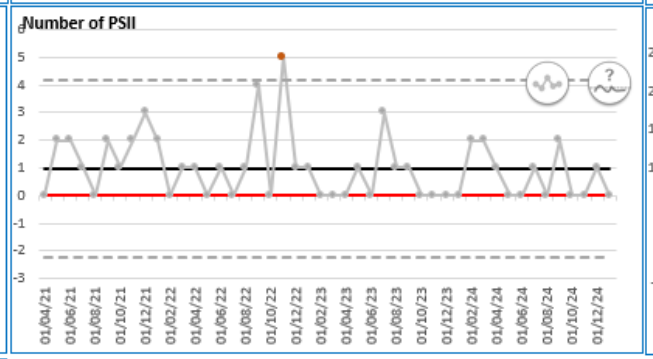


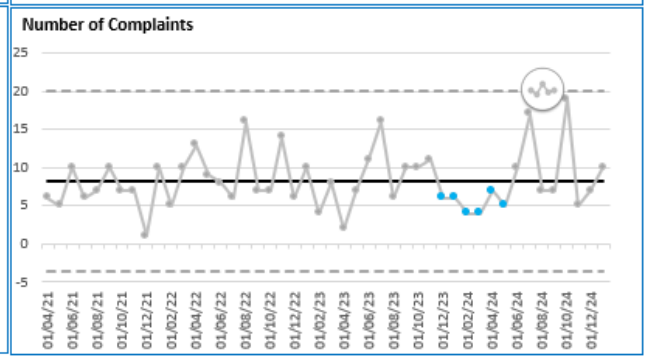


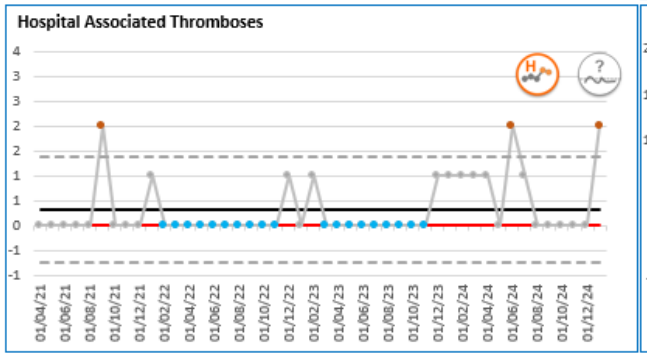


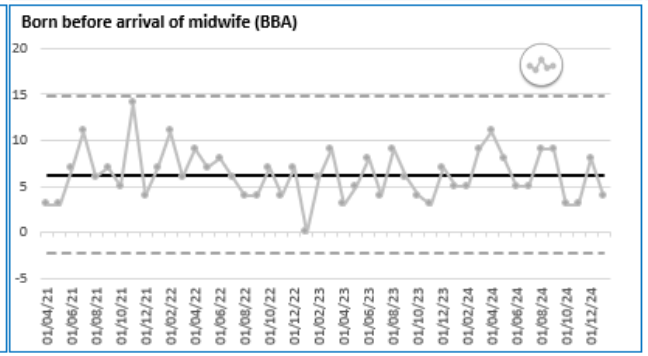




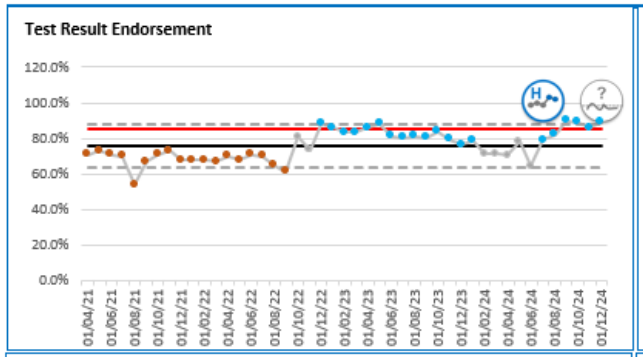


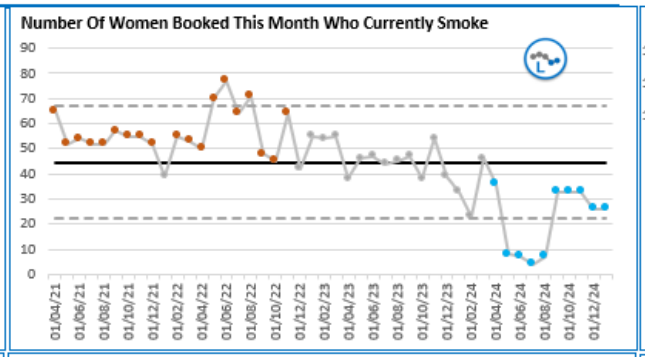


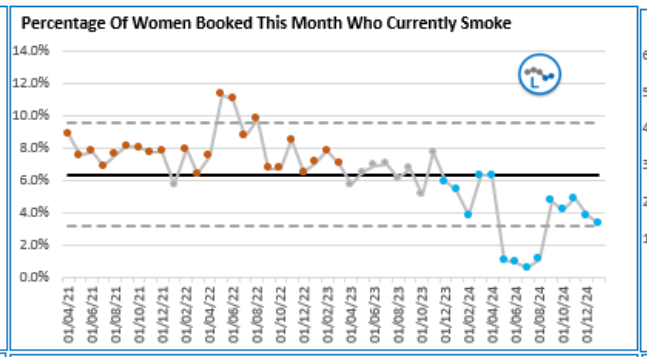


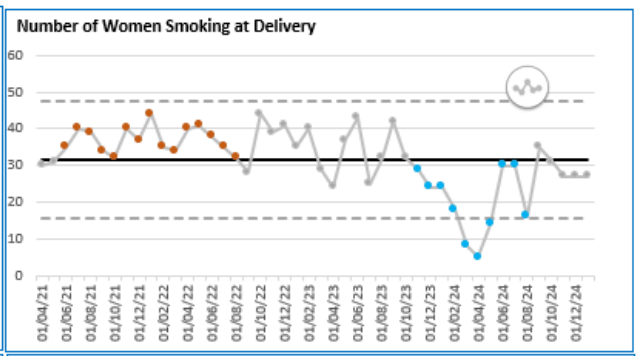


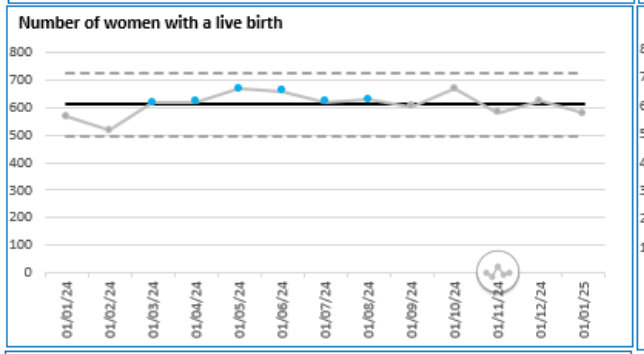
Appendix 7. SPC charts (7)

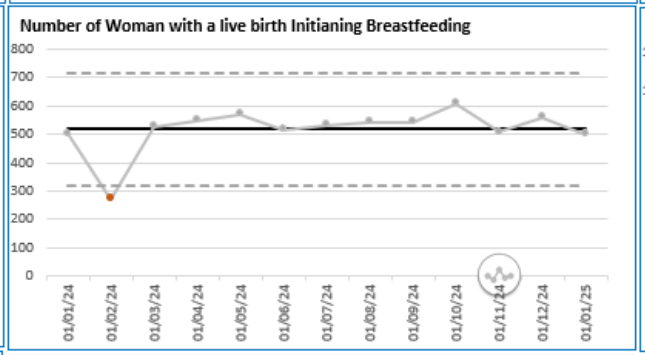


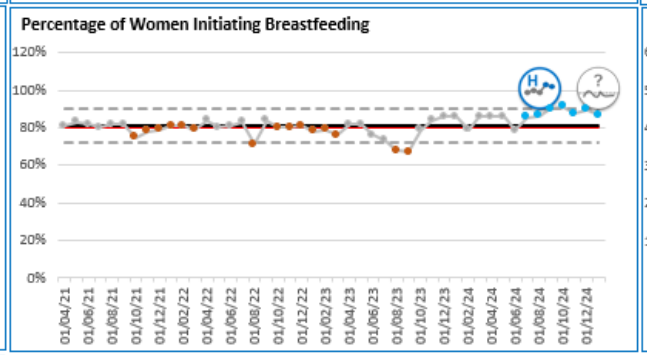


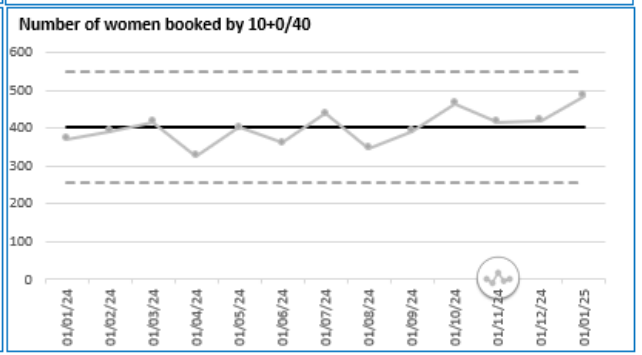


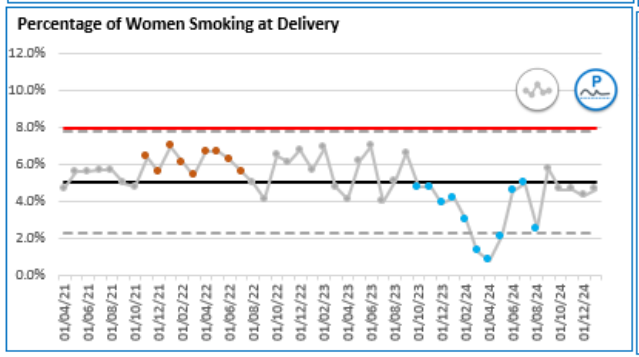


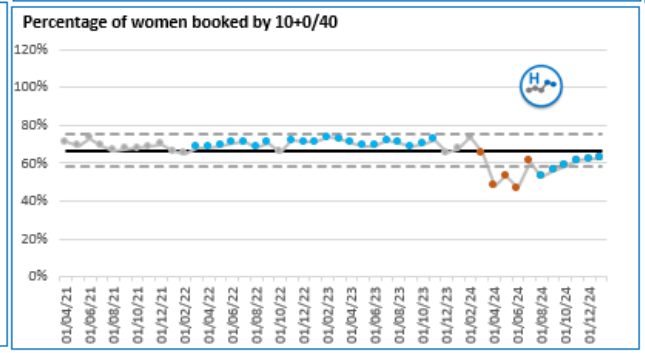












Appendix 1: Categories used for grading of care for perinatal mortality reviews (PMR)

- A – The review group concluded that there were no issues with care identified.
- B – The review group identified care issues which they considered would have made no difference to the outcome.
- C – The review group identified care issues which they considered may have made a difference to the outcome.
- D – The review group identified care issues which they considered were likely to have made a difference to the outcome.