



Oxford University Hospitals
NHS Foundation Trust

Maternity Performance Dashboard

(TB2023.05)

January 2023

Data period: November 2022

Presented at Public Trust Board 18 January 2023

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Notable Successes

- As a result of service level and corporate collaboration the new maternity performance dashboard was presented at Integrated Assurance Committee on 06 December 2022 (IAC2022.75 Maternity Performance Report_Nov 2022_IAC). The second iteration using this new dashboard is presented for consideration by the Trust Board today. Each month it will be presented to either Integrated Assurance Committee or Public Trust Board.
- The first Maternity Clinical Strategy stakeholder event, known as, Developing Maternity Services Together, was held on Friday the 18 November 2022 in Ruskin College in Headington. Representatives from Maternity Services and the wider Trust were joined by attendees from local partners to start a discussion on a shared vision, and the opportunities it presents, to enhance maternity services in Oxfordshire.
- A number of staff in Maternity met on the 30th November 2022 as part of the Culture, Standards & Behaviours workstream of the Maternity Development Programme in association with “A Kind Life” and they launched the OUH Co-Creation of our Maternity Charter.
- Maternity presented a Board seminar to the Trust Board on the 30th November 2022. The service presented on what support we need from Trust Board on: right people in the right place at the right time with the right skill mix, estates plan, equal accountability of support/clinical services, simplification of internal business planning processes, empowering decision making at department level.
- A business case has been approved at the Capital Management Group for a new birthing pool on Delivery Suite.

Executive summary, continued

Domain	Performance challenges, risks and interventions
Activity	The number of scheduled bookings were higher in November than in previous month. There was a reduction in the number of women who birthed in November.
Workforce	Midwife: birth ration was 1:25.9 which is an improvement from the previous month.
Maternal Morbidity	There was one maternal death in November. This is currently a SIRC investigation. There was one woman admitted to the intensive care unit.
Perinatal Morbidity and Mortality	Perinatal mortality cases are reviewed using the perinatal mortality review tool (PMRT). There were no cases reported of HIE 2 or 3 in November.
Re-admissions	There were three return to theatre cases in November. Cases reviewed to identify any learning. Return to theatre unavoidable.
Maternity Safety	There were 5 cases reported as serious incidents in November (two cases were reported to HSIB). Investigations are currently ongoing.
Test Endorsement	The endorsement of results was lower than expected in November. The quality improvement project continues. MAU have set up a results for 7 days endorsing list and all SHO's, SPRs and MAU midwives have access to it. They are encouraging staff to go through the list when in MAU in the mornings and on the caesarean section list. .
Public Health	The percentage of women initiating breastfeeding has been lower than expected. Maternity are recruiting infant feeding MSW's to support the initiation and success of breastfeeding.
Exception reports	

Indicator overview summary (SPC dashboard)



Exception report



KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Mothers birthed	Nov 22	620	625			637	551	722
Babies born	Nov 22	630	-			647	561	733
Scheduled Bookings	Nov 22	757	750			710	594	827
Inductions of labour from iView	Nov 22	171	-			143	97	190
Inductions of labour from iView: as % of mothers b	Nov 22	28.0%	28.0%			22.5%	16.2%	28.8%
Spontaneous Vaginal Births (including breech)	Nov 22	314	-			334	261	406
Spontaneous Vaginal Births (including breech): as	Nov 22	51.0%	-			52.4%	45.1%	59.6%
Forceps & Ventouse	Nov 22	85	-			91	67	114
Forceps & Ventouse: as % of mothers birthed	Nov 22	14.0%	-			14.2%	10.3%	18.0%

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
C-Section	Nov 22	216	-			220	177	264
as % of mothers birthed	Nov 22	35.0%	-			35.1%	29.5%	40.7%
% Emergency c-sections	Nov 22	20.0%	-			19.8%	15.8%	23.7%
% Elective c-sections	Nov 22	15.0%	-			14.3%	10.5%	18.1%
Robson group 1 c-section with no previous births	Aug 22	0	-			0	0	0
Robson group 2 c-section with no previous births	Aug 22	56.4%	-			56.7%	48.9%	64.5%
Robson group 5 c-section with 1+ previous births	Aug 22	1	-			1	1	1
Elective CS <39 weeks no clinical indication	Nov 22	0.0%	0.0%			0.0%	0.0%	0.0%
Prospective Consultant hours on Delivery Suite	Nov 22	109	109			109	109	109
Midwife:birth ratio (1 to X)	Nov 22	25.9%	28.0%			27.4%	24.3%	30.6%

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
3rd/4th Degree Tear	Nov 22	11	-			11	2	21
3rd/4th Degree Tear as % of SVD+OVD	Nov 22	2.8%	3.5%			2.7%	0.3%	5.0%
3rd/4th Degree Tear with unassisted births (SVD)	Nov 22	2.2%	-			2.4%	-1.5%	6.3%
3rd/4th Degree Tear with assisted births (OVD)	Nov 22	4.7%	-			4.6%	-2.1%	11.2%
PPH 1.5L or greater, vaginal births	Nov 22	15	-			11	1	22
PPH 1.5L or greater, vaginal births as % of mothers	Nov 22	2.4%	2.4%			1.7%	0.0%	3.4%
PPH 1.5L or greater, caesarean births	Nov 22	6	-			8	-2	18
PPH 1.5L or greater, caesarean births as % of moth	Nov 22	1.0%	4.3%			1.4%	-1.1%	4.0%
ICU/CCU Admissions	Nov 22	1	-			0	-1	2
% completed VTE admission assessments	Nov 22	95.5%	95.0%			96.9%	93.7%	100.1%

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
ER Maternal Deaths: all	Nov 22	1	-			0	0	1
Early Maternal Deaths: Direct	Nov 22	0	0			0	0	0
Early Maternal Deaths: Indirect	Nov 22	0	-			0	0	0
Late Maternal Deaths: Direct	Nov 22	0	-			0	0	0
Late Maternal Deaths: Indirect	Nov 22	0	-			0	0	0
ER Puerperal Sepsis	Nov 22	7	0			7	0	14
Puerperal Sepsis as % of mothers birthed	Nov 22	1.1%	1.5%			1.1%	0.0%	2.3%
Stillbirths (24+0/40 onwards; excludes TOPs)	Nov 22	5	0			2	-2	6
ER Stillbirths (24+0/40 onwards; excludes TOPs): as rate	Oct 22	4	-			3	#DIV/0!	#DIV/0!
Late fetal losses (delivered 22+0 to 23+6/40; excludes	Nov 22	0	1			1	-1	2

Indicator overview summary (SPC dashboard), *continued*



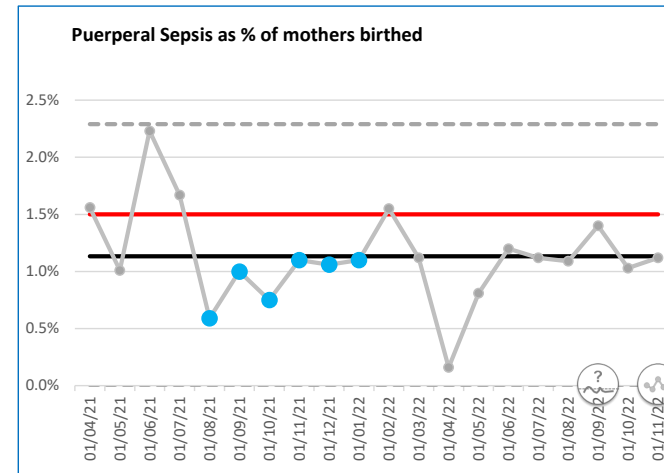
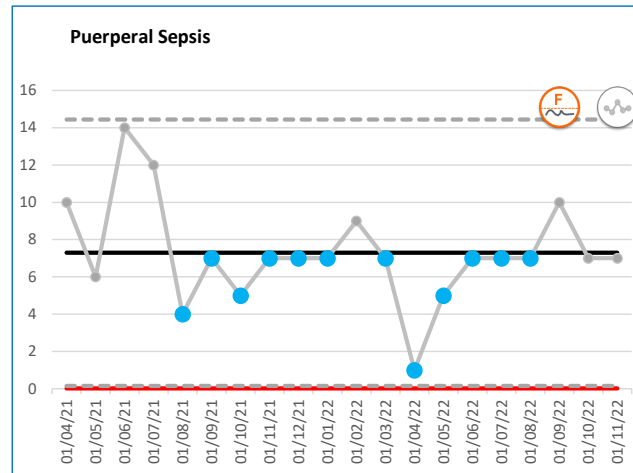
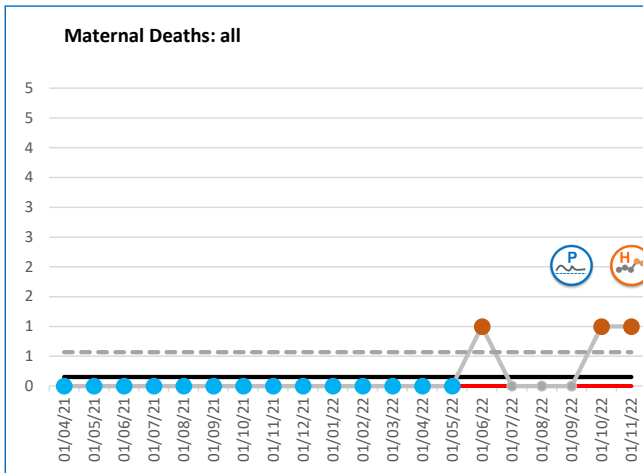
Exception report



KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Neonatal Deaths (born in OUH, up to 28 days)	Nov 22	1	-			3	-1	7
Neonatal Deaths (born in OUH, up to 28 days): Early (0-7 days)	Nov 22	1	-			2	-2	6
Neonatal Deaths (born in OUH, up to 28 days): as rate	Nov 22	0.0	-			0.9	-2.1	3.8
HIE 2	Nov 22	0	0			0	0	0
HIE 3	Nov 22	0	0			0	-1	1
ER Shoulder Dystocia	Nov 22	4	0			8	1	16
Shoulder Dystocia: as % of births	Nov 22	1.1%	-			1.3%	0.2%	2.4%
ER Unexpected NNU admissions	Nov 22	24	0			27	11	44
Unexpected NNU admissions: as % of births	Nov 22	3.8%	4.0%			4.2%	1.6%	6.8%
Hospital Associated Thromboses	Nov 22	0	0			0	-1	1
Returns to Theatre	Nov 22	3	0			1	-1	4
Returns to Theatre: as % of caesarean section deliveries	Nov 22	1.4%	-			0.7%	-0.6%	2.0%

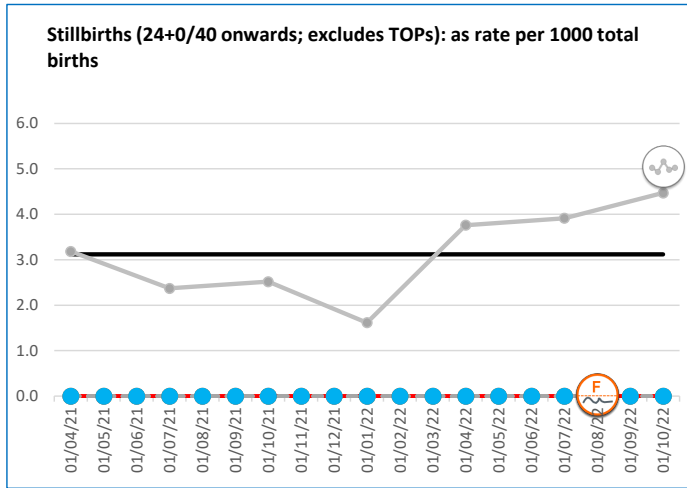
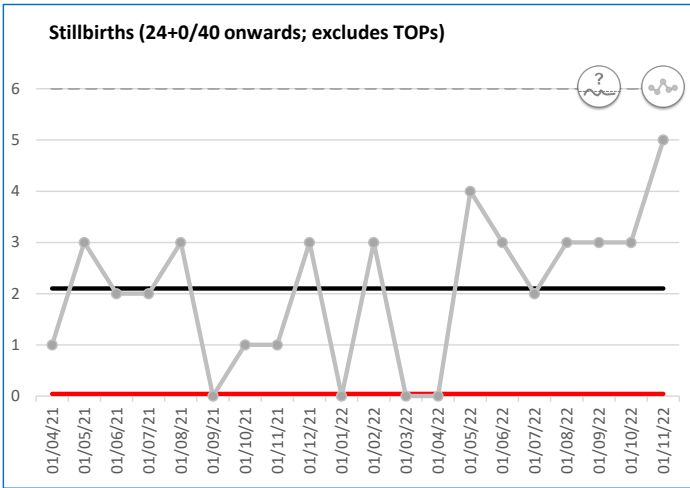
KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Number of SIRI	Nov 22	5	-			1	-3	5
Number of Divisional Investigations	Nov 22	0	-			0	0	1
Number of Complaints	Nov 22	14	-			8	-3	19
Born before arrival of midwife (BBA)	Nov 22	4	-			7	-2	15
ER Test Result Endorsement	Nov 22	73.4%	85.0%			69.0%	56.4%	81.6%
Number Of Women Booked This Month Who Currently Smoke	Nov 22	64	-			57	35	78
Percentage Of Women Booked This Month Who Currently Smoke	Nov 22	8.5%	-			8.0%	4.7%	11.3%
Number of Women Smoking at Delivery	Nov 22	39	0			36	24	49
Percentage of Women Smoking at Delivery	Nov 22	6.1%	8.0%			5.7%	3.8%	7.7%
Percentage of Women Initiating Breastfeeding	Nov 22	80.0%	80.0%			80.3%	71.5%	89.1%
Percentage of women booked by 10+0/40	Nov 22	72.1%	0.0%			68.9%	62.8%	75.0%

Maternity exception report (1)



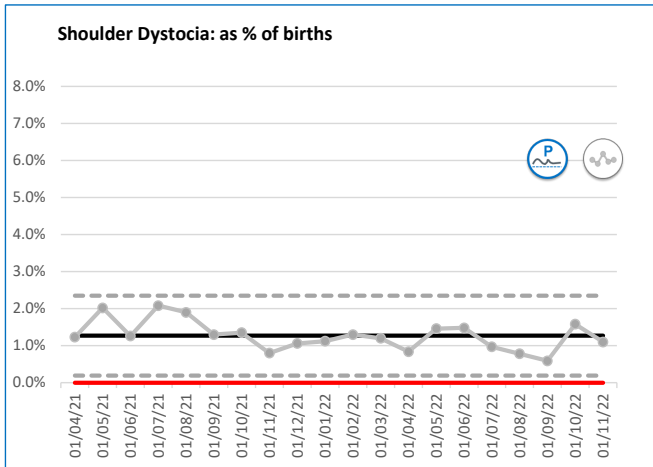
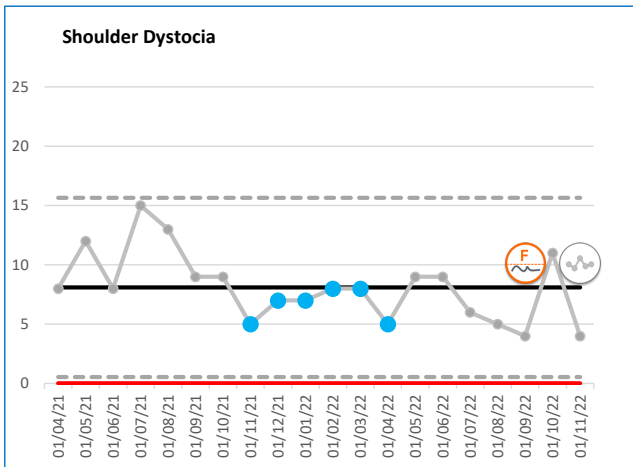
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
<p>In November one maternal death was reported, triggering special cause variation of a higher level due to the incident exceeding the upper control limit.</p>	<p>This postnatal woman was readmitted to the hospital following the birth of her baby. This is currently a SIRI investigation (2223-076). The Coroner has confirmed the medical cause of death as COVID-19 pneumonia.</p>	<p>Awaiting the outcome of the investigation. The preliminary report was presented to SI Group 05/01/2023.</p>	<p>N/A</p>	
<p>There were seven cases of Puerperal Sepsis reported in November. The indicator met the average of seven and exhibited common cause variation. The indicator has consistently not achieved the target of zero so has failed the process assurance. However, as a percentage of mothers birthed performance is consistently better than the target.</p>	<p>To continue to monitor these cases.</p>			

Maternity exception report (2)



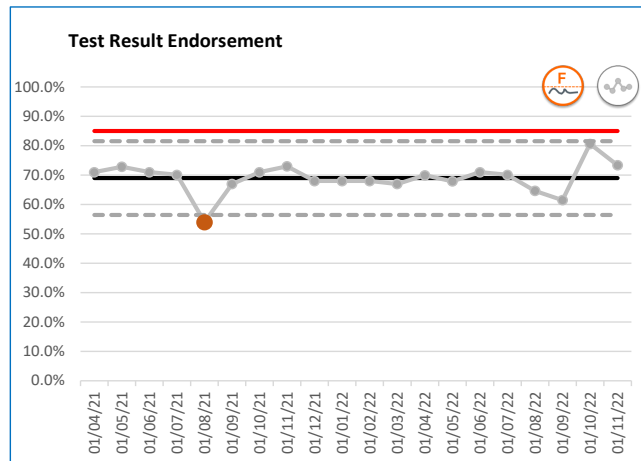
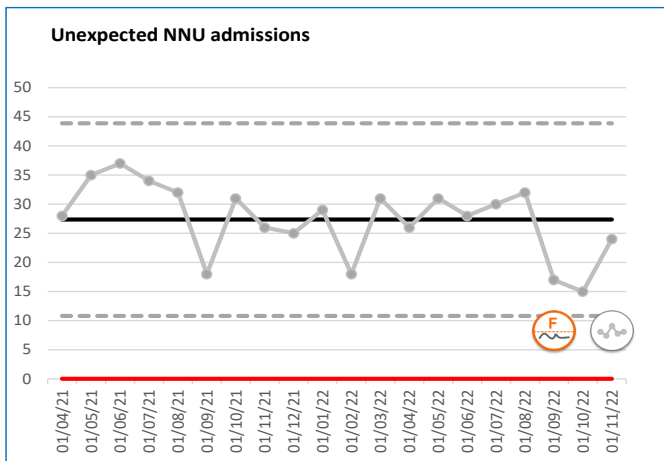
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
<p>In November there were five stillbirths reported. The indicator has recorded stillbirths at or above the average of two, for over six successive months triggering special cause variation. It is noted that due to the low volume of stillbirths, the SPC chart will be more susceptible to triggering special cause variation than higher volume indicators.</p>	<p>All stillbirths are investigated using the Perinatal Mortality Review Tool (PMRT) and process has been followed.</p>	<p>Cases are reviewed weekly at the PMR meeting and any cases graded a 'C' or a 'D' where care issues have been identified and may have or likely to have made a difference are reported to the Trust patient safety team.</p>	<p>N/A</p>	<p>High</p>
<p>Stillbirths reported as a rate per 1000 total births exhibit common cause variation but are consistently failing the target of zero percent.</p>				

Maternity exception report (3)



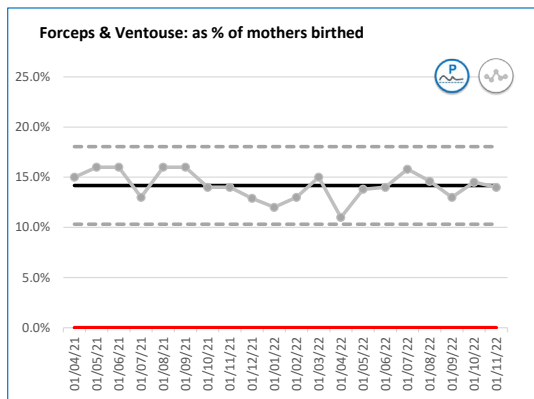
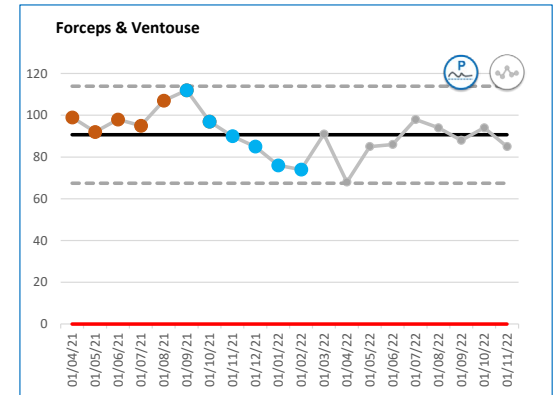
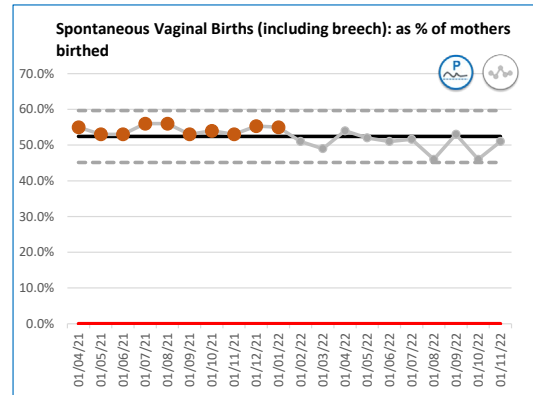
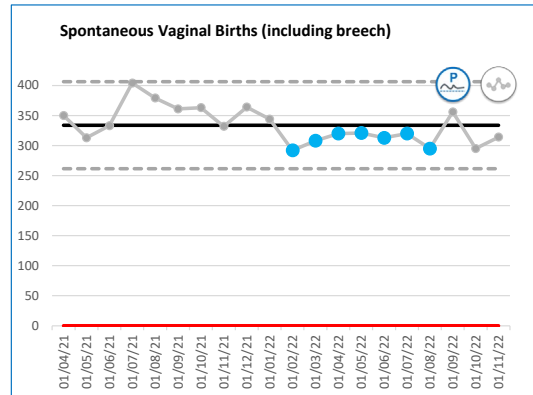
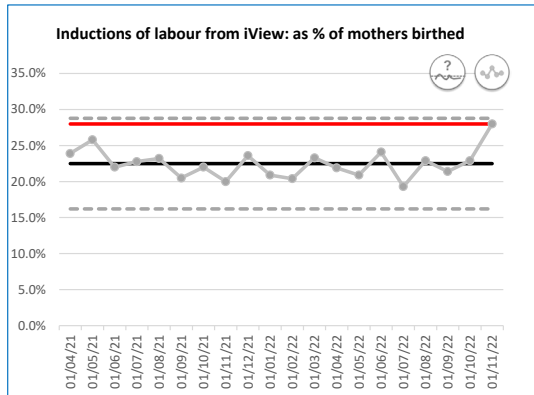
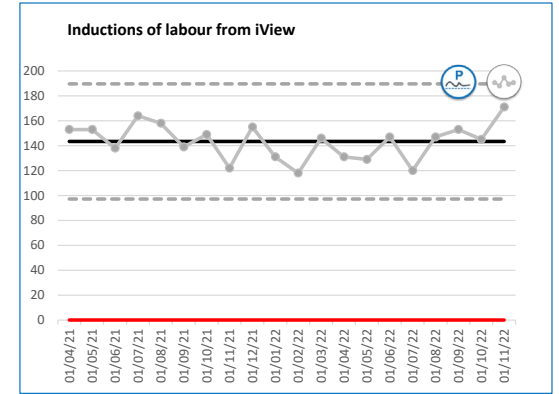
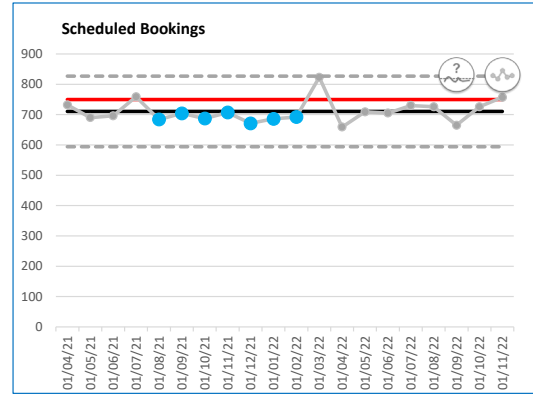
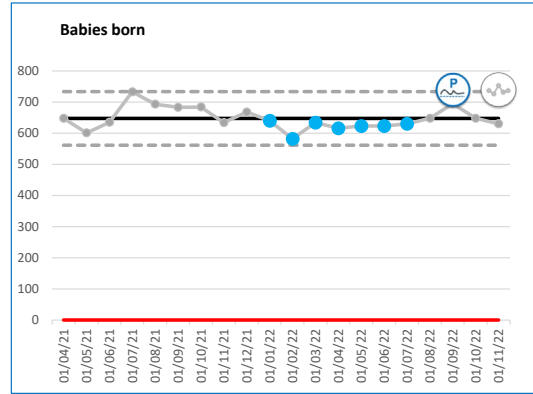
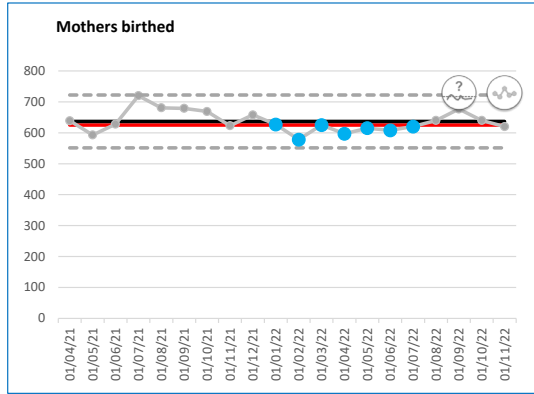
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
<p>There were 4 cases of Shoulder Dystocia reported in November. The indicator was below the average of eight and exhibited common cause variation. The indicator has consistently not achieved the target of zero so has failed the process assurance. However, as a percentage of births performance is better than the target.</p>	<p>The number of shoulder dystocia's is lower in November (1.1%) – reduced from are reviewed using the proformas on Ulysses. This is less than the target of 1.5%.</p>	<p>Feedback given to staff through Ulysses.</p>	<p>N/A</p>	<p>High</p>

Maternity exception report (4)

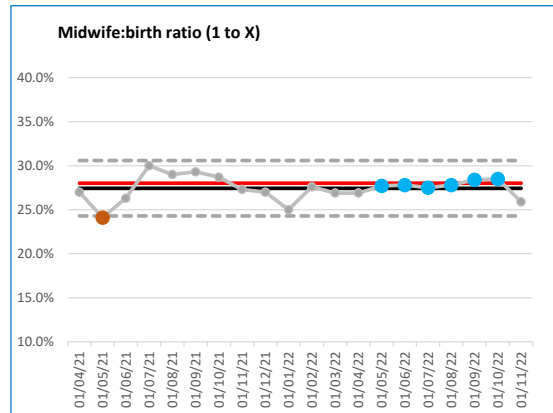
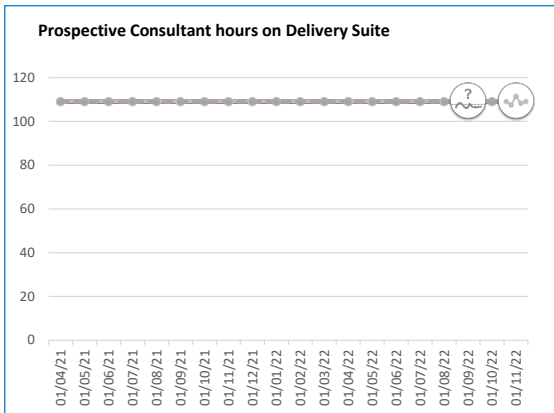
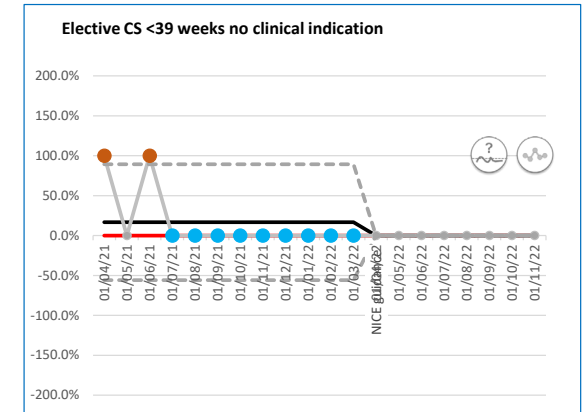
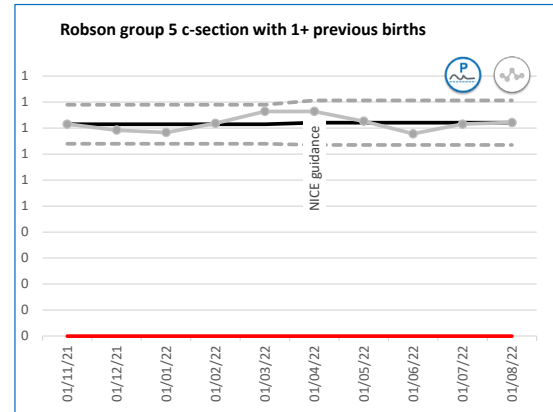
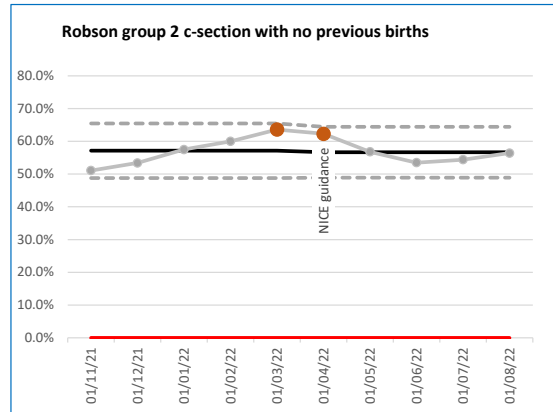
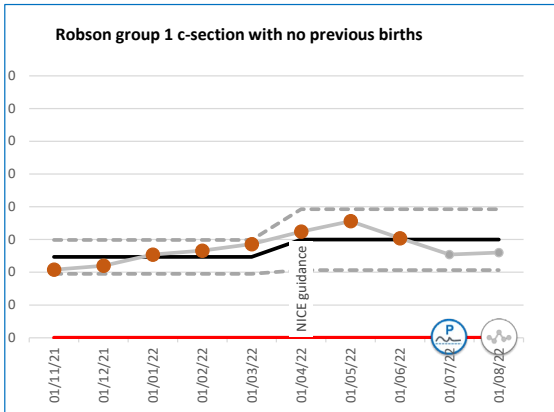
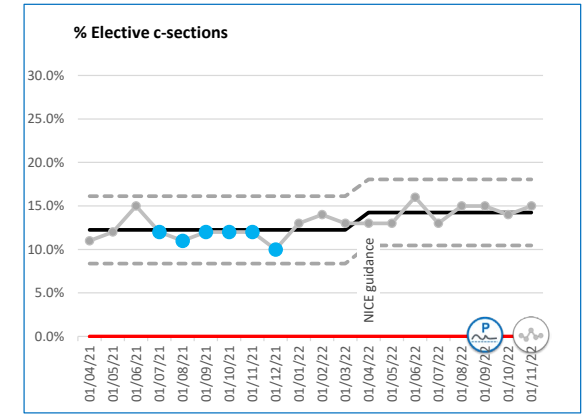
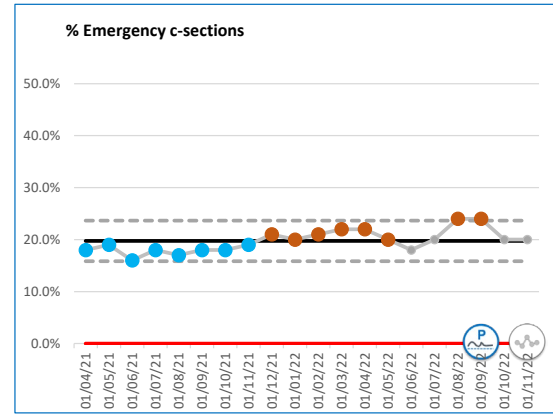
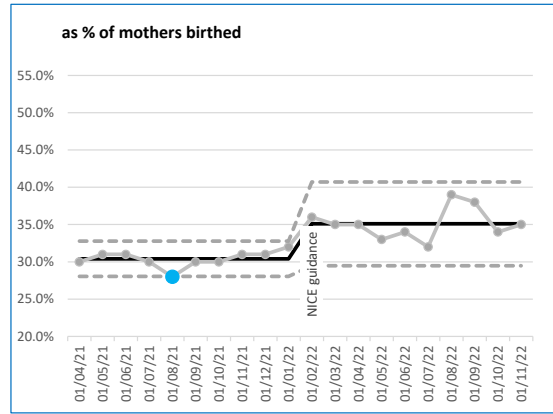
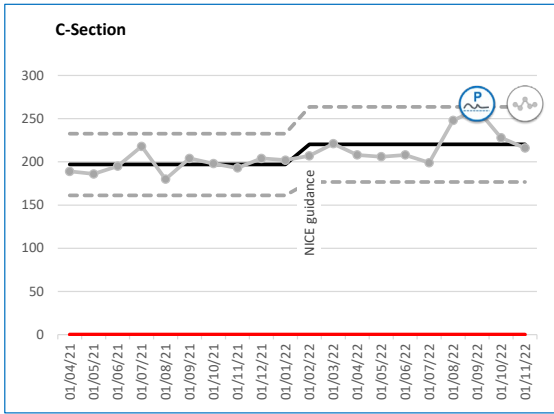


Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
<p>In November there were 24 Unexpected NNU admissions. The indicator remained below the average of 27 and displayed common cause variation. The indicator has consistently not achieved the target of zero so has failed the process assurance.</p>	<p>The target for unexpected admissions to SCBU is less than 4% and in November it was 3.8%. All term admissions to the neonatal team are reported on Ulysses and are reviewed using the proformas that are on Ulysses. The learning identified from cases reviewed in November was related to ensuring maternal observations are completed on admission in labour, reinforce the importance of documenting the symphysis fundal height (SFH) antenatally, fresh eyes to be completed as per guidelines, especially important when plan of care changes due to CTG changes, reinforce the importance of sending placentas to histology if baby admitted to SCBU.</p>	<p>Feedback given to staff through Ulysses. Feedback shared at the intrapartum group meeting. Currently an audit in progress on plotting SFH antenatally and there is a separate audit related to CTG's following the introduction of the new CTG sticker and updated guideline in 2022.</p>	<p>N/A</p>	
<p>Performance of Test Result Endorsement was 73.4% in November, exhibiting common cause variation. The indicator has consistently not achieved the target of zero so has failed the process assurance.</p>	<p>The quality improvement project continues on MAU and on the postnatal ward. In MAU they have set up a results for 7 days endorsing list. They are encouraging staff to go through the list when in MAU in the mornings and on the caesarean section list. Staff are also encouraged to fill out a single EPR Powernote on discharge which helps when actioning results remotely. Quick guidance for actioning abnormal results is being developed and will be added as an appendix to the MAU guideline.</p>	<p>QI project ongoing</p>	<p>N/A</p>	<p>High</p>

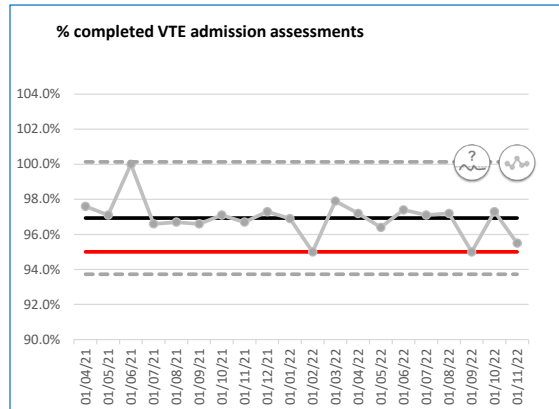
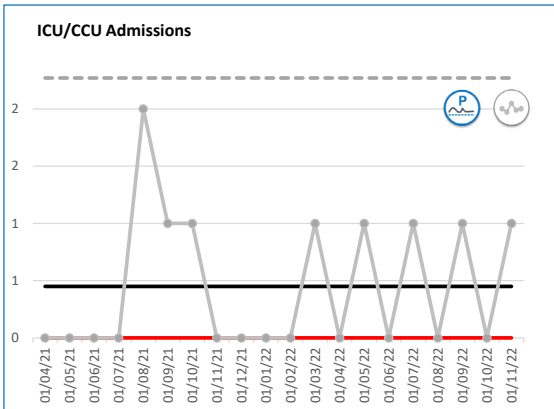
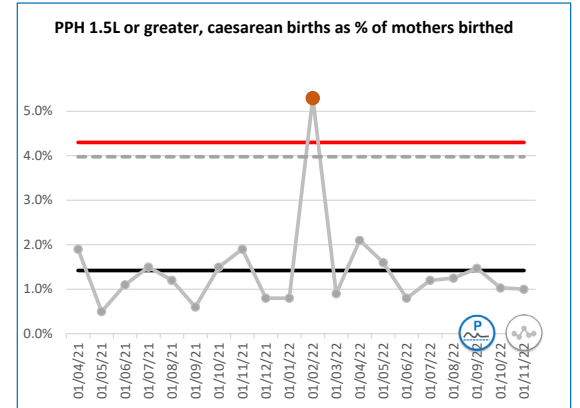
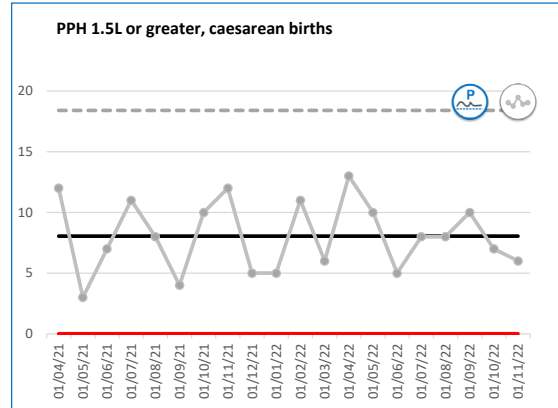
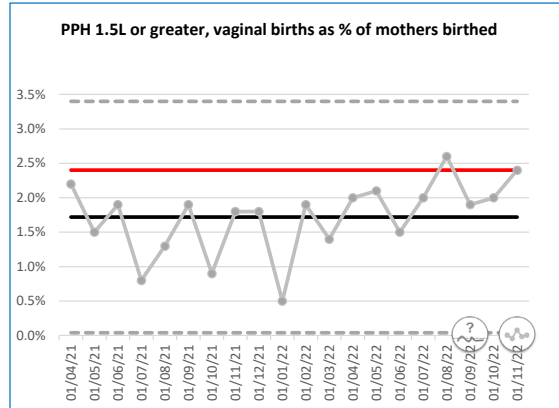
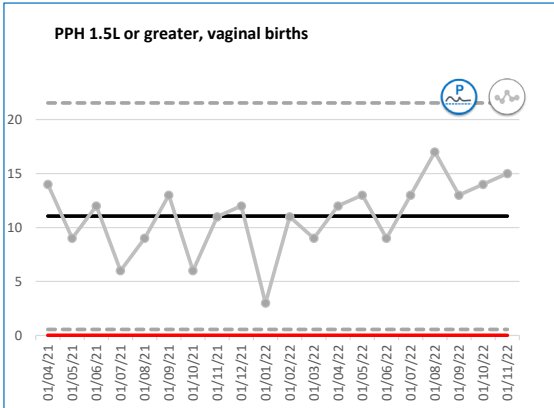
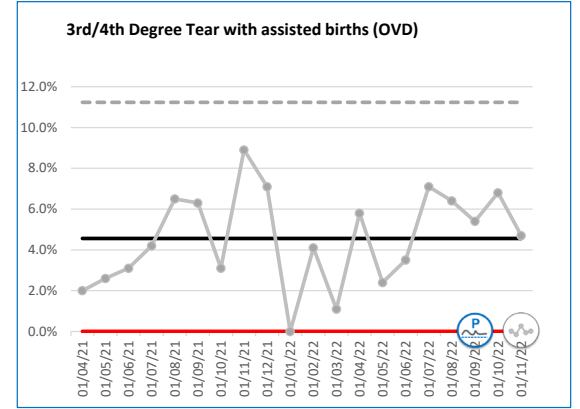
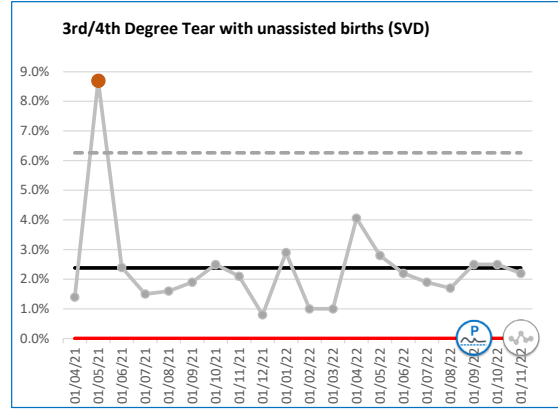
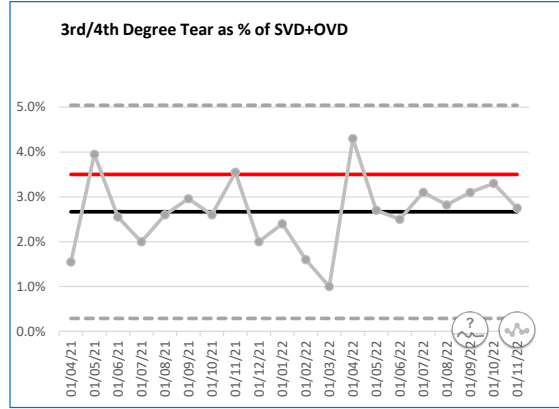
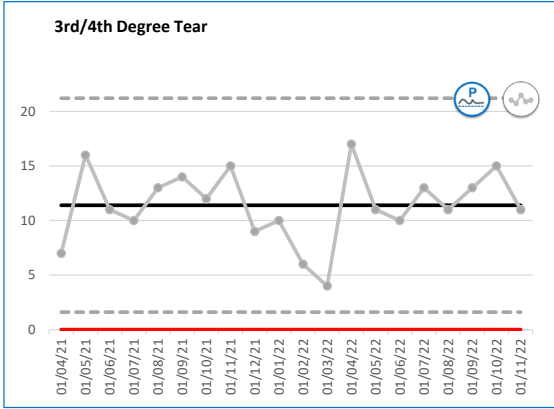
Appendix 1. SPC charts (1)



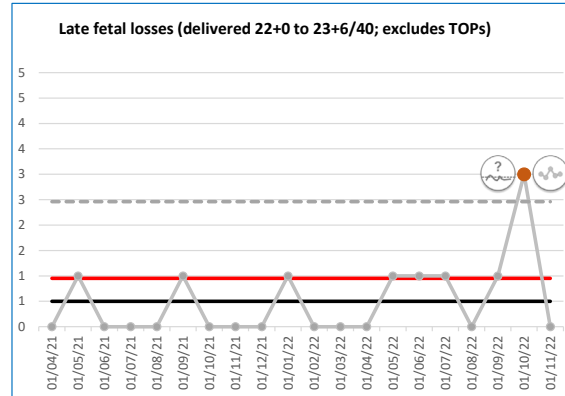
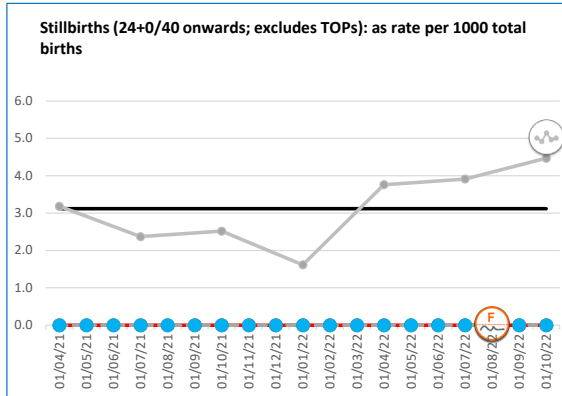
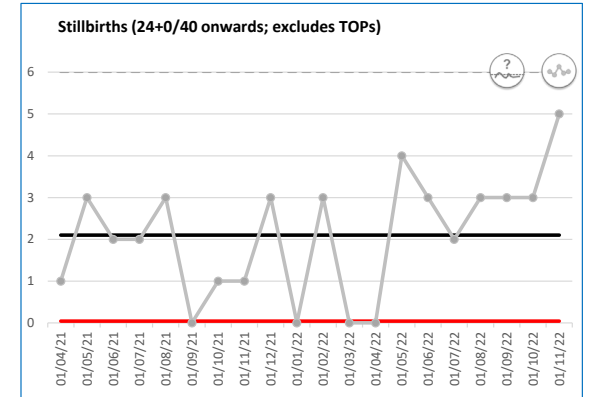
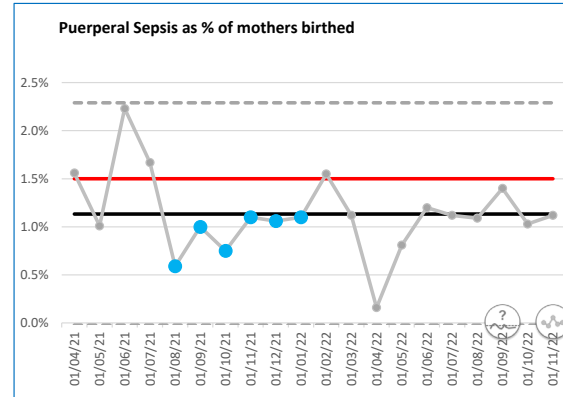
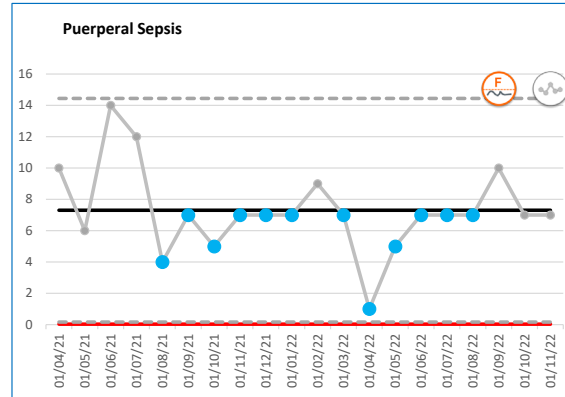
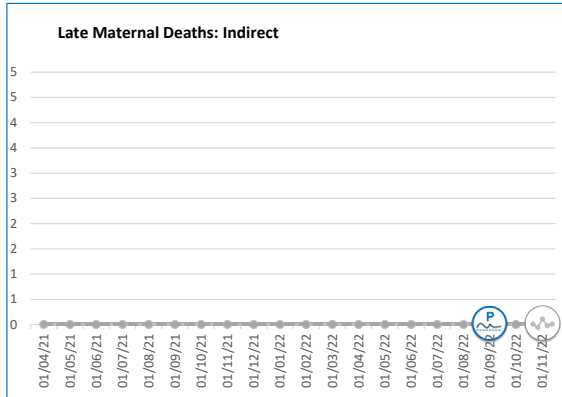
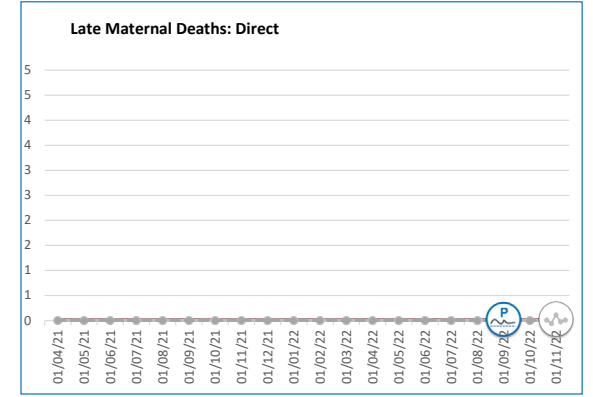
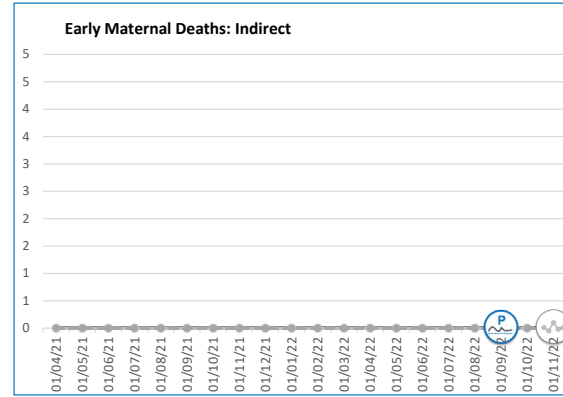
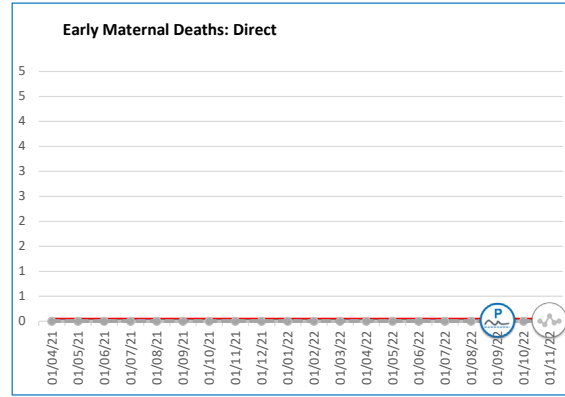
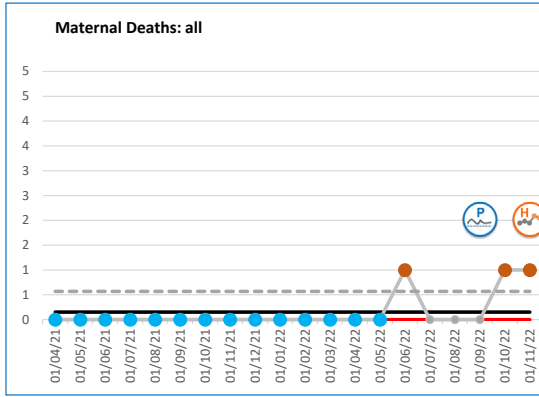
Appendix 1. SPC charts (2)



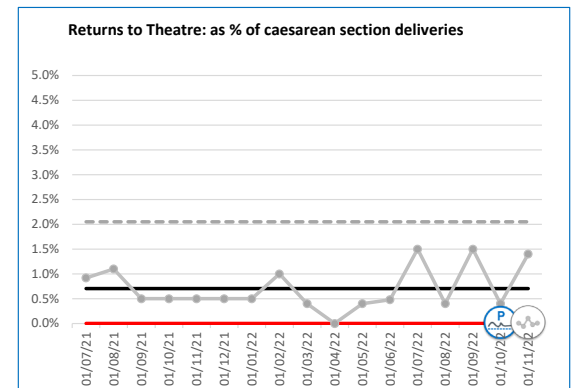
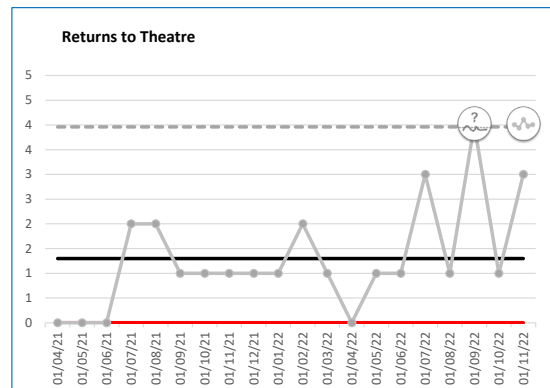
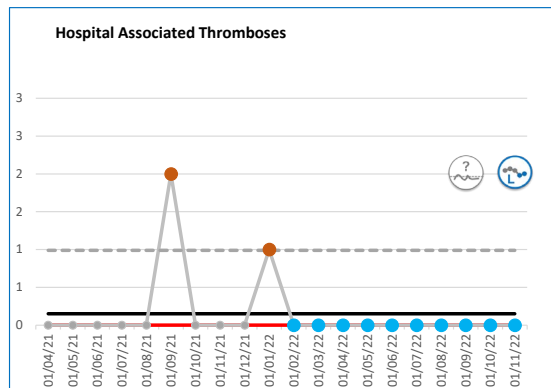
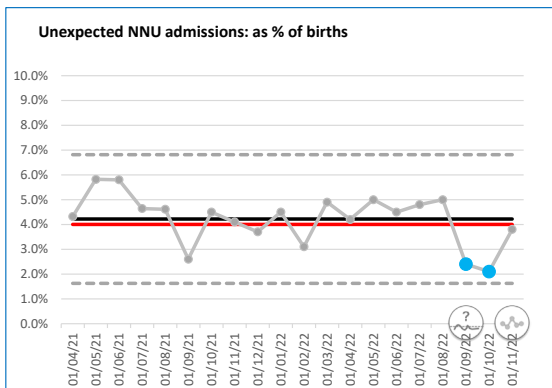
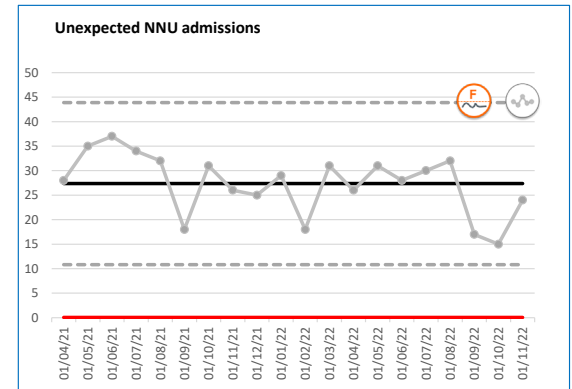
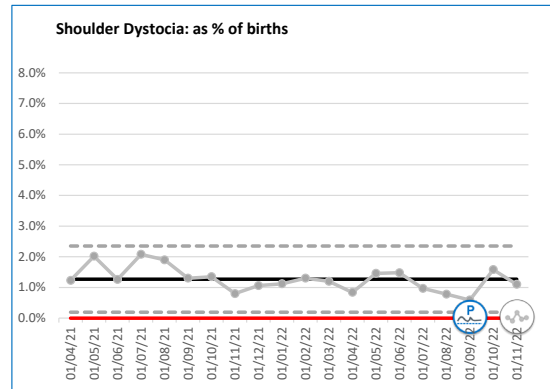
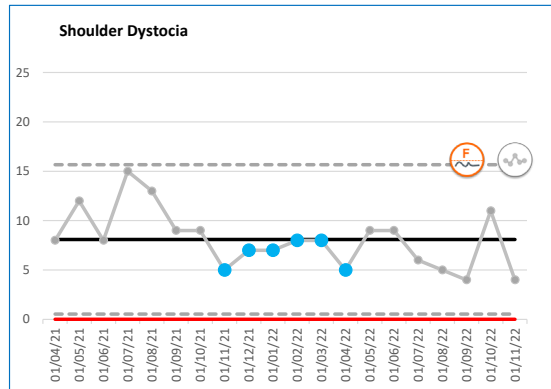
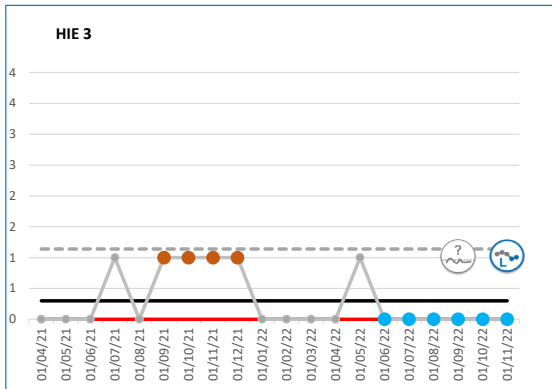
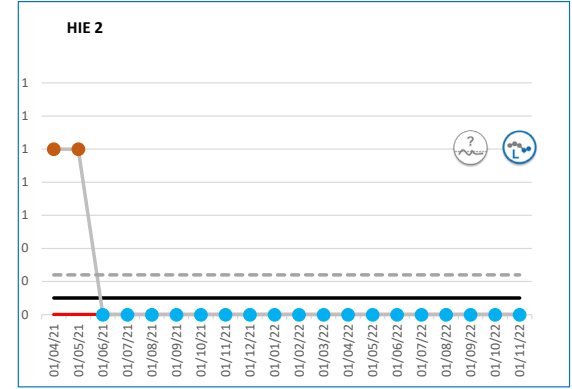
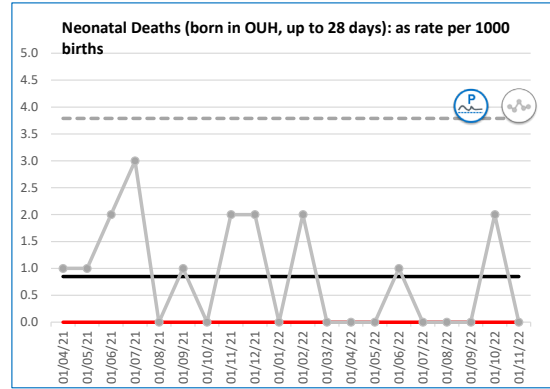
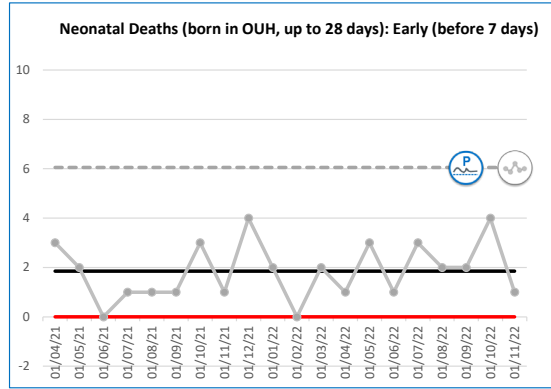
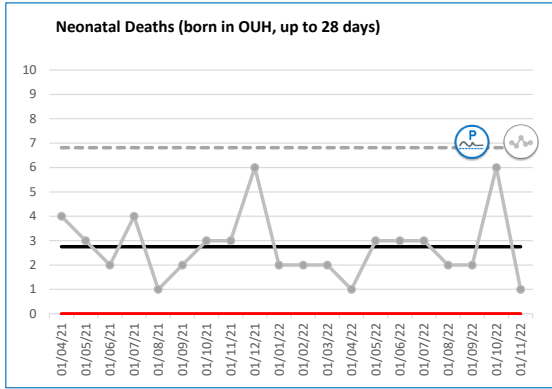
Appendix 1. SPC charts (3)



Appendix 1. SPC charts (4)



Appendix 1. SPC charts (5)



Appendix 1. SPC charts (6)

