

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 May 2023

TB2023.51

Title: Maternity Service Update Report

Status: For Discussion

History: Regular report. Previous paper presented to Trust Board
March 2023

Board Lead: Chief Nursing Officer

Author: Niamh Kelly- Maternity Safety, Risk and Compliance Lead

Confidential: No

Key Purpose: Assurance

Executive Summary

1. The purpose of this paper is to provide an update to the Trust Board on the following maternity related activities:
 - Ockenden Assurance Visit
 - Midwifery Led Unit (MLU) status
 - Maternity dashboard development status
 - Perinatal Quality Surveillance Model Report
 - CQC inspection action plan update
 - Maternity Development Programme
 - NHS Resolutions Response
 - Maternity Incentive Scheme Year 4
 - Maternity Safety Support Programme (MSSP)
 - Three-year delivery plan for maternity and neonatal services
 - CQC outlier for intrauterine deaths

Recommendations

2. The Trust Board is asked to:
 - a. Receive and note the contents of the update report.
 - b. Consider how the Board may continue to support the Divisional Teams.

Contents

Cover Sheet	1
Executive Summary	2
Maternity Service Update Report	4
1. Purpose.....	4
2. Ockenden Assurance visit.....	4
3. Midwifery Led Unit (MLU) status	5
4. Maternity Performance Dashboard	5
5. Perinatal Quality Surveillance Model Report.....	6
6. CQC Inspection and Action Plan Update	6
7. Maternity Development Programme (MDP)	7
8. NHS Resolutions Response.....	8
9. Maternity Incentive Scheme.....	8
10. Maternity Safety Support Programme (MSSP).....	10
11. Three Year delivery plan for maternity and neonatal services.....	10
12. CQC outlier for intrauterine deaths.....	10
13. Recommendations	10
Appendix 1 Maternity Performance Dashboard xxxxxx2023	11

Maternity Service Update Report

1. Purpose

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

- Ockenden Assurance Visit
- Midwifery Led Unit (MLU) status
- Maternity performance dashboard
- Perinatal Quality Surveillance Model Report
- CQC inspection action plan update
- Maternity Development Programme
- NHS Resolutions Response
- Maternity Incentive Scheme (MIS) Year 4
- Maternity Safety Support Programme (MSSP)
- Three year single delivery plan for maternity and neonatal services
- CQC outlier for intrauterine deaths

1.2. As part of the Trust's commitment to the provision of high quality safe and effective care to maternity service users, there are a variety of different maternity governance requirements that the Board are required to receive and discuss.

1.3. These requirements include reporting against regulatory and professional standards each of which have a range of different reporting deadlines.

2. Ockenden Assurance visit

2.1. Following on from the Ockenden Assurance insight visit that took place on the 10 June 2022, the Trust received the final report on the 18 August 2022.

2.2. The action plan is being monitored through the Maternity Clinical Governance committee and then upward through existing governance processes. In relation to the specific immediate and essential actions (IEAs), please note the outstanding actions are:

- IEA 5 – Risk Assessments throughout Pregnancy. The audit on the antenatal risk assessments was completed and reported to Maternity Clinical Governance Committee (MCGC) on the 27 February 2023. This subsequently was presented at the Trust Clinical Improvement Committee (CIC) in March 2023. Learning was disseminated to staff through the Maternity Bulletin. Action completed however work continues to embed this in practice.
- IEA 7 – Informed Consent. The CQC Maternity Survey Action Plan was approved at MCGC in November 2022 and is currently being updated following the publication of the results of the 2022 CQC Maternity Survey that was published in January 2023. The Trust website is currently being updated to ensure pathways of care are clearly described, in written information in formats consistent with NHS policy. The maternity voices

partnership (MVP) had previously undertaken a gap analysis and the collaboration has led to the co-production of an action plan in place to address these. An update is provided at the Maternity Clinical Governance Committee monthly. At the March MCGC a request had been submitted for approval from the group to extend the deadlines on the Ockenden action plan for the internet to be extended by 2 months. This was due to the number of post change overs in the last year and competing priorities. As a result, the inclusion of more parties need to be included in the review due to new posts in place and changing responsibilities. Version 3 of the action plan will come to MCGC in April to show updated timelines and progress.

Strengthening Midwifery Leadership –ongoing recruitment to vacant posts. All aspiring Band 7 midwife's and above have been offered leadership programmes which consist of the iCare leadership course and the Florence Nightingale course. Two members of staff have been accepted onto the NHS Academy Elizabeth Garrett Anderson MSc through the apprenticeship programme commencing in June 2023.

3. Midwifery Led Unit (MLU) status

- 3.1. Since the last report to the Trust Board intrapartum care has continued to be provided alongside a wide range of services to women and their families across the county with 8 women and birthing people having their babies at Wantage and Cotswold Birth Centre since reopening in January.
- 3.2. Community births were suspended on three occasions in February and on four occasions in March due to acuity. There were six women who did not receive their preferred choice of place of birth. There were no women affected by the closures and intrapartum care was not affected at the Horton MLU.

4. Maternity Performance Dashboard

- 4.1. The maternity performance dashboard may be seen in appendix 1 and the exceptions to note are:
- 4.2. The current dashboard may be seen in appendix 1 and exceptions to note are:
- 4.3. Exception 1 – Spontaneous Vaginal Births (including breech): as a percentage of mothers birthed was 51%. Performance exhibited special cause variation due to the indicator being below the mean of 52.1% but above the upper process limit of 44.5%.
- 4.4. Exception 2 - March the percentage of 3rd/4th Degree Tear as a percentage of SVD+OVD was 5.7%. Performance exhibited special cause variation due to

successive periods of performance (>6 months). above the mean of 2.7%. The indicator has consistently been below the target of 3.5%

- 4.5. Exception 3 – The percentage of PPH 1.5L or greater, vaginal births as a percentage of mothers birthed was 4.0%. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 1.8%. The indicator has exceeded the target of 2.4%.
- 4.6. Exception 3 – The percentage of post-partum haemorrhages (PPH) 1.5litres or greater for vaginal births as a percentage of mothers birthed was greater than 1.8%. There were 34 postpartum haemorrhages reviewed in January – 21 were graded as an A (no care issues identified; appropriate guidelines followed). There were 13 graded as a B - (care issues identified – did not impact the care or management). Improvements identified: to reinforce the importance of using PPH proformas and the documenting accurate time of medications given. Positive learning identified: evidence of measuring blood loss, timely major haemorrhage call.
- 4.7. Exception 4 – Performance of Test Result Endorsement was 83.5% in March, exhibiting special cause variation. In March, the indicator was below the target of 85%. The indicator has consistently not achieved the target of 85% so has failed the process assurance.

5. Perinatal Quality Surveillance Model Report

- 5.1. In part fulfilment of the requirements from Ockenden actions the Board is asked to note that the Perinatal Quality Surveillance Model (PQSM) report is reported monthly to MCGC.
- 5.2. The Perinatal Quality Surveillance Model (PQSM) report for quarter 4 is being received by the Trust Board at its private meeting on 10 May 2023, having been previously reported to Maternity Clinical Governance Committee in April 2023 and it is a standing agenda item at the Maternity Safety Champions meetings.

6. CQC Inspection and Action Plan Update

- 6.1. Since the last report to the Trust Board one action has been completed and two actions remain overdue, the updates for which can be seen on the table below.

Should Do	Actions	Update
11	11.1 Long term major capital Investment estates plan required to design and build	Overdue: Estates plan is part of maternity development programme but no further update in terms of new building/refurb as

Should Do	Actions	Update
	a new Women's centre - the layout of which would enable further prioritisation of the privacy and dignity of service users (all known risks to be reflected in the relevant risk registers)	this requires significant capital investment and this is not currently available.
12	12.4 Business plan to be developed and approved to enable two existing birthing rooms on the periphery of the delivery suite footprint to be converted into a bespoke bereavement suite, optimising the rebirth environment for women and their families.	Overdue: Capital projects team, Oxford hospitals charity and Delivery Suite matron are creating a business case for the bereavement room refurb on Delivery Suite. This will be contingent on capital funding being available for the project to proceed. Currently capital funding for 2023-24 is unknown.

6.2. 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.

7. Maternity Development Programme (MDP)

- 7.1. Work continues on each of the workstreams in the MDP. Progress being made with maternity culture and MDP with positive signs that staff turnover and sickness is reducing (maternity recently come off the Trust top 10 directorates under HR monitoring). Key headlines comprise:
- 7.2. The new Maternity Bulletin was launched in March 2023 and 350 copies were distributed to staff. This has been positively received. The second edition was distributed in April to staff.
- 7.3. There is a clinical governance deep dive planned for April and May 2023.
- 7.4. Culture and leadership recommendations 49 (79%) of 62 have been completed.
- 7.5. The birthing pool installation on Delivery Suite commenced in March.
- 7.6. The programme is currently in Phase 4 of the timeline and is on track.

8. NHS Resolutions Response

- 8.1. The NHS Resolutions Early Notification (EN) team undertook a thematic review into cases for the Oxford University Hospitals NHS foundation Trust in June 2021 due to concerns raised regarding themes emerging from Healthcare Safety Investigation Branch (HSIB) investigations. The cases reviewed were from 2017 to 2021. The thematic review considered two main categories of care: A) care provided to the mother, B) care provided to the baby. The themes and actions were reviewed to identify the learning, and an action plan developed as a response to NHS Resolutions. The action plan was approved at MCGC on the 27 February 2023.
- 8.2. The reported action plan provides assurance that the themes raised have been or are planned to be addressed as part of our organisations commitment to learning from incidents in pursuit of our vision for compassionate excellence.
- 8.3. The action plan will be monitored through internal governance processes.

9. Maternity Incentive Scheme

- 9.1. Work continues against the requirements of the year four scheme and reported through the Maternity Clinical Governance Committee monthly. We await national publication of the Year 5 scheme. There is currently no indication from NHSR as to when the Year 5 Scheme will be launched.
- 9.2. **Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?** The quarterly mortality report for quarter 4 is being received by the Trust Board at its private meeting on 10 May 2023, having been previously reported to Maternity Clinical Governance Committee in April 2023 and it is a standing agenda item at the Maternity Safety Champions meetings.
- 9.3. **Safety Action 2: Maternity Services Data Set (MSDS):** The Trust continues to submit data to the MSDS.
- 9.4. **Safety Action 3: Transitional care services to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal Units' (ATAIN) programme?** The Maternity and Neonatal teams are meeting fortnightly in relation to transitional care (TC). They are currently formulating a business case for funding for TC. An ATAIN paper is presented at MCGC monthly and is a standing agenda item at the monthly Safety Champions meeting.

- 9.5. **Safety Action 4a - Obstetric Workforce:** Maternity services continue to collate evidence to demonstrate engagement with the RCOG document for consultants' attendance at specific incidents.
- 9.6. **Safety actions 5 – Midwifery workforce:** A Midwifery Staffing paper was received by Trust Board in January 2023 for quarter 1 and quarter 2. A paper covering quarter 3 and 4 will be submitted to MCGC. The Birth Rate Plus tool was completed in December 2022 and this has identified a requirement of 23.38 additional midwives based on birth rate and acuity of women. A business case to support this is in progress.
- 9.7. **Safety Action 6 – Saving Babies Lives Care Bundle 2:** The Saving Babies' Lives Care Bundle version 2 (SBLCB v2) Survey 7 was noted at the Trust Board in January. Version 3 of the Saving Babies' Lives Care Bundle is due to be published on the 28 April 2023.
- 9.8. **Safety Action 7 – Maternity Voices Partnership (MVP):** The MVP continue to work closely with the Maternity team. Feedback is provided as part of the Perinatal Quality Surveillance Report (PQSM) that is reported monthly to MCGC. The MVP have produced an "[Annual Report](#)" for 2022/2023 which is being presented to MCGC on the 24 April 2023.
- 9.9. **Safety Action 8 – Training:** The training weeks continue monthly in maternity. Training compliance is reported monthly via the quality report and the PQSM which is reported monthly to MCGC. A quarterly report for quarter 4 is being received by the Trust Board at its private meeting on 10 May 2023, having been previously reported to Maternity Clinical Governance Committee in April 2023 and it is a standing agenda item at the Maternity Safety Champions meetings.
- 9.10. **Safety Action 9 – Safety Champions:** The maternity safety champions have been undertaking safety champions walk rounds monthly. Feedback from these is shared with staff locally. The feedback is included as part of the PQSM. The Safety Champions continue to meet monthly with the Board Level Safety Champions.
- 9.11. **Safety Action 10 – Reporting Cases to HSIB and NHS Resolutions as part of the Early Notification (EN) scheme:** The maternity safety team report all eligible cases to HSIB and the EN scheme. There were no cases reported to HSIB in March. All eligible cases are reported to the SIRI forum. They are noted in the quality reports and the PQSM.

10. Maternity Safety Support Programme (MSSP)

- 10.1. Maternity Services are currently working with the Maternity Improvement Advisor (MIA) and the Division to embed the MSSP exit criteria into the Maternity Development Programme.
- 10.2. The MIA is working with the Maternity Clinical Governance team to undertake the deep dive into clinical governance which is commencing at the end of April 2023.

11. Three Year delivery plan for maternity and neonatal services

- 11.1. The [Three year delivery plan for maternity and neonatal services](#) was published on the 30 March 2023.
- 11.2. The Trust is currently awaiting further updates from the National Team and Berkshire Oxfordshire and Buckinghamshire (BOB) local maternity and neonatal system (LMNS).
- 11.3. It is understood that NHS England will provide a list of deliverables and timeframes that Trusts will be expected to benchmark against.

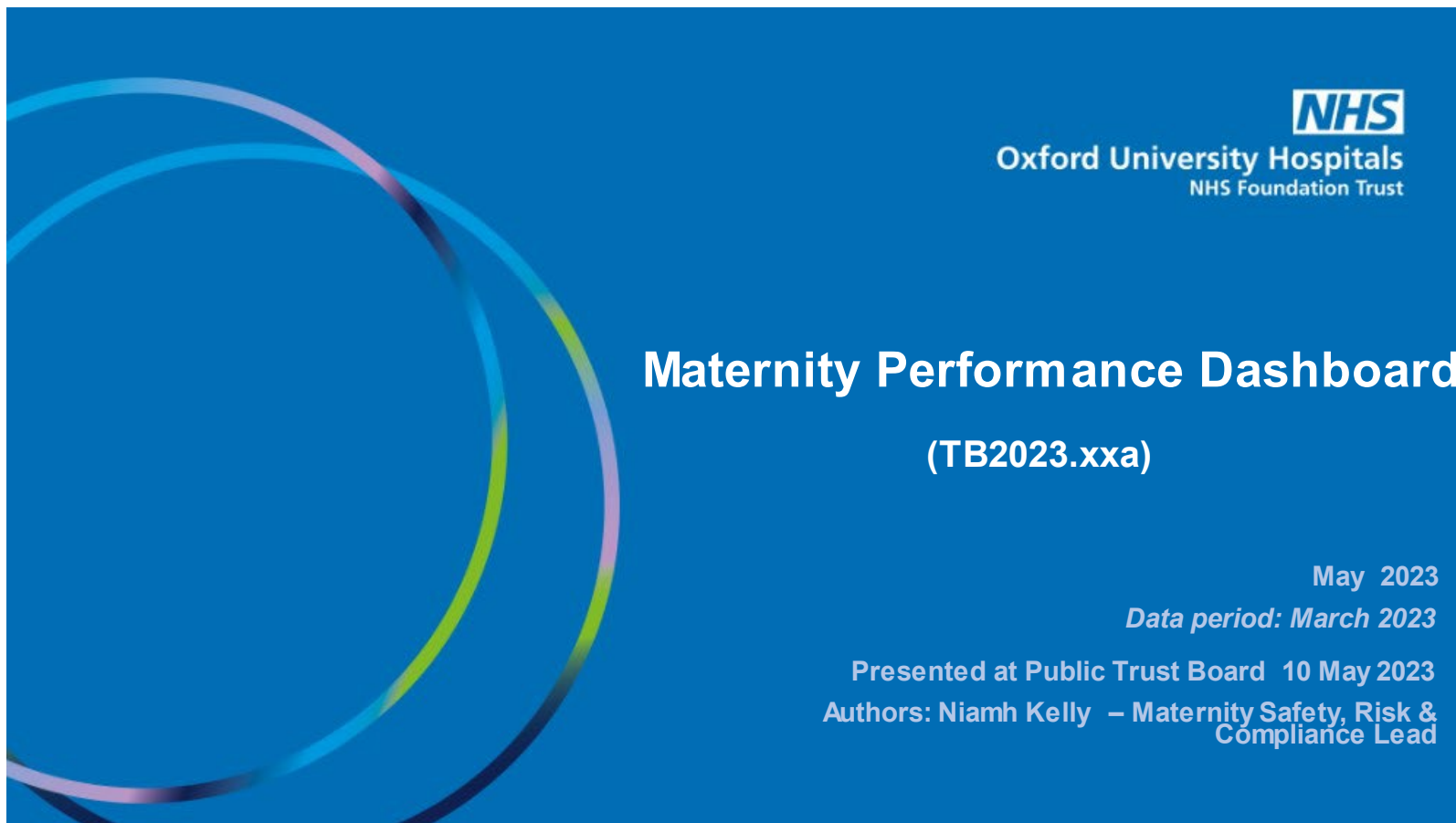
12. CQC outlier for intrauterine deaths

- 12.1. The CQC inspectors contacted the Trust February 2023 after reviewing the NRLS/STEIS returns for maternity and they noted that there had been an increase in the number of incidents involving intrauterine deaths (IUD) in the spreadsheet they received.
- 12.2. The list was reviewed against the data that maternity held and what had been reported to MBRRACE. There were some incidents reported that were a miscarriage and there was one that was related to an intrauterine device.
- 12.3. The Trust reviewed the data reported via the maternity dashboard and MBRRACE and identified some discrepancies. These are currently being resolved and will be reported back to the CQC on the 20/04/2023.


13. Recommendations

- 13.1. The Trust Board is asked to:
 - 13.1..1. Receive and note the contents of the update report.
 - 13.1..2. Consider how the Board may continue to support the Divisional Teams.

Appendix 1 Maternity Performance Dashboard TB2023.51



The cover slide features a blue background with abstract, overlapping circular lines in shades of blue, purple, and green on the left side. In the top right corner, the NHS logo is displayed above the text 'Oxford University Hospitals' and 'NHS Foundation Trust'. The main title 'Maternity Performance Dashboard' is centered in large white font, with '(TB2023.xxa)' below it. At the bottom right, the date 'May 2023' is shown, followed by 'Data period: March 2023'. Below that, it states 'Presented at Public Trust Board 10 May 2023' and 'Authors: Niamh Kelly – Maternity Safety, Risk & Compliance Lead'.


Oxford University Hospitals
NHS Foundation Trust

Maternity Performance Dashboard

(TB2023.xxa)

May 2023
Data period: March 2023

Presented at Public Trust Board 10 May 2023
Authors: Niamh Kelly – Maternity Safety, Risk & Compliance Lead



Contents

Item		Page Number
1	Executive Summary	3
2	Indicator overview summary: SPC dashboard	5
6	Exception reports	7
7	Appendix 1. SPC charts	12





Executive summary



Notable Successes

The results of the annual staff survey have been received. Key successes are:

- Your manager
- Your team
- Your health and wellbeing
- Personal development
- Your organisation

The second issue of the maternity bulletin has been published and distributed to staff. This has received positive feedback. NICE Antenatal Care audit undertaken and presented to the Clinical Improvement Committee (CIC) in March.



Executive summary, continued



Domain	Performance challenges, risks and interventions
Activity	In March there was a total of 605 mothers birthed. There was an increase in the scheduled bookings from the previous month which is consistent with the past 4 years.
Workforce	Midwife: birth ration was 1:25. In March there was 317.71 wte midwives in post however on average there was 42.91 wte midwives unavailable for work. The unavailability relates to maternity leave, sickness, covid sickness and covid unable for clinical work.
Maternal Morbidity	In March the percentage of 3rd/4th Degree Tear as a percentage of SVD+OVD was 5.7%. The indicator has consistently been above the target of 3.5%. The percentage of PPH 1.5L or greater, vaginal births as a percentage of mothers birthed was 4.0%. The indicator has exceeded the target of 2.4%. These incidences are reviewed using the specific profomas on Ulysses and learning shared with the teams.
Perinatal Morbidity and Mortality	There were 5 cases reviewed using the Perinatal Mortality Review tool in March. The learning identified from these were: overall, we have had a very good standard of care, with few aspects of care needing improvement identified, none of which were relating to the outcome. The learning themes identified during this month's reviews: This mother did not have a Keilhauer test despite it being requested. There were no cases reported to HSIB.
Re-admissions	There were seven maternal postnatal readmissions in March. The reasons for this were hypertension and infection. There was one return to theatres following an emergency caesarean section in March which was unavoidable. There were two admissions to the adult intensive care unit (AICU). One was related to steroid induced pancreatitis – an initial summary review (ISR) was undertaken and the report has been sent to the subject matter experts prior to it going to the Trust patient safety teams. A second woman was admitted to AICU following surgery for appendicitis. An ISR was presented to the SIRI forum and this is currently a Divisional investigation to explore the categorisation of priority for the surgery.
Maternity Safety	There was no cases as a SIRI investigation. There were eight complaints received in March.
Test Endorsement	Test result endorsement was at 83.5%. The quality improvement project remains in progress.
Public Health	The percentage of women initiating breastfeeding has decreased slightly to 76%. This has been below the target of 80%. Recording breastfeeding initiation is not a mandatory section on EPR and relies on manual input of data, however it will be mandatory in the new digital Badgernet system.
Exception reports	Spontaneous Vaginal Births, Post-partum haemorrhage >1500mls, 3rd and 4th degree tears, endorsing of results

Indicator overview summary (SPC dashboard)



KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Mothers birthed	Mar 23	635	625	🟢🟡🟠🔴	631	552	710
Babies born	Mar 23	633	-	🟢🟡🟠🔴	641	561	721
Scheduled Bookings	Mar 23	784	750	🟢🟡🟠🔴	712	569	855
Inductions of labour from iView	Mar 23	160	-	🟢🟡🟠🔴	145	101	188
Inductions of labour from iView as % of mothers birthed	Mar 23	26.0%	28.0%	🟢🟡🟠🔴	22.9%	17.3%	28.6%
ER Spontaneous Vaginal Births (including breech)	Mar 23	306	-	🟢🟡🟠🔴	326	252	400
ER Spontaneous Vaginal Births (including breech) as % of mothers birthed	Mar 23	51.0%	-	🟢🟡🟠🔴	51.6%	44.0%	59.2%
Forceps & Ventouse	Mar 23	95	-	🟢🟡🟠🔴	91	69	113
Forceps & Ventouse as % of mothers birthed	Mar 23	16.0%	-	🟢🟡🟠🔴	14.4%	10.8%	18.1%

KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
C-Section	Mar 23	200	-	🟢🟡🟠🔴	219	176	262
as % of mothers birthed	Mar 23	31.0%	-	🟢🟡🟠🔴	35.4%	28.0%	42.1%
% Emergency c-sections	Mar 23	36.0%	-	🟢🟡🟠🔴	38.9%	35.2%	41.5%
% Elective c-sections	Mar 23	17.0%	-	🟢🟡🟠🔴	14.7%	10.3%	19.0%
Robson group 1 c-section with no previous births	Aug 22	11.0%	-	🟢🟡🟠🔴	15.0%	10.3%	19.0%
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	82.1%	-	🟢🟡🟠🔴	82.1%	73.5%	90.7%
Elective CS <39 weeks no clinical indication	Feb 23	0.0%	0.0%	🟢🟡🟠🔴	0.0%	0.0%	0.0%
Prospective Consultant hours on Delivery Suite	Mar 23	109	109	🟢🟡🟠🔴	109	109	109
Midwife birth ratio (1 to X)	Mar 23	25.0%	28.0%	🟢🟡🟠🔴	27.2%	21.1%	30.3%

KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
ER 3rd/4th Degree Tear	Mar 23	23	-	🟢🟡🟠🔴	12	2	23
ER 3rd/4th Degree Tears % of SVD+DVD	Mar 23	5.7%	3.5%	🟢🟡🟠🔴	2.9%	0.4%	5.4%
3rd/4th Degree Tear with unassisted births (SVD)	Mar 23	6.2%	-	🟢🟡🟠🔴	2.6%	-1.6%	6.8%
ER 3rd/4th Degree Tear with assisted births (DVD)	Mar 23	4.2%	-	🟢🟡🟠🔴	4.7%	-2.1%	11.5%
PPH 1.5L or greater, vaginal births as % of mothers birthed	Mar 23	4.0%	2.4%	🟢🟡🟠🔴	1.9%	0.2%	3.6%
PPH 1.5L or greater, caesarean births as % of mothers birthed	Mar 23	0.8%	4.3%	🟢🟡🟠🔴	1.4%	-0.9%	3.7%
ICU/CCU Admissions	Mar 23	2	-	🟢🟡🟠🔴	1	-1	2
% completed VTE admission assessments	Mar 23	97.6%	95.0%	🟢🟡🟠🔴	96.9%	93.9%	99.9%

KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Maternal Deaths: all	Mar 23	0	-	🟢🟡🟠🔴	0	0	1
Early Maternal Deaths: Direct	Mar 23	0	0	🟢🟡🟠🔴	0	0	0
Early Maternal Deaths: Indirect	Mar 23	0	-	🟢🟡🟠🔴	0	0	0
Late Maternal Deaths: Direct	Mar 23	0	-	🟢🟡🟠🔴	0	0	0
Late Maternal Deaths: Indirect	Mar 23	0	-	🟢🟡🟠🔴	0	0	0
Puerperal Sepsis	Mar 23	5	0	🟢🟡🟠🔴	7	0	14
Puerperal Sepsis as % of mothers birthed	Mar 23	0.8%	1.5%	🟢🟡🟠🔴	1.0%	0.0%	2.1%
Stillbirths (24+0/40 onwards, excludes TOPs)	Mar 23	33	0	🟢🟡🟠🔴	4	-3	30
Stillbirths (24+0/40 onwards, excludes TOPs) as % of mothers birthed	Mar 23	5	0	🟢🟡🟠🔴	4	#DIV/0!	#DIV/0!
Late fetal losses (delivered 22+0 to 23+6/42, excludes TOPs)	Mar 23	1	1	🟢🟡🟠🔴	1	-2	3

Indicator overview summary (SPC dashboard), continued

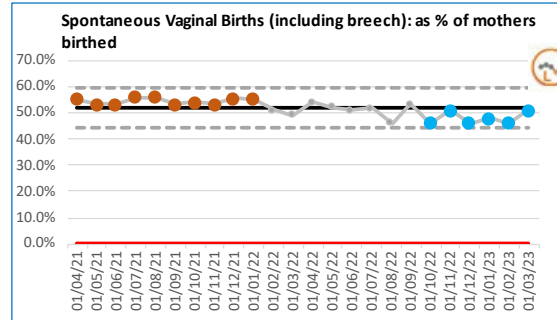
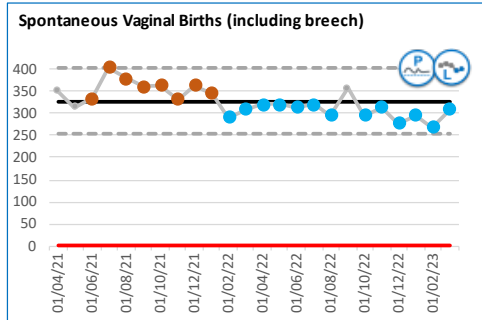
ER Exception report



KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Neonatal Deaths (born in OUH, up to 28 days)	Mar 23	0	-		3	-2	7
Neonatal Deaths (born in OUH, up to 28 days): Early	Mar 23	0	-		2	-2	6
Neonatal Deaths (born in OUH, up to 28 days): as a result of	Mar 23	0	-		1	-2	4
HE 2	Mar 23	0	0		0	0	0
HE 3	Mar 23	0	0		0	0	1
Shoulder Dystocia: as % of births	Mar 23	1.7%	1.5%		1.3%	0.2%	2.3%
Unexpected NNU admissions: as % of births	Mar 23	2.9%	4.0%		4.0%	1.6%	6.5%
Hospital Associated Thromboses	Mar 23	0	0		0	-1	1
Returns to Theatre	Mar 23	1	0		1	-2	4
Returns to Theatre: as % of caesarean section deliveries	Mar 23	0.5%	-		0.7%	-0.9%	2.3%

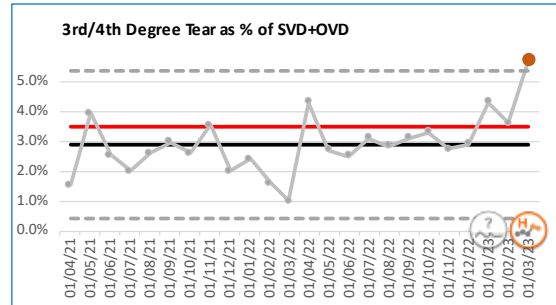
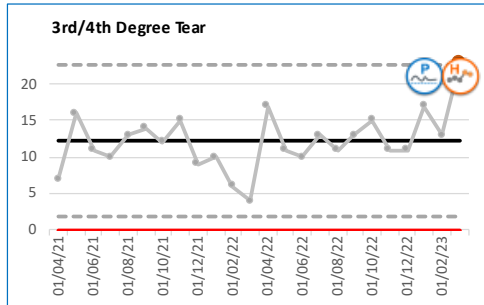
KPI	Latest month	Measure	Target	Assurance Variation	Mean	Lower process limit	Upper process limit
Number of SRI	Mar 23	0	-		1	-3	5
Number of Divisional Investigations	Mar 23	0	-		0	-1	1
Number of Complaints	Mar 23	8	-		8	-4	20
Born before arrival of midwife (BBA)	Mar 23	9	-		6	-3	35
Text Result Endorsement	Mar 23	83.5%	85.0%		71.7%	59.0%	84.1%
Number Of Women Booked This Month Who Cured	Mar 23	25	-		56	31	78
Percentage Of Women Booked This Month Who Cured	Mar 23	7.0%	-		7.9%	4.7%	11.0%
Number of Women Smoking at Delivery	Mar 23	29	0		16	21	49
Percentage of Women Smoking at Delivery	Mar 23	4.8%	8.0%		5.8%	1.0%	8.0%
Percentage of Women Initiating Breastfeeding	Mar 23	76.0%	80.0%		80.0%	71.8%	88.2%
Percentage of women booked by 10+0/40	Mar 23	72.7%	0.0%		69.5%	61.9%	75.1%

Maternity exception report (1)



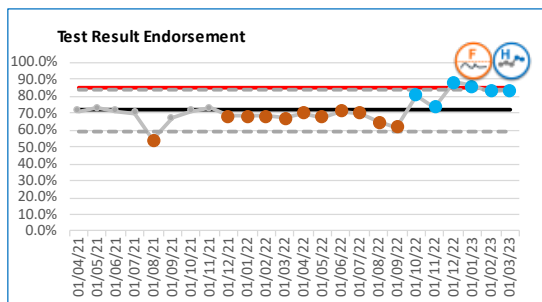
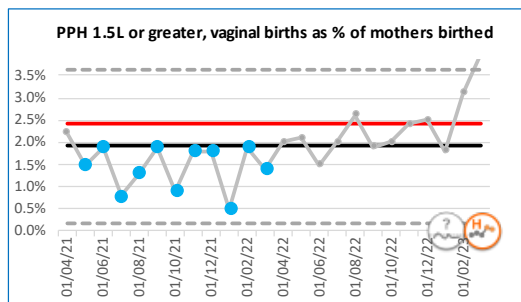
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
In March Spontaneous Vaginal Births (including breech): as a percentage of mothers birthed was 51%. Performance exhibited special cause variation due to the indicator being below the mean of 52.1% but above the upper process limit of 44.5%.	This coincides with the increase in the caesarean section (CS) rate partly due to an increase in the maternal request for CS. Mode of birth is no longer an NHS target. We expect to see a higher caesarean section rate and a lower vaginal birth rate as a consequence of NICE guidance that is more supportive of maternal choice related to CS. There is work ongoing to explore whether more support can be given to those with a fear of childbirth.			

Maternity exception report (2)



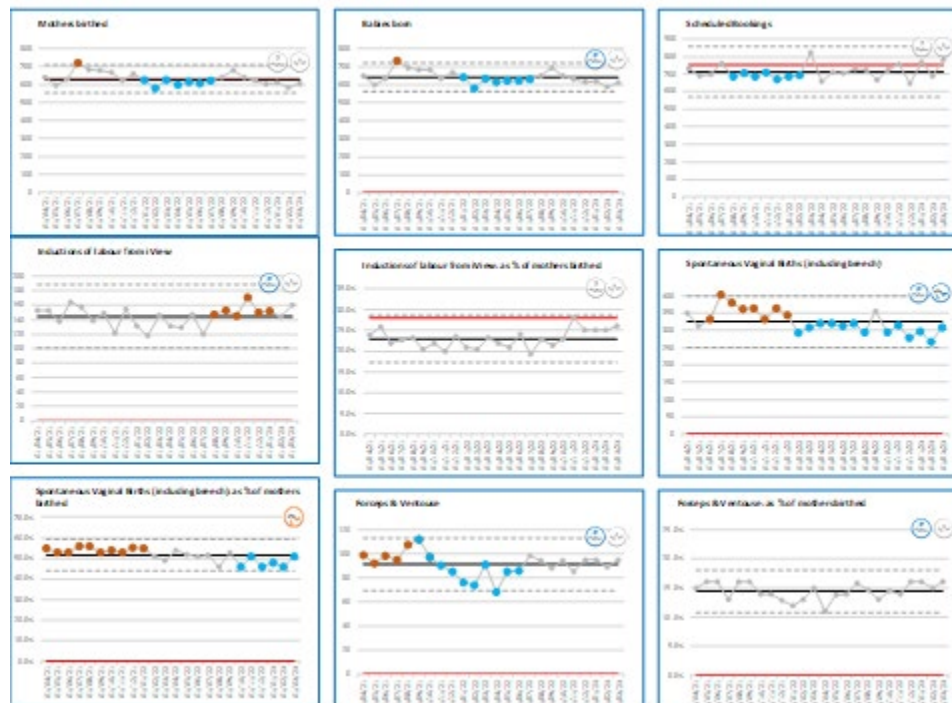
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
In March the percentage of 3 rd /4 th Degree Tear as a percentage of SVD+OVD was 5.7%. Performance exhibited special cause variation due to successive periods of performance (>6 months), above the mean of 2.7%. The indicator has consistently been below the target of 3.5%	All the 3rd and 4th degree tears have a Ulysses report submitted and are reviewed using the 3rd/4th degree tear proforma. Notes and the care given are reviewed and learning is shared with clinical areas. There was 14 proformas reviewed in March. Six incidents were graded as an A – no care issues identified and 8 were graded as a B – care issues identified but did not impact the care or management. Learning identified was to document the PEACHES package and to ensure follow up of perineal massage conversations. There is currently a quality improvement project in progress.			

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
In March the percentage of PPH 1.5L or greater, vaginal births as a percentage of mothers birthed was 4.0%. Performance exhibited special cause variation due to successive periods of performance (>6 months) above the mean of 1.8%. The indicator has exceeded the target of 2.4%.	All post -partum haemorrhages (PPH) 1.5litres or greater are reviewed using the PPH proforma on Ulysses. In March there was a total of 25 incidents reviewed. There were 9 graded an A – no care issues identified. There were 16 graded as a B – care issues identified but these did not impact the care or management. There is currently a quality improvement project in progress the PPH rate.			
Performance of Test Result Endorsement was 83.5% in March, exhibiting special cause variation. In March, the indicator was below the target of 85%. The indicator has consistently not achieved the target of 85% so has failed the process assurance.	Work continues on the quality improvement project to improve the endorsing of results.			

Appendix 1. SPC charts (1)



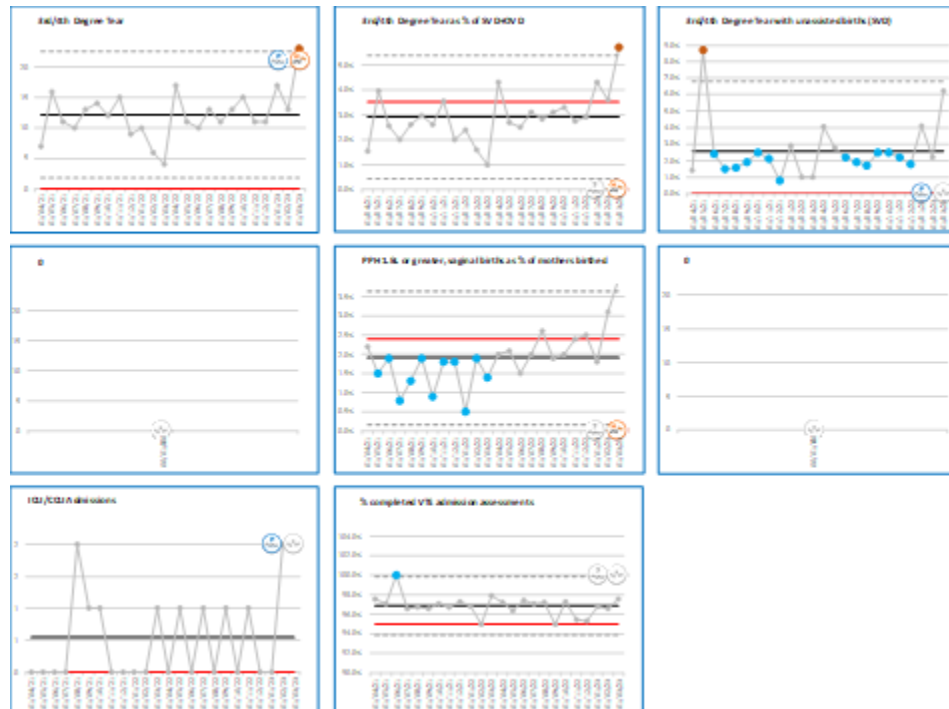


Appendix 1. SPC charts (2)





Appendix 1. SPC charts (3)





Appendix 1. SPC charts (4)





Appendix 1. SPC charts (5)



