Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 8 November 2023

TB2023.110

Title:	**Maternity Service Update Report**

Status:	**For Discussion**
History:	**Regular report**
	Maternity Clinical Governance Committee (MCGC) 30/10/2023
	Reviewed at Divisional Level on 01/11/2023
	Previous paper presented to Trust Board September 2023

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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 Performance Dashboard
    - Perinatal Quality Surveillance Model Report
    - CQC inspection action plan update
    - Maternity Development Programme (MDP)
    - NHS Resolutions Response
    - Maternity Incentive Scheme Year 5
    - Maternity Safety Support Programme (MSSP)
    - Three-year delivery plan for maternity and neonatal services

Recommendations

2. The Trust Board is asked to:

    - Note the contents of the update report.
    - Consider how the Board may continue to support the Divisional Teams.

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Maternity Service Update Report

1. Purpose

- 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 5
    - Maternity Safety Support Programme (MSSP)
    - Three-year single delivery plan for maternity and neonatal services

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

2. Ockenden Assurance visit

- The Ockenden Assurance insight visit took place on the 10 June 2022 and the Trust received the final report with associated recommendations.
- The action plan is being monitored through the Maternity Clinical Governance Committee (MCGC) and then upward through existing governance processes. In relation to the specific immediate and essential actions (IEAs), please note the outstanding actions are:
    - IEA 7 – Informed Consent. The CQC Maternity Survey Action Plan that was co-produced with the Maternity and Neonatal Voices Partnership (MNVP) has been shared with the Berkshire, Oxfordshire and Buckinghamshire (BOB) local maternity and neonatal services (LMNS) in September 2023. This was approved at the BOB Stakeholder and Assurance Group meeting on the 18 October 2023. This also forms part of safety action 7 of the Maternity Incentive Scheme. Progress on monitored at the Maternity Clinical Governance Committee (MCGC). Work continues on updating the Trust website to ensure pathways of care are clearly described, with written information in formats consistent with NHS policy. This is on track to be completed by the 30 November 2023.
    - Strengthening Midwifery Leadership – The interviews for the Director of Midwifery are being undertaken the first week of November. Once recruited into, this will support the stabilisation of the senior midwifery leadership team. The secondment of the Midwifery senior leadership team has been extended to the 30 November 2023 to support continued stability for the Maternity service. There is ongoing recruitment to vacant posts. All aspiring Band 7

midwives and above have been offered leadership programmes which consist of the iCare leadership course and the Florence Nightingale course.

3. Midwifery Led Unit (MLU) status

- Since the last report to the Trust Board in September 2023, intrapartum care has continued to be provided alongside a wide range of services to women and their families across the county.
- Community births were suspended on three occasions in August and on one occasion in September due to acuity. In August there was one occasion where a homebirth could not be facilitated as the community midwives were called to the John Radcliffe (JR) site as part of the escalation process. Intrapartum care was suspended on one occasion in September which was at the Horton Midwifery Led Unit (MLU) overnight and no women were affected.

4. Maternity Performance Dashboard

- The maternity performance dashboard may be seen in Appendix 1 and the exceptions to note are:
- Exception 1 – The number of Mothers birthed exhibited special cause variation due to being two consecutive points above the average. The numbers of mothers birthed was 640 which was above the target of 625.
- Exception 2 - The number of babies born exhibited special cause variation due to being above the mean of 638. There were 652 babies born in September.
- Exception 3 – The midwife to Birth ratio showed a consistent increase over the four months and was consistent with the seasonal variation in the numbers of mothers birthed.
- Exception 4 – In the quarter leading up to the end of September (Q2) there were 3.6 reported Neonatal deaths per 1,000 total live births, against a threshold of < 3.2.
- Exception 5 – In the last quarter, 5.3 Stillbirths per 1,000 total births were reported against a threshold of <4.0. Given the small numbers per 1000 total live births, some variation can be expected
- Exception 6 – In September, Unexpected NNU admissions: as % of births was 4.1%. This was above the threshold of 4%.
- Exception 7 – In September there was a reduction in the percentage of women initiating Breast Feeding to 67%. The indicator exhibits special cause variation and has breached the lower process control of 70.7%.
- Actions being taken towards mitigating these exceptions where appropriate can be seen in Appendix 1 below.

5. Perinatal Quality Surveillance Model Report

- 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.
- The Perinatal Quality Surveillance Model (PQSM) report for August and September data 2023 is being received by the Trust Board at its private meeting on 8 November 2023, having been previously reported to Maternity Clinical Governance Committee in October 2023 and it is a standing agenda item at the Maternity Safety Champions meetings.

6. CQC Inspection and Action Plan Update

- Since the last report to the Trust Board, two actions remain overdue relating to Estates, the updates for which can be seen on the table below.
- Maternity have received confirmation from the Trusts CQC inspector that the OUH maternity service will be reviewed as part of the current CQC maternity review.

Should Do	Actions	Update
11	11.1 Long term major capital Investment estates plan required to design and build 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)	**Overdue:** Estates plan is part of maternity development programme. There is currently no significant capital investment available to progress this for the foreseeable future.
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:** There is a fortnightly meeting between the Estates team and Delivery Suite to monitor progress. The design work is being carried out and planned outcome of this is expected the end of October.

- 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.
- There was a baby abduction drill undertaken at the John Radcliffe site in October 2023.
- There was a CQC visit to the Horton Midwifery Led Unit (MLU) on the 23 October 2023 which looked at two domains – Safe; and Well-Led.

7. Maternity Development Programme (MDP)

- Work continues on each of the workstreams within the MDP.
- There is a MDP celebration planned for 03 November 2023 to demonstrate what has been achieved over the past year and to look at what the service plan to achieve over the next 12 months.

8. NHS Resolution Response

- The outstanding actions from the NHS Resolutions (NHSR) action plan have been added to Ulysses 'Action Planning' section.
- There are currently 2 actions to complete (1 for Maternity and 1 for neonates). They are all being progressed and on-track for completion by 31/12/2023.
- Progress is monitored through MCGC.

9. Maternity Incentive Scheme

- Year 5 of the Maternity Incentive Scheme (MIS) was launched on the 31st of May 2023 with a further iteration released on 1st July 2023 to clarify questions raised by Trusts. The Scheme assumes a seamless continuation of delivery from Year 4 into Year 5.
- OUHT Maternity and Neonatal have already embedded many aspects of the Scheme, but some of the requirements for Year 5 are not current practice and will require some amendments which are in progress.
- Meetings have been completed with individual stakeholders to assess current compliance levels and the first report outlining progress formed Appendix 1 of the Maternity Services Update Paper for the September Trust Board. Formal fortnightly MIS meetings commenced in September 2023 and will continue for the duration of the Scheme.
- There are three main areas that have been identified as being at risk of non-compliance: (1) Safety Action 6, Element 1; funding required for nicotine replacement therapy. This is currently being progressed with Pharmacy and it is hoped that this will be funded from monies received for passing Year 4 of the Scheme. (2) Junior Neonatal Medical Workforce shortfall. An action plan outlining the submission of a business case was ratified at MCGC on 30 October 2023 and will progress through Trust governance. The Neonatal Nursing Workforce calculation is available in the Reading Room. (3) Newborn Life Support (NLS) training. Compliance for Maternity and Neonates needs to align with the Core Competency Framework Version 2 which significantly increases the depth of expertise required to pass. The Trust resuscitation lead is overseeing the requirement to deliver training to all staff who attend births.
- The SOP for compensatory rest for consultant obstetricians was ratified at MCGC in October 2023. This has been placed in the Reading Room.

- The Midwifery Safe Staffing paper outlining the case for an uplift in midwifery staffing numbers will be considered at the private meeting of the Trust Board on 8 November 2023. This outlines an options appraisal following the Birthrate+ calculation.
- Safety Action 6 covers the Saving Babies Lives Care Bundle v3. Compliance with all five elements within this Safety Action are reported through a national tracker and overseen by the BOB LMNS and ICB against locally agreed standards. Final compliance with this tracker for MIS Year 5 will be reported to Trust Board in January 2023.
- The final deadline for submission of evidence is MCGC on 18 December, for sign-off at Trust Board on 17 January 2024 (deadline for final paper on the 10 January 2024). This year, there is also a requirement for the submission to be countersigned by the Integrated Care Board and arrangements for this to be completed are currently being negotiated for all Trusts within the Local Maternity Safety System.
- The bonus payment for successfully passing Year 4 has been received by the Trust and has been divided between Maternity and Neonatal to support ongoing compliance with this safety initiative.
- An update on the ten Safety Actions forms Appendix 3 of this report. Additionally, any relevant documents in support of this Scheme are submitted to the Reading Room. This includes the Saving Babies Lives Care Bundle version 3 which forms the basis of Safety Action 6 of the Maternity Incentive Scheme.

10. Maternity Safety Support Programme (MSSP)

- 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.
- The MIA has undertaken a deep dive into clinical governance which ran over the period 26 April 2023 to 16 June 2023. A report outlining the key recommendations was presented to MCGC and a meeting to prioritise these recommendations and a draft action plan took place on the 08 and 11 September 2023.
- The Deputy Head of Midwifery met with the clinical governance team separately on the 22 September 2023 to give an update and a question and answer (Q&A) session. From this, the initial stakeholder's input was reinvited for comments to see if the actions were captured from the initial process mapping.
- An update was given at the Maternity Clinical Governance Committee (MCGC) in September and October 2023. A presentation is planned for the Maternity Celebration Event on the 03 November 2023.
- The final action plan is planned to be approved at MCGC on the 27 November 2023.

11. Three Year delivery plan for maternity and neonatal services

- The Three year delivery plan for maternity and neonatal services was published on the 30 March 2023 called the Single Delivery Plan. Work streams have commenced. There is a plan to use the "Action Planning" module on Ulysses to monitor the action plan:

Theme 1: Listening to women

- The Personalised Care and Support Plan (PSCP) developed in conjunction with the Berkshire, Oxfordshire and Buckinghamshire (BOB) Local Maternity and Neonatal System (LMNS) and the service was launched in September 2023. This has been distributed to the community teams to give to women and birthing people at booking. There is an opportunity for women and birthing people to give feedback on the PSCP at 17 weeks, 35 weeks and after the birth via a QR code which is collected by the BOB LMNS.
- The OUH has been chosen as a pilot site for Advance Communication for Personalised Care for Maternity and Neonatal Services. There is a 2-day course starting in November 2023.
- There was already a neonatal representative as part of the MNVP. The current representative has begun a 3–6-month scoping exercise and further Neonatal representatives will be recruited with funding from the LMNS. Feedback and reporting the Neonatal user voice will be separate to Maternity feedback. The NHS 15 Steps Challenge is due to take place in all clinical areas mid/end of November and is a first impressions survey to assess clinical areas from a senses/instinctual perspective. 36 multi-disciplinary team (MDT) assessors have been recruited so far.
- A workstream has commenced related to achieving the standard of the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding.

Theme 2 – Workforce

- A Birth Rate plus paper has been written which is being presented to the Business Planning group meeting in August 2023. This is following the latest analysis of the Birth Rate plus benchmarking tool in February 2023 which demonstrated that there is a need for an uplift in midwifery staffing of 22.38 wte. The paper was presented at the Trust Management Executive (TME) meeting on the 12 October 2023 and then at the Planned for Investment committee. This will be presented at the Trust Board meeting in November.
- The Equity, Diversity and Inclusion (EDI) Midwife's have been providing learning sessions for staff on assessing women, birthing people and babies with dark and brown skin tones.
- As part of the Black History month the EDI midwives are working with the Deputy Head of Midwifery for Acute and Tertiary Services to look at pronunciations of names and pronouns by using "name drop" on emails.
- There is an EDI staff working group that meet monthly which consists of midwives, obstetricians, A&C staff along with representatives from Oxford Brookes University (OBU) for voice signature.
- The new preceptees commenced in September 2023. They are going through their orientation programme and are having supernumerary shifts.
- The new practice development midwife (PDM) for students has commenced in post and has been working with the students from Oxford Brookes University.

Theme 3 – Culture and Leadership

- Continue embedding and sustainability work from the Maternity Development Programme and future strategic direction of the maternity services. There is a celebration day planned

for 03 November 2023 to look back on the past year at what has been achieved and to look the team are planning on achieving over the next 12 months.

- Maternity services to look at introducing a clear and structured role for the escalation of clinical concerns based on the framework such as the Each Baby Counts: Learn & Support escalation toolkit.
- A meeting has been held to look at how the service triangulates the MNVP feedback, the feedback from the Friends and Family Test (FFT) and themes from complaints.
- All staff will have a mandatory requirement to attend Cultural Competency training the business case to support this was presented by the OUH Maternity service to the LMNS and were awarded the money. The LMNS are now keen to roll out this training to all providers within the BOB.

- **Theme 4 – Standards**
  - As previously mentioned in the paper in relation to the Maternity Incentive Scheme, one of the deliverables is to implement Saving Babies Lives Care Bundle version 3 by March 2024. Stakeholder meetings are ongoing with the area leads. This will be monitored through the NHS Futures platform. Progress meetings have been arranged with the BOB LMNS.
  - Training on the new digital system BadgerNet has commenced. There is a delay in the roll-out of this project, but the new dates are January 2024 for Antenatal, and February 2024 for Intrapartum and Postnatal. There is a plan to introduce a new Digital Maternity record in January 2024.

12. Recommendations

The Trust Board is asked to:

Note the contents of the update report.

Consider how the Board may

Oxford University Hospitals
NHS Foundation Trust

Maternity Performance Dashboard

(TB2023.110)

October 2023

Data period: September 2023

Presented at: Maternity Clinical Governance Committee & Reviewed at Divisional Level

Author: Susan Thomson, Maternity Clinical Governance Lead

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Executive summary

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NHS Foundation Trust

Notable Successes

- Kit Robertson has recently been appointed as an Obstetric Consultant at OUH following completion of her sub-speciality training in maternal and fetal medicine.
- Ella Walker, Candice Noonan and Lawrence Impey attended a private drinks reception at 11 Downing Street on the 04 October 2023. The team had been selected as one of the regional winners of Baby Lifeline's UK MUM awards.
- The Equality, Diversity and Inclusion (EDI) team are piloting Antenatal Classes for Timor Leste (East Timor) community as part of the Early Lives, Early Start Initiative (ELES). The class will be in English with interpretation in Tetum.
- Feedback received from the Regional Chief Midwife - the OUH stood out as an exemplar, demonstrating supportive maternity leadership, a focus on staff wellbeing and a clear sense of positive workplace culture during a South-East (SE) region professional midwifery advocate (PMA) visit.
- Positive feedback that a student midwife received from a family. The woman said the student midwife was so supportive and caring and kept coming to check they were okay. This had a positive impact on the woman's mental health before delivery and to thank her for that. The feedback was shared with the student and the university.
- Positive feedback received via 'Rate my shift' QR codes for a student midwife stating that 'they had made a real difference to their supervisors shift and the care provided to women and their families'.
- The fetal wellbeing team received feedback from a member of staff who recently attended the Fetal Monitoring study day. They said 'The presentations were all fantastic, relevant and at a level that wasn't preaching but informative and involved all grades of staff. Laura (Frye) and Izzy (Wallis), the two fetal wellbeing midwives, are an asset to the practice development midwife (PDM) team, you both present very well indeed and are really good to listen to. Thanks to all the team for a week where I actually felt more informed when I left than when I went in'.

Executive summary, continued

Oxford University Hospitals NHS Foundation Trust

Domain	Performance challenges, risks and interventions
Activity	In September there was a total of 640 mothers birthed and 703 scheduled booking undertaken, which is an increase from the August 2023 data. There was a 2.8% drop in the number of inductions of labour from iView as a % of mothers birthed compared to August data. Delay of 2 hours or more between admission for induction of labour (IOL) and beginning of process= 30 days which is the same as August.
Workforce	Midwife: birth ratio was 1:32.0. However, it has been noted that the calculation used for this data was out of date, and the actual ratio is 1:28. This figure cannot be changed for this month's dashboard, but the revised calculation will be used for subsequent reporting. The total establishment for September 2023 was 303.78 midwives, which is a decrease of 2.9 wte from the August data. On six occasions during September, there were 10 or more delayed inductions of labour. Over the month, the number of women delayed during IOL process = 184. The Red flags for September were staff moved between speciality areas = 123 (93 in August). Supernumerary workers within the numbers = 33 (31 in August), administrative or support staff unavailable = 6 (0 in August), staff unable to take recommended meal breaks = 146, staff working over their scheduled finish time = 70, this is a significant increase from last month. Any occasion when 1 midwife is not able to provide continuous one to one care and support to a woman during established labour = 0, Delivery Suite coordinator not supernumerary = 0. Maternity declared Level 3 (Red) on 4 occasions.
Maternal Morbidity	The percentage of 3rd and 4th degree tears as a % of spontaneous/other vaginal delivery slightly decreased from 3.6% to 3.5% in September. 2 x 3rd and 4th degree tears were reviewed using proformas on Ulysses; 1x graded as an A - there were no care issues identified, and 1 graded as a B - care issues identified but did not impact the care or management. There was one graded as a C - care issues identified that may or may not have impacted the care of management where a 3b tear was sustained during delivery. There was no evidence the PEACHES package was used or that translation services were used. A paper is being prepared for the Integrated Assurance Committee to review these indicators against interventions 2018 to 2023. There were 27 postpartum haemorrhages of >1.5litres reviewed using proformas on Ulysses. 17x graded as an A (63%), and 15x graded as a B (33%) and there was 1 case reviewed that was graded a C. This was related to a major haemorrhage of 1709mls following a spontaneous vaginal delivery with episiotomy in the delivery room. It was graded as a C due to delays with delivering the placenta and suturing. There was very good documentation of events however, no consideration of transfer to theatre to deliver the placenta. There was potential for the blood loss to be less. Both areas have been registered as QI projects and data collection to support is in progress.
Perinatal Morbidity and Mortality	There were seven cases reviewed using the PMRT in September. 3 cases were graded A and 4 graded as a B for the care of the mother up to the point that the baby was confirmed as having died. One case was graded as a C in view of equipment failures. This has been discussed with the patient safety team and an after-action review (AAR) is being facilitated by the PMR coordinator alongside staff present at the resuscitation. There was one recurring issue related to Kleihauer result not being available despite this being requested in 2 out of the 7 cases. There was an increase in the number of term admissions to SCBU – 4.1% in September compared to 4% in August. Of the 27 cases reviewed using the proformas on Ulysses. 15 of these were graded as an A and 12 were graded as a B. There were no C or D graded cases. The learning from the cases graded as a B was about the importance of considering referral to social work team for concealed pregnancies, to perform a glucose tolerance test if BMI of 30 and to send placentas to histology when appropriate.
Re-admissions	There were 12 maternal postnatal readmissions in September. Two women sadly had multiple readmissions (one woman readmitted twice, one woman readmitted three times). A Consultant Obstetrician has been asked to review these cases to establish if there is any learning. The reasons for these were: perineal pain/urine retention = 1, sepsis (including mastitis) = 9, hypertension = 1, wound review = 1.
Maternity Safety	There was one SIRI declared in September which is also an HSIB case. The mother presented in labour and an intrauterine death was confirmed.
Test Endorsement	Test result endorsement decreased slightly in September to 80.4%. This is considerably below the 85% target. An Endorsing Results checklist and Reference Index has been written and should assist staff in endorsing results contemporaneously in line with Trust safety incentives. Maternity continues to educate staff to improve results.
Public Health	The percentage of women initiating breastfeeding appeared to have decreased to 67% in September from the data extracted from EPR for the Dashboard. However, the data has now been validated and the actual figure is 83.88%. This will pull through to the October Dashboard. This will be a mandatory field in Badgernet which will enable real time data. In the interim period, the Infant feeding team will continue to monitor this through a robust process through the Baby Friendly Initiative (BFI) Strategy working group.
Exception reports	Number of mothers birthed, number of babies born, midwife: birth ratio, neonatal deaths and stillbirths for the quarter, unexpected term admissions to SCBU and the percentage of mothers initiating breastfeeding. Exceptions are noted within the report.

Indicator overview summary (SPC dashboard)

ER Exception report

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
Mothers birthed	Sep 23	640	625			628	560	696
Babies born	Sep 23	652	-			639	569	708
Scheduled Bookings	Sep 23	703				711	572	849
Inductions of labour from iView	Sep 23	126	-			146	106	186
Inductions of labour from iView: as % of mothers bir	Sep 23	20.0%	28.0%			23.3%	17.7%	28.9%
Spontaneous Vaginal Births (including breech)	Sep 23	326	-			312	221	404
Spontaneous Vaginal Births (including breech): as %	Sep 23	51.0%	-			51.4%	43.9%	58.9%
Forceps & Ventouse	Sep 23	87	-			90	64	116
Forceps & Ventouse: as % of mothers birthed	Sep 23	14.0%	-			14.4%	10.2%	18.6%

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
C-Section	Sep 23	217	-			218	181	255
as % of mothers birthed	Sep 23	34.0%	-			35.2%	29.3%	41.0%
% Emergency c-sections	Sep 23	19.0%	-			19.9%	14.3%	25.5%
% Elective c-sections	Sep 23	15.0%	-			14.8%	9.8%	19.8%
Robson group 1 c-section with no previous births	Feb 23	15.5%	-			15.1%	11.7%	18.5%
Robson group 2 c-section with no previous births	Feb 23	57.0%	-			56.4%	48.4%	64.5%
Robson group 5 c-section with 1+ previous births	Feb 23	83.3%	-			84.3%	76.3%	92.3%
Elective CS <39 weeks no clinical indication	Sep 23	0.0%	0.0%			0.0%	0.0%	0.0%
Prospective Consultant hours on Delivery Suite	Sep 23	109	109			109	109	109
Midwife:birth ratio (1 to X)	Sep 23	32.0%	28.0%			27.5%	24.3%	30.8%
Maternal Postnatal Readmissions	Sep 23	12	-			7	-2	17
Readmission of babies	Sep 23	16	-			20	2	37

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
3rd/4th Degree Tear	Sep 23	15	-			12	1	24
3rd/4th Degree Tear as % of SVD+OVD	Sep 23	3.5%	3.5%			3.0%	0.2%	5.7%
3rd/4th Degree Tear with unassisted births (SVD)	Sep 23	3.4%	-			2.6%	-1.4%	6.6%
3rd/4th Degree Tear with assisted births (OVD)	Sep 23	4.6%	-			4.8%	-2.7%	12.3%
PPH 1.5L or greater, vaginal births as % of mothers	Sep 23	1.9%	2.4%			2.0%	0.2%	3.8%
PPH 1.5L or greater, caesarean births as % of moth	Sep 23	0.8%	4.3%			1.3%	-0.7%	3.2%
ICU/CCU Admissions	Sep 23	0	-			1	-1	2
% completed VTE admission assessments	Sep 23	98.8%	95.0%			97.1%	94.2%	100.0%

KPI	Latest month	Measure	Target	Assurance	Varriation	Mean	Lower process limit	Upper process limit
Maternal Deaths: all	Sep 23	0	-			0	0	1
Early Maternal Deaths: Direct	Sep 23	0	0			0	0	0
Early Maternal Deaths: Indirect	Sep 23	0	-			0	0	0
Late Maternal Deaths: Direct	Sep 23	0	-			0	0	0
Late Maternal Deaths: Indirect	Sep 23	0	-			0	0	0
Puerperal Sepsis	Sep 23	3	-			7	0	13
Puerperal Sepsis as % of mothers birthed	Sep 23	0.5%	1.5%			1.0%	0.0%	2.0%
Stillbirths (24+0/40 onwards; excludes TOPs)	Sep 23	1	0			2	-1	6
Stillbirths (24+0/40 onwards; excludes TOPs):	Sep 23	5	4			4	#DIV/0!	#DIV/0!
Late fetal losses (delivered 22+0 to 23+6/40; exclu	Sep 23	0	1			1	-2	3

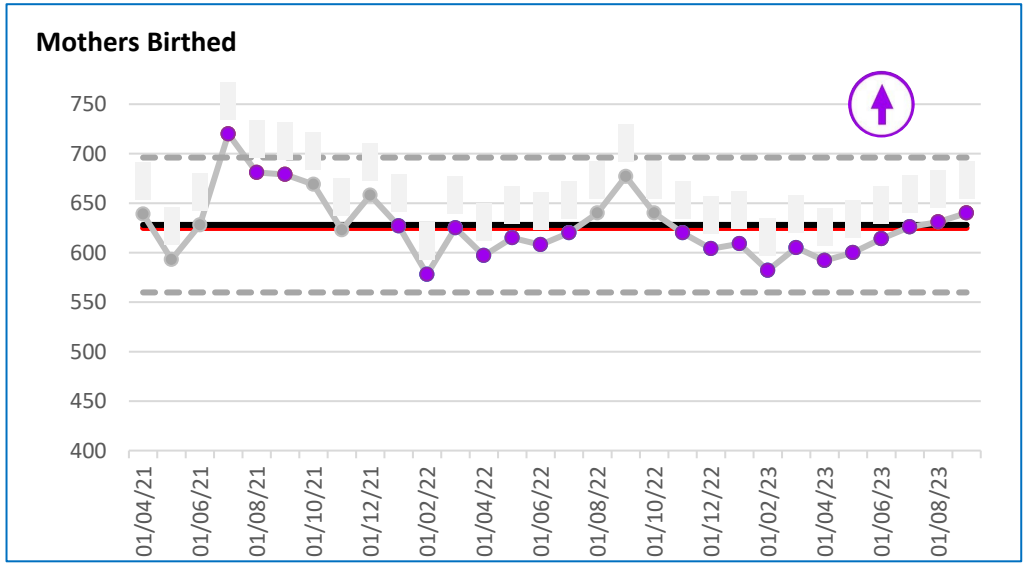
Indicator overview summary (SPC dashboard), *continued*

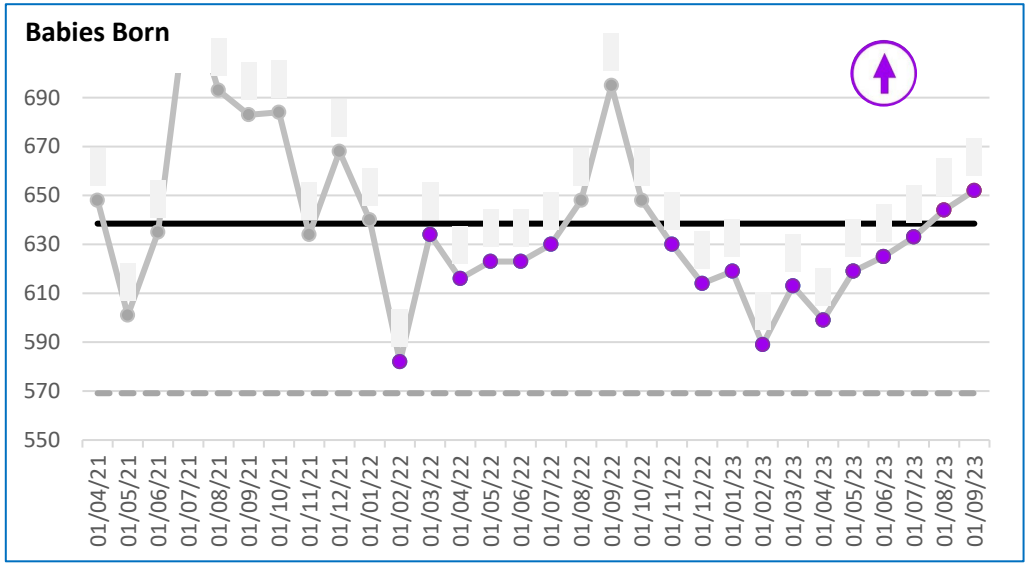
ER Exception report

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Neonatal Deaths (born in OUH, up to 28 days)	Sep 23	2	0			3	-2	7
Neonatal Deaths (born in OUH, up to 28 days): Earl	Sep 23	2	0			2	-2	6
Neonatal Deaths (born in OUH, up to 28 days): as r	Sep 23	4	3			1	-2	5
HIE 2	Sep 23	0	0			0	0	0
HIE 3	Sep 23	0	0			0	-1	1
Shoulder Dystocia: as % of births	Sep 23	1.1%	1.5%			1.3%	0.1%	2.5%
Unexpected NNU admissions: as % of births	Sep 23	4.1%	4.0%			4.0%	1.4%	6.6%
Hospital Associated Thromboses	Sep 23	0	0			0	-1	1
Returns to Theatre	Sep 23	1	0			1	-2	5
Returns to Theatre: as % of caesarean section deliv	Sep 23	0.5%	-			0.7%	-0.8%	2.3%

KPI	Latest month	Measure	Target	Assurance	Variation	Mean	Lower process limit	Upper process limit
Number of SIRI	Sep 23	1	0			1	-3	5
Number of Divisional Investigations	Sep 23	1	0			0	-1	1
Number of Complaints	Sep 23	10	0			8	-4	20
Born before arrival of midwife (BBA)	Sep 23	6	0			6	-3	16
Test Result Endorsement	Sep 23	80.4%	85.0%			73.9%	62.6%	85.3%
Number Of Women Booked This Month Who Curre	Sep 23	47	0			53	33	74
Percentage Of Women Booked This Month Who C	Sep 23	6.7%	0.0%			7.6%	4.7%	10.5%
Number of Women Smoking at Delivery	Sep 23	42	0			36	20	51
Percentage of Women Smoking at Delivery	Sep 23	6.6%	8.0%			5.7%	3.1%	8.3%
Percentage of Women Initiating Breastfeedir	Sep 23	67.0%	80.0%			78.9%	70.5%	87.4%
Percentage of women booked by 10+0/40	Sep 23	68.6%	0.0%			69.6%	64.3%	74.9%

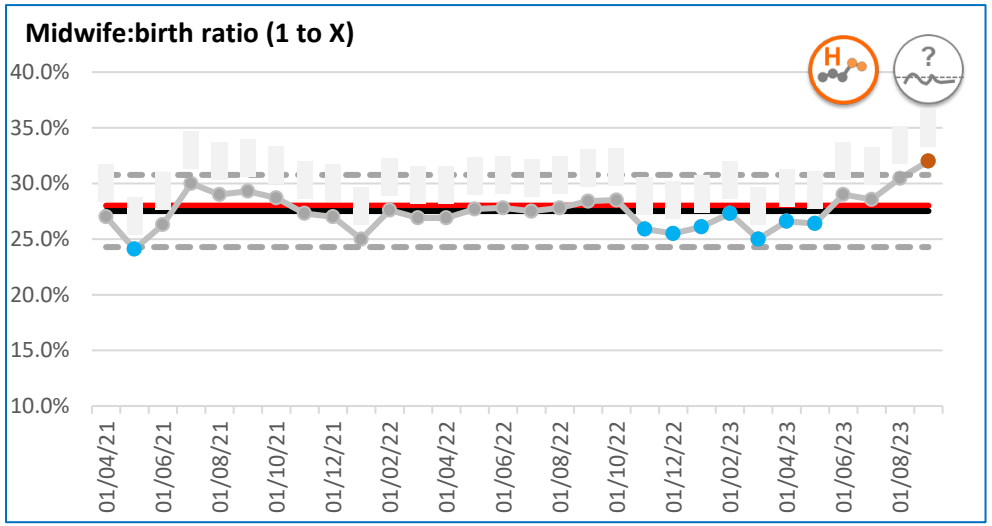
Maternity exception report (1)





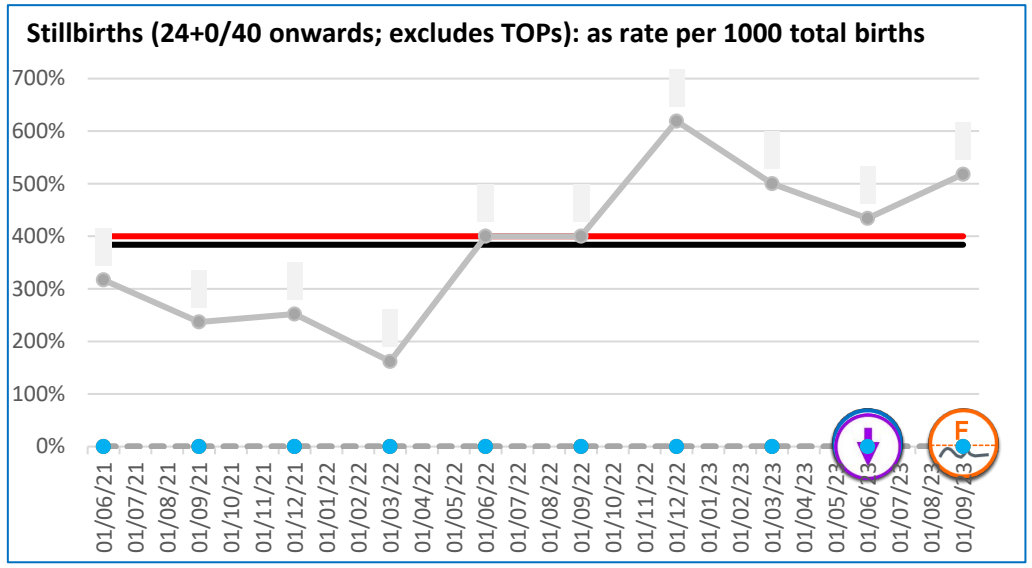
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
The number of Mothers birthed was an exception due to being two consecutive points above the average. Additionally, the number of Mothers birthed was 640 which was above the target of 625. The number of babies born was an exception due to being two consecutive points above the average. Additionally, the number of babies born was 652.	OUHT have seen an increase in birthrate in September which is aligned to the national trend. This is a recognised seasonal increase. Prior to August 2023 the birth rate was lower than the target. There will be natural variation each month and work is planned to map this data against workforce planning. Work is planned to map these seasonal trends to workforce planning, to better align the numbers off staff available to acuity.	N/A	N/A	N/A

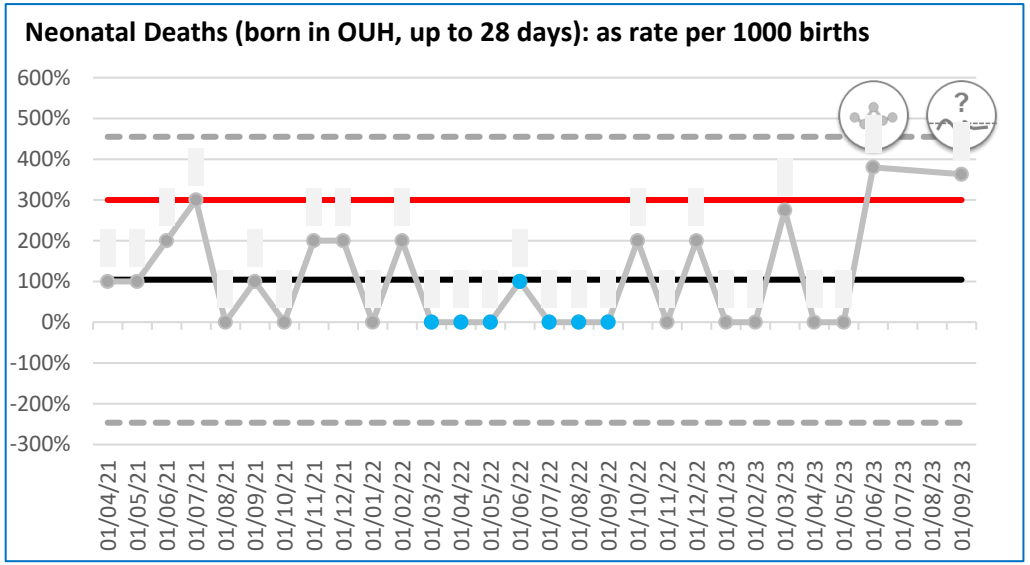
Maternity exception report (1)



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
The Midwife to Birth ratio showed a consistent increase over the four months and was consistent with the seasonal variation in the numbers of mothers birthed.	There has been an update on the algorithm used to calculate the midwife to birth ratio. Following this exception, the data has been re-worked and the midwife to birth ratio in real terms for September 2023 is 1:28.39 with a yearly average of 1:26.67. From October 2023 the new calculation will show on the Maternity Dashboard.	To improve the midwife to birth ratio, a Maternity Safe Staffing paper which includes the birthrate plus recommendations has been passed at the Trust Management Executive (TME) meeting and the Investment Committee in October 2023. The paper will be presented to Trust Board in November. This follows the latest analysis of the Birth Rate plus benchmarking tool in December 2022 which recommended a midwifery staffing uplift by 22.38 wte.	BAF 4	Satisfactory Progressing through process

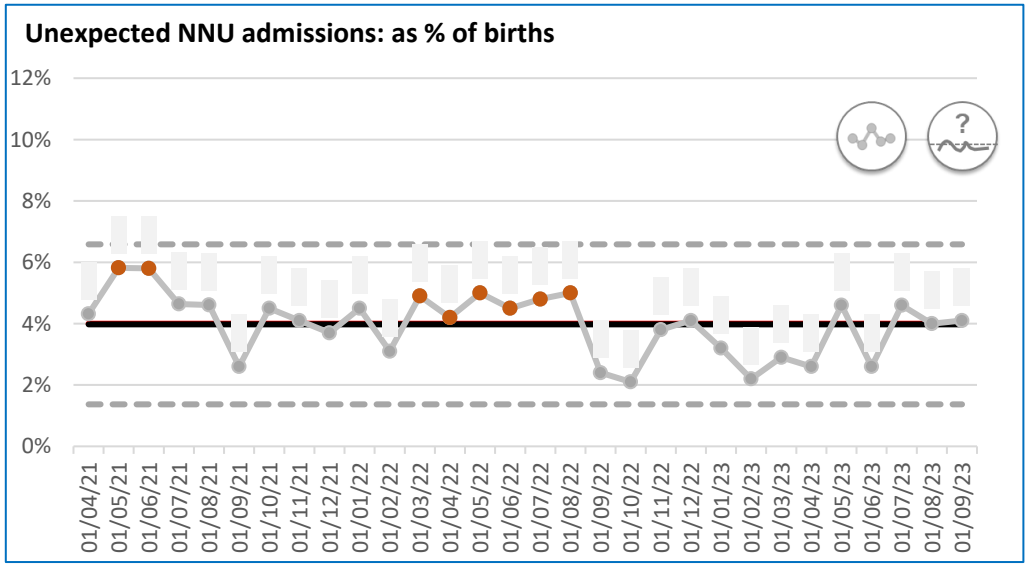
Maternity exception report (2)





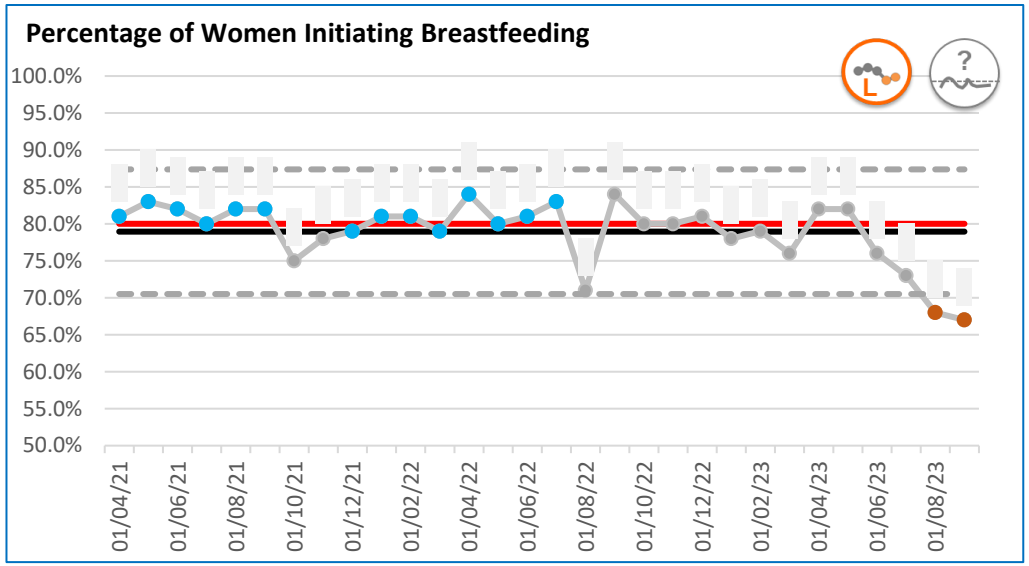
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
Neonatal deaths and stillbirths are reviewed weekly through the Perinatal Mortality Review (PMR) meetings using the Perinatal Mortality Review Tool (PMRT). ***Neonatal Deaths (NND's):*** In the quarter leading up to the end of September (Q2) there were 3.6 reported Neonatal deaths per 1,000 total live births, against a threshold of < 3.2. ***Stillbirths (IUD's):*** For the same period, 5.3 Stillbirths per 1,000 total births were reported against a threshold of <4.0. Given the small numbers per 1000 total live births, some variation can be expected.	All neonatal deaths and stillbirths are reviewed at the Perinatal Mortality Review (PMR) meetings. The emerging themes from Quarter 2 were: 1. Routine Enquiry was not asked throughout the pregnancy in three cases reviewed in July 2023. The lead midwife for safeguarding has been undertaking supervision sessions with the community teams and routine enquiry (RE) forms part of this. RE is talked about when doing case reviews, training, supervision sessions and general safeguarding sessions. 2. In September 2023 it was found that Kleihauer results were not available for one sample despite being requested – this was also a theme in Quarter 1. Overall, there was an improvement to previous quarters.	1. There is ongoing work to improve routine enquiry during pregnancy. This has improved in the cases that were reviewed in August and September. 2. A Standard Operating Procedure (SOP) has been updated and shared with staff outlining the processing and reporting of Kleihauer requests in the investigation of IUD's for RhD positive women. This was ratified in July 2023. 3. There is a plan to review the stillbirth data against gestation, ethnicity, social demographic and other potential indicators to identify any causal factors for the increase. National review of this data takes time to report, but this variation requires more timely investigation and action.	N/A	Sufficient

Maternity exception report (3)



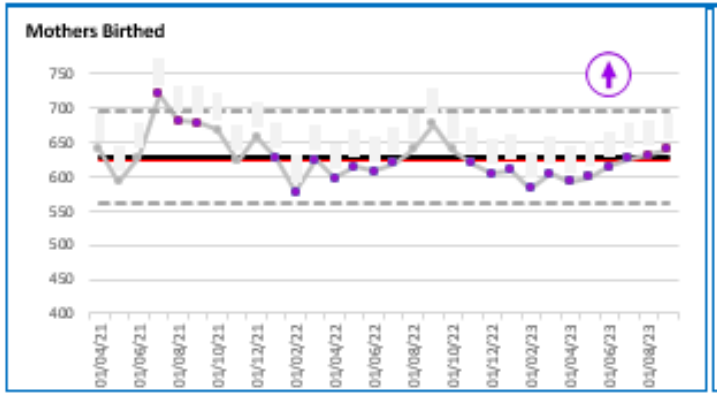
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
In September, Unexpected term NNU admissions: as % of births was 4.1%. This was above the threshold of 4%.	In September there were 27 unexpected term admissions to the neonatal unit (NNU) reviewed. 56% were graded as an A where there were no care issues identified. 44% were graded as a B where there were care issues identified but these did not impact the care of management. The positive learning identified from the reviews were: proactive nursing care for baby, quick response to concern and detailed discussions with the parents about diagnosis and care planning. The areas for improvement were identified as: the importance of considering referral to social work team for concealed pregnancy, perform glucose tolerance test (GTT) when BMI of 30 or above and a reminder to send placentas to histology when appropriate. The regional target for admission rates of term babies to NNU is <5%.	Learning from incident reviews is shared weekly after the maternity incident meeting. Learning is also disseminated through the Maternity "And Breathe" magazine.	N/A	N/A

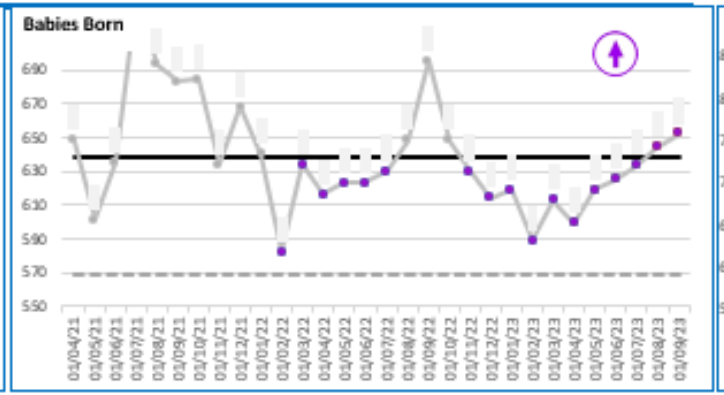
Maternity exception report (4)

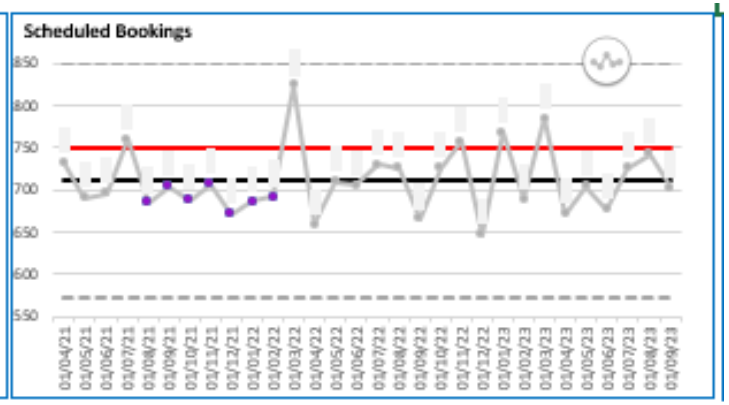


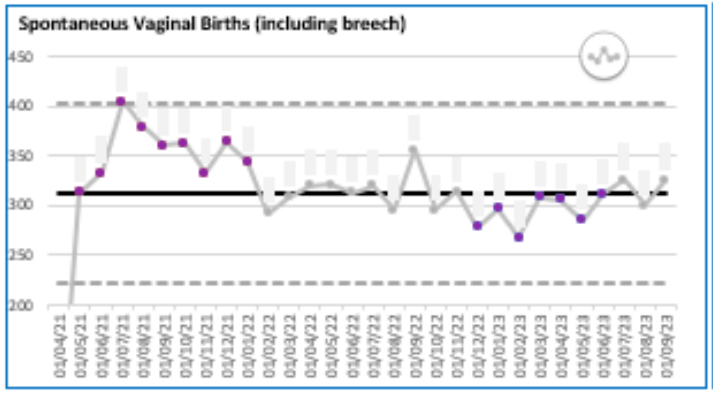
Summary of challenges and risks	Actions to address risks, issues and emerging concerns relating to performance and forecast	Timescales to address performance issue(s) and identification of any gaps in assurance	Risk Register score	Data quality rating
In September there was a reduction in the percentage of women initiating Breast Feeding to 67%. The indicator exhibits special cause variation and has breached the lower process control of 70.7%.	This has been a further 1% fall in women initiating breastfeeding from August. Work continues with the Infant Feeding Team (IFT) who are running daily 'Early Days Information Sessions' (EDIS) which cover feeding. There is a number of outstanding validations for women initiating breastfeeding on EPR. These fields are not mandatory on EPR but will be when BadgerNet is launched in January 2024, leading to more accurate data. The validations are currently being undertaken and the improved data will be reported at the December MCGC.	Launch of BadgerNet in January (Antenatal) and (Intrapartum and Postnatal) in February 2024.	9	Not assured

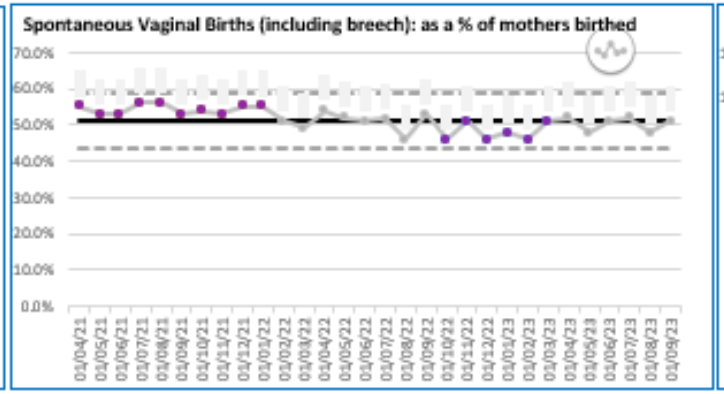
Appendix 1. SPC charts (1)

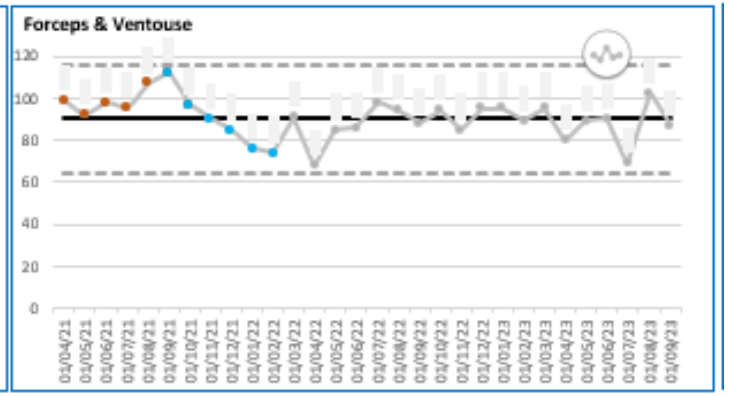


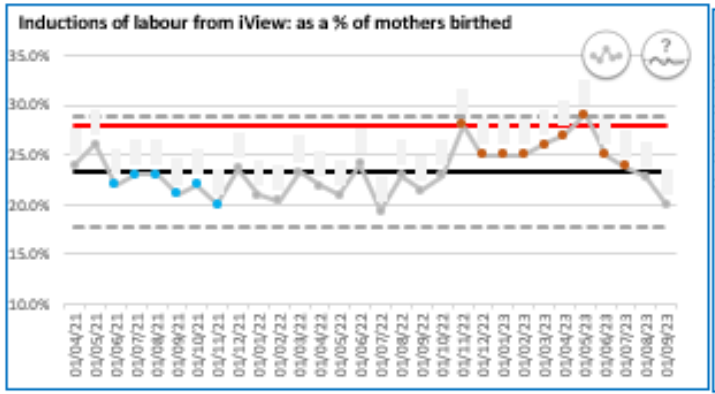


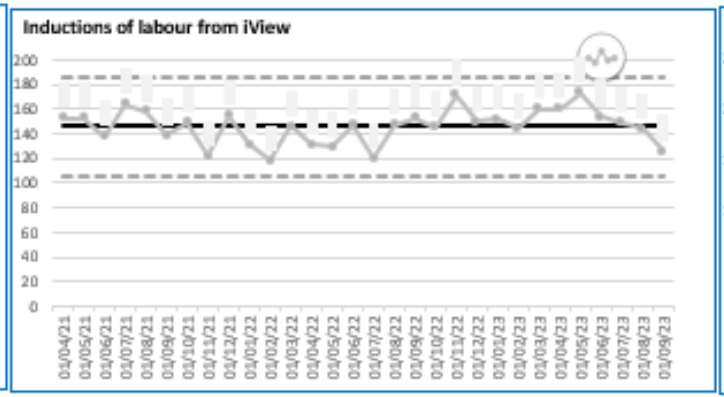


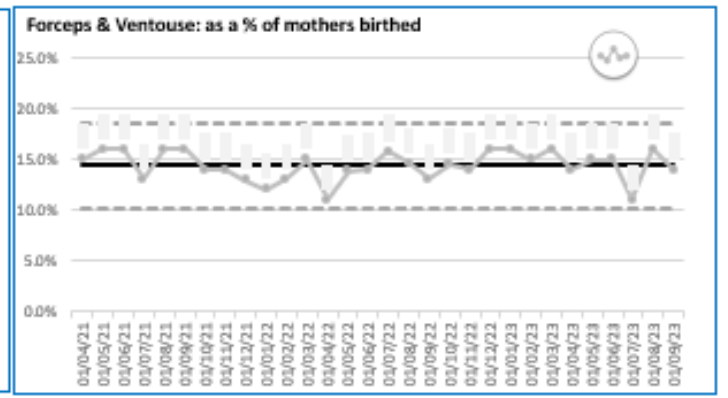




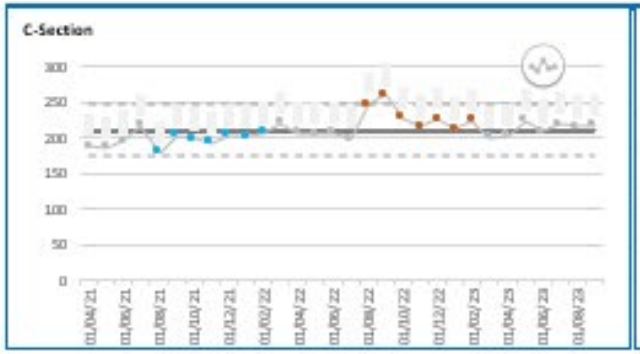


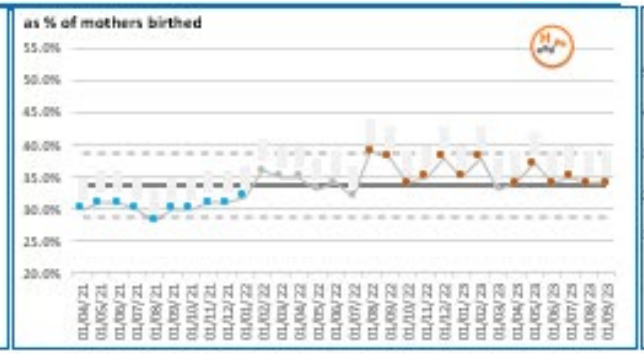


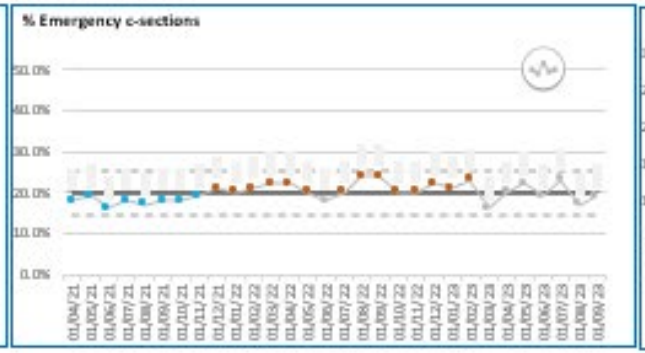


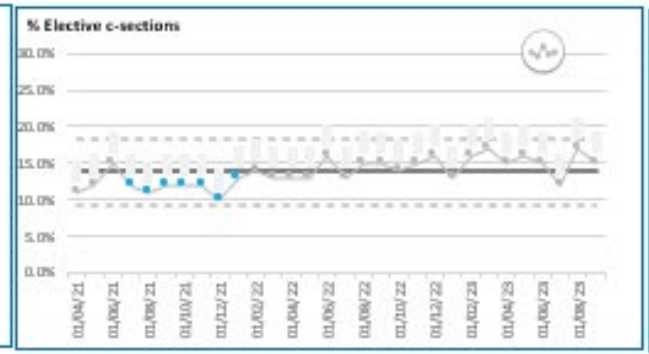


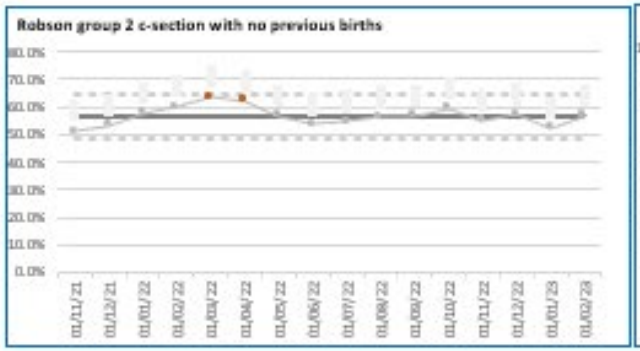
Appendix 1. SPC charts (2)

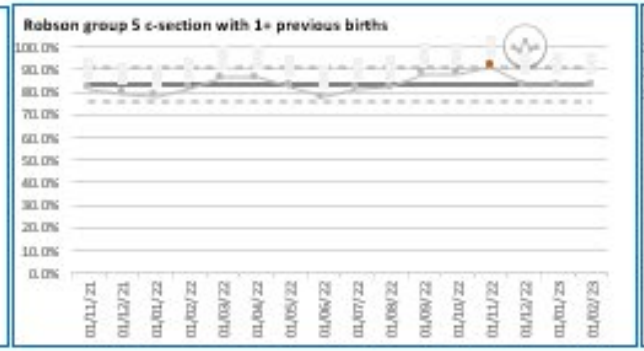


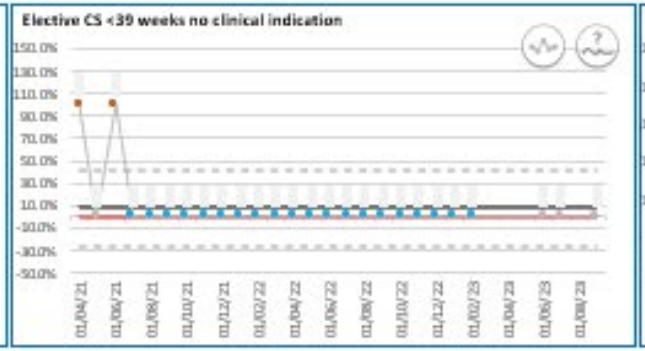


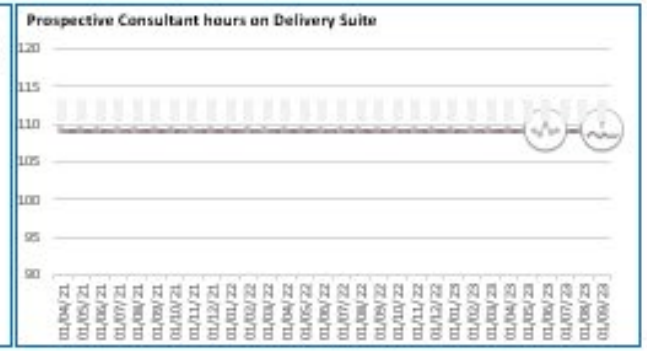


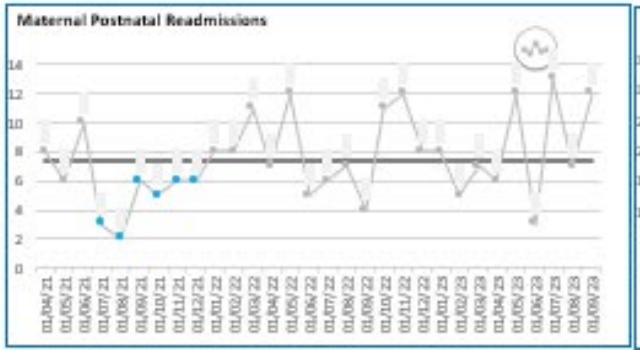


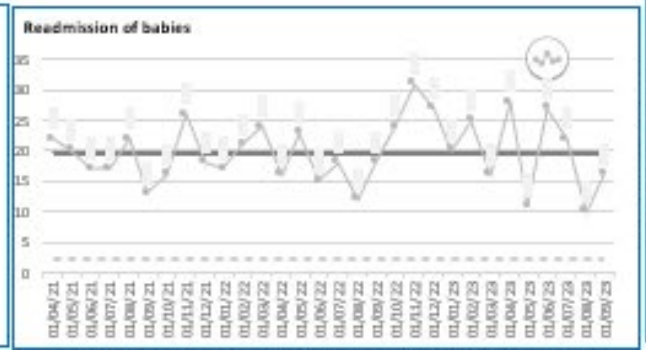


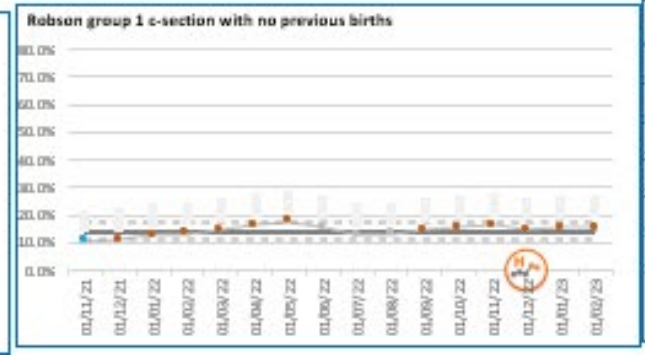


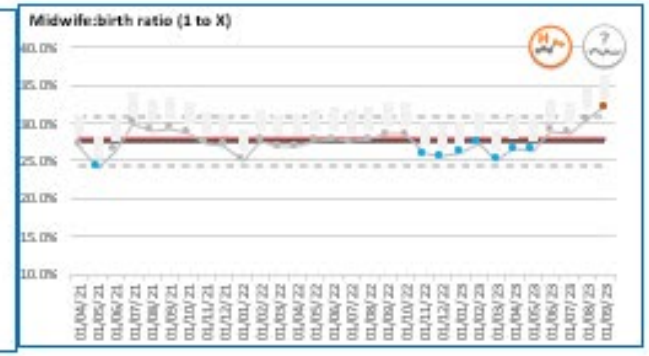




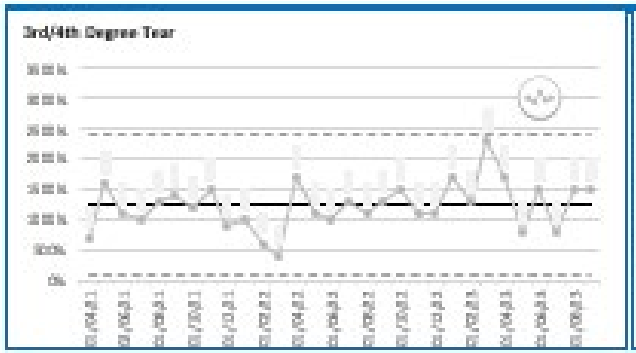


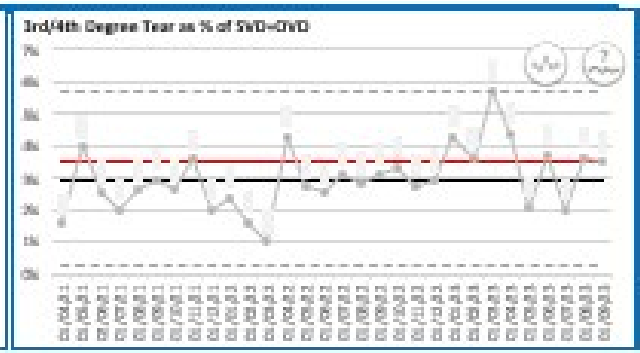


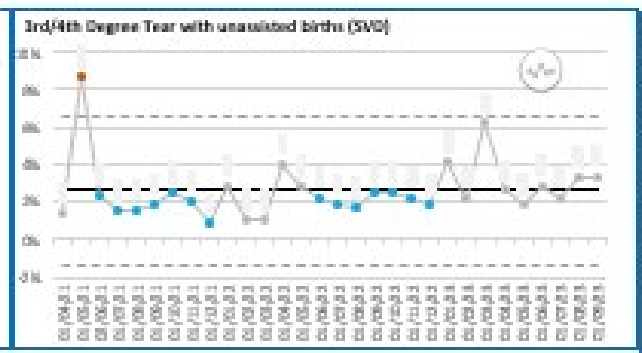


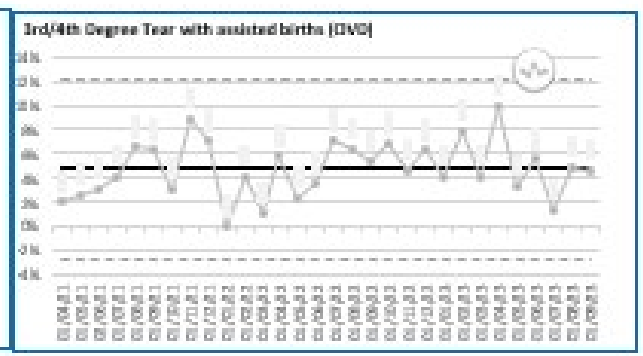


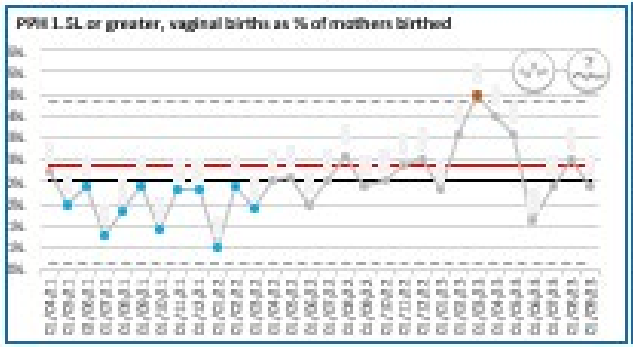
Appendix 1. SPC charts (3)

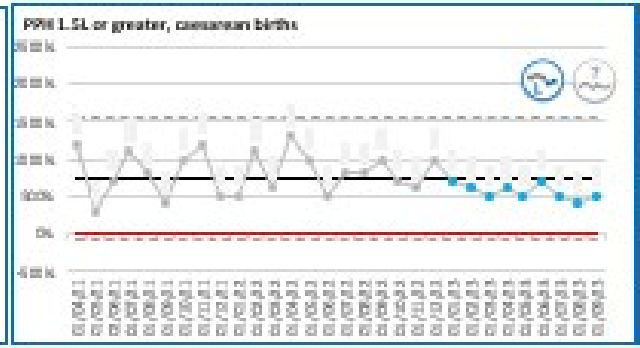


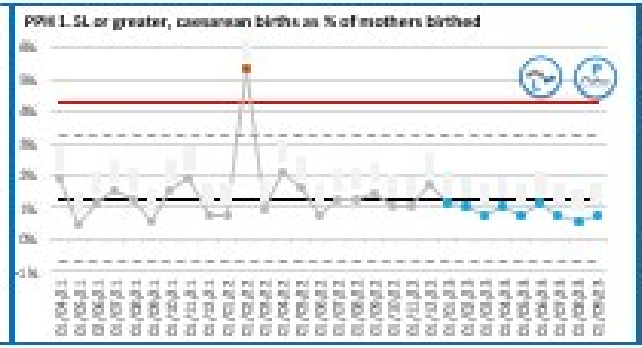


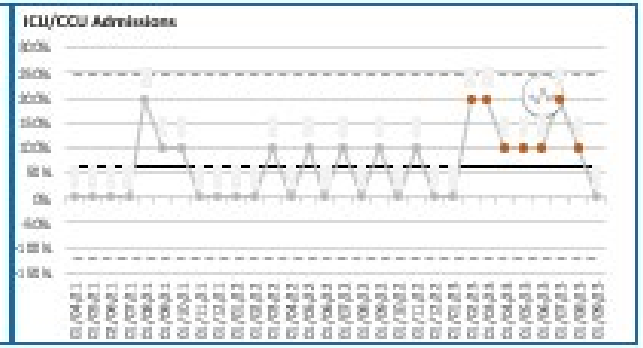


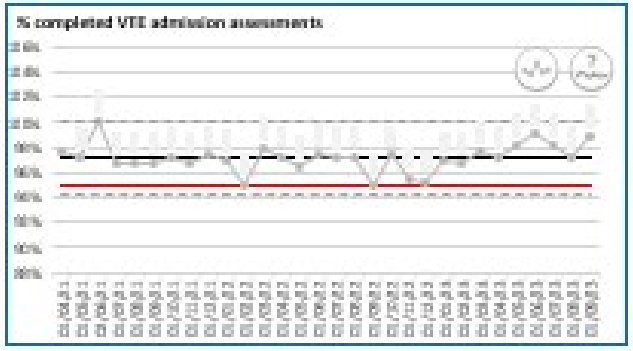


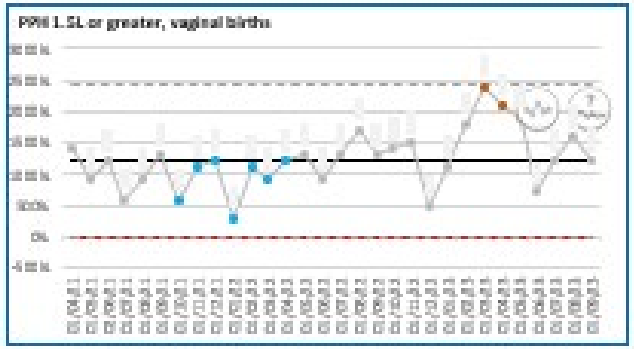




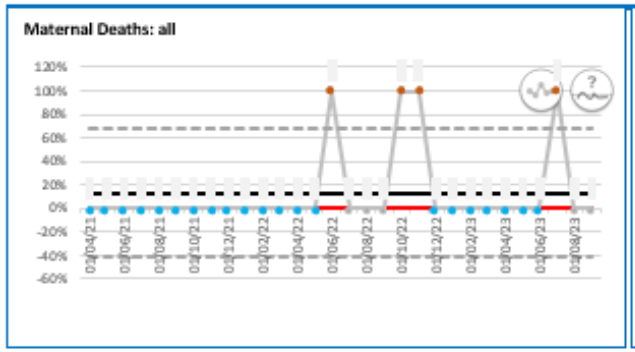


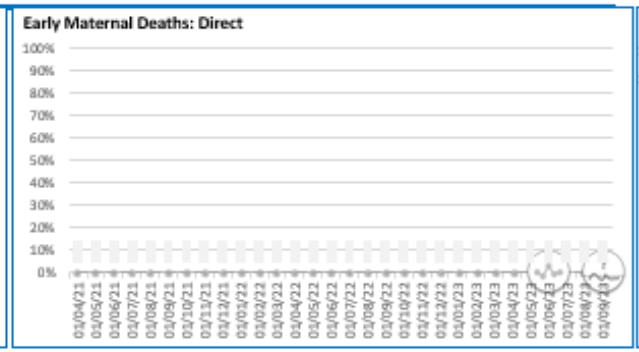


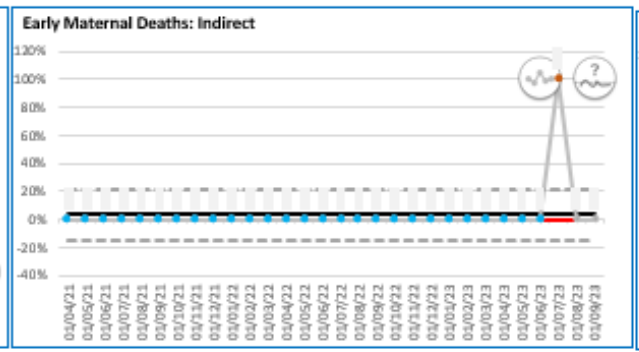


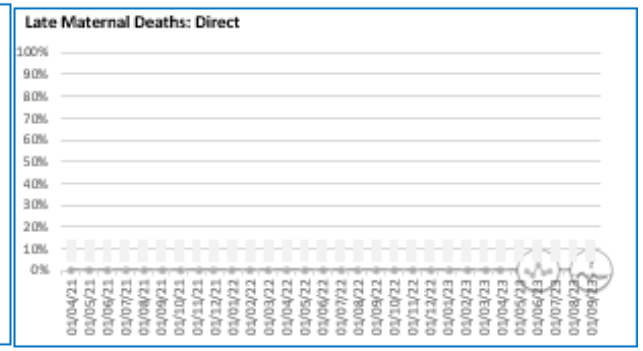


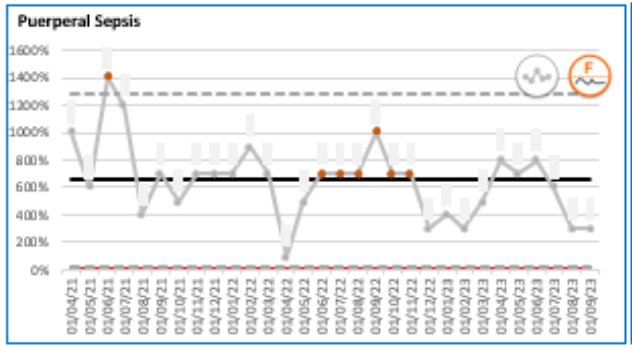
Appendix 1. SPC charts (4)

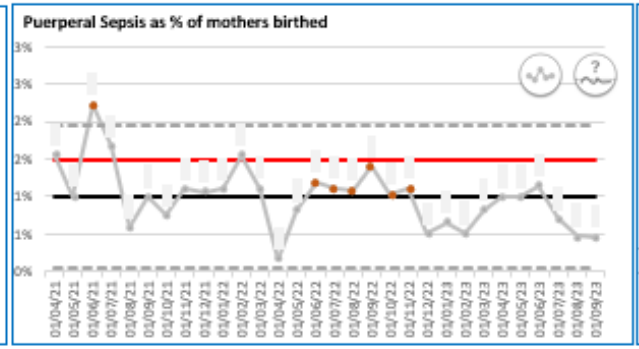


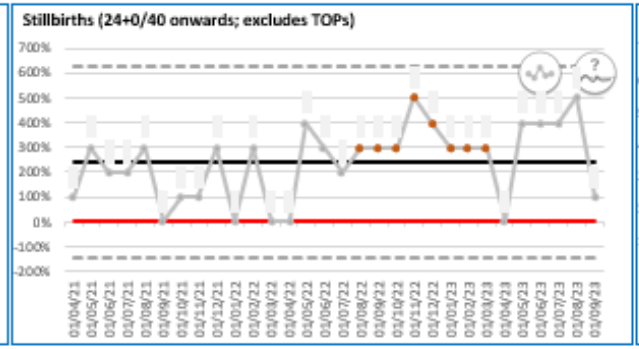


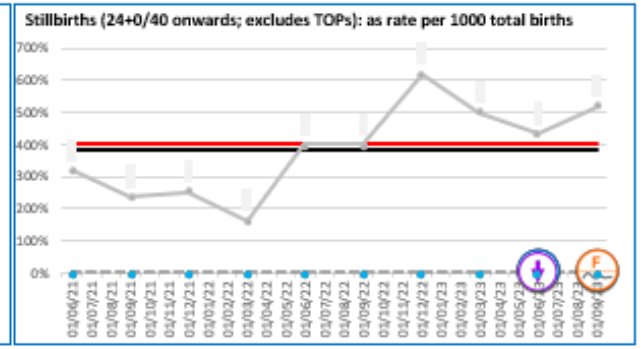


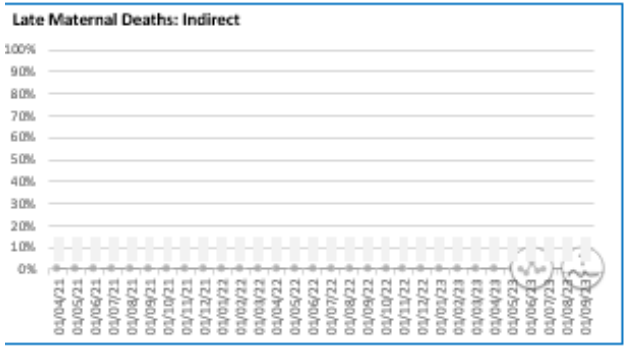


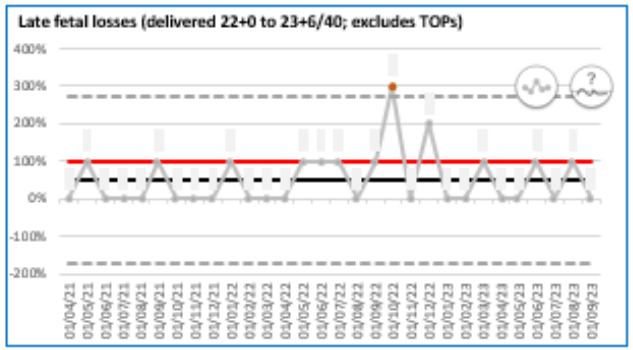




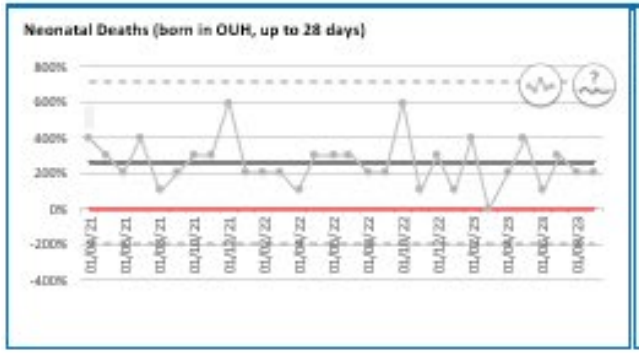


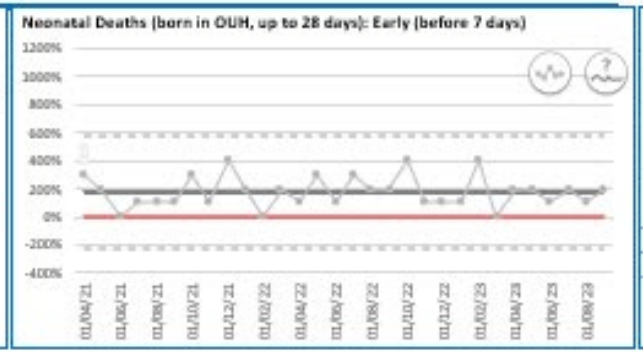


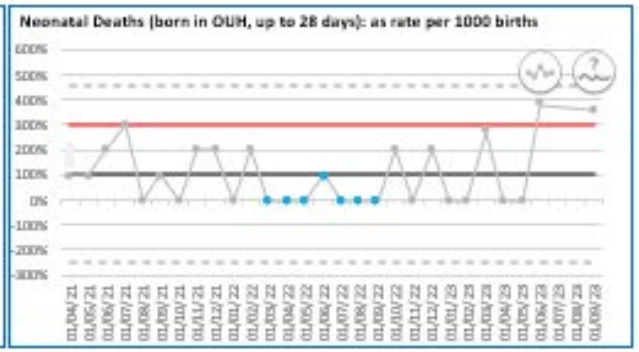


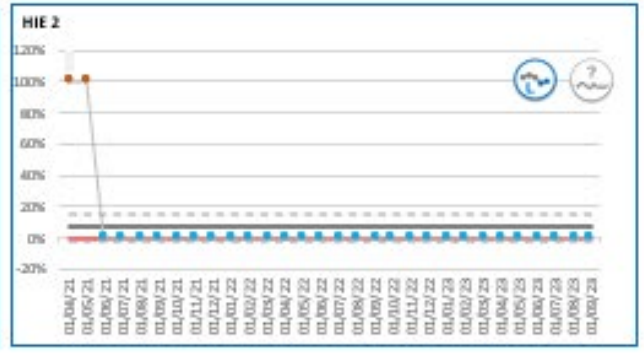


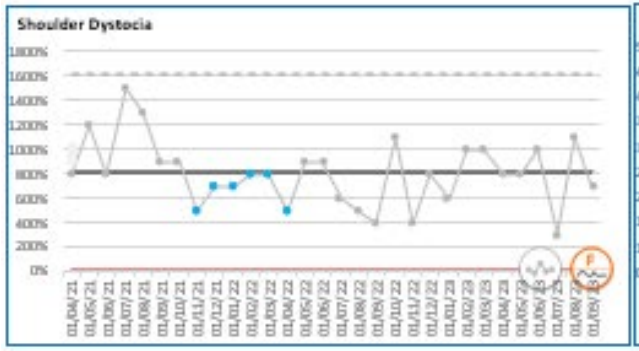
Appendix 1. SPC charts (5)

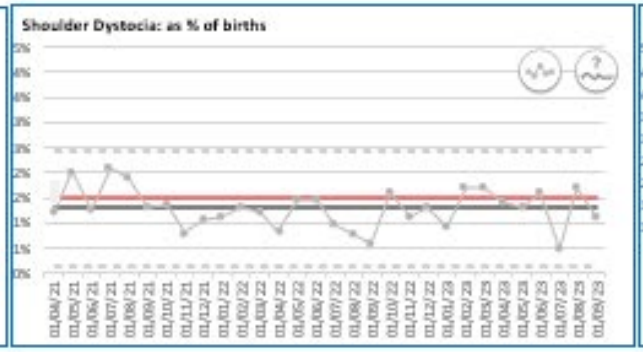


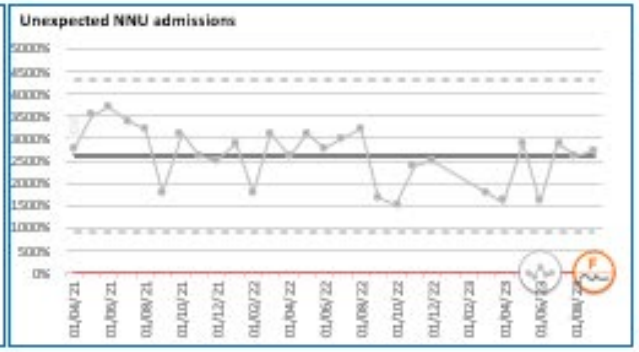


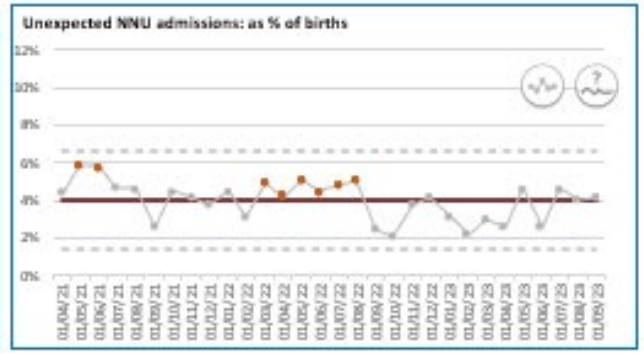


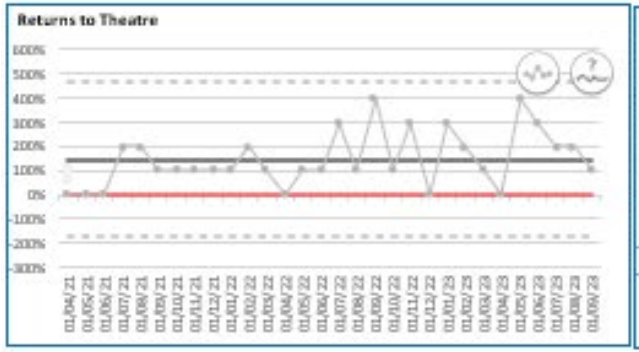


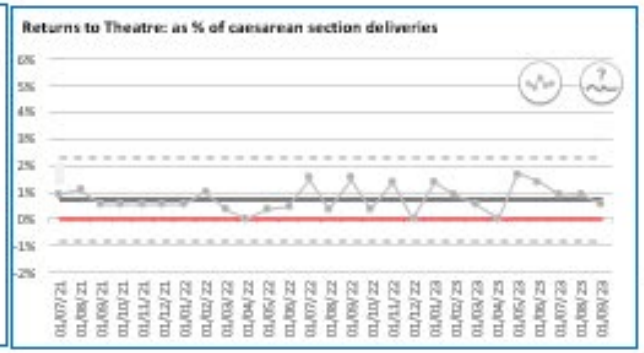


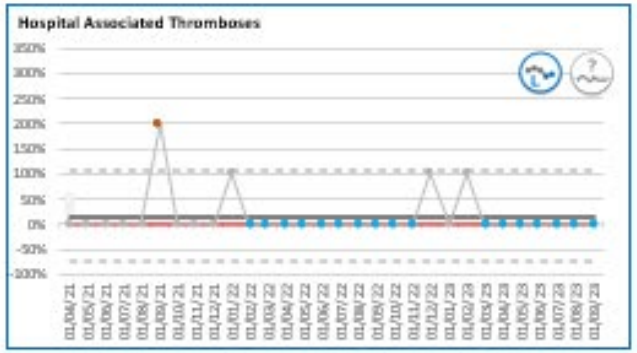


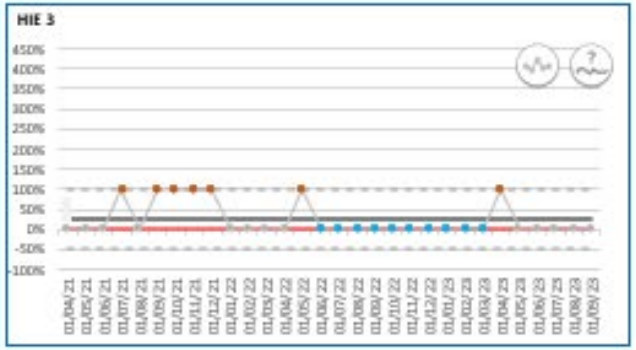












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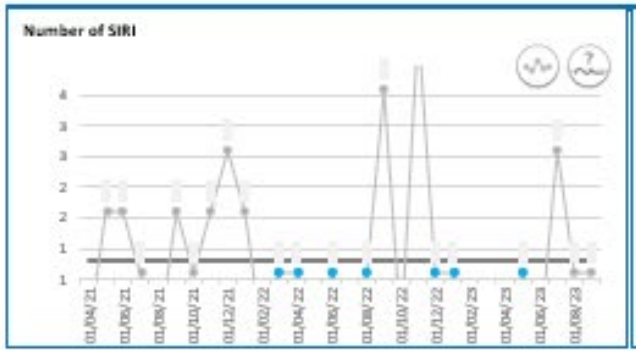

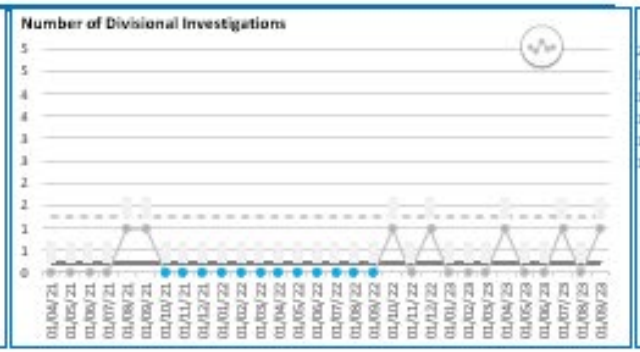

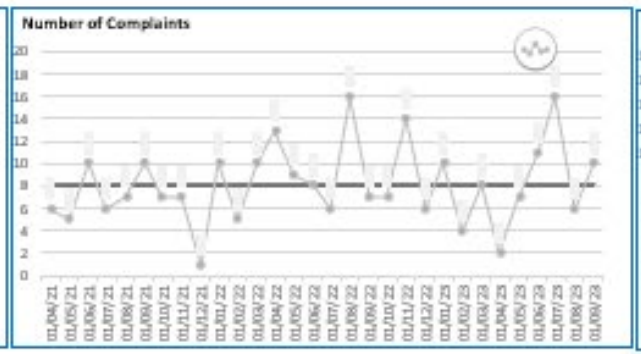

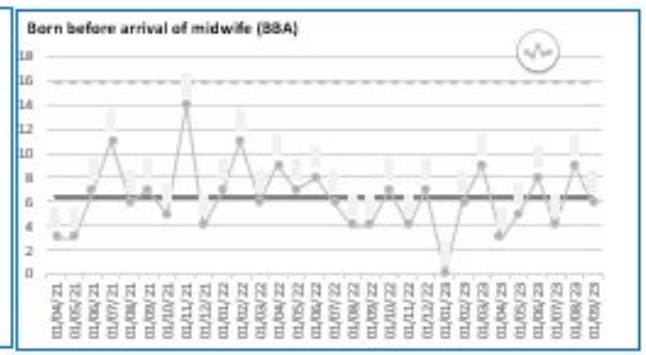

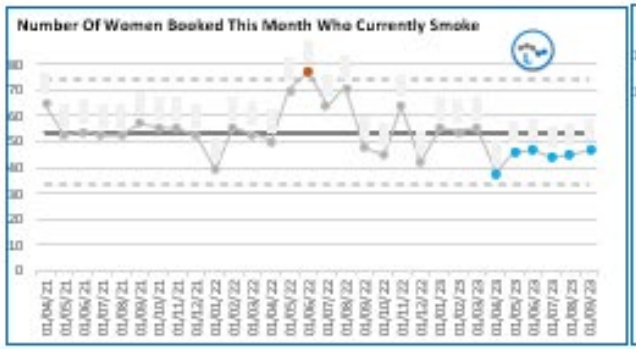

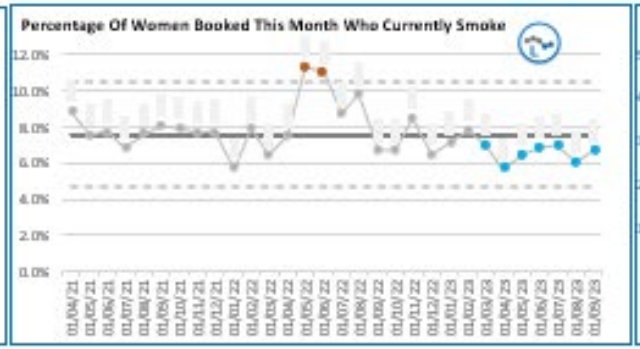

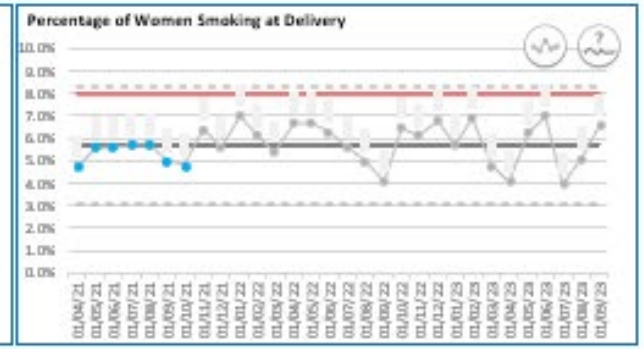

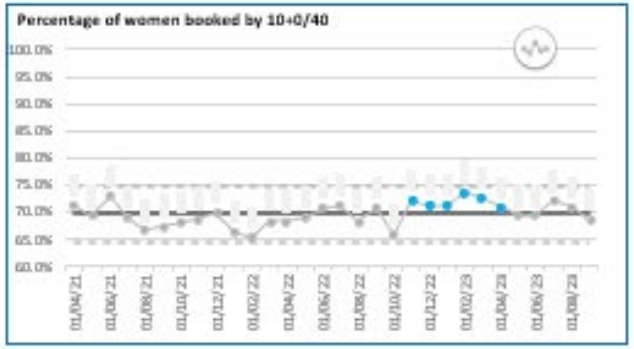

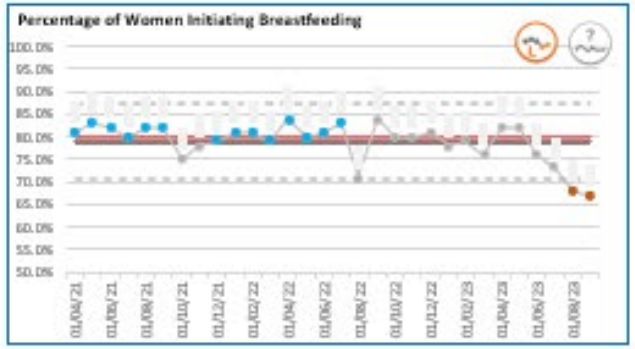

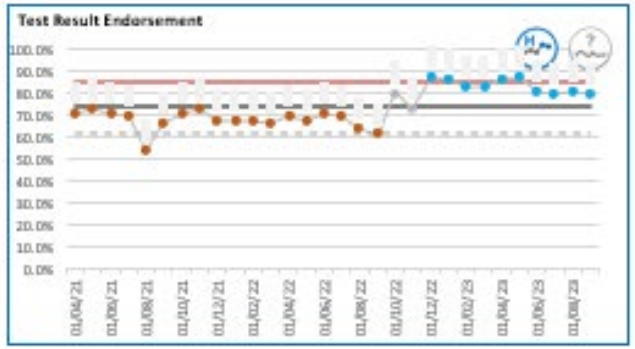

Gradings of Care for PMRT, Post partum haemorrhage (PPH), 3rd and 4th Degree Tears, Term Admissions to SCBU

A - No care issues identified; appropriate guidelines followed
B - Care issues identified - did not impact the care or management
C - Care issues identified - that may have impacted the care or management
D - Care issues identified - That did impact the care or management

Appendix 2: Maternity Incentive Scheme Compliance Dashboard – October 2023

Safety action	Update	RAG rating
1.Are you using the National Perinatal Mortality Review Tool to review deaths to the required standard?	So far, 100% of parents have been informed/are on track to be informed of the review and their perspective sought. 100% of reviews so far have been started within two months, Draft reports: 100% either closed or on track to be closed in time. Final reports: 100% either closed or on track to be closed in time	On track to be compliant
2.Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	All 11 CQIM data markers passed the data quality criteria for July 2023. July 2023 data contained valid ethnic category data for 92.3% of women for July 2023 (Target 90%). On 26/10/2023 The Trust received confirmation that all associated data quality criteria in the CNST Scorecard had passed all elements for the July data. This Safety Action is fully compliant.	Compliant
3.Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Transitional care (TC) is fully implemented and to further enhance the service, a dedicated bay on Level 5 was launched on in August 2023. The Maternity and Neonatal teams are meeting fortnightly in relation to TC. 50% of midwives are now trained to support naso-gastric tube feeding. A business plan has been submitted for an increase in Band 4 Nursery Nurses, but at present, NG tube within the TC Unit will be on a case-by-case basis. An ATAIN paper is presented at MCGC monthly and is a standing agenda item at the monthly Safety Champions meeting. ATAIN Summary: The Quarter 1 meeting was held on the 31st July 2023. There were representatives from the midwifery team, maternity practice education, obstetrics, neonatal and fetal wellbeing. Action plan has been approved by the BOB LMNS and shared with safety champions. Pending submission to ICB and Trust board.	On track to be compliant

4.Can you demonstrate an effective system of clinical workforce planning to the required standard?	The Neonatal Safety Champion has produced a business plan regarding shortfalls in the Neonatal Medical Workforce which is due to be considered by the Trust Management Executive. An action plan has been submitted to the November Trust Board as assurance that this is being progressed. A SOP for Compensatory Rest has been produced by the Obstetric team (MCGC October 2023) and rotas have been amended to reflect this. This is submitted to the Trust Board Reading Room November 2023. Rotas for anaesthetic workforce evidence 24 hour cover.	On track to be compliant
5.Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Birthrate+ report has been to Investment Committee, Business Planning Group and TME. It is submitted to Trust Board in November 2023.	On track to be compliant
6.Can you demonstrate that you are on track to compliance with all elements of the Saving Babies Lives Care Bundle Version 3?	Saving Babies Lives Care Bundle, Version 3 launched 31st May 2023, including a new Element, Diabetes. The Maternity Incentive Scheme requires evidence of implementation of the care bundle by March 2024. Implementation of 70% of interventions across all 6 elements, and implementation of at least 50% of interventions within each individual element is required to prove compliance with the Scheme. Funding concerns have been raised regarding Element 1 – Smoking. OUHT are moving towards an in-house stop smoking service. Processes are in place for the resource of offering Nicotine Replacement Therapy to all women. Funding has been approved and awaiting approval from Pharmacy. There is a question mark regarding equity for this scheme that has been escalated. It is not expected to impact compliance with this element. OUHT are in close contact with colleagues in Buckinghamshire and Berkshire to ensure a unified approach towards evidence submission. All other elements within Saving Babies Lives and on track to be compliant.	On track to be compliant
7. Listen to women, parents and families using maternity	Currently OMNVP are on track to comply with the required standards. Feedback is provided as part of the Perinatal Quality Surveillance Report (PQSM) that is reported monthly to MCGC. They	On track to be compliant

and neonatal services and coproduce services with users	are also fully embedded in the co-production of maternity services and are key stakeholders at the Maternity Clinical Governance Committee and Safety Champions meetings.	
8.Can you evidence the following 3 elements of the local training plans and 'in-house', one day multi professional training?	The Core Competency Framework, Version 2 launched 31st May 2023. The midwifery Practice Development (PD) team are on track to comply. Due to Doctor strikes, there has been a cancellation of PROMPT on two occasions. The PD team have managed to re-book staff to ensure that they are still in the compliance window. A challenge was made to NHS Resolution for extenuating circumstances to be considered when assessing compliance, and it has been confirmed that the target for compliance will be reduced to 80% for this year's Scheme. The Neonatal team are working on face-to-face Newborn Life Support Training for their staff before 30th November 2023 to meet compliance and it has been reported that they are on-track.	On track to be compliant
9.Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	Safety Champions: The maternity safety champions have been undertaking safety champions walkarounds monthly. Feedback from these is shared with staff through the Maternity Bulletin and at Governance meetings. The feedback is included as part of the PQSM. The Trust Claims Scorecard is discussed at Trust level against current incident and complaint data.	On track to be compliant
10. Have you reported 100% if qualifying cases to HSIB and to NHS Resolution's Early Notification Scheme?	All HSIB applicable cases have been referred and have been accepted for review. For these cases, duty of candour and HSIB information was provided prior to the referral being completed.	On track to be compliant