

Trust Board Meeting in Public: Wednesday 13 May 2020

TB2020.42

Title	Maternity Dashboard
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Status	Update paper
History	Maternity Clinical Governance Committee April 2020 – paper approved by Chair’s Action

Board Lead(s)	Sam Foster, Chief Nursing Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. The Maternity Dashboard provides a monthly overview of the Maternity Directorate performance against a defined set of targets against key performance targets and safety indicators.</p>
<p>2. Each month data is collated from Orbit and other sources to monitor outcomes against key performance targets. Targets are regularly reviewed against local and national standards (Appendix 1).</p>
<p>3. The key performance targets are measured using a RAG system. The RAG system was updated in August 2019 to reflect national performance.</p> <ul style="list-style-type: none">• Red – Performing below target, requiring monitoring and actions to address• Amber – Performing just below expected range, requiring close monitoring• Green – Performance within an expected range
<p>4. This report shows outcomes for the months February and March 2020, this is owing to a change in the agenda for Integrated Assurance Committee due to Covid-19.</p>
<p>5. Recommendation</p> <ul style="list-style-type: none">• The Board is asked to note this paper.

Maternity Dashboard; February & March 2020

1. Introduction

1.1. The Maternity Dashboard provides a monthly overview of the Maternity Directorate performance against a defined set of targets against key performance targets and safety indicators.

2. Background

2.1 Each month data is collated from Orbit to monitor outcomes against key performance targets Key Performance Targets are regularly reviewed against local and national standard (Appendix 1). The maternity dashboard is reviewed at Directorate, Divisional and Corporate Clinical Governance Meetings.

3. Metrics used to measure performance

3.1. They key performance targets are measured using a RAG (Red, Amber and Green) system.

- Red – Performing below target, requiring monitoring and actions to address
- Amber – Performing just below expected range, requiring close monitoring
- Green – Performance within an expected range

3.2. The maternity dashboard RAG ratings have been adjusted to measure against national performance.

4. February and March 2020 – Exception report against KPIs (Appendix 1) – Red

4.1. In March there are a higher number of scheduled bookings than the previous month (645 in February compared to 780 in March). The Maternity Business, Performance and Projects Manager investigated whether the surge in bookings is due to people transferring their care to their second homes in Oxfordshire during the Covid-19 pandemic. The data has been reviewed and there is a small number of transfers in however it looks like there has been an increase in local activity.

4.2. There are a higher number of caesarean sections in March (26%). There was no particular service-related event in March that could account for the increase in the caesarean section (CS) rate. We are continuing to monitor the CS rate - currently this is stable and is normal variation around the average rate, but this will be investigated by the Intrapartum Leads via a prospective audit. The average for the year is 25.1%.

4.3. There was a higher incidence of 3rd and 4th degree tears in January and February than the previous months (December 3.5%; January 3.8% - amber flag; February 5.0% - red flag). This does appear to be a trend however it improved in March 3.98% (amber flag). This has been highlighted to the Consultant Midwife for Intrapartum Care, who has been running a quality improvement project to reduce the rate of Obstetric Anal Sphincter Injuries (OASIs). Additionally two senior members of the Delivery Suite team attended a national Reducing OASIs training day at the beginning of March. Data has also been requested to identify whether there are particular practitioners who would

benefit from extra training/support with reducing their OASIs rate, which will be discussed at the Intrapartum Steering Group this month.

- 4.4. There was an increase in the number of hypoxic ischaemia encephalopathy (HIE) grade 2 as we had 2 cases reported in February. There was one baby born at this hospital and the other baby was born at Reading. The baby born at this hospital has had a magnetic resonance image (MRI) and it has showed no hypoxic or neurological damage and the baby has demonstrated no ongoing neurological signs or symptoms. There was 1 case of a baby born with HIE in March 2020 related to a baby that was born at Milton Keynes hospital and came to this Trust for cooling.
- 4.5. There was one Hospital Acquired Thrombosis (HAT) in February. A HAT review was undertaken by the consultant. This was completed by VTE Prevention Team. Based on the information taken from EPR they will report as a `NOT Potentially Preventable HAT`. There was nil reported in March.

5. February and March 2020 – Exception report against KPIs (Appendix 1) - Amber

- 5.1. In February there was one baby born with a HIE grade 3. The Health Safety Investigation Branch (HSIB) is currently investigating this case. There were no cases reported in March.
- 5.2. In February there were a higher number of unexpected admissions to the neonatal unit (NNU) (4.4%) which is higher than it has been for the previous 6 months. This improved in March (3.7%). The admissions will be reviewed through the ATAIN group.

6. February 2020 – Exception report against KPIs (Appendix 1) – Green

- 6.1. The majority of the dashboard remains green.
- 6.2. The number of post-partum haemorrhages (PPH) of greater than 2 litres has remained below 2% since December 2019 (February 1.6% and in March 1.1%).
- 6.3. The VTE admission assessments remain well above Trust targets at 97.4%.
- 6.4. Test endorsement rates have improved within Maternity in February and March (86.1% and 89%) compared to 68.5% in January. There is a quality improvement group working on this.
- 6.5. The breastfeeding initiation rate has been consistently above target (currently 85%) for this financial year. There are plans to seek UNICEF Baby Friendly Level 3 accreditation in 2020.

7. Recommendations

- 7.1. The Board is asked to note this paper.

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27/04/2020

Appendix 1



OUH Trust Data		Target	Red Flag	Measure	Data Source	Local or National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Year to Date
Activity	Mothers birthed	7500 year 625 month	>700	Women who have given birth per month	EPR	Local	617	644	627	652	683	618	650	615	605	574	556	613	7,454
	Babies born			Babies born per month	EPR	Local	624	654	635	658	691	628	674	623	613	580	566	624	7,570
	Scheduled Bookings	9375 year 750 month	>750	Bookings		Local	684	745	625	739	706	614	786	652	611	763	645	780	8,350
	Inductions of labour <i>as % of maternities</i>	<28%	>30%		EPR	Local	151 24%	151 23%	154 25%	161 25%	162 24%	172 28%	140 22%	154 25.0%	158 26.0%	151 26.0%	142 26.0%	161 26.0%	1,857 3
	SVD <i>as % of births</i>	>59%	<56%		EPR	National	359 58%	397 61%	388 61%	423 64%	423 61%	381 61%	364 54%	343 56.0%	362 60.0%	339 59.0%	331 60.0%	349 57.0%	4,459 58.90%
	Forceps & Ventouse <i>as % of births</i>	<17%	>20%		EPR	Local	95 15%	86 13%	84 13%	87 13%	96 14%	88 14%	99 15%	99 16.0%	91 15.0%	85 15.0%	88 16.0%	100 16.0%	1,098 2
	C-Section <i>as % of births</i>	<26%	≥26%	C-section birth	EPR	National	162 26%	158 24%	154 24%	140 21%	164 24%	148 24%	184 27%	172 28.0%	151 25.0%	149 26.0%	133 24.0%	161 26.0%	1,876 3
	% Emergency				EPR		15%	13%	15%	12%	14%	12%	15%	15.0%	14.0%	11.0%	14.0%	15.0%	2
	% Elective				EPR		11%	11%	9%	9%	10%	11%	12%	13.0%	11.0%	14.0%	10.0%	11.0%	1
	Elective CS <39 weeks no clinical indication	0	1		EPR	National	0	1	0	0	0	0	1	0	1	0	0	0	3
Workforce	Prospective Consultant hours on Delivery Suite		<98 hours	Safer Childbirth		National	96	96	98	98	98	108	111	123	99	102	109	109	1,247
	Midwife:birth ratio	≤1:29	>1:29	Safer Childbirth	HOM	National	1:29.8	1:30.4	1:30.0	1:30.6	1:32.9	1:29.5	1:30.2	1:27.2	1:26.0	1:25.7	1:26.7	1:28.0	
Maternal Morbidity	3rd/4th Degree Tear <i>as % of SVD+OVD with unassisted births (SVD) with assisted births (OVD)</i>	3.5% of SVD +OVD	4% of SVD+OVD	RCOG guidelines	EPR	RCOG	23 5.05%	25 5.14%	19 4.02%	9 1.76%	18 3.47%	15 3.19%	10 2.15%	15 3.39%	16 3.52%	16 3.76%	21 4.96%	18 3.98%	205
	PPH>2L <i>as % of mothers birthed</i>	2%	2.5%		EPR	Local	8 1.3%	11 1.7%	7 1.1%	11 1.7%	14 2.0%	3 0.5%	6 0.9%	5 0.8%	13 2.1%	5 0.9%	9 1.6%	7 1.1%	99 0
	ICU/CCU Admissions			Number of transfers to ICU/CCU	OA	Local	1	1	2	1	0	1	0	0	1	0	0	0	7
	% completed VTE admission assessments	95%	<95%	CQUIN Target: 95%	ORBIT	Local	96.2%	96.0%	95.2%	96.7%	97.8%	95.0%	95.9%	97.0%	96.9%	97.0%	97.4%	97.3%	12
	Maternal Deaths: ALL	0	>0.55/yr	National rate 7.71 per 100,000	EPR	National	0	1	0	0	1	0	0	0	0	0	0	0	2
	Early Maternal Deaths: Direct						0	0	0	0	0	0	0	0	0	0	0	0	0
	Early Maternal Deaths: Indirect						0	1	0	0	0	0	0	0	0	0	0	0	1
	Late Maternal Deaths: Direct						0	0	0	0	1	0	0	0	0	0	0	0	1
Late Maternal Deaths: Indirect						0	0	0	0	0	0	0	0	0	0	0	0	0	
Puerperal Sepsis <i>as % of mothers birthed</i>	1.50%	1.90%				11 1.78%	9 1.40%	11 1.75%	9 1.38%	7 1.02%	9 1.46%	12 1.85%	2 0.33%	7 1.16%	3 0.52%	2 0.36%	9 1.47%	91 1.22	
Maternal Morbidity and Mortality	Stillbirths (24+0/40 onwards; excludes TOPs) <i>as rate per 1000 total births</i>	4 per 1000 births	5.5 per 1000 births calculated quarterly		EPR	National	2	0	6	7	1	3	2	1	3	1	2	1	29
	Late fetal losses (delivered 22+0 to 23+6/40; excludes TOPs)																		6
	Neonatal Deaths (born in OUH, up to 28 days)				BADGER	Local	1	2	1	1	0	1	1	1	2	2	1	0	13
	ALL				BADGER	Local	1	2	1	1	0	1	1	1	2	2	1	0	
	Early (before 7 days)				BADGER	Local	1	2	1	1	0	0	0	0	1	2	1	0	
	Late (7 to 28 days)				BADGER	Local	0	0	0	0	0	1	1	1	1	0	0	0	
<i>as rate per 1000 births</i>	≤3.2	>3.5	MBRRACE		Local			2.09			1.01			2				0	
HIE 2	0	2	No of babies diagnosed >36 completed weeks in a	BADGER	Local	0	0	1	2	0	0	0	0	0	0	2	1	6	

Perin.	HIE 3	0	2	completed weeks in a structurally normal baby	BADGER	Local	0	1	0	0	0	0	0	0	0	0	0	1	0	2
	Shoulder Dystocia <i>as % of births</i>	<1.5%	1.8%		EPR	Local	6 1.0%	10 1.5%	10 1.6%	11 1.7%	6 0.9%	7 1.1%	12 1.8%	19 3.1%	4 0.66%	7 1.2%	5 0.9%	8 1.3%	105	
	Unexpected NNU admissions <i>as % of births</i>	4%	6%		BADGER	Local	22 3.5%	17 2.6%	24 3.8%	25 3.8%	28 4.1%	23 3.7%	18 2.7%	26 4.2%	15 2.4%	21 3.6%	25 4.4%	23 3.7%	267	
Re-admissions	Hospital Associated Thromboses	0	1				1	1	1	0	0	0	0	0	0	1	1	0	5	
	Returns to Theatre <i>as % of caesarean section deliveries</i>	0					0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 1.3%	0 0.0%	0 0.0%	2	
Risk Management	Number of SIRI			Investigations undertaken	Risk/Datix	Local	0	0	1	1	0	0	0	0	0	0	0	0	2	
	Number of Divisional Investigations			Investigations undertaken	Risk/Datix	Local	2	0	0	3	0	1	0	0	1	0	0	0	7	
	Number of Complaints				Directorate	Local	5	7	9	9	3	3	3	2	4	8	5	2	60	
Test Endorsement	Obstetrics and Midwifery	85%	<85%	Number of tests endorsed within 7 days	ORBIT	Local	66.2%	67.3%	63.3%	73.6%	72.6%	73.7%	78.6%	69.0%	69.6%	68.5%	86.1%	89.0%		
Public Health	Percentage Of Women Booked This Month Who Currently Smoke											9.0%	9.2%	9.5%	10.1%	10.0%	8.4%	6.4%		
	Percentage of Women Smoking at Delivery	8%	10.0%		EPR	Local	6.0%	8.2%	6.7%	8.6%	6.9%	8.3%	7.5%	7.0%	6.8%	6.8%	5.8%	7.0%	7.13%	
	Percentage of Women Initiating Breastfeeding	>80%	<75%		EPR	Local	83%	82%	84%	80%	83%	82%	83%	82%	84%	81%	85%	85%	82.9%	
	Percentage of women booked by 10+0/40						66.3%	64.3%	63.4%	70.5%	68.9%	69.1%	68.4%	69.3%	69.9%	64.1%	68.7%	72.8%		