Oxford University Hospitals
NHS Foundation Trust

**Trust Board Meeting in Public: Wednesday 11 March 2020**

**TB2020.33**

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| **Title** | **Maternity and Neonatal Board Champion update** |

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| **Status** | Update paper |
| **History** | Maternity Directorate Clinical Governance February 2020 – paper approved by Chair's Action |

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

## Executive Summary

1. This month, the Trust Board are asked to receive the Maternity Dashboard. This provides a monthly overview of the Maternity Directorate performance against a defined set of targets against key performance targets and safety indicators. 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).

2. The key performance targets are measured using a RAG system. The rag system was updated in August 2019 to reflect national performance.

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

3. This report shows outcomes for the month of January 2020.

4. The Trust Board is scheduled to receive a paper detailing the Trust status in relation to the ten maternity safety actions included in the NHS Resolution Maternity Incentive Scheme Year 3 (published 23rd December 2019, and then updated 6th February 2020) The paper will outline both the required standards for each of the ten safety actions along with the initial evaluation of the current status and level of risk for each standard – The Board are required to approve an action plan to deliver the ten standards. This paper has been prepared and is progressing via the internal Trust governance processes. The Chairman is asked to delegate authority to receive and approve the action plan to the Integrated Assurance Committee in April 2020.

5. **Recommendation**

    - The Board is asked to note the Maternity Dashboard.
    - The Board is asked to delegate authority to the Integrated Assurance Committee to approve the Maternity Safety Standards action plan in April 2020.

## Maternity Dashboard January 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, Green) system.

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

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

### 4. January 2020 – Exception report against KPIs (Appendix 1) – Red

4.1. In January there were a higher number of scheduled bookings at 763. We will continue to monitor booking rates to ensure that no remedial action is required.

4.2. There was a slight increase in the number of caesarean sections (CS) at 26%. The target is less than 26%. There was no particular service-related event in January (e.g. staffing issues, ward closures) that could account for the increase in CS rate. The Delivery Suite Leads have conducted an audit on indication for caesarean, and any themes that emerge will be managed accordingly as part of the Quality Improvement work of the Directorate.

4.3. There was one Hospital Acquired Thrombosis (HAT) in January. A HAT review is being undertaken.

4.4. There were two returns to theatres in January in relation to ongoing bleeding after emergency caesarean section (EmCS). Local review ongoing.

4.5. Endorsement rates remain below the KPI for the Trust. The maternity endorsing quality improvement (QI) project team are targeting Delivery Suite (DS) initially taking a workstation on wheels (WOW) on a ward round and there has been positive role models identified at consultant meeting.

4.6. The number of elective caesarean sections (CS) at less than 39 weeks with no clinical indication was higher in December. There was one elective CS at 38+6 weeks for breech when there was no safe alternative date after 39 weeks. This

is the second red flag in two months as there was one elective CS at 38+6 weeks for two previous CS in October which had been the first red flag since May 19. The Clinical Governance Team will continue to monitor these occurrences for any trends or opportunities for sharing learning.

## 5. January 2020 – Exception report against KPIs (Appendix 1) - Amber

5.1. The number of spontaneous vaginal deliveries (SVD) is lower than the previous month at 59% compared to 60% the previous month. The target is >59%. This coincided with an increase in the percentage of caesarean sections by 1%.

5.2. There were a higher percentage of 3rd and 4th degree tears as of % of spontaneous vaginal delivery (SVD) and operative vaginal deliveries (OVD) at 3.8% compared to the previous birth. We will continue to monitor this.

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

6.1. The majority of the dashboard remains green.

6.2. The midwife to birth ratio is at its lowest for the financial year to date, and is currently 1:25.7 which is lower than the previous two months. This is following a successful summer recruitment campaign and a slightly higher retention rate than in previous years.

6.3. The number of post-partum haemorrhages (PPH) of greater than 2 litres has reduced from 2.1% to 0.9% in January. We continue to review our PPH's using a proforma to identify learning from these. A separate paper on haemorrhage management is being written for the Clinical Governance Committee on the 18th March.

6.4. The VTE admission assessments remain well above Trust targets at 96.9%.

6.5. The incidence of puerperal sepsis has reduced from 1.16% in December to 0.52% in January.

6.6. There have been no cases reported to the Healthcare Safety Investigation Branch (HSIB) or babies diagnosed with HIE 2 or 3.

6.7. The breastfeeding initiation rate has been consistently above target (currently 81%) 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.

7.2. The Board is asked to delegate authority to the Integrated Assurance Committee to approve the Maternity Safety Standards action plan in April 2020.

**Sam Foster, Chief Nurse**

Written by: Niamh Kelly, Clinical Governance Manager

Reviewed by: Alison Cuthbertson, Director of Midwifery

Annie Williams, Quality Assurance and Improvement Lead Midwife

## 3rd March 2020

## Appendix 1

Maternity Dashboard 2019-2020.xlsx

| | 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 | | | 6,285 | |
| | Babies born | | | | Babies born per month | EPR | Local | 624 | 654 | 635 | 658 | 691 | 628 | 674 | 623 | 613 | 580 | | | 6,380 | |
| | Scheduled Bookings | | 9375 year 750 month | >750 | Bookings | | Local | 684 | 745 | 625 | 739 | 706 | 614 | 786 | 652 | 611 | 763 | | | 6,925 | Jan 20: We will continue to monitor booking rates to ensure that no remedial action is required. |
| | Inductions of labour | *as % of maternities* | <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% | | | 1,554 2 | |
| | SVD | *as % of births* | >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% | | | 3,779 59.23% | Oct 19: The CS and SVD rates have been stable for this last 5 months therefore the red flags for this month appear to be a one-off |
| | Forceps & Ventouse | *as % of births* | <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% | | | 910 1 | |
| | C-Section | *as % of births* | <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% | | | 1,582 2 | Jan 20: There was no particular service-related event in January (e.g. staffing issues, ward closures) that could account for the |
| | % Emergency | | | | | EPR | | 15% | 13% | 15% | 12% | 14% | 12% | 15% | 15.0% | 14.0% | 11.0% | | | 1 | |
| | % Elective | | | | | EPR | | 11% | 11% | 9% | 9% | 10% | 11% | 12% | 13.0% | 11.0% | 14.0% | | | 1 | |
| | Elective CS <39 weeks no clinical indication | | 0 | 1 | | EPR | National | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | | | 3 | Dec: One elective CS at 38+6 weeks for breech when there was no safe alternative date after 39 weeks. Oct 19: One elective CS at 38+6 weeks for two previous CS. This is the first red flag since May 19 so appears to be a one-off rather than a trend. The Clinical Governance Team will continue to monitor these occurrences for any trends or opportunities for sharing learning. |
| Workforce | Prospective Consultant hours on Delivery Suite | | | <98 hours | Safer Childbirth | | National | 96 | 96 | 98 | 98 | 98 | 108 | 111 | 123 | 99 | 102 | | | 1,029 | |
| | 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 | | | 292 | Oct 19: The first cohort of the 36 new starters are now in post. The second cohort will commence in November. This will improve the midwife:birth ratio. |
| Maternal Morbidity | 3rd/4th Degree Tear | *as % of SVD+OVD* | 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 3.40% | 16 3.50% | 16 3.80% | | | 166 | |
| | | *with unassisted births (SVD)* | | | | | | 3.90% | 4.79% | 3.87% | 1.42% | 2.13% | 2.10% | 1.92% | 2.40% | 3.30% | 2.70% | | | | |
| | | *with assisted births (OVD)* | | | | | | 8.4% | 7.0% | 4.8% | 3.4% | 9.4% | 8.0% | 3.0% | 6.1% | 4.4% | 8.2% | | | 1 | |
| | PPH>2L | *as % of mothers birthed* | 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% | | | 83 0 | |
| | ICU/CCU Admissions | | | | Number of transfers to ICU/CCU | OA | Local | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 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% | | | 10 | |
| | 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 | | | 2 | Aug 19- Maternal death at 6 months postpartum. Known drug user died following an overdose of recreational drugs. |
| | Early Maternal Deaths: | Direct | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | |
| | | Indirect | | | | | | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 1 | |
| | Late Maternal Deaths: | Direct | | | | | | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | | | 1 | |
| | | Indirect | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | |
| | Puerperal Sepsis | | | | | | | 11 | 9 | 11 | 9 | 7 | 9 | 12 | 2 | 7 | 3 | | | 80 | |
| | | *as % of mothers birthed* | 1.50% | 1.90% | | | | 1.78% | 1.40% | 1.75% | 1.38% | 1.02% | 1.46% | 1.85% | 0.33% | 1.16% | 0.52% | | | 1.27 | |
| Perinatal Morbidity and Mortality | Stillbirths *(24+0/40 onwards; excludes TOPs)* | | 4 per 1000 births | 5.5 per 1000 births calculated quarterly | | EPR | National | 2 | 0 | 6 | 7 | 1 | 3 | 2 | 1 | 3 | 1 | | | 26 | |
| | | *as rate per 1000 total births* | | | | | | | | 4.18 | | | 5.56 | | | 3.14 | | | | 4.08 | |
| | Late fetal losses *(delivered 22+0 to 23+6/40; excludes TOPs)* | | | | | | | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | | | 4 | |
| | Neonatal Deaths *(born in OUH, up to 28 days)* | ALL | | | | BADGER | Local | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 2 | 2 | | | 12 | |
| | | Early (before 7 days) | | | | BADGER | Local | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | | | | |
| | | Late (7 to 28 days) | | | | BADGER | Local | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | | | | |
| | | *as rate per 1000 births* | ≤3.2 | >3.5 | MBRRACE | | Local | | | 2.09 | | | 1.01 | | | 2 | | | | | |
| | HIE 2 | | 0 | 2 | No of babies diagnosed >36 completed weeks in a structurally normal baby | BADGER | Local | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | | | 3 | |
| | HIE 3 | | 0 | 2 | | BADGER | Local | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 1 | |
| | Shoulder Dystocia | *as % of births* | <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% | | | 92 0 | |
| | Unexpected NNU admissions | *as % of births* | 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% | | | 219 0 | |
| Re-admissions | Hospital Associated Thromboses | | 0 | 1 | | | | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | 4 | Jan 20: A HAT review is being undertaken |
| | Returns to Theatre | *as % of caesarean section deliveries* | 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 0.00% | 2 1.3% | | | 2 0 | Jan 20: Ongoing bleeding after EmCS. Local review ongoing |
| Risk Management | Number of SIRI | | | | Investigations undertaken | Risk/ Datix | Local | 0 | 0 | 1 | 1 | 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 | | | 7 | |
| | Number of Complaints | | | | | Direct-orate | Local | 5 | 7 | 9 | 9 | 3 | 3 | 3 | 2 | 4 | 8 | | | 53 | |
| Test Endorse-ment | Obstetrics and Midwifery | | 95% | <95% | 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% | | | 7 | Jan 20: Update on the maternity endorsing QI project. The team are targeting DS initially taking a WOW on a ward round and positive role models identified at consultant meeting. |
| Public Health | Percentage Of Women Booked This Month Who Currently Smoke | | | | | | | | | | | | 9.0% | 9.2% | 9.5% | 10.1% | 10.0% | | | | |
| | 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% | | | 72.80% | |
| | Percentage of Women Initiating Breastfeeding | | >80% | <75% | | EPR | Local | 83% | 82% | 84% | 80% | 83% | 82% | 83% | 82% | 84% | 81% | | | 824.0% | |
| | 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% | | | | |