Oxford University Hospitals
NHS Foundation Trust

Trust Board Meeting in Public: Wednesday 15 January 2020

TB2020.15

Title	**Maternity Dashboard**

Status	Update paper
History	Maternity Directorate Clinical Governance December 2019 – paper approved by Chair's Action

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

Executive Summary

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. 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).

3. 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

4. This report shows outcomes for the month of November 2019.

5. **Recommendation**

    - The Board is asked to note this paper.

Maternity Dashboard November 2019

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. The key performance targets are measured using a RAG 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. November 2019 – Exception report against KPIs (Appendix 1) - Amber

4.1. The number of spontaneous vaginal deliveries (SVDs) for November was lower than expected range, at 56%. All place of birth choices were available during this period of time. The percentage of SVDs in the financial year to date is 59.34%, which remains above the target level.

4.2. The number of unexpected admission was slightly higher this month. All babies admitted to NICU were reviewed. The common cause for admission was respiratory issues. There were no incidences of HIE 2 or 3.

5. November 2019 – Exception report against KPIs (Appendix 1) - Red

5.1. Endorsement rates remain below the KPI for the Trust. An action plan has been developed and further training is being provided to improve rate of compliance.

5.2. The number of caesarean sections (CS) for November was higher than the expected range, at 28.0%. This is connected to the low SVD rate (see 4.1 above). There was no particular service-related event in November (e.g. staffing issues, ward closures) that could account for the increase in CS rate. The Delivery Suite leads will be conducting quarterly audits on a number of clinical topics including indication for CS, and any themes that emerge will be managed accordingly as part of the Quality Improvement work of the Directorate.

5.3. There was an increase in the number of cases of Shoulder Dystocia (an obstetric emergency with difficulty in delivering a baby's shoulders and body). Despite this increase, none of the babies born with Shoulder Dystocia had to be transferred to the neonatal unit.

6. November 2019 – Exception report against KPIs (Appendix 1) – Green

6.1. The majority of the dashboard remains green.

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

6.3. The breastfeeding initiation rate has been consistently above target for this financial year. There are plans to seek UNICEF Baby Friendly Level 3 accreditation in 2020.

6.4. The VTE admission assessments remain well above Trust targets at 97%.

6.5. The midwife to birth ratio is at its lowest for the financial year to date, and is currently 1:27.2. This is following a successful summer recruitment campaign and a slightly higher retention rate than in previous years.

7. Recommendations

7.1. The Board is asked to note this paper.

Sam Foster

Chief Nursing Officer

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Reviewed by: Alison Cuthbertson, Director of Midwifery

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3rd January 2020

	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					5,106	
	Babies born			Babies born per month	EPR	Local	624	654	635	658	691	628	674	623					5,187	
	Scheduled Bookings	9375 year 750 month	>750	Bookings		Local	684	745	625	739	706	614	786	652					5,551	Oct 19: We will continue to monitor booking rates to ensure that no remedial action is required.
	Inductions of labour	<28%	>30%		EPR	Local	151	151	154	161	162	172	140	154					1,245	
	as % of maternities						24%	23%	25%	25%	24%	28%	22%	25.0%					2	
	SVD	>59%	<56%		EPR	National	359	397	388	423	423	381	364	343					3,078	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 rather than a trend. There was no particular service-related event in October (e.g. staffing issues, ward closures) that could account for the increase in CS rate. The Delivery Suite Leads will be conducting quarterly audits on a number of clinical topics including indication for caesarean, and any themes that emerge will be managed accordingly as part of the Quality Improvement work of the Directorate.
	as % of births						58%	61%	61%	64%	61%	61%	54%	56.0%					59.34%	
	Forceps & Ventouse	<17%	>20%		EPR	Local	95	86	84	87	96	88	99	99					734	
	as % of births						15%	13%	13%	13%	14%	14%	15%	16.0%					1	
	C-Section	<26%	≥26%	C-section birth	EPR	National	162	158	154	140	164	148	184	172					1,282	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 rather than a trend. There was no particular service-related event in October (e.g. staffing issues, ward closures) that could account for the increase in CS rate. The Delivery Suite Leads will be conducting quarterly audits on a number of clinical topics including indication for caesarean, and any themes that emerge will be managed accordingly as part of the Quality Improvement work of the Directorate.
	as % of births						26%	24%	24%	21%	24%	24%	27%	28.0%					2	
	% Emergency				EPR		15%	13%	15%	12%	14%	12%	15%	15.0%					1	
	% Elective				EPR		11%	11%	9%	9%	10%	11%	12%	13.0%					1	
	Elective CS <39 weeks no clinical indication	0	1		EPR	National	0	1	0	0	0	0	1	0					2	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					828	
	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					241	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		3.5% of SVD +OVD	4% of SVD+OVD	RCOG guidelines	EPR	RCOG	23	25	19	9	18	15	10	15					134	
	as % of SVD+OVD							5.05%	5.14%	4.02%	1.76%	3.47%	3.19%	2.15%	3.40%						
	with unassisted births (SVD)							3.90%	4.79%	3.87%	1.42%	2.13%	2.10%	1.92%	2.40%						
	with assisted births (OVD)							8.4%	7.0%	4.8%	3.4%	9.4%	8.0%	3.0%	6.1%					1	
	PPH>2L		2%	2.5%		EPR	Local	8	11	7	11	14	3	6	5					65	
	as % of mothers birthed							1.3%	1.7%	1.1%	1.7%	2.0%	0.5%	0.9%	0.8%					0	
	ICU/CCU Admissions				Number of transfers to ICU/CCU	OA	Local	1	1	2	1	0	1	0	0					6	
	% 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%					8	
	Maternal Deaths:	ALL	0	>0.55/yr	National rate 7.71 per 100,000	EPR	National	0	1	0	0	1	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	
		Indirect						0	1	0	0	0	0	0	0					1	
	Late Maternal Deaths:	Direct						0	0	0	0	1	0	0	0					1	
		Indirect						0	0	0	0	0	0	0	0					0	
	Puerperal Sepsis							11	9	11	9	7	9	12	2					70	
	as % of mothers birthed		1.50%	1.90%				1.78%	1.40%	1.75%	1.38%	1.02%	1.46%	1.85%	0.33%					1.37	
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					22	
	as rate per 1000 total births									4.18			5.56							4.24	
	Late fetal losses *(delivered 22+0 to 23+6/40; excludes TOPs)*							0	1	0	1	1	0	0	0					3	
	Neonatal Deaths *(born in OUH, up to 28 days)*	ALL				BADGER	Local	1	2	1	1	0	1	1	1					8	
		Early (before 7 days)				BADGER	Local	1	2	1	1	0	0	0	0						
		Late (7 to 28 days)				BADGER	Local	0	0	0	0	0	1	1	1						
	as rate per 1000 births		≤3.2	>3.5	MBRRACE		Local			2.09			1.01								
	HIE 2		0	2	No of babies diagnosed >36 completed weeks in a structurally normal baby	BADGER	Local	0	0	0	2	0	0	0	0					2	
	HIE 3		0	2		BADGER	Local	0	1	0	0	0	0	0	0					1	
	Shoulder Dystocia		<1.5%	1.8%		EPR	Local	6	10	10	11	6	7	12	19					81	
	as % of births							1.0%	1.5%	1.6%	1.7%	0.9%	1.1%	1.8%	3.1%					0	
	Unexpected NNU admissions		4%	6%		BADGER	Local	22	17	24	25	28	23	18	26					183	
	as % of births							3.5%	2.6%	3.8%	3.8%	4.1%	3.7%	2.7%	4.2%					0	
Re-admissions	Hospital Associated Thromboses		0	1				1	1	1	0	0	0	0	0					3	
	Returns to Theatre		0					0	0	0	0	0	0	0	0					0	
	as % of caesarean section deliveries							0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%					0	
Risk Management	Number of SIRI				Investigations undertaken	Risk/ Datix	Local	0	0	1	1	0	0	0	0					2	
	Number of Divisional Investigations				Investigations undertaken	Risk/ Datix	Local	2	0	0	3	0	1	0	0					6	
	Number of Complaints					Direct-orate	Local	5	7	9	9	3	3	3	2					41	
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%					6	Oct 19: The IT solution with regard to endorsing as part of the print request has been escalated to the Executive Team. A new Quality Improvement Project has been set up with the aim of improving test endorsing rate using Excellence Reporting and Appreciative Enquiries.
Public Health	Percentage Of Women Booked This Month Who Currently Smoke												9.0%	9.2%	9.5%						
	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%					59.20%	
	Percentage of Women Initiating Breastfeeding		>80%	<75%		EPR	Local	83%	82%	84%	80%	83%	82%	83%	82%					659.0%	
	Percentage of women booked by 10+0/40							66.3%	64.3%	63.4%	70.5%	68.9%	69.1%	68.4%	69.3%						