

Trust Board meeting 20 November 2008

TB2008.90

Subject	Maternity Performance Dashboard
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Purpose of paper	The dashboard helps trusts identify patient safety issues in advance so that timely and appropriate action can be taken.
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Background papers (if any)	Kings Fund Review of Maternity
Action/decision required	To review and note

Key purpose	Strategy	Assurance	Policy	<u>Performance</u>
Strategic Goal(s)	To be Hospitals of Choice (SG1)			
Strategic Objective (s)	<p>To ensure that the development of platform services parallels and advances the strategy for clinical services, ensuring that platform services contribute to optimising the efficiency and customer care focus of the Trust (SO4).</p> <p>To provide demonstrably excellent clinical outcomes and indicators of patient safety (SO6).</p>			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	High litigation costs for maternity services			
Also considered by	Women's and Sexual Health/Divisional Clinical Governance Committee			

Resource and financial impact	Nil
Consideration of legal/equality/diversity/engagement issues	The potential implications of the Trust not being aware of key safety metrics for maternity services is that sustainability and development of the service could be affected, litigation could increase and local confidence in the service could diminish.
Acronyms and abbreviations used	SUI-Serious untoward incident ITU -Intensive Care Unit

## Maternity Performance Dashboard

### Introduction

1. The Kings Fund has published recommendations from a year long enquiry into the safety of maternity services. One of the recommendations was related to the role of trust boards and the need to raise the priority of maternity services at board level through the use of a maternity dashboard. It was agreed at the ORH board meeting in May 2008 that the dashboard would be presented regularly to ensure the board are aware of key issues and to be reassured that appropriate action has been taken. This paper provides the dashboard and details the metrics which are currently amber or red.

### The Maternity dashboard

2. This tool provides key metrics for the maternity service. The service has set some initial parameters and the intention is to review and monitor these through the Maternity Clinical Governance group. They are set around four broad categories:-
  - Clinical activity
  - Workforce
  - Clinical outcomes
  - Risk incidents/complaints or patient satisfaction
3. Monitoring these metrics not only gives a clear view of the potential trends and changes to service safety and quality but also to comply with CNST, safer childbirth recommendations , Health Care Commission targets and commissioning targets.

### Red Flags (/August/September)

4. The number of births for August (and July) was high, decreasing in September. The scheduled bookings are red but decrease in September and October. These two metrics need to be considered together in order to plan for additional staff in year.
5. The SHA and maternity network agreed to work to achieve a ratio in line with Safer Childbirth recommendations of 1:30 (One midwife to thirty deliveries) by 2012. Currently our midwifery staffing levels are agreed this year at a maximum of at 1:35 against a national recommendation for a regional service of 1:28. The trust may want to improve ratios outside of SHA recommendation in the future. Due to increased activity in August the ratio was 1:37. The ratio for October was 1:31 due to a reduction in birth rate and a full midwifery establishment.

<b>Action</b>
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Capacity increased by three birth rooms from 17 October
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Workforce plan in place to increase midwifery staffing incrementally over next five years.
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6. Inductions of labour. This was 27% in September, reducing in October to 21%. Further review will be required if the trend continues.

7. Number Booked by 12+6 weeks. This is a new target this year. There is a project planning group in place to implement changes in the service in order to achieve the target

**The following Amber flags have been noted by the maternity management.**

8. Consultant cover of labour ward- There is a review in process of consultant job plans and additional posts are to be recruited to.
9. ITU Admissions. These will each be reviewed at Maternity Clinical Governance Meeting and reported through the Divisional Governance Report to the Governance Committee.
10. All of the SUI's have been reviewed together to identify any common themes but none found in the recent cluster
11. Forceps rate. This is just below target and will continue to be monitored.
12. Third and 4<sup>th</sup> degree tears. The rise in numbers is thought to be due to an improved diagnosis of the degree of tear.

Gill Walton  
Head of Midwifery  
November 2008