University Hospitals Dorset
NHS Foundation Trust

QUALITY COMMITTEE

Meeting Date: 03 November 2026

Agenda item: 6.4

COVER SHEET – ALERT, ADVISE, ASSURE	
TITLE:	PQOM Maternity and Neonatal Quality and Safety Report Sept data
Prepared by:	Amy Stubbs Director of Maternity and Neonatal services
Presented by:	Amy Stubbs Director of Maternity and Neonatal services
Strategic themes that this item supports/impacts:	Population & System ☒ Our People ☒ Patient Experience ☒ Quality Outcomes & Safety ☒ Sustainable Services ☒
BAF/Corporate Risk Register: (if applicable)	None
Purpose of paper:	Assurance
Executive summary:	The maternity and neonatal safety and quality report provides an update on monthly safety and quality metrics. The metric guides us on areas for quality improvement focus and areas where sustained improvements are seen. The report is shared with all staff so that they are focused on the improvement areas and are involved in change and improvement of the service.
ALERT:	**Workforce** ➢ Neonatal sickness is at 8.28%. Due to the speciality of the nursing required this can be impactful on the overall service provision. Mitigations and matron support in clinical shifts is in place, and ongoing HR support. Continues to increase slightly, although this is being proactively managed by the senior leadership team and effective mitigation in place. **Quality metrics showed areas for focus were:** ➢ PPH >1500mls in month data shows 23 per 1000 with 3 months aggregated is at 33 per 1000. National target rate of 30 per 1000. This is an improvement on previous months data and there is a continued focus on improving access and transfer to a second obstetric theatre when

	required. A task and finish group is being set up to drive this at pace.
ASSURE:	**Regional heatmap** -UHD overall score of good **Quality metrics** show sustained improvement in: ➢ Bookings <10 weeks ➢ ATAIN avoidable term admissions to neonatal unit sustained <5% **Service user's feedback** The service has developed an improvement plan in response to receipt of the CQC Maternity survey, this has been developed in collaboration with the MNVP
ADVISE:	**Workforce** ➢ Midwifery sickness rate has improved over the last 6 months due to supportive action plan with staff in managing sickness slight increase this month noted support continues. **Quality metrics showed areas of continued quality improvement.** ➢ Rate of term babies with Apgar score <7 at 5 minutes had shown an upward trend. And a deep dive into this data has provided assurance that the service is not an outlier for this metric. ➢ Delayed Cord clamping for pre-term babies. The introduction of the life start machine and extensive training with clinical teams has enabled continued improvement in this area. **Safety** ➢ The trust received the Thirlwall Inquiry Report and recommendations along with five recommendations for urgent implementation. The service is progressing with implementation of these within the required timeframes ➢ There were no new referrals to MNSI or NHSR in September 2026
Celebrating Outstanding:	NNAP recognised UHD NICU team as positive outliers for ensuring parental consultations occur within 24 hrs 99.7% compliant.
RECOMMENDATION:	Discussion and assurance for chair to report to Trust Borad
Implications associated with this item:	Council of Governors ☐ Environmental Sustainability ☐ Equality, Equity, Diversity & Inclusion ☐ Financial ☐ Health Inequalities ☐

	Operational Performance	☐
	People (inc Staff, Patients)	☒
	Public Consultation	☐
	Quality	☒
	Regulatory	☒
	Strategy/Transformation	☐
	System	☐
CQC Assessment Framework:	Safe	☒
	Effective	☒
	Caring	☒
	Responsive	☒
	Well-Led	☒
	Use of Resources	☐

Report History: Committees/Meetings at which the item has been considered:	**Date**	**Outcome**
Safety champions meeting Care group Board	16/10/2026	Noted and approved through governess processes
SDR meeting with executives	20/10/2026	Noted and approved through governess processes
Reason for submission to the Board (or, as applicable, Council of Governors) in Private Only (where relevant)	Commercial confidentiality ☐ Patient confidentiality ☐ Staff confidentiality ☐ Other exceptional reason ☐	