

Maternity Perinatal Quality Surveillance model – February 2021



Sherwood Forest Hospitals
NHS Foundation Trust

CQC Maternity Ratings - last assessed 2018	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD
2019						
Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their Trust as a place to work or receive treatment (reported annually)						72%
Proportion of speciality trainees in O&G responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours (reported annually)						89.29%

Summary

- The data reported is validated following month end, therefore December's data is presented at this meeting
- The format/layout has changed slightly following review at Maternity Safety Champions meeting
- Maternity incidents and Maternity FFT are reported separately
- Exception report details below

Obstetric haemorrhage >1.5L (3.09% Dec 20)	Training compliance	HSIB/CQC concern or request for action
<ul style="list-style-type: none"> • National target for this metric is <2.6% • No cases with harm identified through local weekly triggers MDT • Previous quality improvement work identified local themes and trends, including 50% of cases occur following elective Caesarean • Multifactorial risk factors which are prevalent in the local population 	<ul style="list-style-type: none"> • Full training plan now described and launched so that mandated compliance trajectories can be reached by March 21 (projected below) • Co-production of emergency skills MDT training with Surgery division (anaesthetic and theatre colleagues) • Paper presented to ICT to request that specialist maternity training remains live 	<ul style="list-style-type: none"> • CQC enquiry • ENQ1 9258539760 received December 2020 • Information requested around fetal monitoring training and compliance, and performance against VTE audits • All requested data and evidence submitted, no further follow up

Maternity Perinatal Quality Surveillance scorecard

CQC Maternity Ratings - last assessed 2018	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD

Maternity Safety Support Programme

No

Maternity Quality Dashboard 2020-21		Alert [national standard/average where available]	Running Total/average	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
Perinatal	1:1 care in labour	>95%	99.81%	100%	100%	100%	99.66%	100%	99.66%	99.66%	99.66%	100%				
	3rd/4th degree tear overall rate	>3.5%	2.07%	3.20%	2.63%	0.37%	2.11%	2.68%	2.42%	1.02%	2.37%	2.32%				
	Obstetric haemorrhage >1.5L	Actual	82	7	15	13	21	8	7	11	9	8				
	Obstetric haemorrhage >1.5L	<2.6%	4.14%	2.49%	5.64%	4.80%	7.37%	2.68%	2.42%	3.75%	3.56%	3.09%				
	Term admissions to NNU	<6%	3.21%	4.24%	1.84%	1.82%	2.44%	3.00%	3.06%	5.44%	2.34%	4.59%				
	Apgar <7 at 5 minutes	<1.2%	1.15%	1.77%	0.74%	1.09%	0.70%	1.00%	1.36%	1.36%	2.73%	2.30%				
	Stillbirth number	Actual	8	1	0	1	0	1	0	1	2	2				
	Stillbirth number/rate	>4.4/1000	1.996			2.413			1.135			3.173				
Workforce	Rostered consultant cover on SBU - hours per week	<60 hours	60	60	60	60	60	60	60	60	60	60				
	Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10	10	10	10				
	Midwife / band 3 to birth ratio (establishment)	>1:28		1:30.4	1:28.4	1:27.8	1:30.4	1:30	1:28.5	1:28.5	1:26.4	1:28.5				
	Midwife / band 3 to birth ratio (in post)	>1:30		1:31.4	1:30	1:29.9	1:31.4	1:29	1:29.7	1:29.7	1:28.4	1:29.7				
Feedback	Number of compliments (PET)			0	0	0	1	2	1	4	2	1				
	Number of concerns (PET)			1	3	1	2	5	0	0	3	2				
	Complaints			0	1	0	2	2	1	1	0	0				
	FFT response rate	>50%	7%	0%	7%	3%	31%	3%	5%	6%	3%	6%				
Training	All training suspended during Covid.															
	PROMPT/Emergency skills all staff groups			94%	MDT training re-launched with PROMPT programme. All staff booked to complete by March 21								15%	47%	62%	100%
	K2/CTG training all staff groups			88%	CTG training re-launched with K2 programme & revised competency assessment framework. All staff booked to complete by March 21.								36%	50%	70%	100%
	CTG competency assessment all staff groups				Core competency framework launched December 2020 - for inclusion in maternity TNA for 21/22								0%	50%	70%	100%
	Core competency framework compliance															
Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	N	N	N	N	N				
HSIB/CQC etc with a concern or request for action		Y/N	N	N	N	N	N	N	N	N	N	Y				