

# Maternity Perinatal Quality Surveillance model – February 2021



Sherwood Forest Hospitals  
NHS Foundation Trust

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

## Exception report based on highlighted fields in monthly scorecard (Slide 2)

Obstetric haemorrhage >1.5L (3.38% Jan 21)	Apgars <7 at five minutes	FFT recommendation rate	
<ul style="list-style-type: none"> <li>Quality improvement programme in development to address increased blood loss at elective Caesarean sections</li> <li>Data quality review conducted monthly</li> <li>Estimation of blood loss included in PROMPT emergency skills training</li> </ul>	<ul style="list-style-type: none"> <li>National metric which always requires further point of care validation testing (cord gases)</li> <li>Our wider outcome measures demonstrate good long term outcomes for babies born at SFH</li> <li>Data includes babies of all gestations – consider separation of term/pre term Apgars</li> </ul>	<ul style="list-style-type: none"> <li>Recommendation rate is impacted by extremely low response rate – under separate review</li> <li>Antenatal clinic waiting times and delays in care on maternity ward are recurrent themes</li> <li>Themes/trends are shared with clinical teams to support action planning &amp; response</li> </ul>	
Training compliance / CTG competency assessment	Progress against NHSR/10 Steps to Safety (revised submission deadline 15 July 2021)	Incidents reported January 2021 (61 all no/low harm after review)	
<ul style="list-style-type: none"> <li>Good progress with training compliance in view of Covid challenges</li> <li>Anticipate CTG competency compliance to increase as MDT complete online training package</li> </ul>	<ul style="list-style-type: none"> <li>3/10 externally verifiable; SFH compliant to date (Actions 1/2/10)</li> <li>2/10 full evidence in place (Actions 6/7)</li> <li>2/10 awaiting Trust paper sign off (Actions 4/5)</li> <li>3/10 require further work (Actions 3/8/9)</li> </ul>	Most reported 'Labour & delivery'	Comments
		Other x6	Data quality; staff behaviours; neonatal resuscitation; unbooked women
		Em CS x2	2 Datix reports for the same patient
		Blood loss >1.5l x2	Both occurred at emergency CS with additional risk factors
Plus seven other incidents meeting 'triggers'. Two cases referred to Trust scoping and graded no/low harm for local investigation.			

### HSIB/CQC concern or request for action

- 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%	99.66%			
	3rd/4th degree tear overall rate	>3.5%	2.01%	3.20%	2.63%	0.37%	2.11%	2.68%	2.42%	1.02%	2.37%	2.32%	0.84%			
	Obstetric haemorrhage >1.5L	Actual	107	7	15	13	21	8	7	11	9	8	8			
	Obstetric haemorrhage >1.5L	<2.6%	3.92%	2.49%	5.64%	4.00%	7.37%	2.68%	2.42%	3.75%	3.56%	3.09%	3.38%			
	Term admissions to NNU	<6%	3.29%	4.24%	1.84%	1.82%	2.44%	3.00%	3.06%	5.44%	2.34%	4.59%	4.20%			
	Apgar <7 at 5 minutes	<1.2%	1.59%	1.77%	0.74%	1.09%	0.70%	1.00%	1.36%	1.36%	2.73%	2.30%	3.35%			
	Stillbirth number	Actual	9	1	0	1	0	1	0	1	2	2	1			
	Stillbirth number/rate	>4.4/1000	3.261			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	60			
	Dedicated anaesthetic cover on SBU - pw	<10	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	1:24.6			
	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	1:25.7			
Feedback	Number of compliments (PET)			0	0	0	1	2	1	4	2	1	1			
	Number of concerns (PET)			1	3	1	2	5	0	0	3	2	1			
	Complaints			0	1	0	2	2	1	1	0	0	2			
	FFT recommendation rate	>93%		89%	100%	100%	99%	93%	93%	67%	63%	83%	76%			
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%	39%	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%	45%	70%	100%
	CTG competency assessment all staff groups				Core competency framework launched December 2020 - for inclusion in maternity TNA for 21/22								0%	11%	70%	100%
Reporting	Progress against NHSR 10 Steps to Safety	<4 <7 & above														
	Maternity incidents no harm/low harm	Actual	637	60	45	60	54	59	83	52	68	95	61			
	Maternity incidents moderate harm & above	Actual	2	0	0	2	0	0	0	0	0	0	0			
	Coroner Reg 28 made directly to the Trust	Y/N	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	Y			