Maternity Perinatal Quality Surveillance model for June 2021

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

Sherwood Forest Hospitals NHS Foundation Trust

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 (4.56 % May 21)	Stillbirths (4.6/1000 in month vs national target <4.4/1000)	Staffing red flags
• Remains reportable via maternity triggers- no lapses in care / learning points identified • Collective review underway and subsequent improvement plan to be taken through labour ward forum	• Consecutive improved monthly trajectory • Case review findings to be shared with staff and LMNS • Potential link with Covid changes around scanning – pre Covid schedule anticipated to commence from June 21	• 13 staffing incidents reported in month • Work on-going to explore and address staff satisfaction issues through Maternity Safety Champions • One suspension of Maternity service reported , short notice sickness affected staffing- case reviewed , reported as no harm

CQC enquiries	Maternity Assurance Divisional Working Group		Incidents reported April 2021 (72 all no/low harm after review)	
• None	**NHSR**	**Ockenden**	**Most reported**	**Comments**
	• Evidence platform created • Peer review & external auditor engaged • Commence final review • Sign off July	• Divisional working group TOR agreed • Meetings on-going • Reports to Maternity Assurance Committee	Other (Labour & delivery)	Some duplication in reporting, no themes identified
			Triggers x 12	Various including PPH, term admission
			No incident s reported 'moderate' harm	

Other

- Quarterly Review Meeting with HSIB Maternity team – no on-going cases at present
- Coronal case concluded May 28th with a Narrative verdict , no regulation 28 actions
- Engagement with SaTH starting to gain traction at divisional level
- FFT improving trajectory ward leaders continuing to review data collection methods
- Datix reporting moving to "Datix Cloud" will allow more accurate triangulation of themes

Maternity Perinatal Quality Surveillance scorecard

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					
Maternity Safety Support Programme																
Maternity Quality Dashboard 2020-2021	**Alert (national standard /average where availabl**	**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**	**Apr-21**	**May-21**
1:1 care in labour	>95%	99.81%	100%	100%	100%	99.66%	100%	99.66%	99.66%	99.66%	100%	99.66%	100%	99%	100%	95%
Women booked onto MCOC pathway															19%	19%
Women reccving MCOC intraprtum															6%	6%
Total BAME women booked															25%	25%
BAME women on CoC pathway															5%	5%
3rd/4th degree tear overall rate	>3.5%	2.18%	3.20%	2.63%	0.37%	2.11%	2.68%	2.42%	1.02%	2.37%	2.32%	0.84%	2.82%	2.84%	1.10%	2.46%
Obstetric haemorrhage >1.5L	Actual	116	7	15	13	21	8	7	11	9	8	8	5	6	10	13
Obstetric haemorrhage >1.5L	<2.6%	3.24%	2.49%	5.64%	4.80%	7.37%	2.68%	2.42%	3.75%	3.56%	3.09%	3.38%	%	2.09%	3.70%	4.56%
Term admissions to NNU	<6%	3.62%	4.24%	1.84%	1.82%	2.44%	3.00%	3.06%	5.44%	2.34%	4.59%	4.20%	1.99%	4.18%	5.00%	5.10%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.77%	0.74%	1.09%	0.70%	1.00%	1.36%	1.36%	2.73%	2.30%	3.35%	0.00%	0.70%	0.73%	1.37%
Stillbirth number	Actual	11	1	0	1	0	1	0	1	2	2	1	1	1	0	0
Stillbirth number/rate	>4.4/1000	4.63			2.413			2.235			7.198			5.148		
Rostered consultant cover on SBU - hours per week	<60 hours	60	60	60	60	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	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	1:30	1:30	1:30.4	1:30.4
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	1:25.7	1:31	1:31.4	1:31.4
Number of compliments (PET)			0	0	0	1	2	1	4	2	1	1	1	3	1	0
Number of concerns (PET)			1	3	1	2	5	0	0	3	2	1	2	1	3	5
Complaints			0	1	0	2	2	1	1	0	0	2	0	1	0	0
FFT recommendation rate	>93%		89%	100%	100%	99%	93%	93%	87%	83%	83%	76%	88%	90%	84%	91%
			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*							15%	39%	58%	81%	100%	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%	75%	95%	98%	98%
CTG competency assessment all staff groups											0%	11%	53%	98%	98%	98%
Core competency framework compliance			Core competency framework launched December 2020 - for inclusion in maternity TNA for 21/22												6%	14%
Progress against NHSR 10 Steps to Safety	<4 <7 7 & above															
Maternity incidents no harm/low harm	Actual	837	60	45	60	54	59	83	52	68	95	61	62	67	71	72
Maternity incidents moderate harm & above	Actual	4	0	0	2	0	0	0	0	0	0	0	1	1	0	0
Coroner Reg 28 made directly to the Trust		Y/N	N	N	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	Y	Y	N	Y	N	N