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

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%

Sherwood Forest Hospitals NHS Foundation Trust

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

Obstetric haemorrhage >1.5L (3.08 % June 21)

- Improvement made on previous month, remains reportable via maternity triggers- no lapses in care / learning points identified
- Deep dive continues with a focus made on the quality indicators
- Risk assessment tool approved through governance trialled against deep dive cases

APGARS <7 at 5 minutes (1.69% June 21)

- Peer review audit being undertaken on June's cases to assess if there is a data quality issue or reflects a genuine clinical concern.
- Term admission data for June is green and there are no datixes recorded in June describing concerns around fetal condition at birth.
- There has also been no babies transferred out for cooling

Staffing red flags

- 19 staffing incidents reported in month with no patient harm
- Additional virtual maternity forum commenced to increase accessibility for all staff.
- 2 suspensions of the maternity service in month – a review has been completed. A subsequent action plan has been developed to support the Trust wide and external reporting

Home Birth Service

- Due to vacancies and sickness currently unable to run an overnight homebirth service. This has been escalated to the CCG for awareness.

FFT (88% June 2021)

- Maternity team to trial the use of QR codes in August to improve FFT compliance.
- Teams reminded monthly about asking patients to complete
- Actions being monitored via monthly service line

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• Final review panel concluded • Board Declaration completed 19th July 2021	• Initial submission made 30th June 2021 • Reporting continues to Maternity Assurance Committee in regards to the actions

Incidents reported June 2021 (115 all no/low harm after review)

Most reported	Comments
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

- Staffing incidents reports up this month noting change in requirement to Datix each shift staffing is below the agreed minimum levels
- 28.37wte vacancies (19.4%) mainly across the community midwifery service. Active recruitment in place with 15wte newly qualified midwives starting in October 2021
- Challenges currently exacerbated due to track and trace issues alongside annual leave and vacancies. Risk assessment applied where appropriate.
- All retired midwives have been written to by the Chief Nurse to see if they would consider offering some hours to support increasing staffing. Two colleagues are in the process of agreeing a plan to help support.
- Ward leaders on both Sherwood birthing and the maternity ward now working 100% clinical to support staffing levels
- RN shifts in place to support the maternity ward. SOP developed to support consistency in approach

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

	RESPONSIVE		WELL LED						
CQC Maternity Ratings - last assessed 2018	GOOD		GOOD						
Maternity Safety Support Programme									
Maternity Quality Dashboard 2020-2021	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**
1:1 care in labour	99.66%	99.66%	100%	99.66%	100%	99%	100%	95%	95%
Women booked onto MCOC pathway							19%	19%	21%
Women reccving MCOC intraprtum							6%	6%	1%
Total BAME women booked							25%	25%	21%
BAME women on CoC pathway							5%	5%	5%
3rd/4th degree tear overall rate	1.02%	2.37%	2.32%	0.84%	2.82%	2.84%	1.10%	2.46%	0.68%
Obstetric haemorrhage >1.5L	11	9	8	8	5	6	10	13	9
Obstetric haemorrhage >1.5L	3.75%	3.56%	3.09%	3.38%	%	2.09%	3.70%	4.56%	3.08%
Term admissions to NNU	5.44%	2.34%	4.59%	4.20%	1.99%	4.18%	5.00%	5.10%	4.60%
Apgar <7 at 5 minutes	1.36%	2.73%	2.30%	3.35%	0.00%	0.70%	0.73%	1.37%	1.69%
Stillbirth number	1	2	2	1	1	1	0	0	0
Stillbirth number/rate			7.198			5.148			0.000
Rostered consultant cover on SBU - hours per week	60	60	60	60	60	60	60	60	60
Dedicated anaesthetic cover on SBU - pw	10	10	10	10	10	10	10	10	10
Midwife / band 3 to birth ratio (establishment)	1:28.5	1:26.4	1:28.5	1:24.6	1:30	1:30	1:30.4	1:30.4	1:30.4
Midwife/ band 3 to birth ratio (in post)	1:29.7	1:28.4	1:29:7	1:25.7	1:25.7	1:31	1:31.4	1:31.4	1:31.4
Number of compliments (PET)	4	2	1	1	1	3	1	0	0
Number of concerns (PET)	0	3	2	1	2	1	3	5	3
Complaints	1	0	0	2	0	1	0	0	3
FFT recommendation rate	87%	83%	83%	76%	88%	90%	84%	91%	88%
PROMPT/Emergency skills all staff groups	*d to complete by March*		15%	39%	58%	81%	100%	100%	100%
K2/CTG training all staff groups	*nancy assessment*		36%	45%	75%	95%	98%	98%	98%
CTG competency assessment all staff groups	*) 21*		0%	11%	53%	98%	98%	98%	98%
Core competency framework compliance	ernity TNA for 21/22						6%	14%	20%
Progress against NHSR 10 Steps to Safety									
Maternity incidents no harm/low harm	52	68	95	61	62	67	71	72	115
Maternity incidents moderate harm & above	0	0	0	0	1	1	0	0	0
Coroner Reg 28 made directly to the Trust	N	N	N	N	N	N	N	N	N
HSIB/CQC etc with a concern or request for action	N	N	Y	Y	N	Y	N	N	N