Maternity Perinatal Quality Surveillance model for Sept 2021

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	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 (Sept 2.5% 21)

- Improvement made on previous month, remains below national rate
- Cases reportable via maternity triggers - no lapses in care / learning points identified
- Deep dive table for Nov Quality Committee, paper presented to MGCG Sept 21
- Division have signed up to pilot a care bundle to evaluate the impact

APGARS <7 at 5 minutes (1.2 % Sept 21)

- Rate reduced this month.
- Increase may be attributable to recent education/ information following action plan from Coronial review.
- Term admission data for Sept remains within expected range and all cases reviewed were deemed unavoidable admissions.
- No term babies were transferred out for cooling.

Staffing red flags

- 10 staffing incidents reported in month, decrease on previous month
- Virtual maternity forum continued, positive feedback received in response to the improvements made.

Home Birth Service

- Due to vacancies and sickness homebirth services remains limited, paper received Board approval. This has been further escalated to the CCG and regionally for awareness.
- 5 Homebirths conducted in Sept (1.55% rate)

FFT (88 % August 2021)

- FFT continues to fluctuate
- QR codes trial commenced as part of action plan to improve FFT compliance.
- Teams reminded monthly about asking patients to complete and all actions being monitored via monthly service line.
- Action plan reportable to Nursing , Midwifery and AHP committee.

Maternity Assurance Divisional Working Group

NHSR	Ockenden
• NHSR year 4 criteria has been received. Monthly divisional meeting reinstated and will be tracked through MAC. • Anticipated revision of guidance expected end Oct 21	• Assurance provided by the MAC • Initial submission feedback received, correlates to SFH gap analysis • On-going work continues to strengthen actions

Incidents reported August 21 (76 all no/low harm after review)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 16	Various including PPH, term admission
No incidents reported as 'moderate' harm or above.	

Other

- Staffing incidents reduced this month, notable difference in reduction of Datix where shifts where 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, annual leave and vacancies. Risk assessment applied where appropriate to support return to work. RN's utilised on Maternity ward
- No further formal letters received and all women who have a planned homebirth during October have been written to by the Head of Midwifery to outline current situation
- One case presented to Scoping -preterm birth/ fetal anaemia. Panel commissioned review of care /grading of this once investigation completed, both Mum and Baby have been subsequently discharged home, investigation on-going.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

Maternity Quality Dashboard 2020-2021	Mar-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	Jun-21	Jul-21	Aug-21	Sep-21
1:1 care in labour	100%	100%	99.66%	100%	99.66%	99.66%	99.66%	100%	99.66%	100%	99%	100%	95%	95%	95%	95%	100%
Women booked onto MCOC pathway												19%	19%	21%	18%	20%	20%
Women receving MCOC intraprtum												6%	6%	1%	0%	0%	0%
Total BAME women booked												25%	25%	21%	21%	21%	20%
BAME women on CoC pathway												5%	5%	5%	5%	15%	15%
Vaginal Birth	61%	61%	59.30%	65%	56.80%	59.86%	63.67	58%	56.90%	56%	59%	58%	53%	58%	60%	62%	51%
3rd/4th degree tear overall rate	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%	0.68%	3.00%	2.30%	0.94%
Obstetric haemorrhage >1.5L	15	13	21	8	7	11	9	8	8	5	6	10	13	9	7	8	8
Obstetric haemorrhage >1.5L	5.64%	4.80%	7.37%	2.68%	2.42%	3.75%	3.56%	3.09%	3.38%	%	2.09%	3.70%	4.56%	3.08%	2.60%	2.70%	2.51%
Term admissions to NNU	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%	4.60%	4.60%	2.10%	2.16%
Apgar <7 at 5 minutes	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%	1.69%	1.30%	0.68%	1.20%
Stillbirth number	0	1	0	1	0	1	2	2	1	1	1	0	0	0	1	0	1
Stillbirth number/rate		2.413			2.235			7.198			5.148			0.000			2.176
Rostered consultant cover on SBU - hours per week	60	60	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	10
Midwife / band 3 to birth ratio (establishment)	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	1:30.4	1:30.4	1:30.4	1:30.4
Midwife/ band 3 to birth ratio (in post)	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	1:31.4	1:31.4	1:31.4	1:31.4
Number of compliments (PET)	0	0	1	2	1	4	2	1	1	1	3	1	0	0	0	0	0
Number of concerns (PET)	3	1	2	5	0	0	3	2	1	2	1	3	5	3	2	1	2
Complaints	1	0	2	2	1	1	0	0	2	0	1	0	0	3	1	2	1
FFT recommendation rate	100%	100%	99%	93%	93%	87%	83%	83%	76%	88%	90%	84%	91%	88%	91%	91%	92%
PROMPT/Emergency skills all staff groups	All training suspended during Covid. March 21							15%	39%	58%	81%	100%	100%	100%	100%	100%	100%
K2/CTG training all staff groups	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%	98%	98%	98%	98%
CTG competency assessment all staff groups								0%	11%	53%	98%	98%	98%	98%	98%	98%	98%
Core competency framework compliance	ency framework launched December 2020 - for inclusion in maternity TNA for 21/22											6%	14%	20%	26%	38%	50%
Progress against NHSR 10 Steps to Safety																	
Maternity incidents no harm/low harm	45	60	54	59	83	52	68	95	61	62	67	71	72	115	84	84	76
Maternity incidents moderate harm & above	0	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
Coroner Reg 28 made directly to the Trust	N	N	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	N	N	N	N	N	N	N	Y	Y	N	Y	N	N	N	N	Y	N