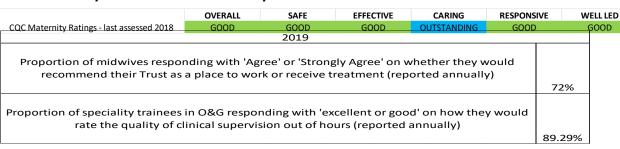
## Maternity Perinatal Quality Surveillance model for June 2021





Exception report based on highlighted fields in monthly scorecard (Slide 2)											
Obstetric haemorrhage >1.5L (3.08 % June 21)	APGARS <7 at 5 minutes (1.6	9% June 21)	Staffing red flags								
<ul> <li>Improvement made on previous month, remains reportable via maternity triggers- no lapses in care / learning points identified</li> <li>Deep dive continues with a focus made on the quality indicators</li> <li>Risk assessment tool approved through governance trialled against deep dive cases</li> </ul>	assess if there is a data q clinical concern. • Term admission data for datixes recorded in June condition at birth.	undertaken on June's cases to uality issue or reflects a genuine  June is green and there are no describing concerns around fetal pabies transferred out for cooling	<ul> <li>19 staffing incidents reported in month with no patient harm</li> <li>Additional virtual maternity forum commenced to increase accessibility for all staff.</li> <li>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</li> <li>Home Birth Service</li> <li>Due to vacancies and sickness currently unable to run an overnight homebirth service. This has been escalated to the CCG for awareness.</li> </ul>								
FFT (88% June 2021)	Maternity Assurance Divisio	nal Working Group	Incidents reported June 2021 (115 all no/low harm after review)								
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	NHSR	Ockenden	Most reported	Comments							
	Final review panel concluded     Board Declaration completed 19 <sup>th</sup> July	Initial submission made 30 <sup>th</sup> June 2021     Reporting continues to     Maternity Assurance     Committee in regards to     the actions	Other (Labour & delivery)	Some duplication in reporting, no themes identified							
			Triggers x 12	Various including PPH, term admission							
	2021		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

	RESPONSIVE GOOD		WELL LED GOOD						
CQC Maternity Ratings - last assessed 2018									
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 receving MCOC intraprtum							6%	6%	196
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%	96	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 complet	te bu Mansh	15%	39%	58%	81%	100%	100%	100%
K2/CTG training all staff groups	tency assessment		3696	45%	75%	95%	98%	98%	98%
CTG competency assessment all staff groups	h 21		O96	1196	5396	98%	98%	98%	98%
Core competency framework compliance	ernity TNA for 21/22						6%	1496	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	γ	Υ	N	Υ	N	N	N