Maternity Perinatal Quality Surveillance model for August 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 (2.7% August 21)

- Improvement made on previous month, remains reportable via maternity triggers - no lapses in care / learning points identified
- Deep due to Quality Committee, delayed and for presentation in November.
- Division have signed up to pilot a care bundle to evaluate the impact
- Benchmarking review with UCLH & NUH commenced.

APGARS <7 at 5 minutes (0.68 % August 21)

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

Staffing red flags

- 18 staffing incidents reported in month.
- Virtual maternity forum continued, positive feedback received in response to the improvements made.
- 0 maternity unit closures

Home Birth Service

- Due to vacancies and sickness homebirth services remains limited, supporting paper provided. This has been further escalated to the CCG and regionally for awareness.

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 and Midwifery 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 • Portal uploads continue • Anticipated feedback from initial submission due end Oct 21 • Visit from national team in planning stage

Incidents reported August 21 (80 all no/low harm after review)

Most reported	Comments
Other (Labour & delivery)	No themes identified
Triggers x 12	Various including PPH, term admission

No incidents reported as 'moderate' harm or above.

Other

- Staffing incidents reports remain static this month due to change in requirement to report each shift 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
- Two formal letters received by Head of Midwifery from booked homebirth women, responded inline with support from Senior Leadership team and regional Chief Midwife.
- CQC concerns raised in regards to social distancing and practices related to the maternity ward, timely response provided and no further action.

Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals
NHS Foundation Trust

laternity Quality Dashboard 2020-2021	Alert [national standard /average where	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	Jun-21	Jul-21	Aug-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%	95%	95%	95%
Women booked onto MCOC pathway															19%	19%	21%	18%	20%
Women reccving MCOC intraprtum															6%	6%	1%	0%	0%
Total BAME women booked															25%	25%	21%	21%	21%
BAME women on CoC pathway															5%	5%	5%	5%	15%
Vaginal Birth	<51%		58%	61%	61%	59.93%	65%	56.80%	59.86%	63.67%	58%	56.90%	56%	59%	58%	53%	58%	60.00%	62%
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%	0.68%	3.00%	2.30%
Obstetric haemorrhage >1.5L	Actual	116	7	15	13	21	8	7	11	9	8	8	5	6	10	13	9	7	8
Obstetric haemorrhage >1.5L	<2.6%	3.24%	2.49%	5.64%	6100.00%	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%
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%	4.60%	4.60%	2.10%
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%	1.69%	1.30%	0.68%
Stillbirth number	Actual	11	1	0	1	0	1	0	1	2	2	1	1	1	0	0	0	1	0
Stillbirth number/rate	>4.4/1000	4.63			2.413			2.235			7.198			5.148			0.000		
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	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	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	1:30.4	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	1:31.4	1:31.4	1:31.4
Number of compliments (PET)			0	0	0	1	2	1	4	2	1	1	1	3	1	0	0	0	0
Number of concerns (PET)			1	3	1	2	5	0	0	3	2	1	2	1	3	5	3	2	1
Complaints			0	1	0	2	2	1	1	0	0	2	0	1	0	0	3	1	2
FFT recommendation rate	>93%		89%	100%	100%	99%	93%	93%	87%	83%	83%	76%	88%	90%	84%	91%	88%	91%	88%
			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%	58%	81%	100%	100%	100%	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%	98%	98%	98%
CTG competency assessment all staff groups											0%	11%	53%	98%	98%	98%	98%	98%	98%
Core competency framework compliance			Core competency framework launched December 2020 - for inclusion in maternity TNA for 21/22												6%	14%	20%	26%	34%
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	115	84	80
Maternity incidents moderate harm & above	Actual	4	0	0	2	0	0	0	0	0	0	0	1	1	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	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	N	N	Y