## Maternity Perinatal Quality Surveillance model for October 2021

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONS	IVE V	WELL LED	
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD		GOOD	
		2019						
Proportion of midwives respor recommend their Trust as				•				
						72%	_	
Proportion of speciality trainees rate the quality of cl	•	_	_		y would			
						89.29%		

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



No themes identified

One incidents reported as 'moderate' harm or above. Taken

through Trust Scoping and reported externally via STEIS

Various including PPH, term admission

Obstetric haemorrhage >1.5L (2.95%, Oct 21)	APGARS <7 at 5 minutes (1.52 % Oct	21)	Staffing red flags						
<ul> <li>Improvement made on previous month, remains below national rate</li> <li>Cases reportable via maternity triggers - no lapses in care / learning points identified</li> <li>Deep dive table for Dec MAC and QC</li> <li>Division have signed up to pilot a care bundle to evaluate the impact</li> </ul>	below national rate  Cases reportable via maternity triggers - no lapses in care / learning points identified  Deep dive table for Dec MAC and QC  Division have signed up to pilot a care bundle to  Deep dive to be performed on cases  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.								
FFT (88 .46% Oct 2021)	Maternity Assurance Divisional Work	ing Group	Incidents reported Oo (64 all no/low harm a						
<ul> <li>FFT continues to fluctuate</li> <li>QR codes trial commenced as part of action plan</li> </ul>	NHSR	Ockenden	Most reported	Comments					

Assurance provided by the MAC

received, correlates to SFH gap

Initial submission feedback

On-going work continues to

strengthen actions

analysis

Other (Labour &

delivery)

Triggers x 16

## Other

to improve FFT compliance.

monthly service line.

AHP committee.

· Teams reminded monthly about asking patients to

complete and all actions being monitored via

Action plan reportable to Nursing, Midwifery and

· Staffing incidents reduced this month, notable difference in reduction of Datix where shifts where staffing is below the agreed minimum levels

NHSR year 4 criteria has been

received. Monthly divisional

tracked through MAC.

meeting reinstated and will be

Revision of guidance provided,

working group review to action

- 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

CQC Maternity Ratings - last assessed 2018	OVERALL SAF		FE EFFECTIVE		CARING		RESPONSIVE		WELL LED												
	G0	00D	GC	OD OD	GO	OD	OUTST.	ANDING	GC	OOD	GC	)OD									
Maternity Safety Support Programme	No																				
ernity Quality Dashboard 2020–2021	[national standard /average where available	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	Арг-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-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%	100%	100%
Women booked onto MCOC pathway															19%	19%	21%	18%	20%	20%	20%
Women recoving MCOC intraprtum															6%	6%	1%	0%	0%	0%	0%
Total BAME women booked															25%	25%	21%	21%	21%	20%	20%
BAME women on CoC pathway															5%	5%	5%	5%	15%	15%	15%
Vaginal Birth			58%	61%	61%	59.30%	65%	56.80%	59.86%	63.67	58%	56.90%	56%	59%	58%	53%	58%	60%	62%	51%	61%
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%	0.94%	2.11%
Obstetric haemorrhage > 1.5L	Actual	116	7	15	13	21	8	7	11	9	8	8	5	6	10	13	9	7	8	8	9
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%	3.08%	2.60%	2.70%	2.51%	2.90%
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%	2.16%	3.70%
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%	1.20%	1.52%
Stillbirth number	Actual	11	1	0	1	0	1	0	1	2	2	1	1	1	0	0	0	1	0	1	
Stillbirth number/rate	>4.4/1000	4.63			2.413			2.235			7.198			5.148			0.000			2.176	
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	60	60
Dedicated anaesthetic cover on SBU - pw	<10	10	1:30.4	10	10	10	10	10	1:28.5	10	10	10	10	10	10	10	10	10	10	10	10
Midwife / band 3 to birth ratio (establishment)	>1:28			1:28.4	1:27.8	1:30.4	1:30	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	1:29
Midwifel 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	1:31.4	1:29
Number of compliments (PET)			0	0		1	- 2	1	1 4	2	1	1	1	3	1	0	0	0	0	0	
Number of concerns (PET)			1	3		2		0	0	3	2	1	2	1	3	5	3	2	1	2	
Complaints			0	1		2	2	1	1 1	0	0	2	0	1	0	0	3	1	2	1	
FFT recommendation rate	>93%		89%	100%	100%	99%	93%	93%	87%	83%	83%	76%	88%	90%	84%	91%	88%	91%	91%	92%	88
	1		All training suspended during Covid.																		<del>                                     </del>
PROMPT/Emergency skills all staff groups			94%	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%	100%	100
K2/CTG training all staff groups			88%								36%	45%	75%	95%	98%		98%	98%	98%	98%	
CTG competency assessment all staff groups			1 88%		IIKI		complete by N		and 11 and 11		0%	11%	53%	98%	98%	98%	98%	98%	98%	98%	98
Core competency framework compliance			Core cor	Core competency framework launched December 2020 - for inclusion in maternity TNA for 21/22										6%	14%	20%	26%	38%	50%	62	
D NILICD 10 C C. (	<b>4</b> <7	7 0																			
Progress against NHSR 10 Steps to Safety		7 & abov		45	- 00				- 50		05	- 04		67	7,	70	445	- 04	- 04	70	00
Maternity incidents no harm/low harm	Actual	837 4	60	45 0	60	54 0	59	83	52 0	68	95	61	62	67	71 0	72 0	115 0	84 0	84	76 0	63
Maternity incidents moderate harm & above Coroner Reg 28 made directly to the Trust	Actual	Y/N	NI U	NI U	N 2	NI U	N U	NI U	N U	NI U	N U	NI U	N	M	N N	N N	N N	N N	N N	N N	N
	_		TV .	Tu .	TV .	14	IV	TV .		Tu .	IV	1V	1V	Nu .	IN	- 1		N	IV	- 1	
HSIB/CQC etc with a concern or request for action	1	Y/N	M	N	N	IN	N	l N	N	List	U.		K1	U.	N	l N	N	N N	· ·	N.	l N