Maternity Perinatal Quality Surveillance model for January 2022

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONS	IVE V	VELL LE
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD		GOOD
		2019					
Proportion of midwives respon	nding with 'Ag	ree' or 'Stron	ıglv Agree' on v	whether they w	vould		
recommend their Trust as				•			
recommend their Trust as				•		72%	
recommend their Trust as Proportion of speciality trainees rate the quality of cl	a place to wor	rk or receive	treatment (rep	oorted annually	y)	72%	



Exception report based on highlighted fields in monthly so	corecard and key deliverables (Slide 2)
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Obstetric haemorrhage >1.5L (2.12%, Jan 22)	APGARS <7 at 5 minutes (1.9%, Jan 2)	1)	Staffing red flags			
 Improvement made on previous month, remains below revised national rate (>3.6%) Cases reportable via maternity triggers - no lapses in care / learning points identified Division have signed up to regional pilot- awaiting further details 	Cases over the last quarter to be potential themes/ trends. Finding	entified no concerns/ poor outcomes. reviewed collectively to identify any is will be presented to MAC ains within expected range and all cases ble admissions.	4 staffing incidents reported in month Challenges due to short term/ short notice sickness related to COVID-19 persist but with an improving position. Plan to release staff taken from secondments to start from 07/02/22 Home Birth Service Due to vacancies and sickness homebirth services remains limited, this has received Board approval. This has been escalated to the CCG and regionally for awareness. O Homebirths conducted in Jan 22			
FFT (93% Jan 2022)	Maternity Assurance Divisional Working Group		Incidents reported Dec 21 (88 no/low harm after review)			
FFT remains improved following revised actions QR codes trial continues as part of action plan to	inues as part of action plan to		Most reported	Comments		
 improve FFT compliance. CQC annual maternity feedback survey received, Trust results remain the same as other units, 	NHSR year 4 reporting has been paused for three months	One year on submission due to Board and Region by 15/04/22, Description of the black of the state o	Other (Labour & delivery)	No themes identified		
noting the COVID challenges, action plan made from findings.	 Confirmation received that SFH was successful in obtaining the Ockenden part two expect 		Triggers x 16	Various including PPH, term admission		
	Year 3 rebate following evidence submission	March 22	No incidents reported as 'moderate' harm or above.			

Other

- Staffing incidents remain static, plan made to reinstate all external secondments from the 7th of February and to monitor.
- Birthrate plus re-implementation testing completed, compliance rate has significantly improved and this is showing actual staffing to be more consistent with acuity and dependency.
- · Active recruitment continues to band 6 roles across the service with interviews planned for February.
- · Midwifery Continuity of Carer formal data collection paused nationally for three months.
- One case taken to Trust scoping, grade as low harm and for local investigation. Baby born at 34 weeks gestation following an abnormal antenatal trace.



Maternity Perinatal Quality Surveillance scorecard

Maternity Quality Dashboard 2020-2021		Alert [national standard/av erage where available]	Running Total/ average	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
	1:1 care in labour	>95%	99.81%	95%	95%	100%	100%	100%	100%	100%
	Women booked onto MCOC pathway			18%	20%	20%	20%	20%		
	Women reccving MCOC intraprtum			0%	0%	0%	0%	0%		
	Total BAME women booked			21%	21%	20%	20%	20%		
	BAME women on CoC pathway			5%	15%	15%	15%	15%		
<u></u>	Vaginal Birth			60%	62%	51%	61%	57%	56%	63%
Perinatal	3rd/4th degree tear overall rate	>3.5%	2.18%	3.00%	2.30%	0.94%	2.11%	3.00%	2.50%	2.78%
<u>:</u>	Obstetric haemorrhage >1.5L	Actual	116	7	8	8	9	10	9	6
<u>A</u>	Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.60%	2.70%	2.51%	2.90%	3.50%	3.00%	2.12%
	Term admissions to NNU	<6%	3.62%	4.60%	2.10%	2.16%	3.70%	3.20%	3.70%	5.00%
	Apgar <7 at 5 minutes	<1.2%	1.56%	1.30%	0.68%	1.20%	1.52%	2.03%	2.10%	1.90%
	Stillbirth number	Actual	11	1	0	1	0	0	3	1
I	Stillbirth number/rate	>4.4/1000	4.63			2.176			3.400	
υ ·	Rostered consultant cover on SBU - hours per week	<60 hours	60	60	60	60	60	60	60	60
orc	Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10	10
Workforce	Midwife / band 3 to birth ratio (establishment)	>1:28		1:30.4	1:30.4	1:30.4	1:29	1:29	1:29	1:29
	Midwife/ band 3 to birth ratio (in post)	>1:30		1:31.4	1:31.4	1:31.4	1:29	1:29	1:28	1:28
×	Number of compliments (PET)									
ac	Number of concerns (PET)		0	2	1	0	0	0	0	0
ਰੂ	Complaints		11	1	1	1	- 4		1	1
Feedback	FFT recommendation rate	>93%	- 11	91%	91%	92%	88%	96%	96%	92%
The Commendation and		7 3370		3270	3270	3274	5575	3070	30/0	327
Training	DDOMADT/Farence and skills all sheff area									
	PROMPT/Emergency skills all staff groups K2/CTG training all staff groups			100% 98%						
				98%		98%	98%	98%	98%	98%
	CTG competency assessment all staff groups									
Core competency framework compliance		l		26%	38%	50%	62%	70%	70%	81%
	Progress against NHSR 10 Steps to Safety	<4 <7	7 & above							
po	Maternity incidents no harm/low harm	Actual	536	84	84	76	63	57	89	83
Reporting	Maternity incidents moderate harm & above	Actual	2	0	0	0	1	1	0	0
de)	Coroner Reg 28 made directly to the Trust		Y/N	N	N	N	N	N	0	0
₩	HSIB/CQC etc with a concern or request for action		Y/N	N	Υ	N	N	N		N