## Maternity Perinatal Quality Surveillance model for February 2022

CQC Maternity Ratings - last assessed 2018  CQC Maternity Ratings - last assessed 2019  CQC Maternity Ratings - last assessed 2019  CQC Maternity Ratings - last assessed 2018  CQC Maternity Ratings - last assessed 2018  CQC Maternity Ratings - last assessed 2018  CQC Maternity Ratings - last assessed 2019  CQC Maternity Ratings		OVERALL	SAFE	EFFECTIVE	CARING	RESPONSI	VE W	VELL LED
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)	CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD		GOOD
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)		0 0	ree' or 'Stror	0, 0	•			
	Proportion of speciality trainees i	n O&G respor	nding with 'e	xcellent or god	od' on how the			

APGARS <7 at 5 minutes (1.8%, Feb 22)

NHSR

NHSR year 4 reporting has

Mid-April 22

Year 3 rehate

been paused – re-launch due

Confirmation received that SFH

was successful in obtaining the



(43 no/low harm, 44 after review through scoping)

No themes identified

category 1 LSCS

Comments

Cases included, PPH, term admission,

Staffing red flags

Most reported

Other (Labour &

delivery)

Triggers x 12

One incident reported as 'moderate'

Obstetile identorridge > 1.5E (i eb 3.5%)	Al Gallo V de S lillides (1.079, 1 e S 22)	Stating rea nags
<ul> <li>Improvement made on previous month, remains below revised national rate (&gt;3.6%)</li> <li>Cases reportable via maternity triggers - no lapses in care / learning points identified</li> <li>Division have signed up to regional pilot- first planning meetings on hold for April 22</li> </ul>	<ul> <li>Rate improved, but remains over national threshold</li> <li>Deep dive performed on cases identified no concerns/ poor outcomes.         Quarter cases to be reviewed collectively to identify any potential themes/         tends- paper to be present to MAC in May 2022</li> <li>Term admission data for Feb remains within expected range and all cases         reviewed were deemed unavoidable admissions.</li> </ul>	<ul> <li>3 staffing incidents reported in month</li> <li>Challenges due to short term/ short notice sickness related to COVID-19 persist but with an improving position.</li> <li>Home Birth Service</li> <li>Due to vacancies and sickness homebirth services remains limited as per Board approval. This has been further escalated to the CCG and regionally for awareness.</li> <li>O Homebirths conducted in Feb 22, plan in place to re-start the full service in June 22</li> </ul>
FFT (91% Feb 22)	Maternity Assurance Divisional Working Group	Incidents reported Feb 22

Ockenden

Board and Region by 15/04/22,

assurance provided by the MAC,

Ockenden part two expected 30th

• One year on submission due to

draft signed off by region

March 22

## Other

Obstetric haemorrhage >1.5L (Feb 3.3%)

FFT remains improved following revised actions

New system being implemented in April which

CQC annual maternity feedback survey received,

noting the COVID challenges, action plan made

Service User Representative in post and providing

Trust results remain the same as other units,

additional pathways for maternal feedback

may cause disruption.

from findings.

- · Staffing incidents remain static, all staff now recommenced within seconded roles and on-going recruitment continues.
- Birthrate plus re-implementation live reporting commenced and governance maturity for reports being established.
- Active recruitment continues, Deputy Head of Midwifery appointed
- No further formal letters received and all women who have a planned homebirth, all women due March and April have been written to by the Head of Midwifery to outline current situation
- Midwifery Continuity of Carer formal data collection paused nationally, LMNS work ongoing for Year 1 plans for transformation, Year 1 focus on system alignment of digital workstream
- One case taken to Trust scoping, grade as low harm and for local investigation. Shoulder dystocia, all actions appropriate and reviewed through term admission meeting- unavoidable admission



## Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals											
	OVERALL		SAFE		EFFECTIVE		CARING	RESPONSIN		WELL	LED
QC Maternity Ratings - last assessed 201	g GO	OD	GOOD		GOOD		OUTSTANDING		GOOD	GOO	D
Maternity Safety Support Programme	No										
rnity Quality Dashboard 2021–2022	[national standard /average where available	Running Total/ average	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
1:1 care in labour	>95%	99.81%	95%	95%	100%	100%	100%	100%	100%	100%	
Women booked onto MCOC pathway			18%	20%	20%	20%	20%				
Women recoving 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%				
Vaginal Birth			60%	62%	51%	61%	57%	56%	63%	61%	
3rd/4th degree tear overall rate	>3.5%	2.18%	3.00%	2.30%	0.94%	2.11%	3.00%	2.50%	2.78%	2.52%	
Obstetric haemorrhage > 1.5L	Actual	116	7	8	8	9	10	9	6	8	
Obstetric haemorrhage > 1.5L	>3.5%	3.24%	2.60%	2.70%	2.51%	2.90%	3.50%	3.00%	2.12%	3.30%	
Term admissions to NNU	<6%	3.62%	4.60%	2.10%	2.16%	3.70%	3.20%	3.70%	5.00%	3.50%	
Apgar < 7 at 5 minutes	<1.2%	1.56%	1.30%	0.68%	1.20%	1.52%	2.03%	2.10%	1.90%	1.80%	
Stillbirth number	Actual	11	1	0	1	0	0	3	1	1	
Stillbirth number/rate	>4.4/1000	4.63			2.176			3.400			
Rostered consultant cover on SBU - hours per	<60 hours	60	60	60	60	60	60	60	60	60	
Dedicated anaesthetic cover on SBU - pw	<10	10	10	10	10	10	10	10 1:29	10 1:29	10	
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	1:22	
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	1:24	
Number of compliments (PET)		0	0	0	0	0	0	0	0	0	
Number of concerns (PET)		9	2	1	2	4	0	0	0	0	
Complaints		11	1	2	1	3	2	1	1	1	
FFT recommendation rate	>93%		91%	91%	92%	88%	96%	96%	92%	91%	
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	100%	100%	100%	100%	
K2/CTG training all staff groups	1		98%	98%	98%	98%	98%	98%	98%	98%	
CTG competency assessment all staff groups	1		98%	98%	98%	98%	98%	98%	98%	98%	
Core competency framework compliance			26%	38%	50%	62%	70%	70%	81%	81%	
Progress against NHSR 10 Steps to Safety		& above									
Maternity incidents no harm/low harm	Actual	581	84	84	76	63	57	89	83	45	
Maternity incidents moderate harm & above	Actual	4	0	0	0	1	1	0	1	1	
Coroner Reg 28 made directly to the Trust	<del></del>	Y/N	N	N	N	N	N	0	0	0	
HSIB/CQC etc with a concern or request for actio	Ψ.	YW	N	Y	N	N	N I		N I	N	