## Maternity Perinatal Quality Surveillance model for December 2022

	OVERALL	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
CQC Maternity Ratings - last assessed 2018	GOOD	GOOD	GOOD	OUTSTANDING	GOOD	GOOD
		2019				
Proportion of midwives respon	nding with 'Ag	gree' or 'Stro	ongly Agree'	on whether th	ey would	
recommend their Trust as	a place to wo	ork or receiv	e treatment	(reported annu	ually)	
						72%
Proportion of speciality traine	os in OSC ro	snonding u	ith 'aveallant	t or good! on b	out thou	
would rate the quality of				U	, i	



Exception report based on highlighted fields in monthly scorecard using November data (Slide 2)								
3 <sup>rd</sup> and 4 <sup>th</sup> Degree Tears (2.8% N=5 Nov 2022)	Stillbirth rate year to date (1.6/1000	births)	Staffing red flags (Nov 2022)					
Rate back below national threshold.     Deep dive review into cases and comparison to be completed. No identifiable themes are trends found.	national ambition of 4.4/1000 bir	e now returned and remains below the th oer, reportable to PMRT surveillance tool	<ul> <li>6 staffing incident reported in the month, related to activity and acuity.</li> <li>No harm related incidents reported.</li> <li>Home Birth Service</li> <li>Homebirth services resumed on the 19<sup>th</sup> of September.</li> <li>8 Homebirth conducted since the writing of the paper</li> </ul>					
Delays in Elective Care	Maternity Assurance Divisional Working Group		Incidents reported Nov 2022 ( 79 no/low harm, 1 moderate or above)					
EL LSCS- x1 on the day cancelation, moved to the following day due to high acuity (Total N=41).	ng day due to high acuity (Total N=41		Most reported	Comments				
Elective LSCS performed)     Two additional lists performed to support volume     Ongoing work with the EL LSCS list, options paper presented to TMT	NHSR year 4 guidance revised, Interim post in to support	Initial 7 IEA- final IEA is 91% compliant following evidence	Other (Labour & delivery)	No themes identified				
	Reporting timeline approved through MAC  No escalations from the task and finish group	review at LMNS panel.  • Final 15 IEA, 14 have been peer assessed pause as single oversight framework delayed until Easter 23	Triggers x 16	Themes includes Category 1 LSCS, 3 <sup>rd</sup> and 4 <sup>th</sup> degree tears and PPH				

## Other

- Birth-rate increased on previous year (21/22= 287 vs 22/23=308). Increased staffing measures in place to support higher activity days and measures in place, such as EL LSCS list in response to higher demand days
- · Noted consecutive increase in both PPH and Apgar's again this month, noted no harm or reportable cases attributed- to observe.
- · One Moderate case reported PPH, reviewed through MDT meeting and harm downgraded with no further action required.
- FFT rate remains improved with QI work, to remain on scorecard.



## Maternity Perinatal Quality Surveillance scorecard

Sherwood Forest Hospitals													
	OVERALL	SAFE		EFFECT	IVE	CARING	i	RESPON	SIVE			WEL	L LED
CQC Maternity Ratings - last assessed 2018	GOOD	OD GOOD		GOOD		DUTSTANDING		GOOD				GOOD	
Maternity Quality Dashboard 2020-2021	Alert [nationa I standar d/avera ge	Total/ average			Mar-22	-	-			_	-	Oct-22	
1:1 care in labour	>95%	99.81%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Women booked onto MCOC pathway													
Women receving MCOC intraprtum													
Total BAME women booked													
BAME women on CoC pathway													
Spontaneous Vaginal Birth			63%	61%	59%	55%	60%	60%	60%	58%	55%	55%	54%
3rd/4th degree tear overall rate	>3.5%	2.18%	2.78%	2.52%	2.90%	3.00%	6.20%	3.72%	2.84%	6.30%	2.40%	4.30%	2.80%
Obstetric haemorrhage >1.5L	Actual	116	6	8	7	6	9	7	7	3	9	9	14
Obstetric haemorrhage >1.5L	>3.5%	3.24%	2.12%	3.30%	2.60%	2.20%	3.20%	2.45%	2.45%	1.10%	3.20%	3.90%	4.60%
Term admissions to NNU	<6%	3.62%	5.00%	3.50%	3.50%	1.60%	4.00%	2.60%	2.60%	3.70%	3.1%	1.30%	2.00%
Apgar <7 at 5 minutes	<1.2%	1.56%	1.90%	1.80%	2.00%	0.84%	0.40%	1.20%	1.20%	1.20%	0.79%	2.10%	2.70%
Stillbirth number	Actual	11	1	1	0	1	2	2	1	0	2	0	2
Stillbirth number/rate	0	4.63			3.727			5.952				3.300	
Rostered consultant cover on SBU - hours per		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
Midwife / band 3 to birth ratio (establishmen	t) >1:28		1:29	1:22	1:22	1:22	1:22	1:24.5	1:27	1:27	1:27	1:27	1:27
Midwife/band 3 to birth ratio (in post)	>1:30		1:28	1:24	1:24	1:24	1:24	1:26.5	1:29	1:29	1:29	1:29	1:29
Number of compliments (PET)		0				1	1	1	1	1	2	2	
Number of concerns (PET)		9	0	0	2	2	1	•	0	0	1	2	i
Complaints		11	1	1	2	1	0	2	1	0	0	0	
FFT recommendation rate	>93%		92%	91%	90%	89%	88%	88%	94%	91%	91%	89%	90
PROMPT/Emergency skills all staff groups			100%	100%	100%	100%	94%	95%	95%	95%	96%	92%	94
K2/CTG training all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98
CTG competency assessment all staff groups			98%	98%	98%	98%	98%	98%	98%	98%	98%	92%	92
Core competency assessment an stan groups Core competency framework compliance			81%		88.%	95%	95%	95%	95%	95%	95%	95%	95
con a comparency name work compliance			01/1	0.7.		00/.	00/.		00/.	00/.	00/.	00/1	
Progress against NHSR 10 Steps to Safety		7 & above											
Maternity incidents no harm/low harm	Actual	849	83	45	69	58	70	99	105	72	96	72	80
Maternity incidents moderate harm & above	Actual	7	1	1	1	1	1	1	1	0	0	0	0
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	0
HSIB/CQC etc with a concern or request for ac	tion	Y/N	N	N	N	N	N	N	Y	N	N	N	N