

## Meeting of the Quality and Outcomes Committee June 2021

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| <b>Report Title</b>   | <b>Perinatal quality surveillance matrix</b> |
| <b>Report Author</b>  |  |
| <b>Executive Lead</b> |  |

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| <b>1. Report Summary</b>  |                                  |
| This report provides the board monthly oversight with regards to the safety matrixes of our maternity and neonatal services.  |                                  |
| <b>2. Key points to note</b><br>(Including decisions taken)   |                                  |
| <ul style="list-style-type: none"> <li>• CNST year 3 compliant</li> <li>• Continuity of carer at 45.9%</li> <li>• Monthly safety walk arounds with HoM/ Chief Nurse and Quality Patient Safety Manager</li> <li>• Achieve 121 care in labour by moving staff, to start twice daily bed manager safety huddles. Presently once a day at 10 am.</li> <li>• Robust on call system to provide extra midwifery cover at times of need</li> <li>• Good collaboration with neighbouring Trust, NBT via local maternity system share learning and educational resources</li> <li>• Positive engagement with HSIB with quarterly engagement feedback sessions</li> </ul> |                                  |
| <b>3. Risks</b><br>If this risk is on a formal risk register, please provide the risk ID/number.  |                                  |
| <b>The risks associated with this report include:</b><br><b>3343 delayed elective LSCS</b><br><b>2264 delayed induction of labour</b><br><b>33/3623/988 NICU staffing/BAPM</b>  |                                  |
| <b>4. Advice and Recommendations</b><br>(Support and Board/Committee decisions requested):  |                                  |
| <ul style="list-style-type: none"> <li>• This report is for <b>Information</b>.</li> </ul>  |                                  |
| <b>5. History of the paper</b><br>Please include details of where paper has <u>previously</u> been received.  |                                  |
| <b>Divisional Quality Assurance Committee</b>   | <b>18<sup>th</sup> June 2021</b> |
| <b>Women's Clinical Governance Meeting</b>  | <b>21<sup>st</sup> June 2021</b> |

Recommendation Definitions:

- **Information** - report produced to inform/update the Board e.g. STP Update.  
No discussion required.
- **Assurance** - report produced in response to a request from the Board or which directly links to the delivery (including risk) of one of the Trust's strategic or operational priorities e.g. Quality and Performance Report.  
Requires discussion.
- **Approval** - report which requires a decision by the Board e.g. business case.  
Discussion required.