

**Meeting of the Quality and Outcomes Committee on 24th September 2021**

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

**1. Report Summary**

This report provides the board monthly oversight with regards to the safety matrixes of our maternity and neonatal services.

**2. Key points to note**  
*(Including decisions taken)*

- CNST year 3 declared non-compliant, due to delayed reporting of a neonatal death to MBRRACE. An action plan has been submitted to Maternity Incentive Scheme (MIS) mitigate. In discussion with MIS, plan to appeal non-compliance in September.
- Continuity of carer at 48.3%.
- Training compliance core competency 4. personalised care at 63.8%
- Training compliance in maternity emergencies and multi-professional training (PROMPT) at 90%
- Monthly safety walk arounds with HoM/ Chief Nurse and Quality Patient Safety Manager
- Staffing incidents relate to NICU nurse staffing. Have had extra funding from the regional team to recruit 8 further nurses and have recruited to these posts.
- Staffing incidents reduced this month, continue to relate to NICU nurse staffing. Staff Datix to alert management to increase acuity and reduced bed capacity. 3 occasions where NICU ITU bed declined from external Trust due to capacity (linked to risk 988/3632/33)
- Achieve 121 care in labour by moving staff, twice daily bed manager safety huddles. Presently twice a day at 10 am and 4 p.m. to support safety. Spreadsheet being developed to record actions taken from these meetings.
- Induction rate remains high and results in delayed inductions on a daily basis.

**3. Risks**  
**If this risk is on a formal risk register, please provide the risk ID/number.**

**The risks associated with this report include:**  
**3343 delayed elective LSCS**  
**2264 delayed induction of labour**  
**33/3623/988 NICU staffing/BAPM**

**4. Advice and Recommendations**  
*(Support and Board/Committee decisions requested):*

- This report is for **Information**.

<b>5. History of the paper</b> Please include details of where paper has <u>previously</u> been received.	
<b>Women's Clinical Governance Meeting</b>	<b>16/08/2021</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.