

Paper 9

<p>Recommendation</p> <p><input type="checkbox"/> DECISION</p> <p><input type="checkbox"/> NOTE</p>	<p>Trust Board is asked to</p> <ul style="list-style-type: none"> • Discuss the current performance in relation to key quality indicators as at the end of May 2018 • Consider the actions being taken where performance requires improvement • Question the report to ensure appropriate assurance is in place
<p>Reporting to:</p>	<p>Trust Board</p>
<p>Date</p>	<p>31 May 2018</p>
<p>Paper Title</p>	<p>Quality Governance Report</p>
<p>Brief Description</p>	<p>The purpose of this report is to provide the Committee with assurance relating to our compliance with quality performance measures during May 2018</p> <p>Key points to note:</p> <p>The Trust is compliant with a number of quality measures however:</p> <ul style="list-style-type: none"> • We have reported a MRSA bacteraemia, the last attributable one being August 2016. • We reported three Serious Incidents in April (including the MRSA bac) • We no longer report on NHS Safety Thermometer data in the report but have continued to include CAUTI prevalence data • Members of the Board visited clinical and non-clinical areas at RSH prior to Board – feedback is reflected in the paper. • We are not compliant with Mixed Sex Accommodation (MSA) requirements due to the number of patients that wait for more than 12 hours to be transferred from our critical care units. • 0 neonatal HIEs in April • Category 2 Caesarian Sections – local expected range is 0-8%. In April rate was 8.3% - trend to be monitored via CGE and QSC governance
<p>Sponsoring Director</p>	<p>Deirdre Fowler, Director of Nursing, Midwifery and Quality</p>
<p>Author(s)</p>	<p>Dee Radford, Associate Director of Patient Safety Sarah Jameson, Head of Midwifery</p>
<p>Recommended / escalated by</p>	<p>NA</p>
<p>Previously considered by</p>	<p>Quality and Safety Assurance Committee</p>
<p>Link to strategic objectives</p>	<p>PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</p> <p>SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care</p>

Link to Board Assurance Framework	<p>RR561 - If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</p> <p>RR1204 - If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage</p> <p>RR1186 - If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision</p>
Outline of public/patient involvement	
Equality Impact Assessment	<ul style="list-style-type: none"> <input type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> * EIA must be attached for Board Approval <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

Quality Governance Report

May 2018



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

Introduction

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of April 2018. The report will provide assurance to the Quality and Safety Committee that we are compliant with key performance measures and that where we have not met our targets that there are recovery plans in place.

The report will be submitted to the Quality and Safety Committee as a standalone document and will then be presented to Trust Board as part of the Integrated Performance Paper for consideration and triangulation with performance and workforce indicators.

The report will be submitted to our commissioners (Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group) to provide assurance to them that we are fulfilling our contractual requirements as required in the Quality Schedule of our 2018-2019 contract.

Every quarter we provide a detailed report to the Committee relating to a number of metrics as reported here but with the additional detailed triangulation with patient experience metrics such as complaints and PALS and further detail relating to incident reporting down to Care Group level.

This report relates to the Care Quality Commission (CQC) domains of quality – that we provide safe, caring, responsive and effective services that are well led, as well as the goals laid out within our organisational strategy and our vision to provide the safest, kindest care in the NHS.

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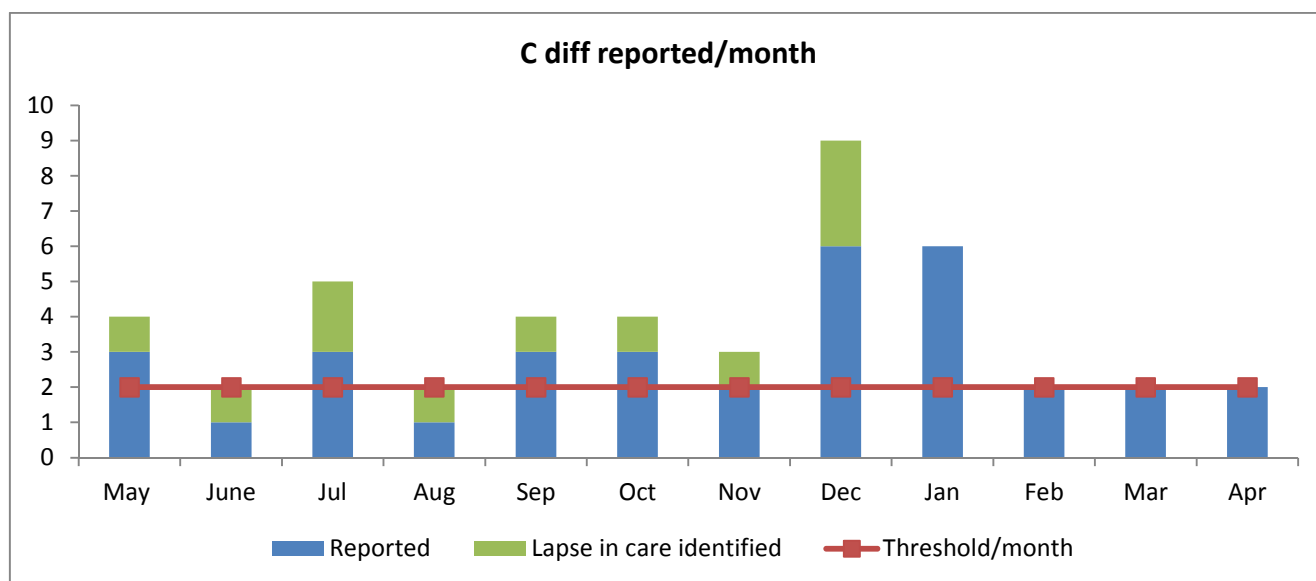
Section one: Our Key Quality Measures

Measure	Year end 18/19	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	Year to date 18/19	Monthly Target 2018/19	Annual Target 2018/19
CDI due to lapse in care (CCG panel)	13	1	1	2	1	1	1	1	3						0	25
Total CDI reported	32	4	3	1	3	1	1	3	6	6	2	2	2	2	None	None
MRSA Bacteraemia Infections	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0
MSSA Bacteraemia Infections	26	1	1	1	6	2	3	2	4	2	3	1	1	1	None	None
E. Coli Bacteraemia Infections	29	1	1	1	3	3	1	4	2	6	5	2	4	4	None	None
MRSA Screening (elective) (%)		95.4	95.9	95.9	95.6	95.6	95.5	96.4	96.0	94.0	95.0	95.4	96.5	96.5	95%	95%
MRSA Screening (non elective) (%)		96.3	95.0	96.1	96.1	97.0	97.2	95.3	95.5	94.8	94.0	95.62	96.7	96.7	95%	95%
Grade 2 Avoidable	38	2	2	4	3	3	5	4	2	3	5	2	0	0	0	0
Grade 2 Unavoidable	138	19	6	16	18	13	9	11	11	9	12	4	5	5	None	None
Grade 3 Avoidable	9	0	1	0	2	1	2	2	1	0	0	0	0	0	0	0
Grade 3 Unavoidable	22	1	2	3	3	0	1	0	2	6	1	3	2	2	None	None
Grade 4 Avoidable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 4 Unavoidable	0	0	1	0	0	0	0	0	0	0	0	0	0	0	None	None
Falls reported as serious incidents	3	0	1	0	1	0	0	0	0	0	1	0	0	0	None	None
Number of Serious Incidents	77	4	6	1	4	4	10	7	3	8	15	13	2	2	None	None

Measure	Year end 18/19	May 17	June 17	July 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	Year to date 18/19	Monthly Target 2018/19	Annual Target 2018/19
Never Events	2	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0
Catheter Associated UTI (prevalence)		0.13	0.39	0.13	0.41	0.83	0.7	0.94	0.9	0.43	0.12	0.76	0.43	0.43%	None	None
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
VTE Assessment		95.5	95.4	95.2	95.4	96.4	95.9	95.5	95.1	95.68	95.2%	95.1%		95.5%	95%	95%
MSA including ITU discharge delays>12hrs	380	17	37	39	31	37	33	39	17	28	35	41	27	27	None	None
Complaints (No)	424	56	42	61	50	45	45	61	31	49	60	56	55	600	None	None
Friends and Family Response Rate (%)	23.8%	22.5	23.3	19.5	20.1	18.3	15%	14.3%	12.3%	11.1%	13.6%	16.1%	19.9%	16.1%	None	None
Friends and Family Test Score (%)	96.6%	96.7	97.0	96.2	97.1	97.2	96.1	96.8	97.4	96.6	96.2%	96.4%	97.3%	96.4%	75%	75%

Section Two: Key Messages by exception

Infection Prevention and Control



MRSA Bacteraemia

One potentially attributable MRSA bacteraemia was reported in April 2018. The post infection review meeting has been held and the report is in progress but it is likely that this will be attributable to the Trust.

MRSA Screening

MRSA screening for both elective and non-elective achieved over the target of 95% in April. Our staff remain vigilant and of note is that Telford AMU had 519 admissions in April and missed just one MRSA screen.

Catheter Associated Urinary Tract Infections Prevalence Data (CAUTI)

As agreed with commissioners, we no longer are contractually obliged to complete the NHS Safety Thermometer each month although we should report on the elements of the data (the four "harms") within our report. Incidence data relating to pressure ulcers, falls and VTE are already included in the dashboard so from now we are continuing to measure prevalence data relating to CAUTI. In April 2018, three inpatients were noted to have a CAUTI that had developed since their admission to hospital out of a total 694 patients included in the cohort on one specific day.

Learning from in service Pressure Ulcer Incidence

In April there were two grade 3 pressure ulcers that developed which did not meet the criteria for reporting as Serious Incidents and are in the process of being managed as High Risk Case Reviews

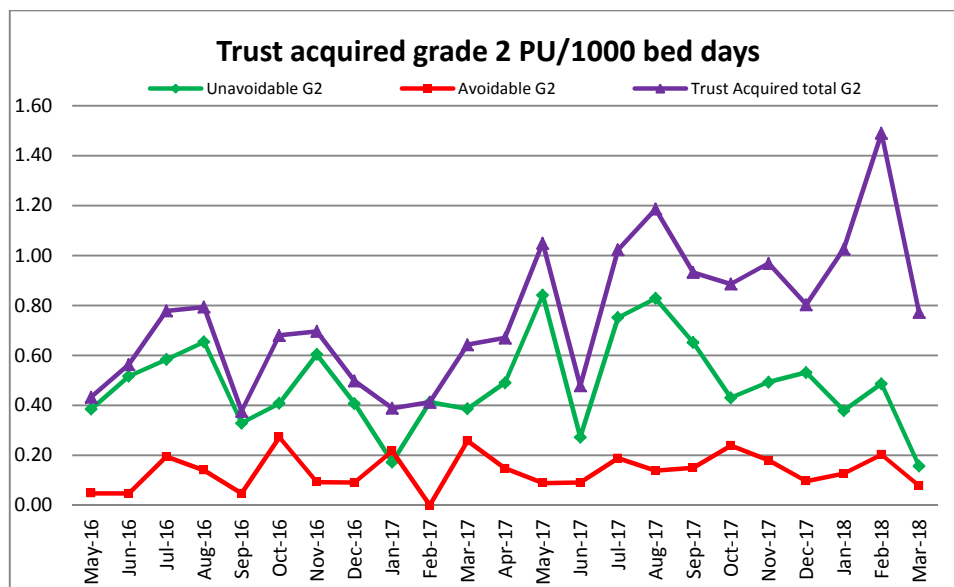
High Risk Case Review (HRCR) Pressure Ulcers April 2018

Grade 3 PU	RSH ITU	Despite all actions for off-loading and compliance with SSKIN, due to the patient self positioning TVN confirms that she does not think this could have been avoided. Exemplary record keeping noted.
Grade 3 PU	Ward 27	Patient had NIV in situ. The ward used Kerrapro as per guidance, and appropriate monitoring was in place. When a grade 1 developed the staff tried a full face mask but the patient was unable to tolerate this. The patient has also been noted to be pulling at the mask and moving it about causing drag on the skin. TVN confirms unavoidable.

No grade 2 pressure ulcers have so far been determined to be avoidable for April 2018. The contributory factors/learning is below:

The numbers of pressure ulcers that we are reporting are shown in the table below. This indicates that overall the total number of grade two pressure ulcers reported has increased since June 2017. There are still a number that require investigations to be carried out by the ward manager to identify whether these were avoidable.

Trust acquired grade two pressure ulcers per 1000 bed days

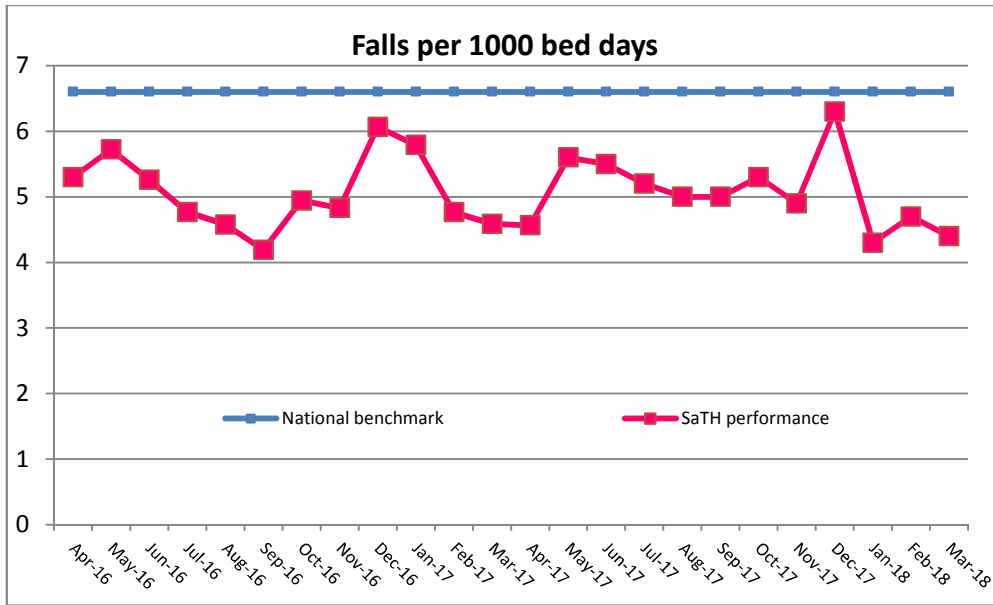


Learning from falls

In April 2018 we did not report any falls resulting in fractures as Serious Incident, but there was 1 fall which resulted in a fracture which was determined suitable to manage as a HRCR:

Fall injury	Rationale for not reporting as an SI
Fractured pubic rami	Classed as moderate harm, no surgical intervention required, patient able to mobilise with pain medication. HRCR will determine preventability, but initial indications are that appropriate risk reduction measures were in place

The chart below shows that we remain below the national benchmark for falls per 1000 bed days to March 2018. When comparing 2016/17 with 2017/18 falls per 1000 bed days decreased slightly from an average of 5.1/1000 bed days to 5.06/1000 bed days, which is a 0.04/1000 bed day reduction.

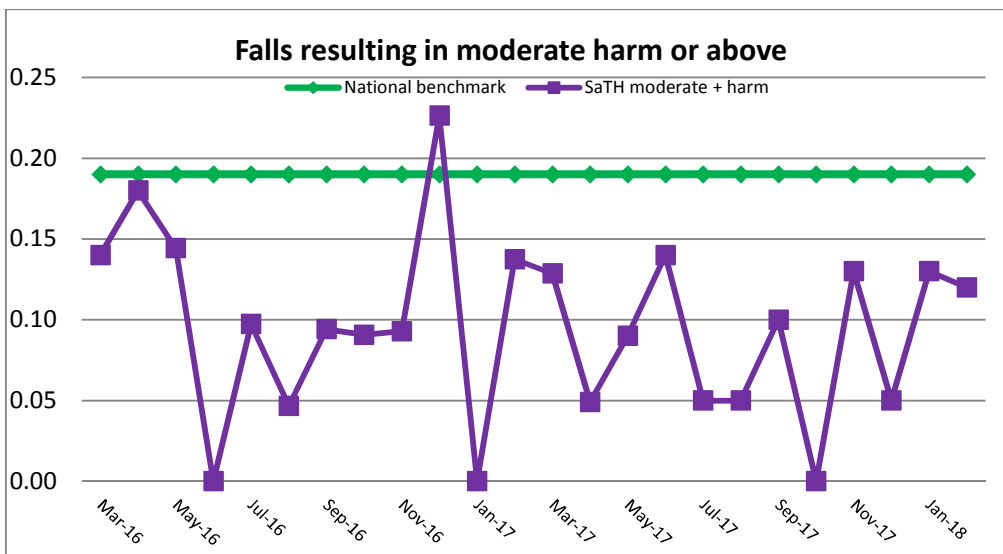


Falls resulting in moderate harm or above

The chart below shows that we also remain below the benchmark for falls resulting in moderate harm or above to March 2018, but there was a peak in reporting, which was also reflected in December 2016 and may be indicative of pressures/activity within the organisation.

Since December 2016 the Trust has sustained a lower than the national benchmark number of falls resulting in moderate harm or above for our patients. The inference is that while there has been an increase in reporting of falls during December, this has not resulted in more significant harms, the falls prevention strategies for our highest risk patients therefore appears to continue to be effective.

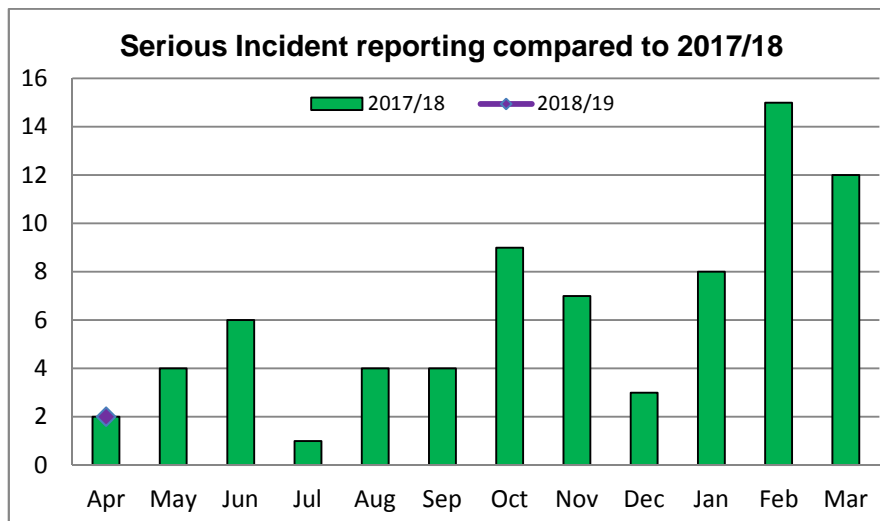
When comparing 2016/17 with 2017/18 of falls resulting in moderate harm or above per 1000 bed days decreased slightly from an average of 0.10/1000 bed days to 0.08/1000 bed days, which is a 0.02/1000 bed day reduction.



Learning from moderate and serious incidents

In April 2018 we reported two serious incidents as shown in the chart below:

Serious incident reporting 2017-2018 compared to 2016-2017



The categories of incident are shown in table one below:

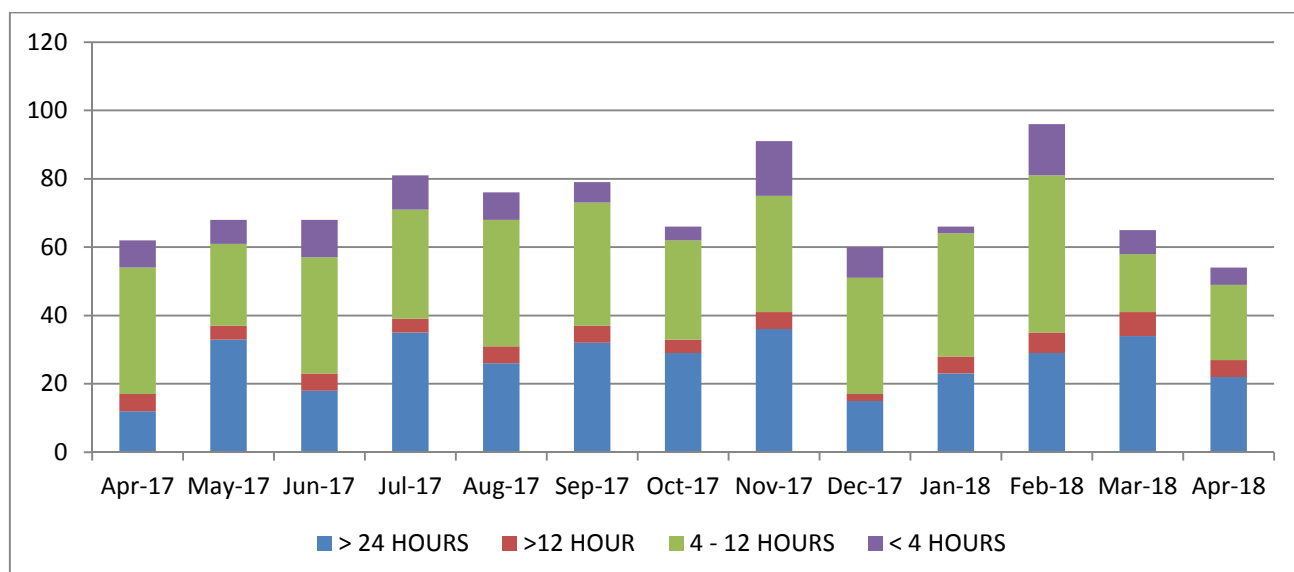
Table one: Categories of incidents reported in April 2018

Category	Number
Safeguarding Incident relating to an inpatient	1
Delayed diagnosis of a patient admitted through ED	1
Total	2

All incidents will be investigated using the Trust processes for serious incident investigations and the reports submitted to the commissioners when complete.

Mixed Sex Accommodation Breaches

We have not reported any mixed sex accommodation breaches in the Trust in April in any areas outside our intensive care areas.



The chart above shows a reduction in April 2018 of the number of patients waiting for more than 12 hours to leave ITU – 27 compared to 41 in March 2018.

Whilst waiting for transfer patients are cared for in an area that may have members of the opposite sex also receiving care. Every effort is made to ensure that patients' privacy and dignity is maintained during this time and that when a bed is available on the appropriate ward they are moved as soon as possible. The number of patients waiting for transfer is discussed at the three times a day bed meeting so that a suitable bed is identified for them in a timely way.

Safeguarding Vulnerable Adults and Children

In April there were ten safeguarding concerns raised which involved the Trust – seven were raised by the Trust against others and three were made by residential and nursing homes against the Trust. Five of those concerns raised by the Trust related to other family members or neighbours.

Three concerns related to care provided by the Trust – all were inpatient areas in Telford and all are in the process of being investigated by the Safeguarding team.

In April the staff on the children's ward raised two safeguarding concerns relating to children and young people. No concerns were raised about the care provided to children and young people by the Trust.

We continue to prioritise the Prevent training (part of the counter terrorism strategy) in the Trust. We have not meet the requirement of 85% trained by the end of March 2018 but we continue to improve and have now recorded that 44% (as of 30 April) of those staff that need to attend the enhanced training have done so.

Trust Board Visits to Clinical and Non Clinical Areas

Prior to the Trust Board meeting on 03 May 2018, members of the Board visited the following clinical and non-clinical areas at the Royal Shrewsbury Hospital:

- Acute Medical Unit (AMU)
- Surgical Assessment Unit (SAU)
- Site Safety Meeting

The feedback from the visiting Directors was that they witnessed good sense of teamwork and willingness for mutual support and the principles of Lean Methodology being used to good effect to drive improvement (SAU), whilst in AMU the dedication of staff that had remained at the Trust for many years was celebrated.

Issues around the cluttered environment (though easily rectified) were noted on AMU whilst the staff on both areas reported the need for an electronic patient record in part due to potential issues with access to paper records at times.

In the site safety meeting the clear agenda and actions were noted as good practice as was representation from clinical and operational areas.

All areas were noted to be crucial to the smooth running of the hospital and the patient's journey through it – and in the site meeting the need for system working was also discussed.

Patient, Family and Carer Experience

Complaints and PALS

The Trust received 55 complaints during April 2018. The majority of complaints continue to be about communication, clinical treatment and staff attitude. Data on complaints relating to staff attitude continues to be shared with the workforce team to tie in with ongoing work relating to culture.

105 PALS contacts were received in April. The majority of contacts related to cancelled appointments and poor communication although there are no trends noted within this.

Patient Experience

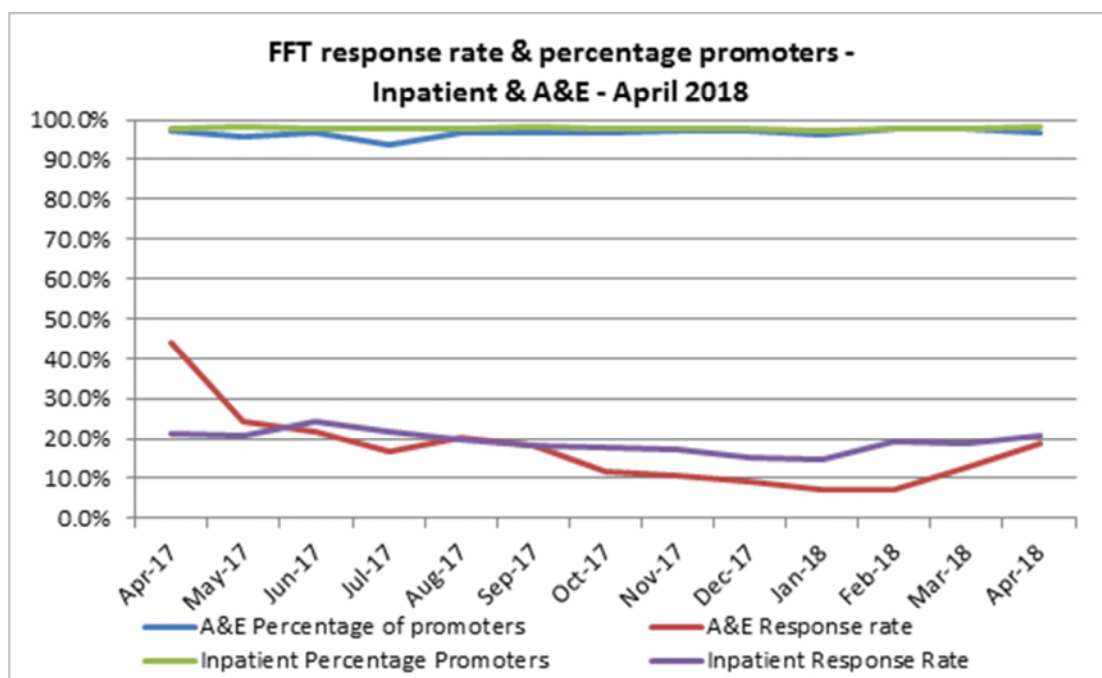
The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 97.3%. This was an increase compared to last month's rate of 96.4%. Individually, A&E, Maternity, Inpatients and Outpatients all saw an increase in the percentage of patients who would recommend compared to March. The overall response rate was 19.9% which was an increase compared to March's response rate of 16.1%. Again, all four areas saw individual increases since last month.

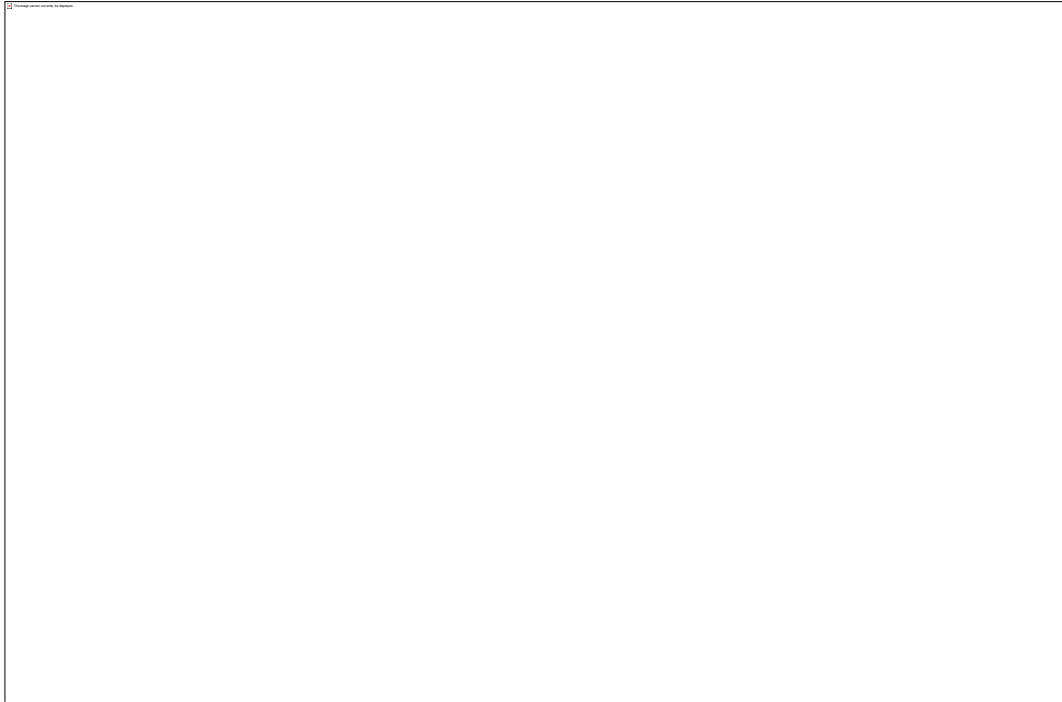
The IPR data for April 2018 is as follows:

The FFT response rate for IPR = 19.9%

The FFT percentage promoters for IPR = 97.3%

	Percentage Promoters	Response Rate
Maternity overall	99.2%	6.6% (Birth only)
A&E	96.7%	18.9%
Inpatient	98.2%	20.9%
Outpatients	96.7%	NA





Section Three: Maternity Exception Report

Please see Enclosure 7

Section four: Recommendations for the Committee

The Quality and Safety Committee is asked to:

- **Discuss** the current performance in relation to key quality indicators as at the end of April 2018
- **Consider** the actions being taken where performance requires improvement
- **Question** the report to ensure appropriate assurance is in place

Maternity Clinical Dashboard - 2018/19 - All SaTH Activity

No	Indicator	Descriptor	National Data Source	National Figure	APR	YTD	
1	CQUIM - Clinical Quality Improvement Metrics	Smoking rate at booking	NMPA	19.9%	17.6%	17.6%	
		Normal birth rate			69.9%	69.9%	
		Caesarean section delivery rate in Robson group 1 women			8.5%	8.5%	
		Caesarean section delivery rate in Robson group 2 women			28.2%	28.2%	
		Caesarean section delivery rate in Robson group 5 women			25.4%	25.4%	
		3rd and 4th degree tear rate among women delivering vaginally	NMPA	3.5%	2.2%	2.2%	
		Rate of postpartum haemorrhage of 1500ml or greater	NMPA	2.7%	1.4%	1.4%	
		Rate of successful vaginal birth after a single previous caesarean section	NMPA	57.7%	27.3%	27.3%	
		Smoking rate at delivery	NMPA	11.7%	12.9%	12.9%	
		Proportion of babies born at term with an Apgar score <7 at 5 minutes	NMPA	3.5%	0.3%	0.3%	
		Proportion of babies born at term admitted to the neonatal intensive care unit			16.2%	16.2%	
		Proportion of babies readmitted to hospital at <30 days of age					
		Breastfeeding initiation rate			76.2%	76.2%	
		Breastfeeding rate at 6-8 weeks	No Data Available				
2	National Maternity Indicators (NMI); Domain 1: Mortality and morbidity	Stillbirth rate	MBRRACE	0.38% (2015)	0.3%	0.3%	
		Neonatal Mortality Rate	MBRRACE	0.17% (2015)			
		Brain injuries - HIE	NMPA		0.0%	0.0%	
		Proportion with singleton term infants with a 5-minute Apgar score of less than 7	NMPA	1.2%	0.3%	0.3%	
		Proportion of vaginal births with a 3rd/4th degree perineal tear	NMPA	3.5%	2.2%	2.2%	
		Proportion of birth episodes with severe PPH of greater than or equal to 1500ml	NMPA	2.7%	1.4%	1.4%	
		Normal birth rate	NMPA	66.0%	69.9%	69.9%	
3	National Maternity Indicators (NMI); Domain 2: Clinical care and health promotion	Caesarean section delivery rate in Robson group 1 women	NMPA		8.5%	8.5%	
		Caesarean section delivery rate in Robson group 2 women	NMPA		28.2%	28.2%	
		Caesarean section delivery rate in Robson group 3 women	NMPA		2.8%	2.8%	
		Proportion of infants who are small-for-gestational-age (birthweight below 10th centile) (singletons)	No Data Available - NMPA Figure is 55.4%				
		Percentage of babies < 2500g	GIRFT	2.3%	6.8%	6.8%	
		Proportion of live born babies who are breastfed for the first feed	NMPA	73.6%	69.3%	69.3%	
		Proportion of births between 23+0 and 27+6 which occur outside of a hospital with a neonatal intensive care unit	NMPA		0.0%	0.0%	
4	Other metrics not included in CQIM or NMI	Episiotomy rate overall	NMPA	22.0%	10.0%	10.0%	
		Overall assisted birth rate - Primip	NMPA	25.3%	16.0%	16.0%	
		Overall assisted birth rate - Multip	NMPA	5.6%	1.8%	1.8%	
		Skin to skin contact within 1 hour of birth	NMPA	79.8%	99.4%	99.4%	
		Babies breastfeeding at discharge	NMPA	68.1%	48.2%	48.2%	
		Shoulder Dystocia rate	RCOG	0.7%	0.0%	0.0%	
		Induction of labour rate	NMPA	28.5%	38.4%	38.4%	
		Percentage of deliveries from mothers with placenta- praevia and abruption (spontaneous, unassisted vaginal delivery)	GIRFT	0.7%	0.0%	0.0%	
5	Births activity by Unit	Overall Trust total births	Local	375-425	355	355	
		Telford Consultant Unit	Local	4-10	300	300	
		Bridgnorth MLU	Local	4-10	1	1	
		Ludlow MLU	Local	4-10	3	3	
		Oswestry MLU	Local	4-10	3	3	
		Shrewsbury MLU	Local	10-20	7	7	
		Wrekin MLU	Local	20-30	35	35	
		BBA/Other	Local	0-2	1	1	
		Home	Local	0-5	5	5	
		% of births in Consultant Unit	NMPA	86.6%	84.5%	84.5%	
		% of birth in a MLU or at home	NMPA	14.3%	15.2%	15.2%	
		% of births in any MLU	NMPA	11.8%	13.8%	13.8%	
		% Home Births	NMPA	1.4%	1.4%	1.4%	
		% BBA/Other	NMPA	0.3%	0.3%	0.3%	
6		Overall Assisted Births rate %	GIRFT	10%-13%	7.7%	7.7%	
		Forceps rate %	Local	0%-8%	6.3%	6.3%	
		Ventouse rate %	Local	0%-11%	1.4%	1.4%	
		Dual Instruments rate %	Local	0%-2%	0.0%	0.0%	
		Caesarean Section rate %	NMPA	25%	20.3%	20.3%	
		Primip Caesarean Section rate %	NMPA	25.8%	22.9%	22.9%	
		Multip Caesarean Section rate %	NMPA	24.4%	17.4%	17.4%	
		% of Deliveries - Category 1 C/Section	Local	0%-4%	1.7%	1.7%	
		% of Deliveries - Category 2 C/Section	Local	0%-8%	8.3%	8.3%	
		% of Deliveries - Category 3 C/Section	Local	0%-4%	1.7%	1.7%	
		% of Deliveries - Category 4 C/Section	Local	0%-10%	8.9%	8.9%	
7	Access to Maternity Services	Number of Bookings	Local	400-450	476	476	
		% of bookings with a gestation of less than 10 weeks	Local	50%-100%	54.6%	54.6%	
		% of bookings with a gestation of less than 12 weeks 6 days	CMS	90%-100%	85.5%	85.5%	

Maternity Clinical Dashboard - 2018/19 - NHS SHROPSHIRE CCG

No	Indicator	Descriptor	National Data Source	National Figure	APR	YTD
1	CQUIM - Clinical Quality Improvement Metrics	Smoking rate at booking	NMPA	19.9%	15.4%	15.4%
		Normal birth rate			70.5%	70.5%
		Caesarean section delivery rate in Robson group 1 women			8.3%	8.3%
		Caesarean section delivery rate in Robson group 2 women			36.1%	36.1%
		Caesarean section delivery rate in Robson group 5 women			22.2%	22.2%
		3rd and 4th degree tear rate among women delivering vaginally	NMPA	3.5%	3.7%	3.7%
		Rate of postpartum haemorrhage of 1500ml or greater	NMPA	2.7%	1.5%	1.5%
		Rate of successful vaginal birth after a single previous caesarean section	NMPA	57.7%	27.3%	27.3%
		Smoking rate at delivery	NMPA	11.7%	10.6%	10.6%
		Proportion of babies born at term with an Apgar score <7 at 5 minutes	NMPA	3.5%	0.5%	0.5%
		Proportion of babies born at term admitted to the neonatal intensive care unit			15.9%	15.9%
		Proportion of babies readmitted to hospital at <30 days of age				
		Breastfeeding initiation rate			80.8%	80.8%
Breastfeeding rate at 6-8 weeks	No Data Available					
2	National Maternity Indicators (NMI); Domain 1: Mortality and morbidity	Stillbirth rate	MBRRACE	0.38% (2015)	0.0%	0.0%
		Neonatal Mortality Rate	MBRRACE	0.17% (2015)		
		Brain injuries - HIE	NMPA		0.0%	0.0%
		Proportion with singleton term infants with a 5-minute Apgar score of less than 7	NMPA	1.2%	0.5%	0.5%
		Proportion of vaginal births with a 3rd/4th degree perineal tear	NMPA	3.5%	3.7%	3.7%
		Proportion of birth episodes with severe PPH of greater than or equal to 1500ml	NMPA	2.7%	1.5%	1.5%
		3	National Maternity Indicators (NMI); Domain 2: Clinical care and health promotion	Normal birth rate	NMPA	66.0%
Caesarean section delivery rate in Robson group 1 women	NMPA				8.3%	8.3%
Caesarean section delivery rate in Robson group 2 women	NMPA				36.1%	36.1%
Caesarean section delivery rate in Robson group 3 women	NMPA				5.6%	5.6%
Proportion of infants who are small-for-gestational-age (birthweight below 10th centile) (singletons)	No Data Available - NMPA Figure is 55.4%					
Percentage of babies < 2500g	GIRFT			2.3%	5.5%	5.5%
Proportion of live born babies who are breastfed for the first feed	NMPA			73.6%	73.5%	73.5%
4	Other metrics not included in CQIM or NMI	Proportion of births between 23+0 and 27+6 which occur outside of a hospital with a neonatal intensive care unit	NMPA		0.0%	0.0%
		Episiotomy rate overall	NMPA	22.0%	12.6%	12.6%
		Overall assisted birth rate - Primip	NMPA	25.3%	21.4%	21.4%
		Overall assisted birth rate - Multip	NMPA	5.6%	2.6%	2.6%
		Skin to skin contact within 1 hour of birth	NMPA	79.8%	100.0%	100.0%
		Babies breastfeeding at discharge	NMPA	68.1%	47.5%	47.5%
		Shoulder Dystocia rate	RCOG	0.7%	0.0%	0.0%
		Induction of labour rate	NMPA	28.5%	40.4%	40.4%
5	Births activity by Unit	Overall Trust total births	Local	375-425	200	200
		Telford Consultant Unit	Local	4-10	166	166
		Bridgnorth MLU	Local	4-10	1	1
		Ludlow MLU	Local	4-10	3	3
		Oswestry MLU	Local	4-10	3	3
		Shrewsbury MLU	Local	10-20	6	6
		Wrekin MLU	Local	20-30	19	19
		BBA/Other	Local	0-2	0	0
		Home	Local	0-5	2	2
		% of births in Consultant Unit	NMPA	86.6%	83.0%	83.0%
		% of birth in a MLU or at home	NMPA	14.3%	17.0%	17.0%
		% of births in any MLU	NMPA	11.8%	16.0%	16.0%
		% Home Births	NMPA	1.4%	1.0%	1.0%
% BBA/Other	NMPA	0.3%	0.0%	0.0%		
6		Overall Assisted Births rate %	GIRFT	10%-13%	10.6%	10.6%
		Forceps rate %	Local	0%-8%	9.1%	9.1%
		Ventouse rate %	Local	0%-11%	1.5%	1.5%
		Dual Instruments rate %	Local	0%-2%	0.0%	0.0%
		Caesarean Section rate %	NMPA	25%	18.2%	18.2%
		Primip Caesarean Section rate %	NMPA	25.8%	25.0%	25.0%
		Multip Caesarean Section rate %	NMPA	24.4%	13.2%	13.2%
		% of Deliveries - Category 1 C/Section	Local	0%-4%	2.5%	2.5%
		% of Deliveries - Category 2 C/Section	Local	0%-8%	7.6%	7.6%
		% of Deliveries - Category 3 C/Section	Local	0%-4%	1.5%	1.5%
		% of Deliveries - Category 4 C/Section	Local	0%-10%	7.1%	7.1%
7	Access to Maternity Services	Number of Bookings	Local	400-450	254	254
		% of bookings with a gestation of less than 10 weeks	Local	50%-100%	58.3%	58.3%
		% of bookings with a gestation of less than 12 weeks 6 days	CMS	90%-100%	89.4%	89.4%

Maternity Clinical Dashboard - 2018/19 - NHS TELFORD AND WREKIN CCG

No	Indicator	Descriptor	National Data Source	National Figure	APR	YTD	
1	CQUIM - Clinical Quality Improvement Metrics	Smoking rate at booking	NMPA	19.9%	21.4%	21.4%	
		Normal birth rate			69.9%	69.9%	
		Caesarean section delivery rate in Robson group 1 women			6.7%	6.7%	
		Caesarean section delivery rate in Robson group 2 women			23.3%	23.3%	
		Caesarean section delivery rate in Robson group 5 women			26.7%	26.7%	
		3rd and 4th degree tear rate among women delivering vaginally	NMPA	3.5%	0.0%	0.0%	
		Rate of postpartum haemorrhage of 1500ml or greater	NMPA	2.7%	1.5%	1.5%	
		Rate of successful vaginal birth after a single previous caesarean section	NMPA	57.7%	27.3%	27.3%	
		Smoking rate at delivery	NMPA	11.7%	16.8%	16.8%	
		Proportion of babies born at term with an Apgar score <7 at 5 minutes	NMPA	3.5%	0.0%	0.0%	
		Proportion of babies born at term admitted to the neonatal intensive care unit			18.3%	18.3%	
		Proportion of babies readmitted to hospital at <30 days of age					
		Breastfeeding initiation rate			70.2%	70.2%	
		Breastfeeding rate at 6-8 weeks	No Data Available				
2	National Maternity Indicators (NMI); Domain 1: Mortality and morbidity	Stillbirth rate	MBRRACE	0.38% (2015)	0.8%	0.8%	
		Neonatal Mortality Rate	MBRRACE	0.17% (2015)			
		Brain injuries - HIE	NMPA		0.0%	0.0%	
		Proportion with singleton term infants with a 5-minute Apgar score of less than 7	NMPA	1.2%	0.0%	0.0%	
		Proportion of vaginal births with a 3rd/4th degree perineal tear	NMPA	3.5%	0.0%	0.0%	
		Proportion of birth episodes with severe PPH of greater than or equal to 1500ml	NMPA	2.7%	1.5%	1.5%	
		Normal birth rate	NMPA	66.0%	69.9%	69.9%	
3	National Maternity Indicators (NMI); Domain 2: Clinical care and health promotion	Caesarean section delivery rate in Robson group 1 women	NMPA		6.7%	6.7%	
		Caesarean section delivery rate in Robson group 2 women	NMPA		23.3%	23.3%	
		Caesarean section delivery rate in Robson group 3 women	NMPA		0.0%	0.0%	
		Proportion of infants who are small-for-gestational-age (birthweight below 10th centile) (singletons)	No Data Available - NMPA Figure is 55.4%				
		Percentage of babies < 2500g	GIRFT	2.3%	6.8%	6.8%	
		Proportion of live born babies who are breastfed for the first feed	NMPA	73.6%	66.2%	66.2%	
		Proportion of births between 23+0 and 27+6 which occur outside of a hospital with a neonatal intensive care unit	NMPA		0.0%	0.0%	
4	Other metrics not included in CQIM or NMI	Episiotomy rate overall	NMPA	22.0%	6.1%	6.1%	
		Overall assisted birth rate - Primip	NMPA	25.3%	5.7%	5.7%	
		Overall assisted birth rate - Multip	NMPA	5.6%	1.3%	1.3%	
		Skin to skin contact within 1 hour of birth	NMPA	79.8%	99.2%	99.2%	
		Babies breastfeeding at discharge	NMPA	68.1%	54.1%	54.1%	
		Shoulder Dystocia rate	RCOG	0.7%	0.0%	0.0%	
		Induction of labour rate	NMPA	28.5%	35.1%	35.1%	
		Percentage of deliveries from mothers with placenta- praevia and abruption (spontaneous, unassisted vaginal delivery)	GIRFT	0.7%	0.0%	0.0%	
5	Births activity by Unit	Overall Trust total births	Local	375-425	133	133	
		Telford Consultant Unit	Local	4-10	116	116	
		Bridgnorth MLU	Local	4-10	0	0	
		Ludlow MLU	Local	4-10	0	0	
		Oswestry MLU	Local	4-10	0	0	
		Shrewsbury MLU	Local	10-20	1	1	
		Wrekin MLU	Local	20-30	14	14	
		BBA/Other	Local	0-2	0	0	
		Home	Local	0-5	2	2	
		% of births in Consultant Unit	NMPA	86.6%	87.2%	87.2%	
		% of birth in a MLU or at home	NMPA	14.3%	12.8%	12.8%	
		% of births in any MLU	NMPA	11.8%	11.3%	11.3%	
		% Home Births	NMPA	1.4%	1.5%	1.5%	
		% BBA/Other	NMPA	0.3%	0.0%	0.0%	
6		Overall Assisted Births rate %	GIRFT	10%-13%	3.1%	3.1%	
		Forceps rate %	Local	0%-8%	2.3%	2.3%	
		Ventouse rate %	Local	0%-11%	0.8%	0.8%	
		Dual Instruments rate %	Local	0%-2%	0.0%	0.0%	
		Caesarean Section rate %	NMPA	25%	22.9%	22.9%	
		Primip Caesarean Section rate %	NMPA	25.8%	20.8%	20.8%	
		Multip Caesarean Section rate %	NMPA	24.4%	24.4%	24.4%	
		% of Deliveries - Category 1 C/Section	Local	0%-4%	0.8%	0.8%	
		% of Deliveries - Category 2 C/Section	Local	0%-8%	9.2%	9.2%	
		% of Deliveries - Category 3 C/Section	Local	0%-4%	2.3%	2.3%	
% of Deliveries - Category 4 C/Section	Local	0%-10%	10.7%	10.7%			
7	Access to Maternity Services	Number of Bookings	Local	400-450	196	196	
		% of bookings with a gestation of less than 10 weeks	Local	50%-100%	53.6%	53.6%	
		% of bookings with a gestation of less than 12 weeks 6 days	CMS	90%-100%	81.6%	81.6%	

Maternity Clinical Dashboard - 2018/19 - POWYS LHB

No	Indicator	Descriptor	National Data Source	National Figure	APR	YTD	
1	CQUIM - Clinical Quality Improvement Metrics	Smoking rate at booking	NMPA	19.9%	40.0%	40.0%	
		Normal birth rate			61.5%	61.5%	
		Caesarean section delivery rate in Robson group 1 women			20.0%	20.0%	
		Caesarean section delivery rate in Robson group 2 women			0.0%	0.0%	
		Caesarean section delivery rate in Robson group 5 women			40.0%	40.0%	
		3rd and 4th degree tear rate among women delivering vaginally	NMPA	3.5%	0.0%	0.0%	
		Rate of postpartum haemorrhage of 1500ml or greater	NMPA	2.7%	0.0%	0.0%	
		Rate of successful vaginal birth after a single previous caesarean section	NMPA	57.7%	0.0%	0.0%	
		Smoking rate at delivery	NMPA	11.7%	15.4%	15.4%	
		Proportion of babies born at term with an Apgar score <7 at 5 minutes	NMPA	3.5%	0.0%	0.0%	
		Proportion of babies born at term admitted to the neonatal intensive care unit			0.0%	0.0%	
		Proportion of babies readmitted to hospital at <30 days of age					
		Breastfeeding initiation rate			76.9%	76.9%	
Breastfeeding rate at 6-8 weeks	No Data Available						
2	National Maternity Indicators (NMI); Domain 1: Mortality and morbidity	Stillbirth rate	MBRRACE	0.38% (2015)	0.0%	0.0%	
		Neonatal Mortality Rate	MBRRACE	0.17% (2015)			
		Brain injuries - HIE	NMPA		0.0%	0.0%	
		Proportion with singleton term infants with a 5-minute Apgar score of less than 7	NMPA	1.2%	0.0%	0.0%	
		Proportion of vaginal births with a 3rd/4th degree perineal tear	NMPA	3.5%	0.0%	0.0%	
		Proportion of birth episodes with severe PPH of greater than or equal to 1500ml	NMPA	2.7%	0.0%	0.0%	
		3	National Maternity Indicators (NMI); Domain 2: Clinical care and health promotion	Normal birth rate	NMPA	66.0%	61.5%
Caesarean section delivery rate in Robson group 1 women	NMPA				20.0%	20.0%	
Caesarean section delivery rate in Robson group 2 women	NMPA				0.0%	0.0%	
Caesarean section delivery rate in Robson group 3 women	NMPA				0.0%	0.0%	
Proportion of infants who are small-for-gestational-age (birthweight below 10th centile) (singletons)	No Data Available - NMPA Figure is 55.4%						
Percentage of babies < 2500g	GIRFT			2.3%	7.7%	7.7%	
Proportion of live born babies who are breastfed for the first feed	NMPA			73.6%	53.8%	53.8%	
4	Other metrics not included in CQIM or NMI	Proportion of births between 23+0 and 27+6 which occur outside of a hospital with a neonatal intensive care unit	NMPA		0.0%	0.0%	
		Episiotomy rate overall	NMPA	22.0%	7.7%	7.7%	
		Overall assisted birth rate - Primip	NMPA	25.3%	0.0%	0.0%	
		Overall assisted birth rate - Multip	NMPA	5.6%	0.0%	0.0%	
		Skin to skin contact within 1 hour of birth	NMPA	79.8%	100.0%	100.0%	
		Babies breastfeeding at discharge	NMPA	68.1%	23.1%	23.1%	
		Shoulder Dystocia rate	RCOG	0.7%	0.0%	0.0%	
		Induction of labour rate	NMPA	28.5%	46.2%	46.2%	
5	Births activity by Unit	Percentage of deliveries from mothers with placenta- praevia and abruption (spontaneous, unassisted vaginal delivery)	GIRFT	0.7%	0.0%	0.0%	
		Overall Trust total births	Local	375-425	13	13	
		Telford Consultant Unit	Local	4-10	12	12	
		Bridgnorth MLU	Local	4-10	0	0	
		Ludlow MLU	Local	4-10	0	0	
		Oswestry MLU	Local	4-10	0	0	
		Shrewsbury MLU	Local	10-20	0	0	
		Wrekin MLU	Local	20-30	1	1	
		BBA/Other	Local	0-2	0	0	
		Home	Local	0-5	0	0	
		% of births in Consultant Unit	NMPA	86.6%	92.3%	92.3%	
		% of birth in a MLU or at home	NMPA	14.3%	7.7%	7.7%	
		% of births in any MLU	NMPA	11.8%	7.7%	7.7%	
% Home Births	NMPA	1.4%	0.0%	0.0%			
% BBA/Other	NMPA	0.3%	0.0%	0.0%			
6		Overall Assisted Births rate %	GIRFT	10%-13%	0.0%	0.0%	
		Forceps rate %	Local	0%-8%	0.0%	0.0%	
		Ventouse rate %	Local	0%-11%	0.0%	0.0%	
		Dual Instruments rate %	Local	0%-2%	0.0%	0.0%	
		Caesarean Section rate %	NMPA	25%	38.5%	38.5%	
		Primip Caesarean Section rate %	NMPA	25.8%	20.0%	20.0%	
		Multip Caesarean Section rate %	NMPA	24.4%	50.0%	50.0%	
		% of Deliveries - Category 1 C/Section	Local	0%-4%	0.0%	0.0%	
		% of Deliveries - Category 2 C/Section	Local	0%-8%	15.4%	15.4%	
		% of Deliveries - Category 3 C/Section	Local	0%-4%	0.0%	0.0%	
7	Access to Maternity Services	% of Deliveries - Category 4 C/Section	Local	0%-10%	23.1%	23.1%	
		Number of Bookings	Local	400-450	5	5	
		% of bookings with a gestation of less than 10 weeks	Local	50%-100%	0.0%	0.0%	
	% of bookings with a gestation of less than 12 weeks 6 days	CMS	90%-100%	60.0%	60.0%		

Maternity Clinical Dashboard - 2018/19 - OUT OF AREA

No	Indicator	Descriptor	National Data Source	National Figure	APR	YTD
1	CQUIM - Clinical Quality Improvement Metrics	Smoking rate at booking	NMPA	19.9%	4.8%	4.8%
		Normal birth rate			55.6%	55.6%
		Caesarean section delivery rate in Robson group 1 women			0.0%	0.0%
		Caesarean section delivery rate in Robson group 2 women			0.0%	0.0%
		Caesarean section delivery rate in Robson group 5 women			0.0%	0.0%
		3rd and 4th degree tear rate among women delivering vaginally	NMPA	3.5%	0.0%	0.0%
		Rate of postpartum haemorrhage of 1500ml or greater	NMPA	2.7%	0.0%	0.0%
		Rate of successful vaginal birth after a single previous caesarean section	NMPA	57.7%	0.0%	0.0%
		Smoking rate at delivery	NMPA	11.7%	0.0%	0.0%
		Proportion of babies born at term with an Apgar score <7 at 5 minutes	NMPA	3.5%	0.0%	0.0%
		Proportion of babies born at term admitted to the neonatal intensive care unit			16.7%	16.7%
		Proportion of babies readmitted to hospital at <30 days of age				
		Breastfeeding initiation rate			57.1%	57.1%
Breastfeeding rate at 6-8 weeks	No Data Available					
2	National Maternity Indicators (NMI); Domain 1: Mortality and morbidity	Stillbirth rate	MBRRACE	0.38% (2015)	0.0%	0.0%
		Neonatal Mortality Rate	MBRRACE	0.17% (2015)		
		Brain injuries - HIE	NMPA		0.0%	0.0%
		Proportion with singleton term infants with a 5-minute Apgar score of less than 7	NMPA	1.2%	0.0%	0.0%
		Proportion of vaginal births with a 3rd/4th degree perineal tear	NMPA	3.5%	0.0%	0.0%
		Proportion of birth episodes with severe PPH of greater than or equal to 1500ml	NMPA	2.7%	0.0%	0.0%
		3	National Maternity Indicators (NMI); Domain 2: Clinical care and health promotion	Normal birth rate	NMPA	66.0%
Caesarean section delivery rate in Robson group 1 women	NMPA				0.0%	0.0%
Caesarean section delivery rate in Robson group 2 women	NMPA				0.0%	0.0%
Caesarean section delivery rate in Robson group 3 women	NMPA				0.0%	0.0%
Proportion of infants who are small-for-gestational-age (birthweight below 10th centile) (singletons)	No Data Available - NMPA Figure is 55.4%					
Percentage of babies < 2500g	GIRFT			2.3%	33.3%	33.3%
Proportion of live born babies who are breastfed for the first feed	NMPA			73.6%	44.4%	44.4%
4	Other metrics not included in CQIM or NMI	Proportion of births between 23+0 and 27+6 which occur outside of a hospital with a neonatal intensive care unit	NMPA		0.0%	0.0%
		Episiotomy rate overall	NMPA	22.0%	14.3%	14.3%
		Overall assisted birth rate - Primip	NMPA	25.3%	100.0%	100.0%
		Overall assisted birth rate - Multip	NMPA	5.6%	0.0%	0.0%
		Skin to skin contact within 1 hour of birth	NMPA	79.8%	88.9%	88.9%
		Babies breastfeeding at discharge	NMPA	68.1%	11.1%	11.1%
		Shoulder Dystocia rate	RCOG	0.7%	0.0%	0.0%
		Induction of labour rate	NMPA	28.5%	28.6%	28.6%
5	Births activity by Unit	Percentage of deliveries from mothers with placenta- praevia and abruption (spontaneous, unassisted vaginal delivery)	GIRFT	0.7%	0.0%	0.0%
		Overall Trust total births	Local	375-425	9	9
		Telford Consultant Unit	Local	4-10	6	6
		Bridgnorth MLU	Local	4-10	0	0
		Ludlow MLU	Local	4-10	0	0
		Oswestry MLU	Local	4-10	0	0
		Shrewsbury MLU	Local	10-20	0	0
		Wrekin MLU	Local	20-30	1	1
		BBA/Other	Local	0-2	1	1
		Home	Local	0-5	1	1
		% of births in Consultant Unit	NMPA	86.6%	66.7%	66.7%
		% of birth in a MLU or at home	NMPA	14.3%	22.2%	22.2%
		% of births in any MLU	NMPA	11.8%	11.1%	11.1%
% Home Births	NMPA	1.4%	11.1%	11.1%		
% BBA/Other	NMPA	0.3%	11.1%	11.1%		
6		Overall Assisted Births rate %	GIRFT	10%-13%	28.6%	28.6%
		Forceps rate %	Local	0%-8%	14.3%	14.3%
		Ventouse rate %	Local	0%-11%	14.3%	14.3%
		Dual Instruments rate %	Local	0%-2%	0.0%	0.0%
		Caesarean Section rate %	NMPA	25%	0.0%	0.0%
		Primip Caesarean Section rate %	NMPA	25.8%	0.0%	0.0%
		Multip Caesarean Section rate %	NMPA	24.4%	0.0%	0.0%
		% of Deliveries - Category 1 C/Section	Local	0%-4%	0.0%	0.0%
		% of Deliveries - Category 2 C/Section	Local	0%-8%	0.0%	0.0%
		% of Deliveries - Category 3 C/Section	Local	0%-4%	0.0%	0.0%
		% of Deliveries - Category 4 C/Section	Local	0%-10%	0.0%	0.0%
7	Access to Maternity Services	Number of Bookings	Local	400-450	21	21
		% of bookings with a gestation of less than 10 weeks	Local	50%-100%	33.3%	33.3%
		% of bookings with a gestation of less than 12 weeks 6 days	CMS	90%-100%	81.0%	81.0%