

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
SaTH	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

Maternity Safety Support Programme	Yes
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QUARTER 3 - 2023			October	November	December	Comment		
1.	PMRT	Findings of review of all perinatal deaths using the real time data monitoring tool	Stillbirths	0	1	1	100% compliance for reporting to MBRRACE within 7 working days and informing families that a PMRT review will take place and letters sent regarding the review	
		Late fetal losses >22 wks		1	0	0		
		Neonatal Deaths		0	0	0		
2.	MNSI	Findings of review of all cases eligible for referral to MNSI	1	1	0	1 Referral reported to MNSI in October still pending decision (accept/decline) 1 Referral reported to MNSI in November 0 Referrals reported in December		
3.	SERIOUS INCIDENTS	Findings of all SIs	1	0	0	There was one new SI reported in October - hospital acquired infection There were no SIs reported in November or December		
3a.	INCIDENTS	The number of incidents recorded as Moderate Harm or above and what actions are being taken	2	3	3	All moderate harm or above incidents reviewed at weekly IRM (Incident Review Meeting). <u>Following MDT review, 2 incidents from October remain Moderate harm:</u> 1 x Baby transferred requiring cooling - MNSI referral awaiting decision 1 x a hospital acquired infection - investigated via divisional processes <u>3 incidents remain Moderate Harm for November</u> 1 x MNSI investigation in progress 1 x PMRT process 21/12/23 1 x no further investigation required 3 incidents remained Moderate Harm for December At the time of writing, 2 additional incidents were awaiting final review/approval		
3b.	TRAINING	Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training	Obstetricians	PROMPT	100%	100%	100%	A minimum of 90% compliance is required for PROMPT, NLS and Fetal Monitoring training as part of the Maternity Incentive Scheme reporting. The Education team continue to ensure that all medical staff are booked to attend FMT and where compliance does not meet the requirements, a process for escalation to the Medical Director is in place. A full review of the training guideline is in progress along with the 3 yr local training plan to meet the requirements of the CNST MIS Safety Action 8. International Recruitment is now in place to support the current workforce and 10 Internationally Educated Midwives have been recruited and are currently undertaking OSCE preparation for training.
			Fetal Monitoring		100%	100%	100%	
			Midwives	PROMPT	97%	99%	98%	
				NLS	94%	98%	94%	
			Other Drs	PROMPT	92%	100%	96%	
				Fetal Monitoring	96%	100%	96%	
			Neonatal Nurses	NLS	100%	96%	100%	
			Anaesthetists	PROMPT	97%	97%	97%	
WSAs/MSW	PROMPT	97%	91%	94%				
3c.	STAFFING	Minimum safe staffing in maternity services to include Obstetric cover on the Delivery Suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively	Maty Del Suite positive acuity		73%	54%	67%	NB: the Del Suite positive acuity figure is the 'end of month rate' reported each month on maternity dashboard and not the rolling 13 wk rate. The Delivery Suite co-ordinator was supernumerary on all occasions in October Antenatal and Postnatal areas are now reported as one area. Triage has been added to Delivery Suite. WSA fill rates for DS have been adjusted. AN and PN fill rates adjustment to templates for registered RM to meet 90/10 Birthrate Plus skill mix of RM and MSW. Obs Unit for Drs - Minimum safety staffing level always available on Delivery Suite.
			Maty 1:1 care in labour		100%	100%	100%	
			Fill rates Delivery Suite RM		86% day 87% night	88% day 81% night	89% day 69% night	
			Fill rates Postnatal RM		94% day	100% day	100% day	
			Fill rates Antenatal RM		84% night	93% night	89% night	
			Obstetric Cover on D Suite		100%	100%	100%	

4.	SERVICE USER FEEDBACK	Service User Voice Feedback from MNVP and UX system achievements	<p>UX system achievements so far this quarter:</p> <p>October:</p> <ul style="list-style-type: none"> •review of communications around Healthy pregnancy Services •diabetic meal options brought to Trust PEG •rewrite of the dietary guide given to pregnant diabetic services users or those who develop gestational diabetes (in progress) •inclusion of high BMI service users case studies into training content •prescriptions for folic acid •new cycle started - Theme: Scanning and Screening <p>The MNVP Facebook page shares positive messages for feedback via their 'Thank you Thursday' posts. None were shared for October.</p> <p>The Trust's Maternity Information Hub Facebook page receives positive comments on The Colleague Spotlight posts. October saw one received praising medical and maternity staff 'an absolute credit to the maternity unit' describing her birth experience and care following a C Section.</p> <p>The Antenatal Ward, Delivery Suite and the Birth Reflections Service stand out in the number of service users providing positive feedback and should be commended. Utilising the FFT feature on BadgerNet is also an option which may improve and increase our response rates.</p> <p>November:</p> <p>MNVP - Feedback</p> <ul style="list-style-type: none"> • 36 responses for Brith refelctions survey, main themes around wait times for appoitments, need to travel, communication, compassion, time (some patients felt rushed), excellent service. • Neonatal Hot Meals survey launched. • Quarterly feedback surey to be presented at MNVP Hub 21st December <p>MNVP - Key Projects</p> <ul style="list-style-type: none"> • UX theme, scanning and screening • Incident and complaints process working with Governance Team • Training for preceptorship midwives,international midwives • 15 Steps visit to Wrekin MLU 18th December <p>MNVP - Engagement</p> <p>Bereavement Focus Group, Baby Stop, Bounce & Rhyme Wellington/Newport</p> <p>December</p> <p>To note - there are no further updates for the UX system, as this has now been stood down and superseded by the Patient Experience Group.</p>			
5.	STAFF FEEDBACK	Staff feedback from Bi-monthly frontline champion and walkabouts (CNST requirement quarterly)	No Walkabout	PRH Scanning and Outpatients Clinic	No Walkabout	'Our Staff Said, We Listened' feedback posters with updates for staff from the walkabouts are distributed widely via email and on display
6.	EXTERNAL	Requests from an external body (MNSI/NHSR/CQC or other organisation) with a concern or request for immediate safety actions made directly with Trust	0	0	0	The last safety recommendation reported by MNSI was in 2022 and this is related to an aspect of escalation for medical review.
7.	Coroner Reg 28	Coroner Regulation 28 made directly to Trust	0	0	0	To note - there have been no Regulation 28s since May 2021.
8.	SA 10 CNST	Progress in achievement of CNST Safety Action 10	✓	✓	✓	No investigations have been published in October or November, and there are no safety recommendations. There have been no safety recommendations in any reports published in the last year. The last was made in April 2022. 50% of SaTH investigations to date have had no safety recommendations from MNSI compared to national figure of 15%
9.	ECLAMPسيا	Number of women who developed eclampsia	0	0	0	Zero cases reported for Q4, Q1, Q2 and Q3 2023
Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment						44.3% for Maternity Services published 2023
Proportion of specialty trainees in Obs & Gynae responding with 'excellent or good' on how they would rate the quality of clinical supervision out of hours						Reported annually - 87% (source GMC National Trainees Survey 2022)