Maternity Perinatal Quality Surveillance model for February 2024

CQC Maternity	Overall	Safe	Effective	Caring	Responsive Well led				NHS				
Ratings- assessed 2023	Good	Requires Improvement	Good	Outstanding		Go	ood	She	erwood Forest Hospitals				
Unit on the Maternity	Improvement	Programme		No				NHS Foundation Trust					
			22/23										
Proportion of Midwives their 1		th Agree" or "Stro to work of receiv				end 3	74.9%						
Proportion of speciality				-	they would rate	the 3	89.2%						
•		l supervision out i				<u> </u>							
Exception report based of	n highlighted fie	lds in monthly sco	recard using Jan	nuary data (Slid	e 2 & 3)								
Massive Obstetric Haemorrh	age (Jan 4.0%)	Elective Care			Midwifery & Obstetr	ic Work	force		Staffing red flags (Jan 2024)				
 Reduction in cases this month Rapid review presented to PSIRG, identified potential alternative ways to report rates for the division to explore. Increased service demand sus January. Perfect fortnight feedback- ac made priority digitisation of re MDT scheduling LSCS data under review using methodology Induction of Labour (IOL) Non-medical and outpatient In commence March 2024 Digital referrals now live 				tion plan eferrals and Robson 10 OL to	Current vacancy i workforce 0.6%, onsite and in indu MSSW recruitme No obstetric vaca Staffing Obstetrician vacancy rate Obstetrician vacancy banding Midwives vacancy rate Midwives vacancy banding	newly re uction p nt live n ncy >55	ow. 0.00% kiess than nat 18.69%	(Regional rate) 11.51% tional rate 14.11% than national rate 9.45%	 13 staffing incident reported in the month, decrease on previous month No harm related staffing incident, increase noted in short term sickness/ Datix needed for agency approval. Suspension of Maternity Services One suspension of services within January, no local support, full capacity plans operationalised. Home Birth Service 53 Homebirth conducted since re-launch 				
Saving Babies Lives	Stillbirth rate (1	.2 /1000 births)		Maternity Assurance	•			Incidents reported Jan 2024 (133 no/low harm, 1 moderate or above*)					
Saving Babies Lives Care Bundle Version	LMNS validated % of interventions fully implemented		n reported in Janu ough the PMRT	ary and	NHSR		Oc	kenden	MDT reviews	Comments			
All elements Element 1 - Smoking Element 2 - Fetal Growth Restriction Element 3 - Reducted fetal movements	87 × 80 × 95 ×		Rate remains below the national a of 4.4/1000 births (SFH rate 2.3/10		 Self-declaration- compliance for Yi Awaiting outcom 	r 5	100%	Il 7 IEA- 6 compliant	Triggers x 30	MOH, Cat 1 LSCS			
Element 5 - Reducted retal movements Element 4 - Fetal monitoring Element 5 - Preterm birth Element 6 - Diabetes Overall implementation level	100 V 85 V 83 V Partially implemented - CNST (yr 5) met	national incr	K report released, ease in still birth i n to review theme ort	, noted in 2021,	 Awaiting outcom Year 6 MIS due for release in April 20 	br	over: year place	s for system sight for 3- plan in e, which will rporate the	1 Incidents reported as 'moderate or above' awaiting MDT review for verification.				

Other

Increased activity noted (births n= 307) and reflected within the increase in clinical Datix reported. ٠

Increase in staffing reported Datix relates to increase in short notice sickness and reporting required for agency use. ٠

Sherwood Forest Hospitals NHS Foundation Trust

Maternity Perinatal Quality Surveillance scorecard

		Running Total/											
Quality Metric	Standard	average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
1:1 care in labour	>95%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Spontaneous Vaginal Birth			55%	54%	43%	56%	56%	55%	55%	51%	53%	47%	Ş
3rd/4th degree tear overall rate	<3.5%	3.80%	3.40%	3.50%	3.60%	4.60%	4.50%	3.50%	3.90%	5.20%	2.40%	3.00%	5
3rd/4th degree tear overall number		60	6	7	6	8	6	6	7	9	4	5	$\left\{ \right. \right\}$
Obstetric haemorrhage >1.5L number		103	13	19	9	6	11	6	11	15	17	13	\langle
Obstetric haemorrhage >1.5L rate	<3.5%	3.40%	4.80%	6.10%	3.10%	2.10%	4.20%	2.00%	3.70%	4.80%	5.70%	4.00%	\langle
Term admissions to NICU	<6%	3.10%	1.30%	2.00%	3.20%	5.40%	3.40%	3.40%	3.70%	3.00%	3.10%	3.00%	$\left\langle \right\rangle$
Stillbirth number		6	1	0	1	0	1	0	0	0	2	1	{
Stillbirth rate	<4.4/1000				2.200			1.700			2.300		
Rostered consultant cover on SBU - hours per week	60 hours	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	
Midwife / band 3 to birth ratio (establishment)	<1:28		1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	1:27	
Midwife/ band 3 to birth ratio (in post)	<1:30		1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	1:29	
Number of compliments (PET)		28	2	2	3	2	3	3	4	4	3	2	<pre>></pre>
Number of concerns (PET)		11	2	1	1	1	1	1	2	0	1	1	Ş
Complaints		4	0	0	0	0	1	1	1	0	0	1	\langle
FFT recommendation rate	>93%		89%	90%	90%	89%	91%	91%	90%	91%	90%	90%	\sim

		Running Total/											
External Reporting	Standard	average	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Trend
Maternity incidents no harm/low harm		1029	58	78	85	86	85	107	130	158	94	148	\sim
Maternity incidents moderate harm & above		12	0	1	1	0	1	3	2	2	1	1	\sim
Findings of review of all perinatal deaths using the real		To date all cases reportable to PMRT are within reporting timeframes inline with MIS, deadline met											
time monitoring tool	Jan-24												
		Four current live cases with MNSI, one report completed for SFH sign off and one draft report reccived with no recommendations											
Findings of review all cases eligible for referral to MNSI	Jan-24												
Service user voice feedback	Jan-24	MVP supporting with CQC Survey action plan, focus around pain relief											
Staff feedback from frontline champions and walk-abouts	Jan-24	lan-24 Focus around recrutiment and retention work, high activity remains clear theme											
HSIB/CQC/NHSR with a concern or request for action		Y/N	N	N	N	N	N	N	Y	N	N	N	
Coroner Reg 28 made directly to the Trust		Y/N	0	0	0	0	0	0	0	0	0	0	
Progress in Achievement of CNST 10	<4 <7	7 & above											