

Cover page	
Meeting	Trust Board
Agenda Item No.	
Paper Title	Maternity CNST Incentivisation Scheme 2019/20
Date of meeting	1 st August 2019
Date paper was written	25 th July 2019
Responsible Director	Barbara Beal – Interim Director of Nursing & Quality
Author	Jo Banks - Women & Children’s Care Group Director & Joy Oxenham Quality Improvement & Governance Manager
Executive Summary	
<p>This paper provides the Board with an update of the care group’s position in achieving the 10 safety actions as part of the Maternity Clinical Negligence Scheme for Trusts (CNST) Incentivisation Scheme for 2019/20. Appendix One includes details of the conditions of the scheme and associated evidence of action taken.</p> <p>There is an internal governance process to review compliance against the standards via the Maternity Governance Committee; Care Group Board; Maternity Oversight Committee; Clinical Governance Executive and Quality& Safety Committee in line with the national guidance i.e. not all standards are reviewed at every level of meeting; prior to Board submission</p> <p>In order to be eligible to benefit from the scheme the Trust must submit their completed Board declaration form to NHS Resolution by Thursday 15 August 2019 and comply with the following conditions:</p> <ol style="list-style-type: none"> 1. Trusts must achieve all ten maternity safety actions. 2. The Board declaration form must be signed and dated by the Trust chief executive to confirm that: <ul style="list-style-type: none"> • The Board is satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standards as set out in the safety actions and technical guidance document. • The content of the Board declaration form has been discussed with the commissioner(s) of the trust’s maternity services. • The Board must give their permission to the chief executive to sign the Board declaration form prior to submission to NHS Resolution. <p>The maternity service will be able to demonstrate compliance with all of the safety criteria by 15th August 2019. Currently, only one element of the safety criteria remains in progress and relates to safety action 8:</p> <p>“90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year”.</p> <p>Targeted training is occurring with theatre staff up to the 15th August 2019.</p>	

Previously considered by	W&C Care Group Board & Executives
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The Board is asked to:			
<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input checked="" type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input checked="" type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	<p>RR 1204 If the maternity service does not evidence of a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage.</p>

Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" 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
Financial assessment	No

Background - The Maternity Safety Strategy published in November 2017 set out the Department of Health's ambition to reward those who have taken action to improve maternity safety. As a result, NHS Resolution (NHSR) are implementing year 2 of the incentivisation scheme in 2019/20. The scheme is discretionary and directly aligned to the objectives in the *Five year strategy: Delivering fair resolution and learning from harm*.

In 2018/19 the Trust was successful in achieving all 10 safety actions under the scheme and secured reduced Clinical Negligence Scheme for Trusts (CNST) premiums of £925,000. This year's overall CNST contribution by the Trust has been decreased by £1,367,566 (from £6,907,907 to £5,540,341); possibly due to last year's successful implementation of the safety actions.

Situation

The scheme for 2019/20 has been altered to include additional evidence required to demonstrate compliance of the 10 safety actions. The scheme will provide non-recurring discounts of 10 % of CNST premiums where Trusts can demonstrate the required progress against the 10 safety actions. Therefore the benefit to patient safety and the Trust in achieving the scheme is £503,667.

The 10 safety actions are listed below:-

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Safety action 2: Are you submitting data to the Maternity Services Data Set to the required standard?

Safety action 3: Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions into Neonatal units Programme?

Safety action 4: Can you demonstrate an effective system of medical workforce planning to the required standard?

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

Safety action 6: Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?

Safety action 7: Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?

Safety action 8: Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

Safety action 9: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

Safety action 10: Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

The maternity service will be able to demonstrate compliance with all of the safety criteria by 15th August 2019. Currently, only one element of the safety criteria remains in progress and relates to safety action 8:

“90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year”.

Targeted training is occurring with theatre staff up to the 15th August 2019.

Timescales, governance & conditions

In order to be eligible to benefit from the scheme the Trust must submit their completed Board declaration form to NHS Resolution by Thursday 15 August 2019 and comply with the following conditions:

3. Trusts must achieve all ten maternity safety actions.
4. The Board declaration form must be signed and dated by the Trust chief executive to confirm that:
 - The Board is satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standards as set out in the safety actions and technical guidance document.
 - The content of the Board declaration form has been discussed with the commissioner(s) of the trust’s maternity services.
 - The Board must give their permission to the chief executive to sign the Board declaration form prior to submission to NHS Resolution.

RAG Key
Delivered
On Track to deliver
Some issues
Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
1 a)	A review of 95% of all deaths of babies suitable for review using the Perinatal Mortality Review Tool (PMRT) occurring from Wednesday 12 December 2018 have been started within four months of each death.	PMRT Report completed. 100% of criteria for PMRT met and reported.	Delivered
1 b)	At least 50% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018 will have been reviewed, by a multidisciplinary review team, with each review completed to the point that a draft report has been generated, within four months of each death.	PMRT Report completed. 100% of criteria for PMRT met and reported.	Delivered
1 c)	In 95% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018, the parents were told that a review of their baby's death will take place and that their perspective and any concerns about their care and that of their baby have been sought.	PMRT Report completed. 100% of criteria for PMRT met and reported.	Delivered
1 d)	Quarterly reports have been submitted to the Trust Board that include details of all deaths reviewed and consequent action plans.	Report submitted to CGE 16.07.19	Delivered
2.1	January 2019 data contained at least 90% of HES births expectation, based on number of days in month (unless reason understood)	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.2	MSDSv2 readiness questionnaire completed and returned to NHS Digital within required timescales	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.3	Submit MSDSv2 data for April 2019 by the submission deadline of end of June 2019	Maternity Dataset criteria fully met and sent January 2019	Delivered

RAG Key
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Some issues
Not on track

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No	Required Standard	Progress	Status
2.4	Made a submission in each of the six months October 2018 - March 2019 data, submitted to deadlines Dec 2018 - May 2019	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.5	Jan 2019 data contained valid smoking at booking for at least 80% of bookings	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.6	Jan 2019 data contained valid smoking at delivery for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.7	Jan 2019 data contained all of the tables 501, 502, 404, 409, 401, 406, 408, 602	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.8	Jan 2019 data contained all of the tables 101, 102, 103, 104, 112, 201, 205, 305, 307, 309, 511	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.9	Jan 2019 data contained method of delivery for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.10	Jan 2019 data contained valid baby's first feed for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.11	Jan 2019 data contained valid in days gestational age for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.12	Jan 2019 data contained valid presentation at onset for at least 80% of births where onset of labour recorded	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.13	Jan 2019 data contained valid labour induction method (including code for no induction) for at least 80% of births where onset of labour recorded	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.14	Jan 2019 data contained valid place type actual delivery for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.15	Jan 2019 data contained valid site code for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.16	Jan 2019 data contained valid genital tract trauma code for at least 80% of vaginal births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.17	Jan 2019 data contained valid Apgar score at five minutes for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.18	Jan 2019 data contained valid fetus outcome code for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.19	Jan 2019 data contained valid birth weight for at least 80% of births	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.20	Jan 2019 data contained valid figure for previous live births for at least 80% of bookings	Maternity Dataset criteria fully met and sent January 2019	Delivered
2.21	MSDSv2 event or webinar attended in late 2018 / early 2019, or had 1:1 call with one of the NHS Digital team in lieu of attendance	Attended by Trust Maternity Information Development Officer	Delivered

RAG Key
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Some issues
Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
2.22	Jan 2019 data contained valid (including "Not Stated") ethnic category (Mother) for at least 80% of bookings.	Maternity Dataset criteria fully met and sent January 2038	Delivered
3 a)	Pathways of care for admission into and out of transitional care have been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care.	Pathways approved by maternity and neonatal teams.	Delivered
3 b)	A data recording process for transitional care is established, in order to produce commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2	(HRG) 4/XA04 coding activity confirmed	Delivered
3 c)	An action plan has been agreed at Board level and with your Local Maternity Systems (LMS) and Operational Delivery Network (ODN) to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews	Delivered	Delivered
3 d)	Progress with the agreed action plans has been shared with your Board and your LMS & ODN	Delivered	Delivered

RAG Key
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On Track to deliver
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Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
4 a)	Formal record of the proportion of obstetrics and gynaecology trainees in the trust who 'disagreed/strongly disagreed' with the 2018 General Medical Council National Training Survey question: 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.' In addition, a plan produced by the trust to address lost educational opportunities due to rota gaps [2018 GMC National Training Survey (covers the period 20 March to 9 May 2018)]	Complete	Delivered
4 b)	1.2.4.6 Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff. Where Trusts do not meet these standards they must produce and an action plan (ratified by the Board) stating how they are working to meet the standards [January to June 2019]	# Increase in Consultant PA of 3.4PA/week agreed by Trust Board in 2019/20 Finance and Operational Plan. # Included in Finance and Operational plan approved by Trust Board for 2019/20 Anticipated recruitment by January 2020	Delivered
4 b)	2.6.5.1 A duty anaesthetist is available for the obstetric unit 24 hours a day, where there is a 24 hour epidural service the anaesthetist is resident [January to June 2019]	In place	Delivered
4 b)	2.6.5.2 A separate anaesthetist is allocated for elective obstetric work	In place	Delivered
4 b)	2.6.5.3 Where the duty anaesthetist has other responsibilities, an anaesthetist must be immediately available (within five minutes) to deal with obstetric emergencies	N/A	Delivered
4 b)	2.6.5.4 Medically-led obstetric units have, as a minimum, consultant anaesthetist cover the full daytime working week (equating to Monday to Friday, morning and afternoon sessions being staffed)	# Gap of 7.6PA/week # Included in Finance and Operational plan approved by Trust Board for 2019/20 Anticipated recruitment by January 2020	Delivered

RAG Key
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Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
4 b)	2.6.5.5 There is a named consultant anaesthetist or intensivist responsible for all level two maternal critical care patients (where this level of care is provided on the maternity unit)	This level of care is not delivered in the Maternity Unit	Delivered
4 b)	2.6.5.6 The duty anaesthetist for obstetrics should participate in labour ward rounds [January to June 2019]	Delivered	Delivered
5 a)	A systematic, evidence-based process to calculate midwifery staffing establishment has been done.	Delivered	Delivered
5 b)	The obstetric unit midwifery labour ward coordinator has supernumerary status (defined as having no caseload of their own during that shift) to enable oversight of all birth activity in the service and any mitigation to cover shortfalls	BirthRate Plus electronic daily acuity & activity tool being used on Delivery Suite with actions noted such as redeployment of staff, text messages to call in extra staff and escalation to management.	Delivered
5 c)	Women receive one-to-one care in labour and mitigation to cover any shortfalls	Complete	Delivered

RAG Key
Delivered
On Track to deliver
Some issues
Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
5 d)	A bi-annual report that covers staffing/safety issues is submitted to the Board	Complete	Delivered
6	Board minutes demonstrating that the SBL bundle has been considered in a way that supports delivery and implementation of each element of the SBL care bundle or that an alternative intervention put in place to deliver against element(s).	Complete	Delivered
7.1	Acting on feedback from, for example a Maternity Voices Partnership.	Collaboration on new Pregnancy Health Records Refurbishment at RSH Fetal Movements Bracelets Patient Feedback discussed at MGOV	Delivered
7.2	User involvement in investigations, local and or Care Quality Commission (CQC) survey results.	Complete	Delivered
7.3	Minutes of regular Maternity Voices Partnership and/or other meetings demonstrating explicitly how a range of feedback is obtained, the action taken and the communications to report this back to women.	Complete	Delivered

RAG Key
Delivered
On Track to deliver
Some issues
Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
8	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year.	Training of theatre staff is on-going with a projected completion of 90% prior to submission.	On Track to deliver
9.1	Evidence of executive sponsor engagement in quality improvement activities led by the trust nominated Improvement Leads for the MNHSC as well as other quality improvement activity for trusts in waves one and three	9.1a The Trust is part of wave 2 therefore this element is not applicable.	Delivered
9.2	Evidence that the trust Board have been sighted on the local improvement plan, updated on progress, impact and outcomes with the quality improvement activities being undertaken locally		Delivered
9.3	Evidence of attendance at one or more National Learning Set or the annual national learning event	Complete	Delivered
9.4	Evidence of engagement with relevant networks and the collaborative Local Learning System	Complete	Delivered

RAG Key
Delivered
On Track to deliver
Some issues
Not on track

Appendix One - CNST Plan

No	Required Standard	Progress	Status
9.5	Evidence of a safety dashboard or equivalent, visible to staff which reflects action and progress made on identified concerns raised by staff	<p>The Trust Quality Improvement Plan is discussed by Executives on a weekly basis, at Maternity Oversight Committee, Safety Oversight & Assurance Group; Quality & Safety and CQRM.</p> <p>The Quality Metrics monitor the delivery of the identified actions and outcomes.</p> <p>The Risk Register reflects risks highlighted by staff with mitigations and actions.</p>	Delivered
9.6	Evidence that safety concerns raised by staff feedback sessions are reflected in the minutes of Board meetings and include updates on progress, impact and outcomes relating to the steps and actions taken to address these concerns	<p>The Trust Quality Improvement Plan is discussed by Executives on a weekly basis, at Maternity Oversight Committee, Safety Oversight & Assurance Group; Quality & Safety and CQRM.</p> <p>The Quality Metrics monitor the delivery of the identified actions and outcomes.</p> <p>The Risk Register reflects risks highlighted by staff with mitigations and actions</p> <p>MatNeo SCORE staff debriefs: Obstetricians, Neonatologists and Midwives - actions being themed and reviewed against the WC's OD & Culture Plan 2019</p>	Delivered
10	Reporting of all qualifying incidents that occurred in the 2018/19 financial year to NHS Resolution under the Early Notification scheme reporting criteria.	ENRS Report with triangulation to Badgernet & EBC	Delivered