

Cover page

Meeting	Trust Board
Paper Title	CNST Maternity Incentive Scheme- NHS Resolution – Year 3 progress and action plan
Date of meeting	30 th July 2020
Date paper was written	22 nd July 2020
Responsible Director	Maggie Bayley, Interim Chief Nurse
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Executive Summary

This paper provides an update to the Board in relation the compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions since the previous update in February. The scheme offers a financial rebate of up to 10% of the maternity premium for Trusts that are able to demonstrate progress against a list of ten safety actions.

The assessment and progress report against the safety actions are outlined as well as intervention required to achieve compliance. It should be note that since the emergence of the covid-19 pandemic there has been a pause in reporting nationally for the scheme NHS Resolution (NHSR) 26/03/20

The reporting period of the Maternity Incentive Scheme action has been deferred and will run from 31st August 2020 to 31st March 2021.

Therefore, this report shows the current status which includes the ongoing impact of Covid-19 in relation to achieving the actions. The rating is an overall confidence rating for each action. Further information has been requested from NHSR with regards to an update on the timescales of the scheme but there has been no update at the time of writing.

Overall there has been an improvement in position since reporting in May with one action now red which relates to midwifery staffing, specifically the supernumerary status of the coordinator.

RAG rating (current compliance)	Number of actions		
	Feb 2020	May 2020	July 2020
4	4	3	1
1	1	4	5
5	5	3	4

A further two papers are attached to support assurance in relation to delivery of the scheme which have been reviewed at the care group level and Maternity assurance committee

- Q4 Staffing paper – Appendix 1
- PMRT – Appendix 2

Previously considered by	Maternity Governance Meeting, QSOC, MAC
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The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input 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 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 type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	1204

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	<i>Funding has been received to support elements of year 3</i>

Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions

1. Introduction

- 1.1 This paper provides an update to the Board in relation the compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions since the previous update in February. The scheme offers a financial rebate of up to 10% of the maternity premium for Trusts that are able to demonstrate progress against a list of ten safety actions.
- 1.2 The assessment and progress report against the safety actions are outlined as well as intervention required to achieve compliance. It should be note that since the emergence of the covid-19 pandemic there has been a pause in reporting nationally for the scheme NHS Resolution (NHSR) 26/03/20

2. Background

- 2.1 NHSR published an update to the original version of the Incentive scheme on 4th February 2020. There were some changes to the document and the action plan has been amended to reflect those changes.
- 2.2 The maternity service has assessed itself against the current incentive scheme and considers that there are 4 areas for focus if the scheme is to be achieved successfully and in full. All other safety actions are at present considered to on target for compliance.
- 2.3 NHSR has published the Maternity Incentive Scheme for the third year running. This scheme for 2020/21 builds on previous years to evidence both sustainability and on-going quality improvements. The safety actions described if implemented a reconsidered to be a contributory factor to achieving the national ambition of reducing stillbirths, neonatal deaths, perinatal morbidity and maternal deaths by 50 % by 2025.

3. Current Position

- 3.1 The reporting period of the Maternity Incentive Scheme action will be deferred and will run from 1st September 2020 to 30th April 2021.
- 3.2 Therefore, this report shows the current status which includes the ongoing impact of Covid-19 in relation to achieving the actions. Further information has been requested from NHSR with regards to an update on the timescales of the scheme and a meeting is being held in July between NHSR and the Collaborative Advisory Group with the plan to update Trusts in late July.
- 3.3 Overall there has been an improvement in position since reporting in May with one action now red which relates to midwifery staffing, specifically the supernumerary status of the coordinator. There was 1 occasion in June when this did not happen which is a reduction but more work is required to ensure that this does not occur.

4. Recommendations

Trust Board members are asked to **receive** the current position statement and **note** that a report will continue to be presented to the Public Trust Board bi-monthly and where requested to the Private trust Board for assurance.

Action No	Maternity Safety Action	Status as reported to the Board on 28 th May	Current Position	Action required to mitigate and resolve issue	Deadline	Lead
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?			This is currently on track and will be monitored monthly	March 2021	Director of Midwifery
2	Are you submitting data to the Maternity Services Data Set to the required standard?			Badgernet Maternity has been purchased and implementation is being planned for August	March 2021	Director of Digital Transformation/ Director of Midwifery/ Clinical Director
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?			The KPO team are supporting the service with a quality improvement project and process flow sessions. The guidance is being reviewed. A workforce plan to include TC staffing will be developed when BR+ is reported. The deadline has been amended to reflect the status and required time to be able to complete the work satisfactorily.	Revised date due to Covid pause Dec 2020	Director of Midwifery
4	Can you demonstrate an effective system of medical workforce planning to the required standard?			This is currently on track and will be monitored monthly NNU staffing complies with BAPM standard	March 2021	Clinical Director

Action No	Maternity Safety Action	Status as reported to the Board on 28 th May	Current Position	Action required to mitigate and resolve issue	Deadline	Lead
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?			Risk to compliance and Birthrate plus assessment currently in progress. On two occasions in the last quarter the coordinator was not supernumerary and hence we have not been able to demonstrate consecutive 3 month period. The escalation policy has been updated and will be ratified in August	Mar 2021	Director of Midwifery
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?			Band 7 Midwife lead post being advertised within 2 weeks. New EPR system procured which will enhance the ease of data collection. (See separate action plan within the MIP)	March 2021	Clinical Director
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?			The service is compliant with the recommendations.	Sept 2020	Director of Midwifery
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?			Risk to compliance due to additional requirements for training and the need to ensure all staff groups have been trained. The	March 2021	Director of Midwifery / Clinical Director

Action No	Maternity Safety Action	Status as reported to the Board on 28 th May	Current Position	Action required to mitigate and resolve issue	Deadline	Lead
				suspension of training in response to the pandemic has also impacted upon this overall. MDT training will recommence in August. There remains a risk to achievement due to the number of staff requiring training. A priority schedule is being developed.		
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?			Meetings are being arranged bi-monthly with the safety champions and monthly walkabout and feedback sessions for staff with the BLSC The safety feedback dashboard needs to be developed Continuity of carer is not on target to achieve 51% by Mar 2020 as the programme was paused.	July 2020	Chief Nurse/ Director of Midwifery
10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?			This action has been delivered – it must be recognised that the time frame may change. This is an ongoing report	March 2021	Director of Midwifery