

## Board of Directors' Meeting (Public) April 2021

<b>Agenda item</b>	080/20			
<b>Report</b>	Quality Report			
<b>Executive Lead</b>	Director of Nursing			
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners		Responsive	√
	Our governance	√	Well Led	√
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>	
	For assurance	√	BAF1204	
	For decision / approval		<b>Link to risk register:</b>	
	For review / discussion			
	For noting			
	For information			
	For consent			
<b>Presented to:</b>				
<b>Dependent upon (if applicable):</b>				
<b>Executive summary:</b>	<p>This Quality Report provides an update on the CNST Maternity Incentive scheme. The scheme was updated in March 2021 and as such, the reporting requirements have changed. Therefore, the additional reports required for compliance with the scheme will be presented in May as opposed to monthly reporting.</p> <p>There remain 10 safety actions within the scheme. However, some safety action standards have changed:</p> <ul style="list-style-type: none"> <li>• Safety action 1 – PMRT reviews to have been commenced by 15<sup>th</sup> July 2021. Enhanced detail regarding parental contact</li> <li>• Safety action 2 – no change</li> <li>• Safety action 3 – the first 3 standards have been removed – pathways, audit and data recording no longer reported.</li> <li>• Safety action 4 – obstetric workforce standards have been removed</li> <li>• Safety action 5 – Midwifery staffing report to be submitted to Trust Board at least once per year</li> <li>• Safety action 6 – If CO monitoring paused, women to be asked about smoking at booking and 36 weeks gestation. 90% threshold for fetal monitoring training compliance removed.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Safety action 7 – template produced to support submission</li> <li>• Safety action 8 – the threshold for 90% of all staff groups to have completed training has been removed. There is no longer the requirement to undertake system testing</li> <li>• Safety action 9 – meetings now to be held every other month, not monthly.</li> <li>• Safety action 10 - no change</li> </ul> <p><b><u>Risk and actions</u></b></p> <p>The changes to the scheme are designed to support units to be able to achieve given the impact of the ongoing pandemic. The service will continue to strive to the previous standards where possible.</p> <p><b><u>4.0 Conclusion</u></b></p> <p>4.1 The Board are asked to take assurance from the report</p> <p><b>Hayley Flavell Director of Nursing April 2021</b></p>
<b>Appendices</b>	<ul style="list-style-type: none"> <li>• CNST Maternity Incentive Scheme (appendix 1)</li> </ul>

## **CNST Maternity Incentive Scheme- NHS Resolution**

### **Year 3 progress and action plan**

#### **1.1 Introduction**

- 1.2 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.
- 1.3 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.

#### **2.0 Background**

- 2.1 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 are considered to be a contributory factor to achieving the national ambition of reducing stillbirths, neonatal deaths, perinatal morbidity and maternal deaths by 50 % by 2025.
- 2.2 NHSR published an update to the original version of the Incentive scheme on 4th February 2020. Since then the scheme has been updated and relaunched following the pause due to Covid-19 with a revised submission deadline of July 2021.
- 2.3 A further update to the scheme was published in March 2021 and the service is currently reviewing this in line with the safety actions.
- 2.4 There are 10 safety actions to be achieved with a number of standards which need to be evidenced in order to be fully compliant.
- 2.5 It is anticipated that a number of the actions will be subjected to external validation as they involve electronic submission to national databases such as PMRT, MBRRACE, NHS Resolution and the Maternity Services Dataset.
- 2.6 The Maternity service is in the process of confirming compliance with the differing elements of the scheme in readiness for Board approval and submission.
- 2.7 It has been agreed that the evidence will be presented to the Board Development session each month for review prior to Board of Directors sign off. The first session will be held in April.
- 2.8 The Safety Actions for review in April will include 1, 2, 3, 7 and 10

#### **3.0 Current Situation**

- 3.1 This report shows the status taking into account the changes to the scheme, which includes the ongoing impact of Covid-19 in relation to achieving the actions.
- 3.2 Some actions have now been completed and can be evidenced.
- 3.3 The Trust will undertake a peer review with Sherwood Forest Hospitals NHS Foundation Trust to provide additional oversight and assurance.

#### 4.0 Scheme status

Action	Maternity Safety Action	Current Position	Update	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?	On track	10 standards  This is currently on track and will be monitored monthly	None required	May 2021	Bereavement Midwife
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Complete	3 standards with sub-criteria  Confirmation has been received that this has been achieved		May 2021	Data analyst
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?		The first 3 standards have been removed in the latest scheme update.  In progress and on track	None required	May 2021	Inpatient Matron

Action	Maternity Safety Action	Current Position	Update	Action required to mitigate and resolve issue	Deadline	Lead
4	Can you demonstrate an effective system of medical workforce planning to the required standard?		The standards relating to the obstetric workforce have been removed in the latest scheme update  Ongoing	Ongoing anaesthetic recruitment. Senior cover on the anaesthetic rota	May 2021	Clinical Director
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		8 standards  The updated standard requires an annual submission to Trust Board	The service is currently complying with this action and the standards within.	June 2021	Deputy HOM
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?		32 standards  On track to compete	Audit in place to ascertain the current rates of compliance with each element. Standalone report required by Trust Board	June 2021	SBL Lead midwife / Fetal monitoring Lead MW/ Obstetrician
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		5 standards: Complete	The service is compliant with the recommendations. Evidence has been approved at Maternity governance committee	Sept 2020	Deputy HOM
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?		19 standards  The standard threshold of 90% has been removed in the latest scheme update	This action is on track to be achieved.	June 2021	PD Midwife
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with		This is in progress and on track to achieve		May 2021	Board level safety champion – exec and non-exec

Action	Maternity Safety Action	Current Position	Update	Action required to mitigate and resolve issue	Deadline	Lead
	Board level champions to escalate locally identified issues?					
10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?		4 standards The service is on track to achieve this action	None required	June 2021	Bereavement Midwife

## 5.0 Recommendations

- 5.1 The Executive Directors are asked to discuss the recommendations in this report and approve the report.

DRAFT