


Board of Directors' Meeting
10 March 2022

Agenda item	042/22			
Report	Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year 4 Progress Update – February 2022			
Executive Lead	Director of Nursing			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance	√	BAF 1, BAF 2 BAF 3, BAF 4 BAF 7, BAF 8	
	For decision / approval		Link to risk register: CRR 15	
	For review / discussion	√		
	For noting			
	For information			
	For consent	√		
Presented to:	Board of Directors (firs presented to Women and Children's SLT)			
Dependent upon	n/a			
Executive summary:	<p>SaTH is a participant in year 4 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS), which is operated by NHS Resolution and supports the delivery of safer maternity care through an incentive element to trust contributions to the CNST.</p> <p>SaTH is currently working to the most recent full guidance as published in October 2021</p> <p>The deadline for the Board Declaration of CNST compliance is 30 June 2022, though within this timeframe there are several reporting deadlines; those to date have been complied with and those for March 2022 are included in this paper.</p>			
Appendices	Nil			
				

1.0 Introduction

- 1.1 NHS Resolution launched year four of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) on 9 August 2021, to continue to support the delivery of safer maternity care.¹
- 1.2 The Scheme comprises ten maternity safety actions. Trusts that can demonstrate they have achieved all the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.
- 1.3 On 27 September 2021, NHS Resolution (NHSR) decided to extend the Scheme's interim deadlines to support trusts. NHSR also revised some of the safety actions' sub-requirements. These revisions were shared with members on 12 October 2021; SaTH is working to this version of the guidance.²
- 1.4 In recognition of the current pressure on the NHS and maternity services, most reporting requirements relating to demonstrating achievement of the maternity incentive scheme (MIS) 10 safety actions are paused from 23 December 2021 for a minimum of 3 months, with further guidance expected in April. Nonetheless, SaTH is working to the October guidance and persisting with full reporting.³

2.0 Overall Progress Status

- 2.1 SaTH utilises project management software to manage the CNST delivery plan and embed completion evidence. The following progress diagrams are taken from this tool.
- 2.2 Each Safety Action comprises standards that must be attained and minimum evidence requirements associated with each standard. These two requirements are reflected separately in the progress charts against each Safety Action but combined in the overall status.
- 2.3 The below chart shows a CNST completion rate (including compliance with the standards and accrual of supporting evidence) of 25.5% Evidenced and Assured, 24.8% Delivered, Not Yet Evidenced and 49% Not Yet Delivered.



¹ NHS Resolution publishing statement available at: <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>

² Latest guidance (October 2021) available at: <https://resolution.nhs.uk/wp-content/uploads/2021/10/16092021-MaternityIncentiveSchemeYEAR4-Revised-timeframe-October-2021-updated.pdf>

³ Letter entitled 'Pause in reporting procedure regarding the maternity incentive scheme' co-signed by Chief Executive NHSR, Chief Midwifery Officer and National Clinical Director, 23 December 2021, available at: [Pause-letter-MIS-y4-Dec-2021-23122021..pdf](https://resolution.nhs.uk/letter-MIS-y4-Dec-2021-23122021..pdf) (resolution.nhs.uk)

2.4 This completion rate is on track with the CNST plan, however there are risks to delivery associated with Safety Action 2; these have already been highlighted to the Board of Directors at their meeting in December 2021, are re-articulated in section 13.0

2.5 It should be noted that a final ‘validation’ action has been included for each Safety Action as the Board of Directors must formally submit a self-declaration form on or before the deadline of noon on 30 June 2021.

3.0 Safety Action 1: “Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?”



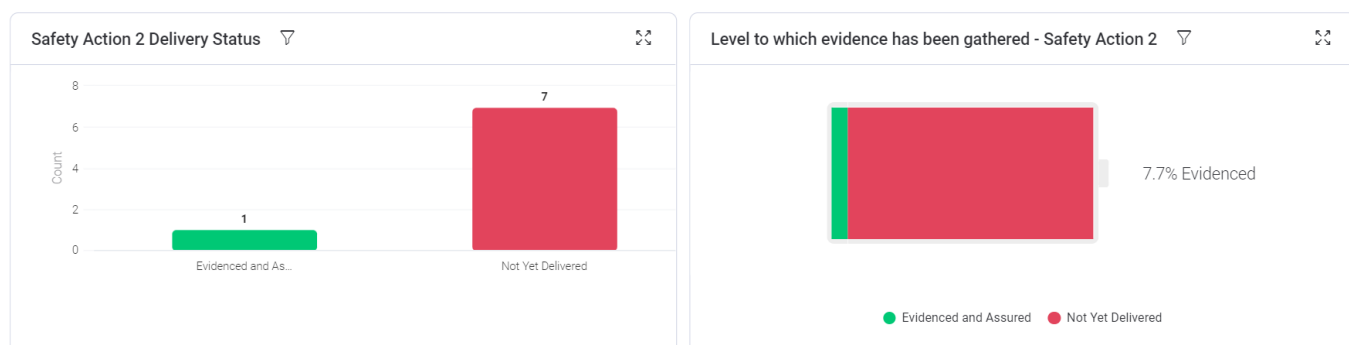
3.1 SaTH is compliant to date with reporting to the MBRRACE-UK website (this is one of the actions which NHS Resolution has asked Trust’s to focus on during the ‘pause’ outlined in their December letter).

3.2 In accordance with standard d), the Board of Directors has received quarterly reports from 8 August 2021 to date that include details of the deaths reviewed and the consequent action plans. This must continue up to (and beyond) the 30 June self-declaration deadline (hence most of this Safety Action cannot be marked ‘complete’ until then).

3.3 An audit will be conducted in May to confirm compliance with appropriate involvement of bereaved parents and families in reviews as set out in in standard c) to this action.

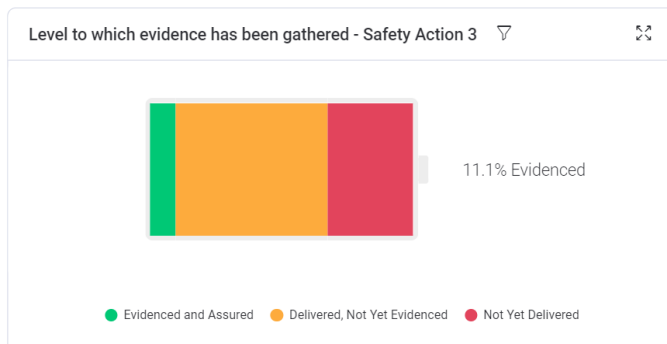
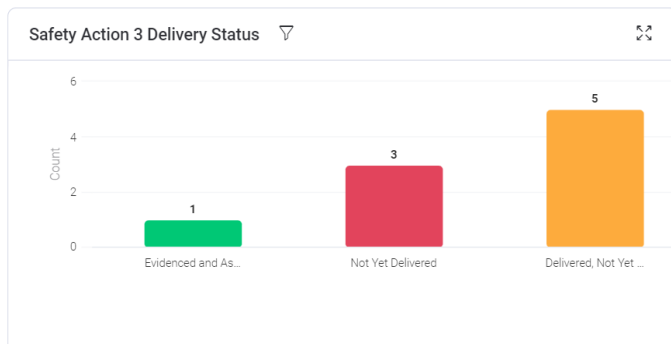
3.4 Progress Status: On Track

4.0 Safety Action 2: “Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?”



- 4.1 SaTH has encountered difficulty in uploading the requisite data to the MSDS as a side-effect of the phased rollout of the Badgernet Electronic Patient Records System. This issue has largely been resolved and the Trust is now achieving a high percentage of upload success (>90%). However, risks remain to the delivery of this Safety Action, as articulated to the Board of Directors in December 2021 and listed again in section 13 of this paper.
- 4.2 Safety Action 2 requires 9 of 11 Clinical Quality Improvement Metrics (CQIMs) to have passed the associated data quality criteria on the national Maternity Services Dashboard for data submissions relating to activity in January 2022. It should be noted that the data is always uploaded two months in arrears. The most recent upload, from November 2021, showed compliance with only 9 of the 11, but an action plan to correct this is being enacted by the Trust's Performance and Analytics and Data Warehouse Teams alongside the Division.
- 4.3 The Trust is compliant with submitting the requisite height and weight data for service users at the time of their first antenatal booking.
- 4.4 The Trust is not compliant with submitting Complex Social Factor Indicators (also at antenatal booking), but a solution has been devised and is being implemented.
- 4.5 The Trust is compliant with submitting the requisite Continuity of Carer data.
- 4.6 The Trust is seeking clarity from NHS Digital and NHS Resolution as to what their expectation is regarding the data to be uploaded relating to provision of a Personalised Care and Support Plan as this section does not appear to be present in the National Maternity Dashboard.
- 4.7 CNST requires Trust Boards to confirm that they have either already procured a Maternity Information System complying with the forthcoming commercial framework (to be published by NHSX) and are complying with Information Standard Notices DCB1513 and DCB3066. SaTH's Electronic Records Management project manager received confirmation from the supplier that BadgerNet meets the requirements of DCB1513 and DCB3066 (this was confirmed in writing by the Regulatory Affairs Manager at Clevermed). **The Board of Directors is requested to note this point in the minutes of this meeting.**
- 4.8 Progress Status: At Risk, however it is still possible for the Trust to comply with this Safety Action if the action plan proposed by the divisional Information Development Officer is implemented before the end of March. Data warehouse colleagues are working on this.

5.0 Safety Action 3: “Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?”



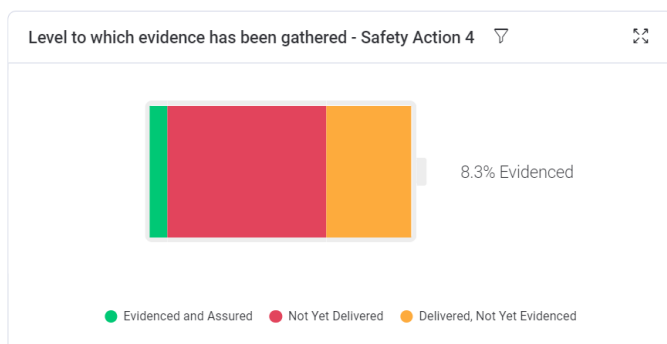
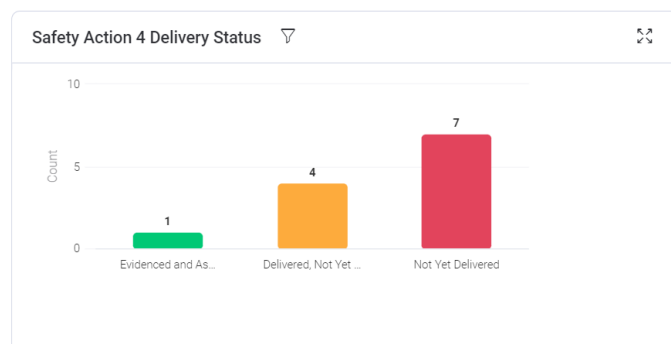
5.1 The Trust operates an effective Transitional Care service and associated pathway and continues to exceed the national target of Avoiding Term Admission into the Neonatal Unit (ATAIN).

5.2 A number of associated audits are due to be shared with the Maternity and Neonatal Safety Champions Group in the coming weeks, which should take a lot of the sub-actions to ‘Evidenced and Assured Status’.

5.3 Clarity is needed over whether any Commissioner Returns for Healthcare Resource Groups are required (standard d) – the CNST team will seek advice from LMNS on this matter during March 2022.

5.4 Progress Status: On Track

6.0 Safety Action 4: “Can you demonstrate an effective system of clinical workforce planning to the required standard?”



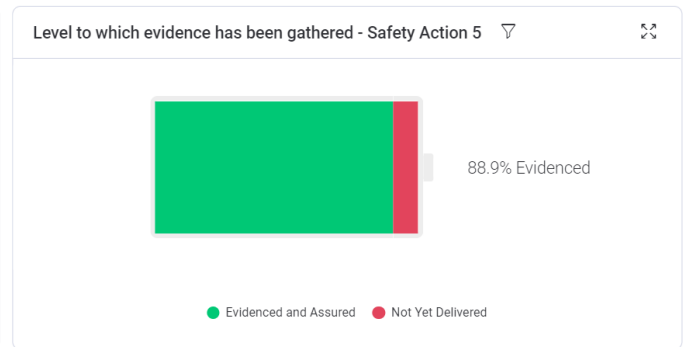
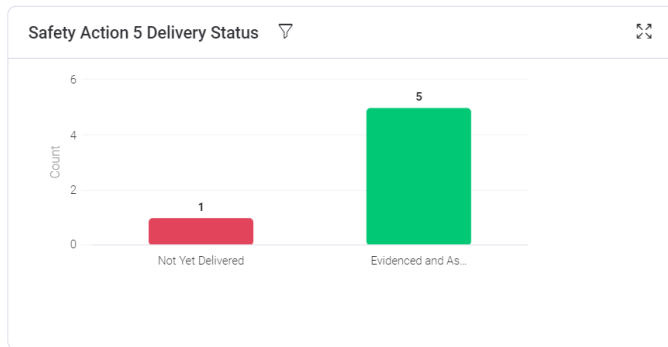
6.1 The Obstetrics workforce paper has been delivered (January meeting) and the associated audit has been conducted and found to be compliant, ongoing audit will be provided automatically from the Badgernet System (standard a) Parts 1 and 2)

6.2 Evidence of duty anaesthetist availability in compliance with the relevant ACSA guidelines (standard b) has been provided but must be formally received by divisional committee, MTAC and QSAC before the Board of Directors can be asked to accept it.

6.3 Provisional details of the Obstetric Medical and Nursing compliance has been provided to the Board of Directors in this meeting via the 'Ockenden Review of Maternity Services – 1 Year On' but formal evidence of compliance including results of using the Dinning tool are yet to be supplied; this will be provided in April 2022 (standards c) and d)

6.4 Progress Status: On Track

7.0 Safety Action 5: “Can you demonstrate an effective system of midwifery workforce planning to the required standard?”

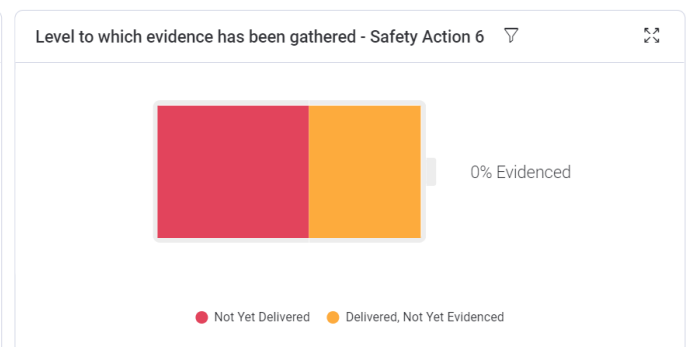
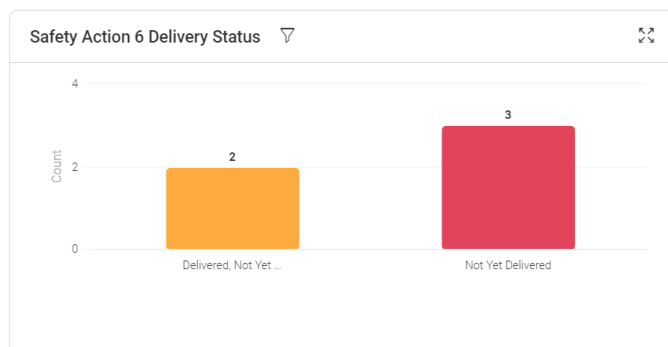


7.1 This action requires two papers covering midwifery staffing to be provided to the Board of Directors during the course of the reporting year; the first was provided in November and the second was included in the previously mentioned “Ockenden Review into Maternity Services – 1 year on” paper which has already been discussed in this meeting.

7.2 This action is therefore complete bar the final task of attesting to compliance via the self-declaration form once this has been released by NHS resolution in time for the June deadline.

7.3 Progress Status: Complete (bar the final step: self-declaration).

8.0 Safety Action 6: “Can you demonstrate compliance with all five elements of the Saving Babies’ Lives (SBL) care bundle version two?”



8.1 This is one of the largest and most complex of all the Safety Actions because it comprises the five elements of SBL:

8.1.1 Reducing smoking in pregnancy.

8.1.2 Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

- 8.1.3 Raising awareness of reduced fetal movement (RFM)
- 8.1.4 Effective fetal monitoring during labour.
- 8.1.5 Reducing preterm birth.

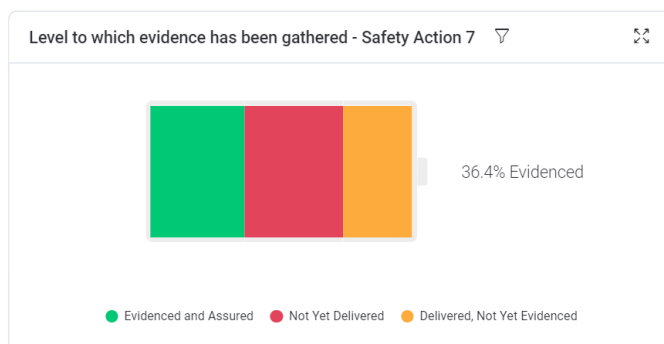
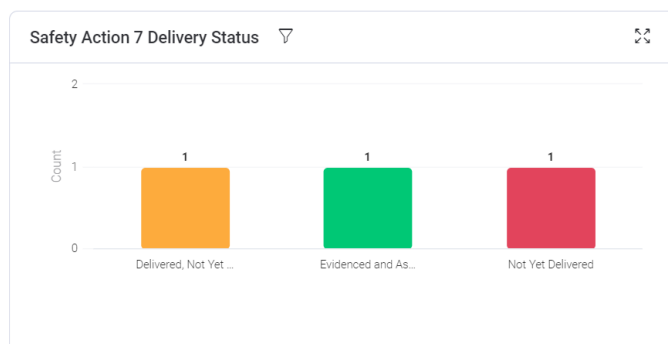
8.2 Testing the level to which the Trust is achieving these elements is dependent on multiple, continuous audits. The reason that the bar graph shows a large proportion of the deliverables as 'Not Yet Delivered' (red) is that most of these audits cannot be completed until end of the reporting cycle.

8.3 The Board of Directors has already received audit reports for Quarter 2 and Quarter 3 of 2021/22 on specific topics (Small for Gestational Age and Fetal Growth Restriction Reports and Reviews of Pre-Term Births) as mandated in the CNST technical guidance; these show compliance in these areas.

8.4 However, there is a risk associated with the Trust's ability to achieve CO testing targets for mothers at booking (see full details in section 13).

8.5 Progress Status: At Risk (due to the above-mentioned risk relating to CO testing targets for mothers at booking; all other actions are 'on track').

9.0 Safety Action 7: “Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?”



9.1 The Trust is fortunate to be partnered with an active and highly committed Maternity Voices Partnership (MVP) which represents service users across Shropshire, Telford and Wrekin, in concert with colleagues from the Local Maternity and Neonatal System (LMNS).

9.2 SaTH and the MVP have pioneered some innovative co-produced information provisions to service users, such as the 'Birth Options Card' and the garner feedback directly from service users via the 'User Experience' (UX) initiative

9.3 To close this action out, evidence that SaTH and the LMNS suitably remunerate the Service User Chair and covers any out-of-pocket expenses for service users to attend workshops or meetings. This remuneration is indeed provided, and the Service User chair will provide written confirmation of this during March 2022.

9.4 Finally, the MVP have provided evidence to show that (in accordance with standard 6) they have measures in place to prioritise the voices of women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation (given the findings in the MBRRACE-UK reports about maternal death and morbidity and

perinatal mortality). This will be shared with MTAC (including its LMNS representative) to confirm they consider this to be suitably supported.

10.0 Safety Action 8: “Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an ‘in house’, one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?”



10.1 In compliance with standard a), the Trust has an approved training plan to deliver the Core Competency Framework (training to address significant areas of harm are included as minimum core requirements for every maternity and neonatal service).

10.2 The below three paragraphs relate to SaTH's training trajectory to meet 90% of in-scope groups for specific training. This is based on staff who have re-completed the training since the start of the CNST Year (August 2021). Therefore, the percentage of staff who are in-date (i.e. have completed training in the last 12 months) is far higher. It has also been confirmed that the data from July 2021 can also be included; this would raise the compliance rates states below; an update will be brought to the April meeting of the Board of Directors. In addition, it is likely that these standards will be relaxed and / or the deadline extended in the April 2022 CNST update expected from NHS Resolution.

10.3 There is a requirement that 90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include maternity emergencies starting from the launch of MIS year four in August 2021. As of February 2022, SaTH has achieved the following statuses, and is on track to reach the 90% but the risk of delivering this, caused by potential staff absences, remains (although the likelihood of the risk materialising has decreased):

- 10.3.1 Midwives: 52%
- 10.3.2 Obstetrics Consultants: 58%
- 10.3.3 Other doctors: 97%
- 10.3.4 Obstetrics anaesthetists: 62%
- 10.3.5 Healthcare assistances / midwifery service assistants: 31%

10.4 There is a requirement that 90% of each relevant maternity unit staff group have attended an 'in-house' one day multi-professional training day, to include antenatal and intrapartum fetal monitoring and surveillance, starting from the launch of MIS year four in August 2021. As above, statuses as of February 2022 are:

- 10.4.1 Midwives: 53%
- 10.4.2 Obstetric Consultants: 63%
- 10.4.3 Other Doctors: 73%

10.5 Compliance with the Neonatal Life Support training is at 44% for midwives, and 84% for Neonatal colleagues (including nurses, ANNP’s and doctors).

10.6 Multiple training sessions are planned in March and April, and provided the attendance rate is high for these, this action will be achieved. However, there is a risk that sickness or other operational pressures could cause staff to be unable to attend. The mitigation in this instance would be to provide e-Learning and put on further sessions throughout May.

10.7 Progress Status: At Risk

11.0 Safety Action 9: “Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?”



11.1 SaTH benefits from an active and committed Maternity and Neonatal Safety Champions Group (MNSCG), which is led by the Acting Medical Director and Non-Executive Director Maternity Safety Champion and comprises midwifery, neonatologist and obstetric colleagues. The group conduct a monthly ‘walk-around’ of clinical areas to listen to staff concerns regarding safety and report these to managerial colleagues to be addressed.

11.2 In compliance with CNST, the group operate under an agreed pathway for escalating concerns and present the outcomes of any matters that have been raised by staff on a prominent ‘You Said, Together We Did’ board which also bears the photographs and names of the group’s members and details of how they may be contacted.

11.3 The group provide valuable oversight of key initiatives, such as the continued roll-out of the Continuity of Carer model and share important findings with the Board of Directors via their ‘Alert, Advise and Assure’ report. Additionally, and in concert with the Women and Children’s Divisional Quality Governance Team and the Trust’s Assistant Director of Nursing, Quality Governance, the group produce the ‘Locally Agreed Safety Intelligence Dashboard’ which goes to the Board of Directors in its full form and supports Safety Action 10 (below).

11.4 The MNSCG ensure the Trust benefits from good practice learned from external partners by liaising closely with the regional Maternity and Neonatal Safety Improvement Programme; the group has also sent members to external events including the Baby

Lifeline Safety Conference and the West Midlands Maternity and Neonatal Safety Network Meeting.

11.5 Progress Status: On Track

12.0 Safety Action 10: “Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) scheme for 2021/22?”



12.1 This Safety Action relates principally to the work of the Divisional Quality Governance Team, supported by the Assistant Director of Nursing, Quality Governance. As with Safety Action 1, the need to report appropriately to the (HSIB) and the NHS Resolution Early Notification Scheme (ENS) is ongoing, hence this action is never ‘completed’.

12.2 However, in accordance with the section of the monthly Locally Agreed Safety Intelligence Dashboard, the Trust can evidence compliance to date with all parts of this Safety Action.

12.3 Progress Status: On Track

13.0 Ongoing Risks to Delivery

There is a risk that...	The risk is caused by...	The potential impact of the risk is...	The mitigation in place is...
The Maternity Services Data Set may be incomplete (SA2)	Badgernet data formatting being incompatible with MSDS in its current configuration,	A failed data set for the month of January (submitted in April) causing failure of Safety Action 2	1. Data warehouse team working to fix; accuracy now >90%
Trust may miss SBL CO testing targets for mothers at booking (a minimum of 80% compliance over a 6 month for the 36 week CO monitoring). (SA6)	The fact that Medway cannot accept this data and it has to be recorded in handheld notes, which is very cumbersome and difficult to audit	If we don't achieve a minimum of 80% compliance over a 6 month for the 36 week CO monitoring the Trust will fail Safety Action 6.	1. SBL lead midwife and public health midwife conducting manual checks and educating staff 2. QI Governance team to support audits 3. (Longer term, Badgernet will fix the issue)

There is a risk that...	The risk is caused by...	The potential impact of the risk is...	The mitigation in place is...
Trust might miss PROMPT training targets. (SA8)	The fact that we aim to provide PROMPT face-to-face: COVID-19 measures restrict the number of colleagues who can be present at any given session	We do not hit the 90% threshold of staff being in date for PROMPT by the June 2022 deadline, thereby failing Safety Action 8.	<ol style="list-style-type: none"> 1. Funds set aside for more faculty time 2. Proactive training room booking 3. Board of Directors have been notified that eLearning may be employed for up to 10% of in-scope staff. 4. The likelihood of this risk materialising has reduced since first reported.

14.0 Summary

14.1 SaTH is continuing to adhere to the requirements of CNST MIS per the latest full guidance as published in October 2021 and have not paused any reporting

14.2 One of the of the ten actions has been completed, six are on track, and three at risk (mitigation in place).

14.3 Further guidance is expected from NHSR in April; the Trust's plans will be updated accordingly, and any changes conveyed to the Board of Directors.

15.0 Actions Requested of the Board of Directors

The Board of directors is requested to:

15.1 Confirm in the minutes of this meeting that the Trust has procured a Maternity Information System complying with the forthcoming commercial framework (to be published by NHSX) and are complying with Information Standard Notices DCB1513 and DCB3066 (Badgernet has been procured and meets these standards).

15.2 Be prepared to receive the remaining compliance confirmations for Safety Actions between March and June and be prepared to authorise the CEO to sign the self-declaration form on behalf of the Trust on or before 30 June 2022.

15.3 Decide if any further information and/or assurance is required.