

**\*Divisional Committee Meeting/QSAC/LMNS: May 2024**

<b>Agenda item</b>		/23		
<b>Report Title</b>		CNST MIS Year 6 – Progress Report		
<b>Executive Lead</b>		Hayley Flavell, Director of Nursing		
<b>Report Author</b>		Annemarie Lawrence, Director of Midwifery		
<b>CQC Domain:</b>		<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	√	BAF1, BAF4,
Effective	√	Our people	√	
Caring	√	Our service delivery	√	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	√	
Well Led	√	Our partners		
<b>Consultation Communication</b>		N/a		
<b>Executive summary:</b>		<p>The Committee’s attention is drawn to Safety Action 2, due to the risk associated with the introduction of a new data set for Year 6 of the scheme. Once the provisional data set is released on 31 May 2024, the Trust will have 30 days to correct any anomalies before the formal submission takes place during July 2024.</p> <p>As it stands currently, this is the only known risk to the scheme for this year.</p>		
<b>Recommendations for the Board:</b>		<p>The Committee is asked to:</p> <p>Review and discuss this paper and advise the Director of Midwifery of any further detail required.</p>		
<b>Appendices:</b>		<p>Appendix 1: PMRT Q4 report (+ PMRT BoardReport)  Appendix 2: Transitional care Q4 report  Appendix 3: ATAIN Q4 report  Appendix 4: BR+ Workforce Assessment  Appendix 5: Budgets versus BR+ report  Appendix 6: Maternity 6-monthly safe staffing report  Appendix 7: Safety champions dashboard</p>		

## 1.0 Introduction

- 1.1 SaTH is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is regulated by NHS Resolution (NHSR) and is designed to support the delivery of safer maternity care.
- 1.2 The scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved all 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 Year 6 guidance was published on 2 April 2024 and references a relevant time period (depending on the safety action) of either *8 December 2023 until 30 November 2024* or *2 April 2024 until 30 November 2024* for delivery of the scheme.
- 1.4 This also includes a self-declaration deadline of **12 noon on 3 March 2025**.
- 1.5 The purpose of this paper is to provide the Committee with:
  - 1.5.1 Details of the standards within Year 6 of the scheme that must be evidenced between now and the reporting deadline.
  - 1.5.2 Any risks to the delivery of the scheme under the new safety actions technical guidance.
- 1.6 The overall delivery status of the scheme is presented in the battery below and shows that a healthy 16.7% has been delivered, evidenced, and assured, whilst 60% has been delivered, not yet evidenced.

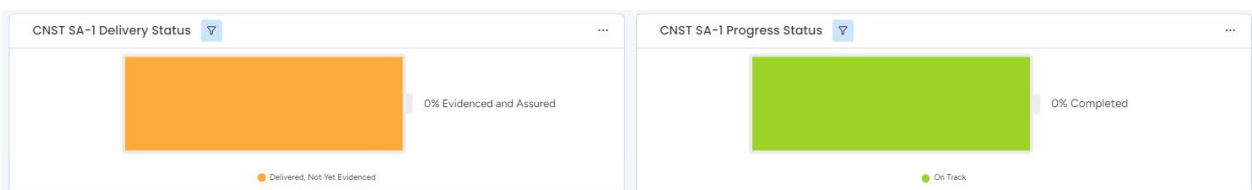


- 1.7 This does leave 23.3% which has not yet been delivered, however progress is being made as can be evidenced in the battery below, with 13.3% completed, 83.3% on track, and 3.3% at risk.



- 1.8 Further information on the at-risk element is discussed under section 3.0

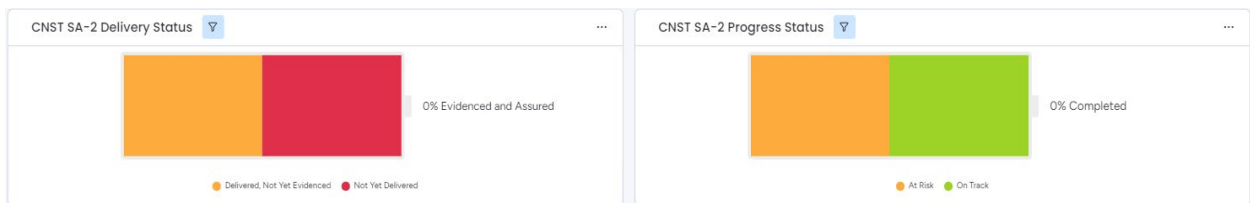
## 2.0 Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?



- 2.1 The service has continued to produce a quarterly report that presents the position against this safety action.
- 2.2 Appendix one details the Q4 position for 2023/24, evidencing delivery against elements a), b) and c) for this quarter, in addition to element d) once this has been seen at Trust Board.
- 2.3 Once appendix one has been seen by the Trust Board, element d) will also be delivered for Q4.
- 2.4 A quarterly report will continue to be produced as standard in line with the technical guidance of the scheme to evidence that the required standards a), b) and c) have been met.

**2.5 Progress status: on track**

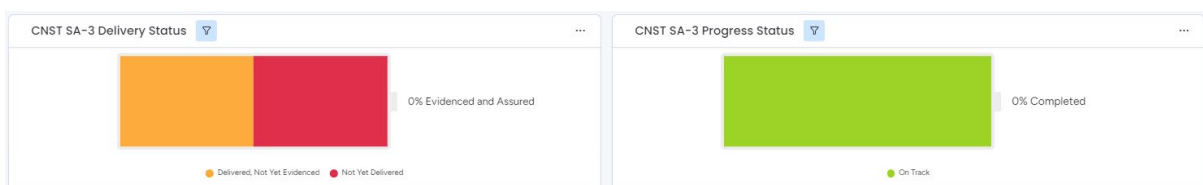
**3.0 Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**



- 3.1 Year six of the scheme has seen the introduction of three new Clinical Quality Improvement Metrics (CQIM) which are:
  - 3.1.1 Babies who were born preterm
  - 3.1.2 Babies with a first feed of breastmilk
  - 3.1.3 Women who were current smokers at booking
- 3.2 The divisional performance analyst is currently working with the Trusts senior data architect to ensure the meta data files are updated to include the new CQIMs.
- 3.3 The deadline for April's provisional data is the 31 May 2024; the Trust will have until 30 June 2024 to correct any anomalies discovered in the provisional data set, however until this is released, it is not known whether there will be issues with the data set that may impact delivery of this safety action (and subsequently delivery of the scheme).
- 3.4 The Trust will be formally assessed on the July 2024 MSDS data set, of which the results will not be published until October 2024.
- 3.5 Until the provisional data set is released, this safety action is noted to be at risk for the reasons specified above.

**3.6 Progress status: at risk**

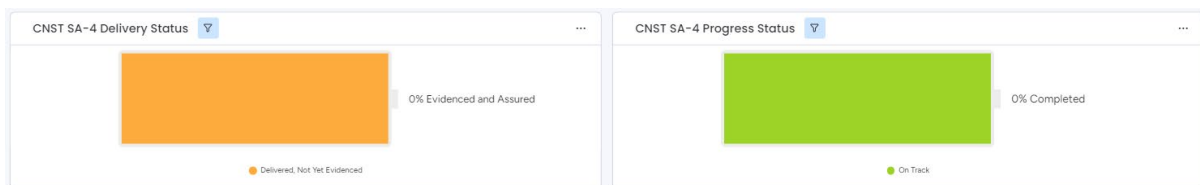
**4.0 Safety Action 3: Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?**



- 4.1 The Trust operates a Transitional Care service and associated pathway that continues to meet the national target of avoiding term admissions into the neonatal unit (ATAIN) which meets standard a) (see appendix two).
- 4.2 In order to meet standard b) for year 6 of the scheme, the Trust is required to register a QI project with the local quality improvement team that will support the reduction of term admissions to the neonatal unit.
- 4.3 Work is underway to progress these plans with early discussions pointing towards a project that includes nasogastric tube feeding as this is a theme for the service currently.
- 4.4 The service continues to undertake quarterly reports for transitional care (see appendix two) and avoiding term admissions to the neonatal unit (ATAIN) (appendix three).
- 4.5 All cases are reviewed to ensure any learning is disseminated timely and good practice is shared widely. These reports are also shared onwards to the LMNS.

**4.6 Progress status: on track**

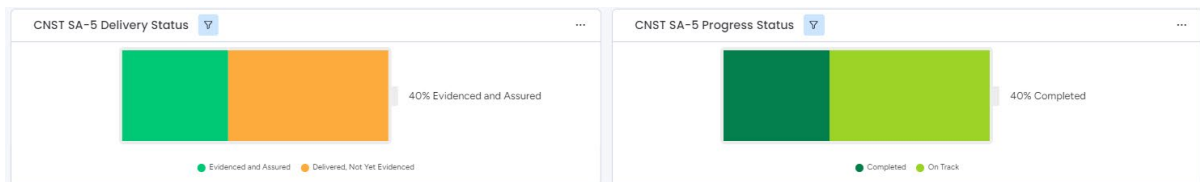
**5.0 Safety Action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?**



- 5.1 The above standards are predominantly the same as the previous year of the scheme which means standards a), b) and c) of the scheme have been delivered.
- 5.2 For standard d), the neonatal nursing workforce does not currently meet BAPM standards however therefore there is an action plan in place that the service are working towards which is in line with the previous year of the scheme
- 5.3 The service will need to evidence the progress that has been made against the action plan and that this has been shared with both the LMNS and the Neonatal Operational Delivery Network (ODN).

**5.3 Progress Status: on track**

**6.0 Safety Action 5: Can you demonstrate an effective system of workforce planning to the required standard?**



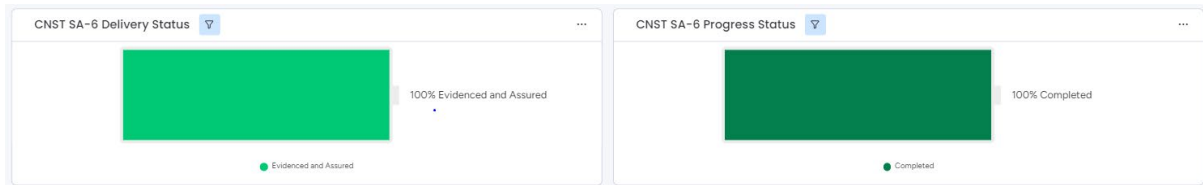
- 6.1 Standards a) and b) of this safety action have already been met as presented within the April 2024 CNST Progress Report.
- 6.2 The evidence for these stands can be found in the form of the 2022 BirthRate Plus (BR+) workforce assessment (appendix four) and the budgets versus BR+ report (appendix five).

6.3 Standards c) and d) cannot be fully evidenced and assured until the scheme has ended however progress is reported monthly via the maternity staffing paper which is submitted to the workforce meeting.

6.4 The Board have continued to receive the bi-annual staffing paper since Year 4 of the MIS as part of the standard cycle of business. The latest paper can be found at appendix six which presents the data from Q3/4 of 2023/24.

**6.5 Progress Status: on track**

**7.0 Safety Action 6: Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies Lives Care Bundle Version Three?**



7.1 This action has been delivered as can be evidenced within the table below and further evidenced within the SBLCB implementation tool (appendix seven).

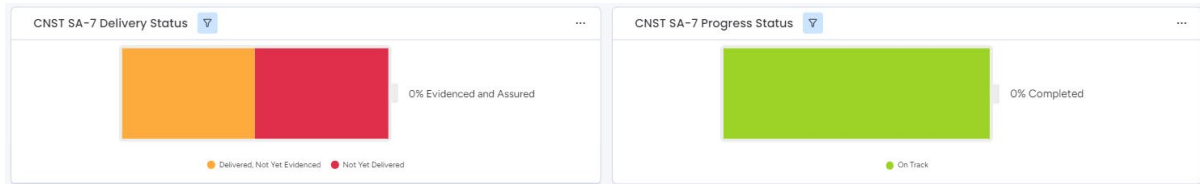
Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 2	Fetal growth restriction	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 3	Reduced fetal movements	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 6	Diabetes	Fully implemented	100%	Fully implemented	100%	CNST Met
All Elements	TOTAL	Fully implemented	100%	Fully implemented	100%	CNST Met

7.3 The Trusts lead for SBL is currently designing a board within Monday.com for a workspace to demonstrate ongoing ambition compliance monitoring as the SBL implementation tool is not suitable to use once this has been fully implemented.

7.4 The Trust is required to provide a signed declaration from the Executive Medical Director declaring that the SBLCBgv3 is fully in place as agreed with the ICB.

**7.4 Progress Status: delivered**

**8.0 Safety Action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users.**



8.1 The productive partnership between SaTH and the Maternity and Neonatal Voices Partnership continues to yield important outcomes for service users and staff alike. The Trusts has a fully funded, user-led is Maternity and Neonatal Voices Partnership (MNVP) in place which is in line with the Delivery Plan and MNVP Guidance (published November 2023) which supports:

- a) Engagement and listening to families.
- b) Strategic influence and decision-making.
- c) Infrastructure.

8.2 In order to meet standard 1b), the Trust must be able to demonstrate that the MNVP lead is a quorate member of the following:

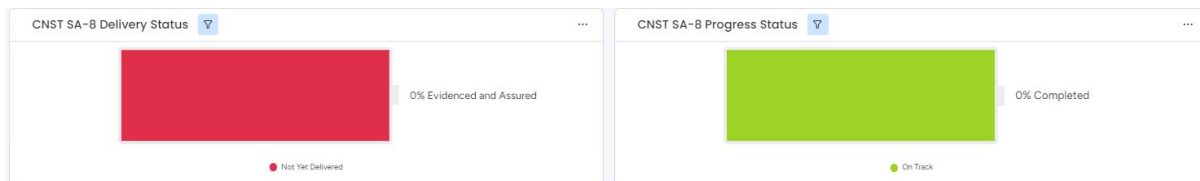
- 8.3.1 Safety champion meetings
- 8.3.2 Maternity business and governance
- 8.3.3 Neonatal business and governance
- 8.3.4 PMRT review meeting
- 8.3.5 Patient safety meeting
- 8.3.6 Guideline committee

8.3 The MNVP are already included within the terms of reference for many of the meetings above however work is underway with the LMNS to ensure the remainder of the meetings are included within the MNVP workplan moving forward.

8.4 In line with the previous year, the maternity team are working towards a coproduced action plan to address the qualitative data within the free text boxes of the CQC maternity survey. Once completed, this will be monitored via safety champions and the LMNS Board.

**8.6 Progress Status: on track**

**9.0 Safety Action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi-professional training?**



9.1 The Trust has fully embedded all six core modules of the Core Competency Framework as evidenced within the previous year of the scheme; the technical guidance for this safety action has relaxed this year for certain staff groups however this will have no bearing on SaTH as the training components for safety action 8 is well embedded within our business-as-usual processes.

9.2 In order to maintain safe staffing levels, it was necessary to stand down some scheduled training days (excluding Prompt) in April 2024 due to high levels of staff unavailability. As a one off, it is not anticipated that this cancellation will impact on the delivery of this safety action.

9.3 Based on previous years, the delivery of this action will not be determined until the end of the reporting period however as it stands currently, we are on track to achieve.

**9.4 Progress Status: on track**

**10.0 Safety Action 9: Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?**



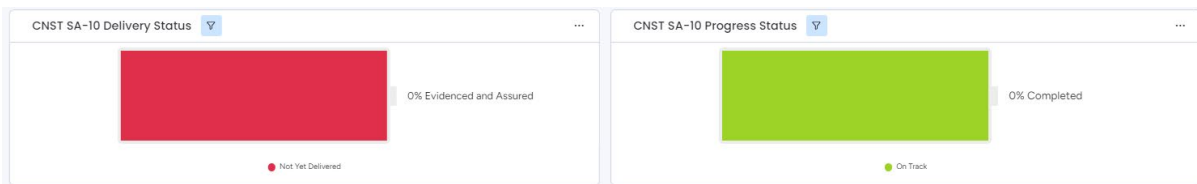
10.1 This safety action is in keeping with the previous year of the scheme for elements a) and c) both of which are embedded into business-as-usual processes and therefore evidenced and assured.

10.2 For element b), this will require a review of the safety intelligence dashboard for the new MIS year to ensure the ask is captured correctly within the information contained within the dashboard. This review will be carried out by the safety champions and an updated dashboard presented in due course.

10.3 The technical guidance advises that a review of the maternity and neonatal quality and safety must be undertaken at every Board meeting (or sub-committee of Board with delegated responsibility) and, that the safety intelligence dashboard is presented by a member of the perinatal leadership team to provide context to the quality and safety information (appendix seven).

**10.4 Progress Status: on track**

**11.0 Safety Action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?**



11.1 This safety action will only be confirmed as delivered after the scheme ends on 30 November 2024 when a report will be prepared for Board outlining the status of all three components.

11.2 The process of reporting is well embedded into business as usual and is monitored at divisional oversight assurance group (DOAG) on a weekly basis.

**11.3 Progress Status: on track**

**12.0 Summary**

12.1 SaTH is mostly on track to achieve CNST MIS Year 6, although there is a risk to delivery associated with safety action 2 due to a new data set being introduced against which our compliance is not known at this stage.

### **13.0 Actions requested of the Divisional Committee/QSAC\***

13.1. Review and accept this paper, advising the Director of Midwifery of any further detail required.

13.2 Note the risk to delivery identified for safety action two due to the introduction of a new data set for year six.

13.3 Make note that the quality surveillance dashboard which is presented under safety action 9 is done so to of maternity services and this should be reflected within the minutes.

13.4 A signed declaration is required from the Executive Medical Director declaring that the SBLCBv3 is fully in place as agreed with the ICB.

13.5 Note the content for onward reporting to the Board of Directors via the Integrated Maternity Report.