

Maternity Governance October 2024

Agenda item			
Report Title		CNST MIS Year 6 – Progress Report	
Executive Lead		Hayley Flavell, Director of Nursing	
Report Author		Kim Williams Interim Director of Midwifery	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe	√	Our patients and community	BAF1, BAF4,
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id:
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication		N/a	
Executive summary:		<p>To note progress for Year 6 of the Maternity Incentive Scheme measured against the 10 Safety Actions. SaTH are on target to achieve 9/10 Safety Action. This will be confirmed at the end of the reporting period (30th November 2024). There is a risk posed pertaining to SA8 achieving 90% compliance with attendance at PROMPT for anaesthetists. A robust action plan is in place to achieve the 90% target by the end of the reporting period.</p>	
Recommendations for the Board:		<p>The Committee is asked to:</p> <p>Review and discuss this paper and advise the Interim Director of Midwifery of any further detail required.</p>	
Appendices:		<p>Appendix Four: PMRT Q2 Report (SA1) Appendix Five: PMRT Board Report (SA1) Appendix Six: DoM 6 Monthly Staffing Report (SA5) Appendix Seven: SBLv3 Executive Medical Director Sign off (SA6) Appendix Eight: Q2 Locally Agreed Dashboard (SA 9) Appendix Nine: NHSR Claims Scorecard (SA9) Appendix Ten: Triangulation of NHSR Scorecard Q2 (SA9)</p>	

1.0 Introduction

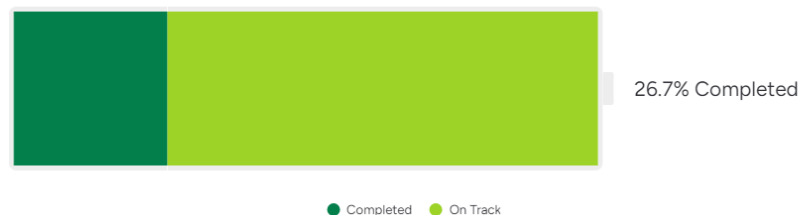
- 1.1 SaTH is a member of the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS), which is regulated by NHS Resolution (NHSR) and is designed to support the delivery of safer maternity care.
- 1.2 The scheme incentivises ten maternity safety actions. Trusts that can demonstrate 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 26.7% has been evidenced, and assured, whilst 60% has been delivered, not yet evidenced.

CNST Overall Delivery Status

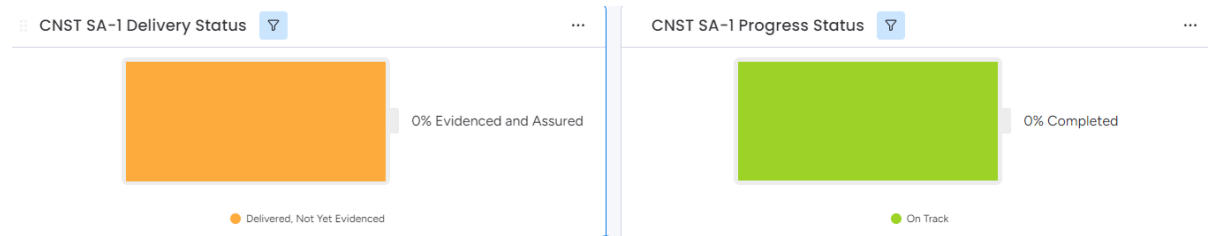


- 1.7 This does leave 13.3% which has not yet been delivered, however progress is being made as can be evidenced in the battery below, with 26.7% completed and the remaining 73.3% on track.

CNST Overall Progress Status



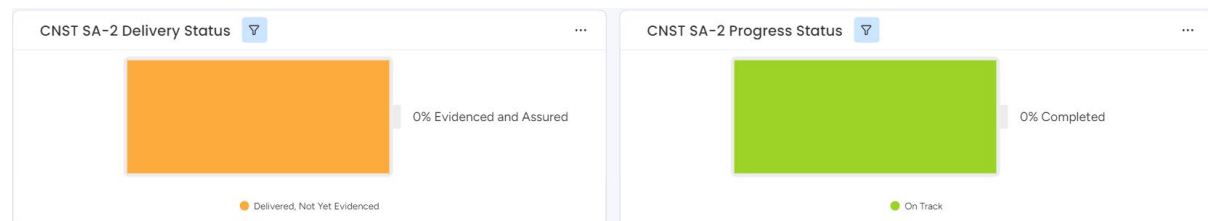
2.0 Safety Action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?



- 2.1 The service has continued to produce a quarterly report that presents the position against this safety action.
- 2.2 Q2 position for 2024/25, evidencing delivery against elements a), b) and c) will be presented (**Appendix Four & Five**).
- 2.3 Following receipt of each quarterly report by the Trust Board, element d) will also be delivered for each quarter.
- 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

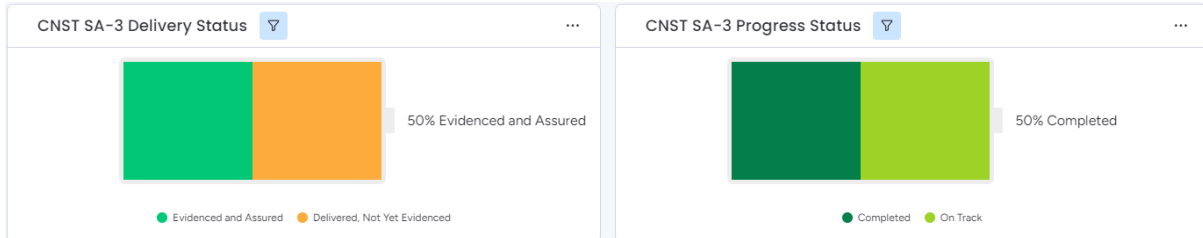
3.0 Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?



- 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 provisional submission data for July reported a pass for this safety action.
- 3.4 The Trust will be formally assessed on the July 2024 MSDS data set, of which the results will not be published until after 24th October 2024.

3.5 Progress status: on track

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). This pathway is in place and therefore, evidenced and assured.

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. Registration of this QI project has been undertaken and presented at Maternity, Neonatal Safety Champion's Meeting, this is required to be documented in the Safety Champion minutes.

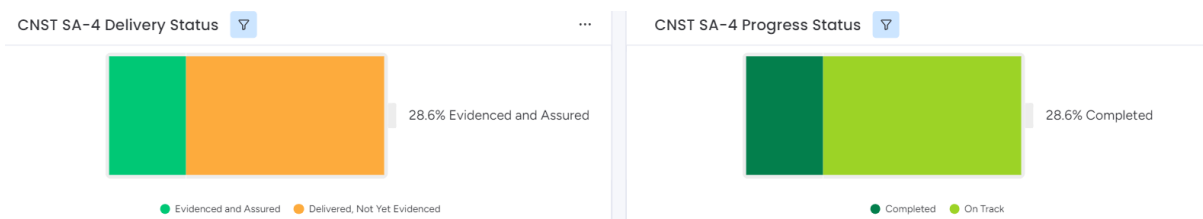
4.3 A Quality Improvement (QI) project has been registered focussing on nasogastric tube feeding and early recognition of Chorioamnionitis. A presentation with updates on the QI project is required as evidence to the LMNS including: the aim of QI project in a statement, measures, change actions and outcomes). An update must be presented to Safety Champions and noted in the minutes before the end of the reporting period, this action has been completed.

4.4 The service continues to undertake quarterly reports for Transitional Care (TC) and Avoiding Term Admissions into the Neonatal unit (ATAIN), Q2 reports have been presented to QSAC as the delegated sub-committee for Trust Board.

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. For good governance, standard b) Anaesthetic Medical Workforce, evidence

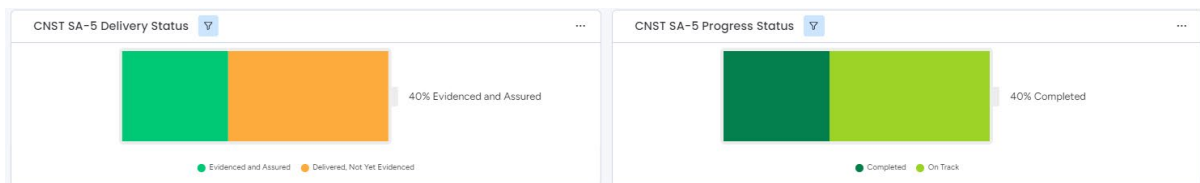
pertaining to 24 hours a day cover has been evidenced and assured, staffing Rotas are also available upon request. Neonatal Medical Workforce (SA 4c) to evidence compliance with BAPM standards has been presented and therefore, evidence and assured.

5.2 For standard d), the neonatal nursing workforce does not currently meet BAPM standards therefore, there is an action plan in place that the service is working towards this, which is in line with the previous year of the scheme. Evidence of progress against the previously agreed action plans has been provided during this reporting period.

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.

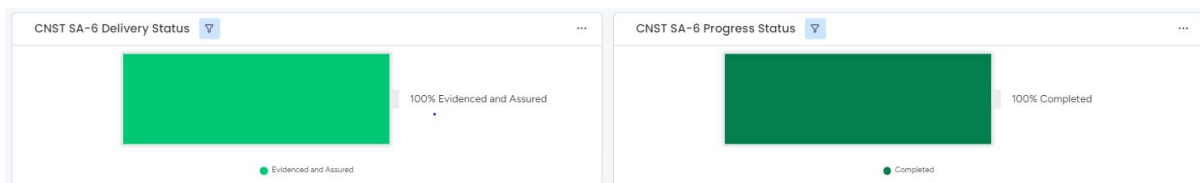
6.2 The evidence for these standards can be found in the form of the 2022 BirthRate Plus (BR+) workforce assessment and the budgets versus BR+ report.

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 presents the data from Q1/Q2 of 2024/25 (**Appendix Six**).

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. Quarterly meetings with System Partners (ICB) and the Director of Midwifery monitor ongoing compliance against the Stretch Targets for the 6 elements.

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

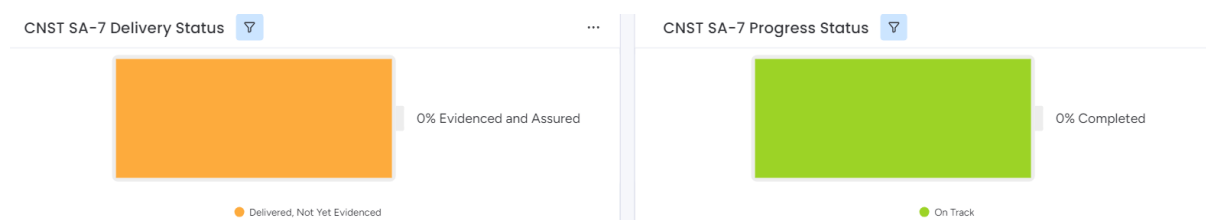
7.2 The Trusts lead for SBL has designed a board within Monday.com to demonstrate ongoing ambition compliance monitoring as the SBL implementation tool is not suitable to use once this has been fully implemented.

7.3 The Trust is required to provide a signed declaration from the Executive Medical Director declaring that the SBLCBv3 is fully in place as agreed with the ICB. This meeting has taken place, with evidence presented to Trust Board **(Appendix Seven)**.

7.4 As of October 2024, two interventions within the SBLCB vn.3 have fallen below the minimum ambition for this quarter (both within element 1) – 1.6c and 1.9. This represents 2.8% of the 70 interventions overall. To maintain ‘full implementation’ status, the Trust have been asked to demonstrate a clear action plan for intervention 1.9 (VBA training) and escalation where necessary in response to these findings. For assurance, projected figures (for both 1.6c and 1.9) for the next quarter show an already improving picture. The LMNS are happy to retain the “Full implementation” status as long as the action plans are shared. Evidence of this will be collated as part of CNST evidence

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 Trust has a fully funded, user-led Maternity and Neonatal Voices Partnership (MNVP) in place which is in line with the Delivery Plan and MNVP Guidance 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 should work towards the MNVP lead being a quorate member of the following:

- 8.2.1 Safety champion meetings
- 8.2.2 Maternity business and governance
- 8.2.3 Neonatal business and governance
- 8.2.4 PMRT review meeting
- 8.2.5 Patient safety meeting
- 8.2.6 Guideline committee

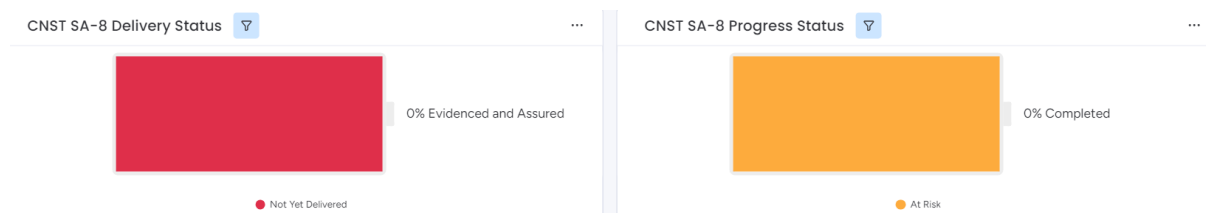
8.3 The MNVP are already included within the terms of reference for many of the meetings above however work is underway with the LMNS to ensure the remainder of the meetings are included within the MNVP workplan.

8.4 In line with the previous year, the maternity team have coproduced an action plan to address the quantitative and qualitative data within the CQC maternity survey. This will be monitored via safety champions and the LMNS Board.

8.5 The MNVP continue to engage with families to co-produce service improvements with evidence previously submitted pertaining to MNVP Engagement Events and the Annual report demonstrating allocated funding and expenses.

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.

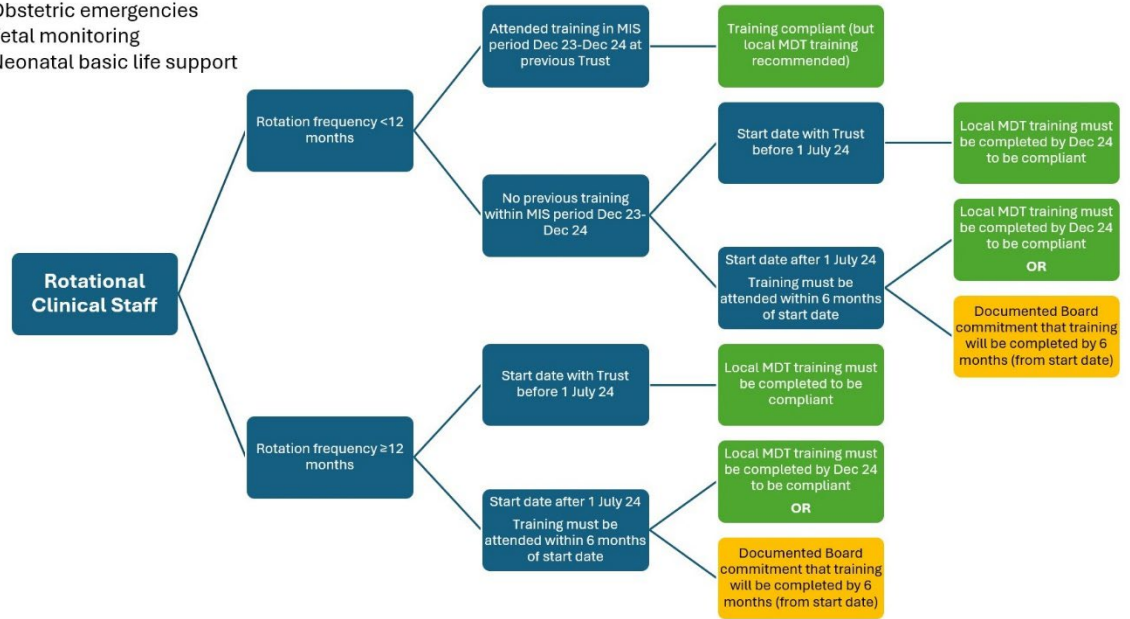
9.2 Based on previous years, the delivery of this action will not be determined until the end of the reporting period.

9.3 As of October 2024, a risk has been raised concerning the compliance of Anaesthetists with PROMPT training. Current compliance rate is 74% against the 90% target. This has been raised with the Anaesthetic Leadership to up the attendance to the training before the end of the reporting period.

MIS Year 6 maternity Training for rotational medical staff

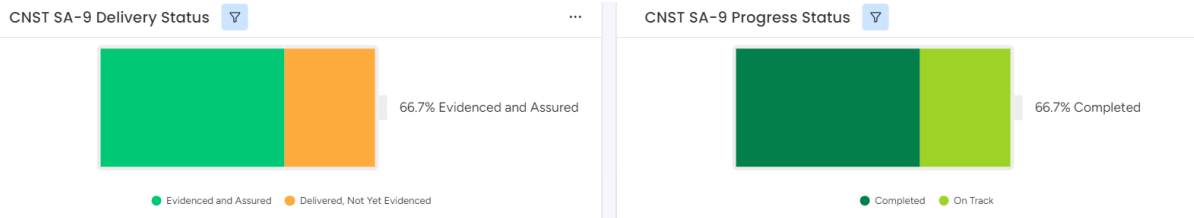
Includes:

- Obstetric emergencies
- Fetal monitoring
- Neonatal basic life support



9.3 Progress Status: At Risk

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. The Trust have fully embedded the Perinatal Quality Surveillance Model (PQSM) and inline with the technical guidance, a non-executive director (NED) is working with the Board Safety Champion.

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 (**Appendix Nine**). This review will be carried out by the safety champions and an updated dashboard presented for each quarter. The technical guidance advises that evidence is provided to assure collaboration with LMNS/ICB pertaining to shared learning and escalation of Trust-level intelligence to ensure early action in line with PQSM.

10.3 Evidence of ongoing staff engagement sessions and progress with action and progress made provided through publication of the 'You said, we listened' posters.

10.4 The Trusts Claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal Trust Board Level Safety Champion at Board meeting quarterly (twice per reporting period), this action has been completed. The Trust Claims Scorecard and Triangulation are presented **(Appendix Nine and Ten)**.

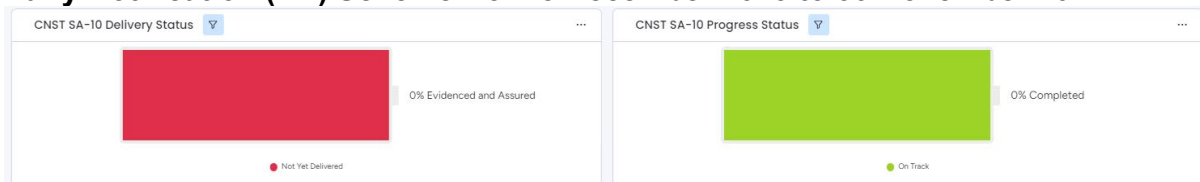
10.5 Evidence in the Trust Board minutes that Board Safety Champions are meeting with the Perinatal Leadership Team bi-monthly and that any support required of the Trust Board has been identified.

10.6 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.

10.7 Evidence in the Trust Board (or appropriately delegated committee) that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support considered and implemented.

10.8 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 on track to achieve CNST MIS Year 6, a risk has been identified for SA8 however, a robust action plan is in place to determine compliance by the end of the reporting period.

13.0 Actions requested of the Committee/QSAC*

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

13.2 Make note of the risk pertaining to SA 8, compliance with PROMPT for anaesthetic colleagues falling below 90%.

13.3 Make note that the quality surveillance dashboard, which is presented under safety action 9, is reviewed and this should be reflected within the minutes.

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



The Shrewsbury and
Telford Hospital
NHS Trust