

Meeting title:	Public Trust Board	Public Trust Board paper J
Date of the meeting:	3 November 2022	
Title:	UHL Maternity CNST Update	
Report presented by:	Julie Hogg Chief nurse	
Report written by:	Kerry Williams, Head of Midwifery: Liz James, Senior Project Manager	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously						

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report provides an update of maternity services progress against the Clinical Negligence Scheme for Trusts (CNST) set out by NHS Resolution (Year 4) highlighting areas of challenge and actions required to achieve compliance.

Impact assessment
N/A

Acronyms used: Please see abbreviations commonly used in maternity reports
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Purpose of the Report

The Clinical Negligence Scheme for Trusts (CNST) set out by NHS Resolution (Year 4) consists of 10 safety actions designed to support the delivery of safer maternity care. Organisations contribute an additional 10% to create an incentive fund which can be recovered by organisations that meet all 10 of the safety actions.

This paper, produced quarterly, aims to provide Trust Board with an overview of the maternity team’s progress against the 10 safety actions of CNST. Information is provided about progress to date and further actions being implemented to support compliance.

Executive Summary

There are 10 safety actions:

1. Use of the National Perinatal Mortality Review Tool (PMRT)
2. Submission of data to the Maternity Services Data Set (MSDS)
3. Neonatal transitional care & avoiding term admissions
4. Clinical workforce planning
5. Midwifery workforce planning
6. Saving Babies Lives compliance

7. Service user feedback & Maternity Voices Partnership
8. Multidisciplinary training
9. Ward to Board assurance
10. Reporting to Healthcare Safety Investigation Branch (HSIB)

A further update was released by NHSR highlighting the new submission date for the Board declaration from 5 January 2023 to February 2023. The updated report has also highlighted amendments to some of the safety actions changing the position of compliance for UHL.

The service is being supported by 360 Assurance with external review of compliance for safety actions 3, 7, 8 and 9. Evidence was submitted in August, including action plans to demonstrate work in progress, a feedback meeting is scheduled to take place at the end of October.

A summary of progress against each standard is attached below. This includes specific requirements of maternity reporting to Trust Board for compliance, and supports the Board declaration to NHSR. There are now 4 safety actions of significant challenge:

- Safety Action 2 – Maternity services Data Set (MSDS)
- Safety Action 5 – Workforce planning
- Safety Action 6 – Saving Babies Lives V2
- Safety Action 8 – Training

Recommendation

The board of directors are asked to be assured by the progress to date and note the areas where improvement is required.

Leicester Maternity CNST September 2022

Specific requirements for maternity reporting to Trust Board (TB) in blue

Overview	RAG	Outstanding Actions	Update (if required)
Safety Action 1: Use of the National Perinatal Mortality Review Tool (PMRT)			
<p>Standards for reporting cases to MBRRACE from 6 May 2022. Includes timescales for completed reports and engagement with families.</p> <p>Quarterly reports to TB from 6 May including details of deaths & action plans</p>	On track	<p>Work to embed and sustain:</p> <p>Process now in place to complete all investigations and reports within timescales</p> <p>Monitor progress monthly against MBRRACE database</p>	<p>1 case notified to MBRRACE after 7 days – discussed with MBRRACE & received confirmation this will not be included in the verification.</p> <p>Review of MBRRACE data 4 October 2022 confirms on target to meet all the standards for this action.</p> <p>Maternity Safety reports summarised to TB quarterly through the Quality Committee. These reports are now presented directly to TB in line the requirement for board oversight (Q2 report due in November)</p>
Safety Action 2: Submission of data to the Maternity Services Data Set (MSDS)			
<p>Relates to quality & completeness of submission with specific data required</p> <p>TB to confirm passed data quality criteria (July 2022 data published in October 22)</p>		<p>Work to embed and sustain:</p> <p>Maintain MSDS standards with business objects software and digital lead.</p> <p>Work with frontline staff to raise awareness of standards needed in electronic patient records and reduce corrections required.</p> <p>Establish digital team for maternity services working closely with UHL digital team.</p>	<p>E3 (maternity electronic patient record) upgraded to meet MSDS V2 standard. Initial feedback is that this meets the standard following data correction work by the maternity team within the timeframe.</p> <p>Digital lead working with community team leads with daily reports to prevent large data correction being needed.</p> <p>Initial feedback from NHS - Primarily passed 4/6 (failed as require 6/6). Failed on BMI and continuity of care as compliance can be 0% or 5%, currently reporting at 2.2%. BMI to be corrected as trust informed 1 day before submission that would be reviewed, CoC ceased due to critical staffing.</p> <p>Mitigations have been sent for review with NHS maternity body, awaiting feedback.</p>

Safety Action 3: Neonatal transitional care & avoiding term admissions into neonates (ATAIN)			
<p>Previous focus on ATAIN with transitional care included in year 4.</p> <p>Progress reporting through Board level safety champions, LMNS & ICS</p>	<p>On track</p>	<p>Working party in progress for mitigating impact of reconfiguration delays.</p> <p>Expanding transitional care provision.</p> <p>Re-establishing quarterly audits.</p>	<p>Awaiting feedback from 360 Assurance on evidence submitted.</p> <p>Awaiting report following peer review July 2022.</p> <p>Compliance challenged by cross site working.</p> <p>Standing item on bi-monthly Maternity Safety meetings.</p>
Safety Action 4: Clinical workforce planning			
<p>4 sections:</p> <ul style="list-style-type: none"> • Obstetric consultant roles & responsibilities (RCOG) • Anaesthetic workforce • Neonatal medical workforce • Neonatal nursing workforce <p>Where shortfalls in workforce TB should develop action plan to address deficiencies</p>	<p>On track</p>	<p>Working party in progress for mitigating impact of reconfiguration delays.</p> <p>Recruitment & retention actions continue across neonatal MDT.</p>	<p>Neonatal workforce paper to EQB February 2022 with update report planned December. Includes GIRFT information, increasing number of cots and action plan.</p>
Safety Action 5: Midwifery workforce planning			
<p>Use of Birthrate+ (BR+) to calculate & agree midwifery establishment with TB level plan to fund.</p> <p>Includes role of labour ward co-ordinator and 1-1 care in labour.</p> <p>Midwifery staffing report to TB every 6 months</p>	<p>On track</p>	<p>Recruitment & retention (R&R) actions continue including recruitment of midwifery R&R lead (in progress)</p>	<p>Establishment reviews completed September 2022 with Chief Nurse with agreement to uplift towards BR+ standards.</p> <p>Annual BR+ review not yet taken place.</p> <p>Updated MIS document asks for evidence of compliance against coordinator supernumerary status. Whilst supported when allocating off duty, BR+ acuity tool highlights areas of non-compliance and time lapse too late to investigate cases.</p> <p>Midwifery workforce paper currently reported to EQB every 6 months, in future these reports will be presented to TB to meet the requirement for board oversight.</p>

Safety Action 6: Saving Babies Lives (SBL) compliance			
<p>Compliance required with all 5 elements of SBL care bundle V2:</p> <ol style="list-style-type: none"> 1 Reducing smoking 2 Reducing fetal growth restriction 3 Awareness of reduced fetal movements (RFM) 4 Effective fetal monitoring 5 Reducing preterm birth <p>Evidence that the quarterly care bundle surveys are submitted to NHSE should be submitted to TB</p>		<ol style="list-style-type: none"> 1 Community matron working with team to improve CO monitoring compliance. Joint working with smoking cessation team supporting referral and treatment 2 Continue monthly audit of risk assessment for RFM 3 see MDT training (section 8) 4 see MDT training (section 8) 5 Continuing periprem project <p>Work to embed and sustain: Need to continue all workstreams to achieve & embed this safety action (core to all maternity national reports)</p>	<ol style="list-style-type: none"> 1 CO monitoring at 36 weeks below target 2 Compliant 3 Compliant with care elements, further work needed to achieve & maintain training attendance 4 need to improve training attendance 5 Compliant <p>Quarterly SBL report for TB started October 2022 Quarterly surveys are submitted to NHSE, next due 2 November 2022</p>
Safety Action 7: Service user feedback & Maternity Voices Partnership			
<p>Focus on relationship with service users and MVP including co-production. Includes voices of women from black and minority ethnic backgrounds.</p>		<p>Engaged in review and re-launch of MVP Continued partnerships with other community groups such as Leicester Mamas for co-production.</p>	<p>Awaiting feedback from 360 Assurance on evidence submitted.</p> <p>MVP working party meeting regularly including key stakeholders. Timeline approved through LMNS meeting. Multiple QI projects in progress to improve care and experience of women from black and minority ethnic backgrounds.</p>
Safety Action 8: Multidisciplinary training			
<p>Required to meet standards for training programs with MDT attendance above 90%</p>		<p>Actions in progress to increase training attendance for junior doctors and anaesthetists. Rolling training program continues</p>	<p>Awaiting feedback from 360 Assurance on evidence submitted.</p> <p>Revised MIS document in Oct 22 requires evidence each staff group compliant in a consecutive 12-month period between 1st August 2021 and 5th December 2022. Due to changes implemented compliance may not be achieved for this safety action, senior team are challenging these changes with NHSR</p> <p>Reported monthly to TB in Maternity Scorecard.</p>

Safety Action 9: Ward to Board assurance			
Robust processes required to provide assurance to TB including safety champions roles		Working with Chief Nurse to ensure all the information required is shared directly with Trust Board	Awaiting feedback from 360 Assurance on evidence submitted. Paper shared with TB August 2022 by Chief Nurse outlining plan for maternity papers
Safety Action 10: Reporting to Healthcare Safety Investigation Branch (HSIB)			
Reporting 100% of qualifying cases to HSIB including duty of candour TB sight of evidence which supports compliance		No current outstanding actions	Current safety team process supports compliance. Changes to maternity reporting will ensure Maternity quarterly safety reports to TB