

Meeting Title	Mid and South Essex University Hospitals Group – Board in Common		
Meeting Date	11 th September 2019	Agenda No	18
Report Title	CNST Maternity Incentive Scheme - NHS Resolution –Position Statement		
Lead Executive Director	Diane Sarkar, Chief Nursing Officer		
Report Author	Lucinda Barrett, Change Management Officer		
Action Required	To note the final position for compliance against the 10 Safety Actions		
Background	<p>The purpose of this email is to provide assurance to the Board of BTUH, SUHT and MEHT and for the Board to agree that the required standards for Safety Action 1-10 have been evidenced through review by the Quality Committee in Common and the Maternity Safety Champion NEDs from December 2018 until the 15th August 2019.</p> <p>NHS Resolution is operating the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme.</p> <p>Back in March of 2018 NHS Resolutions wrote to Trusts explaining how the scheme would reward local services that take steps to improve delivery of best practice in maternity and neonatal services and built in provision for the incentive fund into the maternity pricing for 2018/19 of the CNST, collecting an additional 10% of the maternity contribution from members.</p> <p>Trusts that were able to demonstrate compliance against the ten safety actions recovered an element of their contribution relating to the CNST maternity incentive fund and received a share of any unallocated funds. Those making insufficient progress benefited from a lesser sum to help them improve their position in year 2.</p>		
Current Position	<ul style="list-style-type: none"> • MEHT were complaint against all of the 10 safety actions. • BTUH were compliant with 9 safety actions • SUHFT with 8 safety actions. <p>Governance</p> <p>The Chief Nursing Officer (CNO) and the Maternity Safety NED Champions with the site DoNs meet on a monthly basis to review issues, concerns and good practice in relation to maternity.</p> <p>Papers regarding compliance and performance have been presented to Board and Quality Committee in Common</p> <p>A presentation was delivered at the last Quality Committee in common demonstrating compliance and a full review of the NED Maternity Safety Champions has been undertaken of the supporting evidence and documentation. All have confirmed are assured with the evidence and action plans submitted.</p>		

The CNO and the CCG with representation (DoN / HoM) from each site met to undertake a final check and challenge session and to confirm compliance

Confirmation of compliance was provided at Executive team meeting

		Action met? (Y/N)		
Action	Maternity safety action	MEHT	BTUH	SUFHT
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes	Yes	Yes
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Yes	Yes	Yes
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?	Yes	Yes	Yes
4	Can you demonstrate an effective system of medical workforce planning to the required standard?	Yes	Yes	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	Yes	Yes
6	Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?	Yes	Yes	Yes
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?	Yes	Yes	Yes
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?	Yes	No	No
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Yes	Yes	No
10	Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?	Yes	Yes	Yes

Safety Action 1. Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

All three hospital sites were compliant with Q4 and Q1 PRMT reviews.

Safety Action 2. Are you submitting data to the Maternity Services Data Set to the required standard?

All hospital sites were compliant with both submission deadlines of 31st March and 30th June.

Safety action 3. Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?

Due to various issues across the three sites, negotiations with NHS Resolutions and NHS Improvement team has provided the three Trusts with an extension against this safety action from August 2019 back to December 2019, with the expectation that a Transitional Care Service Model is in place from the 1st January 2020.

All three hospital sites met all of the 4 elements required to qualify for compliance by 15th August deadline.

	<p>Safety Action 4. Can you demonstrate an effective system of medical workforce planning to the required standard? All three hospital sites are compliant with both of the elements required by this safety action.</p> <p>Safety Action 5. Can you demonstrate an effective system of midwifery workforce planning to the required standard? All three hospital sites are compliant with all elements required by this safety action.</p> <p>Safety Action 6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle? All three hospital sites are compliant with all elements required by this safety action.</p> <p>Safety Action 7. Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback? All three hospital sites are compliant with all elements required by this safety action.</p> <p>Safety Action 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? MEHT is compliant with 90% in-house multi professional training of PROMPT required by the safety Action.</p> <p>As funding was not authorised until the end of February 2019, BTUH were unable to commence the first round of PROMPT training until April 2019. The impact of this delay meant they were unable to meet compliance against the 15th August deadline. Their action plan is to meet compliance by March 2020 and have requested further funding of £426k from NHSR to cover the costs of additional trainers, training manuals and back fill to cover rotas.</p> <p>SUFHT started training back in September of 2018 and have found it difficult to meet the deadline required. This was due to lack of ODP attendance, capturing short term ST1 & ST2 trainees and gaps in the theatre rota. An action plan is being submitted to NHSR for a further £72k to meet compliance by December 2019.</p> <p>Safety Action 9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues? MEHT and BTUH are compliant with all elements required of this safety action. SUHFT are following the process set out by the safety action, but are unable to evidence certain elements required for compliance.</p> <p>Safety Action 10. Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme? All three hospital sites are compliant with all elements required by this safety action.</p> <p>All three Board declarations were signed and submitted by the required deadline time. (Previously detailed in email to Board members 15/08/19)</p>
<p>Areas of non-compliance</p>	<p>On the 14th August the Chief Nursing Officer, site DOMs and HOMs met with members of the LMS to discuss the current position and what they can do to assist with the process. It was agreed that they will be invited to monthly meetings to support progress on any issues going forward.</p>

Assessment of Implications	
Financial	<p>Does this proposal have <u>revenue</u> (non-recurrent) implications for the Trusts? Yes</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? No</p> <p>If yes, can these implications be <u>fully</u> covered by existing budgets? N/A</p>
Risk	Risk of non-compliance with safety action 1-10. Public assurance of safety will be demonstrated through NHS Resolution's reporting matrix.
Equality and Diversity	This proposal has been subject to an equality analysis and there are no implications for groups with protected characteristics
Freedom of Information	<i>No exemptions apply</i>
Trust Values and Behaviours consideration and impact:	Demonstrating professional and safe care provided by the multi-professional team
Other Implications Identified	<p>Legal implications to the Trust if Safety Actions are not achieved through demonstrating compliance with a nationally recognised structured mortality review tool and the implementation of generated learning.</p> <p>Damage to Trust's reputation through non-compliance of Safety Actions</p>
Recommendation	The Board is invited to: Note that the required standards for Safety Action 1-10 have been evidenced through the above governance arrangements for the time period December 2018 until the 15 th August 2019.
Appendices	N/A