

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Progress against Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions	<b>Date:</b> 28/06/2018		
<b>Prepared By:</b>	John Glendening – Trust Solicitor Alison Whitham, Head of Midwifery Paul Moore, Director of Governance & Quality Improvement			
<b>Approved By:</b>	Paul Moore, Director of Governance & Quality Improvement			
<b>Presented By:</b>	Paul Moore, Director of Governance & Quality Improvement			
<b>Purpose</b>				
To consider and approve self-certification (for submission to NHS Resolution on or before midnight 29 <sup>th</sup> June 2018.			<b>Approval</b>	✓
			<b>Assurance</b>	✓
			<b>Update</b>	
			<b>Consider</b>	✓
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
✓			✓	
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
			✓	
<b>Risks/Issues</b>				
<b>Financial</b>	The maternity CNST incentive scheme, if full compliance is demonstrated and subsequently verified by NHS Resolution has a value equal to 10% of Maternity CNST contributions (circa £470k).			
<b>Patient Impact</b>	Implementation of the 10 standards as part of the incentive scheme support safer maternity care.			
<b>Staff Impact</b>				
<b>Services</b>				
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
N/A				
<b>Executive Summary</b>				
<p>This paper provides the Board with details of the Trust's self-assessment against the 10 safety actions as part of NHS Resolution's CNST incentive Scheme.</p> <p>The Trust is currently meeting 8 out of 10 requirements.</p> <p>The paper outlines the evidence relied upon for formulate a judgement and requests that the Board formally approve the self-certification and authorise the Chief Executive, as Accounting Officer, to submit to NHS Resolution on the Board's behalf.</p>				

## Background

In January 2018, NHS Resolution launched the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme which was introduced to support the delivery of the Department of Health and Social Care’s Maternity Safety Strategy. This strategy set out an ambition to reward those who have taken action to improve maternity safety and 10 maternity actions were developed to support this aim. We are providing the Board with details of the Trust’s self-assessment, and inviting the Board to approve the self-certification below for submission to NHS Resolution on or before midnight on 29<sup>th</sup> June 2018.

The value of the incentive scheme, assuming full compliance can be demonstrated, is approximately £470k. Where a trust board is not able to assure full compliance, trusts are permitted to apply to NHS Resolution under the incentive scheme for discretionary funding. NHS Resolution will apply the following criteria when considering requests for discretionary funding:

1. Does the action plan have clinical and executive support?
2. Does the action plan clearly explain how the maternity safety action will be met and by when?
3. Does the action plan have a clearly thought out plan with SMART deliverables?
4. Will successful delivery likely result in the required progress against the maternity safety action being met?

## Self-Assessment

The Board of Directors is required under the incentive scheme to adopt the templates provided by NHS Resolution. **Template Section A** provides the evidence against the 10 safety actions.

The Trust is able to demonstrate compliance with 8 out 10 actions. Compliance is summarised as follows:

Safety Action	Compliance Requirement	Current Position / Comment
1	Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	<b>Requirement achieved.</b>
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	<b>Requirement achieved.</b>
3	Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?	<b>Requirement achieved.</b>
4	Can you demonstrate an effective system of medical workforce planning?	<b>Not currently achieved.</b> The Trust is not able to evidence a self-assessment against any consecutive 4 week period in March or April using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool.

5	Can you demonstrate an effective system of midwifery workforce planning?	<b>Requirement achieved.</b>
6	Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	<b>Requirement achieved.</b>
7	Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	<b>Requirement achieved.</b>
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?	<b>Requirement achieved.</b> Confirmed by email from HR that Maternity Service is currently at 94% compliance – evidence to be included on Boardpad upon receipt.
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?	<b>Requirement achieved.</b>
10	Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?	<p><b>Not currently achieved.</b></p> <p>A qualifying incident concerns a baby born with brain injuries. NHS Resolution have advised that there were four cases in June and July 2017 where the child required active cooling. These cases were not reported at the time to NHS Resolution by the Trust in accordance with NHS Resolution's early Notification Scheme. There are no Datix reports and the matters not brought to Scoping meeting by the Maternity Service.</p> <p>The Director of Governance &amp; Quality Improvement has been advised by the Head of Midwifery that the Maternity Service formed the view that these cases are not qualifying incidents. However, subsequent correspondence with NHS Resolution on 22/06/2018 suggests that NHS Resolution believe they do qualify for reporting under the Early Notification Scheme.</p>

For those actions where the Trust is not able to demonstrate full compliance, **Template Section B** has been completed and is submitted for the Board's consideration and approval.

### **ACTION REQUIRED**

The Board are invited to:

1. Consider and approve Template Section A – the Board's self-certification;
2. Consider and approve Template Section B – the Board's Action Plan;
3. Advise on any further action required by the Board;
4. Authorise the Chief Executive, as Accounting Officer to submit the self-certification on behalf of the Board.

**John Glendening, Trust Solicitor**  
**Alison Whitham, Head of Midwifery**  
**Paul Moore, Director of Governance & Quality Improvement**  
**25/06/2018**

## Template SECTION A: Evidence of Trust's progress against 10 safety actions

Safety action – please see the guidance for the detail required for each action	List of Evidence (In Reading Room on Boardpad)	Action met? (Y/N)
<b>1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</b>	Yes. 1. Staff authorisation for using national perinatal mortality review tool	Y
<b>2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</b>	Yes. 1. Copy of CNST Criteria March 2018	Y
<b>3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?</b>	<p>ATAIN stands for Avoiding Term Admissions Into Neonatal units. It is a programme that aims to reduce such admissions, part of which involves the provision of transitional care facilities where mother and baby can remain together in a suitable care environment, without admission to the neonatal unit unless the clinical situation makes this essential. SFH has designated transfer of care areas that are in place and operational as part of its neonatal provision.</p> <ol style="list-style-type: none"> <li>1. Annual report reducing term admissions in neonatal unit 2016-17</li> <li>2. Annual report reducing term admissions in neonatal unit 2017-18</li> <li>3. Review of Term Admissions to the Neonatal Unit June 2017</li> <li>4. Review of Term Admissions to the Neonatal Unit June 2017</li> <li>5. NHSI report</li> <li>6. Care of the newborn guidelines</li> </ol>	Y

<p><b>4). Can you demonstrate an effective system of medical workforce planning?</b></p>	<p>No evidence available to demonstrate the Trust's progress against medical workforce planning using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool template</p>	<p><b>N</b></p>
<p><b>5). Can you demonstrate an effective system of midwifery workforce planning?</b></p>	<ul style="list-style-type: none"> <li>• The Trust can provide evidence of a systematic, evidence-based process to calculate midwifery staffing establishment – using Birthrate+;</li> <li>• The 'rules' within the health rosta system ensure that as standard, midwifery labour ward shifts are rostered in a way that allows the labour ward co-ordinator to have supernumerary status (defined as having no caseload of their own during that shift); and</li> <li>• Neonatal workforce plans – the Maternity Service advise that workforce plans for neonatal workforce are developed by the external network.</li> </ul> <ol style="list-style-type: none"> <li>1. Staffing Paper for Maternity Staffing Using Birthrate plus principles Total Service Review April 2016– March 2017</li> <li>2. Staffing Paper for Maternity Staffing Using Birthrate plus principles Total Service Review April 2017– September 2017</li> <li>3. Staffing Paper for Maternity Staffing Using Birthrate plus principles Total Service Review April 2016– September 16</li> <li>4. Staffing Paper for Maternity Staffing Using Birthrate plus principles Total Service Review April 2017– March 2018</li> <li>5. Rules regarding labour ward shifts built into the health rosta software</li> </ol>	<p><b>Y</b></p>
<p><b>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</b></p>	<p>Board level consideration of the SBL care bundle at PSQB. Covered as part of the Maternity Service Update. Considered by members of the Board in attendance at PSQB.</p>	<p><b>Y</b></p>

	<ol style="list-style-type: none"> <li>1. Maternity Services Update PSQB 1st February 2017</li> <li>2. Maternity Services Update PSQB 1st March 2017</li> <li>3. Saving Babies Lives Care Bundle – Nottinghamshire Local Maternity System</li> </ol>	
<b>7). Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?</b>	Requirement met.  <ol style="list-style-type: none"> <li>1. 2017 Maternity Experience Survey</li> <li>2. Maternity Voices partnership agenda</li> <li>3. Maternity Voices partnership minutes</li> <li>4. Engagement channels</li> <li>5. Pathway for providers</li> </ol>	<b>Y</b>
<b>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?</b>	Requirement met.  <ol style="list-style-type: none"> <li>1. MDT Course programme 2018</li> <li>2. Record of Training</li> <li>3. Confirmation of percentage – email from workforce training</li> </ol>	<b>Y</b>
<b>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?</b>	We are satisfied that as part of the safety collaborative there are bi-monthly meetings between the patient safety lead; patient safety obstetrician and Chief Nurse (Board level champion for Maternity Services).  <ol style="list-style-type: none"> <li>1. Email from NHSI confirming nomination as local improvement lead</li> <li>2. Action plan – to be provided at board</li> </ol>	<b>Y</b>
<b>10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?</b>	A qualifying incident concerns a baby born with brain injuries. NHS Resolution have advised that there were four cases in June and July 2017 where the child required active cooling. These cases were not reported at the time to NHS Resolution by the Trust in accordance with NHS Resolution's early Notification Scheme. There are no Datix reports and the matters not brought	<b>N</b>

	<p>to Scoping meeting by the Maternity Service.</p> <p>The Director of Governance &amp; Quality Improvement has been advised by the Head of Midwifery that the Maternity Service formed the view that these cases are not qualifying incidents. However, subsequent correspondence with NHS Resolution on 22/06/2018 suggests that NHS Resolution believe they do qualify for reporting under the Early Notification Scheme.</p>	
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## Template Section B : Action Plan

An action plan should be completed for each safety action that has not been met

### Action plan 4

Safety action

Q4 Medical  
Workforce  
Planning

To be  
met by

Q2 2018/19

Work to meet action

*Undertake a self-assessment against the consecutive 4 week period in March or April 2018 using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool. Report outcome to the Medical Workforce Group and provide assurance to the Board of Directors.*

Does this Action Plan have Executive Level Sign Off

Yes

Action plan agreed by HoM and/or clinical director?

Yes

Action plan owner

*Mr Srinivindla, Service Director*

Lead executive director

*Dr Andrew Haynes, Executive Medical Director*

Details of any request for funding support from the incentive fund, if required

Reason for not meeting action

*Although the Trust believe this assessment was undertaken, at the time of report we are not able to evidence, nor can we evidence that the outcome has been reported to the relevant governance meetings and Board of Directors.*



**Rationale**

*This action will demonstrate beyond doubt that the self-assessment has been completed and provide assurance of any subsequent actions planned to ensure that no more than 20% of middle grade sessions on labour ward are filled by consultants acting down from other sessions.*

**Benefits**

*The benefit is in providing evidence of the Trust's current position and highlighting any gaps in workforce that may result in consultants being required to act down.*

**Risk assessment**

*No risk identified.*

	<b>How?</b>	<b>Who?</b>	<b>When?</b>
<b>Monitoring</b>	Medical Workforce Group	Executive Medical Director	Jul-18

## Action plan 10

Safety action

Q10 ENS

To be met by

Q2 2018/19

Work to meet action

1. Undertake a review of all cases where children required active cooling treatment in 2017/18;  
 2. Establish in consultation with NHS Resolution whether or not these cases qualified for reporting under the Early Notification Scheme;  
 3. If after review it is found that cases that should have been reported were not reported, then redesign the process of reporting to ensure that events are captured on Datix, referred to Scoping at the first meeting opportunity thereafter by Maternity Service, and reported to NHS Resolution under the requirements of the Early Notification Scheme.

Does this Action Plan have Executive Level Sign Off

Yes  
s

Action plan agreed by HoM and/or clinical director?

Yes  
s

Action plan owner

Miss Susanna Al-Samarrai - Labour Ward lead, Alison Whitham - Head of Midwifery and John Glendening, Trust Solicitor

Lead executive director

Suzanne Banks, Chief Nurse

Details of any request for funding support from the incentive fund, if required

Reason for not meeting action

The view taken by the Maternity Service is that of the four cases where babies required active cooling during June and July 2017 2 were reported by receiving organisations; 1 we feel did not qualify under the Early Notification Scheme and 1 may have been an omission (based on the anonymised data provided by NHSR).

**Rationale**

1. The action plan will confirm whether or not the cases identified qualified for reporting under the ENS;  
 2. If, after review, it is felt the cases did qualify then reporting can be actioned accordingly; and  
 3. If, after review, it is felt the cases did qualify then the governance supporting the reporting of ENS can be urgently reviewed and strengthened accordingly.

**Benefits**

1. For the Board to be satisfied that cases requiring active cooling are appropriately and promptly reported internally, reviewed accordingly as per local serious incident reporting provision, and reported correctly and timeously to NHS Resolution under the provisions of the Early Notification Scheme.

**Risk assessment**

No risks identified.

	<b>How?</b>	<b>Who?</b>	<b>When?</b>
<b>Monitoring</b>	Patient Safety & Quality Board	Chief Nurse	by 31st July 2018

**SECTION C: Sign-off**

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**For and on behalf of the Board of Sherwood Forest Hospitals NHS Foundation Trust confirming that:**

- **The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards and that the self-certification is accurate.**
- **The content of this report has been shared with the commissioner(s) of the Trust’s maternity services**
- **If applicable, the Board agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B**

**Position:** .....

**Date:** .....

**NHS Resolution expect trust Boards to self-certify the Trust’s declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group will escalate to the appropriate arm’s length body/NHS System leader.**

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**SECTION D: Appendices**

Please list and attach copies of all relevant evidential

**\*\*Please note the evidence should be provided to**

**NOT send the evidential appendices through to NHS Resolution as it will not be considered\*\***

appendices:

**Trust Board only. Please do**

## **ACTION REQUIRED**

The Board are invited to:

5. Consider and approve Template Section A – the Board’s self-certification;
6. Consider and approve Template Section B – the Board’s Action Plan;
7. Advise on any further action required by the Board;
8. Authorise the Chief Executive, as Accounting Officer to submit the self-certification on behalf of the Board.

**John Glendening, Trust Solicitor**  
**Alison Whitham, Head of Midwifery**  
**Paul Moore, Director of Governance & Quality Improvement**

**25/06/2018**