

Date of meeting	7 June 2018
Paper number	C

**Worcestershire Acute Hospitals NHS Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme - maternity safety actions**

For approval:	<input checked="" type="checkbox"/>	For assurance:	<input type="checkbox"/>	To note:	<input type="checkbox"/>
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<b>Accountable Director</b>	Vicky Morris Chief Nurse		
<b>Presented by</b>	Vicky Morris Chief Nurse	<b>Author</b>	Dr Andrew Short, Divisional Medical Director

Alignment to the Trust's strategic priorities					
Deliver safe, high quality, compassionate patient care	<input checked="" type="checkbox"/>	Design healthcare around the needs of our patients, with our partners	<input checked="" type="checkbox"/>	Invest and realise the full potential of our staff to provide compassionate and personalised care	<input checked="" type="checkbox"/>
Ensure the Trust is financially viable and makes the best use of resources for our patients	<input checked="" type="checkbox"/>	Develop and sustain our business	<input checked="" type="checkbox"/>		

Alignment to the Single Oversight Framework					
Leadership and Improvement Capability	<input checked="" type="checkbox"/>	Operational Performance	<input checked="" type="checkbox"/>	Quality of Care	<input checked="" type="checkbox"/>
Finance and use of resources	<input checked="" type="checkbox"/>	Strategic Change	<input checked="" type="checkbox"/>	Stakeholders	<input checked="" type="checkbox"/>

Report previously reviewed by		
Committee/Group	Date	Outcome
QGC	19 April	Approved
Women and Children Divisional Board Meeting	23 May	Approved

<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		N	BAF number(s)		
<b>Significant assurance</b> <i>High level of confidence in delivery of existing mechanisms/objectives</i>	<input checked="" type="checkbox"/>	<b>Moderate assurance</b> <i>General confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>	<b>Limited assurance</b> <i>Some confidence in delivery of existing mechanisms/objectives</i>	<input type="checkbox"/>
			<input type="checkbox"/>	<b>No assurance</b> <i>No confidence in delivery</i>	<input type="checkbox"/>

<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Satisfy itself 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.</li> <li>Note that content of this report has been shared with the commissioner(s) of the Trust's maternity services.</li> <li>Agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B.</li> </ul>
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Date of meeting	7 June 2018
Paper number	C

### Executive Summary

The newly established CNST Incentive scheme provides an opportunity to significantly reduce the Trust contribution to the scheme in 2018/19. The Women and Children Division have completed a self assessment against the 10 standards, gathered evidence of compliance and identified actions required to improve compliance in the two standards where full compliance has not been achieved. The evidence has been provided in the agreed format and is included in the Appendices (available on request). The Chief Nurse has reviewed all the documentation and can provide assurance to the Board that the evidence supports the self-assessment.

The Board is asked to review the evidence and sign off the paper to enable submission to NHS Resolution by 29<sup>th</sup> June 2018.

### Background

In line with The Secretary of State for Health's announcement on the 28 November 2017 on "Safer maternity care: progress and next steps" the CNST maternity incentive scheme will be implemented for 2018/19.

The maternity element of contributions has been increased by 10% above the standard 2018/19 maternity contribution to create a maternity incentive fund.

Maternity services that can demonstrate achievement of a specified set of requirements will be eligible for a share of that incentive fund of at least 10% of their base contribution together with a share of the balance of undistributed funds, the amount of which will be determined once the results from all services have been gathered. The specific safety actions are:

1. Are you using the National Perinatal Mortality Review Tool to review perinatal deaths?
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
3. Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?
4. Can you demonstrate an effective system of medical workforce planning?
5. Can you demonstrate an effective system of midwifery workforce planning?
6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
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?
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?
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?
10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification Scheme?

Date of meeting	7 June 2018
Paper number	C

A standard template for providing evidence of compliance has been produced by NHS Resolution. The completed template is included in this report, and needs to be submitted to NHS Resolution by 29<sup>th</sup> June 2018.

Maternity services that do not demonstrate achievement may be allocated a smaller sum from the fund to support them to implement the required actions.

Once the full results are available for all maternity providers, NHS Resolution will confirm the value of the credit to be made to members. A credit note will be issued and a payment made. For Worcestershire Acute Hospitals NHS Trust compliance with the 10 standards will mean a reduction in CNST contributions of at least £565,000.

#### Recommendations

The Board is asked to:

- Satisfy itself 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.
- Note that content of this report has been shared with the commissioner(s) of the Trust's maternity services.
- Agrees that any reimbursement of CNST funds will be used to deliver the action(s) referred to in Section B.

#### Appendices

1. Evidence of progress against 10 key actions
2. Further actions required
3. Sign-off by Board
4. Appendices to be submitted with evidence of progress – *available on request*

Date of meeting	7 June 2018
Paper number	C

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

Please note that trusts with multiple sites will need to provide evidence of each individual site's performance against the required standard. NB All inpatient maternity services were centralised onto the Worcestershire Royal Hospital site in November 2015

Safety action – please see the guidance for the detail required for each action	Evidence of Trust's progress	Action met? (Y/N)
<b>1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</b>	<p>Commenced January 2018. LMS partner Wye Valley Trust has agreed to provide external representation at the review panel meetings. Key staff identified with access to NPMRT. Meetings planned for every 8 weeks to include external representation.</p> <p>2017 cases reviewed via Standardised Clinical Outcome Review (SCOR) which was the locally agreed process promoted by and agreed with the Perinatal Institute. Evidence has been attached in the Appendices of the summary findings for these reviews</p> <p>Results of MBRRACE report (2015) summarised and presented to Women and Children's Divisional Board in September 2017. Results of Worcestershire and Hereford MBRRACE reports jointly analysed and presented to LMS Board in March 2018. Themes are consistent with Saving Babies Lives agenda.</p>	<b>Yes</b>
<b>2). Are you submitting data</b>	<p>Within the MSDS there are 10 data criteria to be met. In November 2017 we met 8 out of the 10 criteria. From March</p>	<b>Yes</b>

Date of meeting	7 June 2018
Paper number	C

<b>to the Maternity Services Data Set (MSDS) to the required standard?</b>	<p>2018 we have consistently met 9 out of the 10 criteria</p> <p>The outstanding criterion yet to be met is number 10.</p> <p>Evidence is attached in the appendices which provides confirmation from NHS Digital that we are meeting the criteria to the required standards</p>	
<b>3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN (Avoiding term admissions) Programme?</b>	<p>A Transitional Care facility has been in place at Worcestershire Royal Hospital for many years. In 2015 the capacity was increased from 6 to 9 spaces at the time that maternity care was centralised. The attached data extracted from the Badger database shows that in 2017 219 babies were admitted to TCU allowing them to be cared for with their mothers present. In addition the neonatal service is supported by a Neonatal Nursing outreach service which provides support to families at home, thereby facilitating early discharge of babies with ongoing nursing needs such as tube feeding.</p> <p>The rates of unexpected term admissions are monitored on our performance dashboard as well as on Unit reports generated by the Badger database system. The dashboard included in the appendices shows that our average unexpected term admission rate is just under 3%. We are able to achieve this figure because the pathways for hypoglycaemia, jaundice, additional monitoring and treatment for risk of sepsis all aim to keep babies with their mothers either on the post natal ward, or on TCU. The attached data also captures babies who were nursed on the post-natal ward but required an enhanced level of care.</p> <p>Despite the low admission rates for term infants, we also hold monthly meetings to review unexpected term admissions. These multidisciplinary meetings involve neonatal nurses, doctors, midwives and Obstetricians and aim to identify further cases where admission might be avoided. A document demonstrating the summary findings of these meetings is also attached in the appendices.</p>	<b>Yes</b>
<b>4). Can you</b>	In 2016 as a result of a shortfall in specialty trainees allocated to Worcestershire by Health Education England, West	<b>Yes</b>

Date of meeting	7 June 2018
Paper number	C

<b>demonstrate an effective system of medical workforce planning?</b>	<p>Midlands we began to monitor O&amp;G Medical staffing on a regular basis as a standing agenda item at our weekly divisional Serious Incident and Safety Review meetings. In 2017 the situation improved as a consequence of increased trainee numbers and recruitment to non training grade posts. The data is now monitored on a monthly basis. The data submission for April 2018 is attached as an example in the appendices.</p> <p>Further information on staffing rotas is available if required. In addition the suggested RCOG monitoring tool has been completed and attached as requested in the appendix.</p>	
<b>5). Can you demonstrate an effective system of midwifery workforce planning?</b>	<p>The Trust participated in the Birth Rate+ assessment in 2018. The draft report was received March 2018 and is attached in the Appendix.</p> <p>The total funded staffing requirement using Birth rate methodology is 217 WTE.</p> <p>The current establishment is 219 WTE.</p> <p>This provides evidence that the staffing levels are safe for the acuity and activity we have going through maternity services.</p> <p>The report recommends doing a skill mix review and aiming for a 9:1 ratio of midwifery to midwifery support worker roles. This work will involve reviewing job descriptions for the role and learning from other units, followed by recruitment, training to meet agreed competencies and implementation of the role. This is also an ideal opportunity to work across the LMS.</p> <p>Birth rate also recommends looking at the distribution of staff between hospital and community teams.</p> <p>They recommend a ratio of 1: 107 caseload per WTE midwife.</p>	<b>Yes</b>

Date of meeting	7 June 2018
Paper number	C

	<p>Review of caseloads is currently being undertaken.</p> <p>At last review, when the annual delivery number was higher, caseloads were 1: 112 per WTE.</p> <p>In addition the Trust has developed a Safe staffing app which is completed daily. This allows confirmation of safe staffing numbers for individual shifts. There is 100% compliance with the use of this tool with an escalation policy in place. Staff are deployed within the unit according to activity and acuity. There is a Maternity manager on call 24/7 for advice and support in line with the escalation policy.</p>	
<p><b>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</b></p>	<p>Review of the saving babies lives bundle identified that most processes and pathways are in place. Whilst there is some evidence of audit to ensure these processes are embedded, a more robust approach or re-audit is required to ensure that practice reflects our processes for SBL. Areas for improvement are sustainable scanning capacity to meet the targets for assessing reduced fetal movements, rates of CTG Training and referral pathways for smoking cessation. In order to document evidence of progress in these areas a single unified maternity information system would be beneficial</p> <p>For scanning capacity we instituted the checklist and protocol following which we have audited results. This highlighted a capacity issue within ultrasound scanning and we are now in the process of putting a business case together to ensure expansion of scan services to support this element of SBL.</p> <p>The department has recently moved to a new system of CTG training and competence assessment. As a result compliance figures against our standard are between 75 and 85%. However it should be noted that the standard set in SBL is annual assessment, whilst the local standard has been for formal training and assessment every 2 years, with annual updates at mandatory training days.</p> <p>Work streams are in place with named leads for each of the four elements of SBL. These groups will collect and review data related to SBL making recommendations and implementation plans for improvement where required. A meeting has</p>	<p><b>Partial</b></p>

Date of meeting	7 June 2018
Paper number	C

	taken place with the board level safety representative and the SBL bundle has been reviewed.	
<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>	<p>The Trust utilises the Friends and Family test (FFT). Overall uptake rates for this survey have been low across the Trust, and there has recently been a re-launch as part of the patient experience strategy. Within the maternity department completion rates for the meadow birth centre and the post natal ward are consistently around 80%, with excellent scores approaching 100% satisfaction.</p> <p>The Trust also participates in the annual Picker Institute Maternity Survey, reviewing and responding to the feedback received.</p> <p>The main concern in the latest report was the lack of facilities for partners to be able to stay the night, and this has been addressed.</p> <p>There is representation on Maternity Voices Partnership Forum (MVPF).</p> <p>MVPF Meetings December 2017 January 2018 - see notes of meetings. The MVPF have also been active in reviewing and supporting a new policy for partners staying overnight on the maternity unit.</p> <p>In addition our consultant midwife has undertaken a survey on women's views of continuity of carer, supported by the MVPF. There have been over 700 responses which are being used to develop our model of care.</p> <p>A member of the MVPF has also been involved in the interview process for a new Obstetric consultant, providing valuable feedback to the appointment committee.</p>	<b>Yes</b>
<b>8). Can you evidence that 90% of each</b>	We have recently moved from mandatory training for midwives only to the new multidisciplinary training module for maternity emergencies. Full details of the programme are included in the Appendix. This also shows the numbers currently trained (41) and the total number who need to complete training (283). We plan to move from the current figure	<b>Partial</b>



Date of meeting	7 June 2018
Paper number	C

<p><b>maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?</b></p>	<p>of 14% to 90% by April 2019. This means by which we will achieve this is also outlined in the Appendix.</p>	
<p><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</b></p>	<p>Meetings have been set up involving our Board Level Champion Vicky Morris (Chief Nurse ) and our two safety champions from Obstetrics and Maternity. The first meeting has taken place, with the notes from the meetings attached in the appendix. Further meetings have been scheduled.</p>	<p><b>Yes</b></p>

Date of meeting	7 June 2018
Paper number	C

issues?		
<b>10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?</b>	100% of eligible cases have been reported. The supporting evidence for this is included in the Appendix. In addition to this data we have included evidence from the GIRFT study that the Trust is not an outlier in terms of rates of neonatal HIE.	<b>Yes</b>

Date of meeting	7 June 2018
Paper number	C

**SECTION B: Further action required:**

***If the Trust is unable to demonstrate the required progress against any of the 10 actions, please use this section to set out a detailed plan for how the Trust intends to achieve the required progress and over what time period. Where possible, please also include an estimate of the additional costs of delivering this.***

The National Maternity Safety Champions and Steering group will review these details and NHS Resolution, at its absolute discretion, will agree whether any reimbursement of CNST contributions is to be made to the Trust. Any such payments would be at a much lower level than for those trusts able to demonstrate the required progress against the 10 actions and the 10% of the maternity contribution used to create the fund. If made, any such reimbursement must be used by the Trust for making progress against one or more of the 10 actions.

To capture all the data on maternal smoking, CO monitoring and referral to smoking cessation services a unified maternity information system would be very helpful. Until this has been implemented we will be reliant on notes audits on a small sample of patients in order to demonstrate compliance. An audit of 10 sets of notes each week would give a representative sample size of 10%.

Documentation of provision of information regarding fetal movements is also found in hand-held maternity records. A unified electronic maternity information system would facilitate demonstration of compliance with this element of the Saving Babies Lives care bundle. Until that is available demonstration of compliance will depend upon a retrospective audit of an adequate sample size.

We need to develop and ensure a consistent approach to mothers who contact maternity triage with concerns about reduced fetal movements. The introduction of the BSOTS (Birmingham Standardised Obstetric Triage System) Triage tool is planned for September this year.

Date of meeting	7 June 2018
Paper number	C

An increase in obstetric ultrasound scanning capacity is required to provide the increased level of surveillance required for high risk mothers. A business case is being developed to provide an additional 40 obstetric ultrasound slots per week. It is thought this will cost approximately £35000 plus additional overheads.

In order to improve detection rates for fetal growth restriction there are ongoing training requirements for our midwifery and Obstetric staff on the use of GROW charts.

The local maternity training standard for competence in CTG interpretation requires assessment every 2 years, and compliance data reflects this standard. The SBL standard requires 100% of labour ward staff to have had annual updates. The inclusion of the CTG interpretation module on the mandatory training days does address this, and figures suggest compliance is at 85%

MDT Training has only recently been reintroduced for obstetric emergencies. As a result currently less than 20% of our staff have completed this element of training. The training plan aims to achieve full compliance by April 2019

The costs of training will be funded through the existing training budget. There will also be a review of how mandatory training is prioritised when

A dashboard of data is being developed to allow monitoring of progress against our planned trajectory to achieve compliance in steps 6 and 8. Action plans are attached to address the three areas identified for improvement: CTG Training, Multi-professional obstetric emergency training and ultrasound scan capacity

Date of meeting	7 June 2018
Paper number	C

**SECTION C: Sign-off**

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For and on behalf of the Board of Worcestershire Acute Hospitals NHS 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: .....

We 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 escalate to the appropriate arm’s length body/NHS System leader.

Date of meeting	7 June 2018
Paper number	C

**SECTION D: Appendices available on request**

Please list and attach copies of all relevant evidential appendices:

Item number	Title of Document(s)
<b>1) Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</b>	SCOR Review Summaries
<b>2) Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</b>	Maternity Services Data Set (MSDS) Evidence January – March 2018  Maternity Services Data Set (MSDS) Information October – December 2017
<b>3) Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN (Avoiding term admissions) Programme?</b>	Review of unexpected term admissions to Neonatal Unit 2017/18  Unit report extracted from Badger database  Performance dashboard
<b>4) Can you demonstrate an effective system of medical workforce planning?</b>	Report submitted to the weekly SI and safety review meeting April 2018

Date of meeting	7 June 2018
Paper number	C

<b>5) Can you demonstrate an effective system of midwifery workforce planning?</b>	Birthrate plus report 2018
<b>6) Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</b>	CTG meeting attendance sheets and summary of evidence to demonstrate training SGAFGR Referral & Detection Rates 2017/18 Mandatory Maternity Training itinerary Maternity Mandatory Training Evaluation Score sheets Mandatory Maternity training attendance sheets
<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>	Picker Survey results 2017 Notes from MVP workshop and meetings
<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>	Local Training Plan

Date of meeting	7 June 2018
Paper number	C

<p><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></p>	<p>Letter from NPEU re Launch of National Perinatal Mortality Review Tool (PMRT)</p> <p>Notes from first meeting</p>
<p><b>10) Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?</b></p>	<p>Neonatal National report Encephalopathy</p> <p>Extract from GIRFT report</p> <p>Reporting claims to NHS Resolution June 2017</p> <p>Early notification report forms</p>