The Royal Wolverhampton
NHS Trust

NHS Resolution: Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme
25 June 2018

Agenda Item No: 7.2

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	June 2018
Title:	NHS Resolution: Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme
Executive Summary:	1. The Maternity Safety Strategy set out the Department of Health's (DoH) ambition to reward those who have taken action to improve maternity safety. 2. There are 10 Maternity safety actions 3. Trusts require meet all of the 10 safety actions in order to qualify for the incentive payment. The expectation is that Trusts will be able to demonstrate the required progress against all 10 of the actions in order to qualify for the minimum rebate of their contribution to the incentive fund (calculated at 10% of their maternity premier). Approximately 334 K for RWT. 4. NHS Resolution have indicated that where partial compliance is identified they will still consider a partial rebate if Trusts are able to submit a robust action plan to deliver compliance. 5. There is an expectation that Trusts will share this information with Commissioners prior to submission to NHS Resolution. 6. The Trust currently has assurance of compliance with 9 of the 10 standards and partial compliance with 1 other. 7. The scheme is discretionary and subject to available funding.
Action Requested:	To receive and approve submission to NHS Resolution
Report of:	Women's and neonatal Directorate Maternity Service
For the attention of the Board. • **Alert** • **Assure** • **Advise**	To confirm that the Board are assured that the evidence provided to demonstrate compliance with achievement of the maternity safety actions
Author: **Contact Details:**	Tel: 01902 695162 Email: tracypalmer@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality. 2. Proactively seek opportunities to develop our services

Resource Implications:	None
Public or Private: **(with reasons if private)**	
Appendices/ References/ Background Reading	Board Report on The Royal Wolverhampton NHS Trust progress against Clinical Negligence Scheme for Trusts CNST) incentive scheme maternity safety actions. *2016 CNST Consultation* *Five Year Strategy: Delivering fair resolution and learning from harm* *NHS early resolution and Redress (2017) NHS Resolution.*
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Board report on The Royal Wolverhampton NHS Trust (RWT) progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

Date: May 2018

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.

Safety action – please see the guidance for the detail required for each action	Evidence of Trust's progress	Action met? (Y/N)
1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?	**RWT is using the NPMRT to review perinatal deaths.** *NHS Resolution will also use data from MBRRACE to verify the Trust's progress against this action.*	**Yes**
2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	**RWT successfully achieved the 8 out of 10 compliance standard target for March 18 submission.** *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.* *NHS Resolution will also use data from NHS Digital to verify the Trust's*	**Yes**

	progress against this action.	
3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?	**RWT has Transitional Care (TC) service provision – delivery model is a bespoke transitional care unit with mother as primary care giver supported by appropriately trained healthcare professionals. This includes a community neonatal service. RWT presently have 8 TC cots with a further 5 planned to open this year to support the ATAIN programme – Avoiding term Admissions Into Neonatal Unit.** *NHS Resolution will cross-check trusts' self-reporting with Neonatal Operational Delivery Networks to verify the Trust's progress against this action.*	**Yes**
4). Can you demonstrate an effective system of medical workforce planning?	**RWT have self-assessed a consecutive 4 week period in March using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool to meet the required standard for medical workforce planning.** • **Evidence: RCOG workforce Planning tool** *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document. This should*	**Yes**

	include reference to the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool template	
5). Can you demonstrate an effective system of midwifery workforce planning?	**RWT have recently had a Midwifery workforce review conducted by Birth Rate+ final report received in April 2018.** • **Evidence: Full audit completed for the service** *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance slides.*	**Yes**
6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?	**RWT are working towards compliance with all 4 elements of the Saving Babies Lives Care Bundle.** • **Evidence: RWT submit data for all 4 elements quarterly to NHSE** *NHS Resolution will cross-check trusts' self-reporting with NHS England.*	**Yes**
7). Can you demonstrate that you have a patient feedback mechanism for maternity	**RWT have a Maternity Voices Partnership forum meeting quarterly.**	**Yes**

services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?	**RWT engage with women through RWT Birth reflections service.** • **Evidence: Minutes of MVP forum** • **Data base – kept locally for Birth reflections service.** *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	
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?	RWT run a multi-professional Maternity Emergency training day each month. 2017/18 indicates compliance with standard for obstetric and Midwifery staff group. • **Evidence: Training Programme** • **Attendance Database for staff groups.** **This has been identified as partially complete as although training days take place, they do not currently include theatre staff or Health Care**	**Partial**

	Assistants, thus not making it truly MDT. As per the action plan Section B, this will be resolved by Q3 2018/19.	
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?	**Midwifery safety champion meets with Board member safety champion monthly.** **Obstetricians report to board members at Quality Safety Action Group (QSAG) Patient Safety Information Group (PSIG) and Mortality meetings however this has not been bi-monthly over last year.** **Trusts position as April 2018: Dates have been confirmed for safety champions Midwife / Obstetrician to meet Bi-monthly with a Board member.** **This is sufficient to meet the standard as identified under FAQ on the NHS Resolution web site, which states** ***"as long as there are planned bi-monthly (every two months) meetings for the remainder of 2018"*** *Please refer/ append all relevant evidence to demonstrate the Trust's progress against this action as per the guidance document.*	**Yes**
10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early	RWT have reported 100% of qualifying incidents in 2017/18 under NHS	

Notification scheme?	resolution scheme (*n)* = 6. • **Evidence: – Local data** **Data from the NNRD** *NHS Resolution will also use data from the National Neonatal Research Database to verify the Trust's progress against this action.*	**Yes**

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.

SECTION C: Sign-off

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For and on behalf of the Board of [INSERT TRUST NAME] 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.

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SECTION D: Appendices

Please list and attach copies of all relevant evidential appendices:

Action plan 1

Safety action	Q8 In House Training	**To be met by**	Q3 2018/19

Work to meet action	*RWT have ot routinely invited maternity theatre and critical care staff and HCA's to the 'in house' multi-professional maternity emergencies training session within the last year. However Maternity theatre staff have attended the 'OBSIM' training day which focuses on human factors and team workning within the theatre environment. The plan moving forwrds is that these staff groups will be invited to attend a mndatory*

Does this Action Plan have Executive Level Sign Off		**Action plan agreed by HoM and/or clinical director?**	Yes

Action plan owner	*Emergency training multidisciplinary faculty*
Lead executive director	*Jonathon Odum*
Details of any request for funding support from the incentive fund, if required	*none*
Reason for not meeting action	*RWT did not meet this standard as we were not aware that these staff groups required emergency training specificly deleivered on the emergency multidisciplinary training day. Theatre staff have attended a simulated Obstetric training day which focused on human factors and team work. HCA have emergeny training built into thier induction - however this is not in a multidisciplinary setting. This will now be rectified to*
Rationale	*These staff groups will be invited to the monthly training session in house to ensure compliance with saftey action.*
Benefits	*RWT will meet requirmeents of the 10 steps to saftey for CNST - with reference to standard 8 and in particular team working and hand on workshops for theatre teams.*
Risk assessment	*The risk for not meeting standard 8 will mean that Multidisciplinary teams will not be meeting the saftey standard for CNST if they do not attend which may compromise pateint safety. As above a plan is in place to ensure that these staff groups are invited and attend the emergency training day*

	How?	**Who?**	**When?**
Monitoring	Through the TNA Database	Proffessional development Midwives and lead	monthly

Action plan 2

Safety action	Q9 Safety Champions	**To be met by**	Q2 2018/19

Work to meet action	*Obstertric - Consultant Obstetrician will meet meet bi-monthly with board member. Midwifery saftey champion already meet with board member monthly.*

Does this Action Plan have Executive Level Sign Off		**Action plan agreed by HoM and/or clinical director?**	Yes

Action plan owner	*Helen Sullivan Consultant Obstetrician*
Lead executive director	*Ann- Marie Cannaby CNO*
Details of any request for funding support from the incentive fund, if required	*none*
Reason for not meeting action	*Obstericans attend board meetings as and when required to present saftey action plans and to demonstrate complinace with national reports and audit however a bi-monthly meeting has not taken place as a formal arrangement. The Head of Midwifery meets montly with the CNO to discuss national reports and update on progress with regard to clinical mesures, inspection reports and feedback from women and families.*
Rationale	*Please explain why this action plan will ensure the Trust meets the safety action.*
Benefits	*Board members will have the opportunity to meet with both a Midwfe and Obstetrician saftey champion to discuss national reports, saftey strategy and improvement plans in a multidisciplnary setting.*
Risk assessment	*The risk for non- complinace with saftey standard 9 for CNST may result in the board member saftey champion not being fully appraised with Maternity saftey improvement, strategies and progress with national reports*

	How?	**Who?**	**When?**
Monitoring	Meetings are in diary, minutes.	Midwife and Obsteric saftey champion and CNO	Bi-monthly