Title: Northern Devon Healthcare Trust: Board report on Northern Devon Healthcare NHS Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

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Report Date: September 2019  
Board date: 5th September 2019

**Executive Summary**

The Government has set the target of halving the rates of stillbirths, neonatal and maternal deaths, and brain injuries associated with delivery, by 2025. The first milestone in the process of achieving this target is an expectation of a 20% reduction by 2020, this is an important patient safety initiative.

NHS Resolution will be making at least 10% reduction in the CNST maternity contributions of trusts who are able to demonstrate compliance with the 10 key safety criteria agreed by the National Maternity Champions.

By enhancing safety and implementing all ten criteria NDHT will see a reduction in CNST contributions by £220,000. Only trusts that meet the required progress against all ten maternity safety actions will be eligible for a reduction in payments of at least 10% of their contribution to the incentive fund.

In 2018 the Trust was compliant with six of the ten criteria and significant work was undertaken in these areas to enhance patient safety, NDHT are now able to evidence compliance against all ten criteria giving greater assurance of enhanced safety due implementation of the ten criteria identified by the national maternity champions.
The process required the maternity team to complete a self-assessment, develop an action plan, and achieve Board sign off supported by validation undertaken through the local maternity system in Devon. A final submission was submitted to the NHS Resolution team on 15th August 2019 assuring of compliance against the ten criteria and as a resulted enhanced safety within the service.

**Recommendation**

The Board are asked to receive this report.

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

The following report is using the mandated NHS Resolutions Template:

<table>
<thead>
<tr>
<th>Safety action – please see the guidance for the detail required for each action</th>
<th>Evidence of Trust’s progress</th>
<th>Action met? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</td>
<td>Since October 2018, there have been no cases of perinatal mortality that have met the criteria for use of this tool, two historic cases have been reviewed to ensure this tool has been fully implemented. New Obstetric &amp; Gynaecology consultants have commenced in the Trust and one has become the lead for NPMRT and any requirements/actions for this process, is fed in via perinatal and morbidity and mortality meetings held bi-monthly. Evidence 1.1 Minutes of perinatal mortality and morbidity meetings to evidence use of toolkit.</td>
<td>Yes</td>
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<td>Question</td>
<td>Response</td>
<td></td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>1.2 case numbers recorded on NPMRT</td>
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<td>1.3 NPMRT users are registered</td>
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<tr>
<td>2). Are you submitting data to the Maternity Services Data Set (MSDS) to</td>
<td>Validation of maternity services data sets has been undertaken and full compliance on data quality and confirmation has been provided by NHS Digital. Evidence Validation of data quality by NHS Digital</td>
<td></td>
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<tr>
<td>the required standard?</td>
<td></td>
<td></td>
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<td>3). Can you demonstrate that you have transitional care facilities that</td>
<td>To enhance our services and provide Transitional care requirements a detailed action plan was submitted to the South West Neonatal Network, this plan has been signed off as being compliant with this standard and written confirmation was received on 24th July 2019 from the South West Neonatal Network. The action plan is now into implementation and a project group is established to scope our options and costing for the next phases of the model. This is in place and an options appraisal will be presented. ATAIN figures remain under 5% which is an appropriate benchmark. Evidence 3.1 Transitional Care Guidelines - For Neonates 3.2 Letter from the SWNN 3.3 BAPM guidance on TC 3.4 Attain training is in place and midwives are compliant – evidenced on monthly training reports</td>
<td></td>
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<tr>
<td>are in place and operational to support the implementation of the ATAIN</td>
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<td></td>
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<tr>
<td>Programme?</td>
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<td></td>
<td>Yes</td>
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<td></td>
<td>Yes</td>
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</tbody>
</table>
| 4). Can you demonstrate an effective system of medical workforce planning? | In partnership and with close support from the Royal Devon and Exeter Foundation Trust (RD&E), the medical workforce and rotas (both consultant and middle grade) have been re-designed and staffed accordingly to meet the changing needs of the department and change in service provision to a more ambulatory care setting developing a plan that enhances patient care and is more sustainable through robust workforce plans.

Effective from 18.2.19, a new prospectively covered 1:8 consultant rota has been introduced with revised job plans.

This has involved the substantive appointment of 2 additional consultants via the RD&E.

The middle tier rota is being published on 2nd September 2019 which mirrors the Consultant rota.

Additional trainees via the LMS regional training schema have been applied for.

The above interventions with valid workforce plans being supported by the local maternity system gives assurance of a robust and sustainable medical model into the future. | Yes |
<table>
<thead>
<tr>
<th>Evidence</th>
<th>4.1 minutes from Obstetrics &amp; Gynaecology business meetings from Feb 2019</th>
</tr>
</thead>
</table>
| **5). Can you demonstrate an effective system of midwifery workforce planning?** | The Maternity Services Operational Policy demonstrates a systematic, evidence-based process to calculate midwifery staffing establishment; (Birthrate +). The minimum midwife to woman ratio is 1:28 which is against a national average of 1:32. This is to ensure that safe care can be provided throughout all stages of pregnancy and is based on recommendations from Safer Childbirth (2012).

The maternity team are working closely with others within the Devon Local maternity System to achieve the target of continuity of care (35% by March 2021). A new continuity of care model being implemented from September 2019 will ensure that this trajectory is achieved.

The midwife to birth ratio this quarter is 1:25 and this remains consistent.

Plans are in place to develop the band 6 midwives into leadership roles and a bespoke programme of development will commence in October 2019, where midwives will undergo a development package to upskill them into the labour ward coordinator roles. We are aware that 50% of our current Labour Ward Coordinators may/will retire in the next 18 months. Other development packages into other key leadership roles will follow.

Maternity support workers (MSW) are also being upskilled through training to level three. After completion of this course, they will work across all aspects of the maternity service supporting midwives to provide care. This will be very evident in the post-natal pathway where the MSW support women and babies, overseen by a registrant.

There is also a plan to perform ‘Birthrate plus’ skill mix review, once the new model is established, to review staffing levels as the care and acuity of the | Yes |
women is becoming more complex.

Evidence
5.1 Maternity Services Operational Policy
5.2 Maternity Services Dashboard which confirms the ratio
5.3 New Continuity of Care model due September 15th 2019.

The midwifery establishment has been set to allow the Band 7 Midwife Coordinator to be supernumerary.

Neonatal workforce planning is consistent with the British Association of Perinatal Medicine (BAPM) guidance.

**Evidence**
5.4 Dashboard
5.5 Optimal Arrangements for Neonatal Intensive Care Units in the UK including guidance on their Medical Staffing. A Framework for Practice June 2014 (BAPM).
Reference: Devon’s LMS Plan 2018/19.

<table>
<thead>
<tr>
<th>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</th>
<th>The ability to demonstrate Board level consideration of the SBL care bundle in a way that supports the delivery of safer maternity services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Reducing smoking in pregnancy</td>
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<td></td>
<td>2. Risk assessment and surveillance for fetal growth restriction</td>
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<td></td>
<td>3. Raising awareness of reduced fetal movement</td>
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<td></td>
<td>4. Effective fetal monitoring during labour</td>
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<td></td>
<td>NDHT are compliant in all with partial compliance for point 2. Fetal growth restriction.</td>
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</tbody>
</table>
New policy, published in August 2019, should address this, however needs to be audited

**Evidence**
6.1 Smoking Cessation in Pregnancy Guideline
6.2 Access to Antenatal Care Guideline
6.3 Antenatal Ultrasound Protocols
6.4 GAP GROW Presentation
6.5 Reduced Fetal Movements Management Guidelines
6.6 Reduced Fetal Movements poster for mothers
6.7 Reduced Fetal Movements poster for professionals
6.8 Your Baby’s Movements leaflet
6.9 Trust Board Minutes
6.10 Fetal well-being Guideline
6.11 ELH RCOG Training
6.12 Audit of all 4 elements of SBL care bundle
6.13 Full K2 training for doctors and midwives

**ACTION**
To continue to audit new fetal growth pathway, this is part of the ongoing SBL audit programme.

To review SBL version 2, published in March 2019, to perform a gap analysis and implement new recommendation such as Element 5: Reducing preterm births.
| 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? | NDHT have an active Maternity Voices Partnership (MVP), chaired by a service user representative. There is also a North Devon Maternity Voice online forum managed by a service user representative. We also use a patient feedback questionnaire for in-patients, with a “you-said, we did’ methodology for patient voices and develop actions as a result of the National Maternity Survey. We have a dedicated webpage on the Trust site which describes our services and also the MVP.  
**Evidence**  
7.1 Friends & Family Test 2019 (monthly)  
7.2 North Devon Maternity Voice on-line forum.  
7.3 North Devon Maternity Voices Minutes  
7.3 PALS feedback  
7.4 Maternity Services Survey 2018  
7.3 meetings with MVP )locally ) to review services and gain women’s feedback  
7.6 MVP Facebook page  
7.7 NDHT facebook page and twitter accounts. | 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? | There are seven set PROMPT (practical obstetric multi professional training) training courses that are available to the obstetric and midwifery staff. The compliance % are monitored via the monthly maternity governance meetings on a rolling basis depending upon when staff need to update their training.  
Our PROMPT compliance requirement is 90% attendance across all staff groups. Training report status for Practical Obstetric Multi-professional Training (PROMPT) at 20/06/19 exceeded the required percentages  
**Evidence**  
8.1 monthly training Reports  
8.2 PROMPT Attendance  
8.3 PROMPT Programme | Yes |
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?

The Head of Midwifery (HOM) and Labour ward lead (obstetric safety champion) meet monthly to review any issues.

The Head of Midwifery meets with the Chief Nurse monthly, to raise any concerns. The Chief Nurse is the board level champion.

The Head of Midwifery reports monthly to the safety and risk committee for governance.

Evidence
9.1 Safety and Risk committee board Agenda

10). Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

It is now a requirement for Trusts to report all maternity incidents occurring on / after 1 April 2017 which are likely to result in severe brain injury. NDHT are fully compliant with this requirement due to robust processes in place overseen by an executive led safety huddle. There have not been any incidents requiring escalation.

Evidence
Not applicable

SECTION B: Further action required:

If the Trust is unable to demonstrate the required progress against any of the 10 maternity safety actions, please complete an action plan template for each safety action, setting 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 the plan. A completed action plan is required even
where Trusts have already completed this section. However, if this section hasn't been completed, the action plan template alone will be sufficient.

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.

SECTION C: Sign-off

For and on behalf of the Board of Northern Devon healthcare 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: Chief Nurse
Date: 15th August 2019

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 will escalate to the appropriate arm's length body/NHS System leader.