


Board report on United Lincolnshire Hospitals NHS Trust progress against the Clinical Negligence Scheme for Trusts (CNST) incentive scheme maternity safety actions

Date: 17.05.2018





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)
<p>1). Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?</p>	<p>The Maternity and Neonatal Service has reviewed all perinatal deaths via the Serious Incident Framework and the incident review process prior to the implementation of the Perinatal Mortality Review Tool in January 2018.</p> <p>The Maternity Services' Specialist Bereavement Midwife is the identified lead in conjunction with 2 experienced midwives, one from either maternity site. There are close links with the Maternity Risk Team so that identified clinical issues are included within relevant reports and that both good practice and learning is shared. The service has received confirmation from Mothers & Babies: Reducing Risk through Audit & Confidential Enquires (MBRACE) that the submissions have been received.</p>	<p>Yes</p>

<p>2). Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</p>	<p>Since Medway Maternity went live on 10th May 2017 the Maternity Service has significantly achieved compliance with their submissions to the maternity data set and is now consistently achieving 90% against the 10 CNST criteria.</p> <p>The Maternity Service has to achieve 8 out of 10 criteria for compliance. There are ongoing discussions between the service and IT as to how we can complete submission for the remaining 2 points.</p> <div style="text-align: center;">  <p>CNST Criteria -February 2018.xlsx</p> </div>	<p>Yes</p>
<p>3). Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?</p>	<p>Transitional Care facilities are fully operational and available on both acute sites within the Maternity and Neonatal Services. Mothers and their babies are admitted in line with local admission criteria:</p> <p>Transitional Care Admission Criteria Guideline (ULHT May 2016) Transfer Criteria: Neonatal Unit to Transitional Care (ULHT May 2016)</p> <p>Weekly ATAIN meetings commenced in August 2017 – multi-professional team approach to review all care of all term babies admitted to the neonatal unit.</p> <p>Maternity and Neonatal Health Safety Collaborative: Aiming to improve the detection, prevention and management of neonatal hypothermia by ensuring hats are available to all babies at birth, promote early skin-to-skin and feed within one hour of birth. This work is ongoing as part of the Safety Collaborative work and will be monitored by the Safer Maternity Care Committee as well as the governance processes within the Directorate.</p>	<p>Yes</p>

<p>4). Can you demonstrate an effective system of medical workforce planning?</p>	<p>Both maternity sites have appropriate medical workforce cover. On the PHB site we have 56hrs of Consultant weekly cover which is over the required 40hrs for a birth rate of 2,000 per year. On the LCH site we have 66 hrs of Consultant weekly cover which is over the 60hrs of required cover for a birth rate of 3,200 per year.</p> <p>The Women’s & Children’s Clinical Directorate annual plan 2017/18 identified resources required for an 11th Obstetric Consultant to facilitate an Elective Caesarean List which was supported by the Trust.</p> <p><u>Annual Plan - point I.4</u></p> <table border="1" data-bbox="689 758 1787 1348"> <tr> <th colspan="2" data-bbox="689 758 1787 890">Implementation of a separate Elective Caesarean Section list on the LCH site</th> </tr> <tr> <td data-bbox="689 890 929 1061">Service Risk / operation Goal</td> <td data-bbox="929 890 1787 1061"> <p>The service is failing to meet a national service standard (1.3.1 OA3)</p> <p>Identified as a risk during incident investigations</p> <p>Patients may choose alternative providers for their delivery</p> </td> </tr> <tr> <td data-bbox="689 1061 929 1149">Specific Objective</td> <td data-bbox="929 1061 1787 1149">To implement 3 Elective Lists on the LCH site. These lists must have separate resources from the emergency CS lists; Obstetrician, Anaesthetist and support staff.</td> </tr> <tr> <td data-bbox="689 1149 929 1289">Risk to Delivery</td> <td data-bbox="929 1149 1787 1289"> <p>Requires approval (Funding for 3 x Lists in 2016/17 Budget) need assurance continued into 17/18</p> <p>Ability to recruit to middle grade post</p> </td> </tr> <tr> <td data-bbox="689 1289 929 1348">Timescale Service</td> <td data-bbox="929 1289 1787 1348">To be achieved in 2016/17 -</td> </tr> </table>	Implementation of a separate Elective Caesarean Section list on the LCH site		Service Risk / operation Goal	<p>The service is failing to meet a national service standard (1.3.1 OA3)</p> <p>Identified as a risk during incident investigations</p> <p>Patients may choose alternative providers for their delivery</p>	Specific Objective	To implement 3 Elective Lists on the LCH site. These lists must have separate resources from the emergency CS lists; Obstetrician, Anaesthetist and support staff.	Risk to Delivery	<p>Requires approval (Funding for 3 x Lists in 2016/17 Budget) need assurance continued into 17/18</p> <p>Ability to recruit to middle grade post</p>	Timescale Service	To be achieved in 2016/17 -	<p>Yes</p>
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<p data-bbox="174 885 627 1005">5). Can you demonstrate an effective system of midwifery workforce planning?</p>	<p data-bbox="685 885 1787 1005">The midwifery workforce was reviewed utilising the nationally recognised Birth Rate Plus Tool in late 2017. A board paper was presented to the Trust Board in December 2017 in relation to the recommendations.</p> <p data-bbox="750 1109 810 1168"></p> <p data-bbox="940 1109 1001 1168"></p> <p data-bbox="1131 1109 1191 1168"></p> <p data-bbox="685 1177 1261 1241">Board Paper - Nursing & Midwifery 22.12.17.docx... BR- Final Report 25.04.18.docx...</p>	<p data-bbox="1816 954 1877 986">Yes</p>						

<p>6). Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?</p>	<p>1 <u>Reducing smoking in pregnancy:</u></p> <p>QUIT 51 provides the Lincolnshire stop smoking service, that focuses on engaging women to quit smoking around the time of pregnancy. An opt-out approach is taken where all women are seen within 7 days of referral and support is available throughout the pregnancy. At booking, for every women they are assessed for Carbon Monoxide levels by the community midwife. All non-smoking women are then re-assessed at 28 & 36 weeks gestation.</p> <p>At every midwifery contact for a women that smokes she is in relation to their Carbon Monoxide levels.</p> <p>Guideline - Routine Maternal Carbon Monoxide (CO) Screening in Antenatal and Postnatal Care (ULHT Oct 2017 V4.0)</p> <p>2. <u>Risk assessment and surveillance for fetal growth</u></p> <p>Women are managed in accordance with local policy – Guideline for the screening and Management of the Small for Gestational Age (SGA) Fetus (ULHT Sept 2017)</p> <p>Women with risk factors for SGA are referred accordingly to an Obstetrician and offered serial growth scans at 28/32/36 weeks gestation. Women with multiple risk factors can be considered for scanning from 26 weeks gestation.</p> <p>Fundal Height measurements are undertaken and plotted on growth charts within hand held records by the midwives. Ongoing reporting and monitoring of SGA rates via maternity dashboard and Datix for those cases not detected antenatally.</p>	<p>Yes</p>
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	<p>Customised growth charts will be in practice from 21st May 2018 and from this date the service is compliant to the guideline. All women booked from this date will be on the Gap & Grow pathway.</p> <p>3. <u>Raising awareness of reduced fetal movement</u></p> <p>ULHT are part of the first wave of the Maternal and Neonatal Health Safety Collaborative. One of the aims of this group is to reduce the number of mothers attending with reduced fetal movements after 24 hours by 50% by August 2018. As part of the collaborative work, the Trust now provides all pregnant women with Mama Academy Wallets to keep their handheld records safe, but which also provide important information printed on them including how to monitor their babies' movements.</p> <p>All staff work within local and national guidance and provide information regarding the significance of fetal movements and to encourage women to report changes in their baby's movements at each contact.</p> <p>Reduced Fetal Movements Guideline (ULHT Nov 2015) Reduced Fetal Movements (RCOG Green top Guideline No.57 Feb 2011)</p> <p>4 <u>Effective fetal monitoring during labour</u></p> <p>All midwifery and obstetric staff who provide care to women in labour participate in annual training of CTG interpretation and intermittent auscultation</p>	
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	<p>ULHT are part of the East Midlands Clinical Network Task and Finish Group whose aim it is to provide a regional approach to CTG training, competencies and interpretation.</p> <p>Staff are encouraged to employ the Buddy System & Fresh Eyes process for review and interpretation of CTG traces and ensure appropriate timely escalation occurs as clinical indicated.</p>	
<p>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?</p>	<p>Lincolnshire Maternity Voices Partnership Facebook page Better Births Lincolnshire</p> <p>Maternity Voices Partnership Forum – meets quarterly and is chaired by a lay representative who is also a member of the Lincolnshire Local Maternity System Transformation Board.</p> <p>Friends & Family Test</p>	<p>Yes</p>
<p>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?</p>	<p>Current annual attendance at multi-professional obstetric emergencies (including fetal heart monitoring) is:</p> <p>Midwives Midwives 89% (by June will be >90) This includes all grades and bank staff</p> <p>Medical Staff PHB Obstetric Consultants PHB – 50% (all Consultants booked) Obstetric Trainees ST3 and above – 83%</p>	<p>Part compliant</p>

	<p>Consultant Anaesthetists – 2 attended Anaesthetic Trainees – 3 attended</p> <p>Medical Staff LHC Obstetric Consultants LCH -90% Obstetric Trainees ST3 and above – 88% Consultant Anaesthetists – 3 attended Anaesthetic Trainees 3 attended</p>	
<p>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?</p>	<p>The Head of Midwifery meets monthly with the Director of Nursing who is the Board Level champion. The Non- Executive director of the Trust Board is being identified to join the Maternity Safety Champions Team.</p> <p>From June 2018 the Maternity Safety Committee commences meeting bi-monthly and then this criteria will be compliant.</p>	<p>Part compliant</p>
<p>10). Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?</p>	<p>Since 01.04.17, 5 qualifying incidents have been reported by the service to the Trusts Legal Team who submit the data to the NHS Resolution Early Notification scheme. The maternity & neonatal risk team are responsible for ensuring this data is submitted to the legal team.</p>	<p>Yes</p>

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.

Criteria 2 – Maternity Data Set Submission

Within the maternity data set there only 2 areas, 408 critical incidents and 508 neonatal admission data set that required completing. Currently discussions are ongoing how Maternity Medway can facilitate this data capture and both IT and the Maternity Service are confident these 2 fields can be achieved.

Criteria 8 – 90% of maternity staff have attended “in-house” multi-professional maternity emergencies training in the last year

The ULHT Maternity Services Practical Obstetric Multi-Professional Training (PROMPT) faculty and programme was introduced into the organisation’s Maternity Services in November 2017, following utilisation of monies from the Health Education England Maternity Safety Training Fund. There has been engagement from all of the professional disciplines and this new model of training is being embedded within professional development study days. It has been challenging to ensure that all multi-professional staff are released and monies from the incentive scheme are required to provide backfill for all attendees.

Currently, the Maternity Training Needs Analysis (TNA) which is based on previous CNST Standards, states that all Midwives, Obstetric Consultants, Obstetric Trainees and Anaesthetists must attend PROMPT 12-18 monthly. In order to comply within criteria 8 a number of issues require support including the following:

1. The TNA requires review to ensure that it is a yearly cycle of training not 12-18 monthly and includes all relevant staff that are newly identified within the criteria. The Maternity Training Needs Analysis will be amended to reflect the new recommended training requirements and endorsed at Speciality Governance. Compliance will continue to be monitored monthly by the Professional Development Midwife, Head of Midwifery and Heads of Services. A quarterly report will be submitted to the Maternity Safety Care Board by the Specialist Midwife for Professional Development to provide assurance.
2. The Obstetric Consultants at Pilgrim Hospital Boston currently have an attendance compliance of 50%. The Consultant Labour Ward Lead at PHB is ensuring that all non-compliant medical staff are booked to attend the PROMPT multi-professional training.
3. A number of Consultant Anaesthetists and Anaesthetic Trainees have now commenced attending the training and moving forward there are 2 places reserved on each date for anaesthetic staff across the sites. The Professional Development Midwife will liaise with the Anaesthetic Consultant Obstetric Leads regarding the total number of Anaesthetists that will require training in order to accurately monitor compliance.
4. During June 2018 bespoke training will be offered to this group of staff with an aim for them to attend the PROMPT study day annually in the future commencing July 2018.
5. A copy of the training database will continue to be circulated to Heads of Service and all midwifery managers monthly.

Currently theatre staff, critical care staff and HCSWs do not attend the PROMPT training day and these are the staff groups that have been identified within the criteria. The Professional Development Midwife will need to understand the numbers of staff that require the training and increase the number of study days available in order to accommodate them in partnership with the relevant senior managers within critical care and theatres. This increase in numbers of staff groups requiring this training and development has significant implications for the current faculty to deliver due to their time constraints and availability of appropriate training skill facilities.

Monies received by the Trust as part of the incentive scheme will enable the resources required to achieve full compliance by the clinical service and Trust.

Criteria 9 – Demonstration that Trust Safety Champions (Obstetrician & Midwife) are meeting bi-monthly with board level champions

A new Maternity Safety Committee is commencing from 15th June 2018 and this Committee is scheduled to hold meetings bi-monthly. The Committee members will consist of Trust Board Level Safety Champions as well as the named Obstetrician and Midwifery Champions, the membership will be multi-professional and include all relevant specialities. The Chair will be either the Non-Executive Director Maternity Safety Champion or the Executive Director of nursing. Please see attached draft Terms of Reference which will be ratified at the first meeting in June 2018.



draft ToR Safer
Maternity Care Board

SECTION C: Sign-off

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For and on behalf of the Board of United Lincolnshire 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**

Name:

Chair of Trust Board:

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.

SECTION D: Appendices

Please list and attach copies of all relevant evidential appendices: