

Quality and Patient Safety Committee

Report Title:	Maternity update
Executive/NED Lead:	Giles Thorpe, Chief Nurse
Report author(s):	Amanda Price-Davey, Director of Midwifery
Previously considered by:	Will go in same reporting period to EBED

Approval

 Discussion

 Information

 Assurance

Executive summary

On 31st May 2023, NHS Resolution released the technical details for the Maternity Incentive Scheme (MIS) Year 5. The MIS supports the delivery of safer maternity care by incentivising an element of trust contributions to the Clinical Negligence Scheme for Trusts (CNST). MIS, rewards trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

This paper outlines the year 4 position of ESNEFT and gives an overview of the changes that have been made between the year 4 and year 5 schemes. It also details plans and requirements to successfully meet all 10 Safety Actions this Year.

Much of the CNST technical guidance is time bound, the first deadlines being in July this year. Safety Action 2, MSDS (Maternity Services Data Set) submissions must pass all 11 requirements in July. The first score card we will get will be this month to see where our baseline is for this year (it has not been received as of yet). The second time bound element is Safety Action 5, which requires that a midwifery workforce review is undertaken 6 monthly and reported to Board. This paper will include the current workforce review and next steps.

Action requested of the Committee

The Committee is invited to:

- a. Note the expectations of the CNST year 5 MIS
- b. Approve the Divisions workforce review and planned next steps
- c. Note that the Every Birth Every Day programme board will receive bi- monthly updates on progress against the MIS
- d. Note that the Quality and Patient Safety Committee will receive a regular update regarding progress against the MIS

Link to Strategic Objectives (SO)		Pleas e tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input checked="" type="checkbox"/>

<p>Risk Implications for the Trust <i>(including any clinical and financial consequences)</i></p>	<p>If the Trust is unable to meet the requirements of the Maternity incentive Scheme then there is the potential that pregnant people and their babies will be placed at increased risk of poor outcomes and experience and an associated impact on staff morale and retention within the Trust.</p> <p>If the Trust does not meet the CNST required standards then it will have a significant impact on the Trust financially where the CNST contribution will not be refunded to the Trust. This equates to over £1m</p> <p>There is a risk to the Trusts reputation if it were not to meet the required standards again this year.</p>
<p>Trust Risk Appetite</p>	<p>Compliance/Regulatory: The Board has a minimal risk appetite when it comes to compliance with regulatory issues. It will meet laws, regulations and standards unless there is strong evidence or argument to challenge them.</p>
<p>Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i></p>	<p>If ESNEFT is unable to meet the requirements of the MIS then there is an increased risk of breaches to the Fundamental Standards and associated Regulations as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.</p>
<p>Financial Implications</p>	<p>As well as the risk detailed above, if ESNEFT does not have effective process in place for regulatory requirements then it may not make best use of its resources; failure to deliver improvements in maternity and neonatal services may lead to an increased exposure to potential litigation costs and regulatory sanctions.</p>
<p>Equality and Diversity</p>	<p>The report recognises that there are particular protected characteristics which are at a greater risk of maternal and neonatal complications</p> <ul style="list-style-type: none"> • Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely.