

Quality and Patient Safety Committee

Report Title:	Compliance with CNST Maternity Safety Standard 8
Executive/NED Lead:	Darren Darby, Chief Nurse Angela Tillett, Medical Director Hussein Khatib, NED
Report author(s):	Joanne Gardiner - Professional Development Midwife. Mal Jay – Professional Development midwife. Amanda Price-Davey – Director of Midwifery
Previously considered by:	

Approval

Discussion

Information

Assurance

Executive summary

In order to meet the requirements of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, NHS Trusts are required to meet 10 standards.

Within this scheme, Safety Action 8 asks “Can you evidence the following 3 elements of local Training plans and ‘in-house’, one day multi professional training?”

The Reporting period 1 December 2022 to 1 December 2023

As evidence of this, Trust must demonstrate compliance with the following elements –

Required Standard A

A local training plan is in place for implementation of Version 2 of the Core Competency Framework.

Required Standard B

The plan has been agreed with the quadumvirate before sign-off by the Trust Board and the LMNS/ICB.

Required Standard C

The plan is developed based on the “How to” Guide developed by NHS England.

Narrative of Evidence

Attached is the Core Competency Framework v2 implementation plan, developed by the education team and agreed through divisional Board, demonstrating compliance against standard A.

The plan was approved by LMNS with the request for the addition of commentary around emergency scenarios to be conducted in the clinical area. This addition was made (highlighted on page 18) and the updated plan was agreed by LMNS Strategic group on 6th December 2023. Demonstrated in evidence file 0.4

Evidence of compliance with standard C is by way of the Core Competency Framework TNF and Demo video. Evidence files 0.6 and 0.7 and learning form service user feedback forming part of our training plans

is evidence in evidence folder 0.8 Ratification at LMNS Board also demonstrates compliance, evidence folder 0.4

Training compliance for the role specific training for the previous 12 month period, as of 30th November 2023 is outlined below;

ESNEFT Training compliance					
ESNEFT FETAL MONITORING COMPLIANCE					
	Total trained	Percentage	Total Eligible Compliance		
Midwives	279	90.58%	308		
Consultants	23	92%	25		
Doctor	31	93.93%	33		

PROMPT	Col		Ips		Combined
Overall	0.912088				
	Total trained	Percentage	Total trained	Percentage	combined percentage
Midwives	141	99.3	156	93.98	96.64
Nurses	5	100	4	100	100
Support Workers	55	98.21	38	95	96.605
Consultants	12	92.31	11	91.67	91.99
Doctors	27	96.43	17	94.44	95.435
Anaesthetic Consultan	16	88.89	9	90	89.445
Anaesthetic Doctor	23	92	14	87.5	89.75

NLS	
Peadatric Consultants	100%
Neonatal Doctors	96.50%
ANNP	100%
Nurses	98.50%
Midwives	96.64%

Where we have not met the 90% standard we have met the 80% standard and this is just for one group of clinicians. Due to this we have an action plan to ensure this is met within 12 weeks *appendix 1*

Action Required of the Board/Committee

The QPS Committee is requested to receive and note this report as evidence that ESNEFT meets all of the requirements of safety action 8 of the CNST maternity incentive scheme for year 5, and recommend to the Trust Board that full compliance with this safety action is confirmed within the CNST Maternity Incentive Scheme submission.

Link to Strategic Objectives (SO)		Please 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 type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	High risk if we do not have compliance across mandatory training standards, supported by robust implementations programmes. Without these we cannot ensure safety or professional develop across our staff, it is imperative we ensure we are meeting the minimum safety standards with maternity.
Trust Risk Appetite	Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong

Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	Requirement to meet our training compliance to enable ESNEFT maternity are provide the safest and best care possible for those under our charge. This will enable the Trust to provide safer care and provide patients with the best possible experience.
Financial Implications	Risk to reputation and subsequent financial loss by not meeting the incentive scheme standards
Equality and Diversity	No E&D implications identified

1. EVIDENCE submitted to demonstrate full compliance	
0.1	ESNEFT CCF Implementation plan
0.2	Minutes of Trust Board meeting where this was approved
0.3	Divisional Board Minutes
0.4	LMNS SG meeting minutes Dec 2023
0.5	Demonstration of training compliance
0.6	Core Competency Framework Training Needs analysis (NHSE National Tool)
0.7	TNA Demo video
0.8	Service user feedback into mandatory training day
0.9	Action plan

Action plan to get to 90% for all staff groups in PROMPT

Action No.	Area of Practice for Review	Aim	Smart Action	Responsible Lead	Proposed completion date	Comments/progress	BRAG status	Date closed	Assurance	Supporting Documents
1	Esneft CCF Compliance	Ensure minimum of 90% training compliance in all areas within maternity over and maintained	To routinely monitor compliance and ensure once above 90% in all areas a reduction in compliance does not occur.	James Borthwick	Feb-24	We are currently above 90% training compliance in all areas except PROMPT			PDM to report into CDG monthly	Esneft Maternity training planner
			Forecast and project out dates made available to all workgroups to ensure compliance with CCF	James Borthwick	Feb-24	All dates are already forecast, need a robust process in place to capture nominations and ensure a healthy turnover of staff is distributed across the year.			PDM to report into CDG monthly	Esneft Maternity training planner
			Nominations to be collated 1 month prior to training delivery and allocated to the rota to ensure a steady flow of Multi Disciplinary Training across all required workgroups.	James Borthwick	Monthly forecast	It is essential to ensure true MDT that each work group nominates between 8-12% each month			PDM to report into CDG monthly	Esneft Maternity training planner
			Early rotation through training to avoid peak time and mass loading towards then end of the training year.	James Borthwick	Monthly forecast	It is essential that MDT is spread out across the year to ensure compliance and the the best possible training is offered. This will require training to be repeated within the compliant year but will set the conditions for a smoother pathway in CNST year 7+			PDM to report into CDG monthly	Esneft Maternity training planner