

Quality and Patient Safety Committee

Report Title:	Compliance with CNST Maternity Safety Standard 1
Executive/NED Lead:	Darren Darby, Chief Nurse Angela Tillett, Medical Director Hussein Khatib, NED
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Previously considered by:	

Approval

 Discussion

 Information

 Assurance

<p>Executive summary</p> <p>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.</p> <p>Within this scheme, Safety Action 1 asks, “Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?”</p> <p>The Reporting period 30th May 2023 to 7th December 2023</p> <p>As evidence of this, Trust must demonstrate compliance with the following elements –</p> <p>Required Standard A</p> <p>All eligible perinatal deaths should be notified to MBRRACEUK within seven working days. For deaths from 30 May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death.</p> <p>Required Standard B</p> <p>For 95% of all the deaths of babies in your Trust eligible for Perinatal Mortality Review Tool (PMRT) to be used, parents should have their perspectives of care and any questions they have sought from 30 May 2023 onwards.</p> <p>Required Standard C</p> <p>For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.</p> <p>Required Standard D</p> <p>Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.</p> <p>Minimum requirements</p> <p>Notifications must be made, and surveillance forms completed using the MBRRACE-UK reporting website. The Perinatal Mortality Review Tool (PMRT) must be used to review the care and reports should be generated via the PMRT.</p> <p>A report should be received by the Trust Executive Board each quarter from 30 May 2023</p>

that includes details of the deaths reviewed, any themes identified and the consequent action plans.

The report should evidence that the PMRT has been used to review eligible perinatal deaths and that the required standards a), b) and c) have been met. For standard b) for any parents who have not been informed about the review taking place, reasons for this should be documented within the PMRT review

Safety Action 1 is one of only three Safety Actions that are externally verifiable from MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)

The report generated from MBRRACE evidences 100% compliance for all of the standards set out in safety action 1 a-c (as attached)

Full compliance of Standard D is evidenced with minutes of sub Board and Board Committee meetings for Q1 and Q2 PMRT reports

This report to the Quality and Patient Safety Committee provides the final position for Safety Action 1. The Trust has achieved this safety action and we recommend the declaration of full compliance.

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 1 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>	If we do not have effective safety standards and assurance mechanisms in place, we cannot demonstrate learning from perinatal loss and provide assurance to parents and families that we have responded to any concerns.
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 complete reviews on all perinatal losses, assessing the care against the national standards to enable learning to be identified at local and national levels. 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	Report from MBRRACE evidencing compliance with the standards a-c
0.2	Minutes of Board meeting where PMRT Q1 report was discussed
0.3	Extract of Minutes of the Board meeting where PMRT Q2 was discussed
0.4	Q1 PMRT report
0.5	Q2 PMRT report