

Quality and Patient Safety Committee

Report Title:	Compliance with CNST Maternity Safety Standard 3
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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 3 asks, “<i>Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?</i>”</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>Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies. Neonatal teams are involved in decision making and planning care for all babies in transitional care.</p> <p>Required Standard B</p> <p>A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate (clinical directors for neonatology and obstetrics, Director, or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.</p> <p>Required Standard C</p> <p>Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.</p> <p>Minimum requirements</p> <p>Evidence for standard a) to include: Local policy/pathway available which is based on principles of British Association of Perinatal Medicine (BAPM) transitional</p>
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care where:

- There is evidence of neonatal involvement in care planning
- Admission criteria meets a minimum of at least one element of HRG XA04
- There is an explicit staffing model
- The policy is signed by maternity/neonatal clinical leads and should have auditable standards.
- The policy has been fully implemented and quarterly audits of compliance with the policy are conducted

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.

Evidence for standard b) to include:

- Evidence of joint maternity and neonatal reviews of all admissions to the NNU of babies equal to or greater than 37 weeks.
- Evidence of an action plan agreed by both maternity and neonatal leads which addresses the findings of the reviews to minimise separation of mothers and babies born equal to or greater than 37 weeks.
- Evidence that the action plan has been signed off by the DoM/HoM, Clinical Directors for both obstetrics and neonatology and the operational lead and involving oversight of progress with the action plan.
- Evidence that the action plan has been signed off by the Trust Board, LMNS and ICB with oversight of progress with the plan.

Evidence for standard c) to include:

Guideline for admission to TC to include babies 34+0 and above and data to evidence this is occurring

OR

An action plan signed off by the Trust Board for a move towards a transitional care pathway for babies from 34+0 with clear time scales for full implementation.

Evidence used to demonstrate compliance includes (evidence location in folder)

- a) Transitional care guidelines (0.1 and 0.2), ATAIN and TC Quarterly Reports (0.3, to 0.5) and 2@the top monthly reports detailing admission reviews and neonatal involvement (0.6 to 0.17) submitted as evidence.
- b) ATAIN monthly reports (0.18 to 0.21), ATAIN and TC Quarterly Reports and ATAIN action plan submitted as evidence (0.23 and 0.24). Trust Board (0.34 and 0.38), LMNS and ICB meeting agenda and minutes (0.27 to 0.29).
- c) Action plan submitted with clear time scales for full implementation. Trust Board (0.30, 0.31, 0.32, 0.33) and LMNS meeting agenda and minutes demonstrates full compliance (0.35, 0.36, 0.39).

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 3 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
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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 (including any clinical and financial consequences)	It is vital to display our pathways of transitional care to demonstrate standards and assurance mechanisms in place,
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 (including links to CQC outcomes, Monitor, inspections, audits, etc.)	Trust to provide safer care and provide patients with the best possible experience, implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies
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	Ipswich Hospital Transitional Care Admission Guideline v3.0
0.2	Colchester Hospital Virtual Transitional Care Guideline
0.3	Q4 2022 ESNEFT ATAIN and TC Quarterly Reports
0.4	Q1 2023 ESNEFT ATAIN and TC Quarterly Reports
0.5	Q2 2023 ESNEFT ATAIN and TC Quarterly Reports
0.6	Colchester Neonatal Unit 2@the top governance report June 23
0.7	Colchester Neonatal Unit 2@the top governance report July 23
0.8	Colchester Neonatal Unit 2@the top governance report August 23
0.9	Colchester Neonatal Unit 2@the top governance report September 23
0.10	Colchester Neonatal Unit 2@the top governance report October 23
0.11	Colchester Neonatal Unit 2@the top governance report November 23
0.12	Ipswich Neonatal Unit 2@the top governance report June 23
0.13	Ipswich Neonatal Unit 2@the top governance report July 23
0.14	Ipswich Neonatal Unit 2@the top governance report August 23
0.15	Ipswich Neonatal Unit 2@the top governance report September 23
0.16	Ipswich Neonatal Unit 2@the top governance report October 23
0.17	Ipswich Neonatal Unit 2@the top governance report November 23
0.18	ESNEFT ATAIN and TC Monthly Report June 23

0.19	ESNEFT ATAIN and TC Monthly Report July 23
0.20	ESNEFT ATAIN and TC Monthly Report August 23
0.21	ESNEFT ATAIN and TC Monthly Report September 23
0.22	ESNEFT ATAIN and TC Monthly Report October 23
0.23	Colchester ATAIN Action Plan
0.24	Ipswich ATAIN Action Plan
0.25	Trust Board Agenda
0.26	Trust Board Minutes
0.27	LMNS Strategic Group Agenda
0.28	LMNS Strategic Group Minutes July 23
0.29	LMNS Strategic Group Minutes October 23
0.30	ESNEFT Transitional Care Action Plan
0.31	ESNEFT Transitional Care Action Plan slides
0.32	Board paper template CNST SA3 approval
0.33	Trust Board Agenda TC Action Plan
0.34	Trust Board Minutes TC Action Plan
0.35	LMNS Strategic Group Agenda TC Action Plan
0.36	LMNS Strategic Group Minutes TC Action Plan
0.38	Minutes of trust board meeting- public November 2023
0.39	Neonatal update slides October 2023