

REPORT TO THE TRUST BOARD (PUBLIC)

REPORT TITLE	NHS Resolution and Query regarding Safety Actions 6 (Saving Babies Lives) and 8 (Multi-professional training)
AUTHOR	Penny Snowden, Director of Midwifery
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse
DATE OF MEETING	8 February 2022
PRESENTED FOR	Information
ITEM PREVIOUSLY CONSIDERED BY	Quality Assurance Committee

Presented For: Definitions

Information	For information only. Not to be discussed at meeting unless members have specific questions.
Discussion	For discussion and possibly future decision. This includes items presented for assurance.
Decision	For approval and/or when any other decision is required

PURPOSE OF THE REPORT

The purpose of the report is to inform Trust Board of the recent correspondence from NHS Resolution to all maternity units in response to a recent national report "Mind the Gap: An investigation into Maternity Training for frontline professional across the UK 2020/21 published by Baby Lifeline in November 2021.

The concern therefore raised by NHS Resolution is that this report potentially contradicts the Trust's Board Declaration of compliance for Year 3 CNST.

The report also includes the Trust response to that correspondence.

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
103250	The Maternity Service is unable to evidence full compliance with Regulation 17: Good Governance, which places the Organisation at risk of regulatory action.
103253	There is a potential risk of missed safety improvement opportunities, reputational damage and financial loss to the Organisation if the Maternity Service is not able to achieve full compliance with Year 3 CNST (Maternity Incentive Scheme). (Closed)

RISK APPETITE RELEVANT TO THE PAPER (insert relevant section from Risk Appetite Statement from Risk Management Policy)

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Financial/ Value for Money (VfM)	Open - <i>Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)</i>	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.



Outstanding Health and Wellbeing



Outstanding People



Outstanding Patient Care



Outstanding Leadership



Outstanding Communications

Quality Outcomes	Open - <i>Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VFM)</i>	<i>Appetite to take decisions with potential to significant negative impact on quality or safety of care. Responsibility for noncritical clinical decisions may be devolved</i>
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THE COMMITTEE IS ASKED TO:

1. <i>To note the contents of the report and implications for CNST Year 3 compliance</i>
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STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input checked="" type="checkbox"/>
Improving and developing our services and infrastructure	<input checked="" type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	<i>Regulation 12: Safe Care Regulation 17: Good Governance</i>
NHS Constitution Delivery	<i>Outstanding care</i>
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

EXECUTIVE SUMMARY

NHS Resolution contacted all maternity units in relation to board declaration of compliance for Year three of the Maternity Incentive Scheme, in light of the recently published Baby Lifeline *Mind the GAP report 2020/2021* (<https://www.babylifeline.org.uk/mind-the-gap-2021>) by Baby Lifeline, published on 23 November 2021.

The background is Baby Lifeline under the Freedom of Information Act (FOI) 2000, made a request to all Trusts in England to complete a detailed survey and provide information regarding the provision of training in maternity services in the April 2020-March 2021 financial year, including providing updates on training provided as part of the maternity incentive scheme (MIS).

The report recognises that their investigation year was not the same as the MIS Year and that their results may not correlate with Trust declarations to the Maternity incentive scheme. NHS Resolution also recognise that there were significant challenges providing training during the pandemic and that there are likely to have been challenges completing the FOI, particularly during the ongoing response to the pandemic.

In relation to the maternity incentive scheme, the Baby Lifeline 'Mind the Gap' report has concluded the following only three organisations in England (3%), however, provided all aspects of this training multi-professionally to relevant staff as outlined by the Maternity Incentive Scheme year three guidance”.

These organisations:

- Offered multi-professional training to all staff in COVID-19 specific training, maternal critical care, peripartum mental health and safeguarding
- Offered multi-professional training in newborn resuscitation to all relevant staff, with maternity staff and the neonatal team attending skills/simulation training together
- Offered multi-professional training to all relevant staff in fetal monitoring, including all relevant subtopics, and assessed competency in this area. Subtopics included intermittent auscultation, electronic fetal monitoring, human factors and situational awareness”.

The Mind the Gap report also found “that around two thirds (63%) of organisations in England provided training in all topics covered by the Maternity Incentive Scheme: maternal critical care, peripartum mental health, safeguarding adults, newborn resuscitation and fetal monitoring”.

The concern therefore raised by NHS Resolution is that this report potentially contradicts Trust’s Board Declaration of compliance for Year 3 CNST

NWAFT submitted a Trust Board declaration of Full compliance for Year 3 and the organisation’s successful achievement is currently embargoed

As requested by NHS Resolution, the Director of Midwifery has triangulated evidence of compliance with Safety action 6 (Saving Babies Lives) and Safety action 8 (multi-professional learning) with the original FOI return submitted in March 2021. This was submitted to the Chief Nurse and Chief Executive Officer for sign off and then submitted to NHS Resolution on 12th January 2022 which was the submission date.

The return proforma that includes the review is attached for your information and confirms that following review, full compliance was maintained so not impacting on the original board declaration made.

Baby Life Return

Name of Trust: North West Anglia NHS Foundation	
Trust code: RGN	
Email address: penny.snowden@nhs.net	
Telephone number: 01733 676714	
Trust's Region: East of England	
<p>Please outline for each of the training standard below:</p> <ul style="list-style-type: none"> - The findings of the review of the Trust FOI response cross referenced to the Trust maternity incentive scheme declaration and - Reconfirm whether on further review, the Trust have met the minimum evidential requirements in year three of the maternity incentive scheme. 	
<p><i>Safety action 6 element 4, fetal monitoring standard A and B</i></p>	<ol style="list-style-type: none"> 1. <i>The Trust Board in June 2021 were provided with an updated Saving Babies Lives Implementation Plan that had embedded evidence of compliance.</i> 2. <i>Annual multidisciplinary training and competency assessment on cardiotocograph (CTG) interpretation and use of auscultation for staff who care for women in labour reported to Trust Board was:</i> <ol style="list-style-type: none"> i. <i>Midwives = 90%</i> ii. <i>Obstetricians – 69%</i> 3. <i>Face to Face Training was reinstated in October 2020 and a trajectory was in place to achieve 90% by October 2021 with focus on medical attendance at the study day. This then meant that Trust Board did not need to minute in their meeting records a written commitment to facilitate local, in-person, fetal monitoring training when this is permitted as it was already in place</i> 4. <i>The Study day included intermittent auscultation, electronic fetal monitoring, human factors and situational awareness. All elements were mandatory for both obstetricians and midwives as all staff groups attend the entire day</i> 5. <i>This is at odds to the response to Baby Life Line Freedom of Information which was</i>

incorrect. This is the only question where “no” was reported on the Saving Babies Lives Training Element and this was inaccurate

- 6. Evidence of the programme (agenda and teaching aids) were provided to the Organisation and Commissioners as part of the Trust Board Declaration Process. The provider response to this question for Baby Lifeline was that this training was provided and not mandated which is inaccurate as it forms part of the mandatory Fetal Wellbeing Study Day*
- 7. The percentage of staff who have successfully completed mandatory annual competency assessments was:
 - i. Midwives = 90%*
 - ii. Obstetricians (all grades, trainees ST1-7, sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota) – 82%**
- 8. A trajectory to achieve 90% for all staff groups was in place (October 2021 to achieve compliance) and this was shared with the Trust Board and Commissioners as per Board Declaration Process.*
- 9. The trajectory was also submitted as part of the minimum evidence for Ockenden as well as training compliance levels*
- 10. Monthly audit of different groups of staff's attendance is in place and reported up to Trust Board via the Sub-board Quality Report in the monthly Maternity Report. Training compliance is by the following groups:
 - Obstetric consultants*
 - All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota*
 - Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives). Maternity theatre**

	<p>midwives who also work outside of theatres.</p>
<p>Safety Action 8 standard a)</p>	<p><i>The Maternity unit adopted several ways to improve Covid-19 specific learning training</i></p> <p><i>First the PROMPT E-learning package “Maternal Critical Care and COIVD 19 was adopted and distributed to the following staffing groups</i></p> <ul style="list-style-type: none"> • <i>Obstetric consultants</i> • <i>All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota</i> • <i>Obstetric anaesthetic consultants</i> • <i>All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota</i> • <i>Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)</i> • <i>Maternity critical care staff (including operating department practitioners, anaesthetic nurse practitioners, recovery and high dependency unit nurses providing care on the maternity unit)</i> • <i>Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum)</i> <p><i>This package includes:</i></p> <ol style="list-style-type: none"> 1. <i>Maternal Critical Care on Labour Ward</i> 2. <i>Critical Care Observation Charts</i> 3. <i>Multi-professional structured review</i> 4. <i>COVID 19 infection in pregnant women</i> 5. <i>Maternity Critical care and COVID 19 resources</i> <p><i>At our obstetric emergency training day (multi-professional) Human Factors and the recognition of the deteriorating woman, MBRRACE recommendations and risk factor for women from a BAME background (hypertension, diabetes etc), Mental Health and Safeguarding, postnatal period.</i></p> <p><i>The programmes, teaching resources and compliance levels were presented to the Trust and Commissioners as part of the Board Declaration Form with sign off achieved following that review</i></p>

	<p><i>Reviewing Section 6 of the Baby Life Line FOI, the Trust had declared not compliant with the above; however, all sections were implemented in January 2021 and a trajectory to achieve 90% compliance by December 2021 was in place. So the Trust had improved on the initial submission during the reporting period of Year 3 Maternity Incentive Scheme to achieve compliance</i></p>
<p>Safety Action 8 standard b)</p>	<p><i>Immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course has been provided since the launch of MIS year three in December 2019</i></p> <p><i>Like all maternity units, compliance with NLS fell due to the suspension of national courses. A plan was in place to recover this position and for neonatal staff compliance is now over 90% thus achieving that recovery plan</i></p> <p><i>Newborn and management of the deteriorating neonate continued face to face through the pandemic with monthly reporting up to Trust Board in place. July's Maternity Report to Trust Board presented 95.4% training compliance for midwives, 100% for Bank Midwives, 100% for recovery nurses, 90% for Neonatal Doctors All grades (NLS) and 74% (NICU nurses including ANNP) and 30% (SCBU) nurses which as outlined above has been recovered to 100%</i></p> <p><i>The in-house training includes the resus algorithm, calling for help, SBAR Tool, deteriorating patients and link to obstetric emergencies, fetal wellbeing and immediate newborn care</i></p> <p><i>Further training regarding Sepsis using the Kaiser Sepsis tool was introduced after the FOI submission to Baby Lifeline though within the reporting period for Year 3 Maternity Incentive Scheme – this includes the neonatal early warning system.</i></p> <p><i>All staff groups outlined in the technical guidance were included with the addition of adding obstetricians given the vague advice in Every Baby Counts – the compliance level was 64.91% at the time of submission with a trajectory of achieving 90% by December 2021.</i></p>

	<i>The Board were informed of trajectories in Board updates on Maternity Incentive Scheme</i>
Safety Action 8 standard c)	<i>Commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training was not required as face to face training had been restored with social distancing measures in place</i>
Re-confirmation of compliance	<p>Is full compliance with safety action 8 of year 3 of MIS re-confirmed? Yes</p> <p>Please state the reason for not declaring compliance/declaring compliance</p> <p>Is full compliance with safety action 6 of year 3 of MIS re-confirmed? Yes</p> <p>Please state the reason for not declaring compliance/declaring compliance</p>
Chief Executive (name and signature)	<p>Caroline Walker</p> 
Date:	11/01/2022