East Suffolk and North Essex
NHS Foundation Trust

CNST sub Board approvals Committee

Report Title:	Compliance with CNST Maternity Safety Standard 6
Executive/NED Lead:	Catherine Morgan, Chief Nurse Hussein Khatib, NED
Report author(s):	Alana Hunt, Quality, Safety and Governance Lead Midwife
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 6 asks, **"Can you demonstrate that you are on track for compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?"**

The Reporting period 2nd April 2025 to 30th November 2025

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

Required Standards

1. Trusts should have agreed with the ICB that Saving Babies' Lives Care Bundle, Version 3 is fully in place or will be in place, and can you evidence that the Trust Board have oversight of this assessment?
2. Trusts should have continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from year 6, and more specifically be able to demonstrate that at least two quarterly discussions have been held in year 7 to track compliance with the care bundle. These meetings must include:
   - Initial agreement of a local improvement trajectory against these metrics for 25/26, and subsequently reviews of progress against the agreed trajectory.
   - Details of element specific improvement working being undertaken including the evidence of generating and using the process and outcome metrics for each element.
   - Evidence of sustained improvement where high levels of reliability have already been achieved.
   - Regular review of local themes and trends with regard to potential harms in each of the six elements.
   - Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate.
3. Following these meetings, has the LMNS determined that sufficient progress has been made towards implementing SBLCBv3, in line with the locally agreed improvement trajectory?
4. If the available Implementation Tool is not being utilised to show evidence of SBL compliance, has a signed declaration from the Executive Medical Director been

provided declaring that Saving Babies' Lives Care Bundle, Version 3 is fully / will be in place as agreed with the ICB.

Evidence of Compliance

1. Trust and ICB agreement and Board oversight

   East Suffolk and North Essex NHS Foundation Trust (ESNEFT) confirms that the Saving Babies' Lives Care Bundle Version 3.2 (SBLCBv3.2) is implemented and monitored, with an overall LMNS validated compliance rate of 91%. The Board Report (07 October 2025) and Assurance Template demonstrate oversight by the Trust Board and alignment with the Suffolk and North East Essex ICB. Accountability is clearly established through Amanda Price-Davey (Director of Midwifery, ESNEFT) and Lisa Nobes (Executive Chief Nurse, SNEE ICB), confirming joint ownership and governance of the improvement trajectory.

2. Quarterly quality improvement discussions with LMNS/ICB

   Quarterly Saving Babies' Lives meetings held on 11 June and 25 September 2025 provided structured oversight and progress review against the agreed trajectory. The discussions covered all six SBLCBv3.2 elements, highlighting sustained improvement in fully implemented areas (Elements 2 and 3) and targeted QI work for partially implemented areas. Key actions included improving CO monitoring, fetal monitoring competencies, and preterm birth optimisation. Local trends, risks, and learning were reviewed collaboratively, and shared across the LMNS and MNVP to ensure consistent system-wide improvement.

3. LMNS determination of progress against improvement trajectory

   The LMNS validated substantial and sustained progress toward full implementation of SBLCBv3.2, confirming ESNEFT's position against the agreed improvement trajectory. Elements 2 and 3 achieved full compliance, with all other elements demonstrating active progress through focused QIPs. LMNS commentary recognised effective governance, timely resubmissions, and continuous improvement planning, confirming that ESNEFT is on track to achieve full implementation during 2025–26.

4. Use of Implementation Tool or signed declaration

   Evidence of compliance was recorded and validated using the national SBLSBv3 Implementation Tool for the August and September 2025 submissions. As the tool provided comprehensive and validated evidence across all elements, a separate declaration from the Executive Medical Director was not required. This approach has been accepted by both the LMNS and the ICB as the formal mechanism for demonstrating compliance and progress.

Overall Statement of Assurance

ESNEFT demonstrates strong governance, consistent LMNS engagement, and validated progress toward full implementation of the Saving Babies' Lives Care Bundle Version 3.2. With 91% overall compliance and robust quality improvement processes in place, the Trust continues to show commitment to improving outcomes, sustaining progress, and meeting national expectations under the Three-Year Delivery Plan for Maternity and Neonatal Services.

Action Required of the Board/Committee

The Committee is requested to receive and note this report as evidence that ESNEFT meets all of the requirements of safety action 6 of the CNST maternity incentive scheme for year 7, 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	☑
SO2	Lead the integration of care	☐
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☐
SO4	Drive technology enabled care	☐

Risk Implications for the Trust *(including any clinical and financial consequences)*	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.
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.)*	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.
Financial Implications	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 There is a risk to the Trusts reputation if it were not to meet the required standards again this year.
Equality and Diversity	The report recognises that there are particular protected characteristics which are at a greater risk of maternal and neonatal complications

1. EVIDENCE submitted to demonstrate full compliance	
0.1	SNEE ICB Board Report and Action Plan on Implementation of the SBLCBv3 Oct 2025
0.2	Maternity Governance & Risk report to MNIB Sept 2025
0.3	Saving Babies Lives Update MNIB Sept 2025
0.4	Maternity Governance & Risk report to MNIB July 2025
0.5	Saving Babies Lives update to MNIB July 2025
0.6	Mat Neo Maternity update MNIB May 2025