

Maternity Incentive Scheme – NHS Resolution 10 Criteria

Meeting	Board of Directors	Date	1 st July 2021
Summary of Report			
<p>The purpose of this paper is to inform the Board of Directors that NHS Resolution (NHSR) is operating the third year of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme and the Trust’s assessment against these standards. The Maternity Incentive Scheme is to continue to support the delivery of safer maternity care.</p> <p>This paper provides an update to the Board regarding the evidence or associated action plan to demonstrate the Trust’s assessment against the 10 Maternity Safety Actions to the required standards requested by NHSR.</p> <p>On behalf of the Board of Directors the Maternity and Neonatal Safety Champions, (Chief Nurse and Non-Executive Director) will review all of the evidence provided against the 10 safety criteria and if satisfied with the evidence will sign off ahead of the final sign off by the Chief Executive on the 15th July. In preparation for this final sign off the Chief Nurse has chaired several preliminary meetings to review the guidance and evidence required and challenged the strength of evidence where necessary.</p> <p>The Maternity Incentive Scheme guidance (NHS Resolution updated March 2021) states that submission of an action plan was acceptable to demonstrate compliance. The Board Declaration Form (that needs to be submitted as part of the sign off process) flags the safety action as RED if an action plan is required. It is acknowledged in the text on the Board Declaration Form that the action plan has been completed. The Regional Midwife is seeking further clarification with NHS Resolution regarding the Board Declaration Form in regards to our compliance.</p> <p>There are 4 standards that are currently flagging red and require an action plan:</p> <p>SA4 – Clinical Workforce (action plan in place) SA5 – Midwifery Workforce (action plan in place) SA6 – Saving Babies Lives (action plan in place) SA9—Maternity Safety Champions /Continuity of Carer</p> <p>SA9 (Maternity Safety Champions) is the 1 standard we are also unable to demonstrate the evidence to meet compliance. The Trust is unable to demonstrate evidence of the Safety Champion walkarounds and staff meetings in January/ February 2020. There is now a robust structure in place for walk rounds and the Chief Nurse and Non Executive Director Maternity Safety Champion attends the bimonthly Maternity Safety meeting to meet staff.</p> <p>The Safety Action also requires an action plan relating to improvements in Continuity of Carer.</p> <p>All action plans are being reviewed by the Chief Nurse and Non Executive Director Safety Champions to ensure that they are robust and will deliver the actions required.</p>			
For Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input type="checkbox"/>
Executive Lead	Lisa Cheek		
Author	Christina Rattigan, Head of Midwifery, and Emma Churchill, Deputy Divisional Director.		
Author contact details	christina.rattigan1@nhs.net emma.churchill1@nhs.net		

Risk Implications - Link to Assurance Framework or Trust Risk Register									
Risk(s) Ref	Risk(s) Description								Risk(s) Score
Legal / Regulatory / Reputation Implications	CQC Ockendon recommendations. Regulatory implications associated with non- achievement of CNST 10 safety actions								
Link to relevant CQC Domain									
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>
Link to relevant Trust Commitment									
Consultations / other committee views									

Recommendations / Decision Required

The Board is asked to

- (a) note the compliance status in regard to Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.
- (b) to delegate authority to the Chief Executive to sign off the final submission before the deadline of 15 July 2021.

Background

NHS Resolution (NHSR) is operating a third year of the maternity Clinical Negligence Scheme for Trusts (CNST) incentive scheme to continue to support the delivery of safer maternity care. The scheme aims to incentivise the following 10 maternity safety actions:

Maternity CNST Safety Action Criteria	
1.	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?
2.	Are you submitting data to the Maternity Services Data Set to the required standard?
3.	Can you demonstrate that you have transitional care services to support Avoiding Term Admissions Into Neonatal Units programme?
4.	Can you demonstrate an effective system of medical workforce planning to the required standard?
5.	Can you demonstrate an effective system of midwifery workforce planning to the required standard?
6.	Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
7.	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?
8.	Can you evidence that 90% of each maternity unit staff group have attended and 'in house' multi-professional maternity emergencies training session within the last training year?
9.	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?
10.	Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

To achieve eligibility for payment under the scheme, Maternity Services must submit a completed 'Board Declaration Form' to NHSR by 12 noon on Thursday 15th July 2021 and must comply with the following conditions:

1. Trusts must achieve all 10 Maternity Safety Actions as stated above.
2. The 'Board Declaration Form' must be signed and dated by the Trust Chief Executive confirming the following:
 - The Board are satisfied that the evidence provided to demonstrate achievement of the 10 Maternity Safety Actions meets the required standard as set by NHSR.
 - The content of the 'Board Declaration Form' has been discussed with the commissioners of the Trust's Maternity Services.
 - The Board must give their permission to the Chief Executive to sign the 'Board Declaration Form' prior to submission to NHSR.

The guidance from NHS Resolution (Updated March 2021) 'Maternity Incentive Scheme – year three' sets out the technical guidance and evidence required to achieve compliance.

Progress report from Maternity Services

Safety Action 1: Are you using the PMRT to review perinatal deaths to the required standard?

Reporting full compliance with evidence uploaded.

Maternity Services can confirm that the PMRT is used and compliance is monitored through Maternity Governance meeting and reported quarterly to the Quality and Governance Committee.

Safety Action Detail
a) i. All perinatal deaths eligible to be notified to MBRRACE-UK from Monday 11th January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.
a) ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 to 15th March 2021 will have been started before 15th July 2021
b) i. At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday 15th March 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool before 15th July 2021
c) For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby’s death will take place, and that the parents’ perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion. Trust should ensure that contact with the families continues during any delay and make an early assessment of whether any questions they have can be addressed before a full review has been completed; this is especially important if there are any factors which may have a bearing on future pregnancy. In the absence of a bereavement lead ensure that someone takes responsibility for maintaining contact and these actions
d) i. Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.

Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

Reporting full compliance with evidence uploaded.

Maternity Services are submitting the data set to the required standard and evidence uploaded.

Safety Action Detail
1. At least two people registered to submit MSDS data to SDCS Cloud and still working in the Trust on Saturday 31 October 2020.
2. MSDSv2 webinar attended by at least one colleague from each Trust in January/February 2020 (complete – all Trusts attended).
3. Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOWMED-CT
4. Made a submission relating to August 2020 - December 2020 data, submitted to deadlines October 2020 - February 2021.
5. December 2020 data included all following tables MSD000 MSDS Header MSD001 Mother's Demographics MSD002 GP Practice Registration MSD101 Pregnancy and Booking Details MSD102 Maternity Care Plan MSD201 Care Contact (Pregnancy) MSD202 Care Activity (Pregnancy) MSD301 Labour and Delivery MSD302 Care Activity (Labour and Delivery) MSD401 Baby's Demographics and Birth Details MSD405 Care Activity (Baby) MSD901 Staff Details
6. December 2020 data contained at least 90% of the deliveries recorded in Hospital Episode Statistics (unless reason understood). (MSD401)
7. December 2020 data contained at least as many women booked in the month as the number of deliveries submitted in the month (unless reason understood). (MSD101)
8. December 2020 data contained Estimated Date of Delivery for 95% of women booked in the month. (MSD101)
9. December 2020 data contained valid postcode for mother at booking in 95% of women booked in the month. (MSD001)
10. December 2020 data contained valid ethnic category (Mother) for at least 80% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)
11. December 2020 data contained antenatal continuity of carer plan fields completed for 90% of women booked in the month. (MSD101/2)
12. December 2020 data contained antenatal personalised care plan fields completed for 90% of women booked in the month. (MSD101/2)
13. December 2020 data contained valid presentation at onset of delivery codes for 90% of births where this is applicable. (MSD401)

Safety Action 3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?

Reporting full compliance with evidence uploaded.

The maternity and neonatal services have ensured there are appropriate pathways in place for admission in and out of the neonatal unit. The Trust has previously been recognised as an outstanding performer in the South West for reducing term admissions in the neonatal unit by reducing admission to a lower rate than the target performance.

Safety Action Detail
d) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC.
e) A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of: <ul style="list-style-type: none"> • closures or reduced capacity of TC • changes to parental access • staff redeployment • changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.
f) An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews has been agreed with the neonatal safety champion and Board level champion.
g) Progress with the agreed ATAIN action plan has been shared with the neonatal safety champion and Board level champion.

Safety Action 4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?

This Safety Action requires an action plan in order to be able to demonstrate compliance.

There is a detailed action plan in place to achieve the work force standards for Anaesthetics, Neonatal Medicine and Neonatal Nursing. The action plans detail the work force gaps identified when compared national standards and there is close monitoring and mitigations in place to support the services whilst the workforce planning in on going.

Safety Action Detail
Anaesthetic - An action plan is in place and agreed at Trust board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 Anaesthetic 1: 1.7.2.5: Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff. A copy of rotas and lists showing dedicated theatre lists with a named consultant with no other clinical commitment should be provided. An audit demonstrating minimal delays to elective procedures and rapidness of emergencies to support local arrangements
Anaesthetic - An action plan is in place and agreed at Trust board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 Anaesthetic 2: 1.7.2.1: A duty anaesthetist is immediately available for the obstetric unit 24 hours a day. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patient in order to be able to attend immediately to obstetric patients. The rota should be seen to allow obstetrics to take priority where the duty anaesthetist has other responsibilities. A policy should be made available at staff induction regarding prioritising and junior staff should provide verbal confirmation that they have been inducted in this way. CNST, NHSLA or equivalent evidence and audits should also be provided.
Anaesthetic - An action plan is in place and agreed at Trust board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 Anaesthetic 3: 1.7.2.6: The duty anaesthetist for obstetrics should participate in labour ward rounds. A copy of the rota to demonstrate duty consultant availability at a time when delivery suite ward rounds are taking place.
Neonatal Medical: The Neonatal Unit meets the BAPM national standards of junior medical staffing. If this is not met, an action plan to address deficiencies is in place and agreed at Board level.
Neonatal Nursing: The neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan is in place and agreed at Board level to meet these recommendations

Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

This Safety Action requires an action plan in order to be able to demonstrate compliance.

The Maternity Service has a bespoke dashboard to monitor the midwife to birth ratio, 1:1 care in labour and supernumerary status of the labour ward coordinator. A separate paper has been submitted as part of the Safer Staffing Bi-Annual report.

The main areas to address are:

- Implementing BirthRate + recommendations (uplifting establishment by 9.8wte registered Midwives), the Trust is currently awaiting a decision in regard to national funding. There is a robust recruitment plan in place for Maternity Services.
- Ensuring the supervisory status of the Midwifery Coordinator and that women receive 1 to 1 care during labour. There has been significant steps forward to meet these standards but the Trust can not demonstrate 100% compliance for the requested time period.

There is an action plan in place to address these and there is careful on going monitoring and escalating of any immediate concerns.

Safety Action Detail
a) A systematic, evidence-based process to calculate midwifery staffing establishment is complete.
b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service
c) All women in active labour receive one-to-one midwifery care
d) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board at least once a year, during the maternity incentive scheme year three reporting period (December 2019 - July 2021)

Safety Action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

This Safety Action requires an action plan in order to be able to demonstrate compliance.

The Saving Babies' Lives care bundle covers the following 5 elements of care that are considered as evidence-based and best practice to reduce still births and early neonatal deaths:

- Reducing smoking in Pregnancy
- Risk assessment and surveillance of pregnancies at risk of fetal growth restriction
- Raising awareness of reduced fetal movements
- Effective fetal monitoring during labour
- Reducing preterm birth
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The element requiring an action plan to meet compliance is:

- Element 4: the percentage of staff who have successfully completed mandatory annual competency assessment on fetal monitoring in labour.

Safety Action Detail
a) Trust Board level consideration of how its organisation is complying with the Saving Babies' Lives Care Bundle Version 2 (SBLCBv2), published in April 2019. NOTE: Full implementation of the SBLCBv2 is included in the 2019/20 standard contract
b) Each element of the SBLCBv2 should have been implemented. Trusts can implement an alternative intervention to deliver an element of the care bundle if it has been agreed with their commissioner (CCG). It is important that specific variations from the pathways described within SBLCBv2 are also agreed as acceptable clinical practice by their Clinical Network
c) The quarterly care bundle survey should be completed until the provider trust has fully implemented the SBLCBv2 including the data submission requirements. The corroborating evidence is the SBLCBv2 survey and MSDS data, availability of the depends on the COVID-19 status.

Safety Action 7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Reporting full compliance with evidence uploaded.

The Trust continues to work closely with the Maternity Voices Partnership to receive and act on feedback.

Safety Action Detail
1. Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

Safety Action 8: Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?

Reporting full compliance with evidence uploaded.

There is a robust mechanism in place for monitoring training compliance and the service currently has over 90% compliance for PROMPT training (multi disciplinary skills and drills training).

Safety Action Detail
a) Covid-19 specific e-learning training has been made available to the multi-professional team members?
b) Team required to be involved in 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 since the launch of MIS year three in December 2019?
c) There is a commitment by the trust board to facilitate multi-professional training sessions, including fetal monitoring training once when this is permitted.

Safety Action 9: Can you demonstrate that the trust safety champions (obstetrician, midwifery and neonatal) are meeting bimonthly with Board level champions to escalate locally identified issues?

This Safety Action requires an action plan in order to be able to demonstrate compliance and there is a lack of historical evidence associated with the Maternity Safety Champion.

There is an action plan in place to meet the standard for Continuity of Carer ie 35% of pregnant women placed on a continuity of carer pathway by March 2020, targeting Black, Asian and Ethnic Minorities and areas of deprivation. The service currently has 2 continuity of carer teams which started in April 2021 (12%).

To be able to meet the evidence for Board Safety Champions requires robust evidence that the Board Maternity Safety Champion attended Monthly feedback sessions with staff in January 2020 and February 2020 and again every other month from no later than 30 November 2020. They were also required to attend a minimum of two engagement events such as Patient Safety Network meetings, MatNeoSIP webinars and/or the annual national learning event held in March 2020 by 30

June 2021. The Trust is unable to produce robust evidence of this, although there is informal feedback that this occurred.

There is now a robust plan for the Maternity Safety Champions (Chief Nurse and Non Executive Director) to fulfill the criteria for this role, including planned walkabouts and regular attendance at Maternity Services Safety meetings. A formal bimonthly meeting with Terms of Reference has been set up with the Maternity Safety Champions to ensure scrutiny of the quality metrics and progress with actions.

Safety Action Detail
a) A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and board safety champions, share safety intelligence from floor to board and through the LMS and MatNeoSIP Patient Safety Networks
b) Board level safety champions are undertaking feedback sessions every other month for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to COVID-19 service changes and service user feedback and can demonstrate that progress with actioning named concerns are visible to staff.
c) Board level safety champions have reviewed their continuity of carer action plan in the light of COVID-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they service
d) Together with their frontline safety champions, the Board safety champion and MatNeoSIP Patient Safety Networks has reviewed local outcomes in relation to: I. Maternal and neonatal morbidity and mortality rates including a focus on women who delayed or did not access healthcare in the light of Covid-19, drawing on resources and guidance to understand and address factors which led to these outcomes. II. The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK. III. The MBRRACE-UK SARS-Covid-19 https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf IV. The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups And considered the recommendations and requirements of II, III and IV on I.
e) The Board Level Safety Champion is actively supporting capacity (and capability) building for all staff to be actively involved in the following areas: • Maternity and neonatal quality and safety improvement activity within the Trust, including that determined in response to Covid-19 safety concerns • Specific national improvement work and testing lead by MatNeoSIP that the Trust is directly involved with

Safety Action 10: Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?

Reporting full compliance with evidence uploaded.

The Trust has submitted and verified that all the cases which qualified for NHSR reporting under the 'Each Baby Counts' criteria.

Safety Action Detail
a) Reporting of all outstanding qualifying cases for the year 2019/20 to NHS Resolution's EN scheme.
b) Reporting of all qualifying cases to the Healthcare Safety Investigation Branch (HSIB) for 2020/21.
c) For qualifying cases which have occurred during the period 1 October 2020 to 31 March 2021 the Trust Board are assured that: 1. the family have received information on the role of HSIB and the EN scheme; and 2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

Appendix 1: Progress update from Maternity services