

REPORT TO THE TRUST BOARD (PUBLIC)

REPORT TITLE	Current Position on the NHS Resolution Year 3 Maternity Incentive Scheme
AUTHOR	Penny Snowden, Director of Midwifery
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse
DATE OF MEETING	8 June 2021
PRESENTED FOR	Approval
ITEM PREVIOUSLY CONSIDERED BY	

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 update the Trust Board on the final position on nine of the ten safety actions outlined in the NHs Resolution Year 3 Maternity Incentive Scheme. The Maternity Service is seeking sign off from the Trust Board on those completed nine actions and agree that the outstanding metric in Safety Action six can be updated to Private Trust Board in July as part of the final board declaration process.

The paper provides Trust Board with the Maternity Service's current position on meeting the ten maternity safety actions as outlined in the revised NHS Resolution Maternity Incentive scheme as published in March 2021.

The information is provided to Trust Board to assist them in the Board Declaration process to enable the Trust to make a submission to NHS resolution on 15th July 2021.

Overall, the Maternity Service is compliant with nine of the ten safety actions. The outstanding metric is CO monitoring in pregnancy, which is part of Element One of the Saving Babies Lives Care Bundle V2. Daily Exception reporting is in place and the Service is focussing on delivering 80% compliance at Antenatal Booking and the 36 week gestation follow up appointment by the 13th July 2021 in readiness of the submission date.

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
	There is a risk of non-compliance with regulatory quality indicators and national KPI's for maternity impacting on patient safety, quality and experience
001,005	Delivering Outstanding Care and Experience
006,007	Recruiting, Developing and Retaining our Workforce

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

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Quality Outcomes	<i>Cautious – preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.</i>	Tolerance for risk taking limited to those events where there is little chance of any significant negative impact on quality or safety of care. Decision making authority generally held by senior clinicians.

THE BOARD IS ASKED TO:

<ol style="list-style-type: none"> 1. To note the compliance against the nine safety actions and determine level of assurance regarding the evidence that supports compliance 2. To note the actions plans that are included in the appendix that require sign off 3. To agree that Private Trust Board can via the monthly Maternity Report be updated on Carbon Monoxide monitoring compliance to complete the Board Declaration process 4. If in July, a position of non-compliance is reported, to consider and approve the improvement required to be submitted along with the Board Declaration 5. To provide permission to the CEO regarding compliance to sign off 9 safety actions on the Board Declaration Form (See Appendix Five)
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STRATEGIC GOALS THIS REPORT SUPPORTS (Check all that apply)

Delivering outstanding care and experience	x
Recruiting developing and retaining our workforce	x
Improving and developing our services and infrastructure	x
Working together with local health and social care providers	x
Delivering financial sustainability	x

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	NHS Improvement and NHS England CQC Fundamental Standards: Person-centred care (Regulation 9) CQC Fundamental Standards: Safe care and treatment (Regulation 12) CQC Fundamental Standards : Staffing (Regulation 18)
NHS Constitution Delivery	Make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.
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
X	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments

CURRENT POSITION ON THE NHS RESOLUTION YEAR 3 MATERNITY INCENTIVE SCHEME

1. Background

- 1.1 NHS Resolution published updated technical guidance for the Year Three Maternity Incentive Scheme in March 2021 as a continuation of supporting the maternity safety agenda whilst acknowledging the impact of COVID 19 pandemic on service providers.
- 1.2 The scheme incentivises ten safety actions and Trusts that achieve all ten safety actions are able to recover 10% of their contribution to the CNST maternity incentive fund. They may also be eligible for a small discretionary payment from the scheme to assist with improvement if a return of non-compliance is submitted
- 1.3 As outlined in the Ockenden Report, the financial return to the Trust is required to be ring-fenced for investment in maternity services and on-going improvement
- 1.4 The Board Declaration Form is required to be signed off by the Trust Board, either declaring compliance or non-compliance with the safety actions. Where a return of non-compliance is submitted then a fully costed improvement plan is required.

2. Board Declaration Process

- 2.1 The Board Declaration form is required to be signed three times and the CEO needs to confirm that:
 - Trust Board are satisfied that the evidence provided to demonstrate achievement of the 10 maternity safety actions fulfils the safety sub requirements as outlined in the technical guidance document
 - The Board Declaration is due to be discussed with the Maternity Triumvirate, Maternity and Neonatal Commissioning and Transformation Programme Manager and CCG Quality Midwifery on the 4th June 2021 to obtain support of the Trust's submission
 - There are no reports covering 2020/21 or previous fiscal year 2019/2020 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration
 - The Trust should also declare on the Board report template form whether there are any external reports such as CQC inspection which may contradict their maternity incentive scheme.
- 2.2 A meeting was convened with the Maternity Commissioners on the 4th June 2021 to review the evidence pack and discuss the Board declaration process.
- 2.3 Hard Copy of evidence has been presented to the Chief Nurse, Chief Executive, LMNS SRO and Maternity Safety Champion ahead of the Public Trust Board
- 2.4 The Trust's submission is externally validated by NHS Resolution via:
 - Safety Action One – MBRRACE-UK Safety Data
 - Safety Action Two – NHS Digital
 - Safety Action Three - Neonatal Operational Delivery Network (ODN) and LMNS
 - Safety Action Four - Neonatal ODN and Royal College of Nursing
 - Safety Action Six - Maternity Services Data Set Data, NHSI/E, Badger Net
 - Safety Action Ten – National Neonatal Research Database and HSIB

The Trust's submission will be crosschecked with CQC and any visits undertaken during the time period.

3 Current Position

3.1 Table one below summarises the current position against each safety action and the evidence of compliance presented to the Trust since release of Year 3

Action Number	Action Description	Current RAG rating	Comments
1	Are you using the National Perinatal Mortality Review Tool to review the report the perinatal deaths to the required standard	COMPLIANT	<p>Quarterly reports have been submitted to QAC and Trust Board outlining compliance with all timescales</p> <p>Quarter 4 performance is outlined in the Maternity Report which is also on June's Public Trust Board Agenda – reporting 100% compliance with:</p> <ol style="list-style-type: none"> 1. Notification of eligible cases to MBRRACE within 7 working days from 11th January 2021 2. Surveillance information completed where required within four months of death 3. PMRT has been started for all babies who have died between 20th December 2020 to 15th March 2021 before 15th July 2021 4. Babies who have died from the 20th December and 15th March have had a PMRT review completed and a drafted report generated by the 15th July 2021 5. Parents have been informed that a review of their babies death will take place and their perspective has been included
2	Are you submitting data to the Maternity Services Data set to the required standard	COMPLIANT	<p>NHS Digital Scorecard reported that all 13 mandatory criteria has been met.</p> <p>The NHS Scorecard was included in the QAC and Trust Board March 2021 report</p>
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?	COMPLIANT	<p>The Trust submit the HRG 4/AXAO4 to the ODN via the BadgerNet system</p> <p>A review of Term Admissions to the NICU and Transitional Care during Wave 1 COVID 19 pandemic was undertaken and presented to the maternity safety champions meeting in November 2020.</p> <p>The presentation is included in Appendix One for Trust Board Information</p> <p>An updated ATAIN action plan was presented to QAC and Trust Board in March 2021 as part of the CNST progress report.</p>

			The ATAIN action plan is also reviewed by the Maternity Safety Champions as a standard agenda item
4	Can you demonstrate an effective system of Clinical workforce planning to the required standard	COMPLIANT	<p>A Maternity Clinical Workforce paper was presented to Trust Board and QAC in March 2021 as part of the CNST Progress Report which outlined an action plan to meet the Anaesthesia Clinical Services.</p> <p>This has now been updated and included in Appendix Two and requires sign off by Trust Board</p> <p>The above Maternity Clinical Workforce paper also outlined that the Neonatal Medical Workforce met the national BAPM standards</p> <p>The above Maternity Clinical Workforce paper also included Neonatal Nursing and the calculation from the CRG workforce staffing (DINNIG Tool)</p> <p>The paper also included an action plan to achieve national compliance with the qualification in speciality, which has been updated and included in Appendix Three and requires sign off by Trust Board</p>
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	COMPLIANT	<p>The external Birthrate Plus review was completed and presented to QAC and Public Trust Board in April 2021 where the Trust Board approved funding to meet those recommendations regarding staffing</p> <p>Monthly monitoring of supernumerary status of labour ward co-ordinator and one to one care in labour has been added to the maternity dashboard. Action plans are being drafted given that 100% compliance is not achieved. Both actions plans were presented to QAC and Public Trust Board in April 2021</p> <p>The Trust Board have received regular updates on midwifery staffing through specific reports to Private Trust Board in September 2020 and Public Trust Board in April 2021.</p> <p>The monthly staffing report also includes information regarding midwifery staffing</p> <p>Birthrate Plus APP has been implemented and the service has commenced reporting on Red Flags</p> <p>Business Continuity Plans have been reviewed in light of COIVD 19</p>

6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle (SBLCB)	At Risk	<p>The Maternity Saving Babies Lives performance has been reported to the Trust Board and QAC on a regular basis and is now included in the monthly Maternity Quality Report. The up to date implementation plan was included in the March 2021 report</p> <p>Element One: Smoking Reduction</p> <p>CO Monitoring has been restored post COVID.</p> <ul style="list-style-type: none"> • AT PCH booking compliance is 96.7% and 65.7% at 36 weeks • At HH booking compliance is 64.6% and data is being collected for 36 weeks booking <p>The maternity service are undertaking daily challenge and would request to return to Trust Board in July with up to date performance.</p> <p>This is the only metric the service is not compliant with</p> <p>Element 2: Fetal Growth (Achieved)</p> <p>87.4% of pregnancies where a risk status for fetal growth retardation is identified and recorded at booking</p> <p>As this compliance is less than 95%, the implementation plan has been updated and included in Appendix Four</p> <p>Trust Clinical Guidelines include all CNST requirements for all five elements</p> <p>Element 3: Reduced Fetal Movements (Achieved)</p> <p>92.5% of women received information on reduced fetal movements. Information is also provided on the Trust Maternity Facebook Page</p> <p>Audit reports 100% of women who attend with reduced fetal movements have a computerised CTG. This audit was included in the report presented in April's Trust Board</p> <p>Element 4: Fetal Wellbeing (Achieved)</p> <p>93% of midwives and 86% of Obstetricians have successfully achieved annual competency test</p>
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			<p>Face to face training restarted in October 2020 so full compliance will be achieved by September 2021 and a trajectory is in place.</p> <p>The Trust Guideline on intrapartum fetal monitoring like many other units have adopted the FIGO Fetal Physiology Guidelines and the Hypoxic In Labour (HIL) review tool both of which are not currently included in the NICE Guidance. The NICE guidance was published in 2017 as part of the Intrapartum Care Guideline. Subsequent to the adoption of the HIL Tool and FGIO Fetal Physiology guidance, Stillbirth rates, active cooling rates and HIE rates have reduced. However, it is noted that this is out with national guidance.</p> <p>Element 5: Preterm Birth (Achieved) 86.9% of women receive a full course of antenatal steroids as reported on the Maternity Dashboard for April 2021</p> <p>60.5% of women less than 30 weeks gestation receive mag sulphate within 24 hours of birth in April 2021 which equates to 3 women not receiving appropriate treatment. As compliance is below 85% further actions are included in the implementation plan.</p> <p>All women at PCH were delivered in the appropriate care setting and one woman at Hinchingsbrooke birthed at 30weeks gestation which is below the threshold for SCBU</p> <p>The Trust clinical guideline has clear pathway regarding specialist service which provides cervical length transvaginal Ultrasound</p>
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through the Maternity Voices partnership to co-produce maternity services	COMPLIANT	<p>Maternity Voice Partnership Terms of References are in place and with review discussed at May's meeting</p> <p>Minutes of previous meetings</p> <p>Risk management and governance policy includes utilising patient feedback. Trust also has policies in place re. PALS, Complaints</p> <p>Examples of Co-production include development of new maternity website and visiting guidance during COVID-19</p> <p>Currently reviewing the "Birth Afterthoughts service</p> <p>Memorandum of Understanding in place regarding remuneration of the MVP chair</p>

			<p>Raham Project Lead a member of the MVP. Trust working closely with Raham Project.</p> <p>Action plan in place in response to the 4 priorities for women from a BAME background during COVID</p> <p>UKOSS report on SARs-CoV2 reviewed</p> <p>BAME Operational Policy approved at system level through the LMNS</p> <p>Co-production Action plan in place with MVP</p>
8	Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	COMPLIANT	<p>COVID-19 specific training has been delivered to the multi- professional team</p> <p>Impact of COVID on mental health and safeguarding has been included in Trust Mandatory training</p> <p>In house neonatal resuscitation training has continued through the pandemic with 97% compliance with Midwives, 98% for Neonatal Nurses</p> <p>90% of Paediatricians and 83% of Neonatal Nurses up to date with NLS (training suspended during COVID)</p> <p>Obstetric Emergency Training continued through the pandemic with MDT training launched in January 2021. Full compliance with MDT emergency training will be achieved December 2021.</p> <p>Fetal Monitoring face to face training resumed in October 2020 and full compliance will be achieved in September 2021</p>
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?	COMPLIANT	<p>Terms of reference with roles and responsibilities for maternity safety champions in place</p> <p>Feedback from maternity safety champions now included in the monthly Maternity Quality Report</p> <p>Bi-monthly perinatal safety champion meeting in place where the following have been discussed:</p> <ul style="list-style-type: none"> • Mortality and morbidity data is presented and discussed • The UKOSS report on characteristic and outcomes of pregnancy women admitted to hospital with confirmed SARS-CoV-2 infection in the UK • MBRRACE-UK SARs-COVID-19 report • Letter regarding targeted perinatal support for women from a BAME background

			<p>The Board Level safety champion has been an active member of the safety collaborative. The team are currently progressing a fetal optimisation project as part of the MATNeoSIP</p> <p>The Board Safety champion has been an active member of the LMNS</p> <p>The Maternity Service has completed an external cultural review and commissioned an external company to assist in building a health culture</p> <p>Continuity of Carer Implementation Plan reviewed at the Safety Champion meeting in November and at Trust Board in January 2021</p>
10	Have you reported 100% of qualifying incidents to HSIB (2019/2020 births only) and under NHS Resolution's Early Notification Scheme	COMPLIANT	<p>An audit of all referrals to the NHS Resolution Early Notification Scheme (ENS) and HSIB has been completed and reported that there has been 100% reporting</p> <p>A thematic review of all NWAngliaFT's referral to ENS has been undertaken by NHS Resolution and a meeting to receive feedback is being arranged.</p>

4 Recommendations to Trust Board

- 4.1 To note the compliance against the nine safety actions and determine level of assurance regarding the evidence that supports compliance
- 4.2 To note the actions plans that are included in the appendices that require sign off
- 4.3 To agree that Private Trust Board can via the monthly Maternity Report be updated on Carbon Monoxide monitoring compliance
- 4.4 If in July, a position of non-compliance is reported, to consider and approve the improvement required to be submitted along with the Board Declaration
- 4.5 To note the current position on the Board Declaration Form (Appendix Five) and agree the form is returned to Private Board in July for final sign off by Trust Board.

5 Appendices

- Appendix One - Audit of Term Admissions to NICU and Transitional Care during Wave One COVID-19
- Appendix Two - Anaesthesia Clinical Standards Accreditation Action Plan
- Appendix Three - SCBU Staffing Action Plan
- Appendix Four - NWAngliaFT SBL Implementation Plan
- Appendix Five - Maternity Incentive Safety Scheme Board Declaration