

Maternity incentive scheme - Guidance

Trust Name
Trust Code

This document must be used to complete your trust self-certification for the maternity incentive scheme safety actions and a completed action plan must be submitted for actions which have not been met. Please select your trust name from the drop down menu above. **Your trust name will populate each tab. If the trust name box is coloured pink please update**

Guidance Tab - This has useful information to support you to complete the maternity incentive scheme safety actions excel spreadsheet. **Please read the guidance carefully.**

The Board declaration form must not include any narrative, commentary, or supporting documents. Evidence should be provided to the Trust Board only, and will not be reviewed by NHS Resolution, unless requested.

There are multiple additional tabs within this document:

Tab A - safety actions entry sheets (1 to 10) - Please select 'Yes', 'No' or 'N/A' to demonstrate compliance as detailed within the condition of the scheme with each maternity incentive scheme safety action. Note, 'N/A' (not applicable) is available only for set questions. The information which has been populated in this tab, will automatically populate onto tab D which is the board declaration form.

Tab B - action plan summary sheet - This will provide you information on your Trust's progress in completing the board declaration form and will outline on how many Yes/No/N/A and unfilled assessments you have. This will feed into the board declaration sheet - tab D.

Tab C - action plan entry sheet - This sheet will enable your Trust to insert action plan details for any safety actions not achieved.

Tab D - Board declaration form - This is where you can track your overall progress against compliance with the maternity incentive scheme safety actions. This sheet will be protected and fields cannot be altered manually. If there are anomalies with the data entered, then comments will appear in the validations column (column I) this will support you in checking and verifying data before it is discussed with the trust board, commissioners and before submission to NHS Resolution.

Upon completion of the following processes please add an electronic signature into the three allocated spaces within this document: one signature to declare compliance stated in the board declaration form with the safety actions and their sub-requirements, one signature to confirm that the maternity incentive scheme evidence have been discussed with commissioners and a third signature to declare that there are no external or internal reports covering either 2020/21 financial year or the previous financial year (2019/20) that relate to the provision of maternity services that may subsequently provide conflicting information to your Trust's declaration. Any such reports should be brought to the MIS team's attention before 15 July 2021.

Any queries regarding the maternity incentive scheme and or action plans should be directed to **MIS@resolution.nhs.uk**

Technical guidance and frequently asked questions can be accessed here:

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/>

Submissions for the maternity incentive scheme must be received no later than 12 noon on **Thursday 15 July 2021** to MIS@resolution.nhs.uk

You are required to submit this document signed and dated. Please do not send evidence to NHS Resolution.

Safety action No. 1

Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---------------------|--|--|
| 1 | Were all perinatal deaths eligible notified to MBRRACE-UK from the 11 January 2021 onwards to MBRRACE-UK within 7 working days and the surveillance information where required completed within four months of each death? | Yes |
| 2 | Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 20 December 2019 to 15 March 2021 been started before 15 July 2021? | Yes |
| 3 | Were 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 20 December 2019 to 15 March 2021 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 15 July 2021. | Yes |
| 4 | For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents told that a review of their baby's death will take place? This includes any home births where care was provided by your Trust staff and the baby died. | Yes |
| 5 | For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, were parents' perspectives, questions and any concerns they have about their care and that of their baby sought? This includes any home births where care was provided by your Trust staff and the baby died. | Yes |
| 6 | If delays in completing reviews were anticipated, were parents advised of this and were they given a timetable for likely completion? | N/A |
| 7 | Have you submitted quarterly reports to the Trust Board from 1 October 2020 onwards? This must include details of all deaths reviewed and consequent action plans. | Yes |
| 8 | Were the quarterly reports discussed with the Trust maternity safety champion from 1 October 2020 onwards? | Yes |

Safety action No. 2**Are you submitting data to the Maternity Services Data Set to the required standard?**

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|----------------------------|---|---|
| 1 | NHS Digital will issue a monthly scorecard to data submitters (Trusts). Was this presented to your Trust Board? | Yes |
| 2 | Were your Trust compliant with all 13 criteria in either the December 2020 or the January 2021's submission? | Yes |
| 3 | Has the Trust Board confirmed 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 SNOMED-CT? | Yes |

Safety action No. 3

Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---|---|--|
| Please note standard a), b) and c) of safety action 3 have now been removed. | | |
| Standard D) Commissioner returns on request 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. | | |
| 1 | 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. Is this in place? | |
| Standard 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. | | |
| 2 | Has a review of term admissions to the neonatal unit and to TC during the COVID period (Sunday 1 March 2020 – Monday 31 August 2020) been undertaken and completed by 26 February 2021 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 | |
| An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19 period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion. | | |
| 3 | Do you have evidence of the following <ul style="list-style-type: none"> • An audit trail is available which provides evidence and rationale for developing the agreed action plan to address local findings from ATAIN reviews. • Evidence of an action plan to address identified and modifiable factors for admission to transitional care. • Evidence that the action plan has been revised in the light of learning from term admissions during Covid-19. Where no changes have been made, the rationale should be clearly stated. • Evidence that the action plan has been shared and agreed with the neonatal, maternity safety champion and Board level champion. | |
| Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions. | | |
| 4 | Has the ATAIN action plan been revised in the light of learning from term admissions during Covid-19 and has it been shared and agreed with the neonatal, maternity and Board level champions, with progress on Covid-19 related requirements monitored monthly by the neonatal and board safety champions from January 2021? | Yes |
| 5 | Has the progress with the Covid-19 related requirements been shared and monitored monthly with the neonatal and maternity safety champion ? | Yes |
| 6 | Has the progress on Covid-19 related requirements been monitored monthly by the board safety champions from January 2021? | Yes |

Safety action No. 4

Can you demonstrate an effective system of clinical workforce planning to the required standard?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|--|--|---|
| Please note that the standards related to the obstetric workforce have been removed. | | |
| 1 | Anaesthetic medical workforce Have your Trust Board minuted formally the proportion of ACSA standards 1.7.2.5, 1.7.2.1 and 1.7.2.6 that are met? | Yes |
| 2 | If your Trust did not meet these standards, has an action plan been produced (ratified by the Board) stating how the Trust is working to meet the standards? | Yes |
| | | |
| 3 | Neonatal medical workforce Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing? | Yes |
| 4 | If your Trust did not meet the standards outlined in requirement no.3, has an action plan been produced (signed off by the Board) stating how the Trust is working to meet the standards? | N/A |
| | | |
| 5 | Neonatal nursing workforce Does the neonatal unit meet the service specification for neonatal nursing standards? | No |
| 6 | If your Trust did not meet the standards outlined in requirement no.5, has an action plan been produced (signed off by the Board) and shared with the RCN, stating how the Trust is working to meet the standards? | Yes |

Safety action No. 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---------------------|--|--|
| 1 | Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed? | Yes |
| 2 | Has your review included the percentage of specialist midwives employed and mitigation to cover any inconsistencies? | Yes |
| 3 | Has an action plan been completed to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent been completed, where deficits in staffing levels have been identified? | Yes |
| 4 | Do you have evidence that the Maternity Services detailed progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls? | Yes |
| 5 | Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator status in the scheme reporting period? This must include mitigations to cover shortfalls. | No |
| 6 | If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board, and includes a timeline for when this will be achieved?" | Yes |
| 7 | Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with 1:1 care in labour in the scheme reporting period? This must include mitigations to cover shortfalls. | No |
| 8 | If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% compliance with 1:1 care in labour has been signed off by the Trust Board, and includes a timeline for when this will be achieved?" | Yes |
| 9 | Do you have evidence that a review has been undertaken regarding COVID-19 and possible impact on staffing levels to include: - Was the staffing level affected by the changes to the organisation to deal with COVID? - How has the organisation prepared for sudden staff shortages in terms of demand, capacity and capability during the pandemic and for any future waves? | Yes |
| 10 | Has a midwifery staffing oversight report that covers staffing/safety issues been submitted to the Board at least once every 12 months within the scheme reporting period? | Yes |

Safety action No. 6

Can you demonstrate compliance with all four elements of the Saving Babies' Lives V2 ?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|--|---|--|
| 1 | Do you have evidence of Trust Board level consideration of how the Trust is complying with the Saving Babies' Lives Care Bundle Version 2 (SBLCBv2), published in April 2019? | Yes |
| 2 | Has each element of the SBLCBv2 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 the Clinical Network. | Yes |
| 3 | The quarterly care bundle survey must be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements. The survey will be distributed by the Clinical Networks and should be completed and returned to the Clinical Network or directly to England.maternitytransformation@nhs.net. Have you completed and submitted this? | Yes |
| ELEMENT 1 - Reducing smoking in pregnancy | | |
| <i>Standard a) Recording of carbon monoxide reading for each pregnant woman on Maternity Information System (MIS) and inclusion of these data in the providers' Maternity Services Data Set (MSDS) submission to NHS Digital. If CO monitoring remains paused due to Covid-19, the audit described above needs to be based on the percentage of women asked whether they smoke at booking and at 36 weeks.</i> | | |
| 4 | Has standard a) been successfully implemented (80% compliance or more)? | No |
| 5 | If the process metric scores are less than 95% for Element 1 standard A , has an action plan for achieving >95% been completed? | Yes |
| <i>Standard b) Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded.</i> | | |
| 6 | Has standard b) been successfully implemented (80% compliance or more)? | No |
| 7 | If the process metric scores are less than 95% for element 1 standard b) , has an action plan for achieving >95% been completed? | Yes |
| <i>Standard c) Percentage of women where CO measurement at 36 weeks is recorded.</i> | | |
| 8 | Has standard c) been successfully implemented (80% compliance or more)? | No |
| 9 | If the process metric scores are less than 95% for element 1 standard c) , has an action plan for achieving >95% been completed? | Yes |
| ELEMENT 2 - Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction | | |
| <i>Standard a) Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded at booking.</i> | | |
| 10 | Has standard a) been successfully implemented (80% compliance or more)? | Yes |
| 11 | If the process metric scores are less than 95% for element 2 standard a) , has an action plan for achieving >95% been completed? | Yes |
| Do you have evidence that the Trust Board has specifically confirm that all the following 3 standards are in place within their organisation: | | |
| 12 | 1) women with a BMI>35 kg/m2 are offered ultrasound assessment of growth from 32 weeks' gestation onwards | Yes |
| 13 | 2) in pregnancies identified as high risk at booking uterine artery Doppler flow velocimetry is performed by 24 completed weeks gestation | Yes |
| 14 | 3) There is a quarterly audit of the percentage of babies born <3rd centile >37+6 weeks' gestation | Yes |
| 15 | If your Trust have elected to follow Appendix G due to staff shortages related to the COVID pandemic, has Trust Board evidenced that they have followed the escalation guidance for the short term management of staff? | Yes |
| 16 | If the above is not the case, has your Trust Board described the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed that it is acceptable clinical practice? | N/A |
| 17 | If your Trust have elected to follow Appendix G due to staff shortages related to the COVID pandemic, has Trust Board confirmed that the Maternity Services are following the modified pathway for women with a BMI>35 kg/m2? | Yes |
| 18 | If Trusts have elected to follow Appendix G due to staff shortages related to the Covid-19 pandemic Trust Boards should evidence they have followed the escalation guidance for the short term management of staff (https://www.england.nhs.uk/publication/saving-babies-lives-care-bundle-version-2-Covid-19-information/). They should also specifically confirm that they are following the modified pathway for women with a BMI>35 kg/m2. If this is not the case, has your Trust Board described the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed that it is acceptable clinical practice? | N/A |
| ELEMENT 3 Raising awareness of reduced fetal movement | | |
| <i>Standard a) Percentage of women booked for antenatal care who had received leaflet/information by 28+0 weeks of pregnancy.</i> | | |
| 19 | Has standard a) been successfully implemented (80% compliance or more)? | Yes |

| | | |
|---|---|-----|
| 20 | If the process metric scores are less than 95% for element 3 standard a) , has an action plan for achieving >95% been completed? | Yes |
| <i>Standard b) Percentage of women who attend with RFM who have a computerised CTG</i> | | |
| 21 | has standard b) been successfully implemented (80% compliance or more)? | Yes |
| 22 | If the process metric scores are less than 95% for element 3 standard b) , has an action plan for achieving >95% been completed? | N/A |
| ELEMENT 4 Effective fetal monitoring during labour | | |
| <i>Standard a) Percentage of staff who have received training on fetal monitoring in labour in line with the requirements of Safety Action eight, including: intermittent auscultation, electronic fetal monitoring, human factors and situational awareness.</i> | | |
| 23 | Has the Trust Board minuted in their meeting records a written commitment to facilitate local, in-person, fetal monitoring training when this is permitted? | Yes |
| 24 | If the process metric scores are less than 90% for Element 4 standard a), has the trust identify shortfall in reaching the 90% and commit to addressing those? | Yes |
| <i>Standard b) Percentage of staff who have successfully completed mandatory annual competency assessment.</i> | | |
| 25 | Have training resources been made available to the multi-professional team members? | Yes |
| 26 | If the process metric scores are less than 90% for Element 4 standard b) , has the trust board identify shortfall in reaching the 90% and commit to addressing those when this is permitted? | Yes |
| ELEMENT 5 Reducing preterm births | | |
| <i>Standard a) Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth</i> | | |
| 27 | Has standard a) been audited? Completion of the audit for element 5 standards A should be used to confirm successful implementation. | |
| 28 | If the process metric scores are less than 85% for Element 5 standard a) , has an action plan for achieving >85% been completed? | |
| <i>Standard b) Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth.</i> | | |
| 29 | Has standard b) been audited? Completion of the audits for element 5 standards B should be used to confirm successful implementation. | Yes |
| 30 | If the process metric scores are less than 85% for Element 5 standard b) , has an action plan for achieving >85% been completed? | Yes |
| <i>Standard c) Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance).</i> | | |
| 31 | Has standard c) been audited? Completion of the audits for element 5 standards C should be used to confirm successful implementation. | Yes |
| 32 | If the process metric scores are less than 85% for Element 5 standard c) , has an action plan for achieving >85% been completed? | Yes |
| 33 | Do you have evidence that the Trust Board has specifically confirmed that: <ul style="list-style-type: none"> women at high risk of pre-term birth have access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length is provided. If this is not the case the board should describe the alternative intervention that has been agreed with their commissioner (CCG) and that their Clinical Network has agreed is acceptable clinical practice. an audit has been completed to measure the percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids. | Yes |

Safety action No. 7**Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?**

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---------------------|---|--|
| 1 | Do you have Terms of Reference for your Maternity Voices Partnership group meeting? | Yes |
| 2 | Are minutes of Maternity Voices Partnership meetings demonstrating explicitly how feedback is obtained and the consistent involvement of Trust staff in coproducing service developments based on this feedback? | Yes |
| 3 | Do you have evidence of service developments resulting from coproduction with service users? | Yes |
| 4 | Do you have a written confirmation from the service user chair that they are being remunerated for their work and that they and other service user members of the Committee are able to claim out of pocket expenses? | Yes |
| 5 | Do you have evidence that the MVP is prioritising the voice of woman from Black Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation as a result of UKOSS 2020 coronavirus data? | Yes |

Safety action No. 8

Can you evidence that the maternity unit staff groups have attended as a minimum an half day 'in-house' multi-professional maternity emergencies training session, which can be provided digitally or remotely, since the launch of MIS year three in December 2019?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---|--|--|
| <p>MULTI-PROFESSIONAL MATERNITY EMERGENCY TRAINING, including Covid-19 specific training, including maternal critical care training and mental health & safeguarding concerns training In the current year we have removed the threshold of 90% for this year. This applies to all safety action 8 requirements. We recommend that trusts identify any shortfall in reaching the 90% threshold and commit to addressing this as soon as possible.</p> | | |
| <p>Can you confirm that: Covid-19 specific e-learning training has been made available to the multi-professional team members listed below:</p> | | |
| 1 | Obstetric consultants | Yes |
| 2 | 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 | Yes |
| 3 | Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) | Yes |
| 4 | Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum) | Yes |
| 5 | Obstetric anaesthetic consultants | Yes |
| 6 | All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota | Yes |
| 7 | Maternity critical care staff (including operating department practitioners, anaesthetic nurse practitioners, recovery and high dependency unit nurses providing care on the maternity unit) | Yes |
| 8 | Can you evidence that 90% of all staff groups in line 1-7 above have attended the the multi-professional training outlined in the technical guidance? | No |
| 9 | If the trust has identify any shortfall in reaching the 90% threshold described above in requirement no.8, can you evidence that there is a commitment by the trust board to facilitate multi-professional training sessions when this is permitted? | Yes |
| <p>NEONATAL RESUSCITATION TRAINING Can you evidence that the following staff groups 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 launch of MIS year three in December 2019:</p> | | |
| 10 | Neonatal Consultants or Paediatric consultants covering neonatal units | Yes |
| 11 | Neonatal junior doctors (who attend any deliveries) | Yes |
| 12 | Neonatal nurses (Band 5 and above) | Yes |
| 13 | Advanced Neonatal Nurse Practitioner (ANNP) | Yes |
| 14 | 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 midwives who also work outside of theatres | Yes |
| 15 | Can you evidence that 90% of all staff groups in line 10-14 above have attended the the neonatal resuscitation training as outlined in the technical guidance? | Yes |
| 16 | If the trust has identify any shortfall in reaching the 90% threshold described above in requirement no.15, can you evidence that there is a commitment by the trust board to facilitate multi-professional training sessions once when this is permitted? | N/A |

Safety action No. 9

Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|--|---|--|
| 1 | Has a pathway been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions, share safety intelligence between each other, the Trust Board, the LMS and MatNeoSIP Patient Safety Networks? | Yes |
| 2 | Do you have evidence that the written pathway is in place, visible to staff and meeting the requirements detailed in part a) and b) of the action is in place by Friday 28 February 2020? | Yes |
| 3 | Do you have evidence that a clear description of the pathway and names of safety champions are visible to maternity and neonatal staff? | Yes |
| 4 | Are Board level safety champions undertaking monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to COVID-19 service changes and service user feedback? | Yes |
| 5 | Was a monthly feedback sessions for staff undertaken by the Board Level safety champions in January 2020 and February 2020? | Yes |
| 6 | Were feedback sessions for staff undertaken by the Board Level safety champions every other month from 30 November 2020 going forward? | Yes |
| 7 | Do you have a safety dashboard or equivalent, visible to both maternity and neonatal staff which reflects action and progress made on identified concerns raised by staff and service users? This must include concerns relating to the Covid-19 pandemic. | Yes |
| 8 | Is the progress with actioning named concerns from staff workarounds visible from no later than 31 December 2020? | Yes |
| 9 | Has the CoC action plan been agreed by 26/02/2021 and progress in meeting the revised CoC action plan is overseen by the Trust Board on a minimum of a quarterly basis commencing January 2021? | Yes |
| 10 | Has the Board level safety champion reviewed the 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? The revised action plan must describe 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 serve. | Yes |
| 11 | Do you have evidence of Board level oversight and discussion of progress in meeting the revised continuity of carer action plan? | Yes |
| Together with their frontline safety champions, has the Board safety champion has reviewed local mortality and morbidity cases has been undertaken and an action plan, drawing on insights from the two named reports and the letter has been agreed | | |
| 12 | 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 by Monday 30 November 2020? | Yes |
| 13 | II) The UKOSS report on Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK. | Yes |
| 14 | III) The MBRRACE-UK SARS-COVID19 report | Yes |
| 15 | IV) The letter regarding targeted perinatal support for Black, Asian and Minority Ethnic groups | Yes |
| 16 | Together with their frontline safety champions, has the Board safety champion considered the recommendations and requirements of II, III and IV on I by Monday 30 November 2020? | Yes |
| Do you have evidence that the Board Level Safety Champions actively supporting capacity (and capability), building for all staff to be actively involved in the following areas: | | |
| 17 | • work with Patient Safety Networks, local maternity systems, clinical networks, commissioners and others on Covid-19 and non Covid-19 related challenges and safety concerns, ensuring learning and intelligence is actively shared across systems | Yes |
| 18 | • utilise SCORE safety culture survey results to inform the Trust quality improvement plan | No |
| 19 | Attendance or representation at 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 | Yes |

Safety action No. 10**Have you reported 100% of qualifying incidents under NHS Resolution's Early Notification scheme?**

| Requirements number | Safety action requirements | Requirement met? (Yes/ No /Not applicable) |
|---------------------|---|--|
| 1 | Have all outstanding qualifying cases for 2019/2020 been reported to NHS Resolution EN scheme? | Yes |
| 2 | Have all qualifying cases for 2020/21 been reported to Healthcare Safety Investigation Branch (HSIB)? | Yes |
| 3 | For cases which have occurred from 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 EN scheme: and 2. there has been compliance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour. | Yes |
| 4 | Have the Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying Early Notification incidents and numbers reported to NHS Resolution Early Notification team? | Yes |

Section A : Maternity safety actions - North West Anglia NHS Foundation Trust

| Action No. | Maternity safety action | Action met? (Y/N) |
|------------|---|-------------------|
| 1 | Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard? | Yes |
| 2 | Are you submitting data to the Maternity Services Data Set to the required standard? | Yes |
| 3 | Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme? | No |
| 4 | Can you demonstrate an effective system of clinical workforce planning to the required standard? | Yes |
| 5 | Can you demonstrate an effective system of midwifery workforce planning to the required standard? | Yes |
| 6 | Can you demonstrate compliance with all four elements of the Saving Babies' Lives V2 ? | No |
| 7 | Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback? | Yes |
| 8 | Can you evidence that the maternity unit staff groups have attended as a minimum an half day 'in-house' multi-professional maternity emergencies training session, which can be provided digitally or remotely, since the launch of MIS year three in December 2019? | Yes |
| 9 | Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues? | No |
| 10 | Have you reported 100% of qualifying incidents under NHS Resolution's Early Notification scheme? a) Reporting of all outstanding qualifying cases to NHS Resolution EN scheme for 2019/2020 b) Reporting of all qualifying cases to Healthcare Safety Investigation Branch (HSIB) for 2020/21 | Yes |

Section B : Action plan details for North West Anglia NHS Foundation Trust

An action plan should be completed for each safety action that has not been met

| Action plan 1 | | | |
|--|--|---|--|
| Safety action | <input style="width: 90%;" type="text"/> | To be met by | <input style="width: 90%;" type="text"/> |
| Work to meet action | <i>Brief description of the work planned to meet the required progress.</i> | | |
| Does this action plan have executive level sign off | <input style="width: 40%;" type="text"/> | Action plan agreed by head of midwifery/clinical director? | <input style="width: 40%;" type="text"/> |
| Action plan owner | <i>Who is responsible for delivering the action plan?</i> | | |
| Lead executive director | <i>Does the action plan have executive sponsorship?</i> | | |
| Amount requested from the incentive fund, if required | <input style="width: 90%;" type="text"/> | | |
| Reason for not meeting action | <i>Please explain why the trust did not meet this safety action</i> | | |
| Rationale | <i>Please explain why this action plan will ensure the trust meets the safety action.</i> | | |
| Benefits | <i>Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.</i> | | |
| Risk assessment | <i>What are the risks of not meeting the safety action?</i> | | |
| Monitoring | How? | Who? | When? |
| | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |

Action plan 2

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 3

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 4

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 5

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 6

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 7

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 8

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 9

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Action plan 10

Safety action

To be met by

Work to meet action

Brief description of the work planned to meet the required progress.

Does this action plan have executive level sign off

Action plan agreed by head of midwifery/clinical director?

Action plan owner

Who is responsible for delivering the action plan?

Lead executive director

Does the action plan have executive sponsorship?

Amount requested from the incentive fund, if required

Reason for not meeting action

Please explain why the trust did not meet this safety action

Rationale

Please explain why this action plan will ensure the trust meets the safety action.

Benefits

Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.

Risk assessment

What are the risks of not meeting the safety action?

| | How? | Who? | When? |
|------------|------|------|-------|
| Monitoring | | | |

Maternity incentive scheme - Board declaration Form

Trust name
 Trust code

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

| | Safety actions | Action plan | Funds requested | Validations |
|---------------------------------|----------------|-------------|-----------------|--|
| Q1 NPMRT | Yes | | - | |
| Q2 MSDS | Yes | | - | |
| Q3 Transitional care | No | | - | You have not entered an action plan for this unmet safety action, please check |
| Q4 Clinical workforce planning | Yes | | - | |
| Q5 Midwifery workforce planning | Yes | | - | |
| Q6 SBL care bundle | No | | - | You have not entered an action plan for this unmet safety action, please check |
| Q7 Patient feedback | Yes | | - | |
| Q8 In-house training | Yes | | - | |
| Q9 Safety Champions | No | | - | You have not entered an action plan for this unmet safety action, please check |
| Q10 EN scheme | Yes | | - | |

Total safety actions 7 -

You have validations on 3 safety actions. Please recheck the tab B (Safety Actions Summary Sheet) and/or tab C (Action plan entry) before discussing with your board and commissioners before submitting this form to NHS Resolution.

Total sum requested -

Sign-off process:

Electronic signature

For and on behalf of the board of

Confirming that:
 The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

Electronic signature

For and on behalf of the board of

Confirming that:
 The content of this form has been discussed with the commissioner(s) of the trust's maternity services

Electronic signature

For and on behalf of the board of

Confirming that:
 There are no reports covering either this year (2020/21) or the previous financial year (2019/20) that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.

Electronic signature

For and on behalf of the board of

Confirming that:
 If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)
 We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the

Name:
 Position:
 Date: