

## REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

<b>REPORT TITLE</b>	Revised NHS Resolution Maternity Incentive Scheme Year 4
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<b>EXECUTIVE SPONSOR</b>	Jo Bennis, Chief Nurse
<b>DATE OF MEETING</b>	14 <sup>th</sup> June 2022
<b>PRESENTED FOR</b>	Information
<b>ITEM PREVIOUSLY CONSIDERED BY</b>	Maternity Accountability Cabinet and Quality Assurance Committee 31 <sup>st</sup> May 2022

### PURPOSE OF THE REPORT

NHS Resolution Maternity Incentive Scheme Year 4 was recommenced 30<sup>th</sup> April 2022 following a temporary suspension from December 2021 in recognition of the NHS facing the Omicron Covid 19 wave.

The scheme has made several changes to the ten safety actions in light of the recommendations made in the Final Ockenden Report.

Those changes are summarised in this report, it is important for the Board to note revised Board declaration process detailed in Section 2.

### RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
103400	Band 7 being unable to maintain supernumerary status to maintain safety oversight of the care of all women on delivery suite
103389	Insufficient obstetric workforce impacting on junior doctor training, morale and patient safety

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

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Quality Outcomes	<b>Cautious:</b> <i>Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward</i>	<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</i>

### THE BOARD IS ASKED TO:

1. To note the changes outlined in the revised Year 4 NHS Resolution Maternity Incentive Scheme
2. To note the revised board declaration process
3. To agree to monthly progress reporting

**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**

<b>Legal/ Regulatory Relevance:</b>	<i>Regulation 12: Safe Care Regulation 17: Good Governance Regulation 18: Appropriate Staffing</i>
<b>NHS Constitution Delivery</b>	<i>Outstanding care</i>
<b>Freedom of Information Release</b>	This report can be released under the Freedom of information Act 2000

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

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

## **1. Executive Summary**

- 1.1. The Maternity Incentive Scheme (MIS) has been in operation over four years with the aim of improving the safety in maternity services through complying with ten safety actions
- 1.2. Year Four was originally published in September 2021 and paused December 2021 in recognition of the ongoing COVID 19 pandemic. North West Anglia NHS Foundation Trust (NWAFT) continued to progress their improvement journey and reporting processes to Trust Board during that pause
- 1.3. An amended year four scheme was then published April 30<sup>th</sup> 2022 with a delayed submission to the 5<sup>th</sup> January 2023

## **2. Board Declaration Process**

- 2.1. In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by 12 noon on 5<sup>th</sup> January 2023 and must comply with all ten maternity safety actions.
- 2.2. The declaration form is submitted to Trust Board with an accompanying joint presentation detailing maternity safety actions by the Director of Midwifery and Clinical Director for Maternity Services
- 2.3. The Board declaration form must be signed three times and dated by the Trust's Chief Executive Officer (CEO) to confirm that the Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-requirements as set out in the safety actions and technical guidance document included in this document.
- 2.4. The content of the Board declaration form has been discussed with the commissioner(s) of the Trust's maternity services and there are no reports covering either this year (2021/22) or 2022/23 that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before 5<sup>th</sup> January 2023.
- 2.5. The Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. The Trust Board declaration form must be signed by the Trust's CEO. If the form is signed by another Trust member this will not be considered.
- 2.6. In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (CCG/ICB) is apprised of the MIS safety actions' evidence and declaration form.
- 2.7. The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the evidence to be submitted to NHS Resolution

### 3. Amendments to the April Version of Year 4

3.1. The amendments to the April Version of year 4 are outlined in Table One

**Table One: Updated Technical Guidance for Year Four MIS**

Safety Action	Safety Action	Amendment
1	PMRT	<ul style="list-style-type: none"> <li>Deaths where the surveillance form needs to be assigned to another Trust for additional information are excluded from the latter.</li> <li>Dates realigned to new reporting process</li> </ul>
2	Maternity Services Data Set and Digital	<ul style="list-style-type: none"> <li>By October 2022, Trusts have an up to date digital strategy for their maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the <a href="#">What Good Looks Like Framework</a>. The strategy must be shared with Local Maternity Systems and be signed off by the Integrated Care Board.</li> <li>As part of this, dedicated Digital Leadership should be in place in the Trust and have engaged with the NHSEI Digital Child Health and Maternity Programme.</li> <li>Trust Boards to assure themselves that at least 9 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the “CNST Maternity Incentive Scheme Year 4 Specific Data Quality Criteria” data file in the <a href="#">Maternity Services Monthly Statistics publication series</a> for data submissions relating to activity in July 2022. The data for July 2022 will be published during October 2022.</li> <li>If the data quality for criteria 7(Continuity of Carer) are not met, Trusts can still pass safety action 2 by evidencing sustained engagement with NHS Digital</li> </ul>
3	Avoiding Term Admissions	<ul style="list-style-type: none"> <li>A data recording process (electronic and/or paper based for capturing <b>all</b> term babies transferred to the neonatal unit, regardless of the length of stay, is in place.</li> <li>A data recording process is not already in place to capture all babies <u>transferred or admitted</u> to the NNU, this should be in place no later than Monday 18 July 2022.</li> <li>Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.</li> <li>Evidence that findings of all reviews of term babies transferred or admitted to a neonatal unit are reviewed quarterly and the findings have been shared quarterly with the maternity and neonatal safety champions and Board Level Champion, the LMNS and ICS quality surveillance meeting.</li> </ul>

4	Clinical Workforce	<ul style="list-style-type: none"> <li>Revised deadlines</li> </ul>
5	Midwifery Workforce	<ul style="list-style-type: none"> <li>Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.</li> <li>In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations.</li> <li>Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls.</li> <li>BirthRate+ or equivalent undertaken, where deficits in staffing levels have been identified must be shared with the local commissioners</li> </ul> <p>Supernumerary Status of the Labour Ward Co-ordinator</p> <ul style="list-style-type: none"> <li>The Trust can report compliance with this standard if this is a one-off event and the co-ordinator is not required to provide 1:1 care for a woman in established labour during this time.</li> <li>If this is a recurrent event (i.e. occurs on a regular basis and more than once a week), the Trust should declare non-compliance with the standard and include actions to address this specific requirement going forward in their action plan mentioned in the section above.</li> </ul>
6	Saving Babies Lives	<ul style="list-style-type: none"> <li>The quarterly care bundle survey should be completed until the provider Trust has fully implemented the SBLCBv2 including the data submission requirements.</li> <li>Compliance data to be taken from the MIS MSDS and need four consecutive compliant months</li> </ul>
7	User Engagement – Maternity Voice Partnership	<ul style="list-style-type: none"> <li>Minutes of MVP meetings demonstrating how service users are listened to and how regular feedback is obtained, that actions are in place to demonstrate that listening has taken place and evidence of service developments resulting from co-production between service users and staff.</li> <li>Evidence that the MVP Chair is invited to attend maternity governance meetings and that actions from maternity governance meetings, including complaints' response processes, trends and themes, are shared with the MVP.</li> </ul>
8	MDT Training	<ul style="list-style-type: none"> <li>90% in 18 months in order to declare compliance acknowledging Covid-19 pressure</li> <li>Core Competency Framework For MIS year 4, Trusts only need to focus on the 6 core</li> </ul>

		elements – minus the 2 relating to COVID (core modules 7 and 8)
9	Safety Champions	<ul style="list-style-type: none"> <li>Evidence of bi-monthly engagement sessions (e.g. staff feedback meeting, staff walkaround sessions etc.) being undertaken by a member of the Board – reinstated no later than June 2022</li> <li>Updated deadlines regarding Continuity of Carer at Scale</li> </ul>
10	Early Notification Scheme	<ul style="list-style-type: none"> <li>A) Reporting of all qualifying cases to HSIB from 1 April 2021 to 5 December 2022</li> <li>B) Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022</li> </ul>

#### 4. Risks to delivery of Year 4

- Year Three was successfully led by the Director of Midwifery working with an MDT team. With the gap in the Director of Midwifery role this leave a gap in senior oversight, project management and reporting to ensure that all milestones are met
- Element 7 of Safety Action 2 will not be met as it relates to 5% Continuity of Carer therefore escalation to NHS Digital will be required
- The Maternity Division is not compliant with 100% supernumerary status and this is on the most frequent red flags reporting.

#### 5. Current Position

Table Two outlines the baseline position against the recently published guidance

Safety Action	Current Position	Next Steps	Rag Rating
Use of PMRT	<ul style="list-style-type: none"> <li>Quarterly reports to Trust Board up to date</li> <li>All Key Performance Indicators are being met with 100% compliance</li> </ul>	To sustain performance	On track for delivery
<ul style="list-style-type: none"> <li>Maternity Service Data Set</li> </ul>	<ul style="list-style-type: none"> <li>Passed 11 out of 11 Clinical Quality Improvement Metrics for January data (published April 2022)</li> <li>Not compliant with over 5% of women being on a Continuity of Carer pathway and seeking clarity from national team</li> </ul>	<ul style="list-style-type: none"> <li>To develop a maternity digital strategy that is aligned to the Trust's strategy</li> </ul>	High Risk due to the Continuity of Carer requirement (clarity being sought)
ATAIN	<ul style="list-style-type: none"> <li>Up to date with Quarterly reports to Trust Board</li> <li>Clinical Pathway in place for Transitional Care and being audited</li> <li>Audit results shared with safety champions</li> <li>Activity entered onto BadgerNet so compliant with HRG returns</li> </ul>	Need to improve data collection at HH given the implementation of the new Transitional Care model	On Track to Delivery
Clinical Workforce	<ul style="list-style-type: none"> <li>Neonatal Nursing update provided to Trust Board</li> <li>DINING review of neonatal nurses in progress</li> <li>Quality in Speciality action plan in place for SCBU</li> <li>Review of the Anaesthetic Accreditation Standards currently in progress</li> <li>Clinical Guideline have been amended to incorporate the principles outlined in the RCOG "Roles and Responsibilities of the Consultant providing acute care in obstetrics and gynaecology"</li> <li>Audit of consultant attendance for the clinical situations outlined in the RCOG document in place</li> <li>Neonatal Medical Team are compliant with BAPM standards</li> </ul>	To formulate the annual paper on clinical workforce	On Track for Delivery

Safety Action	Current Position	Next Steps	Rag Rating
Midwifery Workforce	<ul style="list-style-type: none"> <li>• Bi annual Midwifery staffing papers to Trust Board up to date</li> <li>• External BR+ completed 2021</li> <li>• Monthly report shows actual staffing regarding acuity and clinical/management actions taken to mitigate risk as well as red flags</li> <li>• Supernumerary Status of Coordinator below 100% with 85% compliance in April 2022 needs to be over 92.8% consistently</li> <li>• One to One care is 95.2% and action plan being reviewed</li> </ul>	<ul style="list-style-type: none"> <li>• Investment appraisal to be formulated by Divisional Team in light of last report</li> <li>• To monthly report at Divisional Level updated action plans on supernumerary status and one to one care in labour</li> </ul>	High risk of delivery due to the revised guidance on supernumerary status
Saving Babies Lives Care Bundle	See quarterly report	<ul style="list-style-type: none"> <li>• Focus on training compliance</li> <li>• Focus on detection SGA babies</li> </ul>	On Track for Delivery
Maternity Voice Partnership	<ul style="list-style-type: none"> <li>• Terms of reference in place</li> <li>• MVP attend the Women's experience group</li> <li>• Stakeholder in the Clinical Service Review</li> <li>• Memorandum of Understanding regarding remuneration in place</li> <li>• Co-produced workplan in place</li> <li>• Annual Report of activities</li> </ul>	<ul style="list-style-type: none"> <li>To formulate 22/23 work plan</li> <li>To highlight work undertaken to address health inequalities</li> </ul>	On Track for Delivery

  

Safety Action	Current Position	Next Steps	Rag Rating
MDT Training	<ul style="list-style-type: none"> <li>• Monthly training compliance reporting through dashboard – MDT Obstetric emergency rebased to 0% in January with current compliance 56%. Trajectory and delivery plan in place to achieve Trajectory – will be compliant in August 2022 until the new Doctors arrive</li> <li>• Revised TNA in place that includes all six core modules of the Core Competency Framework</li> </ul>	<ul style="list-style-type: none"> <li>• To present TNA at the Non Medical workforce operational committee</li> </ul>	On Track for Delivery
Safety Champion	<ul style="list-style-type: none"> <li>• Pathway of floor to Board safety intelligence outlined in the Maternity Risk and Governance Framework</li> <li>• Monthly Safety Highlight reports submitted to LMNS and Chief Midwife</li> <li>• Monthly Quality Report submitted to QAC and TB – includes number of incidents, Serious incidents, action taken , staff feedback from frontline champions, training compliance and midwifery staffing</li> <li>• Culture review underway</li> <li>• Attendance at Mat Neo Safety Improvement MatNEOSIP) Events</li> </ul>	<ul style="list-style-type: none"> <li>• To include information on obstetric staffing in the monthly quality report</li> <li>• To continue engagement with the MATNEO SIP programme</li> <li>• To incorporate Cultural Review results in to the quality improvement plans</li> </ul>	On Track for Delivery
Early Notification Scheme (ENS)	<ul style="list-style-type: none"> <li>• All cases referred to HSIB with monthly triangulation in place as a fail safe</li> <li>• Legal and risk team aware of the new ENS guidance of reporting from April 2022</li> <li>• HSIB leaflet in place for families and family involvement process outlined in the Maternity Risk and Governance Framework</li> <li>• 100% compliance with Duty of Candour</li> </ul>	To sustain compliance	On Track for Delivery

**Table Two: Current Position with Year 4 April Version Maternity Incentive Scheme**

## 6. Delivery Approach

- 6.1. Multi professional leads remain same as year 3 so providing continuation to the improvement journey.
- 6.2. An action plan has been created which includes deadlines and when papers to Committees are due.
- 6.3. The Safety actions have been divided into two groups; each group having a monthly progress meeting which provides the monthly update information.

6.4. Monthly progress is reported to the Maternity Accountability Committee, Quality Assurance Committee and Public Trust Board.

## **7. Summary**

The report outlines the revised guidance highlighting the significant risks to delivery most notably achieving over 92.8% monthly compliance with supernumerary status of the Labour Ward co-ordinator which is linked to overall staffing numbers. The Safety Action Leads have been informed of the changes and an action plan has been developed and disseminated across the leads.