

Cover Sheet

Public Trust Board Meeting: Wednesday 10 November 2021

TB2021.92

Title:	Maternity Incentive Scheme Year 4 Update
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Status:	For Information
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History:	Regular Reporting
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Board Lead:	Chief Nursing Officer
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Confidential:	No
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Key Purpose:	Assurance
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Executive Summary

1. This paper is to update the Trust Board on the ten maternity safety actions included in the NHS Resolution Maternity Incentive Scheme Year 4 which was launched on 9 August 2021. On the 27 September 2021 NHS Resolutions decided to extend the Scheme's interim deadlines to support trusts. There were also revisions to some of the safety actions' sub-requirements. These revisions were shared with members on 15 October 2021.
2. This paper outlines the significant changes to the Safety Standards of Maternity Incentive Scheme year 4.

Recommendations

- The Board is asked to note the contents of the update report
- The Board is asked to note the risk associated with the achievement of year 4 requirements and note the actions in place to progress towards delivery.

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Maternity Incentive Scheme Year 4 Update

1. Purpose

- 1.1. This paper is to update the Trust Board on the ten maternity safety actions included in the NHS Resolution Maternity Incentive Scheme Year 4 which was launched on 9 August 2021. On the 27 September 2021 NHS Resolutions decided to extend the Scheme's interim deadlines to support trusts. There were also revisions to some of the safety actions' sub-requirements. These revisions were shared with members on 12 October 2021.

2. Background

- 2.1. NHS Resolution (NHSR) is operating year four of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to support the delivery of safer maternity care. As in previous years, as a member of the CNST Oxford University Hospitals NHS Foundation Trust (OUH FT) will contribute an additional 10% of the CNST maternity premium to the scheme.
- 2.2. If OUH FT can demonstrate they have achieved full compliance of all the ten safety actions, then the Trust will recover their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds. However, if the Trust cannot demonstrate full compliance with the 10 safety actions, then the Trust will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help make progress towards meeting the requirements of the actions that were not achieved. This discretionary payment would be at a much lower level than the 10% contributed.
- 2.3. To be eligible for payment under the scheme, the Trust must submit their completed Board declaration form the NHS Resolution by 12 noon on 30 June 2022. The declaration form must be signed three times and dated by the Trust's Chief Executive Officer (CEO) confirming that:
 - The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standard as set out in the 'Ten maternity safety actions with technical guidance' document (see appendix 1).
 - The content of the declaration form must be discussed with the commissioner of the Trust's maternity services.
 - 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 30 June 2022.

This paper outlines the required standards for each of the ten safety actions along with the initial evaluation of the status and level of risk for each standard (see section 3 below).

3. Year 4 Safety Actions launched August 2021

- 3.1. The Maternity Incentive Scheme was relaunched in August 2021. There were significant changes to the safety standards and there is risk associated with the achievement of year 4 requirements.
- 3.2. [Safety Action 1](#): Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?

The key changes:

- All eligible deaths to be notified to MBRACE-UK within two working days rather than seven and the surveillance information where required must be completed within one month of the death rather than four months.
- A review using the PMRT of 95% of all deaths of babies, suitable for review must have been started within two months of each death
- There is further clarification regarding the multi-disciplinary review and individuals to be involved.

- 3.3. [Safety Action 2](#): Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

The key changes:

- Trust has procured a Maternity Information System complying with the forthcoming commercial framework (published by NHSX) and are complying with Information Standard Notices or have a fully funded plan to procure a Maternity Information System from the forthcoming commercial frameworks and comply with the Standard Notices and attend at least one engagement session organised by NHSX. The commercial framework release date is 20 September. Therefore, the solution to procure must come from this framework.
- Assurance that 9 out of 11 Clinical Quality Metrics (CQIMS) have passed the associated data quality criteria of the national Maternity Services Dashboard. This will require the implementation of some digital changes to the existing system.
- Data requirement percentage targets for height, weight, BMI, and complex social factors at the first antenatal booking appointment.
- Continuity of carer data regarding the proportion of women placed on CoC pathway by the 28 weeks antenatal appointment and receiving CoC.
- Personalised Care and Support planning at three stages in the pregnancy which includes antenatal care plan by 16+1 weeks gestation, birth care plans by 34+1 weeks gestation and postpartum care plans by 36+1 weeks gestation.

- 3.4. [Safety Action 3](#): Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the

recommendations made in the Avoiding Term Admissions into the Neonatal units Programme?

Key Changes:

- Pathways of care into transitional care have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies.
- The pathways of care have been fully implemented and is audited quarterly. Audit findings are shared with the neonatal safety champion, Local Maternity and Neonatal Systems (LMNS), commissioners and Integrated Care Systems (ICS) quality surveillance meeting each quarter.
- A data recording process for capturing existing transitional care activity regardless of place or if not already in place, a secondary data recording process is set up to inform future capacity management for late preterm babies who could be cared for in a TC setting.
- LMNS and commissioners to inform capacity planning as part of the family integrated care component of the Neonatal Critical Care Transformation Review and to inform future development to TC to minimise separation of mother and baby.
- Review of term admissions to the neonatal unit to include the number of admissions that would have met the current TC admissions criteria but were admitted to the neonatal unit due to capacity or staffing issues. The review needs to include the number of babies that remained or were admitted to the Neonatal Unit because of their need for nasogastric tube feeding but could have been for on a TC if nasogastric feeding was supported there.

3.5. [Safety Action 4](#): Can you demonstrate an effective system of clinical* workforce planning to the required standard?

Key Changes:

- Obstetric consultant team and maternity senior management team should acknowledge and commit to incorporating the principles outlined in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their services.
- To monitor their compliance of consultant attendance for the clinical situations listed in this document when a consultant is required to attend in person.
- A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should always have clear lines of communication to the supervising anaesthetic consultant. They should be able to delegate care for their non-obstetric patients in order to be able to attend immediately to obstetric patients.
- The Trust Board should evidence progress against the action plan developed in year 3 of MIS as well as include new relevant action to address deficiencies for the Neonatal medical and nursing workforce to meet the British Association of Perinatal Medicine (BAPM) national standards for junior medical staffing and nursing standards.

- 3.6. [Safety Action 5](#): Can you demonstrate an effective system of midwifery workforce planning to the required standard?

(Note: requirements are almost identical to MIS year 3 apart from submitting a report every 6 months rather than yearly to the Trust Board)

- 3.7. [Safety Action 6](#): Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?

Key changes:

- Submission of the quarterly care bundle surveys to the Trust Board.
- The trust will fail Safety action 6 if the process indicator metric compliance is less than 80% for element 1-Smoking monitoring, element 2-fetal growth restriction monitoring and element 3- reduced fetal movement monitoring. If the process indicator scores are less than 95%, action plan is required to achieve >95%.
- Element 4 – Fetal Monitoring requires the Trust Board to confirm that 90% of eligible staff have attended local multi-professional training annually and have a dedicated Lead Midwife (0.4 WTE) and lead Obstetrician (0.1 WTE) appointed by the end of 2021.
- Element 5 – Premature labour, has been extended to include the percentage of singleton live births occurring more than 7 days after completion of first course of corticosteroids and audit of women booked have been risk assessed for premature labour and referred to the appropriate care pathway. The risk assessment and management in multiple pregnancy complies with NICE guidance or a variant that has been agreed with local commissioners following advice from the provider's clinical network.
- The Trust should specifically confirm that they have a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention.

- 3.8. [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?

Key Changes:

- The MVP Chair is being remunerated which reflects the time commitment and requirements of the role given and remuneration should take place in line with agreed Trust processes. The service users of the MVP can claim child costs in a timely way. Currently there is no funding for child costs.
- The MVP work programme has been agreed and recorded in the MVP minutes and ratified in the minutes of the LMS board.

- 3.9. [Safety Action 8](#): Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence at least 90% of each maternity unit staff group have attended an 'in-house' one day multi-professional training day which includes

a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and Newborn life support, starting from the launch of MIS year 4?

Key Changes:

- Training plan to cover all six core modules of the Core Competency Framework that will span a 3-year time period
- Multi-professional 'in-house' training day should be reinstated as face-to-face training no later than 30 September 2021. Attendance of 90% of each identified maternity staff groups. This will be challenging due to lack of training venues and potential Covid restrictions.
- Fetal Monitoring and surveillance should be consistent with the Ockenden Report (2021).
- There has been changes to the content of the multi-professional maternity emergencies as set out in the Core Competency Framework. All core competencies should be covered in the three-year period. One of the competencies to include a learning from excellence case study and at least one of the four emergency scenarios should be conducted in the clinical area ensuring full attendance from the relevant wider multi-professional team.
- All staff in attendance at births should attend local neonatal life support training every year. Details of the minimum training requirements are specified including details of the gold standard.

3.10 **Safety Action 9:** Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

Key Changes:

- Evidence that the revised pathway developed in year 3 that describes how safety intelligence is shared from frontline staff, Board safety champions, between each other, the Board, new local maternity, and neonatal systems (LMNS), regional quality groups involving the Regional Chief Midwife and Lead Obstetrician to ensure early action and support is provided for areas of concern or need in line with the perinatal quality surveillance model.
- Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by Board Level safety champions at Trust level quality meeting each quarter, beginning no later than quarter 3.
- Evidence of an action plan that describes how the maternity service will work towards CoC being the default model of care offered to all women by March 2023.
- Insights from culture surveys undertaken have been used to inform local quality improvement plans by April 2022.

3.11 **Safety Action 10:** Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification scheme for 2021/22?

(Note: requirements are identical to MIS year 3)

4. October 2021 Update from NHS Resolution

- 4.1. Following the relaunch of year four of the Maternity Incentive Scheme (MIS) on 9 August 2021, NHS Resolution, and the Collaborative Advisory Group (CAG) have continued to monitor the Trusts' position in relation to Covid-19, staffing and acuity and the challenges faced by Trusts in achieving the Scheme's safety actions.
- 4.2. The CAG met on 27 September 2021 to discuss a range of options to support Trusts and a decision was made to extend the Scheme's interim deadlines.
- 4.3. A revision regarding the frequency of some of the safety actions' sub-requirements have also been reviewed.
- 4.4. While the Scheme's reporting requirements need to continue, they brought the following revisions to our attention on the 15 October 2021. These revisions will be included in the updated year four guidance, which will be published in the updated year four guidance which will be published in the forthcoming weeks:
- 4.5. **Safety Action 1 – PMRT** Extension of the reporting requirement to MBRRACE-UK from 2 working days to **7 working days**.
- 4.6. **Safety Action 2 - NHS Digital** The wording of standard 3) has been amended.

"First antenatal booking appointment" has been amended to "by 14+1 week's gestation".

"Booked in the month" has been amended to "women reaching 14+1 week's gestation in the month".

The new wording of the standard 3 is as following *"January 2022 data contained height and weight data, or a calculated Body Mass Index (BMI), recorded by **14+1 week's gestation** for 90% of women reaching **14+1 week's gestation** in the month".*

An important note has been added within the technical guidance *"A woman's Personalised Care and Support Plan is a live document that should be reviewed at each appointment. The below timescales indicate the point at which a plan for the relevant phase should have been started in discussion with the woman and recorded in MSDS. Please see the technical guidance section for further information on the type of information that should be included within plans by these timescales".*

FAQs have been added within the technical guidance around NHSX framework and criteria 5.

Trusts are encouraged to use non-clinical staff for data submission to MSDS. In addition, Trusts are also asked to note the additional information added in the technical guidance around "sustained engagement"

4.7. **Safety Action 3 – ATAIN**

Extension of standard a) timeframe from September 2021 to Monday 10 January 2021

Extension of standard b) from quarter 2 to quarter 3 of 2021/22

Extension of standard c) from September 2021 to Monday January 2021

Extension of standard e) from quarter 2 to quarter 3 of 2021/22

Extension of standard f) from November 2021 to February 2022

4.8. **Safety Action 4 - Clinical Workforce** There were no changes.

4.9. **Safety Action 5 – Midwifery Workforce** There were no changes.

4.10. **Safety Action 6 -SBL**

Suspension of the quarterly care bundle surveys until January 2022.

- Element 1: If there is a delay in the provider trust's ability to submit these data to MSDS then compliance can be determined using their interim data recording method. The denominator should still be the total number of women at booking or 36 weeks gestation, as appropriate for each process indicator.
- Element 2: Trusts can omit the quarterly review of 10 cases of babies that were born <3rd centile >37+6 weeks for quarter 3 of this financial year if staffing is critical this directly frees up staff for the provision of clinical care.
- Element 4: please refer to safety action 8.

4.11. **Safety Action 7 – MVP** No changes

4.12. **Safety Action 8 – Training** the Maternity Incentive Scheme encourages the reinstatement of face-to-face training however for situations where this is not possible:

- Face to face, remote or digital training (which covers the requirements within the safety actions) will be accepted to count towards the training percentage.
- The requirement around reintroduction of face-to-face training by 30 September has been removed.
- **NB** The minimum evidential requirements for safety action 8 remain. It is recognised that temporary modifications may be necessary in light of the Covid-19 pandemic. In such cases the Board needs to ensure that these are mitigated and agreed to ensure the safe provision of services. Details of any modifications, and the agreed mitigations will be expected to be shared with the Trust Board by the 31st December 2021.

4.13. **Safety Action 9 – Safety Champions**

Revisions have been made to the timeframes in Safety Action 9 relating to: evidence of a revised written pathway in line with the perinatal quality surveillance model; progress with actioning named concerns from staff walkarounds; and evidence that the Trust's claims scorecard is reviewed.

- Standard a) and b) timeframes have been extended; evidence of a revised written pathway, in line with the perinatal quality surveillance model, that is

visible to staff and meets the requirements detailed in part a) and b) of the action extended from September 2021 to 10 January 2021.

- Evidence that discussions regarding safety intelligence, including the number of incidents reported as serious harm, themes identified, and actions being taken to address any issues; staff feedback from frontline champions and walkarounds; minimum staffing in maternity services and training compliance are taking place at Board level no later than **31 October 2021** (extended from 30 September 2021).
- Progress with actioning named concerns from staff workarounds are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users no later than 10 January 2021 (extended from October 2021).
- The expectation is that monthly feedback sessions have continued from year 3 of the scheme. If for any reason these had been paused, they should be recommenced no later than **31 October 2021** (extended from 30 September 2021). The reason for pausing feedback sessions should be captured in the minutes of the Board meeting, detailing mitigating actions to prevent future disruption to these sessions.
- Evidence that the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level safety champions at a Trust level (Board or directorate) quality meeting each quarter, beginning no later than **quarter 4** (instead of quarter 3).

4.14. **Safety Action 10 - HSIB/EN reporting**

There were no changes.

5. The next steps

- 5.1. A detail benchmarking review is underway to assess the service provision against the 10 safety standards published in the Maternity Incentive Scheme year 4. The initial review has shown that there have been significant changes to many of the 10 Safety Standards requirement in comparison to the Maternity Incentive Scheme year 3. A detailed action plan is in the process of being developed. With the significant changes to the safety standards, there is risk associated with the achievement of year 4 requirements.

6. Conclusion

- 6.1. This paper outlines the significant changes to the Safety Standards of Maternity Incentive Scheme year 4. There is a risk associated with the achievement of year 4 requirements.

7. Recommendations

- The Board is asked to note the contents of the update report
- The Board is asked to note the risk associated with the achievement of year 4 requirements and note the actions in place to progress towards delivery.

