



East Suffolk and  
North Essex  
NHS Foundation Trust

# Maternity Incentive Scheme

**Amanda Price-Davey – Director of Midwifery**



# Purpose of Report

NHS Resolution is operating year 5 of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care. The maternity incentive scheme applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The technical guidance for the Year 5 scheme was launched on 31<sup>st</sup> May 2023.

This report will

- Give a final outcome for year 4 of the scheme and the Trusts position
- Give an overview of compliance required for year 5
- Future reports will update on progress towards compliance.
- And highlight key risks to delivery and mitigations in place.



# Year 4 Closure



## East Suffolk and North Essex NHS Foundation Trust

Member Name	NPMRT	MSDS	Transitional Care	Medical Workforce Planning	Midwifery Workforce	SBL Care Bundle	Patient Feedback	In House Training	Safety Champions	ENS	No. of Actions	Less or more than 10
The Norfolk and Norwich University Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9	Less than 10
Cambridge University Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	10 out of 10
West Suffolk NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	10 out of 10
Bedfordshire Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8	Less than 10
Milton Keynes Hospital NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	10 out of 10
Mid and South Essex NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9	Less than 10
Princess Alexandra Hospital NHS Trust	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	9	Less than 10
James Paget University Hospitals NHS Foundation Trust	Y	Y	Y	Y	Y	N	Y	N	Y	Y	8	Less than 10
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	10 out of 10
West Hertfordshire Hospitals NHS Trust	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10	10 out of 10
East and North Hertfordshire NHS Trust	Y	Y	N	Y	N	Y	Y	Y	Y	Y	8	Less than 10
North West Anglia NHS Foundation Trust	Y	Y	N	Y	N	N	Y	Y	Y	Y	7	Less than 10
East Suffolk North Essex NHS Foundation Trust	Y	Y	Y	Y	N	Y	Y	Y	N	Y	8	Less than 10

Outcomes were published at the end of May 2023 for MIS year 4 as detailed above. Only 5 Trusts in the EoE Region successfully completed all 10 safety actions this year which is significantly lower than last year and a reflection on the pressures maternity services have been under in this reporting period.

Safety actions 1 and 2 are the only actions that are not self declared and whilst at ESNEFT we believed we had not met the threshold to pass safety action one, following exception conversations with NHSR, it appears we were successful. However, we are putting in place robust systems and processes to ensure that this continues for year 5.

The Trust submitted an action plan for compliance against safety action 5 going forwards, with plans to secure additional operation support for maternity teams in embedding these safety actions into our business as usual and ensure the Trust maintains safe standards of care at all times.



# Year 5 Submission

- In order to be eligible for payment under the scheme, Trusts must submit their completed Board declaration form by **12 noon on 1 February 2024**.
- The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services
- The Trust Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) and not a deputy, 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
  - There are no reports covering either year 2022/23 or 2023/24 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.)
- In addition, the CEO of the Trust will ensure that the Accountable Officer (AO) for their Integrated Care System (ICB) is apprised of the MIS safety actions' 5 evidence and declaration form. The CEO and AO must both sign the Board declaration form as evidence that they are both fully assured and in agreement with the compliance submission to NHS Resolution



# Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?



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## **Required Standard**

- All eligible perinatal deaths from should be notified to MBRRACE-UK within seven working days. For deaths from 30 May 2023, MBRRACE-UK surveillance information should be completed within one calendar month of the death.
- For 95% of all the deaths of babies in your Trust eligible for PMRT review, parents should have their perspectives of care and any questions they have sought from 30 May 2023 onwards.
- For deaths of babies who were born and died in your Trust multi-disciplinary reviews using the PMRT should be carried out from 30 May 2023. 95% of reviews should be started within two months of the death, and a minimum of 60% of multi-disciplinary reviews should be completed to the draft report stage within four months of the death and published within six months.
- Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.

## **Plans to meet standard**

- Review of governance structure to ensure appropriate resource is invested in PMRT
- Develop failsafe to ensure all reportable cases are actioned within the defined period
- Reports currently in development for reporting within the required timeframes

## **Support required**

- Assistance with reporting cycle to ensure timely submissions of reports



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



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## **Required Standard**

- Trust Boards to assure themselves that at least 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) have passed the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023.
- July 2023 data contained valid ethnic category (Mother) for at least 90% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances
- Trust Boards to confirm to NHS Resolution that they have passed the associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023

## **Plans to meet standard**

- Plans already in place to complete back log of data entry required to be on track for July assessment

## **Support required**

- Support from CNIO and digital midwife to ensure compliance



# Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?



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## **Required Standard**

- Pathways of care into transitional care (TC) have been jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies.
- A robust process is in place which demonstrates a joint maternity and neonatal approach to auditing all admissions to the NNU of babies equal to or greater than 37 weeks. The focus of the review is to identify whether separation could have been avoided. An action plan to address findings is shared with the quadrumvirate as well as the Trust Board, LMNS and ICB.
- Trusts should have or be working towards implementing a transitional care pathway in alignment with the BAPM Transitional Care Framework for Practice for both late preterm and term babies. There should be a clear, agreed timescale for implementing this pathway.

## **Plans to meet standard**

- Transition away from virtual pathways to support cross site working and ensure alignment of service across both sites
- ATAIN reports continue to go to ICB and Trust Board for oversight and discussion

## **Support required**

- Estates support required to ensure appropriate space is available specifically on the Colchester site where the pathway is currently virtual



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



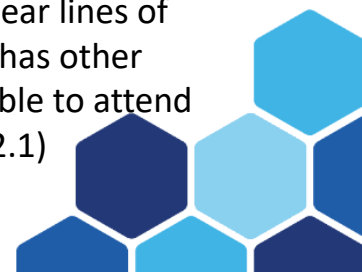
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## **Required Standard**

1. NHS Trusts/organisations should ensure that the following criteria are met for employing short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology on tier 2 or 3 (middle grade) rotas:
  - currently work in their unit on the tier 2 or 3 rota or
  - have worked in their unit within the last 5 years on the tier 2 or 3 (middle grade) rota as a postgraduate doctor in training and remain in the training programme with satisfactory Annual Review of Competency Progressions (ARCP) or
  - hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums
2. Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance
3. Trusts/organisations should implement RCOG guidance on compensatory rest where consultants and senior Speciality and Specialist (SAS) doctors are working as non-resident on-call out of hours and do not have sufficient rest to undertake their normal working duties the following day.
4. Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations 27 listed in the RCOG workforce document

## **Anaesthetic medical workforce**

A duty anaesthetist is immediately available for the obstetric unit 24 hours a day and should have clear lines of communication to the supervising anaesthetic consultant at all times. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patients in order to be able to attend immediately to obstetric patients. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1)





# Safety action 4 Cont'd



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## Neonatal medical workforce

- The neonatal unit meets the relevant British Association of Perinatal Medicine (BAPM) national standards of medical staffing.
- If the requirements have not been met in year 3 and or 4 or 5 of MIS, Trust Board should evidence progress against the action plan developed previously and include new relevant actions to address deficiencies. If the requirements had been met previously but are not met in year 5, Trust Board should develop an action plan in year 5 of MIS to address deficiencies. Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN)

## Neonatal nursing workforce

- The neonatal unit meets the BAPM neonatal nursing standards.
- If the requirements have not been met in year 3 and or year 4 and 5 of MIS, Trust Board should evidence progress against the action plan previously developed and include new relevant actions to address deficiencies.
- If the requirements had been met previously without the need of developing an action plan to address deficiencies, however they are not met in year 5 Trust Board should develop an action plan in year 5 of MIS to address deficiencies.
- Any action plans should be shared with the LMNS and Neonatal Operational Delivery Network (ODN)

## Plans to meet standard

- A workforce review paper is currently being created to address all aspect of this safety standard along with required SOPs and audits to demonstrate compliance



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



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## **Required Standard**

- A systematic, evidence-based process to calculate midwifery staffing establishment is completed.
- Trust Board to evidence midwifery staffing budget reflects establishment as calculated above.
- The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service.
- All women in active labour receive one-to-one midwifery care. e) Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year five reporting period.

## **Plans to meet standard**

- Birthrate plus review has taken place and workforce review paper is being submitted to Board for July 2023
- Further steps are required to meet the standards and action plans are in development
- Compliance will be demonstrated within the and this will be demonstrate in the next paper

## **Support required**

- Support to meet the safe staffing standards will be required from Trust Board and the ICB



# Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?



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## **Required Standard**

- Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024.
- Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool once available

## **Plans to meet standard**

- This is a new care bundle and will take some time to understand and put in place appropriate pathways to ensure compliance
- High priority is to engage with system partners to ensure system wide understanding of what is required

## **Support required**

- Operation support to ensure all pathways and processes are embedded. The aspiration is to use funds that were allocated from NHSR following the closure of the year 4 scheme to engage an new operation team member to lead and support this work on a fixed term/seconded post



# Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users



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## **Required Standard**

- Ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place which is in line with the Delivery Plan and MNVP Guidance (due for publication in 2023). Parents with neonatal experience may give feedback via the MNVP and Parent Advisory Group.
- Ensuring an action plan is coproduced with the MNVP following annual CQC Maternity Survey data publication (due each January), including analysis of free text data, and progress monitored regularly by safety champions and LMNS Board.
- Ensuring neonatal and maternity service user feedback is collated and acted upon within the neonatal and maternity service, with evidence of reviews of themes and subsequent actions monitored by local safety champions.

## **Plans to meet standard**

- Work closely with system partners and current MVP to ensure co-design in service developments is undertaken
- Look at potential to have one MNVP across ESNEFT as opposed to the two separate MVPS that we currently have
- Within the newly developed midwifery structure ensure that MNVP is a top priority within a transformation portfolio

## **Support required**

- Not clear at this time – will become more evident as this is worked through



# Safety action 8: Can you evidence the following 3 elements of local training plans and ‘in-house’, one day multi professional training?



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## **Required Standard**

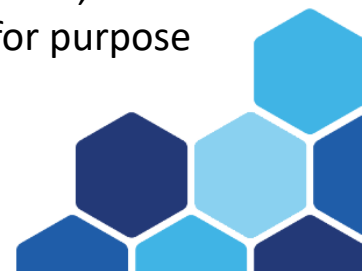
- A local training plan is in place for implementation of Version 2 of the Core Competency Framework.
- The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB.
- The plan is developed based on the “How to” Guide developed by NHS England.

## **Plans to meet standard**

- Work closely with system partners to see how we can learn from the early adaptors of the Core competency framework (Norfolk and Waveney System)
- Ensure adequate resource is dedicated to PDM and clinical educator roles to support

## **Support required**

- Given the amount of time that is required to complete the framework for all midwives, the headroom/uplift for this professional group should be reviewed to ensure it is fit for purpose



# 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?

## Required Standard

- All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded.
- Evidence that discussions regarding safety intelligence; concerns raised by staff and service users; progress and actions relating to a local improvement plan utilising the Patient Safety Incident Response Framework are reflected in the minutes of Board, LMNS/ICS/ Local & Regional Learning System meetings.
- Evidence that the Maternity and Neonatal Board Safety Champions (BSC) are supporting the perinatal quadrumvirate in their work to better understand and craft local cultures.

## Plans to meet standard

- This is currently under review and further information around plans to meet this requirement will be shared as they are developed with both our current Safety Champions and our system partners



# Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 to 7 December 2023?



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## Required Standard

- Reporting of all qualifying cases to HSIB/CQC//MNSI from 30 May 2023 to 7 December 2023.
- Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 30 May 2023 until 7 December 2023.
- For all qualifying cases which have occurred during the period 30 May 2023 to 7 December 2023, the Trust Board are assured that: i. the family have received information on the role of HSIB/CQC/MNSI and NHS Resolution's EN scheme; and ii. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.

## Plans to meet standard

- Much like Safety action 1, success in this safety action revolve mainly around ensuring appropriate governance process and failsafe's are in place – this will form part of the governance review
- Ensure the right people with the right skills are in the right posts to support this work



# Next Steps



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- Review funding arrangements and appropriate Job description for a new maternity operational lead to support the programme required to deliver the MIS and appoint accordingly
- Ensure that all reports that are required to go to Trust Board are planned into the reporting cycle as early as possible (both for Trust Board and ICB)
- Ensure that ICB colleagues are fully informed of progress to meeting the 10 safety actions and give assurances around evidence being gathered throughout the reporting period
- Ensure MDT engagement with plans and work required to be successful

