

**Trust Board**  
**Report Summary**

<b>Date of meeting:</b> 11 <sup>th</sup> January 2024	
<b>Title of Document:</b> Maternity Report	
<b>To be presented by:</b>  Amanda Price-Davey Director of Midwifery Andrea Turner, Divisional Director Nishi Deole, Obstetric Clinical Director	<b>Author:</b>  Amanda Price-Davey, Director of Midwifery
<b>1. Status:</b> For <b>Approval</b> /Discussion/Assurance/Noting/Information	
<b>2. Purpose:</b> The purpose of the report is to assure the Trust Board of our position in relation to the year 5 Maternity incentive Scheme as part of the Clinical Negligence Scheme for Trusts (CNST) and to seek that the Declaration Form for the year 5 MIS to be approved by Board and signed by the CEO.	
Relates to:	
Strategic Objective	Keep people in control of their health; Lead the integration of care; Drive technology enabled care
Operational performance	This report will update the Board on the performance of maternity services within the system.
Quality	Compliance against the 10 safety actions will demonstrate the commitment to delivery excellence maternity services. Ensuring we are capturing feedback from both service users and staff will support service development
Legal, Regulatory, Audit	If ESNEFT is unable to meet the requirements of the MIS then there is an increased risk of breaches to the Fundamental Standards and associated Regulations as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015.
Finance	Risk to reputation and subsequent financial loss by not meeting the incentive scheme standards
Governance	The report will demonstrate the robust processes in place to review evidence at sub-board level
NHS policy/public consultation	<a href="https://resolution.nhs.uk/wp-content/uploads/2023/07/MISyear5-update-July-2023.pdf">https://resolution.nhs.uk/wp-content/uploads/2023/07/MISyear5-update-July-2023.pdf</a>
Accreditation/ Inspection	A new group has been formed with agreed ToR, to review the extensive evidence that has been collated for each of the 10 safety actions in order to provide assurance to the Quality and Patient Safety Committee of our position as we draw to the end of the year 5 MIS period.
Anchor institutions	N/A
ICS/ICB/Alliance	Once approved by Trust Board, the declaration will need to go to the LMNS ICB for SRO agreement and sign off. Meeting shave been held with the ICB to date to agree and approve evidence since October 2023

Board Assurance Framework (BAF) Risk	The report provides additional assurance in relation to BAF1 - Partnership working. BAF2 - Financial performance – value and sustainability. BAF4 - Quality assurance mechanisms regarding the quality and safety of patient services. BAF5 - Workforce – recruitment and retention. BAF7 - Estates development and capital equipment. BAF8 - Digital maturity and major disruptive outage. BAF9 - Transformation.
Other	

### 3. Summary:

In order to be eligible for payment under the Clinical Negligence Scheme for Trusts (CNST), Maternity Incentive Scheme, Trusts must submit their completed Board declaration form by **12 noon on 1 February 2024**.

- The declaration is being submitted to Trust Board with an accompanying joint presentation by the Director of Midwifery, divisional Director 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 or AO for Maternity within the ICB must be assured and in agreement with the compliance submission to NHS Resolution. Regular meetings with the ICB have been in place since October to ensure oversight and agreement of the work that has been undertaken. We anticipate final sign off at LMNS Strategic Group in January 2024.

A new group has been formed with agreed ToR, to review the extensive evidence that has been collated for each of the 10 safety actions in order to provide assurance to the Quality and Patient Safety Committee of our position as we draw to the end of the year 5 MIS period. This has been approved by the QPS Committee.

There are several reports that need Board oversight and approval this month to ensure compliance with the year 5 MIS scheme, these are;

- The Q2 ATAIN report (Avoiding Term Admissions Into Neonatal Units) - **connected to SA3**
- The clinical workforce paper update. This was approved by Board in November 2023 but there were some outstanding audits as the reporting period ran up until 7<sup>th</sup> December 2023 – **connected to SA4**
- The second Midwifery workforce report (required to come bi-annually and last received in July 2023) - **connected to SA5**
- The Board report for the implementation of the Saving Babies Lives Care Bundle which has been signed off by the ICB – **connected to SA6**

As part of the requirements for CNST the Trust Boards are asked to receive a maternity report at each meeting, the format of which has been included in the report. In addition to the maternity report, feedback from the Mat Neo work will also come to each Board either in the form of the CKI or the Mat Neo Surveillance report. The PMRT and ATAIN reports will be included quarterly, clinical workforce report annually and midwifery workforce report will be bi-annually.

#### **4. Recommendations / Actions**

The Trust Board is invited to approve

- Q2 ATAIN report,
- The Mat Neo surveillance report
- The updated clinical workforce paper (following the completion of the required audits)
- Sign off the Saving Babies Lives Care Bundle
- And finally approve the signing of the MIS declaration form

Our overall position at this time is as below - compliant	
Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	This standard is externally verifiable, we have met this standard
Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	This standard is also externally verifiable, we have met this standard
Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	We are confident we have met this standard and have the required evidence
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?	Following the approval of the workforce paper at Trust Board today we will have met this safety action
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Following the approval of the workforce paper at Trust Board today we will have met this safety action
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?	This standard is met by working collaboratively with the LMNS and having quarterly sign off meetings for all the evidence collated for each of the 6 elements. It has been validated and we have met this criteria. The standard was 70% compliance and we achieved 93%  This has been signed off by the LMNS
Safety action 7: Listen to women, parents and families using maternity and neonatal services and coproduce services with users	With support from the LMNS we have worked collaboratively with multiple service users groups as well as the MNVP and have met this standard.
Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	This has been challenging to meet and in recognition of the industrial action this year, NHSR has reduced the compliance rate from 90% to 80% with an agreed action plan to get to 90% within 12 weeks of the end of the reporting period. This standard has been met
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?	To enhance this further the maternity report will be coming to Trust Board at each meeting to ensure continued compliance
Safety action 10: Reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB/CQC/MNSI) and to NHSRs Early Notification (EN) Scheme	This is an externally verifiable standard which has been met.