

Maternity Incentive Scheme - Board declaration form

Trust name	East Suffolk North Essex NHS Foundation Trust
Trust code	T690

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

	Safety actions	Action plan ids requested	Validations
Q1 NPMRT	Yes	-	-
Q2 MSDS	Yes	-	-
Q3 Transitional care	Yes	-	-
Q4 Clinical workforce planning	Yes	-	-
Q5 Midwifery workforce planning	Yes	-	-
Q6 SBL care bundle	Yes	-	-
Q7 Patient feedback	Yes	-	-
Q8 In-house training	Yes	-	-
Q9 Safety Champions	Yes	-	-
Q10 EN scheme	Yes	-	-

Total safety actions	10	-	<input type="text"/>
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Total sum requested		-	
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Sign-off process 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.

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

* There are no reports covering either **this year (2023/24) or the previous financial year (2022/23)** 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.

* 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 Steering group will escalate to the appropriate arm's length body/NHS System leader.

**Electronic signature of Trust Chief
Executive Officer (CEO):**

**For and on behalf of the Board of
Name:**

Position:

Date:

East Suffolk North Essex NHS Foundation Trust

**Electronic signature of Integrated
Care Board Accountable Officer:**

**For and on behalf of the board of
Name:**

Position:

Date:

East Suffolk North Essex NHS Foundation Trust

Signatures added in PDF

