Meeting title:	Public Trust Board				**Public Trust Board paper E**	
Date of the meeting:	12 January 2023					
Title:	NHS Resolution – compliance with the 10 safety actions					
Report presented by:	Julie Hogg, Chief Nurse, Andrew Furlong, Medical Director & Danni Burnett, Director of Midwifery					
Report written by:	Tina Hymas-Taylor (bank DCN) & Julie Hogg, Chief Nurse					
Action – this paper is for:	Decision/Approval	X	Assurance	X	Update	
Where this report has been discussed previously	None					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report provides assurance on our compliance with the 10 safety actions which form the maternity incentive scheme.

Impact assessment
N/A

Purpose of the Report

Background

In November 2022, an overview of our progress with year 4 of NHS resolution maternity incentive scheme was provided. This highlighted the challenges we have met and gaps in compliance.

Following this a full gap analysis was commissioned (attached below) which summarises our position against each standard in respect of MIS compliance based on the conditions published in October 2022. The review also includes the findings from the 360 Assurance audit of 4 of the standards.

Of the 10 safety actions, 9 were deemed not to be fully compliant. While a significant amount of work has taken place to achieve the safety actions, there has been limitations and a lack of evidence to support embedding practice standards. This includes ward to board assurance and a refreshed focus on transitional care (safety action 3). Further work is also underway to strengthen perinatal quality and safety surveillance across the LLR system in addition to actions required to create a Maternity Voices Partnership fit for the future (safety action 7).

In addition to the gap analysis, we have worked with leads for each element to produce a project plan which is shown below.

Changes to the way we approach next year is underway with the strengthening of governance to support improvement as multi-professional team. A project manager is being appointed to lead CNST going forward.

There is an opportunity to apply for funding from NHSR to support our work to comply across all elements. This application is required as part of the action plan for Trust Board and ICB sign off. The intention is to seek additional funding for safety actions 2 and 9 to provide digital programme management to streamline workflow and reporting capability.

Recommendation

The board are asked to:

- Be assured by the work and progress made to date
- Recognise that we have more to do to achieve compliance with the year 4 actions
- Receive the project plan which makes clear the actions needed to become compliant
- Recognise the need to strengthen governance and digital processes to gain and maintain compliance and comply in future years
- Support the intention to declare non-compliance with year 4 and seek additional funding to achieve this

Maternity Incentive Scheme (MIS) –Year 4 Review and Gap Analysis

This review was undertaken at the request of the Chief Nurse and Head of operations and commenced on 7th November 2022. It has been an extensive piece of work and the information below summarises the Trust position in respect of MIS compliance for the reporting periods identified within the conditions published in October 2022.

The report acknowledges the finding from the 360 Assurance audit of safety actions 3, 7, 8 & 9 and provides an update against some of the areas identified by 360 assurance as 'red'.

Safety Action 1 - Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

There was evidence of full compliance against this safety action until November 22 when two baby deaths were not reported to MBRACE within the required timescale, when the reason was analysed an administrative error was identified. A further checking process has been implemented to ensure this will not happen in future.

Outcome: The Trust cannot confirm compliance but moving forward systems and processes are in place to ensure full compliance within future submissions.

Safety Action 2 - Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

There is a requirement for the following which the Trust cannot achieve within the timescale set (31st Octobers 2022):

- Up to date digital strategy for maternity which aligns to the wider Trust digital strategy.
- The strategy has been shared with the Local Maternity Systems (LMS).
- Dedicated Digital Leadership within the Trust that has engaged with NHSEI Digital Child Health & Maternity Programme.

For the required data collation, the Trust has evidence that NHS Digital have reviewed our data submissions and it meets the MIS requirements in all but one area which is currently under review- NHS Digital have provided the Trust with an automatic extension.

Outcome: The Trust cannot confirm compliance but moving forward systems and processes are in place to ensure full compliance within future submissions.

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 Neonatal units Programme?

This safety action was also reviewed by 360 Assurance - the outcomes of the audit have been discussed with the relevant leads and some of the outcomes challenged. A comprehensive review was undertaken utilising the 360 Assurance perspective and further information. There remain significant gaps in the information available to provide assurance.

Key areas of non-compliance for noting include:

- A formalised transitional care pathway that has been approved by both neonatal and maternity services –the current pathway does not meet the required criteria.
- Evidence that the pathway is fully implemented and there is evidence of audit to support this which is shared with the neonatal safety champions LMS and ICB.
- There is an explicit staffing model to support this.
- Reviews of babies admitted to neonatal units within a set criteria are shared with the neonatal safety champions and the findings are shared with maternity, neonatal board level safety champions and the LMS and ICB on quarterly basis.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the action required to achieve full compliance.

Safety Action 4 - Can you demonstrate an effective system of clinical workforce planning to the required standard?

There is evidence to support compliance with some of the areas within this safety action but what was not evident was Trust board sign off as highlighted below.

The following areas require Trust board sign off:

- The UHL obstetric team should acknowledge engagement with the Royal College of Obstetricians and Gynaecologists work force document and it should be signed off at Trust board level and a supporting action plan to address any non-compliance developed – a UHL guideline was identified but it has not been signed off at Trust board level.
- Neonatal workforce - the Trust board is to formally record within its minutes whether it meets the recommendations and if not an action plan should be developed and overseen at Trust board level.
- The neonatal service specification for neonatal nursing should be signed off at Trust board level and an action plan developed and monitored to address any deficits.

It should be noted that the timeframe for compliance is any 6-month period between August 2021 and December 2022, so the compliance could be achieved in these areas but given the Trust cannot achieve MIS compliance it may wish to consider ensuring a comprehensive response at a later point.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the actions required to achieve full compliance.

Safety Action 5 - Can you demonstrate an effective system of midwifery workforce planning to the required standard?

There is evidence of full compliance against the standards within this action other than the action requiring confirmation that the labour ward co-ordinator is supernumerary. It has been confirmed that this does occur but is not formally evidenced in the roster. The Head of Midwifery has confirmed that the roster will be amended to ensure this is clearly identified.

Outcome: The Trust cannot confirm full compliance due to the labour ward co-ordinator supernumerary process, but an action is underway to address this moving forward.

Safety Action 6 - Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?

A number of elements within this safety action can be evidenced but there are some gaps which include:

- There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually. The fetal monitoring sessions should be consistent with the Ockenden Report recommendations.
- The Trust board should specifically confirm that within their organisation 90% of eligible staff have attended local multi-professional fetal monitoring training annually as above, there is a monthly score card which is presented as part of the maternity assurance papers at present the data indicates that services are not fully complia
- Confirmation that the Trust has a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention. (Best practice would be to also appoint a dedicated Lead Midwife
- Their risk assessment and management in multiple pregnancy complies with NICE guidance or a variant that has been agreed with local commissioners (CCGs) following advice from the provider's clinical network.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the action required to achieve full compliance.

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 (MVP) to coproduce local maternity services?

This safety action was also assessed by 360 Assurance and a number of gaps were identified. It is to be noted that the Maternity Voices Partnership (MVP) locally is under review but some of the deficits are on-going and require further work.

The key issues that cannot be evidenced are:

- The MVP's work programme, minutes of the MVP meeting which agreed it and minutes of the LMNS board that ratified it are evidenced.
- Evidence that the MVP is prioritising hearing the voices of women from Black, Asian and Minority Ethnic backgrounds and women living in areas with high levels of deprivation, given the findings in the MBRRACE-UK reports about maternal death and morbidity and perinatal mortality
- Evidence that the MVP Chair is invited to attend maternity governance meetings and that the actions from maternity governance meetings, including complaints' response processes, trends and themes, are shared with the MVP.

It should be noted that the Leicester MVP has been paused with agreement from the LMS and ICB – the requirements to meet MIS accreditation should be incorporated into the newly established MVP which has timescale of January 2023.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the actions required to achieve full compliance.

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 that at least 90% of each relevant maternity unit staff group has 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?

This safety action was also assessed by 360 Assurance – they identified significant gaps in this area, including training compliance with the 6 core competency modules and the core competency framework – maternal critical care.

From a review of the available information it maybe that some of the core competency content is within the identified training plan but not clearly articulated.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the actions required to achieve full compliance.

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?

This action was also part of the 360 Assurance audit and again identified areas of non-compliance.

The first part of this action required a pathway that demonstrates how information is shared board to floor, 360 Assurance identified that the Trust did not meet the requirement although upon further exploration there is a clear pathway that demonstrates this.

The majority of the assurance required has a set timescale of 16th June 2022, there is no evidence of compliance up to this date but the new maternity safety oversight processes after this date are now in place. There needs to be a re-launch of the information and updated information sharing in respect of the new maternity safety champions.

There is no evidence of current discussion about the Trusts claims scorecard alongside the incident and complaint data and where it is discussed, this should be included in the maternity and neonatal safety champion meetings moving forward and included in their reports to Trust board.

Outcome: The Trust cannot confirm full compliance with this safety action, the supporting project plan outlines the actions required to achieve full compliance.

Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1st April 2021 to 5th December 2022?

There is evidence to support full compliance with this safety action.

Tina Hymas-Taylor –Deputy Chief Nurse (Bank)

29th November 2022

Project Plan to Address Areas of Non-Compliance for MIS Year 4 – November 2022

Safety Action	Minimum Requirement	Responsible Person	Timeframe	Progress
Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?				
All perinatal deaths eligible to be notified to MBRRACE-UK from 6 May 2022 onwards must be notified to MBRRACE-UK within seven working days.	Assurance the new process is in place and effective	Penny McParland	30 November 2022	Complete New process agreed and implemented with all perinatal death notifications checked twice per week.
Safety Action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?				
By 31st 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 What Good Looks Like Framework.	A strategy is in place, signed off and aligned to wider Trust strategy	Larry Murphy Andy Carruthers Mark Ainsworth	30 June 2023 (Maternity insert)	The Trust cannot meet this timeframe but the strategy still requires sign off and completion.
The strategy must be shared with Local Maternity Systems and be signed off by the Integrated Care Board.	Evidence this has happened and ICB sign off and board minutes evidencing this.	DoM/ HoM	Quarter 2 2023	
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.	Evidence of that leadership is in place and that they have engaged with NHSEI and the child health programme	DoM/ HoM	31 March 2023	Post live on track 3 January 2023

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 Neonatal units Programme?				
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. Neonatal teams are involved in decision making and planning care for all babies in transitional care.	Pathway that meets the criteria set and has been agreed and signed off by maternity and neonatal teams	Jo Lavelle	31 March 2023	Draft guideline reviewed & discussed in Neonatal Guidelines group 3 January 2023
There is an explicit staffing model for TC teams	This should form part of the above pathway	Jo Lavelle	31 March 2023	
The policy is signed by maternity/ neonatal clinical leads and should have auditable standards.	Rewrite of SOP which is out of date – SOP to contain auditable standards which are aligned to this standard requirements and clear oversight model	Jo Lavelle	31 March 2023	
The policy has been fully implemented and quarterly audits of compliance with the policy are conducted.	Evidence of full implementation. Evidence that quarterly audits of compliance with the policy are undertaken	Mark Ainsworth	Re-commence audits from April 2023	
The pathway of care into transitional care has been fully implemented and is audited quarterly. Audit findings are	Evidence of implementation, audit and evidence it has been shared as required	Jo Lavelle	Re-commence audits from April 2023	

shared with the neonatal safety champion, LMNS, commissioner and Integrated Care System (ICS) quality surveillance meeting each quarter				
Audit findings are shared with the neonatal safety champion on a quarterly basis. Where barriers to achieving full implementation of the policy are encountered, an action plan should be agreed and progress overseen by both the board and neonatal safety champions	Evidence that audit findings are shared with the neonatal safety champion on a quarterly basis. Evidence that the action plan has been agreed and progress overseen by both the board and neonatal safety champions	Jo Lavelle	Quarter 2 2023	
Reviews of babies admitted to the neonatal unit continue on a quarterly basis and findings are shared quarterly with the Board Level Safety Champion. Reviews should now include all neonatal unit transfers or admissions regardless of their length of stay and/or admission to BadgerNet.	Evidence that reviews have taken place and are shared.	Deepa Panjwani	Quarter 3 2022 board report February 2023	
In addition, reviews should report on the number of transfers to the neonatal unit that would have met	Evidence this is in place	Deepa Panjwani	Quarter 4 2022 board report May 2023	

current TC admissions criteria but were transferred or admitted to the neonatal unit due to capacity or staffing issues. The review should also record the number of babies that were transferred or admitted or remained on Neonatal Units because of their need for nasogastric tube feeding, but could have been cared for on a TC if nasogastric feeding was supported there				
Findings of the review have been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting on a quarterly basis.	Evidence this has occurred.	Deepa Panjwani	TBC with LMNS	Deep dive on neonatal services during February 2023 LMNS development session. Transitional care to be included in addition to reporting requirements and oversight arrangements. NHSE specialised commissioning and East Mids ODN to be part of discussion.
An action plan to address local findings from the audit of the pathway (point b) and Avoiding Term Admissions Into Neonatal units	Evidence of the action plan and that it has been shared as required.	Deepa Panjwani	TBC pending audit results	Further exploration of digital programme management support and oversight of action plans

(ATAIN) reviews (point f) has been agreed with the maternity and neonatal safety champions and Board level champion				
Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions, LMNS and ICS quality surveillance meeting.	Evidence this has occurred.	Deepa Panjwani	TBC with LMNS	Deep dive on neonatal services during February 2023 LMNS development session. Transitional care to be included in addition to reporting requirements and oversight arrangements. NHSE specialised commissioning and East Mids ODN to be part of discussion.
Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?				
Obstetric medical workforce The 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 service:	There are guidelines available but there is no evidence of sign off at Trust board level which is required along with an action plan to address any deficits	DoM/HoM/ Obstetric Lead	February 2023 Trust Board	

The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing	Neonatal medical workforce The Trust is required to formally record in Trust Board minutes whether it meets the recommendations of the neonatal medical workforce. If the requirements are not met, Trust Board should evidence progress against the action plan developed in year 3 of MIS to address deficiencies.	Jo Behrsin	February 2023 Trust Board	Paper prepared for EQB which can be shared with Trust Board for oversight
The neonatal unit meets the service specification for neonatal nursing standards		Davina Bhardwaj	February 2023 Trust Board	As above
Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?				
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	Although this is standard practice – it is not evidenced formally as the co-ordinator is just marked as "in charge" shift on the electronic roster. – this has been discussed and a change to the roster is to be implemented so they are marked as supernumerary and therefore automatically not counted in our SafeCare numbers Evidence required to assure that this	DoM	31 November 2022	

	has and is occurring.			
Safety action 6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?				
There should be Trust board sign off that staff training on using their local CTG machines, as well as fetal monitoring in labour are conducted annually. The fetal monitoring sessions should be consistent with the Ockenden Report recommendations, and include: intermittent auscultation, electronic fetal monitoring with system level issues e.g. human factors, escalation and situational awareness.	Trust board sign off required	DoM Sarah Blackwell Natasha Archer for consultant PA's	February 2023	05.01.23 funding for 2 PA's for consultant leads, Fran Hills has 1 PA, 2nd PA to be advertised
Confirmation that the Trust has a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention. (Best practice would be to also appoint a dedicated Lead Midwife)	Confirmation this is in place	Natasha Archer	Complete	05.01.23 Preterm prevention team: Penny McParland lead with 2 other consultants leading clinics (2.5 PA equivalent) – reviewed in Dec 22 job planning (uploaded on UHL job planning site, SARD JV)
Confirmation that the risk assessment and management in multiple pregnancy	Confirmation	Natasha Archer	Complete	05.01.23 Current guideline "multiple pregnancies

complies with NICE guidance or a variant that has been agreed with local commissioners (ICB) following advice from the provider's clinical network.				antenatal guideline" and "Twin Pregnancy" are compliant with NICE guidance. Need to combine into one document to avoid confusion – Natasha will action
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 (MVP) to coproduce local maternity services?				
This safety standard has significant gaps in assurance mainly due to the pausing of the MVP in Leicester of which the LMS and ICB are aware – there needs to be a benchmark of the requirements for MIS as the new MVP is established	Assurance the MIS requirement are part of the newly established MVP	Caroline Trevithick Helen Fakoya – Consultant Midwife	Expressions of interest for MVP roles to be secured by end of December 2022 with a view to re-launch MVP end of January 2023.	Updated service specification ready and approved by LMNS. Advertisement to be put out to through VCSE – a voluntary sector.
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 that at least 90% of each relevant maternity unit staff group has 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?**				
There are significant areas of non-compliance against this safety action – upon further exploration further clarity is required regarding training content – a full benchmark against training	Review of training content and definition, action plan to address any deficits and assurance against compliant standards	Debbie Wilson	Complete	30.12.22 3 year training content benchmarked against Core Competency Framework & is compliant. Year 2 package starts Jan 2023. (to note, content appeared non-

requirements is required to address any deficits and achieve compliance.				compliant due to differing terminology, for example, asks for “critical care”, we refer to as “enhanced maternity care”
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?				
Evidence that a clear description of the pathway and names of safety champions are visible to maternity and neonatal staff.	Safety Champions pathway needs updating to address changes in safety champions and confirmation that this has been shared within maternity services	Sarah Blackwell Alison Nield	28 February 2023	
Evidence of 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.	Action plans and oversight		Complete	Action plans from maternity safety meetings with communication to clinical teams through monthly safety bulletin. Action plan shared with board level safety champion bi-monthly and can be evidenced in meeting minutes
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 to help target interventions aimed at improving patient safety at	Evidence	HoM, Rebekah Calladine	30 June 2023	

least twice in the MIS reporting period at a Trust level quality meeting. This can be a board or directorate level meeting.				

Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?
The Trust is fully compliant with this safety action requirement.