

Maternity incentive scheme – year two

Conditions of the scheme

Ten maternity safety actions with technical guidance

Questions and answers related to the scheme

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Introduction

NHS Resolution is operating a second year 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 year one, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

As in year one, the scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved **all** of the **ten** safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.

Trusts that **do not meet** the ten-out-of-ten threshold 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 them to make progress against actions they have not achieved. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.

This document provides guidance on the safety actions for year two of the maternity incentive scheme.

Maternity incentive scheme year two: conditions

In order to be eligible for payment under the scheme, trusts must submit their completed Board declaration form (see Appendix 1) to NHS Resolution (MIS@resolution.nhs.uk) by 12 noon on Thursday 15 August 2019 and must comply with the following conditions:

- Trusts must achieve all ten maternity safety actions
- The Board declaration form must be signed and dated by the trust chief executive to confirm that:
 - The Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required standards as set out in the safety actions and technical guidance document.
 - The content of the Board declaration form has been discussed with the commissioner(s) of the trust's maternity services.
- The Board must give their permission to the chief executive to sign the Board declaration form prior to submission to NHS Resolution.

Evidence for submission

- The Board declaration form must not include any narrative, commentary, or supporting documents. Evidence should be provided to the trust Board only, and will not be reviewed by NHS Resolution.
- Trust submissions will be subject to a range of external verification points, these include cross checking with: MBRRACE-UK data (Safety action 1), NHS Digital regarding submission to the Maternity Services Data Set (Safety action 2), and against the National Neonatal Research Database (NNRD) for number of qualifying incidents reportable to the Early Notification scheme (Safety action 10)
- Trust submissions will also be sense checked with the Care Quality Commission (CQC).

Timescales and appeals

- Any queries relating to the ten safety actions must be sent in writing by e-mail to NHS Resolution (MIS@resolution.nhs.uk) prior to the submission date.
- The Board declaration form must be sent to NHS Resolution (MIS@resolution.nhs.uk) by 12 noon on Thursday 15 August 2019. An electronic acknowledgement of trust submissions will be provided within 48 hours.
- Submissions and any comments/corrections received after 12 noon on Thursday 15 August 2019 will not be considered
- Trusts will be notified of results by the end of September 2019.
- Appeals must be submitted in writing by the trust chief executive and sent to NHS Resolution (MIS@resolution.nhs.uk) by Monday 14 October 2019. Further detail on the appeals process will be communicated at a later date. The payments to be made under the maternity incentive scheme will be communicated to trusts by the end of November 2019.

For trusts who have not met all ten maternity actions

Trusts that have not achieved all ten actions may be eligible for a small amount of funding to support progress. In order to apply for funding, such trusts must submit an action plan together with the Board declaration form by 12 noon on Thursday 15 August 2019 to NHS Resolution (MIS@resolution.nhs.uk). The action plan must be specific to the action(s) not achieved by the trust and must take the format of the template (see Appendix 1). Action plans should not be submitted for achieved safety actions.

Has your trust achieved all ten maternity actions in full?

Yes

No

Complete the Board declaration form (within excel document).

Discuss form and contents with the trust's local commissioner.

Request for Board to permit the chief executive to sign the form, confirming that the Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the ten maternity safety actions meets the required standards as set out in the safety actions and technical guidance document.

Chief executive signs the form.

Complete the Board declaration form (within excel document).

Discuss form and contents with the trust's local commissioner.

Request for Board to permit the chief executive to sign the form, confirming that the Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets the required standards as set out in the safety actions and technical guidance document.

Complete action plan for the action(s) not completed in full (action plan contained within excel document).

Chief executive signs the form and plan.

Return form to MIS@resolution.nhs.uk by 12 noon on Thursday 15 August 2019

Return form and plan to MIS@resolution.nhs.uk by 12 noon on Thursday 15 August 2019.

Send any queries relating to the ten actions to NHS Resolution (MIS@resolution.nhs.uk) prior to the submission date

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

<p>Required standard</p>	<p>a) A review of 95% of all deaths of babies suitable for review using the Perinatal Mortality Review Tool (PMRT) occurring from Wednesday 12 December 2018 have been started within four months of each death.</p> <p>b) At least 50% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018 will have been reviewed, by a multidisciplinary review team, with each review completed to the point that a draft report has been generated, within four months of each death.</p> <p>c) In 95% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018, the parents were told that a review of their baby’s death will take place and that their perspective and any concerns about their care and that of their baby have been sought.</p> <p>d) Quarterly reports have been submitted to the trust Board that include details of all deaths reviewed and consequent action plans.</p>
<p>Minimum evidential requirement for trust Board</p>	<p>A report has been received by the trust Board each quarter from Wednesday 12 December 2018 until Thursday 15 August 2019 that includes details of the deaths reviewed and the consequent actions plans. The report should evidence that the required standards a) to c) above have been met.</p>
<p>Validation process</p>	<p>Self-certification by the trust Board and submitted to NHS Resolution using the Board declaration form.</p> <p>NHS Resolution will use MBRRACE-UK data to cross-reference against trust self-certification the number of eligible deaths from Wednesday 12 December until Thursday 15 August 2019.</p>
<p>What is the relevant time period?</p>	<p>From Wednesday 12 December until Thursday 15 August 2019</p>
<p>What is the deadline for reporting to NHS Resolution?</p>	<p>Thursday 15 August 2019 at 12 noon</p>

Technical guidance for Safety action 1

Are you using the PMRT to review perinatal deaths?

Technical guidance	
What should we do if we do not have any deaths to review within the time period?	If you do not have any babies that have died from Wednesday 12 December to Thursday 15 August 2019 then you should partner up with a trust to which you have a referral relationship to participate in case reviews. NHS Resolution will verify with MBRRACE-UK data the number of deaths occurring in your partner trust in the relevant period.
How does the involvement of the Healthcare Services Investigation Branch (HSIB) in investigations affect meeting this action?	It is recognised that for a small number of cases (intrapartum stillbirths and early neonatal deaths) investigations will be carried out by HSIB that will contribute to the report generated by the PMRT for a baby. Achieving section b) of the standard may therefore be impacted on by timeframes beyond the trust's control. This should be noted in the quarterly report and if this is the case, those babies not included in calculating the 50%.
What does multidisciplinary review mean?	Helpful guidance can be found at the following website: www.npeu.ox.ac.uk/mbrance-uk
We have contacted parents, but they do not want to be involved - what should we do?	Please document accordingly within the review in the PMRT.
Parents have not responded to our messages, and therefore we are unable to discuss the review - what should we do?	Parents should guide the process and advise how involved they would like to be. The trust should record the attempts made to make contact with the parents within the review in the PMRT.
Is the quarterly review of the Board report based on a financial or calendar year?	This can be either financial or calendar year.

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

Required standard	This relates to the quality, completeness of the submission to the Maternity Services Data Set (MSDS) and readiness for implementing the next version of the dataset (MSDSv2).
Minimum evidential requirement for trust Board	NHS Digital will issue a monthly scorecard to data submitters (trusts) that can be presented to the Board. The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met and whether the overall score is enough to pass the assessment. It is necessary to pass all three mandatory criteria and 14 of the 19 other criteria (please see table below for details).
Validation process	Self-certification by the trust Board and submitted to NHS Resolution using the Board declaration form. NHS Resolution will cross-reference self-certification against NHS Digital data.
What is the relevant time period?	The assessment will include data from the MSDS from January 2019. This data needs to be submitted to MSDS for the deadline of 31 March 2019. One MSDS criterion relates to data for six months, from October 2018 to March 2019, which needs to be submitted to MSDS for deadlines between 31 December 2018 and 31 May 2019. One criterion relates to the submission of data for the first month of MSDSv2. This data relates to April 2019 and needs to be submitted to the deadline of 30 June 2019.
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Technical guidance for Safety action 2

Are you submitting data to the Maternity Services Data Set to the required standard?

Technical guidance	
What do we do if we are unable to submit data to MSDS for a particular category	<p>If a trust feels that there are exceptional circumstances, they should raise this with NHS Digital at an early stage.</p> <p>This might include evidence of a fall in birth rate, or of services covered in the assessment not being available at the trust.</p>

Assessment to cover January 2019 data submitted for the deadlines of March 2019, one criteria relates to data between October 2018 and March 2019, submitted to deadlines December 2018 - May 2019, and one around MSDSv2 data for April 2019 being submitted to the deadline of June 2019

Mandatory categories 1-3 must be met to pass Safety action 2	
1	January 2019 data contained at least 90% of HES births expectation, based on number of days in month (unless reason understood)
2	MSDSv2 readiness questionnaire completed and returned to NHS Digital within required timescales
3	Submit MSDSv2 data for April 2019 by the submission deadline of end of June 2019
14 of the 19 optional categories 4-22 must be met to pass Safety action 2	
4	Made a submission in each of the six months October 2018 - March 2019 data, submitted to deadlines December 2018 - May 2019
5	January 2019 data contained valid smoking at booking for at least 80% of bookings
6	January 2019 data contained valid smoking at delivery for at least 80% of births
7	January 2019 data contained all of the tables 501, 502, 404, 409, 401, 406, 408, 602 (unless justifiably blank)
8	January 2019 data contained all of the tables 101, 102, 103, 104, 112, 201, 205, 305, 307, 309, 511 (unless justifiably blank)
9	January 2019 data contained method of delivery for at least 80% of births
10	January 2019 data contained valid baby's first feed for at least 80% of births
11	January 2019 data contained valid in days gestational age for at least 80% of births
12	January 2019 data contained valid presentation at onset for at least 80% of births where onset of labour recorded
13	January 2019 data contained valid labour induction method (including code for no induction) for at least 80% of births where onset of labour recorded
14	January 2019 data contained valid place type actual delivery for at least 80% of births
15	January 2019 data contained valid site code for at least 80% of births
16	January 2019 data contained valid genital tract trauma code for at least 80% of vaginal births
17	January 2019 data contained valid Apgar score at five minutes for at least 80% of births
18	January 2019 data contained valid fetus outcome code for at least 80% of births
19	January 2019 data contained valid birth weight for at least 80% of births
20	January 2019 data contained valid figure for previous live births for at least 80% of bookings
21	MSDSv2 event or webinar attended in late 2018 / early 2019, or had 1:1 call with one of the NHS Digital team in lieu of attendance
22	January 2019 data contained valid (including "Not Stated") ethnic category (Mother) for at least 80% of bookings.

Safety action 3: Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?

<p>Required standard</p>	<ul style="list-style-type: none"> a) Pathways of care for admission into and out of transitional care have been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care. b) A data recording process for transitional care is established, in order to produce commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2. c) An action plan has been agreed at Board level and with your Local Maternity Systems (LMS) and Operational Delivery Network (ODN) to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews. d) Progress with the agreed action plans has been shared with your Board and your LMS & ODN
<p>Minimum evidential requirement for trust Board</p>	<p>Local policy available which is based on principles of British Association of Perinatal Medicine (BAPM) transitional care where:</p> <ul style="list-style-type: none"> 1. There is evidence of neonatal involvement in care planning 2. Admission criteria meets a minimum of HRG XA04 but could extend beyond to BAPM transitional care framework for practice 3. There is an explicit staffing model 4. The policy is signed by maternity/neonatal clinical leads <p>Data is available (electronic or paper based) on transitional care activity which has been recorded as per XA04 2016 NCCMDS.</p> <p>An audit trail providing evidence and a rationale for developing the agreed action plan to address local findings from ATAIN reviews.</p> <p>Evidence of an action plan to address identified and modifiable factors for admission to transitional care.</p> <p>Action plan has been signed off by trust Board, ODN and LMS and progress with action plan is documented within minutes of meetings at Board ODN/LMS.</p>

Validation process	Self-certification by the trust Board and submitted to NHS Resolution using the Board declaration form
What is the relevant time period?	<ul style="list-style-type: none"> a) By Sunday 3 February 2019 b) By Sunday 3 February 2019 c) By Sunday 10 March 2019 d) By Sunday 19 May 2019
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon.

Technical guidance for Safety action 3

Can you demonstrate that you have transitional care facilities in place and are operational to support the implementation of the ATAIN Programme?

Technical guidance	
Where can we find guidance regarding this safety action?	<p>Helpful guidance can be found at the following websites:</p> <p>www.bapm.org/sites/default/files/files/TC%20Framework-20.10.17.pdf</p> <p>www.bapm.org/sites/default/files/files/NCCMDS.%20Neonatal%20HRGs%20and%20Reference%20Costs%20-%20A%20Guide%20for%20Clinicians%20Dec%202016.pdf</p>
What is the suggested time period for transitional care pathways?	We would expect that all trusts should at least have pathways agreed by 31 January 2019.
What is the definition of transitional care?	<p>Transitional care is not a place but a service and can be delivered either in a separate transitional care area, within the neonatal unit and/or in the postnatal ward setting.</p> <p>Principles include the need for a multidisciplinary approach between maternity and neonatal teams; an appropriately skilled and trained workforce, data collection with regards to activity, appropriate admissions as per HRGXA04 criteria and a link to community services.</p>

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

Required standard	<p>a) Formal record of the proportion of obstetrics and gynaecology trainees in the trust who 'disagreed/strongly disagreed' with the 2018 General Medical Council National Training Survey question: <i>'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.'</i> In addition, a plan produced by the trust to address lost educational opportunities due to rota gaps.</p> <p>b) An action plan is in place and agreed at Board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.2.4.6, 2.6.5.1 and 2.6.5.6.</p>
Minimum evidential requirement for trust Board	<p>a) Proportion of trainees formally recorded in Board minutes and the action plan to address lost educational opportunities should be signed off by the trust Board and a copy submitted to the Royal College of Obstetricians and Gynaecologists (RCOG) at workforce@rcog.org.uk</p> <p>b) Board minutes formally recording the proportion of ACSA standards 1.2.4.6, 2.6.5.1 and 2.6.5.6 that are met.</p> <p>Where trusts did not meet these standards, they must produce an action plan (ratified by the Board) stating how they are working to meet the standards.</p>
Validation process	Self-certification by the trust Board and submitted to NHS Resolution using the Board declaration form
What is the relevant time period?	<p>a) 2018 GMC National Training Survey (covers the period 20 March to 9 May 2018)</p> <p>b) Six month period between January 2019 and June 2019.</p>
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon.

Technical guidance for Safety action 4

Can you demonstrate an effective system of medical workforce planning?

Technical guidance	
What if training opportunities are not being lost due to rota gaps and action plan not deemed necessary?	If training opportunities are not being lost due to rota gaps, then a copy of the trust Board minutes acknowledging and recording this, including the relevant 2018 GMC National Training Survey results, should be submitted to RCOG instead.
Anaesthesia Clinical Services Accreditation (ACSA) standards and action	
1.2.4.6	Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff
2.6.5.1	A duty anaesthetist is available for the obstetric unit 24 hours a day, where there is a 24 hour epidural service the anaesthetist is resident
2.6.5.2	A separate anaesthetist is allocated for elective obstetric work
2.6.5.3	Where the duty anaesthetist has other responsibilities, an anaesthetist must be immediately available (within five minutes) to deal with obstetric emergencies
2.6.5.4	Medically-led obstetric units have, as a minimum, consultant anaesthetist cover the full daytime working week (equating to Monday to Friday, morning and afternoon sessions being staffed)
2.6.5.5	There is a named consultant anaesthetist or intensivist responsible for all level two maternal critical care patients (where this level of care is provided on the maternity unit)
2.6.5.6	The duty anaesthetist for obstetrics should participate in labour ward rounds
How is an elective caesarean section list defined?	<p>A scheduled list, resourced separately from the general workload of the delivery unit. A separately run list requires a full theatre team and should include a consultant obstetrician and a consultant anaesthetist.</p> <p>The list should be managed in the same way and to the same standards as other elective surgery lists. This may not be cost effective in units with a low elective workload (e.g. one or fewer elective caesareans per weekday or approximately 250 planned operations per year) but for all other units, separate resources should be allocated.</p>

<p>What is level two care or a level two maternal critical care patient?</p>	<p>Since 2007, the obstetric population has been included in the Intensive Care Society (ICS) definitions of levels of care in the adult population.</p> <p>Levels of care as defined by the ICS:</p> <p>Level 0 Patients whose needs can be met by normal ward care</p> <p>Level 1 Patients at risk of deterioration, needing a higher level of observation or those recently relocated from higher levels of care</p> <p>Level 2 Patients requiring invasive monitoring/intervention that includes support for a single failing organ (excluding advanced respiratory support i.e. mechanical ventilation)</p> <p>Level 3 Patients requiring advanced respiratory support alone or basic respiratory support in addition to support of one or more additional organs</p>
<p>Please access the following for further information on the ACSA standards</p>	<p>https://www.rcoa.ac.uk/system/files/ACSA-STDS2018.pdf</p>

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

<p>Required standard</p>	<ul style="list-style-type: none"> a) A systematic, evidence-based process to calculate midwifery staffing establishment has been done. b) The obstetric unit midwifery labour ward coordinator has supernumerary status (defined as having no caseload of their own during that shift) to enable oversight of all birth activity in the service c) Women receive one-to-one care in labour (this is the minimum standard that Birthrate+ is based on) d) A bi-annual report that covers staffing/safety issues is submitted to the Board
<p>Minimum evidential requirement for trust Board</p>	<p>A bi-annual report that includes evidence to support a-c being met. This should include:</p> <ul style="list-style-type: none"> •A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated. •Details of planned versus actual midwifery staffing levels. •An action plan to address the findings from the full audit or table-top exercise of BirthRate+ or equivalent undertaken. Where deficits in staffing levels have been identified, maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls. •The midwife: birth ratio. •The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 9% of the establishment which are not included in clinical numbers. This includes those in management positions and specialist midwives. •Evidence from an acuity tool (which may be locally developed) and/or local dashboard figures demonstrating 100% compliance with supernumerary labour ward status and the provision of one-to-one care in active labour and mitigation to cover any shortfalls

	<ul style="list-style-type: none"> •Number of red flag incidents (associated with midwifery staffing) reported in a consecutive six month time period within the last 12 months, how they are collected, where/how they are reported/monitored and any actions arising (Please note: it is for the trust to define what red flags they monitor. Examples of red flag incidents are provided in the technical guidance).
Validation process	Self-certification to NHS Resolution using the Board declaration form
What is the relevant time period?	Any consecutive three month period between January to July 2019
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon.

Technical guidance for Safety action 5

Can you demonstrate an effective system of midwifery workforce planning?

Technical guidance	
<p>What midwifery red flag events could be included (examples only)?</p>	<ul style="list-style-type: none"> • Delayed or cancelled time critical activity. • Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing). • Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication). • Delay of more than 30 minutes in providing pain relief. • Delay of 30 minutes or more between presentation and triage. • Full clinical examination not carried out when presenting in labour. • Delay of two hours or more between admission for induction and beginning of process. • Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output). • Any occasion when one midwife is not able to provide continuous one-to-one care and support to a woman during established labour. <p>Other midwifery red flags may be agreed locally. Please see the following NICE guidance for details: www.nice.org.uk/guidance/ng4/resources/safe-midwifery-staffing-for-maternity-settings-pdf-51040125637</p>

Safety action 6: Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?

Required standard	Board level consideration of the Saving Babies' Lives (SBL) care bundle (Version 1 published 21 March 2016) in a way that supports the delivery of safer maternity services. Each element of the SBL care bundle implemented or an alternative intervention in place to deliver against element(s).
Minimum evidential requirement for trust Board	Board minutes demonstrating that the SBL bundle has been considered in a way that supports delivery and implementation of each element of the SBL care bundle or that an alternative intervention put in place to deliver against element(s).
Validation process	Self-certification to NHS Resolution using the Board declaration form.
What is the relevant time period?	The scheme will take into account the position of trusts at end July 2019.
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Technical guidance for Safety action 6

Can you demonstrate compliance with all four elements of the SBL care bundle?

Technical guidance	
Where can we find guidance regarding this safety action?	SBL care bundle and guidance: www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf
Further guidance regarding element 2 of the SBL care bundle	In reference to element 2 of the Saving Babies' Lives care bundle, compliance with the intervention for surveillance of low-risk women does not mandate participation in the Perinatal Institute's Growth Assessment Protocol (GAP) or the use of customised fundal charts. Providers should however ensure that for low risk women, fetal growth is assessed using antenatal symphysis fundal height charts by clinicians trained in their use. All staff must be competent in measuring fundal height with a tape measure, plotting measurements on charts, interpreting appropriately and referring when indicated.

Safety action 7: Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?

Required standard	User involvement has an impact on the development and/or improvement of maternity services.
Minimum evidential requirement for trust Board	<p>Evidence should include:</p> <p>Acting on feedback from, for example a Maternity Voices Partnership.</p> <p>User involvement in investigations, local and or Care Quality Commission (CQC) survey results.</p> <p>Minutes of regular Maternity Voices Partnership and/or other meetings demonstrating explicitly how a range of feedback is obtained, the action taken and the communications to report this back to women.</p>
Validation process	Self-certification to NHS Resolution using the Board declaration form.
What is the relevant time period?	From January 2019 to July 2019
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Safety action 8: Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

Required standard	90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year.
Minimum evidential requirement for trust Board	Evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year through Board sight of a staff training database or similar.
Validation process	Self-certification to NHS Resolution using the Board declaration form.
What is the relevant time period?	The scheme will take into account the position of trusts by Thursday 15 August 2019.
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Technical guidance for Safety action 8

Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

Technical guidance	
What training should be included?	Training should include fetal monitoring in labour and integrated team-working with relevant simulated emergencies and/or hands-on workshops.
What training syllabus should be used?	Training syllabus should be based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and pro-formas.
Should there be feedback?	There should be feedback on local maternal and neonatal outcomes.
Which maternity staff attendees should be included?	<p>Maternity staff attendees should be 90% of <u>each</u> of the following groups:</p> <ul style="list-style-type: none"> • Obstetric consultants • All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota • Obstetric anaesthetic consultants • All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota. • Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) • Maternity theatre and maternity critical care staff (Including operating department practitioners, anaesthetic nurse practitioners, recovery and high dependency unit nurses providing care on the maternity unit) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum) <p>There will be other relevant clinical members of the maternity team that for best practice should be included in maternity emergency training for example neonatal clinical staff however evidence of their attendance is not required to meet the safety action.</p>

What if staff have been booked to attend training after 15 August 2019	Only staff who have attended the training will be counted toward overall percentage. If staff are only booked onto training and/or have not attended training, then they cannot be counted towards the overall percentage.
Will we meet the action if one of our staff group is below the 90% threshold?	No, you will need to evidence to your Board that you have met the threshold of 90% for each of the staff groups before Thursday 15 August 2019.

Safety action 9: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

<p>Required standard</p>	<p>a) The Executive Sponsor for the Maternal and Neonatal Health Safety Collaborative (MNHSC) is actively engaging with supporting quality and safety improvement activity within:</p> <ol style="list-style-type: none"> i. the trust ii. the Local Learning System (LLS) <p>b) The Board level safety champions have implemented a monthly feedback session for maternity and neonatal staff to raise concerns relating to relevant safety issues</p> <p>c) The Board level safety champions have taken steps to address named safety concerns and that progress with actioning these are visible to staff</p>
<p>Minimum evidential requirement for trust Board</p>	<ul style="list-style-type: none"> • Evidence of executive sponsor engagement in quality improvement activities led by the trust nominated Improvement Leads for the MNHSC as well as other quality improvement activity for trusts in waves one and three • Evidence that the trust Board have been sighted on the local improvement plan, updated on progress, impact and outcomes with the quality improvement activities being undertaken locally • Evidence of attendance at one or more National Learning Set or the annual national learning event • Evidence of engagement with relevant networks and the collaborative LLS • Evidence of a safety dashboard or equivalent, visible to staff which reflects action and progress made on identified concerns raised by staff • Evidence that safety concerns raised by staff feedback sessions are reflected in the minutes of Board meetings and include updates on progress, impact and outcomes relating to the steps and actions taken to address these concerns
<p>Validation process</p>	<p>Self-certification to NHS Resolution using the Board declaration form</p>

What is the relevant time period?	<p>a) All Board level safety champions and exec sponsor for MNHSC must have set up the required mechanisms for supporting quality and safety improvement activity in both the trust and LLS by Sunday 27 January 2019</p> <p>b) Must be implemented by Wednesday 27 February 2019</p> <p>c) Must be implemented by Wednesday 27 March 2019 with ongoing feedback to staff on a monthly basis</p>
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Technical guidance for Safety action 9

Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?

Technical guidance	
Where can we find guidance regarding this safety action?	<p>Helpful guidance can be found at the following websites:</p> <ul style="list-style-type: none"> • https://improvement.nhs.uk/documents/2440/Maternity_safety_champions_13feb.pdf • https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/ • https://improvement.nhs.uk/documents/2956/MatNeo_Collaborative_Driver_Diagram_June_2018.pdf • https://improvement.nhs.uk/resources/patient-safety-collaboratives/

Safety action 10: Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

Required standard	Reporting of all qualifying incidents that occurred in the 2018/19 financial year to NHS Resolution under the Early Notification scheme reporting criteria.
Minimum evidential requirement for trust Board	Trust Board sight of trust legal services and maternity clinical governance records of qualifying Early Notification incidents and numbers reported to NHS Resolution Early Notification team.
Validation process	Self-certification to NHS Resolution using the Board declaration form NHS Resolution will cross reference Trust reporting against the National Neonatal Research Database (NNRD) number of qualifying incidents recorded for the Trust.
What is the relevant time period?	1 April 2018 to 31 March 2019
What is the deadline for reporting to NHS Resolution?	Thursday 15 August 2019 at 12 noon

Technical guidance for Safety action 10

Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?

Technical guidance	
Where can I find information on the Early Notification scheme?	Early Notification scheme guidance has been circulated to NHS Resolution maternity contacts. Please contact ENTeam@resolution.nhs.uk to request further copies.
What are qualifying incidents?	Qualifying incidents are term deliveries ($\geq 37+0$ completed weeks of gestation), following labour, that resulted in severe brain injury diagnosed in the first seven days of life. These are any babies that fall into the following categories: <ul style="list-style-type: none"> • Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) [OR] • Was therapeutically cooled (active cooling only) [OR] • Had decreased central tone AND was comatose AND had seizures of any kind.

	<p>The above definition is based on the criteria set by the Each Baby Counts (EBC) programme of the RCOG. As a guide, if any incident of severe brain injury occurs which meets the above criteria and is accepted by EBC, then NHS Resolution will treat it as a qualifying incident. Incidents of intrapartum stillbirth or neonatal death as defined by EBC do not need to be notified.</p>
<p>General Data Protection Regulations points</p>	<p>We strongly recommend that all families be told of NHS Resolution involvement at the outset. NHS staff are bound by the statutory Duty of Candour. This includes an obligation to advise the ‘relevant person’ (i.e. the patient/their family) what further enquiries into the incident the trust believes are appropriate, one of which will be the Early Notification process. The NHS Constitution states that patients have the right to an open and transparent relationship with the organisation providing their care.</p> <p>This is central to maintaining the relationship of trust between the trust and family and in promoting an open and safe learning culture. NHS Resolution’s Early Notification scheme involvement should be communicated soon after the incident, to coincide with notification that an internal investigation will take place.</p> <p>For more information please see <i>Saying Sorry</i> leaflet https://resolution.nhs.uk/wp-content/uploads/2017/04/NHS-Resolution-Saying-Sorry-2017.pdf</p> <p>NHS Resolution are able to seek disclosure of medical records without the consent of the patient/family. However it is important that individuals know that their personal data is being shared with NHS Resolution, even if you are not asking for their consent. It may also, in some circumstances, be helpful to have an indication of their authority/agreement to their information being used. However, this should not be conflated with ‘consent’ as the legitimising condition under GDPR.</p> <p>Footnote: under the General Data Protection Regulation, processing is necessary for</p> <p>(1) the management of healthcare systems and services (under Article 9(2)(h) GDPR/Schedule 1 paragraph 2 of the Data Protection Act 2018);</p> <p>(2) the establishment, exercise or defence of legal rights (under Article 9(2)(f) GDPR); and/or</p> <p>(3) undertaken in the substantial public interest (that is, the discharge of functions conferred on NHS Resolution further to s. 71 of the NHS Act 2006 – further to Article 9(2)(h) GDPR).</p>

<p>What if we are unsure whether a case qualifies for the Early Notification scheme?</p>	<p>If the case meets the above criteria and has been accepted by Each Baby Counts, it will be treated as a Qualifying Incident. Should you have any queries, please contact a member of the Early Notification team to discuss further. (ENTeam@resolution.nhs.uk)</p>
<p>We are unsure about how to grade an incident, what should we do</p>	<p>The risk assessment wording has recently been amended to bring it in line with assessments used regularly by front-line staff. It is hoped that this makes the process of grading risk more straightforward. However, should you have any queries, please contact a member of the Early Notification team to discuss further. (ENTeam@resolution.nhs.uk)</p>
<p>We have reported all qualifying incidents, but have not reported within the required 30 day timescale. Will we be penalised for this?</p>	<p>Trusts are strongly encouraged to report all incidents within the 30 day timescale set out in the reporting guidelines however there will be no penalty for reporting incidents from 2018/19 outside of the 30 day timescale. Trusts will meet the required standard if they can evidence to the trust Board that they have reported all qualifying 2018/19 incidents to NHS Resolution and this is corroborated with data held by NNRD.</p>

FAQs for year two of the CNST maternity incentive scheme

Does 'Board' refer to the trust Board or would the Maternity Services Clinical Board suffice?	<p>We expect trust Boards to self-certify the trust's declarations following consideration of the evidence provided. It is recommended that all executive members e.g. finance directors are included in these discussions</p> <p>If subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of governance which we may escalate to the appropriate arm's length body/NHS system leader.</p>
Where can I find the trust reporting template which needs to be signed off by the Board?	<p>Please follow the link to the Board declaration form (see link below).</p>
What documents do we need to send to you?	<p>Send the Board declaration form to NHS Resolution. Ensure the Board declaration form has been approved by the trust Board, signed by the chief executive and, where relevant, an action plan is completed (see link below) for each action the trust has not met.</p> <p>Please do not send your evidence or any narrative related to your submission to us.</p> <p>Any other documents you are collating should be used to inform your discussions with the trust Board.</p>
Do we need to discuss this with our commissioners?	<p>Yes, your submission should be discussed with commissioners prior to submission to NHS Resolution.</p>
Will you accept late submissions?	<p>We will not accept late submissions. The Board declaration form and any action plan will need to be submitted to us no later than 12 noon on Thursday 15 August 2019. If a completed Board declaration form is not returned to NHS Resolution by 12 noon on Thursday 15 August 2019, NHS Resolution will treat that as a nil response.</p>

<p>Will NHS Resolution be cross checking our results with external data sources?</p>	<p>Yes, we will cross reference results with external data sets from MBRRACE-UK, NHS Digital and the NNRD for the following actions: Safety action 1, Safety action 2 and Safety action 10 respectively. Your overall submission may also be sense checked with CQC maternity data.</p>
<p>What happens if we do not meet the ten actions?</p>	<p>Only trusts that meet all ten maternity safety actions will be eligible for a payment of at least 10% of their contribution to the incentive fund.</p> <p>Trusts that do not meet this threshold need to submit a completed action plan for each safety action they have not met.</p> <p>Trusts that do not meet all ten safety actions may be eligible for a small discretionary payment to help them to make progress against one or more of the ten safety actions.</p>
<p>Our trust has queries, who should we contact?</p>	<p>Any queries prior to the submission date must be sent in writing by e-mail to NHS Resolution via MIS@resolution.nhs.uk</p>
<p>Please can you confirm who outcome letters will be sent to?</p>	<p>CNST maternity incentive scheme outcome letters will be sent to chief executive officers, finance directors and your nominated leads.</p>
<p>What if my trust has multiple sites providing maternity services</p>	<p>Multi-site providers will need to demonstrate the evidential requirements for each individual site. The Board declaration should reflect overall actions met for the whole trust</p>
<p>Will there be a process for appeals this year?</p>	<p>Yes, there will be an appeals process and trusts will be allowed 14 days to appeal the decision following the communication of results.</p>

Q&A regarding Maternity Safety Strategy and CNST maternity incentive scheme

Q1) What are the aims of the CNST incentive scheme and why maternity?

The [Maternity Safety Strategy](#) sets out the Department of Health and Social Care's ambition to reward those who have taken action to improve maternity safety.

Using CNST to incentivise safer care received strong support from respondents to our *2016 CNST consultation* where 93% of respondents wanted incentives under CNST to fund safety initiatives. This is also directly aligned to the Intervention objective in our *Five year strategy: Delivering fair resolution and learning from harm*.

Maternity safety is an important issue for all CNST members as obstetric claims represent the scheme's biggest area of spend (c£500m in 2016/17). Of the clinical negligence claims notified to us in 2017/18, obstetric claims represented 10% of the volume and 48% of the value of new claims reported. These figures do not take into account the recent change to the Personal Injury Discount Rate.

Q2) Why have these Safety actions been chosen?

The ten actions have been agreed with the national maternity safety champions, Matthew Jolly and Jacqueline Dunkley-Bent, in partnership with NHS Digital, NHS England, NHS Improvement, the Care Quality Commission (CQC), Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE), Obstetric Anaesthetists Association, Royal College of Anaesthetists, Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives. The Collaborative Advisory Group (CAG) previously established by NHS Resolution to bring together other arm's length bodies and the Royal Colleges to support the delivery of the CNST maternity incentive scheme has also advised NHS Resolution on the safety actions.

Q3) Who has been involved in designing the scheme?

The National Maternity Safety Champions were advised by a group of system experts including representatives from:

- NHS England
- NHS Improvement
- NHS Digital
- MBRRACE-UK
- Royal College of Obstetricians and Gynaecologists
- Royal College of Midwives
- Royal College of Anaesthetists
- Care Quality Commission

- Department of Health and Social Care
- NHS Resolution
- Clinical obstetric, midwifery and neonatal staff

Q4) Who does the scheme apply to?

The scheme will only apply to acute trusts in 2018/19. However, given the schemes aim to incentivise the improvement of maternity services in all settings, we will consider extending it in future years.

Q5) How will trusts be assessed against the safety actions and by when?

Trusts will be expected to provide a report to their Board demonstrating achievement (with evidence) of each of the ten actions. The Board must consider the evidence and complete the Board declaration form for result submission.

Completed Board declaration forms must be discussed with the commissioner(s) of the trust's maternity services, signed off by the Board and then submitted to NHS Resolution (with action plans for any actions not met) at MIS@resolution.nhs.uk by **12 noon on Thursday 15 August 2019**.

Please note that:

- Board declaration forms will be reviewed by NHS Resolution and discussed with Collaborative Advisory Group.
- NHS Resolution will use external data sources to validate some of the trust's responses, as detailed in the technical guidance above.
- **If a completed *Board declaration form* is not returned to NHS Resolution by 12 noon on Thursday 15 August 2019, NHS Resolution will treat that as a nil response.**

