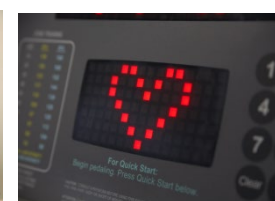


Maternity Incentive Scheme Year 5 Update for ETM, August 2023

Sara Hollins, Director of Midwifery



- 10 Safety Actions remain unchanged although some alterations to the action descriptors
- Additional Board level evidence required for some actions
- First MIS submission since publication of Saving Babies Lives version 3. Uncertain if we will meet the standard if there is a further increase to scan recommendations
- Core Competency Framework training requirements have significantly increased the number of mandatory training hours required by every midwife (headcount not whole time equivalent)
- ICB funding of the MNVP is at risk of being insufficient to meet the MIS and 3 year plan requirements for both Bradford and Airedale

Safety Action 1



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria One		RED	AMBER	GREEN	Areas of concern
SA1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?				
a	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.				
b	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.				On target to meet by submission
c	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.				100% started. On target to meet 60% completed to draft report within 4 and published within 6
d	Quarterly reports should be submitted to the Trust Executive Board from 30 May 2023.				

Safety Action 2



Bradford Teaching Hospitals NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Two		RED	AMBER	GREEN	Areas of concern
SA 2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?				
1	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. Final data for July 2023 will be published during October 2023.				Consistently passing 11/11 CQIMs since Aprils data submission, with lessons learned and acted upon from past failures
2	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. (MSD001)				Process in place to digitally capture ethnicity of women booked for care. Have achieved 100% on all of the most recent submissions
3	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 for the following metrics: (see MCoC below)				See below two points
3 (i)	Midwifery Continuity of carer (MCoC) Over 5% of women who have an Antenatal Care Plan recorded by 29 weeks and also have the CoC pathway indicator completed.				Mandatory field at booking appointment
3 (ii)	Midwifery Continuity of carer (MCoC) Over 5% of women recorded as being placed on a CoC pathway where both Care Professional ID and Team ID have also been provided				Named Team and Midwife mandatory at booking. Consistently passing and scoring over 60%
4	Trusts to make an MSDS submission before the Provisional Processing Deadline for July 2023 data by the end of August 2023.				We consistently submit a Provisional MSDS submission each month – July will be no exception
5	Trusts to have at least two people registered to submit MSDS data to SDCS Cloud who must still be working in the Trust.				Had confirmation from Lead for Business Intelligence that we have four analysts registered to submit

Safety Action 3



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Three		RED	AMBER	GREEN	Areas of concern
SA 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?				
a	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.				
b	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 (clinical directors for neonatology and obstetrics, Director or Head of Midwifery (DoM/HoM) and operational lead) as well as the Trust Board, LMNS and ICB.				Process is in place but needs to be strengthened and reviewed to evidence sign off by Quad which is a new standard
c	Drawing on the insights from the data recording undertaken in the Year 4 scheme, which included babies between 34+0 and 36+6, 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.				

Safety Action 4



Bradford Teaching Hospitals NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Four		RED	AMBER	GREEN	Areas of concern
SA 4	Can you demonstrate an effective system of medical workforce planning to the required standard?				
a1	Obstetric medical workforce 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: a. currently work in their unit on the tier 2 or 3 rota or b. 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 c. hold an Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums.				Awaiting update from safety action leads but likely to meet this standard
a2	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, to the Trust Board, Trust Board level safety champions and LMNS meetings. rcog-guidance-on-the-engagement-of-long-termlocums-in-mate.pdf				
a3	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. Services should provide assurance that they have evidence of compliance, or an action plan to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings. rcog-guidance-on-compensatory-rest.pdf				
a4	Trusts/organisations should monitor their compliance of consultant attendance for the clinical situations listed in the RCOG workforce document: 'Roles and responsibilities of the consultant providing acute care in obstetrics and gynaecology' into their service https://www.rcog.org.uk/en/careerstraining/workplace-workforce-issues/rolesresponsibilities-consultant-report/ when a consultant is required to attend in person. Episodes where attendance has not been possible should be reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further nonattendance.				

Safety Action 4 continued



Bradford Teaching Hospitals
NHS Foundation Trust

b	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. (ACSA standard 1.7.2.1).				
c	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).				
d	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).				

Safety Action 5



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Five		RED	AMBER	GREEN	Areas of concern
SA 5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?				
a	A systematic, evidence-based process to calculate midwifery staffing establishment is completed.				
b	Trust Board to evidence midwifery staffing budget reflects establishment as calculated in a) above.				
c	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.				
d	All women in active labour receive one-to-one midwifery care.				Incidences of 1:1 <90%. MIS action plan to go with September staffing paper
e	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months, during the maternity incentive scheme year four reporting period.				

Safety Action 6



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Six		RED	AMBER	GREEN	Areas of concern
SA 6	Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle version three?				
1	Provide assurance to the Trust Board and ICB that you are on track to fully implement all 6 elements of SBLv3 by March 2024.				This has not yet been fully assessed but high probability that it will not be met in full
2	Hold quarterly quality improvement discussions with the ICB, using the new national implementation tool once available				Tool is available but quarterly meetings not yet started

Safety Action 7



Bradford Teaching Hospitals NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Seven		RED	AMBER	GREEN	Areas of concern
SA 7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users				
1	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.				Uncertain if the current funding arrangements will meet the needs of both Airedale and Bradford MIS standards in addition to the other elements of the work plan
2	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.				This should be achieved. Bradford Action plan currently with MNVP leads for comments and recommendations
3	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.				Feedback from service users included in the monthly Perinatal update paper. Any issues requiring further review and actions would be discussed at MNVP main meetings/Perinatal Services Forum. Need information from Neonatal regarding their feedback mechanisms and actions

Safety Action 8



Bradford Teaching Hospitals NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Eight		RED	AMBER	GREEN	Areas of concern
SA 8	Can you evidence the following 3 elements of local training plans and ‘in-house’, one day multi professional training?				
1	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				a) Allocated training allowance. b) Compliance deadline of 1st Dec 2023 for Fetal Monitoring. c) MDT availability (candidates) d) MDT Faculty e) Requirement for GP trainees/juniors to attend PROMPT f) Limited number of RC trained NLS Instructors.
2	The plan has been agreed with the quadrumvirate before sign-off by the Trust Board and the LMNS/ICB.				a) Timeframe and requirement to change current training plan now.
3	The plan is developed based on the “How to” Guide developed by NHS England.				a) Current staffing b) Staffing levels required (Recruitment & Retention) c) Involvement of MVP in service planning.

Safety Action 9



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria Nine		RED	AMBER	GREEN	Areas of concern
SA 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?				
a	All six requirements of Principle 1 of the Perinatal Quality Surveillance Model must be fully embedded.				
b	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.				
c	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.				This is a new request. Bradford have an advantage in that we were in the first cohort of the perinatal cultural leadership programme, but are in the early stages of embedding the perinatal quadrumvirate into safety champion processes.

Safety Action 10



Bradford Teaching Hospitals
NHS Foundation Trust

NHS Resolution CNST Incentive Scheme – Criteria 10		RED	AMBER	GREEN	Areas of concern
SA 10	Safety action 10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity and Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?				
A	Reporting of all qualifying cases to HSIB/CQC//MNSI from 6 December 2022 to 7 December 2023?				
B	Reporting of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 6 December 2022 to 7 December 2023?				
C	For all qualifying cases which have occurred during the period 6 December 2022 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.				

Summary and anticipated position



Bradford Teaching Hospitals
NHS Foundation Trust

Action No.	Maternity safety action	Action met? (Y/N)
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Y
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Y
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?	Y
4	Can you demonstrate an effective system of medical workforce planning to the required standard?	Y
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Y
6	Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle version three?	
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	
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?	Y
10	Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?	Y

Together, putting patients first

Conclusion



Bradford Teaching Hospitals
NHS Foundation Trust

- High level of confidence that compliance will be declared for Safety Actions, 1-5, 9 and 10
- Moderate to High risk that Safety Action 7 will not meet the standard
- High risk that Safety Actions 6 and 8 will not meet the standard