The Maternity (& Perinatal) Incentive Scheme Year six – September 2024

Bridget Dack - Maternity Incentive Scheme Clinical Lead

Who are we?

#hello my name is…

Bridget

bridget.dack@nhs.net
020 3862 6463

#hello my name is…

Selina

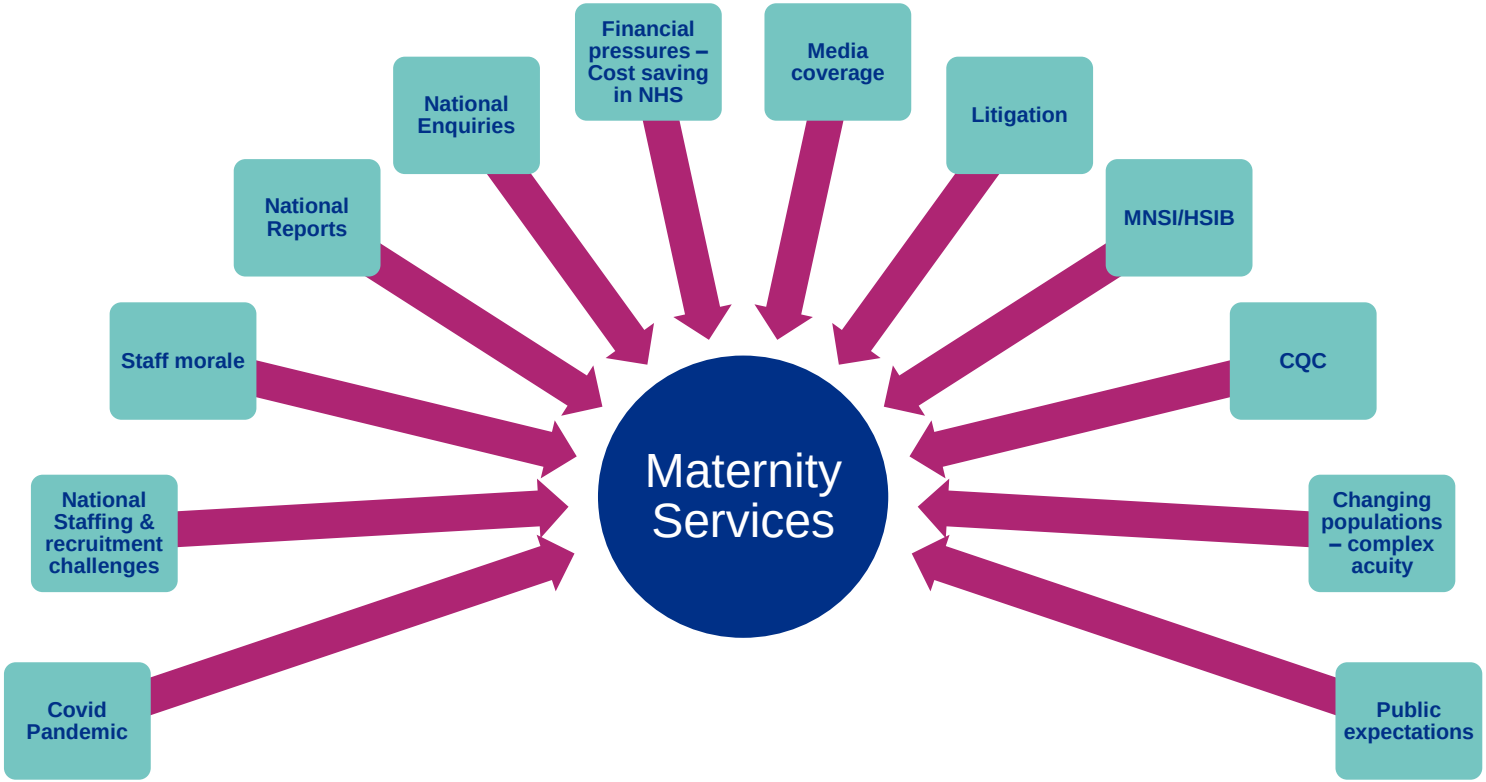
selina.dubison1@nhs.net
020 3862 6398

Unique characteristics of maternity services

NHS Resolution

Varied service provision (acute/home/ community care).	Continuous quality improvement – national research and development.	Complex and specialised care. Resource-intensive. 24/7 care.	Whole family involvement. Unique safeguarding and mental health challenges.
Staffing challenges – recruitment and retention.	Unique training requirements - Continuous professional development.	High ‘patient’ volumes. Fluctuating activity. Planning service requirement challenges.	Emotional and sensitive nature.
Enhanced patient experience. Expectations.	Unique opportunity to impact on outcomes for lifetime.	Wide range of inter-disciplinary working with other specialities.	Higher risk and legal implications. Litigation costs.

A system under scrutiny



The bigger picture

NHS Five Year Forward View
(2014)

Kirkup report
Morcambe Bay
(2015)

National Maternity Safety Ambition
(2015)

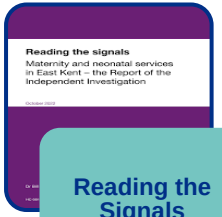
Better Births
(2016)

Maternity Transformation Programme
(2016)

Maternity Incentive Scheme Year 1
(2017)

NHS Long Term Plan
(2019)

Ockenden reports
Shrewsbury & Telford
(2020 & 2022)



Reading the Signals
East Kent
(2022)

Health & Care Act – Integrated Care Systems
(2022)

Three Year Delivery Plan
(2023)

Maternity Incentive Scheme Year 6
(2024)

What is the Maternity Incentive Scheme?

National Maternity Safety Ambition – campaign to reduce maternal deaths, stillbirths, neonatal deaths and brain injuries by half by 2025, and reduce preterm births.

2017 - **Maternity Incentive Scheme (MIS)**

- The primary objective is to reduce the number of **maternity claims for neonatal brain injuries** and improve patient outcomes in line with the national maternity safety ambition.
- It encourages participating maternity units to focus on areas such as clinical governance, Board oversight, risk management, staff training, and patient safety initiatives.
- Ten safety actions developed in **collaboration** - designed to support the delivery of best practice in maternity and neonatal services.
- Promotes a culture of **continuous improvement** in maternity services. Participating units are encouraged to learn from adverse events, implement changes based on feedback, and share best practices with other units.

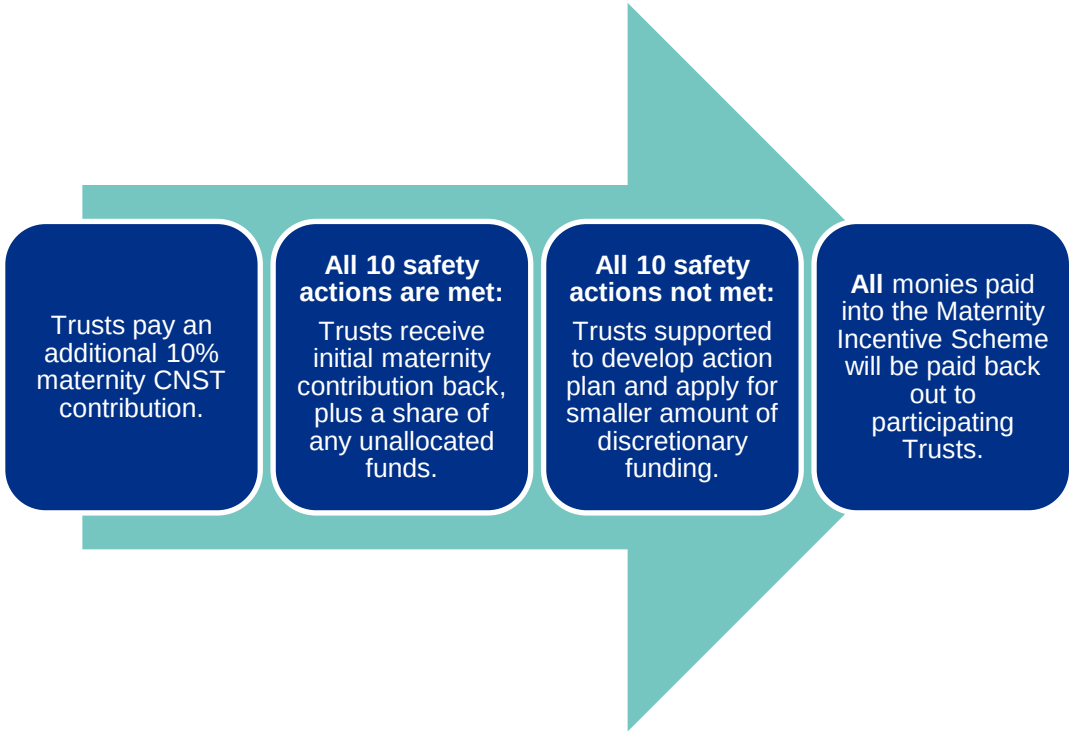
Working in collaboration

The MIS and each of the safety actions were developed working with the National Maternity Safety Champions and in partnership with the Collaborative Advisory Group which includes senior representatives of the following organisations:

- NHS Digital
- NHS England
- The Royal College of Obstetricians and Gynaecologists
- The Royal College of Midwives
- Royal College of Anaesthetists
- Obstetric Anaesthetists Association
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE UK)
- Care Quality Commission
- MNSI

The MIS contributes to NHS Resolution Strategic Priority 3 (collaboration to improve maternity services)

What is the MIS?



NHS Resolution operates the MIS **on behalf of Secretary of State for Health and Social Care.**

- Trusts self-declare their progress against the 10 safety actions at the end of each year of the scheme.
- Safety actions are evidence based and supported by a safety action lead
- The Trust Board (CEO) and Integrated Care Board (ICB) Accountable Officer must be assured of this progress before signing the Board declaration form.
- Only the declaration form which has been signed off is submitted to NHS Resolution and not the evidence.
- Evidence used to support the position and assure the Board should be retained. In the event that the declaration is later called into question, this evidence may be reviewed by the NHS Resolution Team.

MIS conditions

External verification

Although Trusts self-certify their position, there are also a number of external checks that take place.

- **Safety action 1 - MBRRACE-UK**
- **Safety action 2 - Maternity Services Data Set (MSDS)**
- **Safety action 10 - Early Notification**
- **Safety action 10 - MNSI**
- **CQC sense check**

These findings will override the self-declaration, and may prompt additional scrutiny

Appeals

Trusts have the opportunity to appeal within a 14-day timeframe if they disagree with the final outcome. There are two possible grounds for appeal:

- **Alleged failure by NHS Resolution to comply with the published 'conditions of scheme' and/or guidance documentation**
- **Technical errors outside the trusts' control and/or caused by NHS Resolution's systems**

Reverification

As part of the MIS conditions, at any time if concerns are raised about a trust or submission, NHS Resolution are required to investigate these. If information that conflicts with their MIS submission is identified, then Trusts may go through a 'reverification' process:

Trusts asked to re-confirm and declare whether they meet all ten safety actions based on evidence sent to their Board at the time of the initial submission.

If their findings do not coincide with the concerns raised, NHS Resolution will ask to review the evidence of their submission.

There will be a request to review previous years' submissions if the outcome of a declaration is changed following this review.

Any maternity incentive scheme contribution and any surplus monies paid to the trust will need to be repaid for non-compliant years.

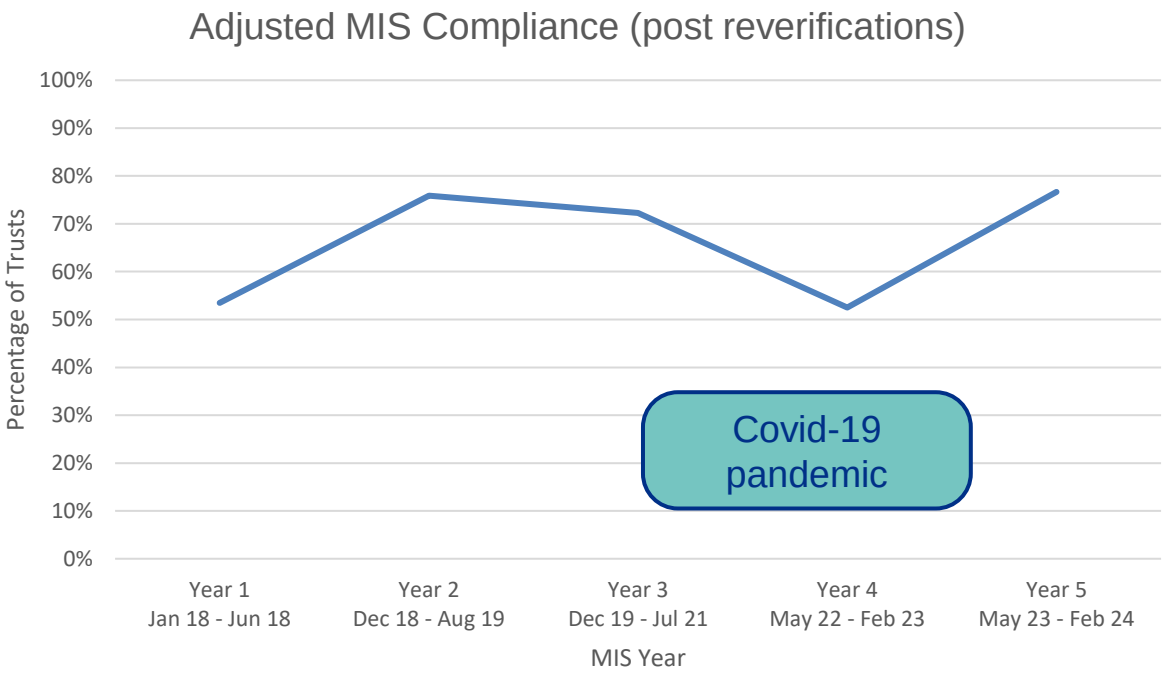
The trust will be given the opportunity to develop an action plan and apply for discretionary funding to support this.

This is a transparent process and is reflected in the published details on the website:

https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-trusts/maternity-incentive-scheme/

MIS full compliance MIS years* 1-5

*Although each iteration of the MIS is referred to as a ‘year’, these time periods have varied in response to external factors.

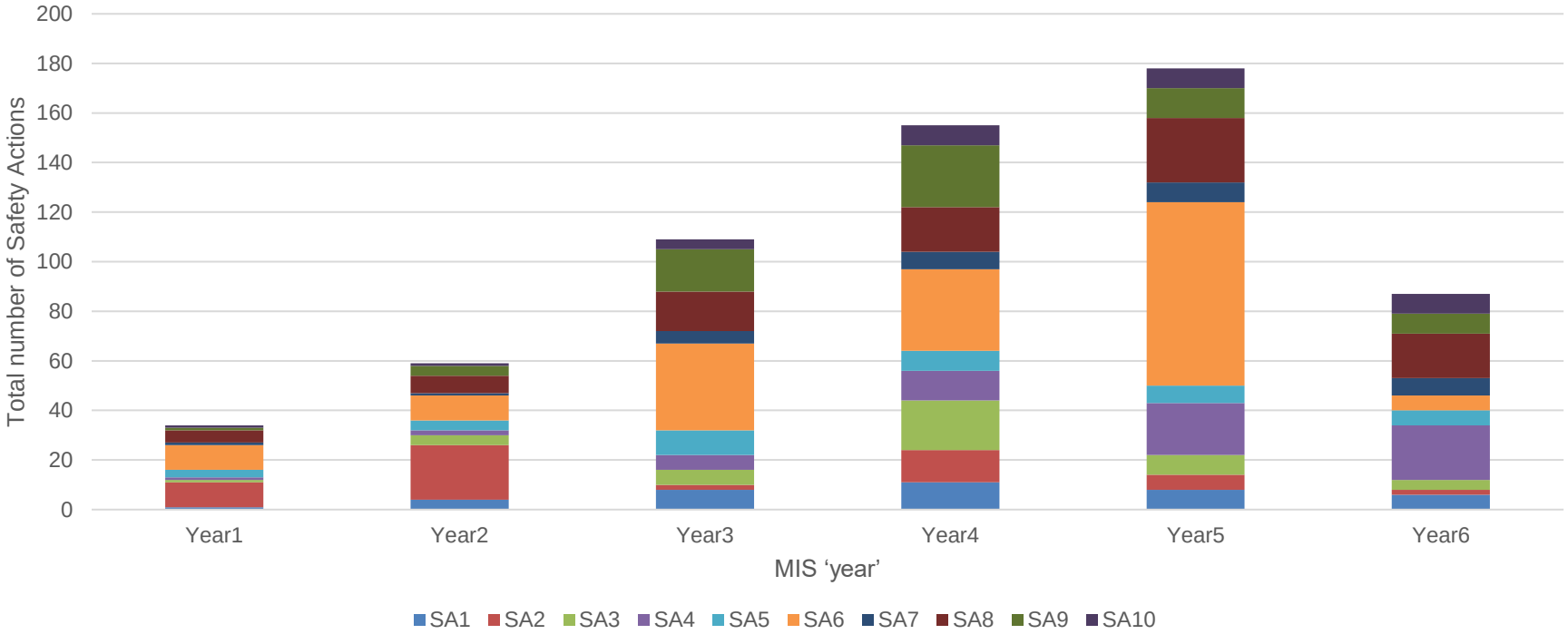


Key considerations

- Covid Pandemic
- Workforce challenges
- Increased discretionary funding in year 4 (for non-compliant Trusts)
- Increased MIS Team and capacity to provide support and communication
- Additional requirement for ICB / LMNS oversight
- Industrial action concessions in year 5
- Improvement in governance / quality of evidence demonstrating compliance

MIS safety sub-actions years* 1-6

*Although each iteration of the MIS is referred to as a ‘year’, these time periods have varied in response to external factors.



MIS year 6

NHS Resolution

- New **rolling 12-month** PRMT reporting period
- Removed 30-day **surveillance reporting** requirement
- Removed 4-month **draft report** completion period

- Removed **MCoC reporting** requirements
- Two MSDS registered user minimum removed

- **QI initiative** to decrease admissions and/or LOS
- Removed audit requirement for all 37+ week admitted
- Focus on transitional care pathways for babies between **34+0 and 36+6**

- Removed option to demonstrate compliance with **engagement of locums** with an action plan.
- Removed requirement to demonstrate compliance with RCOG guidance on **compensatory rest**

- Allocated midwifery coordinator in charge must be supernumerary at **start of every shift**. **Escalation plan** must initiated to provide a substitute coordinator.
- BirthRate+ delays – evidence

- Agreement of local improvement trajectory with LMNS
- Quarterly **progress** reviews. Optional use of the SBL implementation tool. No CMO letter. If not fully implemented, compliance can still be achieved

- MNVP member of **key Trust safety and governance meetings** on ToR (working towards quorate)
- Work with LMNS to ensure user-led MNVP funded
- **Escalate** if appropriate funding/resource not in place

- **Core Competency** framework not measured in MIS
- Anaesthetic doctors contributing to obstetric on-call rota must attend maternity emergencies training.
- Rotational staff starting after 7/24 – Board commitment

- Discussions regarding safety intelligence must take place at the Trust Board (or at an **appropriate sub-committee with delegated responsibility**) including actions relating to local improvement plan using **PSIRF**

- Updated to reflect changes to **MNSI reporting criteria**

MIS resources

Overview of progress on safety action requirements

Safety Action Requirements:

Safety Action	Red	Amber	Green	Blue	Total Requirements
1	7	0	0	0	7
2	3	0	0	0	3
3	4	0	0	0	4
4	23	0	0	0	23
5	5	0	0	0	5
6	6	0	0	0	6
7	7	0	0	0	7
8	16	0	0	0	16
9	10	0	0	0	10
10	8	0	0	0	8
Total	89	0	0	0	89

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

The MIS document was published with an accompanying audit/compliance tool this year.

- Tool has been designed to support Trusts work towards compliance with the safety actions.
- Not mandatory.
- Developed for internal use only.
- Not intended for submission to NHS Resolution.
- Allows progress tracking with the actions and records when supporting evidence has been approved.

An NHS Resolution FutureNHS launched in April 2024.

- Allows improved communication with members.
- Open and accountable responses to queries.
- Encourages sharing of resources and best practice.
- Support from Maternity Support Programme teams – resources.
- Links to other NHS organisations and information.

[Maternity (and Perinatal) Incentive Scheme - FutureNHS Collaboration Platform]

What does the future look like?

Development of **Year seven** already underway with Safety Action Leads.

Board Notification forms due for publication September 2024.

Year six due for submission in March 2025.

Year seven document due for publication April 2025. A summary letter will be sent to all trusts ahead of the publication.

A full **evaluation of both MIS and ENS** was started in July 2023 and is due for completion in early 2025.

How can we help?

MIS overview for clinical teams

Recorded webinars & resources on FutureNHS

Individualised advice / linking with action leads

Presentations to Boards

Board reporting workshops / updates

Any Questions?

bridget.dack@nhs.net

nhsr.mis@nhs.net