

1. Are you using the National Perinatal Mortality Review Tool (NPMRT) to review perinatal deaths?



Resolution

Required standard and minimum evidential requirement	Ability to demonstrate use of the NPMRT to review perinatal deaths between January 2018 – April 2018 . This would include using the NPMRT to review perinatal deaths that pre-date the NPMRT's launch.
Validation process	Self-certification report to Board using template report. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE) data will be used to cross-reference against Trust self-certification.
FAQ	NHS Resolution response
What is the relevant time period?	We are happy to accept evidence from May and June as long as Trusts have allowed enough time for discussion and signoff by the board and the self-certification document is sent to NHS Resolution by Friday 29th June 2018 .
What should we do if we do not have any cases to review within the time period?	It is important that you register to use the NPMRT. If you do not have cases to review then partnering up with an trust who are reviewing their cases would be accepted and is also good practice. As stated above, we will be verifying this element of the action with MBRRACE data

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

Resolution

Required standard and minimum evidential requirement

NB/ The text in green was amended on 14 February 2018

Able to demonstrate progress on at least 8 out of the following 10 criteria:

- Submitted MSDS in all of the last three months (i.e. data relating to January - March 2018)
- Latest submission contained booking appointments in the month
- Latest submission contained method of delivery for at least 80% of births
- Latest submission contained at least 80% of HES births expectation (unless reason understood)
- Latest submission contained all of the tables 501, 502, 404, 409
- Latest submission contained all the tables 401,406,408,508,602 (unless justifiably blank)
- Latest submission contained valid* smoking at booking for at least 80% of bookings
- Latest submission contained valid baby's first feed for at least 80% of births
- Latest submission contained valid in days gestational age for at least 80% of births
- Latest submission contained valid* presentation at onset for at least 80% of deliveries where onset of labour recorded

* valid excludes not known and missing

Where the criteria assesses the quality of booking, delivery or births data and no data of that type are submitted, the criteria is not met.

Validation process

Self-certification report to Board using template report.
 NHS Digital data will be used to cross-reference against Trust self-certification.
 Trusts assessed against the required standard for March 2018 submitted by the end of May 2018 - (this will be at provider level data rather than site level data).

Support available

Please see the general guidance available on the NHS Digital website.

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



Resolution

FAQ	NHS Resolution response
We have missed submitting data for one month. Will we be penalised for this?	<p>The final assessment of this safety action will be made on the March 2018 data submitted to NHS Digital by 31 May 2018. This is the next data you will submit. NHS Digital will send Trusts and NHS Resolution the scores in early June 2018.</p> <p>If you have missed the January or February 2018 submissions you will lose a point and therefore the maximum score will be 9/10.</p> <p>Trusts need to pass on at least 8/10 criteria to meet the required standard for the MSDS safety action. The MSDS action is one component of the 10 safety actions. Only Trusts that make the required progress against all 10 maternity safety actions will be eligible for a payment of at least 10% of their contribution to the incentive fund.</p>
How can I check the quality of data we have already submitted?	<p>NHS Digital send Trust scorecards to lead MSDS submitters. Please check with your lead submitter, to access your Trust report.</p> <p>If you are unsure who your lead submitter is you can contact katharine.robbs@nhs.net who will be able to provide further information.</p>

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



Resolution

Required standard and minimum evidential requirement

Provision of a service delivery model where care, *additional to normal infant care*, is provided in a postnatal clinical setting or in a bespoke transitional care unit with the mother as primary care giver, supported by appropriately trained healthcare professionals. Additional care requirements may include: care for late preterm infants, provision of intravenous antibiotics, provision of complementary nasogastric tube feed.

Trusts should be assessing their transitional care provision **as at end April 2018**.

Validation process

Self-certification report to Board using template report.

NHS Resolution will cross-check trusts' self-reporting with Neonatal Operational Delivery Networks to verify the Trust's progress against this action.

Support available

- <https://www.e-lfh.org.uk/programmes/avoiding-term-admissions-into-neonatal-units/>
- <https://improvement.nhs.uk/resources/>
- <https://improvement.nhs.uk/resources/preventing-avoidable-admissions-full-term-babies/>

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

FAQ	NHS Resolution response
Could you please clarify what is the essential evidence in order to demonstrate compliance with action?	<p>Please review the published BAPM guidance: https://www.bapm.org/sites/default/files/files/TC%20Framework-20.10.17.pdf</p> <p>This stresses that Transitional Care (TC) is not a place but a service. It emphasises the need for a multidisciplinary approach between maternity and neonatal teams as well as a link to community services.</p> <p>Essential evidence would be to demonstrate that TC has been provided to eligible babies and mothers. If TC is being newly set up, it may not be possible to demonstrate that all eligible women and babies received TC as of January 1st. However, being able to demonstrate that work towards this position is in place and TC is actively being delivered in the Trust would need to be provided to reassure Operational Delivery Network (ODN) managers in order for them to verify the position.</p>

4. Can you demonstrate an effective system of medical workforce planning?

Required standard and minimum evidential requirement	<p>No more than 20% of middle grade sessions on labour ward filled by consultants acting down from other sessions.</p> <p>Trusts to self-assess against any consecutive 4 week period in March or April using the Royal College of Obstetricians and Gynaecologists (RCOG) workforce monitoring tool (to follow in late January/early February).</p>
Validation process	Self-certification report to Board using report template and completed RCOG workforce monitoring tool.
FAQ	NHS Resolution response
Where can I find the RCOG workforce planning tool?	The RCOG workforce planning tool can be found here: https://www.rcog.org.uk/en/careers-training/workplace-workforce-issues/workforce-planning-tool-cnst/
What email address should I send the completed tool to?	Please submit the completed tool to workforce@rcog.org.uk

5. Can you demonstrate an effective system of midwifery workforce planning?

<p>Required standard and evidential requirement</p>	<ol style="list-style-type: none"> 1. Evidence of a systematic, evidence-based process to calculate midwifery staffing establishment; 2. Trust policy demonstrating that, as standard, midwifery labour ward shifts are rostered in a way that allows the labour ward coordinator to have supernumerary status (defined as having no case load of their own during that shift); and 3. Good practice includes neonatal workforce within work force plans. <p>Trusts should be evidencing the position as at end April 2018. Evidence for item 1 could include Board minutes or evidence of a full audit or table-top exercise using a tool such as Birthrate+</p>
<p>Validation process</p>	<p>Self-certification report to Board using template report.</p>

6. Can you demonstrate compliance with all 4 elements of the Saving Babies' Lives (SBL) care bundle?

Required standard and minimum evidential requirement	<p>Ability to demonstrate Board level consideration of the SBL care bundle in a way that supports the delivery of safer maternity services.</p> <p>Board minutes demonstrating that each element of the SBL care bundle has been implemented or that an alternative intervention put in place to deliver against element(s).</p> <p>Trusts should be evidencing the position as at end April 2018.</p>
Validation process	<p>Self-certification report to Board using template report.</p> <p>NHS Resolution to cross-check Trusts' self-reporting with NHS England.</p>
Support available	<p>SBL Care bundle and guidance: https://www.england.nhs.uk/wp-content/uploads/2016/03/saving-babies-lives-car-bundl.pdf</p>

7. Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership (MVP) Forum, and that you regularly act on feedback?

Required standard and minimum evidential requirement

This action is self-explanatory.

Evidence would include minutes of regular MVP meetings demonstrating their business.

Trusts should be evidencing the position **as at end April 2018**.

Validation process

Self-certification report to Board using template report.

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?

<p>Required standard</p>	<p>Training should include fetal monitoring in labour and integrated team-working with relevant simulated emergencies and/or hands on workshops. The 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. There should also be feedback on local maternal and neonatal outcomes.</p> <p>Maternity staff attendees should include: obstetricians (including Consultants, staff grades and trainees); obstetric anaesthetic staff (Consultants and relevant trainees); midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and stand alone birth centres) and bank midwives); maternity theatre and critical care staff; health care assistants (to be included in the maternity skill drills as a minimum) and other relevant clinical members of the maternity team.</p> <p>Trusts should be evidencing the position as at end April 2018.</p>
<p>Minimum evidential requirement</p>	<p>Completion of the 'CNST local training record' form following each training day, including Details of the programme used as well as entering all attendees on their local training database to ensure they can demonstrate the percentage attendance for each staff group. The CNST local training record is not mandatory.</p>
<p>Validation process</p>	<p>Self-certification report to Board using the template Board report</p>

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?



FAQ	NHS Resolution response
<p>Do we need to use the CNST local training record form?</p>	<p>We recognise that some trusts have very good systems in place to monitor their training. As long as you can demonstrate that 90% of each staff group listed have attended training, this is sufficient.</p> <p>The CNST local training record form is not mandatory but has been provided as a tool for trusts who do not have a system in place.</p>
<p>We have been asked to evidence the training position at the end of April 2018. What if planned training in May & June will take us to the 90% threshold?</p>	<p>Trusts can use the data for staff trained in May and June as long as trusts have allowed enough time for discussion and signoff by the board, and that the self-certification document is sent to NHS Resolution by Friday 29 June 2018.</p> <p>Staff who have attended the training in May/June will be accepted. If staff are only booked onto training and/or have not attended training then they cannot be counted towards the overall percentage.</p>
<p>Will we meet the action if one of our staff group is below the 90% threshold?</p>	<p>If you are unable to evidence that you have met the threshold of 90% before Friday 29 June 2018, then you will be assessed as not having met the required standard.</p>

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?

Required standard and minimum evidential requirement

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

Evidence of bi-monthly meetings through meeting agendas, minutes etc. demonstrating reviews of published national reports (such as Each Baby Counts and MBRRACE-UK), reviews of locally collected clinical measures, inspection reports and feedback from women and families.

Trusts should be evidencing the position **as at end April 2018**.

Validation process

Self-certification report to Board using template report.

FAQ

NHS Resolution response

We do not have evidence of meeting bi monthly (every two months) for 2017 but have met bi-monthly in 2018. Is this sufficient?

Yes this would be acceptable, as long as there are planned bi-monthly (every two months) meetings for the remainder of 2018.

If you are meeting more frequently, then this is acceptable.

10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?

<p>Required standard and minimum evidential requirement</p>	<p>Reporting of all qualifying incidents that occurred in the 2017/18 financial year to NHS Resolution under the Early Notification scheme reporting criteria.</p> <p>Trusts should be evidencing the position as at end March 2018.</p>
<p>Validation process</p> <div data-bbox="127 622 436 782" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>NB/ The text in purple was removed on 27 March 2018</p> </div>	<p>Self-certification report to Board using template report with Commissioner sign-off. NHS Resolution to cross reference Trust report against the National Neonatal Research Database (NRRD) data.</p>
<p>Support available</p>	<p>Early Notification scheme guidance already circulated to NHS Resolution maternity contacts. Please contact ENTeam@resolution.nhs.uk to request further copies of the same.</p>
<p>FAQ</p>	<p>NHS Resolution response</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>There will be no penalty for reporting incidents from 2017/18 outside of the 30 day timescale as we appreciate this is the first year of the Early Notification scheme. Trusts will therefore meet the required standard if they can evidence that they have reported all qualifying 2017/18 incidents to NHS Resolution in their completed Board report template. Please note that 2018/19 incidents will need to be reported in accordance with the 30 day timescale set out in the reporting guidelines</p>

General frequently asked questions

FAQ	NHS Resolution response
<p>Please could you confirm whether this is a recurring scheme?</p>	<p>Currently, the maternity incentive scheme is for 2018/19 financial year. However, we will be evaluating the scheme to determine if it will continue into the future and will notify members, if so.</p>
<p>Does ‘Board’ refer to the trust Board or would the Maternity Services Clinical Board suffice?</p>	<p>We expect trust Boards to self-certify the trust’s declarations following consideration of the evidence provided.</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>
<p>Where can I find the trust reporting template which needs to be signed off by the board?</p>	<p>Please follow this link to the template Board report</p>
<p>What documents do we need to send to you?</p>	<p>We require you to send us the self-certification report which has been signed off by the trust Board and, where relevant, a completed action plan for each action the Trust has not met. We do not require your evidence to be sent to us. The other documents you are collating should be used to inform your discussions with the trust Board.</p>

General frequently asked questions (continued)

FAQ	NHS Resolution response
Do we need to discuss this with our commissioners?	Yes, we advise that this is discussed with commissioners.
Will you accept late submissions?	We will not accept late submissions. The document will need to be submitted to us no later than 23:59 on Friday 29 June 2018 .
Will NHS Resolution be cross checking our results with external data sources?	Yes, we will be cross referencing results with external data sets for the following actions: NPMRT; MSDS; care bundle; transitional care; medical workforce and reporting to the Early Notification scheme.
What happens if we do not meet the 10 actions?	<p>Trusts that meet the required progress against all 10 maternity safety actions will be eligible for a payment of at least 10% of their contribution to the incentive fund. Trusts that do not meet this threshold should submit a completed action plan for each maternity action they have not met.</p> <p>Trusts may be eligible for a payment from the incentive fund to help them to make progress against one or more of the 10 actions. Such a payment would be at a much lower level than the 10% contribution to the incentive fund.</p>