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Thursday 18 July 2019

Dear Colleague

## Maternity incentive scheme year two

With the deadline for submission by trusts of their Board declaration forms to NHS Resolution for year two of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme fast approaching, we would like to take this opportunity to signpost you to information relating to the scheme. In addition, maternity safety action leads have provided clarifications regarding safety actions.

### Enquiries

- Prior to the submission date any queries relating to the maternity incentive scheme should be sent in writing by email to NHS Resolution ([MIS@resolution.nhs.uk](mailto:MIS@resolution.nhs.uk)) for a response.

### Timetable

- The mailbox [MIS@resolution.nhs.uk](mailto:MIS@resolution.nhs.uk) will be open to receive submissions from **Thursday 1 August 2019**.
- The deadline for submitting your completed board declaration form and where required, a completed action plan template is **12 noon on Thursday 15 August 2019**. Submissions and comments/corrections received after this date **will not** be considered.
- The Board declaration form must be signed and dated by the trust chief executive to confirm 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 and the content of the Board declaration form has been discussed with the commissioner(s) of the trust's maternity services.
- 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 for number of qualifying incidents reportable to the Early Notification scheme (Safety action 10).

### Advise / Resolve / Learn

NHS Resolution is the operating name of NHS Litigation Authority – we were established in 1995 as a Special Health Authority and are a not-for-profit part of the NHS. Our purpose is to provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care. To find out how we use personal information, please read our [privacy statement at www.nhs.uk/PrivacyPolicy.aspx](http://www.nhs.uk/PrivacyPolicy.aspx)



Trust submissions will be sense checked with the Care Quality Commission

### **Important dates**

- Submission of Board declaration forms deadline: **12 noon on Thursday 15 August.**
- Trusts notified of outcome by **30 September 2019.**
- Payments under the scheme confirmed by **30 November 2019.**
- The deadline for appeals (to be submitted in writing by the trust's chief executive) is **Monday 14 October 2019.**

### **Action plans**

We will use the following criteria when considering requests for money to support the implementation of action plans:

- Does the action plan have clinical and executive support?
- Does the action plan clearly explain how the maternity safety action will be met and by when?
- Does the action plan have a clearly thought out plan with SMART deliverables?
- Would successful delivery likely result in the required progress against the maternity safety action being met?
- Detailed guidance about the scheme including a link to the scheme rules, conditions of eligibility and FAQs for year two can be found here: <https://resolution.nhs.uk/wp-content/uploads/2018/12/maternity-incentive-scheme-year-two.pdf>
- Board declaration form and action plan template <https://resolution.nhs.uk/resources/board-declaration-form-and-action-plan-template/>

**Yours sincerely,**



**Helen Vernon  
Chief Executive**

## APPENDIX 1 – Further clarification regarding maternity incentive scheme actions

Please find further clarification from the action leads on the maternity incentive scheme safety actions:

If you have any further queries regarding these safety actions please email them to [MIS@resolution.nhs.uk](mailto:MIS@resolution.nhs.uk)

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

Lead: MBRRACE-UK

#### Standards 1(a) and 1(b)

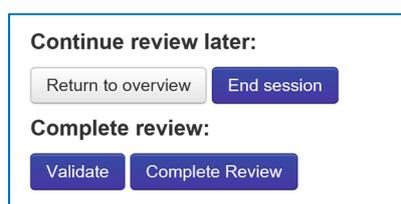
A number of trusts risk failing to meet these standards because they have not started some of their reviews within four months (1a) and have not completed them within four months (1b). We are aware that some trusts are failing to meet, particularly standard 1(b), because, while they have completed a review, they have not pressed the 'Complete Review' button within the PMRT. Such reviews will not register within the PMRT as having been completed and therefore cannot be validated by the MBRRACE-UK/PMRT team.

#### Standard 1(c)

We are also aware that some trusts have reviews underway where they have not addressed all the questions and in particular have not answered the question about telling parents that a review of their care will be carried out. This particularly affects reviews that were started recently.

#### Recommendation to trusts:

1. For any deaths since 12 December 2018 where a review has not been started, we suggest that you carry these reviews out to the point of completion even if you are beyond the four month period to start. Standards 1(a) and 1(b).
2. For any reviews that you have already started, ensure that the review is complete and the press the 'Complete Review' button within the PMRT – this is visible both at the start of the PMRT and at the end of the PMRT for each review once the tool has been opened. Standard 1(b).



The screenshot shows a user interface with two sections. The first section, 'Continue review later:', contains two buttons: 'Return to overview' (light grey) and 'End session' (dark blue). The second section, 'Complete review:', contains two buttons: 'Validate' (dark blue) and 'Complete Review' (dark blue).

The tool may raise validation errors at this point.

If validation errors appear you need to deal with these one of two ways: (i) resolve them and then press the 'Complete Review' button again OR (ii) complete the text box with an explanation of why the remaining questions cannot be validated (for example you don't have access to notes from another trust which provided this part of the care). Confirm that the review is complete by ticking the box and pressing the button '**Yes I am sure that the review is complete**'.

**Complete review**

The review has **failed** validation as it has unanswered questions or invalid answers. Please correct these errors before completing the review.

If these errors are not possible to correct, you may complete the review in this state.

Are you sure you want to end this review and start writing the **clinical review report**?  
Once you begin writing the report **you will not be able to modify** the review form.  
This action cannot be undone without technical support.

**Name**  
Thomas Boby

**Date**  
15/07/2019

Please briefly explain why the remaining questions cannot be answered.

Please check to confirm this review is complete and that you understand that further modifications to the review will not be possible.

**Yes, I am sure the review is complete**

3. For the review of any death since 12 December 2018 that was started, check that you have answered the question about telling parents about the review, even if the review is started but not yet complete. Standard 1(c). This is likely to affect recent reviews which are still underway.

**Parents' Perspectives**

Parents' perspectives of their care

Have the parents been told that a review of their care and the care of their baby is taking place?

Please select an item

**Safety action 3 - Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions into Neonatal units Programme? (ATAIN)**

**Lead: NHS England and NHS Improvement**

- If board sign off and or action plans which were shared with the Local Maternity Systems/Operational Delivery Network were **outside** of the timescales set within the safety action due to the timings of the relevant meetings, the standard **can still be met**.

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

**Lead: Royal College of Obstetricians and Gynaecology and Royal College of Anaesthetists**

- Trusts **only** need to demonstrate to the board that the following Anaesthesia Clinical Services Accreditation standards have been met **1.2.4.6, 2.6.5.1 and 2.6.5.6**

- 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.
- Please note that there is no set format that your report needs to be submitted in. Instead, an action plan should be provided to address any lost educational opportunities experienced by your trainees, with evidence that this has been submitted to your most relevant Board for approval. The evidence can be the report (with covering note) that was sent to the Board or an email from the Board Chair to confirm receipt. The proportion of your trainees reporting missed educational opportunities (2018 GMC State of Medical Education and Practice report) should also have been flagged to your Board, this is what the action plan seeks to address.

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

**Lead: Royal College of 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
- 100% of the planned rota provides for a supernumerary labour ward co-ordinator, and for this data to be part of the maternity staffing data to go to board.
- A clear escalation plan for bringing in additional staff when the standard is not achieved
- Evidence of immediate use of escalation on a shift by shift basis (could be an audit)
- The need to mitigate should be by exception rather than a regular occurrence and the frequency should be monitored.

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

**Lead: NHS England and NHS Improvement**

For the trust to comply with this action, the standard care delivered to the patient should be based on using each element of the SBL care bundle. We are not looking at a percentage compliance.

- For each element of the SBL care bundle, the trust can decide on implementing either guidance from version 1 or version 2

**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?**

**Lead: NHS England and NHS Improvement**

The requirements for Action 9 relate to Board level support for the MatNeo QI programme (MNHSC). For this reason a safety champion event will not help in meeting the criteria however this requirement can still be met by:

- The executive sponsor for the MNHSC programme meeting with their trust Improvement Leads (those nominated to lead the MNHSC programme locally) in order to understand and be sighted on their local improvement plan; be updated on progress with the plan and the QI activities resulting from the plan. A minimum **of two meetings** should have taken place before the 15<sup>th</sup> August 2019.
- Updating the board on the outcome of these meetings *unless* the board is regularly sighted on QI activity, including maternity through other means

**AND**

**Meets at least one of the criteria below:**

- ✓ If **wave 1,2 or 3** the executive sponsor or board safety champion or delegate, attended the National learning event which was held on the 25<sup>th</sup> March
- ✓ If **wave 1,2 or 3** the exec sponsor or board safety champion or delegate attended at least one of the Local Learning System events hosted by their LMS or Clinical Network. If no LLS events have been attended and there are no LLS events taking place between now and the 15<sup>th</sup> arrangements will need to be made to discuss progress and the focus for the trust going forward with the LLS lead or senior Trust lead represented on the LLS.
- ✓ If **wave 2** – the executive sponsor or board safety champion or delegate attended the Learning Set event held on 18<sup>th</sup> January
- ✓ If **wave 3** – the executive sponsor or board safety champion or delegate attended the Learning Set event held on 10<sup>th</sup> May or 18<sup>th</sup> July 2019.

These criteria will meet standard a) of the action.

- In addition, to meet standard b) there will need to evidence that a walk around to meet frontline maternity and neonatal staff as a feedback mechanism to raise concerns relating to relevant safety issues has taken place at least **once** before the 15<sup>th</sup> August 2019
- To meet standard c) there will need to be evidence of a safety dashboard or equivalent, visible to staff which reflects action and progress made on identified concerns raised by staff as per action b) above and
- To meet standard c) there will need to be evidence that safety concerns raised by staff feedback sessions are reflected in the minutes **or on a forthcoming agenda** of Board meetings and include updates on progress, impact and outcomes relating to the steps and actions taken to address these concerns.
- If implementation of the required standards a-c are **outside** of the timescales set within the safety action, the standard **can still be met**.

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

#### **Lead: NHS Resolution**

- 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 that they have reported all qualifying 2018/19 incidents to NHS Resolution in their completed Board report template.