Trust Board sign-off requirements for MIS year 6

n.b. 'Completed' set to 'No' as default
Change to 'Yes' and add date when complete.

	Requirement		Completed	Date
SA1	A quarterly report should be received by the Trust Executive Board each quarter from 2 April 2024 that includes details of the deaths reviewed from 8 December 2023, any themes identified and the consequent action plans. The report should evidence that the PMRT has been used to review eligible perinatal deaths and that the required standards have been met.	Q1	Yes	04/12/2024
		Q2	Yes	04/12/2024
		Q3 (third report may fall outside MIS reporting period)	Yes	04/12/2024
SA3	If not already in place, an action plan should be signed off by Trust and LMNS Board for a move towards the transitional care pathway based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	By 30/11/24	Yes	30/11/2024
SA4	Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance with Trust Board, Trust Board level safety champions and at LMNS meetings.	By 30/11/24	Yes	30/11/2024
	Trust positions with 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' should be shared with Trust Boards	By 30/11/24	Yes	30/11/2024
	The Trust is required to formally record in Trust Board minutes whether it meets the relevant BAPM recommendations of the neonatal medical workforce. If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies.	By 30/11/24	Yes	30/11/2024
	The Trust is required to formally record to the Trust Board minutes compliance to BAPM Nurse staffing standards annually using the Neonatal Nursing Workforce Calculator (2020). For units that do not meet the standard, the Trust Board should agree an action plan and evidence progress against any action plan previously developed to address deficiencies.	By 30/11/24	Yes	30/11/2024
SA5	A midwifery staffing oversight report that covers staffing/safety issues should be received by the Trust Board every 6 months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period.	Q1 & Q2	Yes	Feb 2024 Sept 2024
		Q3 & Q4 (second report may fall outside MIS reporting period)	Yes	
	In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls.	By 30/11/24	Yes	30/11/2024
SA6	Trusts should be able to provide a signed declaration from the Executive Medical Director declaring that Saving Babies' Lives Care Bundle, Version 3 is fully / will be in place as agreed with the ICB.	By 30/11/24	Yes	30/11/2024
SA9	Evidence that a non-executive director (NED) has been appointed and is visibly working with the Board safety champion (BSC)	By 30/11/24	Yes	30/11/2024

	Evidence that a monthly review of maternity and neonatal quality and safety is undertaken by the Trust Board (or an appropriate Trust committee with delegated responsibility) using a minimum data set. This should be presented by a member of the perinatal leadership team to provide supporting context. This must include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback.	By 30/11/24	Yes	30/11/2024
	Evidence that in addition to the monthly Trust Board/sub-committee review of maternity and neonatal quality as described above, the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting. Scorecard data is used to agree targeted interventions aimed at improving patient safety and reflected in the Trusts Patient Safety Incident Response Plan. These quarterly discussions must be held at least twice in the MIS reporting period at a Board or directorate level quality meeting.	Q1	Yes	30/11/2024
		Q2	Yes	30/11/2024
		Q3 (third report may fall outside MIS reporting period)	Yes	
	Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented.	Apr/May	Yes	
		Jun/Jul	Yes	
		Aug/Sep	Yes	
		Oct/Nov	Yes	
	Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented.	By 30/11/24	Yes	30/11/2024
	Evidence in the Board minutes that the Board Safety Champion(s) are meeting with the perinatal 'Quad' leadership team as a minimum of bi-monthly and that any support required of the Board has been identified and is being implemented. There must have been a minimum of 3 meetings held in the MIS reporting period.	Q1	Yes	30/11/2024
		Q2	Yes	30/11/2024
		Q3	Yes	30/11/2024
SA10	Trust Board must have sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	By 30/11/24	Yes	30/11/2024
	Trust Board must have sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme.	By 30/11/24	Yes	30/11/2024
	Trust Board must have sight of evidence of compliance with the statutory duty of candour.	By 30/11/24	Yes	30/11/2024

LMNS sign-off requirements for MIS year 6

n.b. 'Completed' set to 'No' as default
Change to 'Yes' and add date when complete.

	Requirement	Timings	Completed	Date
SA3	If not already in place, an action plan should be signed off by Trust and LMNS Board for a move towards the transitional care pathway based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	By 30/11/24	Yes	N/A
	An update should be presented to the LMNS and safety champions regarding development and any progress to a new quality improvement initiative to decrease admissions and/or length of stay on NNU.	By 30/11/24	Yes	30/09/2024
SA4	Trusts/organisations should implement the RCOG guidance on engagement of long-term locums and provide assurance that they have evidence of compliance with Trust Board, Trust Board level safety champions and at LMNS meetings.	By 30/11/24	Yes	30/11/2024
	Trust positions with 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' should be shared with the LMNS	By 30/11/24	Yes	30/11/2024
	If British Association of Perinatal Medicine (BAPM) national standards of medical staffing standards are not met, a copy of the action plan outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).	By 30/11/24	Yes	30/11/2024
	If British Association of Perinatal Medicine (BAPM) national standards of nursing staffing standards are not met, a copy of the action plan, outlining progress against each of the actions, should be submitted to the LMNS and Neonatal Operational Delivery Network (ODN).	By 30/11/24	Yes	30/11/2024
SA5	The 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 must be shared with the local commissioners.	By 30/11/24	Yes	30/11/2024
SA6	Trusts should continue the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 5, and more specifically be able to demonstrate that at least two (and up to three) quarterly discussions have been held in Year 6. This will include details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element, the agreement of a local improvement trajectory against these metrics for 24/25, and subsequently reviews of progress against the trajectory (including sustained improvement where high levels of reliability have been achieved. The LMNS will draw from these discussions to determine whether best endeavours and sufficient progress have been made towards implementing SBLCBv3, in line with a locally agreed improvement trajectory.	Q1	Yes	
		Q2	Yes	
		Q3 (third report may fall outside MIS reporting period)		
	Sharing of examples and evidence of continuous learning relating to SBL by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate.	By 30/11/24	Yes	30/11/2024
SA7	Trusts should work with their LMNS/ICB to 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 (published November 2023)	By 30/11/24	Yes	30/11/2024

	LMNS/ICB must provide evidence of MNVP infrastructure being in place to providers, such as: •Job description for MNVP Lead •Contracts for service or grant agreements •Budget with allocated funds for IT, comms, engagement, training and administrative support •Local service user volunteer expenses policy including out of pocket expenses and childcare cost	By 30/11/24	Yes	30/11/2024
	If evidence of funding support at expected level is not obtainable, there should be evidence that this has been formally raised via the Perinatal Quality Surveillance Model (PQSM) at Trust and LMNS level, and discussed at ICB Quality Committee as a safety concern due to the importance of hearing the voices of women and families, including the plan for how it will be addressed in response to that escalation is required.	By 30/11/24	Yes	30/11/2024
	Progress with action plan (coproduced with the MNVP following annual CQC Maternity Survey) should be monitored regularly by safety champions and LMNS Board.	By 30/11/24	Yes	30/11/2024
SA9	Evidence of collaboration with the local maternity and neonatal system (LMNS)/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.	By 30/11/24	Yes	30/11/2024

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

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA1 Guidance

Reporting period: 8 December 2023 until 30 November 2024

	Requirement	Lead	Actions/progress	Next update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
1.1	Have all eligible perinatal deaths from 8 December 2023 onwards been notified to MBRRACE-UK within seven working days?	*DC*	*Compliant in Year 5; all audits and procedures embedded; continue all processes into 2024 (Year 6)*	*Quarterley*			*S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT*	*External validation*	
1.2	For at least 95% of all deaths of babies who died in your Trust from 8 December 2023, were parents' perspectives of care sought and were they given the opportunity to raise questions?	*DC*	*Compliant in Year 5; all audits and procedures embedded; continue all processes into 2024 (Year 6)*	*Quarterley*		*PMRT reports*	*S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT*	*External validation*	
1.3	Has a review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from 8 December 2023 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	DC	Compliant in Year 5; all audits and procedures embedded; continue all processes into 2024 (Year 6)	Quarterley		PMRT reports	S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT	External validation	
1.4	Were 60% of the reports published within 6 months of death?	DC	Compliant in Year 5; all audits and procedures embedded; continue all processes into 2024 (Year 6)	Quarterley		PMRT reports	S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT	External validation	
1.5	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 8 December 2023 including reviews and consequent action plans.	JL	Compliant in Year 5; all audits and procedures embedded; continue all processes into 2024 (Year 6)	Quarterley		BoD Agenda and Minutes	S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT	External validation	
1.6	Were quarterly reports discussed with the Trust maternity safety and Board level safety champions?	JL	Include on MatNeo Assurance Meeting and Safety Champion meeting	Quarterley		BoD Agenda and Minutes	S:/W&C Division/CG Working Group/CNST Year 6/SA1 - PMRT	External validation	

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

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA2 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
2.1	Was your Trust compliant with at least 10 out of 11 MSDS-only Clinical Quality Improvement Metrics (CQIMs) by passing 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 2024? Final data for July 2024 will be published during October 2024.	*JL/MS*	*Link with Analyst to test data submission prior to ensure complaince with criteria prior to independent run of data*	**31/10/24**		*MSDS data confirmation*	*MSDS data confirmation PASSED, evidence uploaded to NHS Future Platform*	*External validation*	*30/11/24*
2.2	Did July's 2024 data contain a 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)	*JL/MS*	*Link with Analyst to test data submission prior to ensure complaince with criteria prior to independent run of data*	**31/10/24**		*MSDS data confirmation*	*MSDS data confirmation PASSED, evidence uploaded to NHS Future Platform*	*External validation*	*30/11/24*

Safety action 3:
Can you demonstrate that you have transitional care (TC) services in place and undertaking quality improvement to minimise separation of parents and their babies?

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA3 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
3.1	Was the pathway(s) of care into transitional care which includes babies between 34+0 and 36+6 in alignment with the BAPM Transitional Care Framework for Practice jointly approved by maternity and neonatal teams with a focus on minimising separation of mothers and babies? **Evidence should include:** - Neonatal involvement in care planning - Admission criteria meets a minimum of at least one element of HRG XA04 - There is an explicit staffing model - The policy is signed by maternity/neonatal clinical leads and should have auditable standards. - The policy has been fully implemented and quarterly audits of compliance with the policy are conducted.	*KW*	*Fully embedded*	30/09/24			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
3.2	**Or** Is there an action plan signed off by Trust and LMNS Board for a move towards the TC pathway (as above) based on BAPM framework for babies from 34+0 with clear timescales for implementation and progress from MIS Year 5.	*KW*	*Fully embedded*	30/09/24			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
Drawing on insights from themes identified from any term admissions to the NNU, undertake at least one quality improvement initiative to decrease admissions and/or length of stay.									
3.3	By 6 months into MIS year 6, register the QI project with local Trust quality/service improvement team.	JL/KW		30/09/24			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
3.4	By the end of the reporting period, present an update to the LMNS and safety champions regarding development and any progress.	JL		30/11/24		Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24

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

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA4 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
Obstetric Workforce									
Has the Trust ensured 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 following an audit of 6 months activity :									
4.1	Locum currently works in their unit on the tier 2 or 3 rota?	*MS*		*Quarterley*			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
4.2	OR They 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 Progrssion (ARCP)?	*MS*		*Quarterley*			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
4.3	OR They hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
Has the Trust ensured that the following criteria are met for employing long-term locum doctors in Obstetrics and Gynaecology.									
4.4	Implemented the RCOG guidance on engagement of long-term locums and provided assurance that they have evidence of compliance?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
RCOG compensatory rest (not reportable in MIS year 6)									
4.5	Has the Trust implemented 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, and can the service provide assurance that they have evidence of compliance?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.6	OR Has an action plan presented to address any shortfalls in compliance, to the Trust Board, Trust Board level safety champions and LMNS meetings?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
Consulant Attendance									
4.7	Has the Trust monitored 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 when a consultant is required to attend in person?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.8	Were the episodes when attendance has not been possible reviewed at unit level as an opportunity for departmental learning with agreed strategies and action plans implemented to prevent further non-attendance?	MS		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.9	Do you have evidence that the Trust position with the above has been shared with Trust Board?	JL		Quarterley		Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*

4.10	Do you have evidence that the Trust position with the above has been shared with Board level Safety Champions?	JL		Quarterley		Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.11	Do you have evidence that the Trust position with the above has been shared with the LMNS?	JL		Quarterley		Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
Anaesthetic Workforce									
4.12	Is there evidence that the duty anaesthetist is immediately available for the obstetric unit 24 hours a day and they have clear lines of communication to the supervising anaesthetic consultant at all times? In order to declare compliance, 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. (Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1) - Representative month rota acceptable.	MS (Access Alice Arch to support)		**30/11/24**			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	
Neonatal Medical Workforce									
4.13	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing?	JL	Action plan produced in Year 5 and requriement to demonstrate in year 6 evidence of deficieny	**31/10/24**			Approval to recruit in July 2024 to meet complaince by submission; recrutiment process completed and commences employment Jan 2025	LMNS	*30/11/24*
4.14	Is this formally recorded in Trust Board minutes?	JL		**30/11/24**			Updated provided to BoD in reports	LMNS	*30/11/24*
4.15	If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies.	JL	Action plan produced in Year 5 and requriement to demonstrate in year 6 evidence of deficieny	**30/06/24**			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.16	Was the above action plan shared with the LMNS?	JL	Action plan shared as part of Year 5 evidence	Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*
4.17	Was the above action plan shared with the ODN?	JL	Action plan shared as part of Year 5 evidence	Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*
Neonatal Nursing Workforce									
4.18	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing?	AM	Nursing staffing model meets BAPM standards	No Further Action			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.19	Is this formally recorded in Trust Board minutes?	JL		**30/09/24**			All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*
4.20	If the requirements are not met, Trust Board should agree an action plan and evidence progress against any action plan developed previously to address deficiencies.	JL					All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
4.21	Was the above action plan shared with the LMNS?	JL		**30/11/24**			All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*
4.22	Was the above action plan shared with the ODN?	JL		**30/11/24**			All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	**Safety action Lead(s):** Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA5 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
5.1	Submit a midwifery staffing oversight report that covers staffing/safety issues to the Board every 6 months (in line with NICE midwifery staffing guidance), during the maternity incentive scheme year six reporting period. It should also include an update on all of the points below.	JL	Report submitted March 2024 and due September 2024	**30/09/24**		BoD Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
5.2	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed in the last three years? Evidence should include: A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated.	*JL*	*Full review completed in 2021, review in 2022. Repeat requested and will commence June 2024 with a publication anticipdated date by Autumn 2024*	**30/11/24**		*Invoice and PO as evidence to instruct repeat establishment review and data collection underway; Summary provided at 2022 of previous report and publication of report anticpated in Dec 2024/Jan 2025*	*All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved*	*LMNS*	*30/11/24*
5.3	Can the Trust Board evidence midwifery staffing budget reflects establishment as calculated? Evidence should include: ● Midwifery staffing recommendations from Ockenden and of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. ● Where Trusts are not compliant with a funded establishment based on the above, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls. ● Where deficits in staffing levels have been identified must be shared with the local commissioners. ● Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall. ● The midwife to birth ratio ● The percentage of specialist midwives employed and mitigation to cover any inconsistencies. BirthRate+ accounts for 8-10% of the establishment, which are not included in clinical numbers. This includes those in management positions and specialist midwives.	*JL*	*Full review completed in 2021, review in 2022. Repeat requested and will commence June 2024 with a publication anticipdated date by Dec 2024 / Jan 2025*	**31/10/24**		*Invoice and PO as evidence to instruct repeat establishment review; Summary provided at 2022 of previous report and publication of report anticpated in Autumn 2024*	*All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved*	*LMNS*	*30/11/24*
5.4	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with supernumerary labour ward co-ordinator on duty **at the start of every shift.**	JL	Birth rate plus acuity tool fully embedded and reviewed	Quarterley		Reports from BR+ acuity tool	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
5.5	Evidence from an acuity tool (may be locally developed), local audit, and/or local dashBoard figures demonstrating 100% compliance with the provision of one-to-one care in active labour	JL	Birth rate plus acuity tool fully embedded and reviewed	Quarterley		Reports from BR+ acuity tool	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*

5.6	A plan is in place for mitigation/escalation to cover any shortfalls in the two points above.	JL	Birth rate plus acuity tool fully embedded and reviewed	Quarterley		Reports from BR+ acuity tool	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*

Safety action 6:
Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA6 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
6.1	Have you provided a signed declaration from the Executive Medical Director declaring that Saving Babies' Lives Care Bundle, Version 3 is fully / will be in place as agreed with the ICB ? (where full implementation is not in place, compliance can still be achieved if the ICB confirms it is assured that all best endeavours – and sufficient progress – have been made towards full implementation, in line with the locally agreed improvement trajectory.)	*JL/DC*	*97% compliance met; ambition to be fully complaint with action plan developed to support improvements required*	**30/11/24**		*Saving Babies Lives v 3 Toolkit as reviewed by the LMNS; WUTH dashboard developed for monitoring 2024*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
6.2	Have you continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 5, and more specifically be able to demonstrate that at least two quarterly discussions have been held in Year 6 to track compliance with the care bundle? **These meetings must include agreement of a local improvement trajectory against these metrics for 24/25, and subsequently reviews of progress against the trajectory.**	*JL*	*Meetings scheduled and in place*	*Quarterley*		*Minutes of Meetings*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
6.3	Have these quarterly meetings included details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element.	*JL*	*Each element included for discussion and progress against imrpovement plan*	*Quarterley*		*Minutes of Meetings*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
6.4	Is there a regular review of local themes and trends with regard to potential harms in each of the six elements.	*JL/DC*	*Included in review meetings*	*Quarterley*		*Minutes of Meetings*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
6.5	**Following these meetings, has the LMNS determined that sufficient progress have been made towards implementing SBLCBv3, in line with a locally agreed improvement trajectory?**	JL/LMNS	Included in review meetings	Quarterley		Minutes of Meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
6.6	Is there evidence of sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate?	JL/DC		Quarterley		Minutes of Meetings	MNSG/QSSG/HoMs and DoM's Forum	LMNS	30/11/24

Safety action 7:
Listen to women, parents and families using maternity and neonatal services and coproduce services with users.

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA7 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
7.1	Evidence of MNVP engagement with local community groups and charities prioritising hearing from those experiencing the worst outcomes, as per the LMNS Equity & Equality plan.	*JL*	*Embedded in practice*	*Monthly*			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
7.2	Terms of Reference for Trust safety and governance meetings, showing the MNVP Lead as a member (Trusts should work towards the MNVP Lead being a quorate member), **such as**: •Safety champion meetings •Maternity business and governance •Neonatal business and governance •PMRT review meeting •Patient safety meeting •Guideline committee	*JL/DC*	*Embedded in practice*	*Monthly*		*Minutes of meetings*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
7.3	Evidence of MNVP infrastructure being in place from your LMNS/ICB, such as: •Job description for MNVP Lead •Contracts for service or grant agreements •Budget with allocated funds for IT, comms, engagement, training and administrative support •Local service user volunteer expenses policy including out of pocket expenses and childcare cost	JL	MNVP Lead in post 16 hours per week	**30/06/24**		MNVP Lead in post 16 hours per week	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
7.4	**If evidence of funding support at expected level (as above) is not obtainable, there should be evidence that this has been formally raised via the Perinatal Quality Surveillance Model (PQSM) at Trust and LMNS level, and discussed at ICB Quality Committee as a safety concern due to the importance of hearing the voices of women and families, including the plan for how it will be addressed in response to that escalation is required.**	JL		Quarterley			All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
7.5	Evidence of a joint review of annual CQC Maternity Survey data, such as documentation of actions arising from CQC survey and free text analysis, such as a coproduced action plan.	JL	Embedded in practice	Quarterley		Minutes of meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
7.6	Has progress on the coproduced action above been shared with Safety Champions?	JL	Embedded in practice	Bi-monthly		Minutes of meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
7.7	Has progress on the coproduced action above been shared with the LMNS?	JL	Embedded in practice	Bi-monthly		Minutes of meetings	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24

	Safety action 8: Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?

Safety action Lead(s):

Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA8 Guidance

Reporting period: 1 December 2023 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
Can you demonstrate the following attendance at the end of the 12 month period 1 December 2023 to 30th November 2024:									
Fetal monitoring and surveillance (in the antenatal and intrapartum period) training									
8.1	90% of obstetric consultants	*MS/SW*	*Monthly monitoring and annual forecasting in place to achieve*	*Monthly*		*All documents to include annual dates of training; agenda's, scenarios, record of*	All evidence uploaded to NHS future platform and reviewed by the LMNS	*LMNS*	*30/11/24*
8.2	90% of all other obstetric doctors contributing to the obstetric rota (without the continuous presence of an additional resident tier obstetric doctor)	*MS/SW*	*Monthly monitoring and annual forecasting in place to achieve*	*Monthly*		*All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
8.3	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives) and maternity theatre midwives who also work outside of theatres	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
Maternity emergencies and multiprofessional training									
8.4	90% of obstetric consultants	MS/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of	All evidence uploaded to NHS future platform and reviewed by the LMNS	LMNS	*30/11/24*
8.5	90% of all other obstetric doctors including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows,foundation year doctors and GP trainees contributing to the obstetric rota	MS/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
8.6	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres) and bank/agency midwives	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
8.7	90% of maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum).	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
8.8	90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
8.9	90% of all other obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) **who contribute to the obstetric anaesthetic on-call rota in any capacity**. This updated requirement is supported by the RCoA and OAA.	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	*30/11/24*
8.10	70% of non-obstetric anaesthetic doctors (including anaesthetists in training, SAS and LED doctors) **who contribute to the obstetric anaesthetic on-call rota in any capacity**. This updated requirement is supported by the RCoA and OAA.	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.11	Can you demonstrate that at least one multidisciplinary emergency scenario is conducted in a clinical area or at point of care during the whole MIS reporting period?	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24

Neonatal basic life support									
8.12	90% of neonatal Consultants or Paediatric consultants covering neonatal units	JL/AM/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.13	90% of neonatal junior doctors (who attend any births)	JL/AM/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.14	90% of neonatal nurses (Band 5 and above who attend any births)	JL/AM/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.15	90% of maternity support workers, health care assistants and nursery nurses *dependant on their roles within the service - for local policy to determine.	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.16	90% of advanced Neonatal Nurse Practitioner (ANNP)	JL/AM/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.17	90% of midwives (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)	JL/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
8.18	Is a formal plan in place demonstrating how you will ensure a minimum of 90% of neonatal and paediatric medical staff who attend neonatal resuscitations have a valid resuscitation council NLS certification by year 7 of MIS and ongoing.	JL/AM/SW	Monthly monitoring and annual forecasting in place to achieve	Monthly		All documents to include annual dates of training; agenda's, scenarios, record of attendance, rolling compliance	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24

Safety action 9:
Can you demonstrate that there is clear oversight in place to provide assurance to the Board on maternity and neonatal, safety and quality issues?

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA9 Guidance

Reporting period: 2 April 2024 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
9.1	Are all Trust requirements of the Perinatal Quality Surveillance Model (PQSM) fully embedded (including the following)?	*JL*	*Fully embedded*	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
9.1	Has a non-executive director (NED) has been appointed and is visibly working with the Board safety champion (BSC)?	*JL/SR*	*Fully embedded*	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	*LMNS*	*30/11/24*
9.2	Is a review of maternity and neonatal quality and safety undertaken by the Trust Board (or an appropriate trust committee with delegated responsibility) at every meeting using a minimum data set, and presented by a member of the perinatal leadership team to provide supporting context.	JL	Fully embedded	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.3	Does the regular review include a review of thematic learning informed by PSIRF, themes and progress with plans following cultural surveys or equivalent, training compliance, minimum staffing in maternity and neonatal units, and service user voice feedback.	JL/DC	Fully embedded	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.4	Do you have evidence of collaboration with the local maternity and neonatal system (LMNS)/ICB lead, showing evidence of shared learning and how Trust-level intelligence is being escalated to ensure early action and support for areas of concern or need, in line with the PQSM.	JL	Cases presented and shared; evidence via QSSG/LMNS; standard agenda item on bi-monthly meetings with LMNS	Bi-monthly		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.5	Ongoing engagement sessions with staff as per year 5 of the scheme. Progress with actioning named concerns from staff engagement sessions are visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users from no later than 1 July 2024.	JL/AM/DC		**30/06/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.6	Is the Trust's claims scorecard is reviewed alongside incident and complaint data and discussed by the maternity, neonatal and Trust Board level Safety Champions at a Trust level (Board or directorate) meeting quarterly (at least twice in the MIS reporting period)?	JL	To be included in September and November 2024 BoD report	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.7	Evidence in the Trust Board minutes that Board Safety Champion(s) are meeting with the Perinatal leadership team at a minimum of bi-monthly (a minimum of three in the reporting period) and that any support required of the Trust Board has been identified and is being implemented.	JL	Fully embedded	**30/11/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24
9.8	Evidence in the Trust Board (or an appropriate Trust committee with delegated responsibility) minutes that progress with the maternity and neonatal culture improvement plan is being monitored and any identified support being considered and implemented.	JL/MS	Perinatal and culture leadership completed by quad; cultural conversations held and improvement plan produced for monitoing via MatNeo Assurance Meeting	**31/12/24**		*All evidence uploaded to NHS future platform as evidence*	All evidence uploaded to NHS future platform and reviewed by the LMNS with sign off approved	LMNS	30/11/24

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?

Safety action Lead(s):
Jo Lavery (JKL); Mustafa Sadiq (MS), Katherin

Link to SA10 Guidance

Reporting period: 8 December 2023 until 30 November 2024

	Requirement	Lead	Actions/progress	Update due	Compliance status	Supporting evidence	Location of evidence	Evidence signed off by	Date of sign-off
10.1	Have you reported of all qualifying cases to MNSI from 8 December 2023 to 30 November 2024.	*DC*	*At review 31/3/2024 all cases reported*	*Quarterley*		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	*CG working folder*		
10.2	Have you reported of all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 until 30 November 2024.	DC	At review 31/3/2024 all cases reported	Quarterley		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme	DC	At review 31/3/2024 all eligible families have received DOC	Quarterley		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.4	Has 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.	DC	At review 31/3/2024 all eligible families have received information	Quarterley		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.5	Has Trust Board had sight of Trust legal services and maternity clinical governance records of qualifying MNSI/ EN incidents and numbers reported to MNSI and NHS Resolution.	DC	Updates provided at monthly reports	Monthly		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.6	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme?	DC	Provided to BoD at final sign off	**30/11/24**		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.7	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	DC	Provided to BoD at final sign off	**30/11/24**		*Compliant at Q4 23/24, Q1, Q2 24/25 (Jan - September 2024); Evidence submitted to NHS Platform*	CG working folder		
10.8	Have you completed the field on the Claims reporting wizard (CMS), whether families have been informed of NHS Resolution's involvement, completion of this will also be monitored, and externally validated.	JL		**30/11/24**		Evidence review for external validation			

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 6

Prepared and Presented by:
Jo Lavery (Director of Midwifery) & Mustafa Sadiq (Clinical Director for Maternity Services)

10th January 2025 - Maternity and Neonatal Assurance Meeting
16th January 2025 - Patient Safety Quality Board (PSQB)
16th January 2025 - Quality Committee
29th January 2025 - Board of Directors

Introduction to MIS Year 6

- To provide an oversight of how the ten safety actions have been achieved at Wirral University Teaching Hospital and details of the evidence
- To demonstrate overall assurance to the Board of Directors compliance with the ten CNST Safety Actions detailed in the Maternity Incentive Scheme (Year 6)
- The LMNS assurance Board signed off compliance with MIS year 5 in December 2023 for WUTH and communicated to the ICB for sign off
- To seek Board of Directors approval today and permission to support the sign off before the final submission to NHS Resolution by 12 noon on 3rd March 2025. The following conditions apply:-
    - Trusts must achieve all ten safety actions
    - The declaration form is submitted to the Trust Board today with this presentation detailing position and progress with the maternity safety actions by the Director of Midwifery and Clinical Director
    - The LMNS/ICB representation will be in attendance to confirm oversight by the governance structure/BoD
    - The Board of Directors give permission following today's meeting to the CEO to sign the Board declaration form prior to submission to NHS Resolution
    - In addition to the CEO of the Trust the accountable officer for the ICB will also apprise the safety actions evidence and declaration form
- To provide an update to Board on the MIS scheme in Year 7 and any potential changes

Safety Actions Summary Table

Wirral University Teaching Hospital
NHS Foundation Trust

Safety Action	Detail	RAG Rate
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?	
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	
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?	
4	Can you demonstrate an effective system of clinical* workforce planning to the required Safety Action?	
5	Can you demonstrate an effective system of midwifery workforce planning to the required Safety Action?	
6	Can you demonstrate compliance with all six elements of the Saving Babies' Lives care bundle Version 3?	
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	
8	Can you evidence local training plan is in place to ensure that all six core modules of the Core Competency Framework to include all three elements?	
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?	
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?	

Safety Action 1 - Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths from 8 December 2023 to 30 November 2024 to the required standard?

Safety Action Met

- All notifications are made, and surveillance forms submitted using the MBRRACE-UK reporting website
- The service is using the PMRT tool to review the care and all reports are generated via the PMRT
- Reports are available via the Women and Children's Divisional Clinical Governance Team.
- The Trust board has received updates via the quarterly report evidencing that PMRT has been used to review eligible perinatal deaths and that all required Safety Actions have been met
- NHS Resolution will use data from MBRRACE-UK/PMRT to cross reference again the Trusts certification

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

Safety Action Met

Wirral University Teaching Hospital
NHS Foundation Trust

MSDS (Available Live):-

Confirmation of a Maternity Information System & framework reported to NHSE using the self-declaration form

- Criteria 1 - the Trust has reached the threshold of 10 out of 11 Clinical Quality Improvement Metrics (CQIMs) and have passed the data quality criteria (evidence uploaded)
- Criteria 2 – the Trusts data demonstrated data contained a valid ethnic category (Mother) for at least 90% of women booked in month

- The Trust submission was submitted for July 2024 data by the end of October 2024
- The submission return has been confirmed as compliance and live evidence reviewed

Safety Action 3 - Can you demonstrate that you have Transitional Care (TC) services in place and undertaking quality improvements to minimise separation of parents and their babies

Safety Action Met

Wirral University Teaching Hospital NHS Foundation Trust

- Transitional Care (TC) was implemented in 2018 jointly both the maternity and neonatal team with a focus on minimising separation of mother and babies with both teams involved in decision making and care planning
- There is an explicit staffing model
- The policies have been fully embedded with auditable Safety Actions and quarterly audits
- An explicit staffing model is in place to ensure TC has 24/7 cover with a Band 4/NNU support on the maternity ward. Local policy of TC admission criteria is based on BAPM framework
- By 6 months into the MIS year 6 scheme (end of September 2024) a quality improvement project has been registered with WUTH and the LMNS
- Updates have been provided to the LMNS and Safety Champions regarding development and progress

Safety Action 4 - Can you demonstrate an effective system of clinical workforce planning to the required standard?

Safety Action Met

a) Obstetric medical workforce
- Commitment to the RCOG workforce document is demonstrated within the Obstetric Staffing Levels policy
- The trust is monitoring attendance of consultants for appropriate clinical situations as outlined by the RCOG through monthly audits

b) Anaesthetic medical workforce
- A duty Anaesthetist is available for the obstetric unit 24 hours a day as evidenced in rosters

c) Neonatal medical workforce
- The neonatal unit required improvement to meet BAPM national standards of medical staffing in MIS year 5 and an action plan was developed
- The action plan has been shared with the LMNS and ODN with recruitment to deliver to BAPM standards to meet Safety Action 4 in MIS Year 6

d) Neonatal nursing workforce
- The neonatal unit meets the service specification for neonatal nursing as evidence via workforce and evidenced within rosters and neonatal workforce report presented to BoD

Safety Action 5 - Can you demonstrate an effective system of midwifery workforce planning to the required standard?
Safety Action Met

- Birth-rate plus was completed in 2021 with a full report (summary submitted to Board of Directors) to calculate midwifery staffing establishment and a review in Spring 2022
- The Birth-rate plus process is currently underway and report expected early 2025
- The Board of Directors via reports has been provided evidence of midwifery staffing recommendations from Ockenden and funded establishments; current budgets and establishments reflect the findings of BR Plus
- The delivery suite co-ordinator has supernumerary status to ensure there is oversight of all birth activity within the service at the start of each shift. Clear escalation plans are available and have been reported to BoD via the workforce report
- All women in active labour receive one-to-one care (reported 100%)
- A midwifery staffing oversight report that covers staffing and safety issues has presented to the Board at least every 6 months during the MIS Year ^ reporting period (presented to BoD Feb 2024 and September 2024)

Safety Action 6 - Can you demonstrate that you are on track to fully implement all elements of the Saving Babies Lives Care Bundle Version 3 Safety Action Met

Saving Babies' Lives is designed to tackle stillbirth and early neonatal death and a significant driver to deliver the ambition to reduce the number of stillbirths, bringing six elements of care together:-

- Assurance has been given to the BoD via the implementation tool on at least three occasions the compliance with SBLv3 and identified quality improvement discussions
- Quarterly meetings have been held with the LMNS/ICB and utilisation of the new national implementation tool with evidence uploaded via the NHS Future Platform
- Using the national implementation tool and following review of all evidence by the LMNS/ICB WUTH have demonstrated implementation of 89-97% interventions across all 6 elements overall

Safety Action 7 – Listen to women, parents and families using maternity and neonatal services to coproduce services with users (MNVP)

Safety Action Met

NHS Wirral University Teaching Hospital NHS Foundation Trust

- Close relationship with maternity team and MNVP lead – weekly meetings
- Quarterly meetings and annual report
- Action plan co-produced following CQC maternity survey
- Direct communication pathway with senior midwifery team
- MNVP Chair is member of safety champions and progress monitored via forum
- 15 steps annually with service users
- Remuneration and expenses paid
- Action plan and work plan jointly produced; CQC noted outstanding practice as part of inspection
- Supporting women and families receiving bereavement and neonatal care as well as BAME background

Safety Action 8 - Can you evidence the three elements of local training plans and in house one day multi-disciplinary training?

Safety Action Met

- A local training plan is in place to ensure that all six core modules of the Core Competency Framework (V2) and has been agreed with all stakeholders
- Fetal monitoring surveillance (antenatal and intrapartum):- WUTH has demonstrated >90% compliance for 2024
- Maternity emergencies and multi-professional training:- WUTH has demonstrated >90% compliance for 2024
- Neonatal Lift Support:- WUTH has demonstrated >90% compliance for 2024

Safety Action 9 - Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal quality safety issues? Safety Action Met

- The dashboard is produced locally monthly and includes; the number of incidents reported as serious harm, themes identified, and actions being taken to address any issues; staff feedback from frontline champions' engagement sessions; minimum staffing in maternity services and training compliance
- The Perinatal Quality Surveillance Model is reported as evidence monthly at Trust Board
- Perinatal deaths are reported in the quarterly learning from death reported to Trust Board
- A comprehensive maternity report is reported to the Board of Directors monthly and monitors trends including PSIRF framework, MNSI and PSII's
- Safety Board Champions undertake quarterly engagement sessions to include a visible Maternity and Neonatal Board Safety Champion supporting the leadership team

Safety Action 10 – Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations Special Health Authority (MNSI) and to the NHS Resolution's Early Notification (EN) scheme from 8 December 2023 to 330 November 2024?

Safety Action Met

Wirral University Teaching Hospital NHS Foundation Trust

- All qualifying cases have been reported to MNSI from 8/12/23-30/11/24
- Report from HSIB / MNSI evidences the safety action has been met
- All qualifying EN cases have been reported to NHS from 8/12/23-30/11/24
- The Trust Board has had sight of details for all qualifying cases via the quarterly maternity update report along with evidence that families have received information on the role of MNSI and EN scheme
- No cases are currently reporting exceptions
- Compliance with duty of candour can be evidenced and promoted with openness and honesty at all levels as an integral part of safety culture

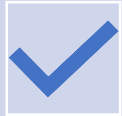
Conclusion

Wirral University Teaching Hospital
NHS Foundation Trust

- Wirral University Teaching Hospital (WUTH) is compliant with MIS Year 6 and demonstrates all the Safety Actions have been met
- The Women's & Children's divisional clinical governance and wider identified team members have collated all the evidence for each of the ten Safety Actions and can be accessed/reviewed providing assurance of compliance. All evidence has been reviewed by the LMNS/ICB on the NHS Future Platform and confirmed written compliance
- The frequency of board assurance for compliance with the scheme has been demonstrated via the Maternity Quarterly Reports to the Board of Directors
- The process to demonstrate compliance has been fulfilled including:-
  - Maternity and Neonatal monthly assurance meetings: Chief Nurse and Non-Exec Maternity Safety have been present and provided assurance of all the evidence collated
  - Presented at Patient Safety Quality Board (PSQB)
  - Divisional Quality Board (DQB)
  - Presented to Quality Committee followed by Board of Directors with the ICB/LMNS present
- The declaration form to be signed by both CEO and the Accountable Officer of Clinical Commissioning Group/Integrated Care System before submission by 12 noon on 3rd March 2025

Recommendations

Wirral University Teaching Hospital
NHS Foundation Trust



The Board of Directors approve and give permission for the Trust to sign off compliance with Year 6 of the scheme

Final submission of all the evidence supporting and demonstrating compliance with all 10 Safety Actions will be by 12 noon on 3rd March 2025 using a specific notification template which will be signed off by the Chief Executive Officer

I 💘 being a midwife....

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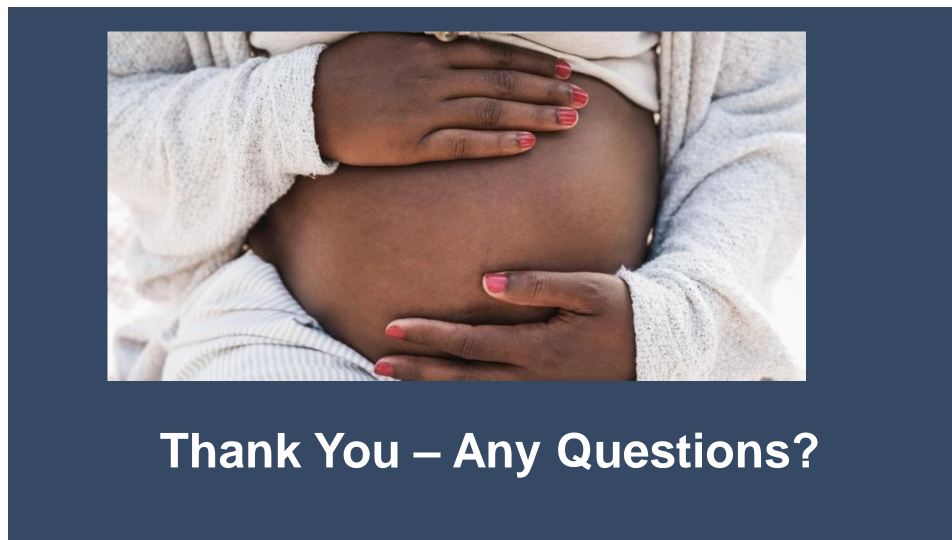
Thank You – Any Questions?

Appendix 3 - Perinatal Clinical Surveillance Quality Assurance Report

Theme	Detail of metrics used for WUTH Perinatal Quality and Safety Model (PQSM)	Number	RAG	Narrative / Actions taken
Clinical Care	Number of stillbirths	1		37 week term IUD, attended with Reduced fetal movements; no care issues identified ; REC in progress; No MNSI
	Number of neonatal deaths (before 28days) at WUTH	1		Pre-term death, REC in progress; PMRT process
	Number of maternal deaths (up to 28 days following delivery)	0		No maternal deaths
	Post partum haemorrhage >1500mls	6		All reviewed via CIF process; no issues in care identified
	Rates of HIE where improvements in care may have made a difference to the outcome	0		No HIE
	Number of occasions where the Delivery Suite Coordinator is not supernumerary at start of shift	0		Maintain shift leader to be superuser at start of shift and throughout as best practice
	Number of times when the Delivery Suite Coordinator is not supernumerary for a period of one hour or more during a shift	0		Maintain shift leader to be supernumery at start of shift and throughout as best practice
	% Compliance of 1:1 care in labour	100%		Data captured via 4 hourly BR Plus activity/acuity, achieved 100% of time, escalation processes followed to revert to supernumerary status within 1 hour
	%Consultant presence at delivery when indicated (as per RCOG Guidance)	100%		Monthly audit as per RCOG guidance and guidance updated to reflect RCOG; submitted as part of MIS Year 6
	Midwifery staffing is below BR+ Acuity	Yes		P/N Ward acuity consistently in the Red RAG rating for acuity/activity; BR Plus report awaited
	Midwifery staff absence rate in month (sickness)	7.20%		Trust processes implemented and additional support offered by HR for hot spot areas; above Trust recommended target
	Midwifery vacancy rate	<2%		Low vacancy rate consistently reported; 2.11wte vacancy
	Midwife : Birth ratio	01:26		Within parameters
	Number of times transfer in to the Neonatal unit for Level 3 care has been declined to internal transfer	0		Nil
	Number of times transfer in to the Neonatal unit for Level 3 care has been declined to external transfer	0		Nil
	BAPM compliance - Neonatal medical staff	No		Action plan from MIS Year 5 met and additional consultant recruited to meet 24/7 consultant cover in 2025; will be required for MIS Year 7
	BAPM compliance - Neonatal nursing staff	Yes		Workforce report to BoD annually demonstrates compliance
	Number of times Maternity unit has been on divert/closed to admissions	0		Nil
	Total number of Red Flags reported	19		See report
Service user &	Staff survey	37%		Divisional compliance for 2024 staff survey 37%, midwifery staff groups below national average, requires improvement
	CQC National survey	Yes		Published and action plan in place; repeat due Feb 2025; report to BoD at next quarterly report
	SCORE Survey	Yes		Participated in 2024; facilitated workshops and ongoing action plan
	Feedback via Deanery, GMC, NMC	No		Nil of note
	%Consultant presence at delivery when indicated (as per RCOG Guidance)	100%		Monthly audit as per RCOG guidance and guidance updated to reflect RCOG; submitted as part of MIS Year 6
Leadership and relationships	New leadership within or across maternity and/or neonatal services	Yes		Delivery Suite Manager and Ward Manager Band 7 posts out to recruitment; interim measures in place
	Concerns around the culture / relationships between the Triumvirate and across perinatal services	Nil		Good working relationships between teams / directorates
	False declaration of CNST MIS	No		Achieved MIS Year 5 and robust governance to sign off compliance for MIS Year 6
	Concerns raised about other services in the Trust impacting on maternity /neonatal services e.g. A&E	No		Nil of note
	Concerns raised about a specific unit e.g. Highfield Birthing Unit	Yes		Maternity ward concerns re: staff attitude, poor food options and inadequate pain relief; action plan and close weekly monitoring; co-production with MNVP
Safety and learning culture	Lack of engagement in MNSI or ENS investigation	No		Positive feedback quarterly review meetings and transparency through number of rejected cases
	Lack of transparency	No		Robust governance processes
	Learning from PSII's, local investigations and reviews not implemented or audited for efficacy and impact	No		Learning shared internally and via MNSG (NW region)
	Learning from Trust level MBRRACE reports not actioned	No		Nil of note
	Maternity/Neonatal Safety Champion concern; negative feedback; escalation	Nil		Regular safety champion meetings and walkabouts; all feedback actioned and feedback given
	Recommendations from national reports not implemented	Yes		CQC inspection publication action plan in progress to address quality improvements in line with recommendations; report to BoD quarterly progress
Incident reporting	Number of PSIRF reported incidents graded moderate or above	-		Reporting from Jan 2025
	Number of Maternity or Neonatal PSII's	0		Robust PSIRF framework followed
	Number of cases referred to MNSI	0		x 4 ongoing cases
	Delays in reporting a PSSI where criteria have been met	0		N/A
	Never Events which are not reported	0		N/A
	MNSI/NHSR/CQC with a concern raised or a request for information	0		N/A
	Recurring Never Events indicating that learning is not taking place	0		N/A
	Poor notification, reporting and follow up to MBRRACE-UK, NHSR ENS and HSIB	0		N/A
Governance processes	Unclear governance processes / Business continuity plans not in place	Nil		Clear governance processes in place following PSIRF; awaiting revised publication for maternity services expected 2025; LMNS feedback required assurance of governance referrals to external organisations are made by maternity MDT team and not central governance
	Ability to respond to unforeseen events e.g. pandemic, local emergency	Yes		Maternity and Neonatal services responded to a major incident with
	Number of maternity/neonatal risks on the risk register overdue	0		
	Number of maternity/neonatal risks on the risk register with a score >12	11		NNU estates and IPC - plans to address; all reviewed up-to-date with mitigation and actions
CQC inspection and DHSC or NHSE/I request for support	DHSC or NHS England Improvement request for a Review of Services or Inquiry	No		Nil to report this month
	Coroner Regulation 28 made direct to Trust	No		CQC reports published in April 2023 'GOOD' for maternity services
	An overall CQC rating of Requires Improvement with an Inadequate rating for either Safe and Well-Led or a third domain	No		N/A
	CQC Rating overall	GOOD		N/A
	Been issued with a CQC warning notice	No		N/A
	CQC rating dropped from a previously Outstanding or Good rating to Requires improvement in the safety or Well-Led domains	No		N/A
	Been identified to the CQC by HSIB with concerns	No		N/A

Red indicates not-compliant
Amber indicates partial compliance / work underway
Green indicates meets compliance
Blue indicates for information and no metric parameter