

<b>Agenda Item No:</b>	<b>10</b>
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<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	10 January 2024
<b>Subject:</b>	<b>Maternity Incentive Scheme (Year 5)</b>
<b>Director Sponsor:</b>	Heather McNair, Director of Midwifery
<b>Author:</b>	Becky Case, Local Maternity and Neonatal System (LMNS) Lead

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

This report outlines the current assurance in place and further steps to be completed by maternity teams within Trusts prior to the submission of the Year 5 Maternity Incentive Scheme (MIS). The extremely tight timescales from last data collection, internal review, LMNS review and then board and ICB sign off are described within.

Currently of 4 Trusts, 2 are intending to declare compliance, and 2 will declare non-compliance.

The Board can be assured that the LMNS, on behalf of the ICB, have oversight of all the required reporting aspects, have booked the appropriate review meetings during January 2024 and will assure submissions against the required standards on the basis of the information provided by Trusts.

Further information and updates in terms of individual trusts will be provided to the next board meeting.

**RECOMMENDATIONS:**

The board is requested to provide delegated authority to the Executive Director of Nursing and Quality for assuring against the compliance and achievement of trusts within the Maternity Incentive Scheme.

**ICB STRATEGIC OBJECTIVE**

Managing Today



Managing Tomorrow



Enabling the Effective Operation of the Organisation

**IMPLICATIONS**

Finance

The MIS is a key part of the Clinical Negligence Scheme for Trusts (CNST); submission of non-compliance reports against the standards means a significant financial loss. The LMNS will support non-compliant organisations to bid for available funds as described on page 2 of the report.

Quality

The requirements of the Maternity Incentive Scheme are all designed to support improvements in both quality and safety. Improved compliance against the MIS standards, including the Saving Babies Lives Care Bundle v3, means consequential improvement in the quality of care.

HR

Positive reporting against these standards produces a positive working environment and culture; with reduced workforce availability, being able to provide a good working environment is key.

Legal / Regulatory

N/A

Data Protection / IG

N/A

Health inequality / equality

N/A

Conflict of Interest Aspects

N/A

Sustainability

N/A

**ASSESSED RISK:**

As described above, this scheme is a key part of several that are supporting improvements in quality and safety in maternity and neonatal care. Together these mitigate clinical risks, whilst supporting income flow directly into these areas.

The top three LMNS risks are currently:

1. Provision of Maternal Mental Health Services
2. Workforce recruitment and retention (particularly in midwifery)
3. Achievement of Year 5 CNST requirements (as per this paper)

**MONITORING AND ASSURANCE:**

A further update of Trusts final positions will be communicated once submissions are completed on 01/02/2024.

**ENGAGEMENT:**

All LMNS and Trust work is coproduced with the support of the Maternity and Neonatal Voices Partnership groups across Humber & North Yorkshire.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption.

## Summary – Clinical Negligence Scheme for Trusts; Maternity Incentive Scheme Year 5 (2023)

### Humber & North Yorkshire Local Maternity & Neonatal System (LMNS) (on behalf of HNY Integrated Care Board)

#### Summary of requirements

- Year 5 of the Maternity Incentive Scheme builds on previous years requirements. A set of 10 safety actions (standards) are defined with all Trusts working to meet these and then self-certify their compliance each year. The scheme is supported by NHS England, relevant clinical and professional bodies and the Care Quality Committee among others. [Detail of the process can be found here.](#)
- The 10 safety actions cover areas also referenced in the Maternity & Neonatal 3-year Strategic Plan and similar mandated recommendations including; accurate and comprehensive data collection, reviews of perinatal deaths with input from appropriate stakeholders, use of transitional care with neonates, workforce planning, evidencing listening to service users, training and board assurance. Additionally, progress of compliance with the 6 elements of the Saving Babies Lives Care Bundle (v3) must be evidenced. [Detail on this here.](#)

#### Submission dates

- The final date for data to be submitted for inclusion in the scheme metrics was 7<sup>th</sup> December 2023.
- The NHS Resolution submission portal closes at midday on 1<sup>st</sup> February 2024. Trusts must submit a board validated return as to their agreed position at this point.

#### Process of validation/assurance

- Following data submission, the data is collated and validated by Trusts (during December), evidence must be taken to Trust Boards (during January), and then this is assured by the HNY LMNS on behalf of the ICB prior to submission. Where necessary to meet this requirement Trusts are holding extraordinary board meetings to review their evidence. The LMNS have had meetings throughout this year to review ongoing evidence provision. The last of these are booked with the LMNS leads and all Trust maternity and neonatal leadership teams at the start of January 2024 to review the evidence going to boards.
- The LMNS on behalf of the ICB will further assure submissions after the Board reviews and will be able to then describe the validated position for each. The current unvalidated position is:
  - Harrogate and District NHS Foundation Trust; **anticipate compliance** with all 10 actions. LMNS check and challenge meeting booked for 23/01/2024.
  - Hull University Teaching Hospitals NHS Trust; **anticipate non-compliance overall** with only 7/10 actions meeting requirements.

- Northern Lincolnshire & Goole NHS Foundation Trust; **anticipate compliance** with all 10 actions. LMNS check and challenge meeting booked for 26/01/2024.
- York & Scarborough Teaching Hospitals NHS Foundation Trust; **anticipate non-compliance overall** with only 07/10 actions meeting requirements.

The two Trusts not submitting compliant plans will be required to put in a submission describing their current status by 1<sup>st</sup> February 2024; along with action plans for actions not compliant. The LMNS will also review these plans and offer oversight, challenge and support as appropriate.

## **Supporting Finance/Compliance information from NHS Resolution guidance**

### [Maternity incentive scheme - NHS Resolution](#)

‘The MIS applies to all acute Trusts that deliver maternity services and are members of the CNST. As in previous years, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund.

‘The scheme incentivises ten maternity safety actions as referenced in previous years’ schemes. **Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution relating to the CNST maternity incentive fund and will also receive a share of any unallocated funds.**

‘**Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund but may be eligible for a small discretionary payment from the scheme to help to make progress against actions they have not achieved.** Such a payment would be at a much lower level than the 10% contribution to the incentive fund.’

‘The declaration form is submitted to Trust Board with an accompanying joint presentation detailing position and progress with maternity safety actions by the Director of Midwifery/Head of Midwifery and Clinical Director for Maternity Services.

‘The Trust Board must give their permission to the CEO to sign the Board declaration form prior to submission to NHS Resolution. Trust Board declaration form must be signed by the Trust’s CEO. If the form is signed by another Trust member this will not be considered.’

A schedule was initially put in place that would see the provider board consideration and approval achieved prior to the end of December 2023 so that the ICB board could receive the declarations of compliance, actions to address non-compliance and gain assurance around the process of validation by the LMNS and the ICB Director of Midwifery. Given the effects of both industrial action and ongoing discussion with NHS Resolution due to the changing positions of providers over the course of the last few months, the governance processes have not been completed in full in time for the ICB to receive this detailed information prior to the February submission to NHS Resolution.

We therefore request of the board to provide delegated board authority for Board declaration sign off to the Executive Director of Nursing and Quality, Teresa Fenech with a view to assuring on behalf of board the following:

- \* The evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in [safety actions and technical guidance document](#) and that the self-certification is accurate within the [Maternity Incentive Scheme](#)
- \* There are no reports covering either **this year (2023/24) or the previous financial year (2022/23)** that relate to the provision of maternity services that may subsequently provide conflicting information to the board's declaration.
- \* The Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B of the Maternity Incentive Scheme
- \* To meet with the expectation that trust Boards have self-certified the trust's declarations following consideration of the evidence provided. Where subsequent verification checks demonstrate an incorrect declaration has been made, this may indicate a failure of board governance which the Steering group will escalate to the appropriate arm's length body/NHS System leader.

A full report will be provided to the ICB in February 2024.