

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.50

## ASSURANCE STATEMENT: MATERNITY SAFER STANDARDS

Presented by	Karen Dawber, Chief Nurse		
Author	Tanya Claridge, Director of Governance and Corporate Affairs		
Lead Director	John Holden, Acting Chief Executive		
Purpose of the paper	To provide the Committee with a summary of the assurances received in relation to the Maternity Safer Standards Submission 19/20		
Key control	This paper is a key control for the strategic objectives to provide outstanding care for our patients and to deliver our financial plan and performance targets		
Action required	To note		
Previously discussed at/informed by	Board of Directors		
Previously approved at:	Committee/Group	Date	
	Quality Committee	24.07.19	

### Key Options, Issues and Risks

The Board of Directors requested an assurance process to be undertaken in relation to the proposed submission of the evidence and statements associated with the Safer Standards of Maternity Care.

The Government has set a target of halving the rates of stillbirths, neonatal and maternal deaths, and brain injuries associated with delivery, by 2025. The first milestone in achieving that target is an expectation of a 20% reduction by 2020. Towards this aim, NHS Resolution last year introduced an incentive scheme under which NHS trusts with maternity units who met 10 criteria, or safety actions, agreed by the National Maternity Champions were eligible for a 10%+ rebate of their CNST maternity contributions.

The terms for the second year of the scheme seek to build upon the achievements of the first year. The criteria were refined, although the core requirements remain very similar.

The 10 criteria are as follows:

1. Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?
2. Are you submitting data to the Maternity Services Data Set to the required standard?
3. Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme (ATAIN)?
4. Can you demonstrate an effective system of medical workforce planning to the required standard?
5. Can you demonstrate an effective system of midwifery workforce planning to the required standard?
6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
7. Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?
8. Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?
9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?
10. Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme

While evidence is not required to be submitted with declarations, some criteria are subject to external verification, such as against MBRRACE-UK data. Submissions will also be 'sense checked' with the CQC.

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### Analysis

The Chief Nurse has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the Safer Maternity Standards, but requested that the Director of Governance and Corporate Affairs assured the proposed submissions.

The assurance was secured through a range of sources systematically and consistently to enable an independently verified submission to be incorporated within a robust governance process through the Quality Committee.

Every area of submission was reviewed and the evidence to support the compliance statement was reviewed. Additional assurance was sought in relation to the submission to the MSDS from the Chief Digital and Information Officer, the elements relating to workforce planning (and submissions to the Workforce Committee reviewed), and in relation to coding of admissions into the neonatal unit.

An area of concern, which relates to the way in which the National Perinatal Mortality Review Tool is populated was identified in relation to the discussion with families about their involvement in the review. It was identified that if the field is completed when the action in relation to their involvement has not been completed (during the notification) it cannot then be amended once the discussion has been held with the family. These are sensitive discussions and require handling appropriately. It was agreed that a statement would be made confirming compliance with the requirement as this can be evidenced through other documentation.

The evidence compiled has been a significant piece of work and the Head of Midwifery should be commended. The evidence is suggestive of compliance with all standards.

### Recommendation

The Board of Directors is asked to note the assurance statement in its deliberations in relation to its delegated responsibility in relation to assurance associated with compliance with the standards

### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors						
Agreed General risk appetite (G)						

<b>Benchmarking implications</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Good Governance</b>
<b>NHS Improvement Effective Use of Resources: All Key lines of enquiry</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's Committee:</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>