

Report To:	Group Board		
Date of Meeting:	N/A		
Report Title:	North Bristol Trust Maternity Incentive Scheme Year 7		
Report Author:	Julie Northrop Divisional Director of Midwifery and Nursing Lauren Oakes, Programme Manager		
Report Sponsor:	Prof. Steve Hams, Group Chief Nursing and Improvement Officer		
Purpose of the report:	Approval	Discussion	Information
	x		
	The purpose of this report is to provide assurance that North Bristol NHS Trust Perinatal Services are compliant with each of the ten safety actions within the NHS Resolution Maternity Incentive Scheme Year 7.		
Key Points to Note <i>(Including any previous decisions taken)</i>			
<p>North Bristol NHS Trust is submitting a position of compliance, with supporting evidence against each of the ten safety actions outlined within the NHS Resolution Maternity Incentive Scheme (MIS) Year 7.</p> <p>A review of the evidence took place on 16th December 2025 which was inclusive of Executive and Non-Executive Directors. The position of compliance against each safety action and supporting evidence was approved noting that the February 2026 Trust Board minutes would complete the remaining MIS evidence requirements.</p> <p>The MIS Year 7 includes requirements for the Trust Board minutes, any outstanding requirements are captured within the recommendation section of this report.</p>			
Strategic and Group Model Alignment			
<p>The NHS Resolution Maternity Incentive Scheme is part of the Clinical Negligence Scheme for Trusts (CNST) and now in Year 6 of publication. The scheme incentivises ten maternity safety actions, Trusts that can demonstrate they have achieved all ten of the safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds.</p> <p>North Bristol NHS Trust and University Hospitals Bristol and Weston are reviewing reporting and governance processes within the Maternity Incentive Scheme to ensure alignment across both Trusts.</p>			
Risks and Opportunities			
<p>There are no financial implications associated with this paper.</p> <p>There are no Trust Level Risks associated with this paper.</p>			
Recommendation			
This report associated evidence and the recommendations for Trust Board within this report are for approval.			

North Bristol NHS Trust is submitting a position of compliance against each of the ten safety actions and their sub requirements within the Maternity Incentive Scheme (MIS) Year 7. The supporting evidence against each of the ten safety actions has been subject to scrutiny at a Divisional Management Quality Governance and an Executive Director and Non-Executive Director in-depth review session ahead of consideration by Trust Board in February 2026.

Trust Board are asked to approve and minute the below recommendations (MIS requirements):

Safety Action 4: Demonstrate an effective system of clinical workforce planning to the required standard

- An audit of 6 months of activity for meeting the Royal College of Obstetricians and Gynaecologists (RCOG) criteria of employing short term locums was undertaken from February 2025 to August 2025. One of the criteria requirements were met by all employed short term locums.
- North Bristol Trust does not employ any long-term locums however a SOP, in alignment with the RCOG guidance on engagement of long-term locums should this change.
- Consultant attendance in person to the clinical situations listed within the workforce document 'Roles and Responsibilities of the Consultant providing acute care in obstetrics and gynaecology' is monitored and reported by exception via the Perinatal Quality Surveillance Matrix. North Bristol Trust also has a SOP in place should any episodes of non-attendance occur.
- The Neonatal Medical workforce is in line with the British Association of Perinatal Medicine (BAPM) national standards of medical staffing.
- The Neonatal Nursing workforce does not currently meet the BAPM national standards of nurse staffing. NBT are able to remain compliant via an action plan that demonstrates progress on previous years. The action plan has been signed off by Trust Board (Quality and Outcomes Committee October 2025), the Local Maternity and Neonatal System and the Neonatal Operational Delivery Network (ODN).

Safety Action 8: Local training plans and 'in house', one day multi professional training

- For rotational medical staff that commenced work in obstetrics on or after July 1st 2025 an action plan is in place to ensure they complete fetal wellbeing training within 6 months of starting at the Trust. Those that have not attended are due to have completed the training by the end of January 2026. Where mitigating doctors are excluded final compliance for this staff group is 93% (target 90%).

Safety Action 9: Clear oversight in place to provide assurance to the Board on maternity and neonatal safety and quality issues

- A Non-Executive Director has been appointed and is visibly working with the Board Safety Champion through Trust and Divisional level governance processes and work plans.
- The Board Safety Champions have met with the Perinatal Leadership team and the MNVP lead three times within the MIS Year 7 reporting period (a minimum of three times required) and any support required of the Trust Board has been identified and is being implemented.

Safety Action 10: Maternity and Newborn Safety Investigations (MNSI) and NHS Resolution Early Notification (EN) Scheme

- Trust Board have had sight of Trust Legal services and maternity clinical governance records of qualifying MNSI/EN incidents, and the numbers reported to MNSI and NHS Resolution.
- Trust Board have had sight of evidence that the families have received information on the role of MNSI and NHS Resolution EN Scheme via Duty of Candour letters.
- Trust Board have had sight of evidence of compliance with the statutory duty of candour (appendix 2).

The Trust Board are asked to approve the proposed Declaration of Compliance for the Maternity Incentive Scheme Year 7 in view of considering the above recommendations and supporting evidence.

History of the paper (details of where paper has previously been received)

Private Trust Board	10 February 2026
Appendices:	Appendix 1: NHR MIS Declaration Form FINAL (to be signed by NBT CEO and ICB AO) Appendix 2: MIS Year 7 Evidence Review Pack

1. Purpose

- 1.1 The purpose of this paper is to share the requirements of the Maternity Incentive Scheme Year 7 with the Trust and ICB Governance Processes inclusive of Trust Board, Trust Chief Executive Officer and ICB Accountable Officer sign off.
- 1.2 This paper will inform Trust Board of the Declaration of Compliance against each of the safety actions and their sub requirements, complete with the supporting evidence (Appendix 2).

2. Background

- 2.1 The Maternity Incentive Scheme is part of the Clinical Negligence Scheme for Trusts (CNST) that is now in Year 7. The scheme incentivises ten maternity safety actions, Trusts that can demonstrate they have achieved all ten of the safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds.
- 2.2 Trusts that do not achieve compliance for all ten safety actions 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 make progress against actions they have not achieved.
- 2.3 The scheme uses a self-assessment declaration form that must be signed off by the Chief Executive Officer to confirm the Trust Board are satisfied with the evidence provided to demonstrate achievement of meeting each safety action.
- 2.4 The Trust is also responsible for ensuring the Accountable Officer for the ICB is appraised of the MIS safety action evidence.
- 2.5 The relevant reporting period or MIS Year 7 is 1st December 2024 to 30th November 2025. The board declaration form must be sent to NHS Resolution before 12 noon on 3rd March 2026.

3. Declaration of Compliance

- 3.1 NBT is declaring compliance with each of the ten safety actions. This position is supported following an in-depth review of the evidence by the Divisional Management Quality Governance meeting, and Executive and Non-Executive Directors.

4. Safety Action 1: Are you using the Perinatal Mortality Review Tool (PMRT) to review deaths that occurred between 1 December 2024 to 30 November 2025 to the required standard?

- 4.1 NBT are declaring compliance with Safety Action 1, all deadlines with the PMRT have been achieved and this will be externally verified via MBRRACE-UK. The quarterly PMRT reports have been discussed with the Board Level Safety Champion and received by Trust Board.

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

- 5.1 NBT has received confirmation from NHS Digital that safety action 2 has been achieved using the July 2025 data submission.

6. Safety Action 3: Can you demonstrate that you have Transitional Care (TC) services are in place and you are undertaking a quality improvement to minimise separation of parents and their babies?

6.1 NBT are declaring compliance with safety action 3, the neonatal unit is compliant with the British Association of Perinatal Medicine, Transition Care Framework for practice (babies born 34+0 to 36+6). A quality improvement project (QI) was established with the aim of reducing infant mother separation and progress updates have been shared on a regular basis with both the Local Maternity and Neonatal System and Board Safety Champions. The project was registered as a QI project with the Trust in August 2025.

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

- 7.1 NBT are declaring compliance with all clinical workforce requirements within Safety Action 4 for obstetric, anaesthetic, neonatal medical and neonatal nursing workforce.
- 7.2 An audit of short-term locums was undertaken from February to August 2025 to ensure that all short-term locums employed by the unit met the Royal College of Obstetricians and Gynaecologist (RCOG) criteria (middle grade employed and 2 weeks or less). the audit demonstrated that all short-term locums met at least one of three criteria.
- 7.3 There are no long-term locums working within the unit at NBT however processes are in place (including a SOP) to ensure RCOG criteria would be followed should a long-term locum be employed.
- 7.4 Trusts are required to meet at least 80% compliance for consultant attendance in person to the clinical situations listed in the RCOG workforce document for a minimum of 80% of applicable situations. NBT monitor this via exception reporting on the Perinatal Quality Surveillance Matrix where no episodes of non-attendance have been recorded and there is a SOP in place should any episodes of non-attendance occur.
- 7.5 The Anaesthetic Medical workforce meets the required Anaesthesia Clinical Services Accreditation (ACSA) standard 1.7.2.1.
- 7.6 The Neonatal Medical Staffing is in line with the British Association of Perinatal Medicine (BAPM) standards.
- 7.7 The Neonatal Nursing Workforce is not in line with the British Association of Perinatal Medicine (BAPM) standards. The unit remains compliant with the safety action through the associated action plan, demonstrating progress from MIS Year 6 in working towards a position of compliance. This includes a local Qualified in Speciality (QiS) course provider and further increases in numbers of QiS trained nurses. The action plan has been shared and approved by the Local Maternity and Neonatal System (LMNS) and the Neonatal Operational Delivery Network (ODN).

8. Safety Action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

8.1 NBT are declaring compliance with Safety Action 5, the funded establishment is in line with the most recent Birthrate Plus recommended establishment (Birthrate Plus Report July 2022). NBT will receive a new Birthrate Plus report early 2026 following a whole service review throughout 2025.

- 8.2 Supernumerary status of the labour ward co-ordinator and one to one care of all women in labour has been maintained at 100% throughout the MIS relevant reporting period.
- 8.3 The six-monthly midwifery staffing oversight report covering staffing and safety issues was shared with Trust Board (Quality and Outcomes Committee) in October 2025.

9. Safety Action 6: Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies Lives Care Bundle Version 3?

- 9.1 NBT are declaring compliance with Safety Action 6, this is evidenced through the Saving Babies Lives Implementation Tool and quarterly improvement discussions with the ICB.
- 9.2 The Maternity Incentive Scheme Year 7 required the ICB to confirm it is assured that all best endeavours and sufficient progress have been made towards full implementation in line with the locally agreed improvement trajectory.
- 9.3 The ICB have confirmed that 74% of all interventions have been fully implemented as of the end of Quarter 2, 2025 to 2026. This is an increase from the percentage of interventions achieved by Quarter 2 in the previous year. NBT are expected to reach 86% by the end of Q3, 2025 to 2026.
- 9.4 Progress can also be demonstrated through improving robustness of audit programmes (all notes now audited), a number of stretch targets being achieved and a further six areas are now compliant where compliance had not previously been achieved.

10. Safety Action 7: Listen to women, parents and families using maternity and neonatal services and co-produce services with users.

- 10.1 NBT are declaring compliance with Safety Action 7, a funded, user led Maternity and Neonatal Voices Partnership (MNVP) is in place in line with the Three-Year Delivery Plan and MNVP Guidance.
- 10.2 There is an action plan which has been co-produced (inclusive of a joint review of the free text) with the MNVP in response to the annual CQC Maternity Survey, progress with the action plan has been monitored via the Safety Champions and Local Maternity and Neonatal System.

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

- 11.1 NBT is declaring compliance with Safety Action 8, all staff groups as outlined within the Maternity Incentive Scheme have achieved at least 90% compliance for Fetal Monitoring and Surveillance, Maternity Emergencies and Multi-professional training and Neonatal Basic Life Support.
- 11.2 For rotational medical staff that commenced work in obstetrics on or after July 1st 2025 an action plan is in place to ensure they complete fetal wellbeing training within 6 months of starting at the Trust. Those that have not attended are due to have completed the training by the end of January 2026. Where mitigating doctors are excluded final compliance for this staff group is 93% (target 90%).

12. 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?

- 12.1 NBT are declaring compliance with Safety Action 9, the Perinatal Quality Surveillance Model (PQSM) is embedded and presented at Quality and Outcomes Committee at least on a quarterly basis by the Director of Midwifery and Nursing. The Trust has a Patient Safety Incident Response Plan (PSIRP) in place. The Maternity and Neonatal Board Safety Champions work closely with and support the perinatal quadrumvirate.
- 12.2 There is evidence of collaboration with the Local Maternity and Neonatal System including shared learning and trust level intelligence, via LMNS forums.
- 12.3 The Trusts Claims Scorecard is reviewed alongside incident and complaint data and discussed with Board Level Safety Champions on a quarterly basis.
- 12.4 A progress update on the Perinatal Culture and Leadership Programme was shared with Trust Board in October 2025.

13. Safety Action 10

- 13.1 NBT are declaring compliance with Safety Action 10, all qualifying cases have been reported to Maternity and Newborn Safety Investigations (MNSI) programme and the NHSR Early Notification Scheme from 1 December 2024 to 30 November 2025. Duty of Candour letters have been sent to families covering required information and no accessible information requests have been received. Trust Board have oversight of MNSI and EN incidents and sight of compliance with the statutory duty of candour.

14. Summary

- 14.1 NBT are declaring compliance with the Maternity Incentive Scheme Year 7, the proposed position follows monthly divisional scrutiny and an in-depth review of the evidence by the divisional management team, the Group Chief Nursing and Improvement Officer and the Non-Executive Director for NBT (also Board Level Safety Champions).

15. Recommendations

- 15.1 This report, the associated evidence and the recommendations for Trust Board within this report are for approval.
- 15.2 Trust Board are asked to consider and approve the remaining Maternity Incentive Scheme Year 7 requirements (noted within the key points summary of this report) and minute the recommendations.
- 15.3 Trust Board are asked to approve the proposed declaration of compliance with the Maternity Incentive Scheme Year 7, providing assurance to the NBT CEO.

Safety action No. 1

Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?

From 1 December 2024 to 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have all eligible perinatal deaths from 1 December 2024 onwards been notified to MBRRACE-UK within seven working days? (If no deaths, choose N/A)	Yes
2	For at least 95% of all deaths of babies who died in your Trust from 1 December 2024, were parents' perspectives of care sought and were they given the opportunity to raise questions?	Yes
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 1 December 2024 been started within two months of each death? This includes deaths after home births where care was provided by your Trust.	Yes
4	Were 75% of all reports completed and published within 6 months of death? MIS verification period: Dec 2024 to April 2025 60% of cases. 2 April 2025 to 30 Nov 2025 75% of cases	Yes
5	For a minimum of 50% of the deaths reviewed, was an external member present at the multi-disciplinary review panel meeting and was this documented within the PMRT? MIS verification period: 2 April 2025 - 30 Nov 2025	Yes
6	Have you submitted quarterly reports to the Trust Executive Board on an ongoing basis? These must include details of all deaths from 1 December 2024 including reviews and consequent action plans.	Yes
7	Were quarterly reports discussed with the Trust Maternity Safety and Board level Safety Champions?	Yes

[Return to Guidance Sheet](#)

Safety action No. 2**Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No)
1	Did July 2025's data contain valid birthweight information for at least 80% of babies born in the month? This requires the recorded weight to be accompanied by a valid unit entry. (Relevant data tables include MSD401; MSD405)	Yes
2	Did July 2025's 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)	Yes

[Return to Guidance Sheet](#)

Safety action No. 3

Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Are pathway(s) of care into transitional care in place which includes babies between 34+0 and 35+6 in alignment with the BAPM Transitional Care Framework for Practice?	Yes
2	Or Can you evidence progress towards a transitional care pathway from 34+0 in alignment with the BAPM Transitional Care Framework for Practice, and has this been submitted this to your Trust Board and the Neonatal Operational Delivery Network (ODN) on behalf of the LMNS Boards?	N/A
Drawing on insights from themes identified from any term or late preterm admissions to the neonatal unit, undertake or continue at least one quality improvement initiative to decrease admissions and/or length of infant/mother separation.		
For units commencing a new QI project		
3	By 2 September 2025, register the QI project with local Trust quality/service improvement team.	Yes
4	By 30 November 2025, present an update to the LMNS and Safety Champions regarding development and any progress.	Yes
Or For units continuing a QI project from the previous year		
5	Demonstrate progress from the previous year within the first 6 months of the MIS reporting period, and present an update to the LMNS and Safety Champions.	N/A
6	By 30 November 2025, present a further update to the LMNS and Safety Champions regarding development and any progress at the end of the MIS reporting period	N/A

[Return to Guidance Sheet](#)

Safety action No. 4

Can you demonstrate an effective system of clinical workforce planning to the required standard?

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
a) Obstetric medical workforce		
1	Has the Trust ensured that the following criteria are met for employing all short-term (2 weeks or less) locum doctors in Obstetrics and Gynaecology, demonstrated through audit of any 6-month period from February 2025 and before submission to Trust Board (select N/A if no short-term locum doctors were employed in this period): Locum currently works in their unit on the tier 2 or 3 rota 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 Progression (ARCP)? OR They hold a Royal College of Obstetrics and Gynaecology (RCOG) certificate of eligibility to undertake short-term locums?	Yes
2	Has the Trust ensured that the RCOG guidance on engagement of long-term locums has been implemented in full for employing long-term locum doctors in Obstetrics and Gynaecology, demonstrated through audit of any 6-month period from February 2025 to 30 November 2025 (select N/A if no long-term locum doctors were employed in this period)	N/A
3	For information only: RCOG compensatory rest (not reportable in MIS year 7) Have you met, or are working towards full implementation of the RCOG guidance on compensatory rest where Consultants and Senior Speciality, Associate Specialist 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.	Yes
4	Is the Trust compliant with the Consultant attendance in person to the clinical situations guidance, listed in the RCOG workforce document: 'Roles and Responsibilities of the Consultant providing acute care in obstetrics and gynaecology' into their service. Trusts should demonstrate a minimum of 80% compliance through audit of any 3-month period from February 2025 to 30 November 2025.	Yes
5	Do you have evidence that the Trust position with the above has been shared with Trust Board?	Yes
6	Do you have evidence that the Trust position with the above has been shared with Board level Safety Champions?	Yes
7	Do you have evidence that the Trust position with the above has been shared with the LMNS?	Yes
b) Anaesthetic medical workforce		
8	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 for evidence.	Yes
c) Neonatal medical workforce		
9	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of medical staffing?	Yes
10	Is this formally recorded in Trust Board minutes?	Yes
11	If the requirements are not met, has Trust Board agreed an action plan with updates on progress against any previously developed action plans? This should be monitored via a risk register.	N/A
12	Was the above action plan shared with the LMNS?	N/A
13	Was the above action plan shared with the Neonatal ODN?	N/A
d) Neonatal nursing workforce		
14	Does the neonatal unit meet the British Association of Perinatal Medicine (BAPM) national standards of nursing staffing?	No
15	Is this formally recorded in Trust Board minutes?	Yes
16	If the requirements are not met, has Trust Board agreed an action plan with updates on progress against any previously developed action plans? This should be monitored via a risk register.	Yes
17	Was the above action plan shared with the LMNS?	Yes
18	Was the above action plan shared with the Neonatal ODN?	Yes

[Return to Guidance Sheet](#)

Safety action No. 5

Can you demonstrate an effective system of midwifery workforce planning to the required standard?

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed in the last three years? (If this process has not been completed within three years due to measures outside the Trust's control, you can declare compliance but evidence of communication with the BirthRate+ organisation (or equivalent) MUST demonstrate this.)	Yes
2	Has a midwifery staffing oversight report that covers staffing/safety issues been submitted to the Board every 6 months (in line with NICE midwifery staffing guidance) on an ongoing basis. This must include at least one report in the MIS period 2 April - 30 November. Every report must include an update on all of the points below: <ul style="list-style-type: none"> • Details of planned versus actual midwifery staffing levels to include evidence of mitigation/escalation for managing a shortfall. • The midwife to birth ratio • 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. • 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 • Is a plan in place for mitigation/escalation to cover any shortfalls in the points above? 	Yes
3	For Information Only: We recommend that Trusts continue to monitor and include NICE safe midwifery staffing red flags in this report, however this is not currently mandated, This includes: <ul style="list-style-type: none"> •Redeployment of staff to other services/sites/wards based on acuity. •Delayed or cancelled time critical activity. •Missed or delayed care (for example, delay of 60 minutes or more in washing or suturing). •Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication). •Delay of more than 30 minutes in providing pain relief. •Delay of 30 minutes or more between presentation and triage. •Full clinical examination not carried out when presenting in labour. •Delay of two hours or more between admission for induction and beginning of process. •Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output). •Any occasion when one Midwife is not able to provide continuous one-to-one care and support to a woman during established labour. Other midwifery red flags may be agreed locally.	Yes
4	Can the Trust Board evidence that the midwifery staffing budget reflects establishment as calculated? Evidence should include: <ul style="list-style-type: none"> • Midwifery staffing recommendations from Ockenden and of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations. • 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. 	Yes
5	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.	N/A
6	Where deficits in staffing levels have been identified must be shared with the local commissioners.	N/A
7	Evidence from an acuity tool (may be locally developed) that the Midwifery Coordinator in charge of labour ward must have supernumerary status; (defined as having a rostered planned supernumerary co-ordinator and an actual supernumerary co-ordinator at the start of every shift) to ensure there is an oversight of all birth activity within the service. An escalation plan should be available and must include the process for providing a substitute co-ordinator in situations where there is no co-ordinator available at the start of a shift.	Yes
8	For Information Only: A workforce action plan detailing how the maternity service intends to achieve 100% supernumerary status for the labour ward coordinator which has been signed off by the Trust Board and includes a timeline for when this will be achieved. Development of the workforce action plan will NOT enable the trust to declare compliance with this sub-requirement.	N/A
9	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	Yes
10	A workforce action plan detailing how the maternity service intends to achieve 100% compliance with 1:1 care in active labour has been signed off by the Trust Board and includes a timeline for when this will be achieved. Development of the improvement plan will enable the Trust to declare compliance with this sub-requirement. This improvement plan does not need to be submitted to NHS Resolution	N/A

[Return to Guidance Sheet](#)

Safety action No. 6

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

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you agreed with the ICB that Saving Babies' Lives Care Bundle, Version 3.2 is fully in place, and can you evidence that the Trust Board have oversight of this assessment?	Yes
2	Where full implementation is not in place, has the ICB been assured that all best endeavours and sufficient progress has been made towards full implementation, in line with the locally agreed improvement trajectory?	N/A
3	<p>Have you continued the quarterly QI discussions between the Trust and the LMNS/ICB (as commissioner) from Year 6, and more specifically be able to demonstrate that at least two quarterly discussions have been held in Year 7 to track compliance with the care bundle?</p> <p>These meetings must include:</p> <ul style="list-style-type: none"> ● Initial agreement of a local improvement trajectory against these metrics for 25/26, and subsequently reviews of progress against the agreed trajectory. ● Details of element specific improvement work being undertaken including evidence of generating and using the process and outcome metrics for each element. ● Evidence of sustained improvement where high levels of reliability have already been achieved. ● Regular review of local themes and trends with regard to potential harms in each of the six elements. ● Sharing of examples and evidence of continuous learning by individual Trusts with their local ICB, neighbouring Trusts and NHS Futures where appropriate. 	Yes
4	Following these meetings, has the LMNS determined that sufficient progress has been made towards implementing SBLCBv3, in line with the locally agreed improvement trajectory?	Yes
5	If the available Implementation Tool is not being utilised to show evidence of SBL compliance, has a signed declaration from the Executive Medical Director been provided declaring that Saving Babies' Lives Care Bundle, Version 3 is fully / will be in place as agreed with the ICB	N/A

[Return to Guidance Sheet](#)

Safety action No. 7

Listen to women, parents and families using maternity and neonatal services and coproduce services with users

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Do you have evidence of an action plan co-produced following joint review of the annual CQC Maternity Survey free text data which CQC have confirmed is available to all trusts free of charge	Yes
2	<ul style="list-style-type: none"> Has progress on the co-produced action above been shared with Safety Champions? 	Yes
3	<ul style="list-style-type: none"> Has progress on the co-produced action above been shared with the LMNS? 	Yes
4	<p>Do you have evidence of MNVP infrastructure being in place from your LMNS/ICB, in full as per national guidance, and including all of the following:</p> <ul style="list-style-type: none"> 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 	Yes
5	<p>If MNVP infrastructure is not in place and evidence of an MNVP, commissioned and functioning in full as per national guidance, is unobtainable (and you have answered N to Q4):</p> <p>Has this has been escalated via the Perinatal Quality Oversight Model (PQOM) at trust, ICB and regional level?</p> <p>In this event, as long as this escalation has taken place the Trust will not be required to provide any further evidence as detailed below to meet compliance for MIS for this safety action.</p>	N/A
6	<p>If MNVP infrastructure is in place as per national guidance (and you have answered Y to Q4):</p> <p>Terms of Reference for Trust safety and governance meetings, showing the MNVP lead as a quorate member of trust governance, quality, and safety meetings at speciality/divisional/directorate level including all of the following:</p> <ul style="list-style-type: none"> Safety champion meetings Maternity business and governance Neonatal business and governance PMRT review meeting Patient safety meeting Guideline committee 	Yes
7	<p>If MNVP infrastructure is in place as per national guidance (and you have answered Y to Q4):</p> <p>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.</p>	Yes

Safety action No. 8

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

From 1 December 2024 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
Can you demonstrate the following at the end of 12 consecutive months ending 30 November 2025?		
Rotational medical staff in posts shorter than 12 months can provide evidence of applicable training from a previous trust within the 12 month period using a training certificate or correspondence from the previous maternity unit.		
Fetal monitoring and surveillance (in the antenatal and intrapartum period)		
1	90% of Obstetric consultants?	Yes
2	90% of all other obstetric doctors (commencing with the organisation prior to 1 July 2025) contributing to the obstetric rota? (without the continuous presence of an additional resident tier obstetric doctor)	Yes
3	For rotational medical staff that commenced work on or after 1 July 2025 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A
4	90% Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank midwives employed by Trust and maternity theatre midwives who also work outside of theatres)?	Yes
Maternity emergencies and multiprofessional training		
5	90% of obstetric consultants?	Yes
6	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?	Yes
7	For rotational obstetric staff that commenced work on or after 1 July 2025 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A
8	90% of midwives (including midwifery managers and matrons), community midwives, birth centre midwives (working in co-located and standalone birth centres), maternity theatre midwives and bank midwives employed by Trust?	Yes
9	90% of maternity support workers and health care assistants? (to be included in the maternity skill drills as a minimum).	Yes
10	90% of obstetric anaesthetic consultants and autonomously practising obstetric anaesthetic doctors?	Yes
11	90% of all other obstetric anaesthetic doctors (commencing with the organisation prior to 1 July 2025) including any anaesthetists in training, SAS and LED doctors who contribute to the obstetric anaesthetic on-call rota. This requirement is supported by the RCoA and OAA?	Yes
12	For rotational anaesthetic staff that commenced work on or after 1 July 2025 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A
13	Can you demonstrate that at least one multidisciplinary emergency scenario is conducted in any clinical area or at point of care during the whole MIS reporting period? This should not be a simulation suite.	Yes
Neonatal resuscitation training		
14	90% of neonatal Consultants or Paediatric consultants covering neonatal units?	Yes
15	90% of neonatal junior doctors (commencing with the organisation prior to 1 July 2025) who attend any births?	Yes
16	For rotational medical staff that commenced work on or after 1 July 2025 a lower compliance will be accepted. Can you confirm that a commitment and action plan approved by Trust Board has been formally recorded in Trust Board minutes to recover this position to 90% within a maximum 6-month period from their start-date with the Trust?	N/A
17	90% of neonatal nurses? (Band 5 and above)	Yes
18	90% of advanced Neonatal Nurse Practitioner (ANNP)?	Yes
19	For Information Only: 90% of maternity support workers, health care assistants and nursery nurses? (dependant on their roles within the service - for local policy to determine)	Yes
20	90% of midwives? (including midwifery managers and matrons, community midwives, birth centre midwives (working in co-located and standalone birth centres), maternity theatre midwives and bank midwives employed by Trust)	Yes
21	In addition to the above neonatal resuscitation training requirements, a minimum of 90% of neonatal and paediatric medical staff who attend neonatal resuscitations unsupervised must have a valid Resuscitation Council (RCUK) Neonatal Life Support (NLS) certification or local assessment equivalent in line with BAPM basic capability guidance? Staff that attend births with supervision at all times will not need to complete this assessment process for the purpose of MIS compliance.	Yes

[Return to Guidance Sheet](#)

Safety action No. 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?

From 2 April 2025 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Are all Trust requirements of the Perinatal Quality Surveillance Model (PQSM) fully embedded with evidence of working towards the Perinatal Quality Oversight Model (PQOM)?	Yes
2	Has a non-executive director (NED) been appointed and is visibly working with the Board safety champion (BSC)?	Yes
3	Is a review of maternity and neonatal quality and safety undertaken by the Trust Board (or an appropriate trust committee with delegated responsibility) using a minimum data set as outlined in the PQSM/PQOM at least quarterly, and presented by a member of the perinatal leadership team to provide supporting context?	Yes
4	Does the regular review include a review of thematic learning informed by PSIRF, training compliance, minimum staffing in maternity and neonatal units, and service user voice and staff feedback and review of the culture survey or equivalent?	Yes
5	Do you have evidence of collaboration with the local maternity and neonatal system LMNS/ODN/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/PQOM?	Yes
6	Ongoing engagement sessions should be being held with staff as per previous years of the scheme. Is 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 2025?	Yes
7	Is the Trust's claims scorecard 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 2 April - 30 November)?	Yes
8	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 2 April - 30 November) and that any support required of the Trust Board has been identified and is being implemented? Where the infrastructure is in place, this should also include the MNVP lead as per SA7.	Yes
9	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?	Yes

[Return to Guidance Sheet](#)

Safety action No. 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?

From 1 December 2024 until 30 November 2025

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you reported of all qualifying cases to MNSI from 1 December 2024 until 30 November 2025?	Yes
2	Have you reported all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 December 2024 until 30 November 2025?	Yes
3	Have all eligible families received information on the role of MNSI and NHS Resolution's EN scheme in a format that is accessible to them?	Yes
4	For any occasions where it has not been possible to provide a format that is accesible for eligible families, has a SMART plan been developed to address this for the future?	N/A
5	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?	Yes
6	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?	Yes
7	Has Trust Board had sight of evidence that the families have received information on the role of MNSI and NHS Resolution's EN scheme. This needs to include reporting where families required a format to make the information accessible to them and should include any occasions where this has not been possible with the SMART plan to address this?	Yes
8	Has Trust Board had sight of evidence of compliance with the statutory duty of candour?	Yes
9	When reporting EN cases, have you completed the field showing whether families have been informed of NHS Resolution's involvement? Completion of this will also be monitored, and externally validated.	Yes

[Return to Guidance Sheet](#)

Resolution

Section A : Maternity safety actions - North Bristol NHS Trust

Action No.	Maternity safety action	Action met? (Y/N)	Met	Not Met	Info	Check Response	Not filled in
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Yes	7	0	0	0	0
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes	2	0	0	0	0
3	Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?	Yes	5	0	0	0	0
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes	13	0	1	0	0
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	6	0	1	0	0
6	Can you demonstrate that you are on track to achieve compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	Yes	5	0	0	0	0
7	Listen to women, parents and families using maternity and neonatal services and coproduce services with users	Yes	6	0	0	0	0
8	Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Yes	20	0	1	0	0
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?	Yes	9	0	0	0	0
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?	Yes	8	0	0	0	0

Section B : Action plan details for North Bristol NHS Trust

An action plan should be completed for each safety action that has not been met

Please refer to the guidance sheet to ensure correct entries into the action plan: [Return to Guidance Sheet](#)

Action plan 1

Safety action	Q1 NPMRT	To be met by	
Work to meet action	Details for neonatal death not notified within 2 working day timeframe due to SPEN technical issues:		
Does this action plan have executive level sign off		Action plan agreed by head of midwifery/clinical director?	
Action plan owner	Who is responsible for delivering the action plan?		
Lead executive director	Does the action plan have executive sponsorship?		
Amount requested from the incentive fund, if required			
Reason for not meeting action	Action met, reporting delay due to SPEN technical issues as per MBRRACE-UK guidance		
Rationale	Arden GEM ticket reference number INC4587628 Date ticket issued 13/10/2025 SPEN notification ID - MAT-000-180		
Benefits	Please summarise the key benefits that will be delivered by this action plan and how these will deliver the required progress against the safety action. Please ensure these are SMART.		
Risk assessment	What are the risks of not meeting the safety action?		

	How?	Who?	When?
Monitoring			

