

## Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

TB2022.04

---

**Title:** Maternity Service Update Report

---

---

**Status:** For Discussion

**History:** Regular report. Previous paper presented to Trust Board  
November 2022

---

---

**Board Lead:** Chief Nursing Officer

**Author:** Niamh Kelly, Clinical Governance Lead – Maternity  
Susan Thomson, Maternity Incentive Scheme Lead  
Milica Redfearn – Acting Director of Midwifery  
Catherine Greenwood – Clinical Director  
Dawn Gilkes – Head of Accreditation and Regulation

**Confidential:** No

**Key Purpose:** Assurance

---

## Executive Summary

1. The purpose of this paper is to provide an update to the Trust Board on the following maternity related activities:
  - Ockenden Assurance Visit
  - Midwifery Led Unit (MLU) status
  - Maternity dashboard development status
  - Perinatal Quality Surveillance Model Report
  - Saving Babies Lives Care Bundle Version 2
  - CQC inspection action plan update
  - Maternity Development Programme
  - CNST Scorecard
  - OUH compliance and executive sign off requirements for the [NHS Resolution \(NHSR\) Maternity Incentive Scheme \(MIS\) Year Four](#).
2. The Maternity Incentive Scheme Year 4 was amended on 11 October 2022 with some amendments, and an amended deadline for the Board declaration to reach NHS Resolution (NHSR) of **02 February 2023**.
3. The Board declaration form is provided for consideration alongside an accompanying joint presentation detailing maternity safety action compliance by the Head of Midwifery and Clinical Director for Maternity Services, in fulfilment of Maternity Incentive Scheme Year 4 requirements as outlined in the technical guidance.

## Recommendations

4. The Trust Board is asked to:
  - a. Receive and note the contents of the update report and associated supporting documents provided within the reading room.
  - b. Consider how the Board may continue to support the Divisional Teams with overcoming the challenges to compliance that have been identified.
  - c. Consider and minute how the Trust's current maternity workforce position should determine future rollout of Midwifery Continuity of Carer as recommended within the Safe Staffing paper.
  - d. Receive and note the contents of the Maternity Incentive Scheme Year 4 final update report.
  - e. Receive and note associated papers in support of the Maternity Incentive Scheme Year 4.
  - f. Confirm that the Board is satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions meets the required safety standards as set out in the safety actions and technical guidance document.

- g. Request that the CEO signs the Board declaration form for submission to NHS resolution by the deadline of 2 February 2023.

## Contents

<b>Cover Sheet</b> .....	1
Executive Summary .....	2
Maternity Service Update Report .....	5
1. Purpose.....	5
2. Ockenden Assurance visit.....	5
3. Midwifery Led Unit (MLU) status .....	6
4. Maternity Performance Dashboard .....	7
5. Perinatal Quality Surveillance Model Report.....	7
6. Saving Babies' Lives Care Bundle Version 2 .....	7
7. CQC Inspection and Action Plan Update .....	8
8. Maternity Development Programme (MDP) .....	9
9. Clinical Negligence Scheme for Trusts (CNST) Scorecard .....	10
10. Maternity Incentive Scheme .....	10
11. Recommendations .....	13
12. Appendix A: NHS Resolution Board Declaration Forms .....	14

# Maternity Service Update Report

## 1. Purpose

1.1. The purpose of this paper is to provide an update to the Trust Board on the following maternity related activities:

- Ockenden Assurance Visit
- Midwifery Led Unit (MLU) status
- Maternity dashboard
- Perinatal Quality Surveillance Model Report
- Saving Babies Lives Care Bundle Version 2
- CQC inspection action plan update
- Maternity Development Programme
- CNST Scorecard
- OUH compliance with the [NHS Resolution \(NHSR\) Maternity Incentive Scheme \(MIS\) Year Four.](#)

1.2. As part of the Trust's commitment to the provision of high quality safe and effective care to maternity service users, there are a variety of different maternity governance requirements that the Board are required to receive and discuss.

1.3. These requirements include reporting against regulatory and professional standards each of which have a range of different reporting deadlines.

1.4. For simplicity, a summary of each of the items listed in section 1.1 above will follow.

## 2. Ockenden Assurance visit

2.1. Following on from the Ockenden Assurance insight visit that took place on the 10 June 2022, the Trust received the final report on the 18 August 2022.

2.2. At that time the Trust were partially compliant with four out of the seven immediate and essential actions (IEA) and an action plan for strengthening midwifery leadership. This finding was aligned to our self-assessment.

2.3. The Ockenden Insight report was noted at the Maternity Clinical Governance Committee (MCGC) in November 2022.

2.4. The action plan is being monitored through the Maternity Clinical Governance committee and then upward through existing governance processes. In relation to the specific immediate and essential actions (IEAs), please note:

- IEA 3 – The Training Needs Analysis (TNA) was updated for all multidisciplinary training, and it has been shared with the local maternity and neonatal services (LMNS) workforce lead. This Training Needs Analysis meets the requirements set out within the Maternity Incentive Scheme year 4. It has been reviewed by the National Maternity Improvement Advisors who are currently embedded within the service and supporting safety developments.

- IEA 5 – Risk Assessments throughout Pregnancy. The audit on the antenatal risk assessments is in progress and will be reported to Maternity Clinical Governance Committee at the end of January 2023. These will be in turn reported as part of the service papers presented to Divisional and Trust Clinical Governance Committees.
- IEA 6 – Monitoring Fetal Well-Being. This related to the Saving Babies' Lives care bundle version 2 (SBLCB v2). Further information is given in section 6 of this report on this update, and within the supporting Maternity Incentive Scheme year four final update paper received by the board in the reading room .
- IEA 7 – Informed Consent. The CQC Maternity Survey Action Plan was approved at MCGC in November 2022. The Trust website is currently being updated to ensure pathways of care are clearly described, in written information in formats consistent with NHS policy. The maternity voices partnership (MVP) had previously undertaken a gap analysis and the collaboration has led to the co-production of an action plan in place to address these.
- Strengthening Midwifery Leadership – ongoing recruitment to vacant posts, with those recruited currently embedding.

### **3. Midwifery Led Unit (MLU) status**

- 3.1. The Wantage and Chipping Norton (Cotswold Birth Centre) Midwifery led Units were closed to families for low-risk births in August 2021 due to staffing constraints. Chipping Norton Midwifery Led Unit (MLU) and Wantage MLU remained closed to intrapartum care during November and December 2022, due to unavailability of staff and insufficient on-call cover.
- 3.2. Homebirths and intrapartum care at Wallingford MLU were suspended on four occasions overnight and on two occasions in the daytime due to acuity and staffing numbers in December. Intrapartum care was not affected at the Horton MLU. The Spires MLU was closed on two occasions due to acuity on the unit and availability of on-call midwives.
- 3.3. There were five women who were affected by these closures – four of these had wished to give birth on the Spires. This did not contribute to any patient safety factors.
- 3.4. However, the service is delighted to announce that the two Midwifery-led Units (MLUs), Wantage and Chipping Norton (Cotswold Birth Centre) have reopened after a period of temporary closure. Staff have worked with regional NHS colleagues, the Care Quality Commission (CQC), and Oxfordshire Joint Health Overview & Scrutiny Committee (HOSC); the Trust now has a safe level of staffing to provide safe care at these units. [Information for stakeholders about the re-opening of the MLUs](#) may be seen on the Trust internet pages.

#### **4. Maternity Performance Dashboard**

- 4.1. The Chief Digital and Partnership Officer worked with the Director of Performance and Accountability and the maternity team to develop a new maternity performance dashboard. The purpose was to inform a refreshed Integrated Maternity Performance Report, with a proposal to optimise the suite of resources available within newly purchased software.
- 4.2. The new maternity performance dashboard was approved at the Maternity Clinical Governance Committee (MCGC) in November 2022 and the first report was presented at the Integrated Assurance Committee (IAC) in December 2022 (IAC2022.75). It will be presented every month to either the Integrated Assurance Committee or Public Trust Board.
- 4.3. The current dashboard is presented as a separate paper to the Trust Board, (TB2023.05).

#### **5. Perinatal Quality Surveillance Model Report**

- 5.1. In part fulfilment of the requirements from Ockenden actions the Board is asked to note that the Perinatal Quality Surveillance Model (PQSM) report is reported monthly to MCGC.
- 5.2. The BOB LMNS have requested they receive this paper quarterly, with quarter 3 for this financial year (2022-23) to be received in January 2023.
- 5.3. The Perinatal Quality Surveillance Model (PQSM) report for quarter 3 is being received by the Trust Board at its private meeting on 18 January 2023 (paper TBC2023.07), having been previously reported to Maternity Clinical Governance Committee and it is a standing agenda item at the Maternity Safety Champions meetings.

#### **6. Saving Babies' Lives Care Bundle Version 2**

- 6.1. The Saving Babies' Lives Care Bundle version 2 (SBLCB v2) Survey is administered by the South-East midwifery team and is undertaken by each Trust. The purpose of this survey is to gather information on how much of current standard practice aligns with the interventions that make up the SBLCB v2. Each intervention is made up of improvement activities. Improvement activities are the actions that make up the elements of the care bundle.
- 6.2. OUHT submitted the SBLCBv2 Survey 7 on 26 October 2022 to the Southeast (SE) Maternity team as requested. This outlined the Trust's position against the requirements of the Care Bundle. OUH compliance has improved in terms of data capture for carbon monoxide (CO) monitoring in pregnancy, small for gestational age (SGA) fetuses and instances of reduced fetal movements.

- 6.3. The survey demonstrated that OUH maternity services was fully compliant in all elements except Element 2, point h. At the time of submission OUHT did not advocate IOL at 39/40 weeks for 3<sup>rd</sup> to 10<sup>th</sup> centile fetuses with no comorbidities (this was instead assessed on a case-by-case basis up to 41 weeks). However, since Survey 7 was submitted, it has been agreed to offer IOL in these circumstances. This has been added to the Fetal Medicine Protocol (provided within the reading room) and was ratified at the Maternity Clinical Governance Committee meeting on 19<sup>th</sup> December 2022.
- 6.4. There is a requirement by the Maternity Incentive Scheme for submission of SBLCBv2 survey 7 to be noted by the Trust Board.

## 7. CQC Inspection and Action Plan Update

- 7.1. On 26 August 2022 the CQC closed their active enquiry following their unannounced inspection of the maternity services at OUH, as progress with maternity services has been monitored through executive engagement meetings and regular mutual sharing of emergent information or notifications. However, the service continues to monitor progress towards action plan completion.
- 7.2. Since the last report to the Trust Board a notable success has been completion of the targets associated with number the last remaining 'must do' action. Three actions remain overdue, the updates for which can be seen on the table below and overleaf.

Must Do	Actions	Update
5.	5.5 Records of completion of all staff who have completed Patient Group Directions (PGD's) competencies to be recorded and held centrally. This record will be accessible to all local managers, who may filter by existing staff on rotation at any given point in time	The number of midwives who are: <ul style="list-style-type: none"> <li>• <b>Compliant against Trust KPI of 80%</b> Currently 89% (increase from the previous month). Work continues to increase compliance.</li> </ul>

Should Do	Actions	Update
11	The service should consider the environment to ensure women and their families are always treated with respect and dignity.	<b>Overdue:</b> Estates plan is part of maternity development programme but no further update in terms of new building/refurb.

Should Do	Actions	Update
12	12.4 Business plan to be developed and approved to enable two existing birthing rooms on the periphery of the delivery suite footprint to be converted into a bespoke bereavement suite, optimising the rebirth environment for women and their families.	<b>Overdue:</b> The quote for the internal doors to make them quieter is c£7000 which is over the capital threshold of £5000. <b>Update:</b> Progress stalled when the overseeing member of capital programme team left. This has now been picked up by new member of the team with a view to reviewing the plan and costs for installation of additional internal doors.
16	16.3 Consider examples of good practice Trustwide to standardise the metrics displayed for consistent messaging to staff and service users rotating through different practice areas.	<b>Overdue</b> This was due by the 31/03/2022. We have reviewed examples from around the Trust and from other Trusts. A draft of what the boards will look like is expected from the Oxford Medical Illustrations (OMI) in January 2023.

7.3. Progress against the CQC action plan is reported through existing governance processes which include Maternity Clinical Governance Committee (MCGC), SuWOn Divisional Clinical Governance Committee and the Trust Clinical Governance Committee (CGC) as part of the quality reports.

## 8. Maternity Development Programme (MDP)

- 8.1. As part of the Trust's commitment to implementing changes following a locally commissioned diagnostic leadership and culture review by an external provider, work continues at pace with activities aligned to the eight Maternity Development Programme workstreams. Progress is monitored by the Divisional Steering Group and the Executive Oversight Group, who meet fortnightly, alongside reporting to the Board level Maternity Safety Champions; with the Trust Board receiving a quarterly update at its private meeting.
- 8.2. On the 13 December 2022 there was a maternity staff briefing about the Maternity Development Programme. This was supported by the executive sponsors and divisional triumvirate and provided an opportunity for the workstream leads to update all maternity staff on the progress being made across the programme and their ongoing activities via live link and the dedicated Maternity Development Programme Microsoft Stream channel.
- 8.3. The quarter two progress report from the service will be presented for consideration to the private meeting of the Trust Board on 18 January 2023 (paper TBC2023.08).

## **9. Clinical Negligence Scheme for Trusts (CNST) Scorecard**

- 9.1. As part of the Trust's commitment to learning from incidents, claims, compliments, and complaints, the CNST scorecard has been reviewed twice within the current Maternity Incentive Scheme year four reporting period.
- 9.2. The 2021/2022 Trust CNST Claims Scorecard has been subject of a thematic review presented at the Trust Level Safety Champions' meeting in December 2022. Further triangulation against the 2020/2021 scorecard at the Trust Level Safety Champions' meeting was undertaken in January 2023.
- 9.3. A presentation of the analysis of the CNST scorecard relevant to this reporting period was performed by Solicitors from DAC Beechcroft and the Head of Legal Services for the Trust.
- 9.4. All new obstetric claims received by the Trust are considered against incident and complaint data and reported through the PQSR monthly. Immediate learning actions are disseminated via departmental and community matrons, and recurring themes subject of 'at a glance' style learning or factored into the next available training session as part of the core competency framework.
- 9.5. In addition to the CNST Scorecard, a thematic review for claims suitable for the Early Notification Scheme was conducted by NHS Resolution. This was presented to the Legal Team and Maternity Leads in November 2022. This included lessons learned within OUHT and common NHS themes identified nationally.
- 9.6. Furthermore, a comprehensive Claims and Inquest Report is submitted annually to the Integrated Assurance Committee. This was last submitted on 12 October 2022 (IAC2022.64) and considered an overview of claims and inquest profile of the Trust, looking back over the last financial year. It is composed from several different sources for example internal Ulysses Incident reporting management system information, CNST scorecard produced by NHS Resolution (NHSR) and DAC Beechcroft data.

## **10. Maternity Incentive Scheme**

- 10.1. The ten safety actions for year four of the scheme were first published by NHSR on 9th August 2021 but were subject to changes to extend deadlines and support trusts during Covid-19. Revised documents were released on 12th October 2021, 6th May 2022, and 11th October 2022.
- 10.2. The current position of OUH in relation to the Board declaration form and content must be discussed with the Trust's Local Commissioner, and the

declaration form signed by the Accountable Officer of the Clinical Commissioning Group/Integrated Care System.

- 10.3. The Maternity Improvement Advisors from NHS England and NHS Improvement, who are currently embedded within the service, kindly provided support to the service in relation to the evidence review and levels of assurance. All evidence has been presented to the Assurance Team who are satisfied that this reflects the compliance status presented to Trust Board throughout the relevant reporting period.
- 10.4. Trust Board confirmation of satisfaction that the evidence provided to declare compliance with/achievement of the ten maternity safety actions meets the required safety standards as set out in the safety actions and technical guidance document is required. The service would like to bring to the attention of the Board the following specific updates:
- 10.5. **Safety actions 5 and 9 – Midwifery workforce and Maternity and Neonatal Safety and Quality Issues:** The Maternity Incentive Scheme year four requires the Board to consider and minute how the Trust's current maternity workforce position should determine future rollout of Midwifery Continuity of Carer as recommended within the Safe Staffing paper
- 10.6. As previously reported, an OUH Maternity plan was submitted to Trust Board in March 2022 (TB2022.027) outlining a staged approach towards achieving a Continuity of Carer (CoC) model by the end of the 2023/24 financial year. The phasing of the implementation considered the national drive to prioritise continuity of carer for women from ethnic minority or vulnerable backgrounds.
- 10.7. On 21 September 2022 NHS England issued revised guidance on the requirement for CoC removing the target date for achievement of the CoC model allowing instead local services to be supported to develop local plans. This letter was reported as Appendix A of the Maternity Services Update Report November 2022 (TB2022.097).
- 10.8. An additional MCoC team is planned, prioritising those that are more likely to experience poorer outcomes, focusing on birthing families from minority ethnic backgrounds, and those from the most deprived areas (mapped out in OUHT's Perinatal Equity and Equality Analysis and Maternity Booking Assessment data 2020/21).
- 10.9. Following analysis of the current staffing figures, it is recommended that the implementation of the additional MCoC team should not be progressed until an increase to the current midwifery establishment can be secured. This is subject of a separate funding bid.

- 10.10. The current MCoC Lotus Team is a fully embedded resource that forms part of the current Midwifery establishment, (the twice yearly Maternity Safe Staffing paper for Q1 & Q2 2022-23 is available within the reading room).
- 10.11. **Safety action 2 – Maternity Services Data Set** The scheme requires Trust Board to confirm to NHS(R) that they have passed the associated data quality. The relevant evidence has been previously reported to the Board and is available for Board scrutiny in the reading room.
- 10.12. **Safety action 4a – Obstetric Workforce** The scheme requires the Trust Board to acknowledge engagement with the RCOG document for consultants' attendance at specific incidents. This document is available in the reading room. The commitment of OUH to this has been signed off at the BOB LMNS meeting 07 December 2022 and at the Trust Board Level Safety Champions meeting 08 December 2022.
- 10.13. **Safety action 4c - Neonatal Workforce** The Trust is required to formally record in the Trust Board minutes whether it meets the recommendations of the neonatal junior medical workforce. The Neonatal Safety Champion has shared the rosters and confirmed that they are compliant. The Neonatal Nursing Workforce is subject to an action plan as part of the scheme requirements. OUHT are on track, having exceeded their recruitment trajectory for year one of the five-year business plan and this is reviewed annually. A copy of the original business plan, the first annual update and a revised neonatal workforce calculation is included in the reading room. This action plan has been shared with BOB Local Maternity and Neonatal System (LMNS,) the Royal College of Nursing (RCN) and the Operational Delivery Network (ODN) lead as required by the scheme.
- 10.14. Audit data up to the end of Quarter 2 is included for sign off within the Scheme. All quarterly audits are ongoing in line with MIS requirements and Quarter 3 data will be presented to Trust Board in March 2023.
- 10.15. A comprehensive Maternity Incentive Scheme Year 4 Final update paper has been added to the reading room for this Trust Board meeting. Additionally, the form declaring the Trust's position with all ten maternity safety actions will be complemented by a joint presentation from the Director of Midwifery and the Clinical Director for Maternity Services in accordance with the scheme requirements.
- 10.16. In summary, Board approval is sought from the Chief Executive Officer to sign the Board Declaration Form (see appendix A).
- 10.17. To be eligible for payment under the scheme, Trusts must submit their completed Board declaration form to NHS Resolution by the revised date of the 02 February 2023.

## **11. Recommendations**

- 11.1. The Trust Board is asked to:
- 11.2. Receive and note the contents of the update report and associated supporting documents provided within the reading room.
- 11.3. Consider how the Board may continue to support the Divisional Teams with overcoming the challenges to compliance which have been identified.
- 11.4. Consider and minute how the Trust's current maternity workforce position should determine future rollout of Midwifery Continuity of Carer as recommended within the Safe Staffing paper.
- 11.5. Receive and note the contents of the Maternity Incentive Scheme Year 4 final update report.
- 11.6. Receive and note associated papers in support of the Maternity Incentive Scheme Year 4.
- 11.7. Confirm that the Board is satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions meets the required safety standards as set out in the safety actions and technical guidance document.
- 11.8. Request that the CEO signs the Board declaration form for submission to NHS resolution by the deadline of 2nd February 2023.

## 12. Appendix A: NHS Resolution Board Declaration Forms

Safety action No. 10		
Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?		
Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Have you reported all qualifying cases to HSIB from 1 April 2021 to 5 December 2022?	Yes
2	Have you reported all qualifying EN cases to NHS Resolution's Early Notification (EN) Scheme from 1 April 2022 until 5 December 2022?	Yes
For all qualifying cases which have occurred during the period 1 April 2021 to 5 December 2022, the Trust Board are assured that:		
3	The family have received information on the role of HSIB and NHS Resolution's EN scheme	Yes
4	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
Can you confirm		
5	Sight of Trust legal services and maternity clinical governance records of qualifying HSIB/EN incidents and numbers reported to HSIB and NHS Resolution.	Yes
6	Sight of evidence that the families have received information on the role of HSIB and EN scheme	Yes
7	Sight of evidence of compliance with the statutory duty of candour.	Yes
8	Complete 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.	Yes



## Resolution

### Section A : Maternity safety actions - Oxford University Hospitals 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	10	0	0	0	0
2	Are you submitting data to the Maternity Services Data Set to the required standard?	Yes	12	0	1	0	0
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?	Yes	19	0	0	0	0
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes	9	0	0	0	0
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	4	0	0	0	0
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle V2?	Yes	28	0	0	0	0
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 (MVP) to coproduce local maternity services?	Yes	7	0	0	0	0
8	Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and newborn life support, starting from the launch of MIS year 4?	Yes	18	0	0	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	25	0	0	0	0
10	Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN) Scheme from 1 April 2021 to 5 December 2022?	Yes	8	0	0	0	0

**Maternity incentive scheme - Board declaration Form**

Trust name Oxford University Hospitals NHS Trust  
Trust code T679

All electronic signatures must also be uploaded. Documents which have not been signed will not be accepted.

	Safety actions	Action plan	Funds requested	Validations
Q1 NPMRT	Yes		-	
Q2 MSDS	Yes		-	
Q3 Transitional care	Yes		-	
Q4 Clinical workforce planning	Yes		-	
Q5 Mdwifery workforce planning	Yes		-	
Q6 SBL care bundle	Yes		-	
Q7 Patient feedback	Yes		-	
Q8 In-house training	Yes		-	
Q9 Safety Champions	Yes		-	
Q10 EN scheme	Yes		-	
<b>Total safety actions</b>	<b>10</b>	<b>-</b>		
<b>Total sum requested</b>			<b>-</b>	

**Sign-off process:**

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

**Confirming that:**

The Board are satisfied that the evidence provided to demonstrate compliance with/achievement of the maternity safety actions meets standards as set out in the safety actions and technical guidance document and that the self-certification is accurate.

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

**Confirming that:**

The content of this form has been discussed with the commissioner(s) of the trust's maternity services

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

**Confirming that:**

There are no reports covering either **this year (2020/21) or the previous financial year (2019/20)** that relate to the provision of maternity services that may subsequently provide conflicting information to your declaration. Any such reports should be brought to the MIS team's attention.

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

Electronic signature

For and on behalf of the board of Oxford University Hospitals NHS Trust

**Confirming that:**

If applicable, the Board agrees that any reimbursement of maternity incentive scheme funds will be used to deliver the action(s) referred to in Section B (Action plan entry sheet)  
We expect trust Boards to self-certify 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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_