

Draft review of LTH Maternity Incentive Scheme year 6 submission

Public Board
27 November 2025

Presented for:	Assurance
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Previous Committees:	Executive Management Group 3 November 2025 NHS England Quality Improvement Group 6 November 2025

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk				
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Away
Financial Risk			Choose an item	
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Away

Key points	
<p>1. A review of the Maternity Incentive Scheme (MIS) year 6 declaration was commissioned by the Chief Executive, to understand the review and approval process from service level to Board.</p> <p>The learning from this will inform the review and approval process for the year 7 and future MIS submissions.</p>	For discussion and Information
<p>2. Trust Board is asked to:</p> <ul style="list-style-type: none"> • receive the draft report on the review of the Maternity Incentive Scheme year 6 and be assured by the actions that continue to be taken to strengthen the process for the year 7 submission. • delegate oversight and endorsement of the Maternity Incentive Scheme to the newly established Perinatal Assurance Committee from year 8 onwards noting the Trust Board will also receive a report on Perinatal Assurance. 	Decision

1. Summary

Following publication of the CQC reports of maternity and neonatal services NHS Resolution (NHSR) requested the Trust to undertake a full review of the MIS year 6 evidence submitted to the Board prior to 3 March 2025 and reconfirm whether the Trust met the requirements of year six of the MIS. An independent review was undertaken by the Maternity Improvement Advisors (MIAs), which identified the Trust had not met in full all of the requirements for year six of the MIS. This was confirmed to NHSR who requested that the Trust complete the same review of year 5, which also identified the requirements were not met in full.

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1.1 Actions taken by the Trust

The MIS year 6 submission was discussed at the Executive Directors meeting, Quality Assurance Committee and July Board, including the process that has been introduced for the year 7 submission to strengthen this.

The maternity team have worked with the MIAs to review and identify learning from the year 6 and year 5 MIS submissions and the MIAs are providing support to the maternity team with the year 7 review. This support has enabled the team to reflect on the process for reviewing the evidence against the technical guidance set out for each year of the Maternity Incentive Scheme, including delegation to Quality Assurance Committee and the flow of assurance to Board.

The Trust also met with NHS Resolution to discuss the approach to this. A bid for discretionary funding to support the year 7 submission was submitted to NHS Resolution following this meeting, as agreed with them.

Dedicated support has been provided to the maternity team, focusing specifically on the MIS submission. The Lead Nurse and Improvement Lead who are providing this support have taken part in the year 6 and year 5 reviews with the MIAs and representatives from NHSE, so that learning can be shared from this. This will inform the year 7 submission, which the MIAs will continue to support.

The Trust has also established additional assurance, including a quarterly review of evidence before this is submitted, in line with the technical guidance. This review will be led by the Chief Nurse on behalf of the Board, reporting to Quality Assurance Committee and Board. External assurance will be provided by the Trust auditors (PwC), reporting to Audit Committee.

2. Background

NHS Resolution's Maternity (Perinatal) Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions, which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025. The MIS applies to all acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST).

3. Systems Engineering Initiative for Safety (SEIPS) review

3.1 Purpose of review

The purpose of the review was to understand the process that was followed in assuring both the evidence and final submission of the declaration of compliance against the NHS Resolution Maternity Incentive Scheme Year 6.

3.2 Method

The pathway and governance processes related to the MIS submission were reviewed using the SEIPS framework, which refers to the Systems Engineering Initiative for Safety, a human factors and ergonomics framework for understanding and improving outcomes in complex systems, particularly in healthcare. It provides a model that analyses how work systems (people, environments, tasks, tools, organisation, and external factors) influence processes, enabling more effective system design and problem-solving.

3.3 Findings

There were points of failure in the governance processes at CSU, Committee and Board level. Each sought assurance from the previous step completing that review and were guided by the CSU leaders who provided oversight of the evidence, setting out progress against the 10 safety standards in the report to Quality Assurance Committee.

There was an assumption by the Board that the actual evidence had been reviewed and confirmed at local and Committee level and by the LMNS as per MIS guidance.

The technical guidance, process and specific evidence requirements for the MIS declaration and submission was not reviewed in order to be assured on the appropriate

oversight at the Women's CSU Quality Assurance Group, Quality Assurance Committee or Board level.

There was not a process for external review to provide independent assurance that the required evidence was available to support the submission.

The technical guidance needs to be understood by all producing evidence, reporting against compliance or reviewing and signing off evidence in advance of the final declaration.

The MIS Technical Guidance is detailed and complex to understand. It requires dedicated time and support to do this. There was not a dedicated lead or support for the management and delivery of the MIS.

3.4 Recommendations

The recommendations are outlined below and the full details included within Appendix 2 Review of MIS Action plan:

- Develop and implement an effective process to provide assurance to the Board on maternity and neonatal service safety and quality.
This will form part of the wider review of governance in the LTHT Improvement Plan and also form part of the Perinatal Improvement Plan.
- Using the NHS Resolution discretionary funding, appoint a MIS project manager to oversee management of MIS standard evidence through engagement with MDT leads to ensure evidence is robust, appropriate and meets the technical guidance required for the MIS submission, working with the Director of Midwifery, Clinical Director and General Manager, supported by Maternity Improvement Advisers (MIAs).
Funding approved by NHSR – recruitment in progress.
- The Trust Board to delegate oversight of the year 7 submission to the Quality Assurance Committee, noting a full review of the Trust reporting processes will be undertaken and reported to Board.
Complete (Trust Board July 2025).
- The Trust Board to delegate oversight and endorsement of the Maternity Incentive Scheme to the newly established Perinatal Assurance Committee from year 8 onwards noting the Trust Board will also receive a report on Perinatal Assurance.
- Clarification of roles, responsibilities and approval process for all MIS year 7 Safety Action Leads.
Guide being developed by the MIS Lead.
- Introduce additional assurance, including quarterly review of evidence before this is submitted, in line with the technical guidance, led by the Chief Nurse. External assurance to be provided by the Trust internal auditors (PwC), reporting to Audit Committee.
Schedule of quarterly meetings arranged, technical guidance and evidence requirements shared with PwC.
- The West Yorkshire and Harrogate (WY&H) Local Maternity and Neonatal System (LMNS) has developed and implemented a revised process to ensure a multidisciplinary review of the MIS evidence occurs before the services declaration to the Trust Board is made.
The Trust are working with the lead at LMNS to schedule this MDT review.

- Schedule a session with NHS Resolution on MIS for the perinatal team and Board members responsible for completion, review and approval of MIS.
Session agreed with NHSR MIS Clinical Lead – to be scheduled.

The review and recommendations were shared with NHS England and representatives from West Yorkshire Integrated Care Board (ICB) and the West Yorkshire & Harrogate Local Maternity & Neonatal System (LMNS) at the Integrated Quality Improvement Group (IQIG) on 6 November 2025. The Director of Midwifery at the LMNS also presented a report to the West Yorkshire System Oversight and Assurance Group on 5 November 2025, setting out the actions they would be taking to support the maternity team at Leeds Teaching Hospitals NHS Trust to strengthen the process for the year 7 submission.

4. Financial Implications

There is a financial impact of the loss of Maternity Investment Standard Rebates, as well as the scale of bids submitted to recover some of these rebates to support improvement in patient safety and quality of services in Maternity and Neonates. This has been shared with Trust Board in September 2025.

5. Risk

Whilst in the NHS England Quality Assurance and Improvement process and taking actions to address the CQC regulatory breaches the Trust is moving away from the risk appetite set by the Board for External risk - Regulatory risk and Clinical Risk – Patient Safety and Outcomes.

The Risk Management Committee will receive monthly reporting against corporate risk CRRE1: CQC Registration – breaches of Regulation(s) Maternity and Neonatal Services and will monitor progress against completion of regulatory breach actions, controls in place and further mitigating actions.

6. Communication and Involvement

The Trust have produced communications for members of the public to provide assurance regarding using maternity and neonatal services at LTHT. Regular communication and update is also provided to all staff.

7. Equality Analysis

Not applicable.

8. Improving Health Equity

The Trust is committed to improving health equity meaning reducing the unfair and avoidable differences in health some groups experience. The Trust will ensure all improvement work is aligned to the Trust Health Equity Strategy.

9. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

10. Recommendation

The Trust Board are asked to:

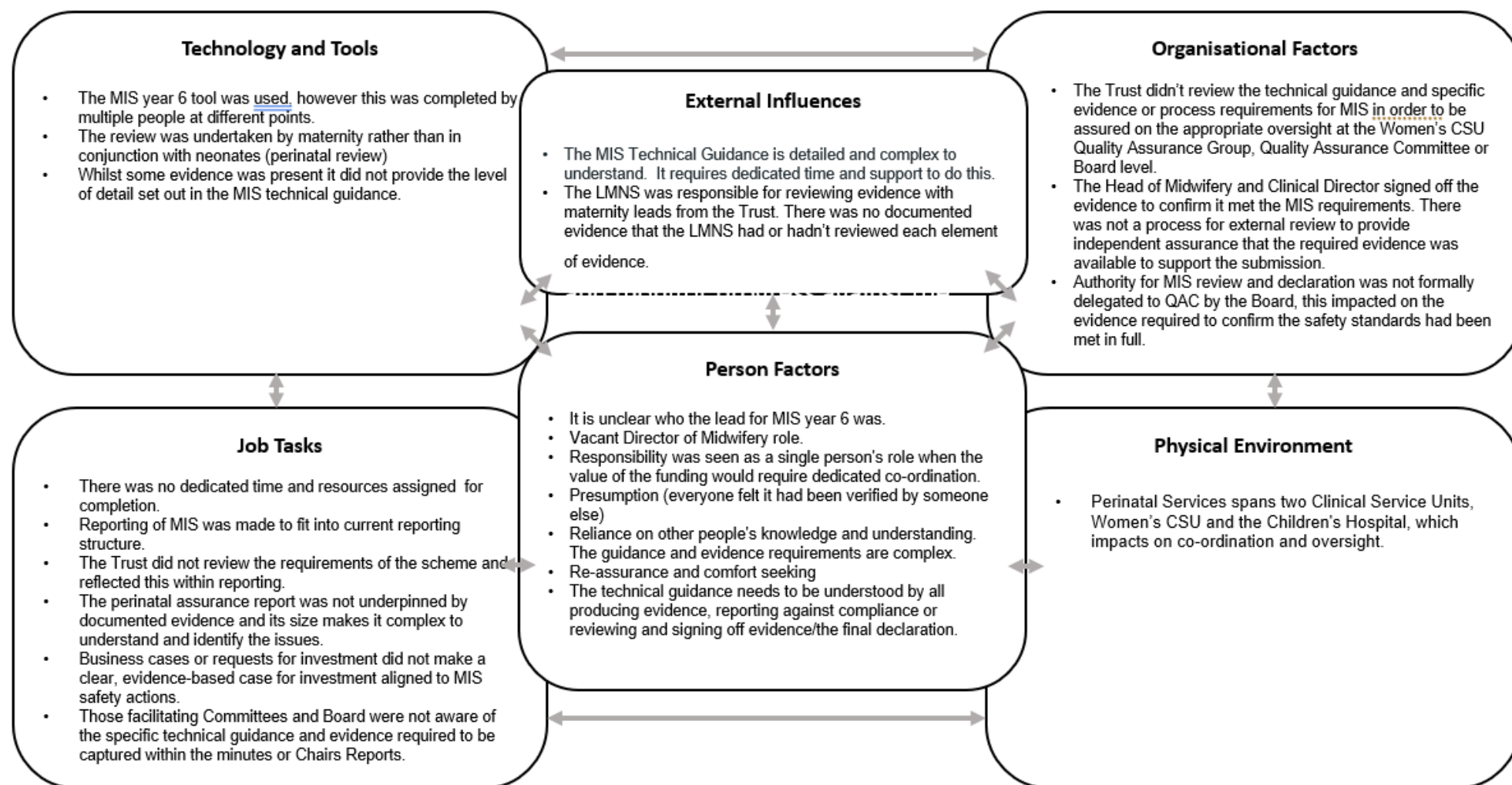
- receive the draft report on the review of the Maternity Incentive Scheme year 6 and be assured by the actions that continue to be taken to strengthen the process for the year 7 submission.
- delegate oversight and endorsement of the Maternity Incentive Scheme to the newly established Perinatal Assurance Committee from year 8 onwards noting the Trust Board will also receive a report on Perinatal Assurance.

11. Supporting Information

Appendix 1 Draft SEIPS Work System – Maternity Incentive Scheme Year 6
Appendix 2 Review of MIS Action plan

Author Lucy Atkin, Patient Safety Specialist
Date October 2025

Appendix 1 Draft SEIPS Work System Review: Maternity Incentive Scheme Year 6



Appendix 2 Review of Maternity Incentive Scheme (MIS) action plan

MIS Review Action Plan				Date initiated	01/11/2025
				Date of Update	11/11/2025
Accountability			Responsibility		
Lead	Oversight/governance structure		Lead	Oversight Group	
Non Executive Director Board Safety Champion	Trust Board		Chief Medical Officer Chief Nurse (temporary)	Perinatal Assurance Committee	

Status	
O	On track
Off	Off track
C	Complete
E	Evidenced and assured
R	At risk

Ref	Improvement action description	Improvement action owner	Target date for implementation	Date Implemented	Status	Method and measures of assurance	Responsibility for monitoring/ oversight	Planned review date
1	Develop and implement an effective governance process to provide assurance to the Board on maternity and neonatal service safety and quality.	Chief Nurse Chief Medical Officer	31/12/2025		O	<ul style="list-style-type: none"> Sub-Committee of Trust Board focused on the quality and safety of the perinatal pathway established. Maternity and Neonatal Trust Board Safety report established. 	Trust Board	29/01/2026
2	Appoint a MIS project manager to oversee management of MIS standard evidence through engagement with MDT leads to ensure evidence is robust, appropriate and meets the technical guidance required for the MIS submission.	Director of Midwifery	01/11/2025	03/11/2025	C	<ul style="list-style-type: none"> MIS Project Manager role description Evidence of engagement with MDT leads. 	Perinatal Assurance Committee	29/01/2026
3	Delegate oversight of the year 7 MIS from the Trust Board to the Quality Assurance Committee, noting a full review of the Trust	Chief Nurse	31/07/2025	31/07/2025	E	<ul style="list-style-type: none"> Minutes of the Trust Board Development session 31 July 2025. 	Trust Board	30/09/2025

	reporting processes will be undertaken and reported to Board.							
4	Delegate oversight and endorsement of the Maternity Incentive Scheme to the newly established Perinatal Assurance Committee from year 8 onwards noting the Trust Board will also receive a report on Perinatal Assurance	Chief Nurse	27/11/2025		O	<ul style="list-style-type: none"> Minutes of Trust Board 27 November 2025. 	Trust Board	31/12/2025
5	Clarify roles, responsibilities and approval process for all MIS year 7 Safety Action Leads.	MIS Project Manager	31/12/2025		O	<ul style="list-style-type: none"> Guide for safety action leads developed by the MIS Lead. 	Perinatal Assurance Committee	29/01/2026
6	Introduce additional assurance from Year 8, including quarterly review of evidence before this is submitted, in line with the technical guidance, led by the Chief Nurse. External assurance to be provided by the Trust internal auditors (PwC), reporting to Audit Committee.	Chief Nurse	30/04/2026		O	<ul style="list-style-type: none"> Schedule of quarterly meetings arranged, technical guidance and evidence requirements shared with PwC. 	Perinatal Assurance Committee	31/07/2026
7	Participate fully in the revised process to ensure multidisciplinary review of the MIS evidence implemented by The West Yorkshire and Harrogate (WY&H) Local Maternity and Neonatal System (LMNS).	Director of Midwifery	04/12/2025		O	<ul style="list-style-type: none"> Evidence of Year 7 review of Trust Declaration. 	Trust Board	29/01/2026
8	Schedule a session led by NHS Resolution on MIS for the perinatal team and Board members responsible for completion, review and approval of MIS.	MIS Project Manager	31/01/2026		O	<ul style="list-style-type: none"> Agenda and supporting papers of the facilitated session. 	Perinatal Assurance Committee	30/04/2026