

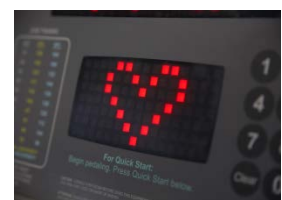
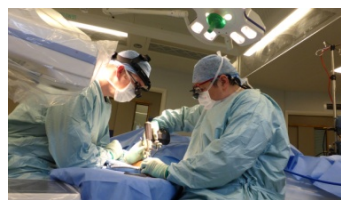
Outstanding Maternity Services (OMS) Programme Programme Mandate for Approval

Karen Dawber, Chief Nurse

Tim Gold, Director of Operations, Planned Care

May 2020

V2.0



1. Purpose of Paper

- A paper was brought to EMT in April introducing the need for an ***Outstanding Maternity Services (OMS) Programme***
- EMT supported the direction of travel of the paper and requested that an internal Programme Team be formed, rather than using external consultancy
- This paper presents a Programme Mandate, including an outline of the proposed delivery team, indicative costs and the delivery plan for Phase 1 of the programme
- The outline of the OMS Programme has been shared with the Women's Services CBU Triumvirate who support the proposal to put in place a dedicated Programme Team to work alongside the CBU to drive the transformation

The programme Mandate was approved at EMT on 18 May 2020.

Board are asked to:

- Note the proposed structure, investment and reporting mechanisms to improve Maternity Services

2. Case for change

“The service should consider developing an agreed maternity vision with relevant stakeholders, and a strategy to implement it”

(CQC, April 2020)

- CQC have assessed the Maternity Service Overall as *Requires Improvement* and Well Lead as *Inadequate*
- An action plan and assurance framework has been established to deliver the “Must Dos”, however CQC, and EMT have identified a need for a long term vision and transformation plan
- Work must continue on areas of good practice like Butterfly and Continuity of Carer whilst we develop the new service
- Limited capacity exists in the Women’s Services CBU to deliver large scale transformation alongside business as usual

Therefore, there is a need for large scale change AND to do it quickly. A fresh approach is needed...

3. Anticipated scope of programme

1. **Our vision to be an outstanding maternity service** e.g. how do we want to be perceived regionally and nationally, what is our USP?
2. **Regional opportunities** – how do we partner with Airedale and other partners in the network to build the best service for the communities we serve?
3. **Culture Workforce and ways of working** – how do we want our staff to work and behave differently? How do we best structure our medical and midwifery resources?
4. **Improving pathways and outcomes**, e.g. redesign of ante-natal pathways and improving still-birth rates, establishing essential controls
5. **Maternity systems**, e.g. how we move to Maternity Cerner
6. **Risk Management, governance and administration**, e.g. proactive risk management to improve outcomes, how do we change practice in response
7. **Theatres and estates**, e.g. new theatres build and making the best use of our available estate
8. **Structure and operating model**, e.g. are we set up appropriately to govern in the long term, is Women's Services the most appropriate structure?

4. Programme approach

A

Manage the Must Dos

Maintain existing best practice, e.g. Butterfly pathway + deliver CQC Must-do Action Plan

AND...

B

Shape & Deliver Outstanding Maternity Services (OMS) Programme

1

Develop Long Term Vision

What do we need to do?

2

Define Transformation Programme

How do we get there?

3

Deliver Change & Outcomes

Let's get it done

Indicative Timescales:

May 20 – Jul 20

Aug 20 – Sep 20

Sep 20 – Mar 22

Key Activities:

- Mobilise Outstanding Maternity Services Programme Team
- Form Outstanding Maternity Services Board
- Run visioning process to define priorities for becoming an outstanding maternity service and our role in the regional and national network
- OMS Board, Exec and Trust Board sign off Outstanding Maternity Services Vision
- Define and scope the OMS programme workstreams
- Produce roadmap and detailed plan
- Agree required resources for implementation
- Agree outcomes framework for implementation, e.g. key metrics & "Moments that matter": still birth rates, 1:1 care in labour etc
- OMS Board, Exec and Trust Board sign off Transformation Plan
- Proactive leadership and management of the delivery of the transformation Plan from OMS Board and Exec
- Deliver programme through 12 week sprints
- Quarterly gateways to confirm progress, review outcomes framework and revise plan where required
- Quarterly gateways signed off by OMS Board, Exec and Trust Board

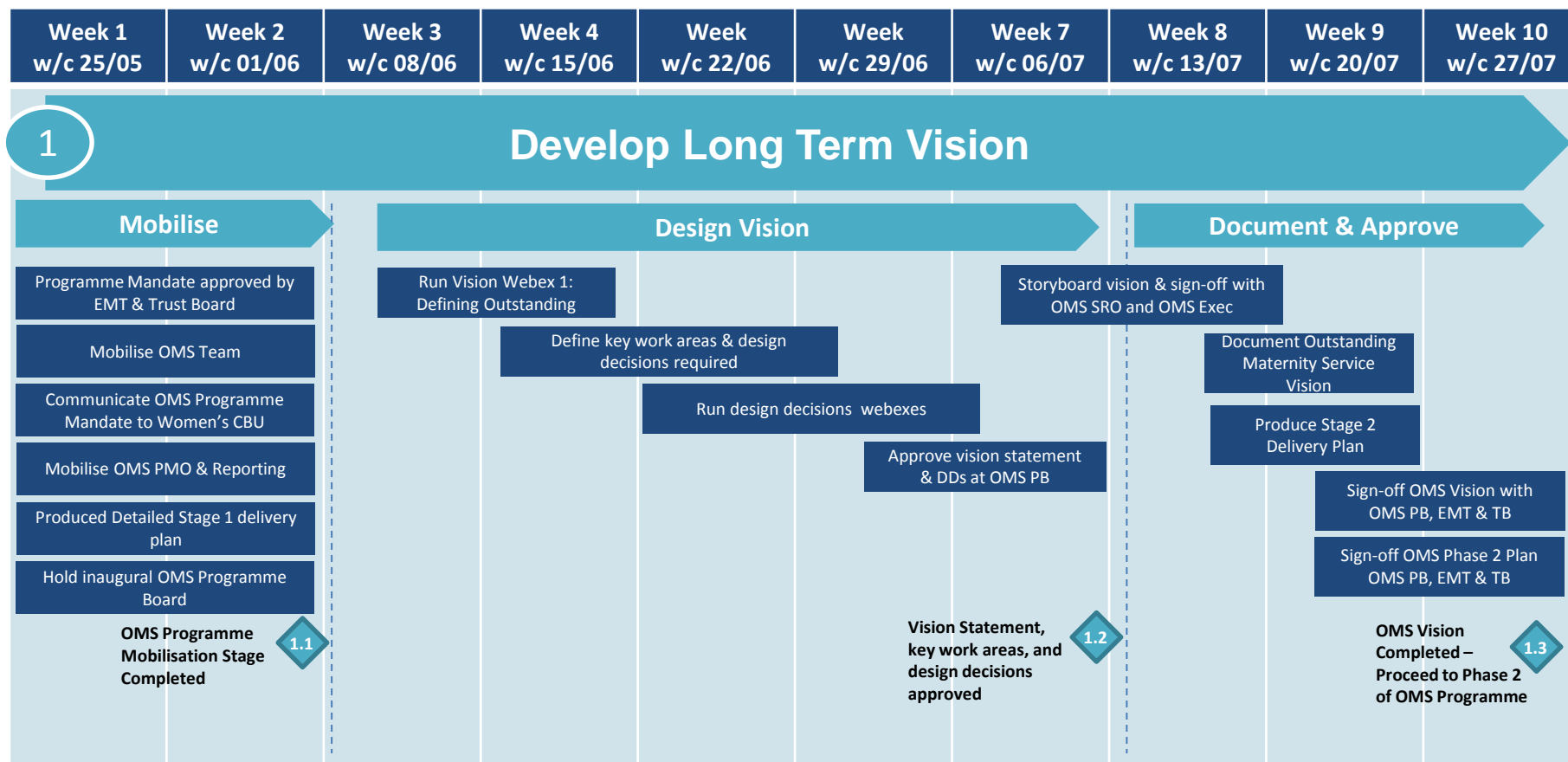
Required Deliverables:

1. Outstanding Maternity Services Vision
2. OMS Programme Team and OMS Board established

3. Outstanding Maternity Services Transformation Plan
4. Outstanding Maternity Services Outcomes Framework

5. Quarterly Gateway approval to proceed to next stage of OMS Programme

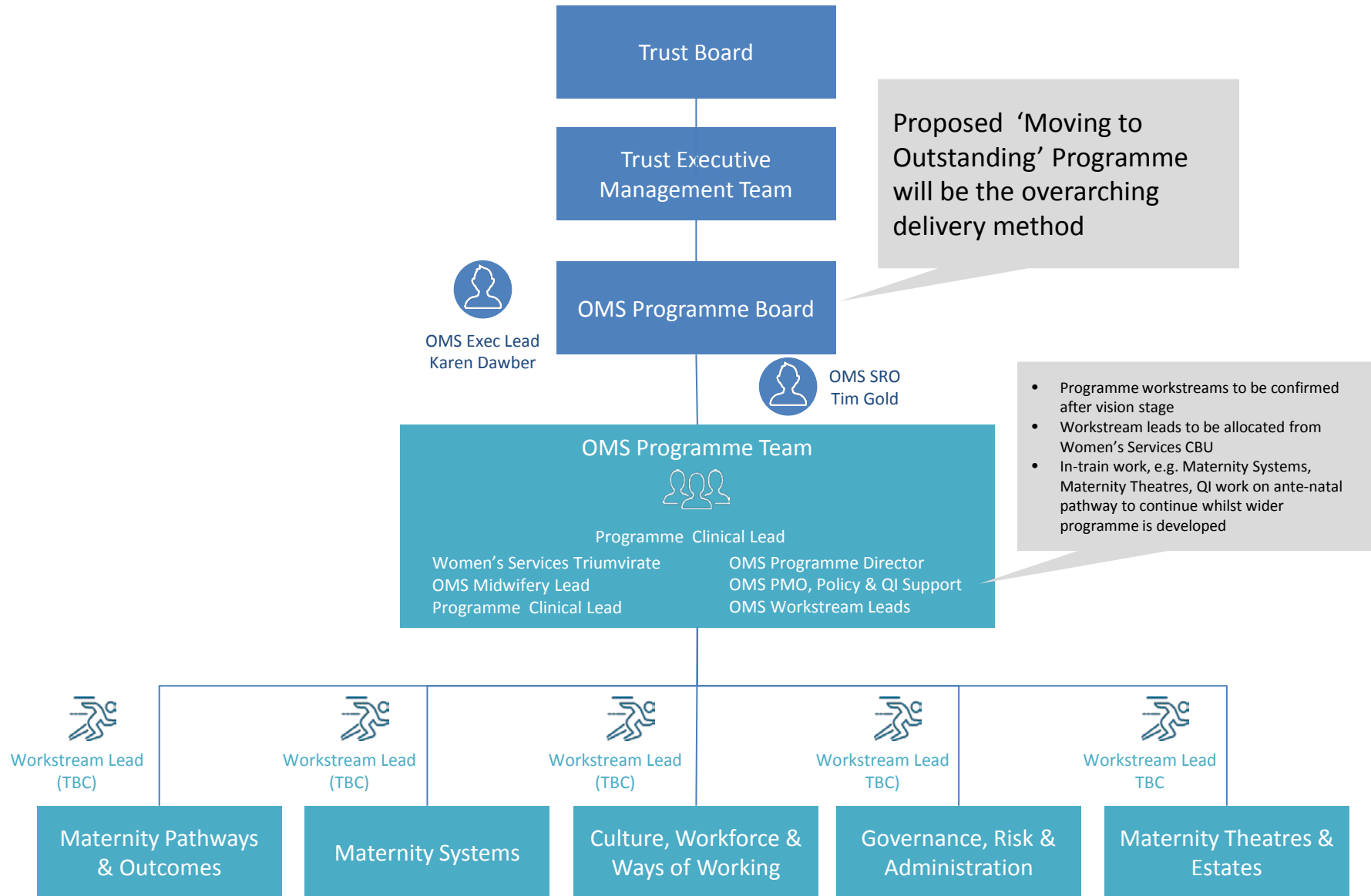
5. Stage 1 Delivery Plan & Key Milestones











Note: The work already commenced on Maternity Cerner and Maternity Theatres will continue to run alongside the Vision phase:

1. Maternity Theatres Design Phase is planned to complete in July with Construction targetted for completion in December 20, however this may slip slightly through social distancing measures.
2. Maternity Cerner is targetted for go-live in 21/22.
3. A full roadmap for all OMS workstreams will be developed in Phase 2 of the Programme.

6. Programme governance



7. Delivery team & cost provision required

Role	Purpose	Resource	Estimated Time Required	Cost Provision Required*
 OMS Executive Lead	Overall Executive Sponsor for the programme. Accountable for sponsorship of programme at EMT and Trust Board.	Karen Dawber	Ad hoc as required	No – within existing BTHFT resources
 OMS SRO	Programme Senior Responsible Owner. Accountable for overall delivery of Programme Roadmap.	Tim Gold	Ad hoc as required	No – within existing BTHFT resources
 OMS Programme Director	Responsible for delivery of programme roadmap and workstreams.	Senior PMO	Full Time	Within existing resources
 OMS Clinical Lead	Provides overall clinical leadership to the OMS Programme and key workstreams. Leads the development of clinical solutions and decisions with clinical workforce.	External clinician to CBU	5 PA provision to cover OMS Clinical Lead and Clinical input into OMS workstreams	Yes – 5 PAs required to backfill clinical time
 Women's Services Triumvirate	Customer of programme. Accountable for ensuring programme continues to delivery against Vision and CBU requirements. "Jointly and severally liable" for OMS success with OMS Programme Team.	Carolyn Robertson – Clinical Lead Sara Hollns - Head of Midwifery Hannah Ackroyd – General Manager	Attend all programme meetings and key workshops. Ad hoc as required.	No – within existing BTHFT resources
 OMS Midwifery Lead	Senior midwife to work directly alongside the Programme Team to support pathway development and input into other programme workstreams.	Senior Midwife with interest in public health	100% time	Full time 8b
 OMS Programme Support	Core OMS Programme Team will be supported by dedicated resource from wider BTHFT teams as required to support delivery of the programme roadmap.	Kate Lavery, Transformation Mollie Corner – Strategy & Integration LeeAnne Elliot/Liz Tomlin – QI BI/Digital/Workforce/Performance/Finance	Full Time Full Time in Vision stage Ad hoc as required TBC in Vision stage	No – within existing BTHFT resources
 OMS Workstream Leads	Provide leadership from CBU to work alongside Programme Team to deliver OMS Workstream Plans.	TBC in Vision Stage	5 PA provision to cover OMS Clinical Lead and Clinical input into OMS workstreams	Assumed within 5 PAs above.

*There is an estimated additional monthly run rate of £15,528 for OMS Programme Team in the Vision and Programme Definition stages. This run rate will be reviewed and approved in September prior to starting implementation. A business case for full programme implementation costs will be prepared for September 20.