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Date	11 May 2023	Agenda item	Bo.5.23.13b

## MATERNITY PLAN – NHS ENGLAND THREE YEAR DELIVERY PLAN FOR MATERNITY AND NEONATAL SERVICES

<b>Presented by</b>	Professor Karen Dawber, Chief Nurse Sara Hollins, Director of Midwifery		
<b>Author</b>	Sara Hollins, Director of Midwifery		
<b>Lead Director</b>	Professor Karen Dawber, Chief Nurse		
<b>Purpose of the paper</b>	To appraise the Board of Directors of the contents of the Three Year Delivery Plan for Maternity and Neonatal Services, and the Trust level responsibilities for delivery, including any risks		
<b>Key control</b>	Identify if the paper is a key control for the Board Assurance Framework		
<b>Action required</b>	For assurance		
<b>Previously discussed at/ informed by</b>	N/A		
<b>Previously approved at:</b>	Executive Team - E.5(1).23.6	<b>Date</b>	
			02.05.23

### Key Options, Issues and Risks

The 'single delivery' plan sets out a series of actions for Trusts, Integrated Care Boards (ICBs) and NHS England in order to improve the safety and quality of maternity and neonatal services.

It follows several national plans and reports, including the reports by Donna Ockenden and Dr Bill Kirkup, and brings together the key objectives services are asked to deliver against over the next three years.

### Analysis

An initial review of the plan reassuringly supports improvements and recommendations that in some instances are embedded in practice or in progress, following the Ockenden assurance work already undertaken and the national maternity transformation programme.

However, there are a number of potential risks and challenges in delivering the three year plan in each of the four themes.

Key risks are in relation to:

- Digital systems which will enable women to access their records and interact with their digital plans by 2024. The current EPR maternity system does not have a patient portal or an electronic personalised care plan function and there is no imminent solution.
- Implementation of Saving Babies' Lives Care Bundle version 3 by March 2024- scanning capacity is already a major challenge.
- Implementation of the new national maternity and neonatal early warning scores by 2025, is a potential Cerner digital risk.
- Further investment into interpreting solutions.
- Achieving Baby Friendly status by 2027 will require short term investment.

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Recommendation
<ul style="list-style-type: none"> <li>Discussion to be held with the Chief Digital and Information Officer to agree a plan regarding the digital risks described.</li> <li>Digital maternity risk entry to be updated accordingly following discussion above.</li> <li>The monthly Maternity and Neonatal Services update paper presented to Quality and Patient Safety Academy will be used to update on progress against the plan, and any challenges or risks requiring escalation to Board.</li> <li>Any actions requiring financial investment will be brought to Executive Team Meeting, for discussion and decision regarding any next steps.</li> </ul>

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness			g			
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.</i>	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS England: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS England Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality & Patient Safety	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 1 PURPOSE/ AIM

The purpose of the paper is to appraise the Board of Directors of the contents of the Three Year Delivery Plan for Maternity and Neonatal Services, and the Trust level responsibilities for delivery including any risks.

## 2 BACKGROUND/CONTEXT

The NHS England 'Three Year Delivery Plan for Maternity and Neonatal Services' was published on 30 March 2023.

The 'single delivery' plan sets out a series of actions for Trusts, Integrated Care Boards (ICBs) and NHS England in order to improve the safety and quality of maternity and neonatal services.

It follows several national plans and reports, including the reports by Donna Ockenden and Dr Bill Kirkup, and brings together the key objectives services are asked to deliver against over the next three years.

The report sets out the 12 priority actions for Trusts and systems for the next three years, across four themes:

### • Listening to women and families with compassion

- Care that is personalised
- Improve equity for mothers and babies
- Work with service users to improve care

### • Supporting the workforce

- Grow our workforce
- Value and retain our workforce
- Invest in skills

### • Developing and sustaining a culture of safety

- Develop a positive safety culture
- Learning and improving
- Support and oversight

### • Meeting and improving standards and structures

- Standards to ensure best practice
- Data to inform learning
- Make better use of digital technology in maternity and neonatal services

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Initial review of the plan reassuringly supports improvements and recommendations that in some instances are embedded in practice or in progress, following the Ockenden assurance work already undertaken and the national maternity transformation programme. For example, the Trust can already demonstrate robust executive and non-executive maternity and neonatal safety champion processes, and evidence that the quality of maternity and neonatal services is reviewed on a monthly basis at Quality and Patient Safety Academy and Trust Board.

The plan is also aligned with existing workstreams and priorities led by regional maternity and local maternity and neonatal system (LMNS), such as the implementation of Saving Babies' Lives care bundle

### Potential Risks and Challenges:

#### Listening to women and families with compassion;

Listening and responding to all women and families is an essential part of safe and high quality care. It improves the safety and experience of those using maternity and neonatal services and helps address health inequalities.

The service is on track with some of the key commitments relating to this theme. For example, the bereavement service is moving towards a 7 day model. Perinatal mental health services, pathways and support have been developed over the past 2 years and work closely with partners in the care trust.

Collaborative working and co-production with the Maternity and Neonatal Voices Partnership (MNVP) has been integral to service development and transformation. The MNVP are valued partners and this relationship continues to develop.

#### Potential challenges:

- Midwifery Continuity of Carer (MCoC) remains high on the medium to long term agenda, with a continued focus on providing MCoC to our most vulnerable women and pregnant people
- Digital solutions including personalised care plans which to date we have not found a solution for. This currently prevents us from undertaking the regular audits recommended and acting on the findings.
- Digital solutions to enable women to access their records and interact with their digital plans by 2024. As above.
- Achieving Baby Friendly status by 2027. The service is currently working towards Baby Friendly re-accreditation, but without additional short term investment achieving this by 2027 will be a challenge.
- Provide services that meet the needs of their local populations, paying particular attention to health inequalities, including ensuring access to interpreter services. Good progress has been made in this domain but it is anticipated that ongoing improvements regarding access to interpreting services will carry some financial risk.

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### **Growing, retaining, and supporting our workforce:**

The maternity service has robust plans in place to continue to recruit and retain maternity staff to fill local vacancies. The service also utilises the available NICE endorsed tools as part of the regular workforce planning reviews.

The maternity service will continue to work to implement the wider Trust equity and equality plans to reduce workforce inequalities, in addition to CSU level innovations and work undertaken in collaboration with the West Yorkshire and Harrogate (WY&H) Local Maternity and Neonatal System (LMNS).

Potential challenges:

- Provide administrative support to free up pressured clinical time requires exploration and consideration.
- Developing a mentorship programme for newly appointed Band 7 and 8 midwives requires progression.
- Creating an anti-racist workplace will require support and guidance from the Trust Equity and Diversity leads.

### **Developing and sustaining a culture of safety, learning, and support:**

The key commitments for women and families in this domain include supporting staff to work with professionalism, kindness, compassion, and respect. The service is fortunate to be in the first cohort of NHS organisations participating in the Perinatal Cultural Leadership Programme, which is intended to provide maternity leaders with the tools to empower teams to behave in this way.

Implementing the Patient Safety Incident Response Framework (PSIRF) to support families with a compassionate response and to ensure learning is already in progress within the maternity service.

The executive and non-executive maternity and neonatal board safety champions are well embedded at BTHFT and the Director of Midwifery has a standing invitation to participate directly in board level discussions regarding maternity services.

The Freedom to Speak Up (FTSU) process is also well embedded across the organisation and within maternity services. There is an FTSU maternity guardian and FTSU midwifery student ambassadors within the existing structure.

There are good relationships between the local Maternity and Neonatal Voices Partnership (MNVP) and examples of co-produced service development. This relationship continues to grow and develop under new Chair/Co-Chair.

Potential challenges:

- More oversight and information regarding neonatal services at Board level
- Involve the MNVP in developing the trust's complaints process- this will need development.

### **Standards and structures that underpin safer, more personalised, and more equitable care:**

Maternity and neonatal teams need to be supported by clear standards and structures, including being enabled to implement best clinical practice, having high quality data to inform decision making and having digital tools that enable information to flow.

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Maternity Cerner EPR was rolled out in March 2022 and whilst it has improved some elements of recording and collecting data, there are still limitations.

Theme 1 highlighted the lack of an electronic personalised care plan and patient portal. This standard further enhances the need for a digital solution which enables women to access their clinical records and interact with their digital plans to support informed decision making.

The Trust fully implemented Saving Babies' Lives Care Bundle (SBLCB), version 2. However, there are a number of challenges in delivering the required number of scans due to the increased demand and national shortage of ultrasonographers. The imminent launch of SBLCB version 3, poses a potential further risk around scan capacity.

- Implementation of Saving Babies' Lives Care Bundle version 3 by March 2024- scanning capacity is already a major challenge.
- Implementation of the new national maternity and neonatal early warning scores by 2025, is a potential Cerner digital risk.
- Ability for women to access their clinical records and interact with their digital plans to support informed decision making is an existing risk.

### 3 PROPOSAL

A number of identified risks are directly linked to digital EPR systems and functionality and it is proposed that the issues raised are discussed with the Chief Digital and Information Officer to agree a plan. The existing risk registers entry regarding digital issues, will then be updated to reflect any additional risk.

As the 4 key themes and 12 priority actions are fundamentally issues and improvements which are already core to the service and future improvement plans, it is proposed that the monthly Maternity and Neonatal Services update paper presented to Quality and Patient Safety Academy, will be used to update on progress against the plan, and any challenges or risks requiring escalation to Board.

It is proposed that any actions requiring financial investment will be brought to Executive Team Meeting, for discussion and decision regarding any next steps.

### 4 BENCHMARKING IMPLICATIONS

It is anticipated that the West Yorkshire and Harrogate Local Maternity and Neonatal System and the North East and Yorkshire Regional Chief Midwifery Officer Team, will have key roles in monitoring progress with implementation of the plan.

### 5 RISK ASSESSMENT

Maternity Risk registers will be updated as appropriate.

### 6 RECOMMENDATIONS

- Discussion to be held with the Chief Digital and Information Officer to agree a plan regarding the digital risks described.
- Digital maternity risk entry to be updated accordingly following discussion above.
- The monthly Maternity and Neonatal Services update paper presented to Quality and Patient Safety Academy will be used to update on progress against the plan, and any challenges or risks requiring escalation to Board.

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- Any actions requiring financial investment will be brought to Executive Team Meeting, for discussion and decision regarding any next steps.

<b>7</b>	<b>REFERENCES</b>
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Appendix 1 - Three year delivery plan for maternity and neonatal services, March 2023, NHS England