

Three Year Delivery Plan for Maternity and Neonatal Services

Ref No:	Theme & Objective	Trusts	ICB/LMNS	NHSE
	Theme 1: Listening to and working with women and families with compassion			
	Objective 1: Care that is personalised			
1.1	Empower maternity and neonatal staff to deliver personalised care so they the time, training, tools, and information, to deliver the ambition above.	✓		
1.2	Monitor the delivery of personalised care by undertaking regular audits and seeking feedback from women and parents.	✓		
1.3	Consider roll out midwifery continuity of carer in line with the principles NHS England set out in September 2022	✓		
1.4	Achieve the standard of the UNICEF UK Baby Friendly Initiative (BFI) for infant feeding, or an equivalent initiative, by March 2027.	✓		
1.5	Commission for and monitor implementation of personalised care.		✓	
1.6	Commission and implement by the end of March 2024, in line with national service specifications - perinatal pelvic health services, to identify, prevent, and treat common pelvic floor problems in pregnant women and new mothers .		✓	
1.7	Commission and implement by the end of March 2024, in line with national service specifications - community perinatal mental health services including maternal mental health services, to improve the availability of mental health care.		✓	
1.8	Work with service users and other partners to produce standardised information focused on priorities identified by service users: intrapartum interventions, mode of birth, induction of labour and pain			✓
1.9	Extend the national support offer to help services to achieve UNICEF BFI accreditation or an equivalent initiative.			✓
1.10	Publish national postnatal care guidance, setting out the fundamental components of high-quality postnatal care, to support ICSs with their local improvement initiatives by the end of 2023. Information for GPs on the 6-8 week postnatal check will be published in spring 2023.			✓
1.11	In April 2023, publish a national service specification for perinatal pelvic health services alongside associated implementation guidance.			✓
1.12	Create a patient reported experience measure (PREM) by 2025 to help trusts and ICBs monitor and improve personalised care.			✓
1.13	By March 2024, act on findings from the evaluation of independent senior advocate pilots, as set out in the first Ockenden report			✓
1.14	Invest to ensure daily availability of bereavement services 7 days a week by the end of 2023/24. This will help trusts to provide high quality bereavement care including appropriate post-mortem consent and follow-up.			✓
	Objective 2: Improve equity for mothers and babies			
2.1	Provide services that meet the needs of their local populations, paying particular attention to health inequalities. This includes facilitating informed decision-making, for example choice of pain relief in labour, ensuring access to interpreter services, and adhering to the Accessible Information Standard in maternity and neonatal settings	✓		
2.2	Collect and disaggregate local data and feedback by population groups to monitor differences in outcomes and experiences for women and babies from different backgrounds and improve care. This data should be used to make changes to services and pathways to address any inequity or inequalities identified.	✓		
2.3	Publish and lead implementation of their LMNS equity and equality action plan alongside neonatal ODNs, including work across organisational boundaries.		✓	
2.4	Commission MNVPs to reflect the ethnic diversity of the local population and reach out to seldom heard groups.		✓	
2.5	Provide regional and national support for the implementation of LMNS equity and equality action plans.			✓
2.6	Pilot and evaluate new service models built for reducing inequalities including enhanced midwifery continuity of carer and culturally sensitive genetics services for couples practising close relative marriage in high need areas.			✓
2.7	Publish the National Review of Health and Social Care in Women’s Prisons. This review covers maternity and perinatal services.			✓
	Objective 3: Work with service users to improve care			
3.1	Involve services users in quality, governance and co-production when planning the design and delivery of maternity and neonatal services	✓		
3.2	Commission and fund MNVPs, to cover each trust within their footprint, reflecting the diversity of the local population in line with the ambition above.		✓	
3.3	Remunerate and support MNVP leads, and ensure that an annual, fully funded workplan is agreed and signed off by the MNVP and the ICB. All MNVP members should have reasonable expenses reimbursed.		✓	
3.4	Ensure service user representatives are members of the local maternity and neonatal system board.		✓	
3.5	Co-produce national policy and quality improvement initiatives with national and regional service user representatives and MNVP leads.			✓
3.6	Through operational delivery networks, support parent representation in governance of neonatal services.			✓
3.7	Provide funding for clinical leadership and programme management of ICBs, which includes funding to support service user involvement			✓
	Theme 2: Growing, retaining and supporting our workforce			
	Objective 4: Grow our workforce			
4.1	Undertake regular local workforce planning, using nationally standardised tools where available, to establish the workforce required for each profession at every stage of care. Where trusts do not yet meet the staffing establishment levels set by Birthrate+ or equivalent tools, do so by 2027/28, and in future meet the expectations from nationally recognised tools for other professions.	✓		
4.2	Develop and implement a local plan to fill vacancies, which should include support for newly qualified staff and midwives who wish to return to practice.	✓		
4.3	Provide administrative support to free up pressured clinical time.	✓		
4.4	Commission and monitor safe staffing across their system		✓	
4.5	Agree staffing levels with trusts for those professions where a nationally standardised tool has not yet been developed. National guidance should be considered when determining staffing levels (for example, Guidelines for the Provision of Anaesthesia Services for an Obstetric Population, Royal College of Anaesthetists, 2023; Implementing the Recommendations of the Neonatal Critical Care Transformation Review		✓	
4.6	Align commissioning of services to meet the ambitions outlined in this document with the available workforce capacity. It is envisaged that from 2024/25 ICBs will assume delegated responsibility for the commissioning of neonatal services.		✓	
4.7	Work with trusts and higher education institutions to maximise student placement capacity, ensuring the effectiveness and quality of clinical placements.		✓	
4.8	Assist trusts and regions with their workforce growth plans by providing direct support, including through operational delivery networks for neonatal staffing.			✓
4.9	Boost midwifery workforce supply through undergraduate training, apprenticeships, postgraduate conversion, return to midwifery programmes, and international recruitment.			✓
4.10	Increase medical training places across obstetrics and gynaecology and anaesthetics to expand the consultant workforce in maternity services.			✓
4.11	Collaborate with the Royal College of Obstetricians and Gynaecologists (RCOG) to support their work developing an obstetric workforce planning tool, to be published in 2023/24. This initiative will help establish the staffing levels required to appropriately resource clinical leadership and intrapartum care.			✓
4.12	Established midwifery posts have increased by over 2,000 WTE since March 2021, with obstetric consultant posts and maternity support worker posts each increasing by around 400 WTE since April 2021. For neonatal services, we have invested to establish over 550 new neonatal nurses, care-coordinators, and workforce and education leads, and have committed to funding 130 WTE new allied health professional and over 40 WTE new psychologist posts.			✓

5.1	Identify and address local retention issues affecting the maternity and neonatal workforce in a retention improvement action plan.	✓		
5.2	Implement equity and equality plan actions to reduce workforce inequalities.	✓		
5.3	Create an anti-racist workplace, acting on the principles set out in the combatting racial discrimination against minority ethnic nurses, midwives and nursing associates resource	✓		
5.4	Identify and address issues highlighted in student and trainee feedback surveys, such as the National Education and Training Survey	✓		
5.5	Offer a preceptorship programme to every newly registered midwife, with supernumerary time during orientation and protected development time. Newly appointed Band 7 and 8 midwives should be supported by a mentor.	✓		
5.6	Develop future leaders via succession planning, ensuring this pipeline reflects the ethnic background of the wider workforce.	✓		
5.7	Share best practice for retention and staff support.		✓	
5.8	Highlight common or high-impact retention challenges to the national team to enable consideration of a national approach.		✓	
5.9	Support retention with funding to continue a retention midwife in every maternity unit during 2023/24, with ICBs maintaining the focus on retention thereafter.			✓
5.10	Continue to invest in neonatal operational delivery network (ODN) education and workforce leads to support the recruitment and retention of neonatal staff.			✓
5.11	In 2023/24, provide funding to establish neonatal nurse quality and governance roles within trusts, to support cot-side clinical training and clinical governance.			✓
5.12	In 2023/24, strengthen neonatal clinical leadership with a national clinical director for neonatal and national neonatal nurse lead.			✓
5.13	Continue to address workforce inequalities through the Workforce Race Equality Standard.			✓
5.14	Provide national guidance for implementation of the A-Equip model and for the professional midwifery advocate role to provide restorative clinical supervision in local services.			✓
5.15	By April 2024, develop a framework and models for coaching, to improve the quality of midwifery student clinical placements.			✓
	Objective 6: Invest in skills			
6.1	Undertake an annual training needs analysis and make training available to all staff in line with the core competency framework.	✓		
6.2	Ensure junior and SAS obstetricians and neonatal medical staff have appropriate clinical support and supervision in line with RCOG guidance and BAPM guidance, respectively.	✓		
6.3	Ensure temporary medical staff covering middle grade rotas in obstetric units for two weeks or less possess an RCOG certificate of eligibility for short-term locums.	✓		
6.4	Refresh the curriculum for maternity support workers (MSWs) by June 2023.			✓
6.5	Provide tools to support implementation of the MSW competency, education, and career development framework by September 2023.			✓
6.6	Work with RCOG to develop leadership role descriptors for obstetricians by summer 2023 to support job planning, leadership, and development.			✓
6.7	Establish a sustainable national route for the training of obstetric physicians, to support the development of maternal medicine networks.			✓
6.8	Work with Royal Colleges and professional organisations to understand and address the challenges involved in recruiting and training the future neonatal medical workforce.			✓
6.9	Through action set out above to grow the workforce, help to address pressures on backfill for training.			✓
	Theme 3: Developing and sustaining a culture of safety, learning and support			
	Objective 7: Develop a positive safety culture			
7.1	Make sure maternity and neonatal leads have the time, access to training and development, and lines of accountability to deliver the ambition above. Including time to engage stakeholders, including MNVP leads.	✓		
7.2	Support all their senior leaders, including board maternity and neonatal safety champions, to engage in national leadership programmes (see below) by April 2024, identifying and sharing examples of best practice.	✓		
7.3	At board level, regularly review progress and support implementation of a focused plan to improve and sustain maternity and neonatal culture.	✓		
7.4	Ensure staff are supported by clear and structured routes for the escalation of clinical concerns, based on frameworks such as the Each Baby Counts: Learn and Support escalation toolkit.	✓		
7.5	Ensure all staff have access to Freedom to Speak Up training modules and a Guardian who can support them to speak up when they feel they are unable to in other ways.	✓		
7.6	Monitor the impact of work to improve culture and provide additional support when needed.		✓	
7.7	Provide opportunities for leaders to come together across organisational boundaries to learn from and support each other.		✓	
7.8	By April 2024, offer the Perinatal Culture and Leadership Programme to all maternity and neonatal leadership quadrumvirates. This includes a diagnosis of local culture through a culture survey and provides practical support to nurture culture and leadership.			✓
	Objective 8: Learn and improve			
8.1	Understand ‘what good looks like’ to meet the needs of their local populations and learn from when things go well and when they do not.	✓		
8.2	Respond effectively and openly to patient safety incidents using PSIRF.	✓		
8.3	Ensure there is adequate time and formal structures to review and share learning, and ensure actions are implemented within an agreed timescale.	✓		
8.4	Establish and maintain effective, kind, and compassionate processes to respond to families who experience harm or raise concerns about their care. This should include a single point of contact for ongoing dialogue with the trust.	✓		
8.5	Consider culture, ethnicity and language when responding to incidents (NHS England, 2021).	✓		
8.6	Act, alongside maternity and neonatal leaders, on outcomes data, staff and MNVP feedback, audits, incident investigations, and complaints, as well as learning from where things have gone well.	✓		
8.7	Share learning and good practice across all trusts in the ICS.		✓	
8.8	Oversee implementation of the PSIRF safety improvement plan, monitoring the effectiveness of incident response systems in place.		✓	
8.9	Support the transition to PSIRF through national learning events.			✓
8.10	Through regional teams, share insights between organisations to improve patient safety incident response systems and improvement activity.			✓
	Objective 9: Support and oversight			
9.1	Maintain an ethos of open and honest reporting and sharing information on the safety, quality and experience of their services.	✓		
9.2	Regularly review the quality of maternity and neonatal services, supported by clinically relevant data including – at a minimum – the measures set out in the perinatal quality surveillance model and informed by the national maternity dashboard.	✓		
9.3	Appoint an executive and non-executive maternity and neonatal board safety champion to retain oversight and drive improvement. This includes inviting maternity and neonatal leads to participate directly in board discussions.	✓		
9.4	Involve the MNVP in developing the trust’s complaints process, and in the quality safety and surveillance group that monitors and acts on trends.	✓		
9.5	At Board level listen to and act on Freedom to Speak Up data, concerns raised and suggested innovations in line with the FTSU Guide and improvement tool.	✓		
9.6	Commission services that enable safe, equitable and personalised maternity care for the local population.		✓	
9.7	Oversee quality in line with the PQSM and NQB guidance, with maternity and neonatal services included in ICB quality objectives.		✓	
9.8	Lead local collaborative working, including the production of a local quality dashboard that brings together intelligence from trusts.		✓	
9.9	National bodies, ICBs and trusts to address issues escalated to national level.			✓
9.10	Provide nationally consistent support for trusts that need it through the Maternity Safety Support Programme (MSSP).			✓
9.11	Work to align the MSSP with the NHS oversight framework and improve alignment with the recovery support programme and evaluate the programme by March 2024.			✓
9.12	During 2023/24, test the extent to which the PQSM has been effectively implemented.			✓
9.13	By March 2024, provide targeted delivery of the Maternity and Neonatal Board Safety Champions Continuation Programme to support trust board assurance, oversight of maternity and neonatal services, and a positive safety culture.			✓

	Theme 4: Standards and structures the underpin safer, more personalised, and more equitable care			
	Objective 10: Standards to ensure best practice			
10.1	Implement version 3 of the Saving Babies' Lives Care Bundle by March 2024 and adopt the national MEWS and NEWTT-2 tools by March 2025.	✓		
10.2	Regularly review and act on local outcomes including stillbirth, neonatal mortality and brain injury, and maternal morbidity and mortality to improve services.	✓		
10.3	Ensure staff are enabled to deliver care in line with NICE guidelines.	✓		
10.4	Complete the national maternity self-assessment tool if not already done, and use the findings to inform maternity and neonatal safety improvement plans.	✓		
10.5	Prioritise areas for standardisation and co-produce ICS-wide clinical policies such as for implementation of the Saving Babies' Lives Care Bundle.		✓	
10.6	Oversee and be assured of trusts' declarations to NHS Resolution for the Maternity Incentive Scheme.		✓	
10.7	Monitor and support trusts to implement national standards.		✓	
10.8	Commission care that has regard to NICE guidelines.		✓	
10.9	Keep best practice up to date through version 3 of the Saving Babies Lives Care Bundle and the MEWS and NEWTT-2 tools, as well as developing tools to improve the detection and response to suspected intrapartum fetal deterioration.			✓
10.10	By spring 2024, identify the common challenges trusts and ICSs face in meeting national standards, and take action where national solutions may help.			✓
10.11	Support the integration of MEWS, NEWTT-2, and other clinical tools into existing digital maternity information systems by autumn 2024.			✓
10.12	Provide support to capital projects to increase and better align neonatal cot capacity throughout 2023/24 and 2024/25.			✓
10.13	Over the next 3 years, undertake a national maternity and neonatal unit infrastructure compliance survey and report, to determine the level of investment needed for an environmentally sustainable development of the maternity and neonatal estate across England.			✓
	Objective 11: Data to inform learning			
11.1	Review available data to draw out themes and trends and identify and address areas of concern including consideration of the impact of inequalities.	✓		
11.2	Ensure high-quality submissions to the Maternity Services Data Set and report information on incidents to NHS Resolution, the Healthcare Safety Investigation Branch and National Perinatal Epidemiology Unit.	✓		
11.3	Use data to compare their outcomes to similar systems and understand any variation and where improvements need to be made.		✓	
11.4	At a regional level, understand any variation in outcomes and support local providers to address identified issues.			✓
11.5	Convene a group to progress the recommendation from the Kirkup report for an early warning system to detect safety issues within maternity and neonatal services, reporting by autumn 2023.			✓
11.6	Create a single notification portal by summer 2024 to make it easier to notify national organisations of specific incidents.			✓
11.7	Publish a digital version of the national recommendations register by summer 2024, to support trusts to learn from and comply with national recommendations.			✓
	Objective 12: Make better use of digital technology in maternity and neonatal services			
12.1	Have and be implementing a digital maternity strategy and digital roadmap in line with the NHS England What Good Looks Like Framework.	✓		
12.2	Procure an EPR system – where that is not already being managed by the ICB – that complies with national specifications and standards, including the Digital Maternity Record Standard and the Maternity Services Data Set and can be updated to meet maternity and neonatal module specifications as they develop.	✓		
12.3	Aim to ensure that any neonatal module specifications include standardised collection and extraction of neonatal national audit programme data and the neonatal critical care minimum data set.	✓		
12.4	Have a digital strategy and, where possible, procure on a system-wide basis to improve standardisation and interoperability.		✓	
12.5	Support women to set out their personalised care and support plan through digital means, monitoring uptake and feedback from users.		✓	
12.6	Support regional digital maternity leadership networks.		✓	
12.7	Set out the specification for a compliant EPR, including setting out the requirements for maternity by March 2024.			✓
12.8	Publish a refreshed Digital Maternity Record Standard and Maternity Services Data Set standard by March 2024.			✓
12.9	Grow the digital leaders' national community, providing resources, training and development opportunities to support local digital leadership.			✓
12.10	Incorporate pregnancy-related data and features into the NHS App to enhance the facility for women to view their patient records via the NHS app.			✓
12.11	Develop facets of a Digital Personal Child Health Record with citizen-facing tools to support neonatal and early years health by March 2025.			✓