

System name:	Nottingham and Nottinghamshire Integrated Care System
C4 Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review	
Please set out the specific actions that, as a system, you will prioritise over the next 12 months to address the objectives below	
<p><i>Continue to embed and deliver the seven immediate and essential actions identified in the interim Ockenden report, along with any future learning shared in the second Ockenden report and East Kent review (when published).</i></p>	<ul style="list-style-type: none"> ▪ LMNS Executive Partnership have maintained oversight from the previous Ockenden submission, working with providers to assess actions plans to embed their work on the seven immediate and essential actions. ▪ Programme team have worked with partners to develop a Notts ICS Ockenden sign off and review procedure, aligned to Trust governance structures. ▪ MVP participation in the Ockenden review process is being further developed (as part of the MVP Review) and will be embedded within the Notts ICS Ockenden sign off and review procedure. ▪ Quarterly partnership review meetings will provide a forum for collaborative discussion, assurance and agreement on compliance ahead of formal submissions. These meetings will set the expectations for reviewing Ockenden evidence and planning for the next quarter, as well as ensuring a consistent system approach to assurance and the opportunity to share learning across Trusts. Review focus will particularly be on areas where compliance ratings have changed since the previous quarterly submission. ▪ Monthly meetings will be held with LMNS programme leads, CCG leads and Trust leads to provide ongoing assurance for progress against the EIA's ▪ Ockenden recommendations and delivery will be embedded within all areas of the LMNS programme work and governance. All workstream delivery plans are currently being refreshed to ensure focus on the EIA's and that the recommendations of both Ockenden reports are front and centre to ensure key focus and prioritisation ▪ Insight visits with the regional team are booked 6th & 7th September 2022 and learning from these will be shared across the system ▪ LMNS oversight and assurance process will align Ockenden reporting with system/ICB governance and national quality board as part of the LMNS Maturity Framework <p>Current compliance illustrates an increase in IEA compliance across all domains. This will be submitted in April 2022. Compliance will be monitored over time as set out above and expanded to include Ockenden 2 recommendations.</p>

NUH	Apr 22	SFH	Apr 22
IEA1	100%	IEA1	100%
IEA2	99%	IEA2	100%
IEA3	65%	IEA3	100%
IEA4	89%	IEA4	100%
IEA5	70%	IEA5	100%
IEA6	94%	IEA6	100%
IEA7	57%	IEA7	71%
WF	80%	WF	100%

An assurance review panel was held on 23rd March and from this we anticipate that NUH % ratings will increase against a number of IEA's in the short term and that this will be reflected in the next submission.

ICSSs should undertake formal, structured and systematic oversight of how their LMS delivers its functions and there should be a direct line of sight to the LMS board.

LMSs should continue to oversee quality in line with Implementing a

- The LMNS programme has reviewed its governance arrangements and terms of reference to ensure that there is a robust LMNS perinatal quality surveillance structure to ensure LMNS strategic oversight and scrutiny of perinatal quality surveillance, development and activity in line with the Ockenden recommendations.
- The governance structure comprises a Perinatal Quality Surveillance Group and a Transformation Board that reports into the LMNS Executive Partnership Board. There is alignment between the Perinatal Quality Surveillance Group and the Transformation Board, along with programme workstreams, to ensure that

<p><i>revised perinatal quality surveillance model</i></p>	<p>insight and recommendations flow between these areas of work to strengthen LMNS oversight and performance.</p> <ul style="list-style-type: none"> ▪ The Perinatal Quality Surveillance Group maintains advanced scrutiny of Serious Incidents and key performance indicators via dedicated subgroups. ▪ Governance arrangements within the ICS are being finalised but the LMNS board reports via the Quality Committee to the ICS Board. ▪ We are underway to ensure there is MVP participation in all LMNS activities and workstreams. ▪ The LMNS has defined a local Ockenden review process, with perinatal quality surveillance as a key part of scrutiny of quality.
<p><i>Prioritise reopening any services suspended due to the pandemic, ensuring women can take somebody with them to all maternity appointments and supporting work to increase vaccination against COVID-19 in pregnancy.</i></p>	<ul style="list-style-type: none"> ▪ Services that were suspended as a result of COVID include the home birth service, routine growth scans, Glucose Tolerance Testing and parent craft sessions. At this time, these services have been reopened with exception of the Home Birth service at both provider trusts. ▪ There is continued commitment to ensuring women have access to support during their maternity journey. ▪ Trusts are committed to supporting maternity staff recover from the pressures of the pandemic, with organisational mental health and wellbeing support offered at both Trusts. ▪ As per the equity submission, the four actions have been implemented across the system, with further work required on a co-produced operational policy.
<p><i>Implementing Better Births - delivering local plans for midwifery continuity of carer (MCoC) in line with Delivering midwifery continuity of carer at full scale, prioritising MCoC so that most Black, Asian and mixed ethnicity women and most women from the most deprived areas receive it once the building blocks are in place</i></p>	<ul style="list-style-type: none"> ▪ Achieving full implementation of COC continues to remain a considerable risk for the system. The continued impact of Covid and the Level 4 incident has added to the workforce challenges across the system and it is anticipated that this will mean that the LMNS will not achieve the national target for CoC and are likely to be at least a year behind target achievement. ▪ This will be the focus of a discussion at executive partnership in March to refocus the priorities for continuity of carer and gain executive steer for realistic timescales, given provider workforce challenges. ▪ Despite this, progress has been made to develop the building blocks for continuity. This includes: <ul style="list-style-type: none"> ○ a large-scale digital maternity information system replacement ○ refocused plans to embed Personal Care and Support Plans ○ development of a BR+ compliance plan ○ NUH have received external funding in the region of £1 million from Small Steps Big Changes (SSBC) to recruit and train a new Maternity Support Workforce focused on the most deprived areas. This will

	<p>have the added benefit of shared learning from SSBC work with pregnant women and mothers from the most deprived wards in the City.</p> <ul style="list-style-type: none"> ▪ an equity analysis for the system has been developed which will inform our planning of how to tailor COC to those most in need. This will support the identification and prioritisation of Black, Asian and mixed ethnicity women and most women from the most deprived areas for Continuity of Carer once the building blocks are embedded.
<p><i>Implementing Better Births - offering every woman a personalised care and support plan in line with the Personalised care and support planning guidance</i></p>	<ul style="list-style-type: none"> ▪ Currently, every woman is provided with a paper Personalised Care and Support Plan. ▪ Last year, plans to strengthen the quality of the PCSP's and the embedding of their use throughout women's maternity journey were impacted by workforce capacity due to Covid-19 and the level 4 incident. This work will now be the focus for next year. ▪ Work over the next year will re-establish a focus on the quality of the plans and embedding their use with both women and professionals during the maternity journey. The LMNS is part of the personalised care programme areas of focus. This will include training of the workforce in shared decision making and the principles of choice and personalisation. Plans are in place to identify a realistic date for the workforce to be released to undertake this training, ▪ Plans to digitise PCSP's on Patient Knows Best public facing digital app will support with the embedding of quality PCSP. Work is underway on an LMNS digital discovery project which includes integration of PCSP into maternity records and provision to women to women and families including how we fully integrate into maternity records. ▪ MVP are supporting this area of work by planning 3 focus groups to work towards coproduction of refreshed PCSP shaped by the needs of women. ▪ Locally, PCSP's (especially digital PCSP's) will be a core part of developing the building blocks for Continuity of Carer.
<p><i>Implementing Better Births - fully implement Saving Babies' Lives. Providers should have a preterm birth clinic and act so that at least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so in a</i></p>	<ul style="list-style-type: none"> ▪ SFH are compliant with all 5 elements of SBLCBv2 with one divergence agreed by the CMN and N&N Maternity Commissioner following consultation via PQSG. SFH are working towards full compliance within as per Regional timelines. SFH are able to evidence compliance against NHSR safety action 6. ▪ NUH are non-compliant with SBLCB and further work is required across elements 1-5 to reach full implementation. NUH is being supported by the Regional team and the N&N LMNS in working towards implementation.

hospital with appropriate on-site neonatal care.

- The LMNS Board are working to support the trusts to effectively implement and embed all elements of SBLCB with a cohesive process of reporting and monitoring. SBLCB reports to the LMNS Perinatal Quality Surveillance Group bi-monthly with trust audit data and additional monthly updates on training compliance for each element.
- The LMNS Perinatal Quality Surveillance Group also monitors the SBLCB implementation plan and the trust continues to work with data analysts to improve data quality.