

Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS)

*Refreshed Maternity
Transformation Plan*



A plan to support the health of families
during pregnancy, birth and after labour



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Nottingham and Nottinghamshire LMNS Refreshed Maternity Transformation Plan

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- *The East Midlands Maternity Clinical Network (EMMCN)*
- *LMNS Workstream Leads and Board members*

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please email nnicb-nn.nottslmns@nhs.net

INTRODUCTION

Our vision is for maternity services across Nottingham and Nottinghamshire to become safer, more personalised, kinder, professional, and more family friendly; where every woman and birthing person has access to information to enable them to make decisions about their care, and where they and their baby can access support that is centred around their individual needs and circumstances.

It is essential that all staff are supported to deliver care that is family centred. Staff should be working in high performing teams, in organisations that are well led, and in cultures that promote innovation, continuous learning, and that break down organisational and professional boundaries.

This document demonstrates how Nottingham and Nottinghamshire will take forward national recommendations outlining the system commitment to focus on providing safe and improved local maternity and neonatal services, that recognises and reflects the individual personal needs and choices of local women, birthing people and families.

Services have been working hard on pandemic recovery, to reopen services that have been suspended because of COVID-19, and to ensure that women and birthing people can take somebody with them to all maternity appointments. We've also been supporting vaccination against COVID-19 in pregnancy, including providing information in all contacts and across all antenatal settings, so that women and birthing people can make an informed choice about getting the Covid vaccination.

We are now in a position to refresh our local Maternity Transformation Plan to support the health of mothers, birthers, and babies during pregnancy, birth and after labour. This plan has been developed by the Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS).

The LMNS is made up of members from Nottingham University Hospitals, Sherwood Forest Hospital, Public Health, CityCare, Primary Care, community sector organisations, and experts by experience via Maternity Voices Partnership. They work together to ensure that maternity and neonatal services in Nottingham and Nottinghamshire are safe and personalised to the needs of women, birthing people, and their families.

The programme aims to implement the National Maternity Strategy within the local system, based on Better Births and the recent Ockenden recommendations. Key areas of focus include:

- ✓ *Ensuring all women and birthing people can make informed choices about their maternity care during pregnancy, birth and postnatally*
- ✓ *Putting in place the building blocks that will enable most women and birthing people to receive continuity of the person caring for them during pregnancy, birth, and postnatally*
- ✓ *Ensuring more women and birthing people have the option to give birth in midwifery settings (at home and in midwifery-led units)*

- ✓ *Improving outcomes for all families using maternity services*
- ✓ *Investigating and learning from incidents and sharing these through the Local Maternity and Neonatal System, so improvements can be made*
- ✓ *Transfer from the serious incident framework to Patient Safety Incident Response Framework (PSIF) by latest Autumn 2023, including the requirement regarding responses to serious incidents, outlining how families and patients should be involved in investigations*
- ✓ *We will work with service/patient user voices and system partners to ensure that investigations are of high quality and that compounded harm is not caused to families after things have gone wrong*

Consideration has also been given to the national context for maternity transformation and the key deliverables for local maternity services across England, in line with the NHS Long Term Plan¹.

We look forward to working with colleagues across the system to deliver the vision for maternity services in Nottingham and Nottinghamshire, putting women and birthing people at the heart of all our work.

Rosa Waddingham

Senior Responsible Officer (SRO) Nottingham & Nottinghamshire LM

¹ [NHS Long Term Plan » Maternity and neonatal services](#)

1 NATIONAL VISION & KEY DELIVERABLES

We want every pregnant woman to have a good experience of pregnancy and deliver a healthy baby. The National Maternity Transformation Programme seeks to achieve the vision set out in Better Births (2016) by bringing together a wide range of organisations to lead and deliver improvements across 10 key areas, to improve the experiences of pregnant women and their babies.

The vision is that through this transformation, all maternity services across England will become safer, more personalised, kinder, professional and more family friendly. Every woman and birthing person will have access to information to enable them to make decisions about their care; and they and their baby can access support that is centred around their individual needs and circumstances.

Delivery of this vision relies on local transformation, where providers, commissioners and service users work together as part of a Local Maternity and Neonatal System (LMNS). The LMNS has responsibility for planning, designing, and delivering services for its local population.

Our refreshed Maternity Transformation Plan (MTP) sets out how we will work collaboratively to transform local maternity services. Our commitment is to consistently deliver safe, high quality and sustainable maternity services and improved outcomes for women, birthing people, their babies, and families. It makes economic sense to invest in high quality clinical care and to ensure that children get the best start in life. This strategy

will help us to keep our focus in times of financial challenge for the public sector. The Plan will help us all to keep our commitment, be consistent, and to focus on what we have agreed needs to be done.

1.1 | National Drivers for Local Transformation

The NHS Long Term Plan (2019) sets out a 10-year plan for the NHS and reaffirms the national aims to:

- ✓ *Halve the number of stillbirths, neonatal deaths, maternal deaths, and brain injuries by 2025*
- ✓ *Expand the choices and control that people have over their own care (from Maternity to End-of-Life)*
- ✓ *Support shared responsibility for health, encouraging people to manage their own health with expert advice and peer support e.g. maternity and parenting support, mental health*
- ✓ *Ensure an enhanced and targeted Continuity of Carer model is in place to help improve outcomes for the most vulnerable mothers and babies*
- ✓ *By 2024, 75% of women and birthing people from Black, Asian, Minority and Ethnic (BAME) backgrounds, and a similar percentage of those from the most deprived communities, will receive continuity of care from their midwife*



To accelerate action to transform services, and to achieve 50% reductions in stillbirths, neonatal deaths, maternal deaths, and brain injuries, some key drivers and enablers have been established locally and regionally.

Saving Babies Lives Care Bundle Version 2² (2019)

provides detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality. The care bundle includes evidence-based and best-practice care in five elements and was rolled out across every maternity unit in England during 2019. The five elements are: -

- 1 Reducing smoking in pregnancy
- 2 Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)
- 3 Raising awareness of reduced fetal movement (RFM)
- 4 Effective fetal monitoring during labour
- 5 Reducing preterm birth

Maternal Medicine Networks are being implemented during 2022, to further ensure those with acute and chronic medical problems have timely access to specialist advice and care at all stages of their pregnancy.

Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme will support the delivery of safer maternity care by incentivising Trusts to meet 10 maternity safety actions. The actions have been agreed with the national maternity safety champions and have been built into NHS Resolution's CNST maternity pricing for 2022/23. Trusts that can demonstrate that they have achieved all 10 maternity safety actions are set to recover elements of their contributions to the CNST maternity incentive fund and will receive a share of any unallocated funds.

Better Newborn Care: The Neonatal Critical Care Review sets out key findings and an action plan for locally led improvements to neonatal services and works together with system partners, to ensure the best outcomes for babies and their families.

1.2 | The Ockenden Report

The Ockenden report, published in December 2020, identified several important themes from a review of safety concerns at Shrewsbury and Telford Hospital NHS Trust. Seven immediate and essential actions (IEAs) were created and shared with maternity providers and LMNSs across England, to improve the quality and safety of maternity services in a number of areas:

- Enhanced safety
- Listening to women and families
- Staff training and working together
- Managing complex pregnancy
- Risk assessment throughout pregnancy
- Monitoring fetal wellbeing
- Informed consent
- Workforce

The NHS Strategic Operational and Planning Guidance 2021-22 also outlined the requirements of the Ockenden report. All Trusts providing maternity services in England were asked to assess their current position against the seven IEAs.

We have worked with system partners to deliver against these actions and to monitor compliance via regular reviews and an established quarterly assurance process. Reporting against the actions has been incorporated into the wider Maternity Transformation Programme.

A final report of the Ockenden review was published in March 2022. The report findings reflect a comprehensive and wide-ranging review, focusing on the experience of families in receipt of care, and setting out a clear mandate for all maternity services. The final report builds upon the seven IEAs and includes 15 recommendations for changes to all maternity services in England, which complement and expand on the IEAs issued in the first report:

- Workforce planning and sustainability
- Safe staffing

- Escalation & accountability
- Clinical governance leadership
- Clinical governance incidents
- Learning from maternal deaths
- Multi-Disciplinary Team (MDT) training
- Complex antenatal care
- Preterm birth
- Labour and birth
- Obstetric anaesthesia
- Postnatal care
- Bereavement care
- Neonatal care
- Supporting families

It is recognised that change will not be achieved overnight, but it is clear action is required at all levels, from 'ward to board', to ensure safer maternity services. Work has commenced on these actions, and they have been incorporated into system assurance monitoring and reporting.

The LMNS Programme Management Office team are working with maternity providers, Sherwood Forest Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust, to formulate and agree a plan for delivery of the entire set of Ockenden recommendations. Oversight of this plan will be led by the LMNS Executive Partnership reporting into the ICB Board, and this will align with the LMNS Transformation Programme and Maternity Services' Trust governance.

2 [NHS England » Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality](#)



2 LOCAL CONTEXT

The Health and Care Act 2022 is designed to enable a more joined up, collaborative system. The Act ensures that every part of England is covered by an Integrated Care System (ICS), which brings together NHS, Local Government, and wider system partners to empower them to put collaboration and partnership at the heart of planning. To achieve real impact, systems will look beyond those who are typically involved and build partnerships across non-traditional boundaries, working with people, communities and those who represent them to create real change.

Working in partnership with People and Communities, Department of Health and Social Care, July 2022

On the 1st of July 2022 the LMNS became part of the Nottingham & Nottinghamshire ICS; partnerships of health and care organisations coming together to plan and deliver joined up services, and to improve the health and wellbeing of people who live and work in their area.

They exist to achieve four aims:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.



ICS footprint, birthing population, number of babies born each year, breastfeeding rates

Birthing Population: In 2021 there were 1,148,500 people living in Nottingham and Nottinghamshire, with 208,600 being women aged between 15 and 44 years old. The number of babies born in Nottingham and Nottinghamshire has seen a dramatic rise over the last decade, with over 11,500 babies being born every year.

Making the most of every child's potential is an important goal in Nottingham and Nottinghamshire. Babies who have the best possible start in life will be more likely to benefit

from successful futures. We know that a healthy mum is the first step in giving any baby a healthy and 'good' start in life. Developing this strategy is an important part of reaching this goal.

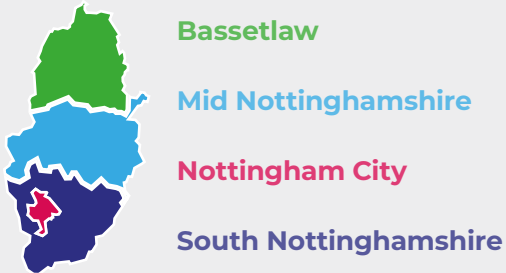
Deprivation: Over 50% of births take place to women who live in areas of the Nottingham and Nottinghamshire that are amongst the most deprived areas nationally, this is around 6,000 births a year. We know that people living in more deprived areas are more likely to have worse health and a shorter life expectancy than people living in more affluent areas.

Breastfeeding: Breastfeeding has many short-term and long-term health benefits for mother and baby. Breastfeeding initiation rates in Nottingham and Nottinghamshire are below the national average. There is significant variation in breastfeeding rates across the LMNS footprint. However, focussed support in Nottingham City has seen success, increasing breastfeeding rates in the period 6-8 weeks after birth, to 54% by Q2, 2021. Nottingham has committed to becoming a breastfeeding friendly city which will further support this goal.

**Although Bassetlaw is now part of the Nottingham and Nottinghamshire Integrated Care System (ICS), Bassetlaw LMNS has remained within the South Yorkshire & Bassetlaw (SYB) LMNS. We will continue to work closely with SYB colleagues to support women, birthing people, and families using maternity services in that locality.*

Our Journey to Integrated Care

Place-Based Partnerships



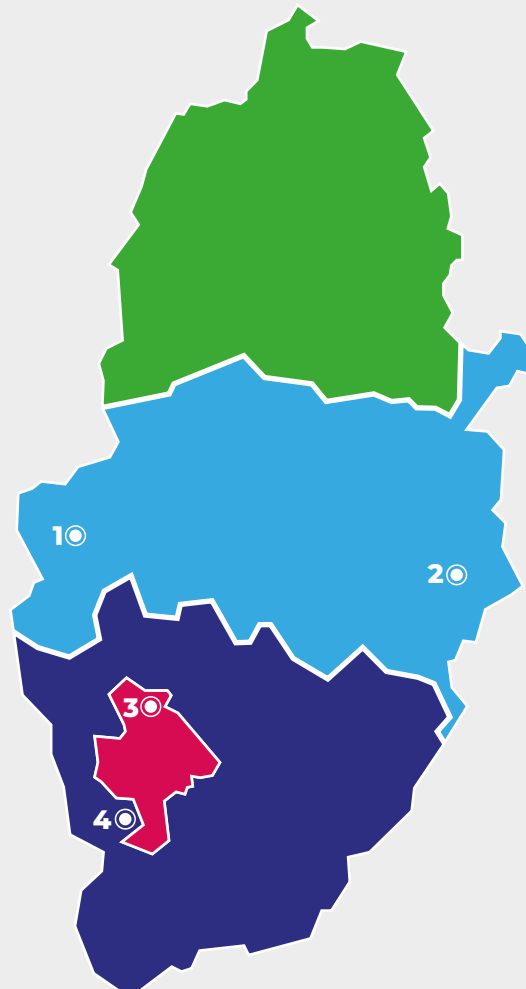
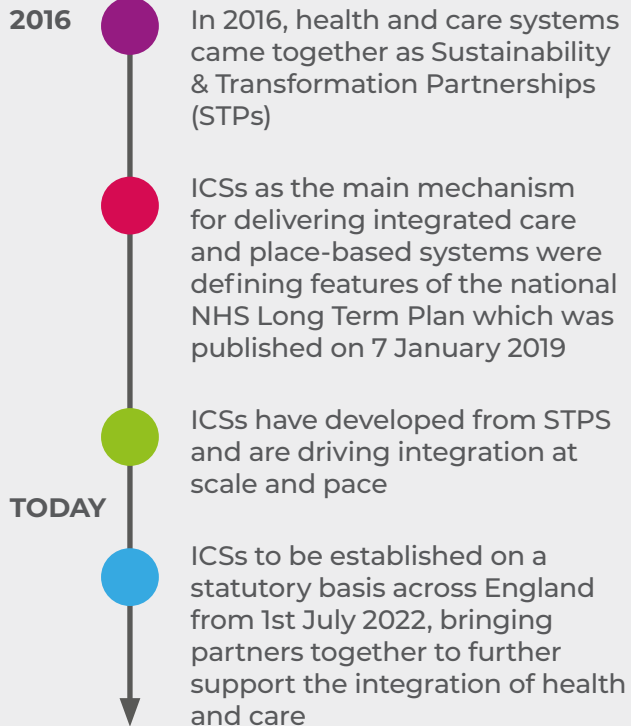
Bassetlaw

Mid Nottinghamshire

Nottingham City

South Nottinghamshire

25 Primary Care Networks (PCNs) will operate across the healthcare system and will be aligned with the four Place-Based Partnerships



Hospital sites in Nottinghamshire

- 1 Sherwood Forest NHS Foundation Trust
- 2 Newark Hospitals NHS Trust
- 3 Nottingham University Hospitals NHS Trust – City Hospital
- 4 Nottingham University Hospitals NHS Trust – Queen’s Medical Centre

2.1 | Our Current Maternity Offer

Nottingham University Hospitals NHS Trust (NUH) has a maternity unit on two sites (City Hospital and Queen’s Medical Centre), and Sherwood Forest Hospitals Foundation Trust (SFHFT) also has two sites (King’s Mill Hospital and Sherwood Women’s Centre at Newark Hospital). King’s Mill Hospital and NUH provide a range of services to support women, their partners and babies during pregnancy, birth, and the postnatal period. The Sherwood Women’s Centre provides comprehensive facilities for antenatal and postnatal care, which includes ultrasound. If required, women and babies in Nottinghamshire have access to the following specialist services: Mother & Baby Inpatient Unit, Community Perinatal Psychiatry Service, midwifery led units, Home Birth services, Psychological Therapy Services, Fetal Medicine, Specialist Midwifery Services, Sickle Cell & Thalassaemia service, Neonatal Intensive Care Unit and Perinatal Care (NICU), and Mother and Baby Units within women’s prisons in England.



2.2 | What we have achieved to date

There are many changes are underway that will help improve local services further and some achievements worth highlighting:

- ✓ Our Local Maternity and Neonatal System (LMNS) has been established with executive level oversight to design and deliver maternity services across boundaries, with refreshed arrangements strengthening the focus on Neonatal Services. The LMNS is a core ICS priority, and this is reflected in the ICS governance structure, ensuring system executives can maintain oversight of progress
- ✓ Our system approach to supporting pregnant women to take up the Covid vaccine meant that we developed a range of opportunities for pregnant women, to find out up-to-date information to make informed choices, based on insight from the Maternity Voices Partnership. This has set the foundations for partnership working and a system approach that we have been able to build on. This has included co-produced communications (letters, social media, web, posters), a series of public Q&A sessions, a mandatory training package delivered to staff, pop up clinics and antenatal clinic vaccinations to support 'every contact counts', resulting in over 6,000 vaccines for women who are currently pregnant
- ✓ A more collaborative system-wide approach to transformation work is evident within maternity and neonatal services, for instance our Ockenden Assurance process demonstrates a supportive approach to improvement with all partners actively involved in share learning. Maternity and neonatal services are a core priority for the ICS, with governance arrangements in place accordingly
- ✓ We have established an Ockenden Review Panel process and a programme of Insight Visits, to maintain oversight of progress and to provide support with areas for development
- ✓ We launched a pilot for Perinatal Mental Health (PMH) specialist services to support families who experience mental health issues and are working with local commissioners to expand the service
- ✓ Sherwood Forest Hospital launched an Early Implementer Site in December 2021 to reduce tobacco use in pregnant women. Data indicates that the new service appears to have been quite successful so far, achieving a quit rate of 7.8% (Q1 2022)
- ✓ Our Maternity Voices Partnership (MVP) model has been reviewed and we now know what work we need to develop and co-produce with women and families, to strengthen the model and the voice of women. The MVP has been transferred into the ICB from 1 September 2022 for a 12-month period to support the development work, with recruitment of service user voice representatives and an MVP Co-Production Officer role underway
- ✓ We were successful in our NHSE digital bid for £2 million and are currently developing a new system-wide maternity digital system across Nottingham University Hospital Trust and Sherwood Forest Hospital Trust, to strengthen safety and quality for women and babies and improve patient experience
- ✓ Our local Perinatal Quality Surveillance has been strengthened with the focus on learning from serious incidents. Safety has remained a key focus throughout. Sherwood Forest Hospitals have made progress on Saving Babies Lives Care Bundle v2 and are almost fully compliant

- ✓ The Nottingham and Nottinghamshire Maternity Quality and Outcomes Dashboard has been developed to provide comprehensive insight and an evidence base for decision making
- ✓ We've developed a Maternity Support Worker partnership approach with Small Steps Big Changes, who have funded £1 million to provide extra support for areas with greater vulnerability in Nottingham City
- ✓ We have written our local LMNS Equity & Equality plan that sets out how we will work in partnership, to ensure a focus on equity underpins our transformation work as we strive to improve equity for women, birthing people, and babies, as well as race equality for staff.
- ✓ We have aligned our priorities with Best Start partners in the County Council and City Council, to ensure our combined work provides maximum impact for women and families

2.3 | What we are doing now

Maternity Voices Partnership and Neonatal Voices

A Maternity Voices Partnership (MVP) is an NHS working group: a team of women, birthing people, and their families, commissioners, and providers (midwives and doctors) working together, to review and contribute to the development of local maternity care.

Listening to the voices and experiences of women, birthing people, and families from all communities using maternity and neonatal services is vital, as we progress local transformation plans. A recent review of the current Maternity Voices Partnership concluded that development is required to ensure those voices remain at the heart of our decision-making and are involved in planning services that are personalised to meet the needs of women,

birthing people, their babies and families (e.g. husbands, partners, and carers). We are also looking at how best to develop our Neonatal Voices.

If you are interested in joining the Maternity Voices Partnership, or would like to get involved in developing our Neonatal Voices, to shape how we listen to and hear the voices of families using our services, please contact:

nnicb-nn.nottslmns@nhs.net

Mental Health

It is recognised that many women experience some form of pregnancy related mental illness, with a small minority experiencing more serious mental illness after the birth of their baby. Commissioners have agreed to additional investment to extend the perinatal mental health service offer to 24 months, and to increase the availability of psychological therapies. They have also agreed to additional investment required to assess and signpost partners of women accessing specialist community services. The service is exploring peer support models with a view to implementing assessment of partners for their mental health and signposting to support as required, by early 2023.

A Perinatal Mental Health service user involvement group has been established and a representative sits on the perinatal mental health steering group. The group is actively involved in developing plans and in recruiting staff. If you would like to get involved please email:

perinatalinvolvement@nottshc.nhs.uk

Independent Thematic Review of Maternity Services at Nottingham University Hospitals NHS Trust

We know that there are challenges at NUH. The recent Independent Thematic Review of maternity services at Nottingham University Hospitals NHS Trust resulted in a plan that included actions from the 2020 Maternity Inspection, actions identified through the improvement programme, as well as actions in response to recent feedback from the CQC, following their unannounced inspection of Maternity Services in March 2022.

After careful consideration, and concerns from some families, our own concerns, and those of stakeholders, including the wider NHS, the Review was deemed not fit for purpose and therefore a decision was made to ask the team to conclude their work by 10 June 2022. The interim report published in June brought that work to a conclusion.

Nottingham University Hospitals NHS Trust has carefully considered the findings of this interim report and is making the immediate changes necessary to ensure the safety of mothers, birthing people, and babies in their care, and we will ensure that they do so.

Donna Ockenden has agreed to chair a new independent national review, and we will work with her to develop a new Terms of Reference that reflects the need to drive urgent improvements to local maternity care as well as the need to deliver actionable recommendations that can be implemented as quickly as possible.

We will ensure that families as well as NHS staff are supported to speak up, and we need to ensure that

the lessons from previous reviews are learnt. We want to see a report concluded in a thorough but timely way with strong engagement with families, clinical experts, the Trust, and others, to enable immediate learning and rapid action to improve services for mothers, birthing people, and babies, on a continuous basis.

Tomorrow's NUH

The vision for Nottingham University Hospitals NHS Trust is to become 'outstanding in health outcomes and patient and staff experience'. To achieve that vision, modern, fit-for-purpose buildings are required to support the delivery of effective and efficient care, and to help train the next generation of healthcare workers. 'Tomorrow's NUH' is the name of the programme to develop the hospital estate.

Currently, there is some duplication of services across the two large hospital sites situated on opposite sides of the city, services that should ideally be co-located. This includes maternity services that are currently split across both the City Hospital and Queen's Medical Centre. The ageing estate also makes it difficult to deliver modern healthcare, as the buildings were designed at a different time, to care for fewer patients with different needs than those of today. Tomorrow's NUH represents a once in a lifetime opportunity to address those issues.

A four-week programme of public engagement around Tomorrow's NUH was carried out during March 2022. The feedback from this engagement helped us further develop the proposals, and a full public consultation will take place in 2023.



3 OUR REFRESHED OBJECTIVES & PRIORITIES

The delivery of our objectives will mean that the local maternity and neonatal system will look and feel different for women, birthing people, babies, and families in 2022, and beyond.

Our 22/23 LMNS Maternity Transformation Programme sets out five refreshed priority areas or Pillars:

- 1 Quality & Safety
- 2 Continuity Enabling Blocks
- 3 Population Health & Wellbeing
- 4 Co-Production
- 5 Neonatal

Quality & Safety	Continuity Enabling Blocks	Population Health & Wellbeing	Co-Production	Neonatal
<ul style="list-style-type: none"> ✓ <i>Saving Babies Lives Care Bundle</i> ✓ <i>Ockenden Assurance & Reporting</i> ✓ <i>Perinatal Quality Surveillance Group</i> ✓ <i>SI Shared Governance</i> ✓ <i>Better Postnatal Care</i> ✓ <i>MatNeo Safety Prog.</i> 	<ul style="list-style-type: none"> ✓ <i>Digital</i> ✓ <i>Workforce</i> ✓ <i>Personalisation</i> ✓ <i>Equity Strategy</i> ✓ <i>Continuity Building Blocks</i> 	<ul style="list-style-type: none"> ✓ <i>Maternal Health:</i> <ul style="list-style-type: none"> • <i>Tobacco cessation</i> • <i>Breastfeeding</i> • <i>Continuous Glucose Monitoring</i> • <i>Weight Management</i> ✓ <i>Perinatal Mental Health</i> ✓ <i>Bereavement support</i> ✓ <i>Maternal Medicine</i> 	<ul style="list-style-type: none"> ✓ <i>Maternity Voices Partnership Review & Development</i> ✓ <i>Neonatal Voices</i> 	<ul style="list-style-type: none"> ✓ <i>Neonatal Critical Care Review</i> ✓ <i>Tomorrow's NUH</i>

This refreshed structure will support a transformation in the way care is delivered to provide safer, high quality maternity care that meets the needs of all women, birthing people, and families within Nottingham and

Nottinghamshire. The workstreams that sit within each Pillar all have multiple deliverables, the key elements of which are summarised on the following pages.



Quality & Safety

- ✓ **Saving Babies Lives Care Bundle:** ensuring that providers fully implement the five elements of the Saving Babies' Lives Care Bundle v2, and will be in a position to take forward future iterations of the Bundle. In particular, every provider should have a preterm birth clinic, and at least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so, in a maternity unit with appropriate on-site Neonatal Intensive Care Unit
- ✓ **Ockenden Assurance and Reporting:** supporting providers to continue to embed and deliver the seven IEAs identified in the interim Ockenden report, and to deliver and embed any future learning shared via the full Ockenden report and review of East Kent Maternity Services published on 19 October 2022³. The LMNS will oversee local Trust actions for implementation and is accountable to ICBs for doing so
- ✓ **Perinatal Quality Surveillance Group:** supporting Trusts to provide quality assurance, through the sharing and scrutiny of local perinatal and performance dashboards and serious incidents. Local intelligence is used to identify and act upon concerns ensuring these inform local transformation plans, ICS quality objectives, and support system learning. Support the implementation of improvement projects where appropriate, and the escalation through LMNS, ICS and regional channels as needed, by providing validated and relevant information and recommendations
- ✓ **SI Shared Governance:** ensuring that incident investigations are meaningful for families and staff, that actions from lessons learned are implemented in practice in a timely manner, and families and staff who are involved in serious incidents are adequately supported. We will work with service/patient user voices and system

partners to ensure that investigations are of high quality and that compounded harm is not caused to families after things have gone wrong

- ✓ **Better Postnatal Care:** supporting Trusts to ensure that anyone readmitted to a postnatal ward and all unwell postnatal patients, have timely consultant reviews, and that postnatal wards are always adequately staffed. In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every Trust, to address incidences of physical and psychological harm. Staffing shortages in obstetric anaesthesia must be highlighted, and updated guidance for the planning and provision of safe obstetric anaesthesia services, must be developed
- ✓ **MatNeo Safety Programme:** ensure that providers undertake a repeat culture survey and debriefing process and use the insights to inform local quality improvement plans by March 2023. Support deliverables around the stabilisation of the preterm infant and optimal cord clamping

Continuity Enabling Blocks

- ✓ **Digital:** supporting Trusts to have an up-to-date digital strategy for maternity services, which aligns with the wider Trust Digital Strategy and reflects the seven success measures within the What Good Looks Like Framework – by October 2022
- ✓ **Workforce:** support deliverables around ensuring a safe maternity workforce; that a proportion of maternity budgets is ring-fenced for training, and that a clear escalation and mitigation policy is maintained where maternity staffing falls below the minimum staffing levels, for all health professionals. Staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units

are always staffed by appropriately trained staff. Trust boards must have oversight of the quality and performance of their maternity service

- ✓ **Personalisation:** working with providers to ensure that every woman co-produces their own personalised care and support plan with professionals, which is used at each stage of the women's journey, and that this forms part of a digital plan
- ✓ **Equity Strategy:** implement all five priorities set out in the Equity & Equality Guidance for LMNSs, and submit our Equity and Equality action plans to NHSE by September 30th, 2022 (please [click here](#) for link)
- ✓ **Continuity Building Blocks:** supporting providers to work towards offering Midwifery Continuity of Care (CoC) as the default model of care, prioritising rollout of CoC teams to the most deprived neighbourhoods and those with higher numbers of Black, Asian, and Mixed ethnicity women and birthing people. Ensure the building blocks for safe and sustainable transformation are in place as set out in Delivering Midwifery Continuity of Carer guidance

Population Health & Wellbeing:

- ✓ **Maternal Health:** working closely with all providers to ensure that the new NHS smoke-free pregnancy pathway is available to 46% of maternal smokers by March 2023, with confirmed plans by end of March 2024 to achieve coverage for 100% of maternal smokers. Ensure Trusts continue to offer continuous glucose monitoring to all women with Type 1 Diabetes in 22/23, with a focus on ensuring equity of access. Support and report on breastfeeding and weight management targets

³ [Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK \(www.gov.uk\)](#)

- ✓ **Perinatal Mental Health:** work in partnership with mental health, maternity, neonatal services, and other ICS functions as applicable, to agree how funds will be used to ensure a clear plan is in place for development, maintenance, or expansion of Maternal Mental Health Services (MMHS).
- ✓ **Bereavement support:** support Trusts to ensure that anyone who has suffered pregnancy loss has access to bereavement care services.
- ✓ **Maternal Medicine:** monitor and provide assurance that Maternal Medicine Networks (MMNs) are fully embedded with providers operating within a commissioned service, and that Maternal Medicine Centres are on track to meet or exceed staffing, as set out in the national service specification.
- ✓ **Co-Production – Listening to and Hearing Voices:** Maternity Voices Partnership (MVP) and Neonatal Voices. Care and consideration of the wellbeing of mothers, birthing people, their partners, and the family as a whole must be integral to all aspects of maternity service provision. We are currently developing the MVP model in partnership with women and families to ensure they can co-produce improvements in maternity and neonatal care. We are recruiting a Maternity Voices Partnership Co-Production Officer to support this work within our newly formed Co-Production Team. They will also support the development of Neonatal Voices. If you would like to get involved in shaping maternity and neonatal services, please contact: nnicb-nn.nottslmns@nhs.net

Neonatal:

- ✓ **Neonatal:** The Neonatal Critical Care Review was commissioned by NHS England in response to the Better Births report in 2016, which recommended a dedicated review of neonatal services. The resultant report sets out the actions required to improve the care of babies and enhance the experience of families. We will continue to work with neonatal Operational Delivery Networks to implement local neonatal improvement plans, with particular focus on:
 - Maternity and neonatal services working together to ensure that at least 85% of births at less than 27 weeks take place at a maternity unit with an onsite NICU, and together undertake a review of all births. Data from these reviews is collated at regional level to support thematic analysis and inform targeted actions.
 - Identifying routes to escalate requirements

for capital investment in neonatal services through the relevant ICS routes. There must be clear pathways of care for provision of neonatal care.

- This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce, and enhance the experience of families.

The quality and safety agenda underpins our transformation work and progress is monitored via workstreams such as Saving Babies Lives Care Bundle, Ockenden Assurance & Reporting, Perinatal Quality Surveillance and SI Shared Governance groups.

Work has commenced on planning and delivery of these workstreams, with high-level timescales as follows:

2022	2023
✓ Equity Plan	✓ Continuity Building Blocks
✓ Digital	✓ Better Postnatal Care
✓ Maternity Voices Partnership Development	✓ Maternal Health: <ul style="list-style-type: none"> – Tobacco cessation – Breastfeeding – Continuous Glucose Monitoring
✓ Neonatal Voices	✓ Weight Management
✓ MatNeo Safety Programme	✓ Perinatal Mental Health
✓ Maternal Medicine	✓ Tomorrow's NUH
✓ Bereavement support	✓ Workforce
	✓ Personalisation
	✓ Neonatal Critical Care Review



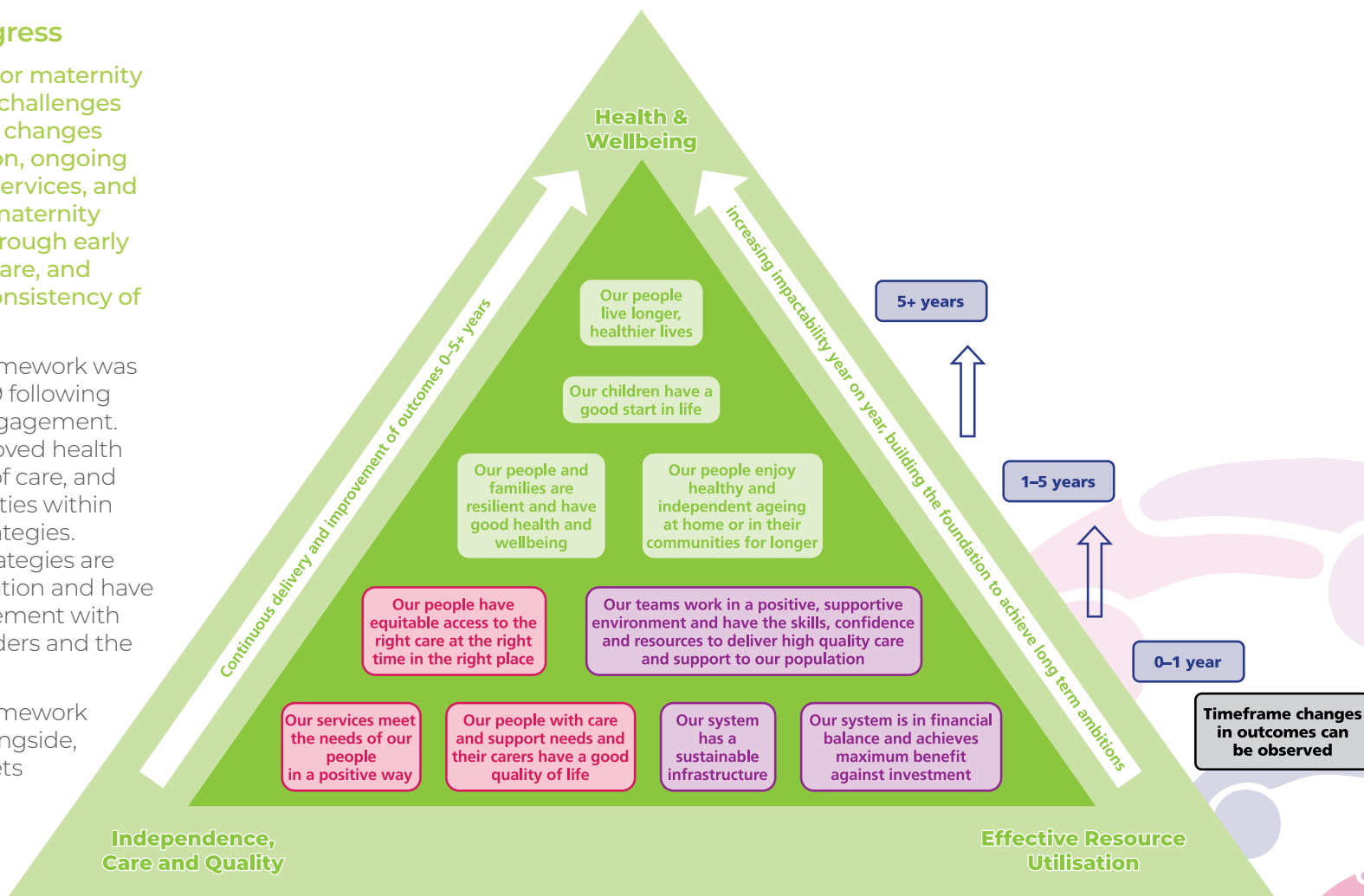
4 DELIVERY OF THE LOCAL PRIORITIES & MONITORING PROGRESS

How we will Monitor our Progress

The Nottinghamshire LMNS vision for maternity services is ambitious and there are challenges for us in delivering our plans due to changes in the demography of our population, ongoing pandemic recovery across all NHS services, and the impact of these on the cost of maternity services. There are opportunities through early interventions and prevention, self-care, and improvements in the quality and consistency of care.

The ICS System Level Outcomes Framework was agreed by the ICS Board in April 2019 following extensive stakeholder and public engagement. It is based on the triple aims of improved health and wellbeing, transformed quality of care, and sustainable finances, as well as priorities within the Health and Wellbeing Board Strategies. The Health and Wellbeing Board Strategies are informed by the needs of our population and have undergone consultation and engagement with local health and social care stakeholders and the public.

The ICS System Level Outcomes Framework does not replace, but instead sits alongside, existing frameworks and indicator sets that will still need to be monitored and delivered e.g. the ICS System Integrated Performance Report, the NHS System Oversight Framework,



Quality Outcomes Framework, Adult Social Care Outcomes Framework, NHS Outcomes Framework and Public Health Outcomes Framework. However, it is recognised that the ICS System Level Outcomes Framework development cannot be in isolation from these, and the relationships and any interdependencies need to be explicit. Longer term, the aim is to reduce the number of outcome frameworks used within the system, where possible, to increase focus and streamline monitoring and reporting.

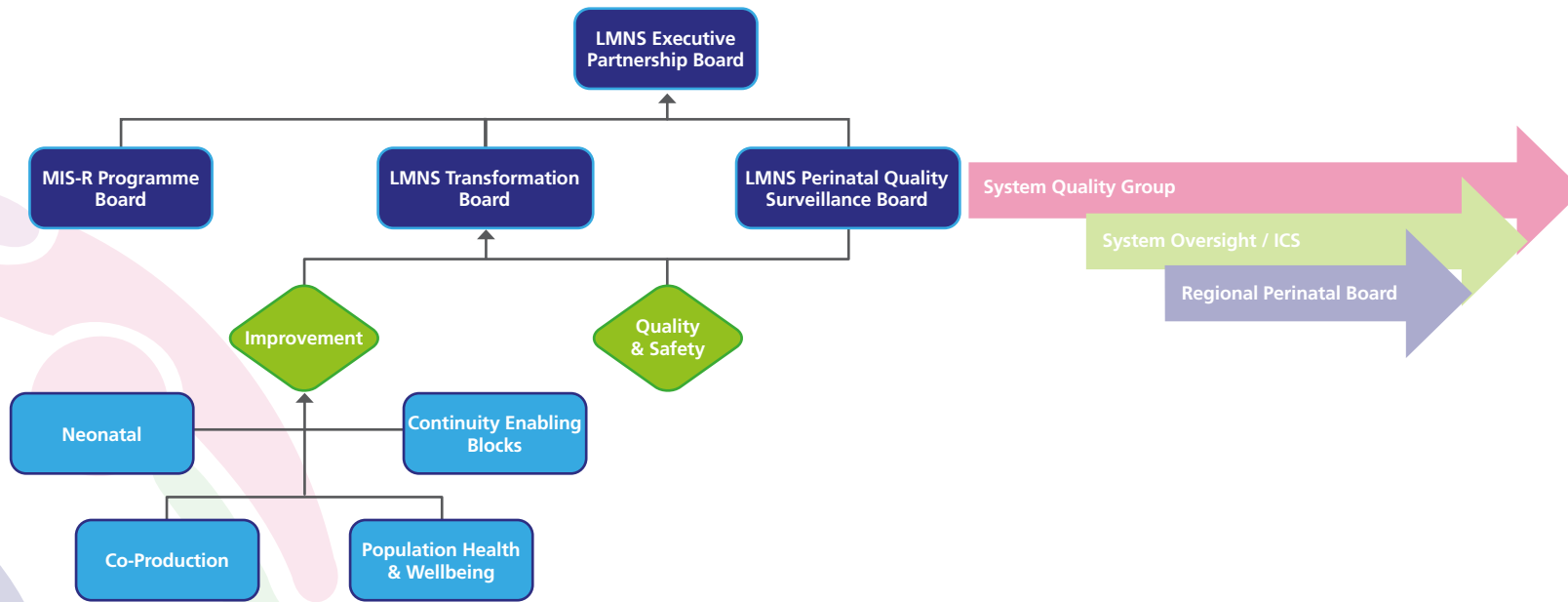
The intention is that all action and activity within the system, including service transformation, service change and greater integration, will all strive to deliver improvements across ten ambitions, and will be able to identify which outcomes will be impacted by the change and articulate targeted improvements to be achieved through actions identified.

The Nottingham & Nottinghamshire Integrated Care System Quality Strategy 2022/23 Delivery Plan also focusses on improving access to, and quality of, maternity services through the LMNS:

- 1 *Perinatal Quality Surveillance / Maternity and Neonatal Operational Activity & Demand is visible and focused on safety.*
- 2 *Recommendations from Ockenden and Kirkup are implemented.*
- 3 *The Better Births agenda is implemented, including embedding of personalised care and developing the building blocks for Continuity of Carer.*
- 4 *Increased utilisation of digital technology and developing care at community / neighbourhood for families, which includes emotional wellbeing and support.*

- 5 *Women are involved in quality improvement and transformation activity.*
- 6 *High quality postnatal and neonatal co-ordinated care is seamless and holistic.*
- 7 *Better Perinatal Mental Health provided for families who experience mental health issues.*

On behalf of the Nottingham & Nottinghamshire Integrated Care System (ICS), the LMNS Transformation Programme Board will continue to oversee the development and progress of evolving delivery plans to take forward our priorities and ambitions. Plans are aligned to the deliverables outlined within the Maternity Transformation Programme, Better Births, Neonatal Critical Care Review, Ockenden, and the NHS Long Term Plan.



Local Maternity & Neonatal Executive Partnership Board Governance

5 WORKING TOGETHER

The Nottinghamshire LMNS vision for maternity services is ambitious and there are challenges for us in delivering our plans due to changes in the demography of our population and the impact of this on the cost of maternity services. There are opportunities through early interventions and prevention, self-care and improvements in the quality and consistency of care.

On behalf of the Nottingham and Nottinghamshire Integrated Care System (ICS) the Local Maternity and Neonatal System (LMNS) Transformation Programme Board will oversee the development and progress of evolving delivery plans to take forward our priorities and ambitions. The plans will be aligned to the deliverables outlined within Better Births, Neonatal Critical Care Review, and the NHS Long Term Plan.

- *Through a shared system Memorandum of Understanding (MOU) we will take account of related work across partners and agencies involved in the support and care of pregnant women and families across Nottingham and Nottinghamshire*
- *We will develop outcome measures for each priority to capture progress and the improvements in outcomes for our families*
- *We will have an integral role in informing and responding to the Nottingham and Nottinghamshire Clinical Service Strategy Review*

- *We will draw upon available transformation funding to create additional resource and capacity to test our new models of care and build a system which is responsive to quality improvement*
- *We will refresh our Delivery Plan based on the refreshed LMNS priorities*



Throughout this strategy we have described how we are already working collaboratively to design and deliver integrated maternity care. We bring together representatives from a wide range of organisations to develop our work plans whilst

working towards establishing shared clinical and operational governance arrangements to enable cross-organisational working and ensure the care we provide is seamlessly the right care in the right place, at the right time.

The partner organisations that are involved in developing and delivering our LMNS and maternity transformation plans are:

Representing service users	Healthwatch Nottingham and Nottinghamshire
	Nottingham and Nottinghamshire Maternity Voices Partnership
	Small Steps Big Changes (led by Nottingham CityCare Partnership)
Maternity and neonatal service providers	Nottingham University Hospitals NHS Trust
	Sherwood Forest Hospitals NHS Foundation Trust
Public Health and early years providers	Child Health Information Service (CHIS), Nottinghamshire Healthcare NHS Trust (county) and Nottingham CityCare Partnership (city)
	Children's centres: Nottinghamshire Children and Families Partnership (county) and Nottingham City Council (city)
	Public health nursing: Healthy Families Programme, Nottinghamshire Healthcare NHS Foundation Trust (county)
	Small Steps Big Changes (led by Nottingham CityCare Partnership and funded by Big Lotto)
	Weight management: ChangePoint, Everyone Health
Mental health providers	Smoking cessation: Smokefree Lives Nottinghamshire, Solutions for Health (county), New Leaf, Nottingham CityCare Partnership (city)
	Insight Healthcare (psychology therapy)
	Nottinghamshire Healthcare NHSFT (mother and baby unit, perinatal psychiatry service, psychological therapy, child & adolescent)
	Trent PTS (psychology therapy)
	Turning Point (psychology therapy)
Other key providers	East Midlands Ambulance Service
	General Practice
	NHS 111 Service
	Social care (adult and children)
Commissioners	NHS Nottingham and Nottinghamshire ICB
	Nottinghamshire Children's Integrated Commissioning Hub
	Nottingham City Council
	Nottinghamshire County Council
	Public Health England

GLOSSARY

BAME – Black, Asian Minority Ethnicity

CCG – Clinical Commissioning Group

COC – Continuity of Care

CQC – Care Quality Commission

CVS – Community and Voluntary Service

EMAS – East Midlands Ambulance Service

FOI – Freedom of Information

GDPR – General Data Protection Regulation

GNCCP – Greater Nottingham Collaborative Commissioning Partnership

HEE-EM – Health Education England – East Midlands

ICP – Integrated Care Providers/Partnership

ICS – Integrated Care System

IEAs – Immediate & Essential Actions

JSNA – Joint Strategic Needs Assessment

LMNS – Local Maternity and Neonatal System

LTP – Long Term Plan

MDT – Multi-Disciplinary Team

NHCT – Nottinghamshire Healthcare Trust

NHSE/I – NHS England/Improvement

NICE – National Institute for Health and Care Excellence

NUH – Nottingham University Hospitals NHS Trust

PCN – Primary Care Networks

PCP – Personalised Care Plan

PET – Patient Experience Team

PHE – Public Health England

PPGs – Patient Participation Groups

PPI/E – Patient and Public Involvement/Engagement

SFHFT – Sherwood Forest Hospitals Foundation Trust

