

TOGETHER  
WE'RE **BE**  **ER**



# Pan Staffordshire Maternity Transformation Programme

## Transformation Plan

February 2018

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# 1

## Foreword

On behalf of the Pan Staffordshire Maternity Transformation Programme, we are delighted to share the Transformational Plan with you. This document has been developed so that all partners, including women who use the services, have a clear understanding of our ambition for Staffordshire and Stoke-on-Trent's women and babies and how we intend to meet it.

Families continue to be the cornerstone on which our society is built; women and their children are so important. Their wellbeing and future is a priority for all of us.

We want women and their families to receive care that is safe and of a high quality whilst also feeling that they have choices in the services offered to them and have a positive experience throughout their pregnancy, birth and into the postnatal period.

The Pan Staffordshire Maternity Transformation Programme has taken an approach that puts women and their families at the heart of all we do. We have listened to feedback and considered a range of data.

Women want services that are local to where they live, particularly antenatal and postnatal services. Women were also concerned about inconsistency of services across Staffordshire and Stoke-on Trent and the information that was provided by healthcare professionals.

We want to support women to make informed decisions about their care and for that care to be personalised in order to have positive outcomes for themselves and their babies.

Our goal is to create a new relationship between women and their families living in Staffordshire and Stoke-on-Trent and the organisations who support them. A more balanced partnership where organisations support women and their families to make informed choices about their care and to feel that they are in control. We also aim to make care as safe as it can be, by reducing the number of stillbirths and neonatal deaths and any harm caused to women and their babies. This can only be achieved by learning from best practice and by listening to women and their families.

In practice, more women will feel confident and able to take control of their maternity care to improve outcomes for both themselves and their babies. Where additional support is required for women, if they are assessed as being high

risk, access to this will be quick and make a difference to their outcomes.

No single organisation can fully support the various and sometimes complicated challenges that some of our families face. To succeed we will need to work together and commit to continuous improvement in both planning for and delivery of services.

We would like to thank everyone who has helped to shape this operational plan and who will now drive forward actions both locally and at a Local Maternity System level to make a real difference for Staffordshire and Stoke-on-Trent's women, babies and their families.



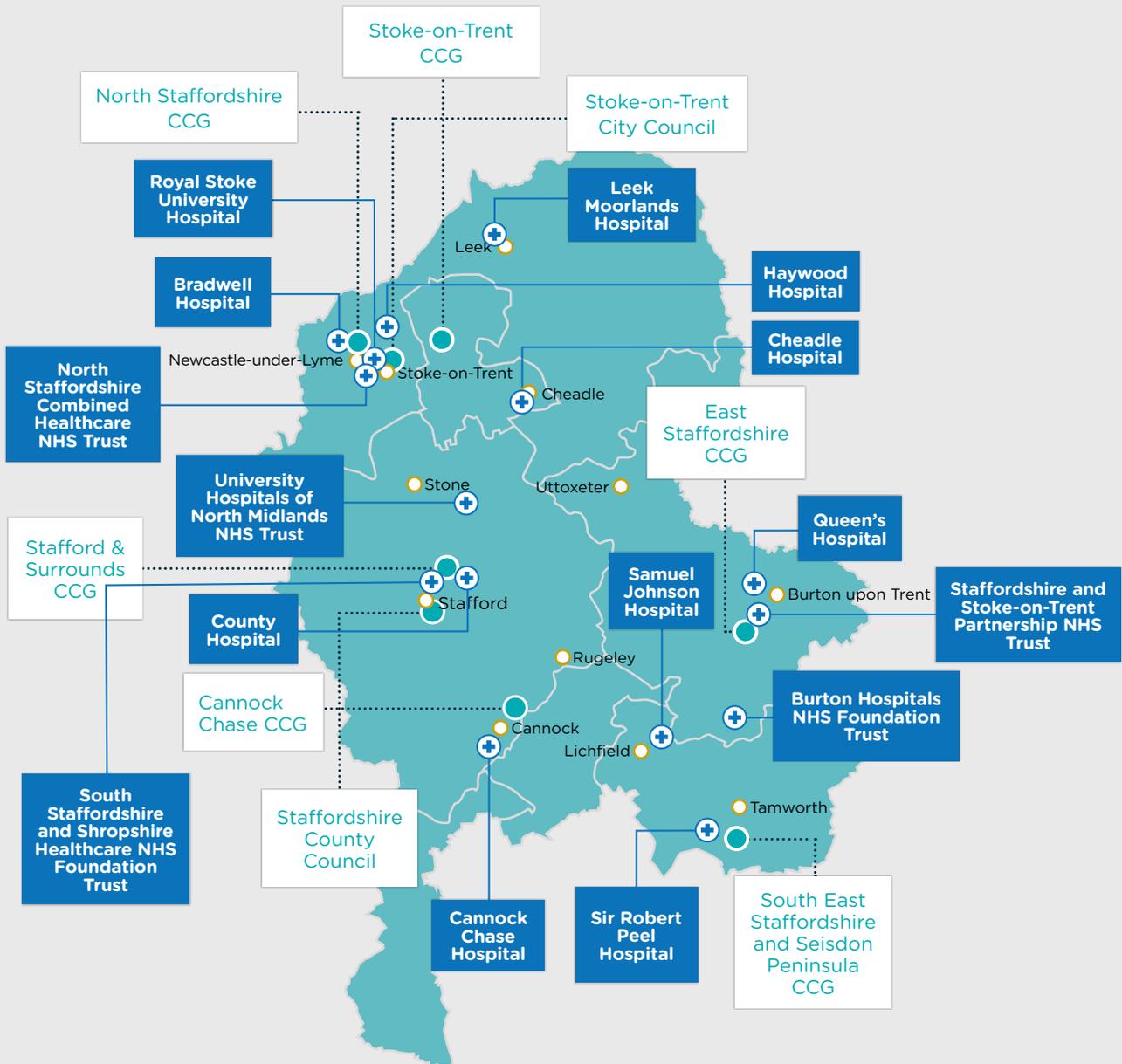
**Anne Heckels**  
**Independent Chair**  
of the Pan Staffordshire  
Maternity Transformation  
Programme Board

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## About Together We're Better

Together We're Better has brought together the NHS and local authorities to transform the way we provide health and care across Staffordshire and Stoke-on-Trent so that it better meets the needs of local people and improves everyone's lives. It is a chance to break down traditional boundaries, collaborate with each other and share ideas and learning.

There are two local authorities, six clinical commissioning groups (CCGs), NHS England and a range of NHS and private providers that together are responsible for buying and delivering health and care in Staffordshire and Stoke-on-Trent. There is lots of good work going on and staff that work for these organisations have clearly shown that they have the ability, knowledge and skills to deliver high quality innovative services. We recognise that we need to get better at learning from these examples of excellence' and make sure we expand good services so that more people across the area can benefit.



Not a geographical representation

# 3

## Introduction

### Pan Staffordshire Overall Health and Social Care Context

The Staffordshire & Stoke-on-Trent community faces some significant challenges which need to be addressed across health, social care, the voluntary sector, and with our communities if we are to make a difference to health outcomes. This STP plan has been developed as a collaboration between leaders of the health and care leadership in Staffordshire and Stoke-on-Trent and their organisations and is an iterative process. It outlines a range of potential opportunities for doing things differently, and recognises the need to bring our community on this journey with us through a robust and committed approach to engaging the public and workforce in the development and decisions we need to take as a system.

We recognise the scale of the challenge faced by our health and social care system and the transformation required to address this. The leadership agreed that it will work together to address the gaps in health, care and affordability.

Staffordshire & Stoke-on-Trent's health and care economy has been under significant scrutiny from the public, regulators and press due to historical events. A number of health inequalities exist across the system, resulting in varying health and care outcomes across our population's communities, often below the performance of our peers.

The final out turn position for 2015/16 shows a recurrent gap of £157m. Taking into account inflationary, population and non-demographic factors, the 'do-nothing' scenario forecasts a recurrent gap in 2020/21 of £286m for health. An additional £256m for social care cost pressures results in a total gap of £542m.

The key areas to be addressed are highlighted below but there is also a need to focus on health inequalities especially in Stoke-on-Trent:

### Population Health and Wellbeing

- **Cancer** is the primary reason for premature deaths for our population. This is exacerbated by poor performance in waiting times and diagnosis.
- **Mental Health (MH)**
  - The number of detentions under the MH Act across our population is significantly higher than our peers.
- **Complex frail elderly people** - our older population is growing faster than the national average, and we are an outlier on injuries from falls.
- **Smoking** - is an issue in pockets across the county. Stoke-on-Trent, Newcastle and Cannock have high rates of deaths due to smoking related illnesses in the 35+ population compared to the national average, and further work needs to be done to address smoking in pregnancy.
- **Obesity** - Around one in 10 children aged four to five is obese, rising to one in five by the age of 11. Two out of three adults have excess weight problems and one in four is obese. These are higher than the national average rates, however latest data shows that levels of obesity among year 6 pupils in Stoke-on-Trent has reduced.

## Quality of Care

- **Access and waiting times** are major contributing factors for our service quality issues, including Referral To Treat (RTT), 62 day waiting times, MH assessment and psychosis referrals.
- **A&E** – our performance against the 4 hour A&E waiting times is a long-standing key issue, partly driven by the access to primary care and the risk averse culture and behaviour which exists across the system.
- **Readmissions** within 28 days of discharge from hospital is also one of our key focus areas to address, particularly in relation to frail elderly (FE) and mental health.
- **Finance and Efficiency**
- **Financial position** – Our system’s normalised health deficit amounts to £157m and increases further when the social care deficit is taken into account. The largest deficits lie in our acute hospital organisations (UHNM and BHFT), which combined account for £116m of the provider deficit.
- **Drivers** – high levels of avoidable admissions, high cost of urgent and emergency care, multiple access points, duplication of services and costs of planned care and too much estate and inpatient capacity in acute and community care are some of the key contributors to our current deficit position and unsustainable model of care.



## Pan Staffordshire Maternity Services Context

It is important to understand these overall issues and context within which our maternity services are operating. Maternity Services across Staffordshire and Stoke-on-Trent are commissioned by 6 CCGs and delivered by 3 main providers (University Hospitals of North Midlands NHS Trust, Burton Hospitals NHS Foundation Trust and The Royal Wolverhampton Hospitals NHS Trust).

*Office of National Statistics data from 2016 tells us that for pan Staffordshire:*

“There are approximately 12,000 live births per annum, with a total under 5s population of 63,030 which is projected to fall to 61,367 by 2020.”

“Last year Staffordshire Commissioners spent 24.8 million pounds on Maternity Services.”

We know from the maternity measures within the CCG Improvement Assessment Framework that our services could serve our population better across Pan Staffordshire:

As of 16/17	England Average	NHS Cannock Chase CCG	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffordshire and Seisdon Peninsula CCG	NHS Stafford and Surrounds CCG	NHS Stoke-on-Trent CCG
Smoking at Time of Delivery (rate) Q2 17/18		14%	14.5%	14.2%	14.9%	11.3%	18.1%
Infant Mortality and Stillbirth Rate 2015	6.8	12.4	5.3	8.5	6.5	6.6	10.4
Women's experience of maternity services 2015	79.7	76.3	84.8	75.8	80.6	81.4	78.1
Women's choices of maternity services 2015	65.4	59.0	69.2	57.2	64.5	66.0	60.2

Provider	Annual Number of Births	Unassisted deliveries	Assisted deliveries	Elective Caesarean Sections	Emergency Caesarean Sections	Breast-feeding Initiation	Care Quality Commission Inspection Ratings
University Hospitals of North Midlands NHS Trust	6,208	38.0%	38.0%	12.1%	16.9%	39%	 Good
Burton Hospitals NHS Foundation Trust	3,373	40.0%	36.0%	9.1%	15.4%	71%	 Requires Improvement Jan 2018
The Royal Wolverhampton Hospitals NHS Trust	4,061	38.0%	38.0%	12.0%	16.3%	65.0%	 Requires Improvement Jan 2018

(Taken from MyNHS data)

## National Vision – Better Births

*In February 2016, the National Maternity Review, “Better Births”, was published. The vision within the report is set out below:*

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

And for all staff to be supported to deliver care which is woman centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

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It is important that we understand this national vision and translate it into a local vision for Staffordshire and Stoke-on-Trent.

## Staffordshire's Vision - Local Transformation

### Our Vision

**To get what we want for Staffordshire and Stoke on Trent's women, babies and their families, we have a clear vision where:**

Women and their families have the knowledge and support they need to ensure they have positive pregnancy and birth experience and a healthy baby.

Those involved in delivering care to women, their babies and their families have the strength, skills and knowledge to put the woman at the centre of care, deliver safe services and empower women to make informed decisions.

### Our Approach

**Children, young people and families have said they don't want to be in systems. They want to be supported by people they trust - their friends and families - to resolve the day-to-day problems they face. Providing children are safe, we also want them to thrive within their families and communities.**

Supporting women is not about 'doing it for them'. It's about enabling them to make informed decisions about their care and providing them with a range of choices. We want to encourage a positive culture of putting women at the centre of care and ensuring that a multi-professional teams provides the best outcomes for women and their babies. This can be achieved by making care more personalised, ensuring continuity of carer and by learning from best practice to improve the safety of our services.

This plan has been compiled by a range of professionals across the pan Staffordshire footprint with input from the women themselves to ensure we are delivering what is required for our local population.

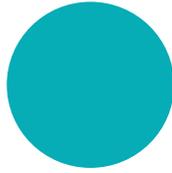
### Co-Production

**Co-production with women is at the very heart of Better Births and across Pan Staffordshire this has also been a key priority. In February 2017 a stakeholder engagement event was held where not only women and their babies, but a range of partners attended including commissioners, providers of maternity services, providers of mental health services, frontline clinicians, local authority and universities. The event was facilitated by Whose Shoes and the outputs collected from the day were graphically recorded (see on the following page(s)).**

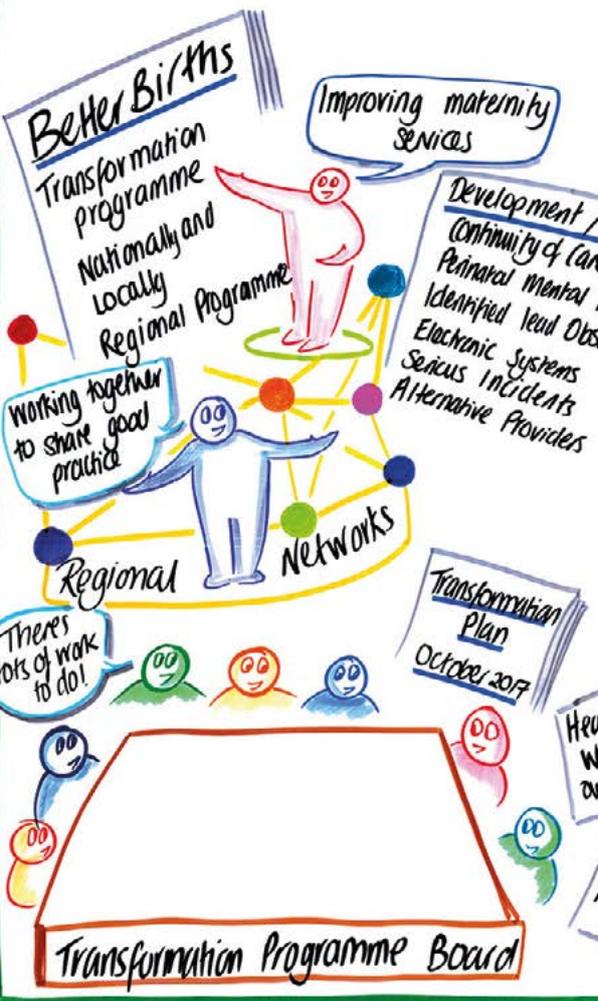
The outputs were also used to shape the sub-groups of the Board to ensure we were addressing the issues that local partners were raising and the issues that were important to women and their families. Copies of this recording have been produced and displayed in partner organisations for all women and families to see. The graphic includes direct statements from the women regarding how they want the services to look in the future.

Providers regularly seek the views of women in their care through various methods and use this intelligence to feed into the workstreams of the Programme. We also strive to have women present at each of our board and sub-group meetings to share their stories.





# PAN STAFFORDSHIRE LOCAL



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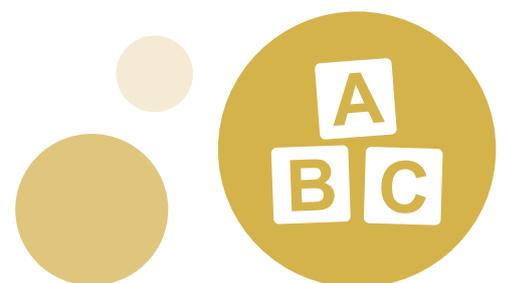
# Priority Objectives Overview

**Our 5 strategic objectives were set by the local maternity system after a successful stakeholder engagement session in February 2017.** The detail of our plans under each of the strategic objectives are set out below. These are also supported by system-wide enablers; workforce, finance, communications and digital. Details of these are discussed over the following pages. The strategic objectives, which will deliver the recommendations set out in Better Births are summarised below with specific workstreams tasked with delivery under these objectives.

## Refined Objectives

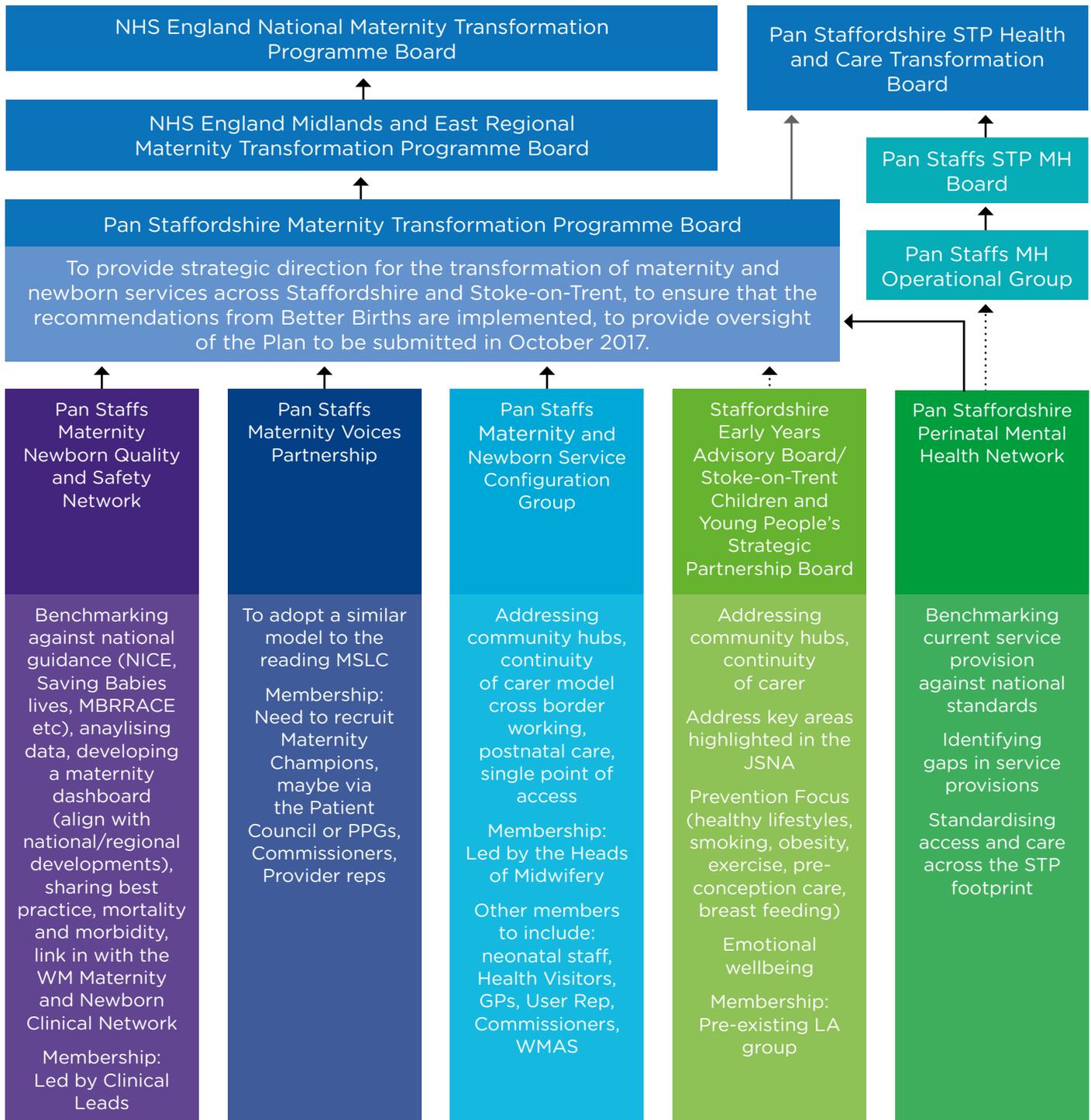
<b>IMPROVED QUALITY AND SAFETY OF MATERNITY AND NEWBORN SERVICES</b>	To establish a framework of continuous improvement in the quality and safety of community and hospital maternity services by realising the synergy of bringing services across Staffordshire and Stoke-on-Trent together to improve outcomes for women and babies.
<b>ENGAGEMENT AND CO-PRODUCTION WITH WOMEN AND THEIR FAMILIES</b>	To establish a Pan Staffordshire Maternity Voices Partnership (MVP) to include a network of Maternity Champions across all six CCGs. The core purpose of the MVP is to facilitate co-production in the planning, design, implementation and evaluation of maternity services between services users, commissioners and providers working together as equals.
<b>CONFIGURATION OF MATERNITY SERVICES</b>	To operationalise the recommendations from Better Births pertaining to provider organisations from a Pan Staffordshire perspective, sharing good practice and looking for opportunities to collaborate to improve maternity care across the county.
<b>IMPROVED HEALTH AND WELLBEING OF WOMEN AND BABIES</b>	To improve the health and wellbeing of women through reducing <18 conceptions, increasing the flu vaccine take-up by pregnant women, reducing smoking at time of delivery and low birthweight babies (<2500G), Increasing breastfeeding rates (initiation and 6-8 weeks), reducing infant mortality rate and neonatal mortality and stillbirths and achieving a healthy weight of mothers and babies.
<b>IMPROVED ACCESS TO PERINATAL MENTAL HEALTH SERVICES</b>	To improve mental health and wellbeing for women of child bearing age and their families, through effective communication and joint working of all services to ensure recognition, assessment and management is of the highest quality.

The delivery of our strategic objectives will mean the local maternity system looks and feels different for our women, babies and families in 2020/21, a summary of which is in the following section.



## Programme Infrastructure and Governance

In the development of the Pan Staffordshire Maternity Transformation Programme since February 2016 the programme infrastructure has been consolidated across the LMS footprint. A Senior Responsible Officer, Clinical Lead and Chair for the Programme have all been assigned who has oversight of the delivery of the overarching programme of work, ensuring clinical engagement and ownership, systemic and aligned planning and delivery profiles, alongside delivering the maximised synergies and benefits.. In addition, each workstream has its own Chair who are members of and report into the Programme Board.

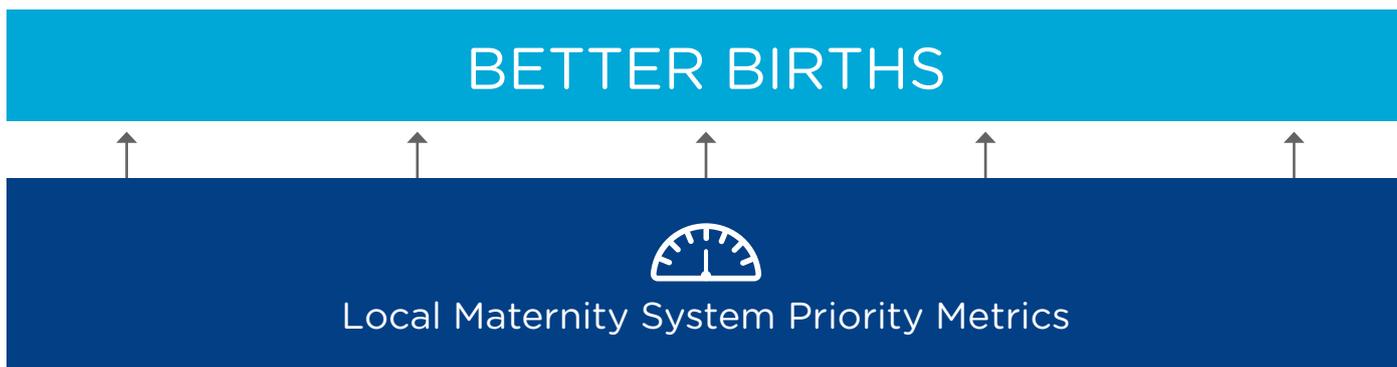


STP Enablers	Workforce Lead	Skill mix, paired learning, CPD, developing skills in universal services, skills mapping exercise
	Digital Lead	To link in with existing Digital Roadmap work, electronic records, patient access to them
	Communications Lead	To look at developing a maternity 'local offer', establish a twitter presence with the #PanStaffsMTP, to establish a Facebook group, potential of developing an App
	Finance lead	New National Tariff for Maternity

## Local Maternity System Priorities – Measuring Progress

In order to “shift the dial” on current system performance, the following metrics have been agreed as the key measures against which the system will collaboratively drive service improvement. Further work is required to agree the quantified performance improvement targets for each workstream across each of the domains below and how progress against these will be tracked. These metrics will be embedded into each workstream, and will act as key determinants of the progress against the Pan Staffordshire Maternity Transformation programme as a whole. As well as the metrics, workstreams will be measured also by individual critical success factors covering population health, quality and finance as appropriate.

Whilst we recognise that there are provider targets that need to be met, those set out below are the LMS priority metrics.



### Safety

- Reduce infant mortality and stillbirths.
- Reduce unexpected term admissions to the neonatal unit.
- Reduction readmission rate for women in the postnatal period.

### Quality

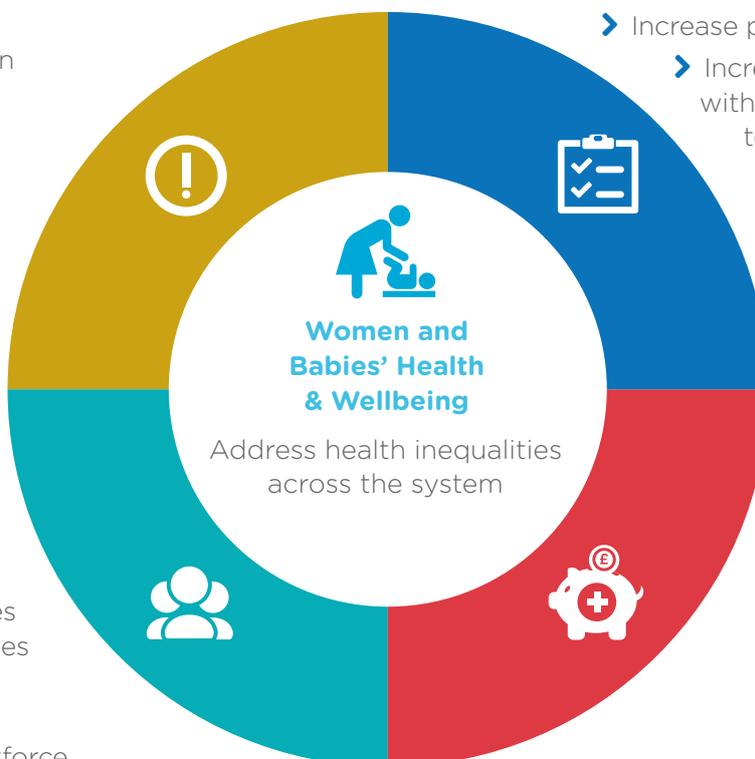
- Improve women’s experience of maternity services
  - Improve patient choice of maternity services
  - Increase personalisation of services
  - Increased use of engagement with women and their families to inform the way in which services are planned and delivered
- Reduce avoidable separation of women and their babies.

### People

- Improved staff motivation as measured by staff survey.
- Reduction in vacancies and uptake of new roles across the health and care system
- Increased use of workforce expertise across the LMS.

### Finance

- Improvements are cost neutral
  - Year on year improvement of system wide financial position.



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## Priority Objectives ‘On a Page’

<b>Objective 1:</b> Enhanced Quality and Safety of Women and Newborns	<b>Board Sub-Group:</b> Pan Staffordshire Maternity and Newborn Quality and Safety Network  <b>Chair:</b> Mr Simon Cunningham, Consultant Obstetrician, University Hospitals North Midlands NHS Trust	<b>Addressing Better Births Recommendations:</b> 3.3, 3.4  <b>Addressing Each Baby Counts Recommendations:</b> Page 8
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**Description**

**Nationally**, in 2015 there were 1156 serious incidents involving term babies in labour: 854 were born with severe brain injury, 156 died within the 7 days of birth and 126 died during labour. To establish a framework of continuous improvement in the quality and safety of community and hospital maternity services by realising the synergy of bringing services across Staffordshire and Stoke-on-Trent together to improve outcomes for women and babies.

The sub-group will focus on reducing the number of still births, perinatal deaths and brain injuries by:

- Development of infrastructure and datasets to facilitate continuous improvement and transparency
- Benchmarking the current service provision and produce a gap analysis against the national recommendations within ‘Better Births’, ‘Each Baby Counts’ and ‘Saving Babies’ Lives’ reports and agree prioritisation
- Development of a peer review network to promote the quality of review, multidisciplinary assessment and parental involvement within incident investigations
- To define multi-organisational learning based on transparency. This is aimed to promote a being and becoming culture of continuous improvement based on reflection linked to sustainable actions, duty of candour and the innovation generated by diverse approaches to common issues
- Roll-out of recognised, validated training in cardiotocographic monitoring
- Improving systems to reduce missed opportunities to recognise fetal growth restriction
- Recognising the diversity of the population served and the experience of person centred care (what matters to you, sharing information to empower choices, improving efficiency by linking overlapping process around women, providing and communicating choices to empower women)
- Collaborating to improve the choice and standardisation of services available to women by sharing specialist knowledge, options for service development, data analytics and community assets
- Assessing the quality of postnatal care in terms of readmission rates for both mother and baby, level of unnecessary separation following birth and incidence of postnatal sepsis
- Working collaboratively to develop training, foster networking, Board involvement and bids for external project funding
- Participating in the Atain programme (reducing admissions of term babies to the neonatal unit)
- Keeping more women and babies together on transitional care units
- Participating in the NHS Improvement Maternal and Neonatal Health Safety Collaborative.

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<b>Key Risks and Mitigations</b> <ul style="list-style-type: none"> <li>➤ The current landscape remains dynamic with the potential for Burton Hospitals NHS Foundation Trust to merge service with Derbyshire Healthcare NHS Foundation Trust who are with the Pan Staffordshire Maternity Transformation Programme however this may ultimately represent further opportunities for innovation</li> <li>➤ A peer review network is likely to require additional resource to ensure that it can establish and maintain momentum. Currently there is no incentive within job-plans for consultants to cross boundary and work together on a regular basis. This constitutes additional duties above those maintained for services within their own organisation. A degree of central administration and data analytical support will be required to ensure that knowledge gained from peer review is accumulated and linked to lessons and practice.</li> </ul>	<b>Enabling requirements</b> <ul style="list-style-type: none"> <li>➤ Define baseline datasets and gap analysis</li> <li>➤ Build and pilot across term baby admission database to collate review information</li> <li>➤ Recruit a peer review network</li> <li>➤ Establish links to locally existing structures</li> <li>➤ Agree guidance, processes and standards for review</li> <li>➤ Consistent approach to risk stratification so that patient populations are understood</li> <li>➤ Scope Board involvement, training, community assets, excellence and accommodation of diversity across the region.</li> </ul> <hr/> <b>Resource requirements (people and investment)</b> <ul style="list-style-type: none"> <li>➤ Data analytical support</li> <li>➤ Administration of peer review network</li> <li>➤ Administration of database</li> <li>➤ Organisational commitment to accommodate integration into structures</li> <li>➤ Organisational commitment to recognise and facilitate parental involvement during incident investigation</li> <li>➤ Board support to relay shared data, learning and strategies.</li> </ul>
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<b>Key steps to delivery &amp; milestones - 3, 6, and 12 months</b> <ul style="list-style-type: none"> <li>➤ <b>3 Months:</b> Resources agreements, Baseline dataset, Gap analysis, Piloting of term baby database across sites, Invitations to peer review network, Scoping of links to local structures, Board sponsors. Define populations (and projections) across the region from public health observatory and census data.</li> <li>➤ <b>6 months:</b> Established links with local structures as a platform to share issues and learning. Commencement of peer review, Completion of shared guidance, Completion of term baby database, Scoping of training across region, particularly CTG and use of customised growth charts, Scoping of community assets, patient information portals and digital apps, Development of strategy to reduce post-natal readmissions. Scoping of services and excellence across the region. Rebenchmark gap analysis</li> <li>➤ <b>12 months:</b> Sharing of datasets gained over 12 months around intrapartum events, detection of fetal growth restriction and postnatal readmission, Rollout of patient information sources, CTG validated training strategy, Integration of themes from 2018 Each Baby Counts report. Establish shared vision for implementation of better births with pilots for personalised care plans and facilitating choice.</li> </ul>
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- Success in 2020**
1. Achieving the ambition of reducing stillbirths and neonatal deaths
  2. Improved experiences for women and their families
  3. Improved quality of care for women and their babies
  4. Improved analysis of cardiotocograph traces.

- Key Measures**
1. Lower numbers of stillbirth and neonatal deaths
  2. Higher scores from the National Maternity Survey
  3. Fewer readmissions for women and babies
  4. All midwives and obstetricians to receive validated cardiotocograph training..

**Financial Impact**

A full time data analyst will be required to achieve the baseline data and the ongoing monitoring to benchmark safety of services at a cost of approximately £32,000. Without the additional posts, the progression of this workstream will take much longer.



## Newborn Quality & Safety Network for the Pan Staffordshire Maternity Transformation Program

Key Steps	Where are we now?	Next Steps
3 Months. Resources agreements.	<p>We have identified that we need dedicated consultant session time and a data analysts to support this work stream.</p> <p>A draft Terms of Reference for the group has been drawn up by the lead consultant,</p> <p>We have submitted a bid to NHS England for a data analyst.</p> <p>Provisional contact has been made with Obstetric peers from the surrounding trusts, Burton and Wolverhampton to develop the peer review and sharing data Workstream.</p>	Establish first formal meeting in February/ March 2018.
Baseline dataset.	We have obtained base line data necessary to benchmark our current position for key measure.	<p>There is a much wider dataset that the group would like to look at obtaining with a vision to develop a pan Staffordshire data set to include:</p> <p><b>Quality indicators</b></p> <ul style="list-style-type: none"> <li>➤ OASIS injury (third and fourth degree tears)</li> <li>➤ PPH &gt;1500ml</li> <li>➤ ITU admission / Critical care admission</li> <li>➤ Postnatal readmissions</li> <li>➤ Term neonatal admission and causes</li> <li>➤ Mg sulphate use in babies less than 33 weeks</li> <li>➤ IOL rates</li> <li>➤ Missed SGA/FGR</li> <li>➤ Intrapartum or neonatal death during the last 7 days</li> <li>➤ Therapeutic cooling from 37 weeks</li> <li>➤ Rates of Stillbirth.</li> </ul> <p><b>Unit safety culture</b></p> <ul style="list-style-type: none"> <li>➤ Rate of incident reporting</li> <li>➤ No of serious incidents</li> <li>➤ Parental involvement within investigation</li> <li>➤ MDT approach to RCA</li> <li>➤ Qualitative sampling of service improvements &amp; system changes</li> <li>➤ Rota gaps in junior tier</li> <li>➤ Midwifery sickness</li> <li>➤ CTG competency and % staff trained</li> <li>➤ WHO checklist</li> <li>➤ Qualitative study of parental concerns taken from RCA's following admission.</li> </ul>
Piloting of term baby database across sites.	We have agreed to pilot a new database which has been developed to reflect Royal College of Obstetricians and Gynaecologists Every baby County Data Collection form.	We are looking to ensure information governance requirements are met so that this database can be shared and used across Staffordshire.

Key Steps	Where are we now?	Next Steps
Invitations to peer review network.	<p>A draft Terms of Reference for the group has been drawn up by the lead consultant to include;</p> <ul style="list-style-type: none"> <li>➤ To examine and improve the quality of investigations into serious incidents.</li> <li>➤ To provide peer review when assessing care provided.</li> <li>➤ To promote shared learning of improvement from incidents.</li> </ul>	Establish first formal meeting in February/ March 2018.
Board visibility.	The Pan Staffordshire Maternity Transformation Program now has regular representation at the Staffordshire Transformation Board.	
Define populations and projections across the region from public health observatory and census data.	We now have this for Stoke-on-Trent and Staffordshire.	
Patient information portals and digital apps.	University Hospital of North Midlands is in the final stages of testing their women's notes portal. This will enable women to access their own records securely via the internet.	This will link in with the service redesign work stream to provide an online facility for women across Staffordshire to access information, help and support online.

Key Measure for 2020	Target
Lower numbers of stillbirth and neonatal deaths.	Benchmarking has been completed and the proposed Trajectories with a 50% reduction by 2030 will be agreed in February 2018.
Higher scores from the National Maternity Survey.	The group will prioritise areas from the National Maternity Survey and agree on the appropriate actions for each of them by May 2018
Fewer readmissions for women and babies.	We are currently exploring the best way to record the number of postnatal re-admissions across the county, given this is currently picked up by different methods. Baseline data and trends will be examined for themes by May 2018 leading to appropriate actions being set out.
All midwives and obstetricians to receive validated cardiocograph training.	<p>This is currently being scoped out as to how best we can deliver training which incorporates the following key elements;</p> <ul style="list-style-type: none"> <li>➤ Revalidation certified</li> <li>➤ Escalation processes</li> <li>➤ Competency testing for both Medical and Midwifery staff.</li> </ul>

<b>Objective 2:</b> Authentic Engagement with Women and their Families	<b>Board Sub-Group:</b> Maternity Voices Partnership  <b>Chair:</b> Kathryn Sallah, Lay Member	<b>Addressing Better Births Recommendations:</b> N/A, will work across all workstreams
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**Description**

The aim of this workstream will be to establish a Pan Staffordshire Maternity Voices Partnership (MVP) to include a network of Maternity Champions across all six CCGs. The core purpose of the MVP is to facilitate co-production in the planning, design, implementation and evaluation of maternity services between services users, commissioners and providers working together as equals.

The MVP will focus on:

- Gathering, synthesising and analysing the needs of the diverse local communities to come to shared understanding of how local services can better reflect those needs.
- Reaching out to seldom heard groups present within the local population to make sure their voices are heard – this may require bespoke approaches to women with particular characteristics
- Providing leadership to ensure that the service user voice co-produces both Pan Staffordshire Maternity Transformation Programme plans and provider level operational plans
- Providing advice to inform other forms of health and social care strategic planning, for example the Joint Strategic Needs Assessment, Health and Wellbeing Strategies and Sustainability and Transformation Plans.
- Providing constructive challenge and engage in the decision-making process with emerging plans to ensure they reflect the needs of local women and their families.
- Analysing anonymised complaints.
- Seeking the views of women and families who have had an experience of neonatal units via the Neonatal ODN participation groups.

**Key Risks and Mitigations**

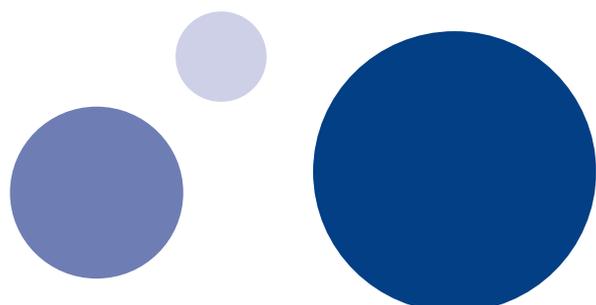
- A suitable chair can be recruited with the appropriate skills and experience
- Women will come forward to act as a maternity champion and they will be able to devote enough time to engaging with women (in person and through social media).

**Enabling requirements**

- Deployment of a volunteer policy across all six CCGs to support the work of the Maternity Champions
- Consistent approach to engaging with women and their families in the community
- Access to database of local community groups.

**Resource requirements (people and investment)**

- Funding to pay volunteer expense (approx. 23 maternity champions/chair across the LMS)
- Funding to pay for any DBS checks required (numbers as above)
- Project support to support the establishment of the MVP network and provide admin support to any meetings
- Rooms may be required for meetings.



<b>Objective 2:</b> Authentic Engagement with Women and their Families	<b>Board Sub-Group:</b> Maternity Voices Partnership  <b>Chair:</b> Kathryn Sallah, Lay Member	<b>Addressing Better Births Recommendations:</b> N/A, will work across all workstreams
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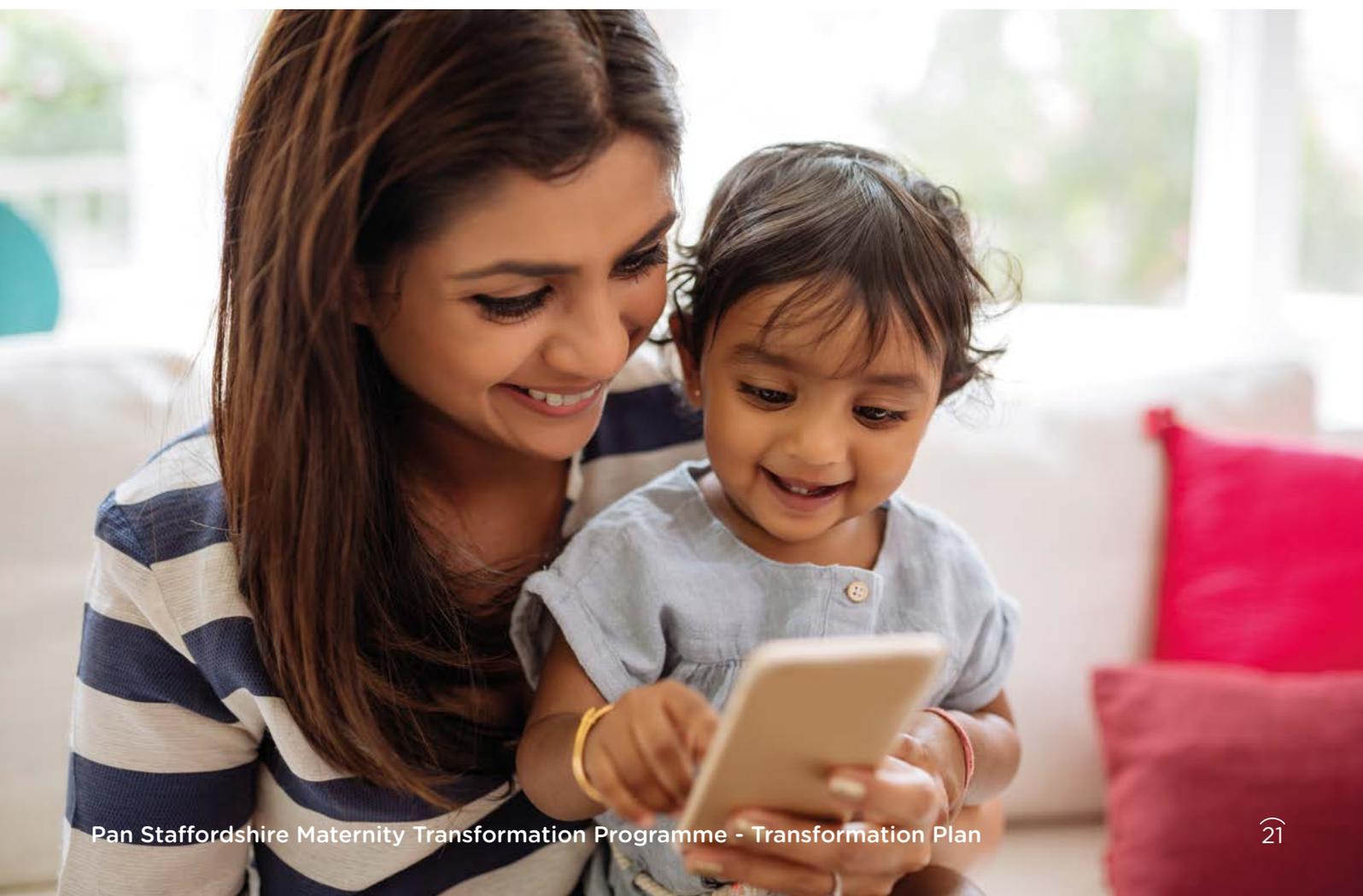
**Key steps to delivery & milestones - 6, 12 and 18 months**

- Completed actions: Contact information for South Staffs CCGs sent out with press release for women to come forward. Discussion had with a potential chair for the group
- 6 months: Recruitment of Maternity Champions across the LMS
- 12 months: Regular engagement with local groups, engagement via social media and women attending all workstreams regularly.

<b>Success in 2020</b> <ol style="list-style-type: none"> <li>1. An established Maternity Champions Network</li> <li>2. Engagement through social media</li> <li>3. True co-production of services going forward and plan implementation.</li> </ol>	<b>Key Measures</b> <ol style="list-style-type: none"> <li>1. A Maternity Champion in each of the 23 STP localities across Pan Staffordshire regularly attending local groups to gather intelligence</li> <li>2. Facebook groups up and running, Twitter engagement using the #PanStaffsMTP hashtag</li> <li>3. Representatives from a wide variety of backgrounds present at all meetings.</li> </ol>
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**Financial Impact**

In order to encourage maternity champions to volunteer, it will be necessary to recruit them as volunteers and pay their travel expenses along with other expenses such as purchasing tea and coffee for meetings with women and their families. Training will also be required this is likely to cost around £8,000, but will fluctuate depending on spend and travel by the volunteers. Without this funding, it is unlikely that a sufficient level of Maternity Champions will be recruited and therefore there will not a true representation of the whole population of Pan Staffordshire.



## Maternity Voices Partnership Group for the Pan Staffordshire Maternity Transformation Program

Key Steps	Where are we now?	What are our next Steps
6 months - Recruitment of Maternity Champions	<p>The Maternity Voices Partnership has now recruited a new Chair person. The new Chair is a lay person with plenty of NHS experience at a senior strategic level.</p> <p>We have successfully recruited our first 3 champions with a forth expressing interest.</p> <p>The first formal meeting of the new Maternity Voices Partnership met on the 25th January 2018.</p> <p>An interim recruitment request for potential Maternity Voices Champions has been sent out to Heads of Midwifery, Obstetricians, Specialist Midwives, Community and ward based Midwives and staff and to GP's across Pan Staffordshire area encouraging sign up now, whilst a wider recruitment and advertising strategy is being drawn up.</p> <p>The first draft Terms of Reference for the group along with provisional role descriptions are in production.</p>	<p>Through the Strategic Transformation Partnership (STP) we will be commissioning 'Engage and Community Staffordshire Ambassadors' These will be trained up as part of the ambassador program and collate maternity specific information with 4 reports to be submitted to the STP annually.</p> <p>We will work to agree the Terms of Reference to decide on remit of group, this will sent out for consultation in February 2018.</p> <p>The new group will also define the roles and duties for the Chair, Vice Chair, Secretary and Maternity Champions.</p> <p>By May 2018 we will have completed our draft recruitment and advertising strategy. This will not only include written material but include aspects of key locations and community group we will visit and engage with. Our vision is to have a credible representation of Maternity Voices from Staffordshire.</p>
12 months - regular engagement with local groups, engagement via social media.	<p>We were fortunate that the current Maternity Services Liaison Committee (MSCL) had established a successful Facebook page called Improving Maternity Experiences in Staffordshire. It has been agreed that as the MSCL will be merged with the new MVP the Facebook page will be renamed to form a well-established tool on Social Media for use by the group.</p>	<p>To change the name on Facebook from Improving Maternity Experiences in Staffordshire to Maternity Voices Partnership Staffordshire. This will be done by April 2018. This will be done in conjunction with a governance and management review of the Facebook page.</p> <p>To explore if we can 'brand' the Staffordshire Maternity Voices Partnership.</p> <p>To increase use of the Twitter #PanStaffsMTP.</p> <p>A full marketing campaign for the long term recruitment plan will be drawn up by June 2018. This will include, digital marketing, leaflets, posters and business cards to promote and advertise the Maternity Voices Partnership across Staffordshire.</p>
Key Measure	Target	
A Maternity Champion in each of the 23 STP localities across Pan Staffordshire regularly attending local groups to gather intelligence. Representatives from a wide variety of backgrounds present at all meetings.	To recruit 2 or more new Maternity Champions per month across Staffordshire to represent the population fairly, demographically and geographically.	
Facebook groups up and running. Twitter engagement using the Pan Staff MTP hashtag.	To change the name on Facebook from Improving Maternity Experiences in Staffordshire to Maternity Voices Partnership Staffordshire. This will be done by April 2018.	

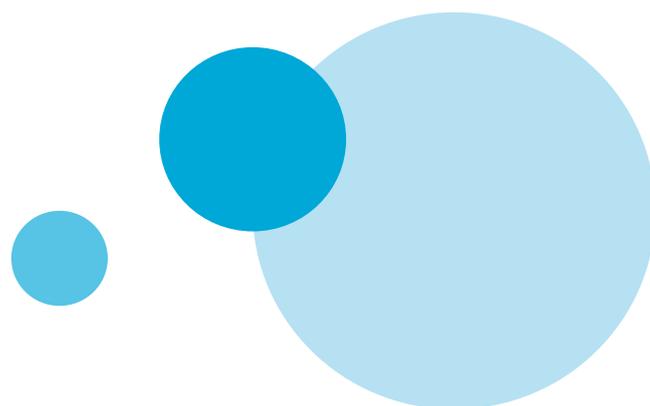
<b>Objective 3:</b> Reconfiguration of Maternity Services	<b>Board Sub-Group:</b> Pan Staffordshire Maternity and Newborn Service Configuration Group  <b>Co-Chairs:</b> Sharon Wallis, Head of Midwifery, University Hospitals of North Midlands NHS Trust Helen Hurst, Head of Midwifery, Burton Hospitals NHS Foundation Trust Hazel Remmett-Booth, Matron Maternity – Antenatal /Postnatal Services, The Royal Wolverhampton Hospitals NHS Trust	<b>Addressing Better Births Recommendations:</b>  <b>1.1, 1.4, 2.1, 2.2, 2.3, 2.4, 4.2, 4.3, 5.3</b>
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### Description

The aim of the sub group is to operationalise the recommendations from Better Births pertaining to provider organisations from a Pan Staffordshire perspective, sharing good practice and looking for opportunities to collaborate to improve maternity care across the county.

The programme will focus on:

- Postnatal care (PN) (modelled on the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) early implementers) where women and midwifery staff plan and agree a schedule of PN care to suit the woman and her needs including telephone contacts, PN clinics and enhanced visiting for those who require it.
- Single point of access across Pan Staffordshire; this is an aspiration to collaborate between the providers to have one single number for all women in Staffordshire to contact maternity services. The aim is to centralise access to one venue, staffed by all providers. As a pilot, women who are newly pregnant would use the number to arrange a booking appointment with their chosen provider with the ambition to extend this to advice and triage in the future.
- Improved neonatal pathways to ensure that women and babies are cared for in the most appropriate place, nearer to home when they need level 3 care taking into account cross LMS elements in terms of accommodating Shropshire women less than 27 weeks gestation who need to deliver at RSUH where the NICU is.
- Promoting diversity and the experience of person centred care (what matters to you, how information is shared, how different processes link around women, the level of choice available and methods of empowerment).
- Collaborating to improve the choice and standardisation of services available to women by sharing specialist knowledge, options for service development, data analytics and community assets.
- Assessing the quality of postnatal care in terms of readmission rates for both mother and baby, level of unnecessary separation following birth and incidence of postnatal sepsis.
- Working collaboratively to develop training, foster networking, Board involvement and bids for external project funding.
- Rolling out personalised care planning for all women including the use of digital records.



<b>Objective 3:</b> Reconfiguration of Maternity Services	<b>Board Sub-Group:</b> Pan Staffordshire Maternity and Newborn Service Configuration Group  <b>Co-Chairs:</b> Sharon Wallis, Head of Midwifery, University Hospitals of North Midlands NHS Trust Helen Hurst, Head of Midwifery, Burton Hospitals NHS Foundation Trust Hazel Remmett-Booth, Matron Maternity – Antenatal /Postnatal Services, The Royal Wolverhampton Hospitals NHS Trust	<b>Addressing Better Births Recommendations:</b>  <b>1.1, 1.4, 2.1, 2.2, 2.3, 2.4, 4.2, 4.3, 5.3</b>
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**Key Risks and Mitigations**

- Membership and output from the service configuration group is undertaken in addition to job roles without any additional support. The group welcomes the news that funding has been identified to support a project lead and administration for each CCG specifically for Better Births
- The increasing demand for payment for room hire within NHS properties is a concern for health providers of maternity and health visiting services. This will be a particular barrier to establishing multi-agency community hubs. This has been escalated to Pan Staffordshire Maternity Transformation Programme Board.
- Lack of engagement with obstetricians and neonatologists in particular is a concern. The group is positive that the introduction of the Pan Staffordshire Maternity and Newborn Quality and Safety Network, to share incidents and good practice, led by an obstetrician, will improve engagement
- Meaningful engagement with women representing all of the population is a challenge. The reconfiguration group has a service user as a key partner in directing the plan. A Facebook page has been set up (Improving Maternity experiences in Staffordshire). The bereavement midwives at both UHNM and BHFT have established peer support groups with women and families who have experienced stillbirth or neonatal death. Stoke and N Staffs have continued with MSLC and have undertaken engagement events to seek women’s opinions.

**Enabling requirements**

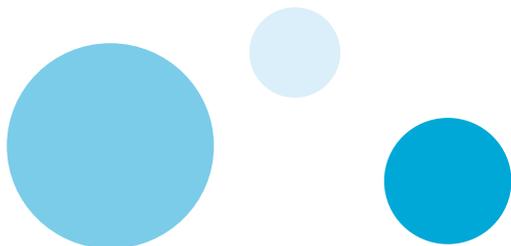
- Support from project team
- Engagement with key stakeholders including clinicians especially neonatal
- Collaborative working across providers
- Ensuring co design with service users through engagement
- Scoping of requirements for single point of access
- Scope board involvement, training, community assets, excellence and accommodation across the region.

**Resource requirements (people and investment)**

- premises and infrastructure (IT) to provide single point of access
- data analyst to support development of shared pathways
- organisational commitment to accommodate integration into structures
- room availability across community to develop community hubs.

**Key steps to delivery & milestones – 6, 12 and 18 months**

1. recruitment to project team – October/ November 17
2. **6 months;** Establish engagement events/ forums to share plans
3. **6 months;** recruit to additional Band 3 Maternity Support Worker Roles (UHNM)
4. **6-12 Months;** implementation of PN care model and evaluation
5. **6 months;** establish agreement for care pathways between providers
6. **12 Months;** scoping exercise for single point of access completed considering phased approach e.g. bookings first then advice, then triage and referral at a later stage
7. **18-24 months:** single point of access established.



<b>Objective 3:</b> Reconfiguration of Maternity Services	<b>Board Sub-Group:</b> Pan Staffordshire Maternity and Newborn Service Configuration Group  <b>Co-Chairs:</b> Sharon Wallis, Head of Midwifery, University Hospitals of North Midlands NHS Trust Helen Hurst, Head of Midwifery, Burton Hospitals NHS Foundation Trust Hazel Remmett-Booth, Matron Maternity – Antenatal /Postnatal Services, The Royal Wolverhampton Hospitals NHS Trust	<b>Addressing Better Births Recommendations:</b>  <b>1.1, 1.4, 2.1, 2.2, 2.3, 2.4, 4.2, 4.3, 5.3</b>
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### Success in 2020

1. Fully functioning Single Point of Access offering women choice
2. Extended postnatal care offering continuity of carer for four weeks post birth
3. Improved neonatal pathways.

### Key Measures

1. Single number for women to call across Pan Staffordshire for booking and for advice and guidance including via live chat.
2. Women seeing the same midwife or team of midwives/maternity support workers in the antenatal and postnatal period up to four weeks post birth
3. More women being in the right unit for delivery to ensure mother and baby are kept together and babies receive the right level of support.

### Financial Impact

The service transformation group are aware that there is no budget identified to implement the recommendations of Better Births and aim to deliver its achievements within current resources. This is becoming increasingly challenging with ever more partners charges for accommodation within the current financial landscape.

To achieve the ambitions of the group and the recommendations of Better Births, there needs to be an agreement between NHS providers that room charges will cease or funding enabled to support multi-disciplinary community led services.

The ambition for a Pan Staffordshire single point of access for pregnant women will require resources in respect of venue, IT and communications and staffing. A scoping exercise is needed to consider the amount of calls which could be achieved in a phased approach with newly pregnant women booking into maternity services during office hours to a 24 hour manned phone line for triage and advice. A single point of access would relieve activity within maternity acute areas such as Maternity Assessment Units, calls to community midwives and provide women with one number for all enquiries across the county. It would enable collaborative working and promote choice for women across the providers.

Shared care pathways to reduce variation and ensure best practice, identifying women who require tertiary level care which could be provided by UHNM for women in Burton and surrounding areas. This would reduce separation for mum and baby and enable care closer to home with cross provider collaboration for care but may require additional staffing. Further scoping will be required to understand demand and the corresponding capacity required before full costing can be calculated.

## Maternity and Newborn Service Configuration Group for the Pan Staffordshire Maternity Transformation Program

Key Steps	Where are we now?	Next Steps
Recruitment of Project Team.	Achieved - Project Team in post from the end November 2017.	Continuing to focus on each work stream to ensure implementation of recommendations.
6 months - establish engagement events/forums to share plans.	<p>Maternity Voices Partnership launched to facilitate engagement and co-production of services between service users, providers and commissioners. First meeting took place in January 2018.</p> <p>Regular updates discussed at Maternity Transformation Programme monthly Board meetings.</p> <p>Maternity Services Reconfiguration Group meetings held monthly - includes senior midwifery staff from UHNM and Burton NHS FT and Royal Wolverhampton Trust.</p> <p>Pan Staffordshire MTP working in close partnership with the Black Country Local Maternity System.</p>	<p>MVP fully functioning offering co-production opportunities between commissioners, providers and service users.</p> <p>Ongoing board and reconfiguration meetings.</p> <p>Establish monthly task and finish group.</p>
6 months - Recruit two additional Band 3 maternity support worker roles.	Achieved.	
6-12 months - implementation of postnatal care model and evaluation.	Burton Hospital have started a pilot of enhanced post-natal care model (SHIP) - January 2018.	Evaluation of the enhanced care model expected - September 2018 with a view to expanding this Pan Staffordshire.
12 months - scoping exercise for Single Point of Access (SPA) completed considering phased approach e.g bookings first.	<p>Single Point of Access has now been scoped out and agreed for Stoke and Staffordshire women.</p> <p>We are submitted a bid to NHS England to enable this Workstream to set up.</p>	Outlined in key measures.

Key Measure	Target
<p>Single number for women to call across Pan Staffordshire for booking and advice and guidance via live chat.</p>	<p>The Project Team are submitting a bid to fund a new model which will be a single point of access across Staffordshire. This will provide a dedicated telephone line and an online facility for women to contact in the first stages of pregnancy, where they can discuss options available and personalise their care.</p> <p>The visions for this is that it will grow and develop into a dedicated service across Staffordshire where advice and support will be available around the clock providing support and advise from a dedicated service which will also provide continuity of care.</p> <p>We are using the Maternity Survey from 2015 &amp; 2017 as baseline for the number of women who were offered choice across Pan Staffordshire. The agreed target locally will be 90% for 2021 with plans to exceed 95% by 2025.</p> <p>There is an agreement to have a Pan Staffordshire personalised definition drawn up as to what both women and health professionals should expect from choice across the health economy. This will be done by March 2018.</p> <p>We will the review the current information for women across Staffordshire specific to choice to ensure it is up-to-date. This will be done by May 2018.</p>
<p>Women seeing the same midwife or team of midwives/maternity support workers in the antenatal and postnatal period up to four weeks post birth.</p>	<p>We plan to start the pilot in September at UHNM where a cohort of vulnerable women (women who are suffering from substance misuse problems and mental health problems) will be seen by a dedicated team of familiar midwives. As there is currently no model for providing continuity of care, the starting point is to;</p> <ul style="list-style-type: none"> <li>➤ Identify the cohort of women</li> <li>➤ Identify midwives who would like to participate in the pilot</li> <li>➤ Agree caseload numbers</li> <li>➤ Agree percentage and incremental increase annually of women provided with continuity of care including intra partum episode from the team.</li> </ul>
<p>Increasing the number of women who receive midwife led care in labour across a variety of venues including home birth, alongside MBC and freestanding midwife birth centre.</p>	<p>In January 2018 we started to review women at 36 weeks and re assessed their original decision over place of birth. This is being piloted at Burton Hospital. Some women will be able to step down from consultant led care to a midwife led environment.</p> <p>We have agreed to set a target of increasing this by 5% per year and reviewing it annually as we will reach a point at which we will have achieved what is clinically optimal for mothers and babies.</p> <p>We aim to extend this model of care review to the University Hospital of North Midlands NHS Trust in July/August 2018.</p>
<p>More women being in the right unit for delivery to ensure mother and baby are kept together and babies receive the right level of support.</p>	<p>Discussions have been had between UHNM and BHFT regarding the possibility of shared care pathways for women where they need specialist tertiary care for mother, for example placenta accreta or level 3 neonatal facilities.</p> <p>These need to be further explored and agreed with regard to the neonatal network boundaries and potential impact on flow across the network.</p>

<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	<b>Board Sub-Group 1:</b> Staffordshire Early Years Advisory Board <b>Chair:</b> Mark Sutton, Staffordshire County Council Lead Member for Children Board  <b>Sub-Group 2:</b> Stoke-on-Trent Children and Young People's Strategic Partnership Board <b>Chair:</b> Councillor Janine Bridges, Stoke-on-Trent City Council	<b>Addressing Better Births Recommendations:</b>  1.1, 2.3, 2.4, 3.4
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### Description

Across Pan Staffordshire there is a County Council (with 8 District Councils) and a City Council. Due to governance structures this workstream is split into two, however, the two local authority Public Health departments have agreed to work together and align as much as possible with a key aim of focused prevention. Partners will work together in new ways to make prevention and wellbeing everyone's business, tackle health inequalities by dealing with the social, economic and environmental causes of ill health in the community and develop holistic approaches to support people with both mental and physical health needs.

Staffordshire Early Years Advisory Board :

- To undertake the Local Authority Annual Conversation process and set SMART targets using an agreed performance framework
- To ensure that the District Advisory Board establishes local targets and to endorse these in order to address identified need
- To monitor performance at a County and District level using the Early Years Dashboard and address any concerns or negative trends in performance with the partnership
- To ensure that the views of parents and children are represented and inform delivery and commissioning decision making
- To provide an arena to support and challenge partners to effectively contribute to an integrated early years offer for Staffordshire which improves outcomes for young children and their families
- To lead, promote and create opportunities for co-operation with local partners (for example, health, police, schools, housing services, early years, youth justice, probation, higher and further education, and employers) to improve the wellbeing of children and young people.

Stoke-on-Trent Children and Young People's Strategic Partnership Board:

- Monitors performance across the city reporting to the Children and Young Peoples Strategic Partnership Board and upwards to the Health and wellbeing Board, addressing any concerns or negative trends in performance with the partnership
- Ensure that the views of parents and children are represented and inform delivery and commissioning decision making
- Provides an arena to support and challenge partners to effectively contribute to an integrated early years offer for Staffordshire which improves outcomes for young children and their families.

The two groups will both focus on:

- <18 conceptions rate (per 1,000 females 15-17)
- Flu vaccine take-up by pregnant women (%)
- Smoking at time of delivery (per 100 maternities) / Low birthweight babies <2500G (%)
- Increase breastfeeding rates - initiation and 6-8 weeks (%)
- Infant mortality rate <1 (per 1,000 live births) / Neonatal mortality and stillbirths (rate per 1,000 pop)
- Healthy weight of mothers and babies.

<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	<b>Board Sub-Group 1:</b> Staffordshire Early Years Advisory Board <b>Chair:</b> Mark Sutton, Staffordshire County Council Lead Member for Children Board  <b>Sub-Group 2:</b> Stoke-on-Trent Children and Young People’s Strategic Partnership Board <b>Chair:</b> Councillor Janine Bridges, Stoke-on-Trent City Council	<b>Addressing Better Births Recommendations:</b>  1.1, 2.3, 2.4, 3.4
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#### Key Risks and Mitigations

- Reduction achieved within current resources – No additional resource available this is also a time of considerable austerity and therefore services available are changing rapidly. Mitigation: escalate via the board if plans are undeliverable and seek to develop new ways of working with the existing resource.
- Data lags behind so evidencing change can take time. Mitigation: Ensure that anecdotal evidence is collated and shared to demonstrate the impact seen.
- Access to data at a timely rate. Mitigation: Data sharing arrangements between hospital and public health.
- Different priorities identified in different areas and not seen as a priority in other areas.

#### Enabling requirements

- Active partners who are open to change and supportive of the changes.
- Political leadership and support.
- Robust District Action Plans and action by partners
- Cultural change amongst professionals to enable staff to do things differently.
- Attendance at meetings by partners to update on progress
- Data sharing
- IT workstream
- Qualified workforce to administer vaccinations
- A new approach to multidisciplinary integrated team working (including mental health).

#### Resource requirements (people and investment)

- Enhanced understanding of the key messages to promote healthy lifestyles.
- Information to support key workers from a range of professionals in key areas identified.
- Continued investment in the flu vaccination programme (NHSE).
- Clear and timely referral pathway to intervention programmes (stop smoking services, weight management, breastfeeding support).
- Steering group to drive breastfeeding plans.
- Marketing plan and materials for Flu vaccination campaign.

#### Key steps to delivery & milestones – 6 and 12 months

- **6 months:** Action Plans demonstrate progress being made to ensure that the information needed by key workers is known, shared and used. Families are therefore encouraged to make healthy lifestyle choices.
- **12 months:** review of progress made to establish the strengths and weaknesses and report compiled for EY Advisory Board. Areas for improvement are identified and board members champion the approach to ensure action is taken.

<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	<b>Board Sub-Group 1:</b> Staffordshire Early Years Advisory Board <b>Chair:</b> Mark Sutton, Staffordshire County Council Lead Member for Children Board  <b>Sub-Group 2:</b> Stoke-on-Trent Children and Young People's Strategic Partnership Board <b>Chair:</b> Councillor Janine Bridges, Stoke-on-Trent City Council	<b>Addressing Better Births Recommendations:</b>  1.1, 2.3, 2.4, 3.4
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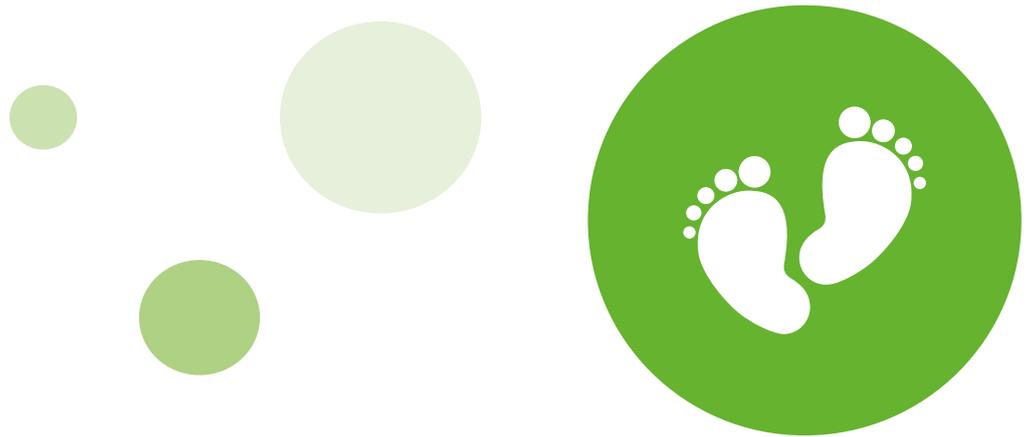
- Success in 2020**
1. Reduced <18 conceptions rate
  2. Increased flu vaccine take-up by pregnant women
  3. Reduced smoking at time of delivery / low birthweight babies <2500G
  4. Increased breastfeeding rates - initiation and 6-8 weeks
  5. Reduced infant mortality rate <1 / neonatal mortality and stillbirths
  6. Healthy weight of mothers and babies.

- Key Deliverables**
1. Young people making more positive and informed decisions around sex and relationships
  2. Training wider workforce to administer vaccinations
  3. All pregnant women offered carbon monoxide screening at booking and referred to smoking cessation service if positive and all women who are admitted to a maternity ward during their pregnancy offered CO screening and referred to smoking cessation service if positive
  4. Increase breastfeeding prevalence by 1.5% per annum by 1st April 2020
  5. (See Objective 1)
  6. Undertake a review of advice and support offered to women of a child bearing age.

**Financial Impact**

Both Local Authorities are under considerable financial constraints and recurrent budget reviews. Current services are being delivered on a minimal budget which are under threat of being reduced or cut. These are the services that can be maintained and delivered on the current financial resource.

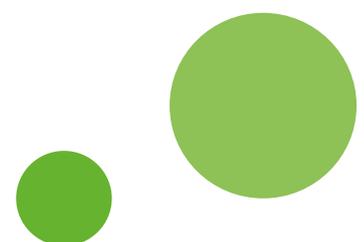
If there was an increase in available financial resources then the local authorities would look at achieving further targets and faster. At present Stoke-on-Trent has a robust smoking in pregnancy partnership action plan, Instrumental to this has been £75k funding from NHSE to support the reduction of smoking in pregnancy rates. This has been used to support the secondment of a midwife champion at UHNM, and the employment of two lifestyle support workers based in antenatal clinics. Ideally, if there were additional financial resources available Stoke would like to extend the role of these staff to include a public health midwife and having the lifestyle support workers able to discuss healthy nutrition and physical activity, safe sleep etc. this has been calculated at an additional cost of £54,415 per annum (£40,265 including on costs for the public health midwife and the remaining for the additional work of the support workers).



## Early Years Advisory Board for the Pan Staffordshire Maternity Transformation Program

Key Steps	Where are we now?	Next Steps
6 months - Action plans demonstrate progress being made to ensure that the information needed by key workers is known, shared and used. Families are therefore encouraged to make healthy lifestyle choices.	Both the Staffordshire Early Years Advisory Board and Stoke-on-Trent Children and Young People's Strategic Partnership Board have adopted the key deliverables set out and included them in their local strategies. Base line data is available for all key focuses and deliverables. Whilst both boards have made significant progress, we now need to bring these together to form a Pan Staffordshire report specific to Better Births.	<p>We need to align the performance framework used by the Staffordshire Early Years Advisory and Family Improvement Boards so that it feeds into the Better Births. This needs to be delivered in 2018 so we can monitor progress towards our 2020 deliverables.</p> <p>To further align and drive the Family Improvement Boards action plans. Action plans are in place for each district which include target groups and prioritised for many of the key measures for Better Births. Align the Families Strategic Partnership plans where necessary and not picked up via district partnership arrangements.</p>
Key Focuses	Update	
Reduce under 18 conceptions rate (per 1,000 females 15-17).	<p>The local Stoke-on-Trent strategy for 2016-19 and in the Joint Health and Wellbeing Strategy 2016-2020 highlight that Stoke-on-Trent under 18s conception rate is reduced, with an improvement the position in relation to other Local Authority areas.</p> <p>For Staffordshire the under 18 conception is statistically higher than England but remains stable. This will be picked up at the Families Strategic Partnership Board in April 2018 where all outlying indicators will be discussed and actions agreed.</p> <p>Staffordshire has adopted a Place Based approach which is addressing the root causes of poor outcomes.</p> <p>Other commissioned services contribute to this agenda including the Children's Health and Wellbeing programme and Sexual Health Services.</p>	
Flu vaccine take-up by pregnant women (%).	<p>2016/17 flu uptake for pregnant women was 47% across Staffordshire.</p> <p>In 2017/18 we piloted a maternity-service based vaccination of pregnant women, including UHNM, and we are hopeful this will increase the achieved number vaccinated compared to the GP-only based delivery.</p>	

Key Focuses	Update
<p>Smoking at time of delivery (per 100 maternities) / Low birthweight babies &lt;2500G (%).</p> <p>All pregnant women offered carbon monoxide screening at booking and referred to smoking cessation service if positive. All women who are admitted to a maternity ward during their pregnancy offered CO screening and referred to smoking cessation service if positive.</p>	<ul style="list-style-type: none"> <li>➤ NHS Stafford and Surrounds 11.3%</li> <li>➤ NHS Stoke on Trent 18.1%</li> <li>➤ Staffordshire as a whole is statically worse than the England average at 13.7%.</li> </ul> <p>The University Hospital of North Midlands have a dedicated Smoking Cessation Midwife which has seen a reduction from 19.3%.</p> <p>Stoke on Trent have set the following targets:</p> <ul style="list-style-type: none"> <li>➤ The number of women to be CO screened to over 90%</li> <li>➤ Number of pregnant smokers referred to the stop smoking service over 90%</li> <li>➤ Declines less than 10%</li> <li>➤ Number of women smoking at delivery (SATOD) to less than 16%</li> <li>➤ And midwifery staff trained in delivering stop smoking advice to over 90%.</li> </ul> <p>In Staffordshire we have commissioned a stop smoking in pregnancy service. This is in year one of a new contract and further work is required to increase the uptake of this service.</p>
<p>Increase breastfeeding rates – initiation and 6-8 weeks maintenance (%).</p>	<p>In Staffordshire we are statistically worse than the England average for both initiation and prevalence. The Child Health and Well Being Programme (Health Visiting and school nursing) has breast feeding as a high impact area and a specific focus on infant feeding including the UNICEF Baby Friendly initiative.</p> <p>For Staffordshire District priorities (action plans) are in place for improving breastfeeding rates via the Family Improvement Boards.</p> <p>Stoke-on-Trent’s Breastfeeding Action Plan 2016-19 target:</p> <ul style="list-style-type: none"> <li>➤ Initiation – 1.5% increase annually</li> <li>➤ 6-8 weeks maintenance – 1% increase annually.</li> </ul> <p>The data for both of these is recorded on Public Health Outcomes Framework (PHOF) and the midwives provide Initiation and Health Visitors provide maintenance figures.</p>



Key Focuses	Update
<p>Undertake a review of advice and support offered to women of child bearing age. Healthy Weight for Mother and Babies.</p>	<p>In 2017 Stoke-on-Trent commissioned insight to find out how our services can support local mums to be healthier. The insight spoke to over 600 local mums to discover what being healthy means to them, what their priorities are and what support to be healthier would be helpful.</p> <p>The findings showed that the main driver for weight loss among respondents was to be healthier, with 75% citing this reason. Furthermore, local mums reported that after themselves, their husband/partner are the main influencers in making changes to be healthier however mums also cited the importance of consistent advice from health professionals.</p> <p>When asked what would help them to be healthy when pregnant, over 80% of women said that fun activities they can do with their children, more information on local activities and cheaper ways to access physical activities would help them to be healthy. Active City 2018-2021, the new physical activity strategy for the city will include a focus on supporting local women to increase their activity levels by promoting existing provision and identifying new opportunities.</p> <p>The Child Health and Well Being Programme has maternal and child nutrition as a high impact area. Action plan to be in place during 2018 as contract commences on 1st April.</p>
<p>Infant mortality rate &lt;1 (per 1,000 live births) / Neonatal mortality and stillbirths (rate per 1,000 pop). Healthy weight of mothers and babies.</p>	<p>The Staffordshire early years advisory board and placed based working will contribute to reducing infant mortality i.e. stop smoking in pregnancy, maternal nutrition and intensive support for teenage parents.</p>
<p>Across all the above areas</p>	<p>The provision of information, advice and guidance is delivered by multiple digital platforms, for example Staffordshire Connect and various digital apps.</p>



<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	<b>Board Sub-Group:</b> Pan Staffordshire Perinatal Mental Health Network  <b>Chair:</b> Wendy Hallows, Service Manager for Perinatal Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust	<b>Addressing Better Births Recommendations:</b>  4.1
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### Description

The sub group will work to improve mental health and wellbeing for women of child bearing age and their families, through effective communication and joint working of all services to ensure recognition, assessment and management is of the highest quality.

The sub-group will focus on:

- Benchmark current service provision and produce gap analysis in order to develop an action plan that would be create and sustain parity of esteem.
  - Standardising pathways
  - Normalising mental health
  - Development of Tocophobia clinic, current pilot at Royal Stoke, extends to be accessible to all women of child bearing age.
  - Development of provision to explore impact on partners and services to support.
- To develop and implement a perinatal mental health pathway in line with the recommendations from Better Births
  - Based on a community Multi-Disciplinary Team (MDT) hub and spoke model of delivery.
  - Opt out rather than opt in model
- To promote holistic care that supports parent-infant interaction and family relationships.
- To be part of the national network to share and spread best practice.
- To achieve seamless care through collaboration between teams/services:
  - Review and amendment of current referral criteria to secondary mental health service by offering a service to all women of child bearing age. (removal of 16+ age limit)
  - Review and amendment of current referral criteria to secondary mental health service by offering a service to women at any stage of the perinatal period – from pre- conception advice through to baby’s 1st birthday (removing the historic gap of service provision between 0-20 weeks gestation)
- Working collaboratively to develop training, foster networking, Board involvement and bids for external project funding
- Collaborating to improve the choice and standardisation of services available to women by sharing specialist knowledge, options for service development, data analytics and community assets.



<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	<b>Board Sub-Group:</b> Pan Staffordshire Perinatal Mental Health Network  <b>Chair:</b> Wendy Hallows, Service Manager for Perinatal Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust	<b>Addressing Better Births Recommendations:</b>  4.1
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<b>Key Risks &amp; Mitigation:</b>	<b>Enabling requirements</b>
<ul style="list-style-type: none"> <li>➤ NHS England Community development Fund Wave 2 not successful – unable to increase workforce provision to meet targets.</li> <li>➤ In 2019/20 an additional £73.5 million will be added to CCG baseline allocations and £98 million in 2020/21. CCG’s agreement to committing this funding to perinatal mental health.</li> <li>➤ Capacity within current resources to meet increased target activity in line with 5 Year Forward View for Mental Health.</li> <li>➤ All partners not collaborating.</li> <li>➤ Baseline data unclear in relation to opt out model and impact on partners.</li> <li>➤ Capacity within current resources to ensure partner engagement.</li> <li>➤ Different priorities identified in different areas and not seen as a priority in other areas.</li> </ul>	<ul style="list-style-type: none"> <li>➤ IT workstream; on-line access to services.</li> <li>➤ Define baseline datasets and gap analysis.</li> <li>➤ Recruitment of appropriately training staff to enhance current workforce.</li> <li>➤ Establish links to locally existing structures</li> <li>➤ Agree guidance, processes and standards for review</li> <li>➤ Consistent approach to risk stratification so that patient populations are understood.</li> <li>➤ Scope Board involvement, training, community assets, excellence and accommodation of diversity across the region</li> </ul>
	<b>Resource requirements (people and investment)</b>
	<ul style="list-style-type: none"> <li>➤ Access to community spokes.</li> <li>➤ Data analytical support</li> <li>➤ Organisational commitment to accommodate integration into structures</li> <li>➤ Organisational commitment to recognise and facilitate parental involvement during incident investigation</li> <li>➤ Board support to relay shared data, learning and strategies.</li> </ul>

<b>Key steps to delivery &amp; milestones – 6, 12 and 18 months</b>
<ul style="list-style-type: none"> <li>➤ <b>3 months</b> – Completion and submission of NHS England Community Development Fund Bid.</li> <li>➤ <b>6 months</b> – Resource agreements. Baseline dataset. Gap analysis. Scoping of links to local structures. Board sponsors. Define populations (and projections) across the region from public health observatory and census data. Review of Tocophobia clinic.</li> <li>➤ <b>12 months</b> – Established links with local structures as a platform to share issues and learning. Completion of shared guidance. Scoping of training across region. Scoping of community assets. Patient information portals and digital apps. Scoping of services and excellence across the region. Re-benchmark gap analysis. Development of strategy to increase access to perinatal mental provision for partners.</li> <li>➤ <b>24 months:</b> Sharing of datasets gained over 24 months access to perinatal mental health services. Re-benchmark gap analysis.</li> <li>➤ <b>2021</b> – Enhanced community perinatal mental health provision. Targets set by 5 Year Forward View achieved.</li> </ul>

<b>Success in 2020</b>	<b>Key Measures</b>
1. Improved access to perinatal mental health services, particularly for women 0-20weeks pregnant	1. An additional 500 appointments to be made available for women with perinatal mental health needs across Pan Staffordshire

**Financial Impact**

Work on the costings for the Perinatal Mental Health Wave 2 Community Development Fund bid are underway and are due to be submitted to NHS England by the 9th March 2018. The likely cost implication for services that will support additional women to be seen by perinatal mental health services is approximately £1m across Staffordshire and Stoke-on-Trent. As of 2019/2020 additional funds will be made available in CCG baselines to sustain the improvements made.

## Perinatal Mental Health for the Pan Staffordshire Maternity Transformation Program

Key Steps	Where are we now?	Our next steps
3 months - Completion and submission of NHS England Community Development Fund bid jointly with Shropshire LMS.	We submitted a bid to NHS England for Phase 1 of funding, but were unsuccessful in this round.	We are putting in a bid to NHS England Wave 2 and duplicating this in bidding for Local Maternity Services Transformation funds in January 2018.
6 months Resource agreements.	We now have an established team in place for the project and have agreed the Terms of Reference.  The Vice Chair has been appointed who is the Clinical Lead Nurse for Mental Health at the University Hospitals of North Midlands. A pioneering role in the NHS specialising in Paediatrics and Maternity care.	
Baseline Dataset.	Process mapping has commenced and preliminary data has now been received for most of the service. We are now bringing these together to rework the trajectories based on population sizes.	We will be gathering further base line data. This will be a wider field of data that will give a more accurate picture of the service growing as referrals in isolation are not always appropriate  This will be done by May 2018 and will consist of data collection of; <ul style="list-style-type: none"> <li>➤ Number of referrals</li> <li>➤ Number of women triaged out</li> <li>➤ Number of assessments</li> <li>➤ Number of active case load</li> <li>➤ Number of discharges.</li> </ul> Assessment increase in the true reflections of the service growth.  This will be done by May 2018.
Scoping of links to local structures.		Our vision is to develop this service with more Obstetric mental health services.  There is a bid being put forward to NHS England to fund this service.
Board Visibility.	The Pan Staffordshire Maternity Transformation Programme now has regular representation at the Staffordshire Transformation Board.	

Key Steps	Where are we now?	Our next steps
Review of Tocophobia clinic.	A new Tocophobia clinic was piloted in 2017. A review of this pilot is now underway. The results of the pilot will not be clear until the Women reach the delivery stage of their pregnancy. This pilot was run by a combined maternity and mental health service.	A bid to run this service is to be submitted to NHS England. For now the pilot has ended as this was an unfunded service and unfortunately unsustainable without dedicated funding.
12 months – Established links with local structures as a platform to share issues and learning.	The Pan Staffordshire Perinatal Mental Health Network is now established with terms of reference which have agreed. The sharing issues and learning is one of the group's primary objectives.  The Chair and Vice Chair are also attending and contributing West Midland Perinatal Mental Health Network and the STP for mental health operational group.  A training program has been agreed and we are now in discussion as to how this can best be delivered across the county to all appropriate professions and parties.	The Chair of this group is linking in with Black County CCG to see how we can work with them in effective cross bound care for our women and theirs.  We now need to develop the trainers across the health economy linked to HEE competencies for perinatal mental health services.
Completion of shared guidance	A local intranet site has been built and provides a resource for staff, who can access perinatal mental health services support and advice and best practice.	
Scoping of training across the region.	We have mapped all our specialist services against the Royal Collage of Psychiatrists Quality Standards for community care. In conjunction, all services have been mapped against NICE guidance.  Staffing levels have also been mapped against the Royal Collage's recommendations.	Whilst we are at a safe level, it has highlighted areas for local improvement and contributed to the case towards the Bid for Wave 2 additional funding.
Patient information portals and digital apps.		We are now looking to build on the Baby Buddy app and looking to develop information portals in the public domain for not only mums, but dads and partners.
Key Measure	Target	
An additional 500 appointments to be made available for women with perinatal mental health needs across Pan Staffordshire.	This key target is dependable on additional funding being made available as the existing team is delivering care at their maximum capacity.	

# 6

## Local Maternity System Enablers

### System Enabler 1: Finance

The Staffordshire Maternity Transformation Programme has been allocated £237,000 over a two year period to support the service redesign process. The allocated funds are the maximum available for investment in the programme due to the financial constraints across the Staffordshire Health Economy. The financial resource has been used to fund two new posts across the Staffordshire Local Maternity System to deliver the required changes to transform maternity services.

So far the CCGs have received £76,666 from NHS England for project support in the second half of 17/18, with a further £150,000 (approximately) due in 18/19. The CCG's have recruited a 1.0WTE Band 8a Senior Project Manager to work across all six CCGs with responsibility for delivering the work streams of the 5 sub-groups of the Programme Board. This post is supported by a 1.0WTE Band 6 Project Support Officer, which has also been successfully recruited to.

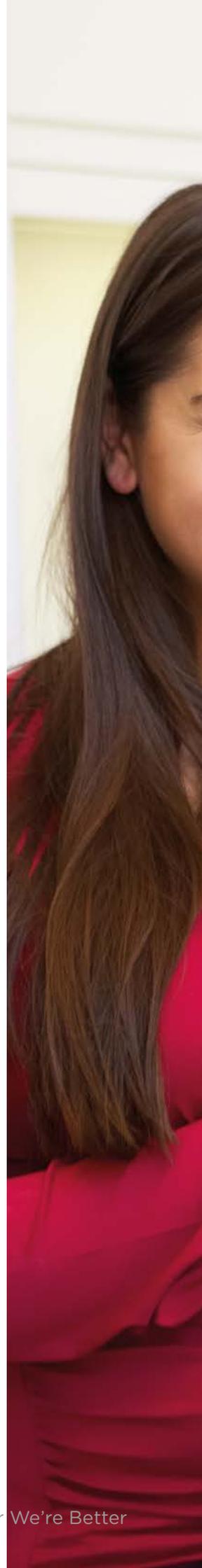
17/18 Allocation	£76,666
Band 8a 1.0WTE (PYE) (Top of Band)	£30,530
Band 6 1.0WTE (PYE) (Top of Band)	£22,238
Balance	£23,898

18/19 Allocation	£150,000 (approx.)
Band 8a 1.0WTE (FYE) (Top of Band)	£61,059
Band 6 1.0WTE (FYE) (Top of Band)	£44,477
Balance	£44,464

A further £10,000 has been received from NHS England to support engagement and co-production with women and their families, which is being rolled out through the Pan Staffordshire Maternity Voices Partnership.

Investment across Staffordshire is constrained due to the significant savings programmes across the STP footprint and the financially challenged health economy.

The joint commissioner and provider Quality, Innovation, Productivity and Prevention (QIPP) programme and Cost Improvement Plans are to reduce expenditure in 2017/18 by circa £100m, full delivery of these savings programmes still leaves a system wide deficit (overspend on resources) of £160m. The Staffordshire Health Economy has been tasked to work as a system to address the remaining overspend, this process is being supported through the STP. The Pan Staffordshire Maternity Transformation Programme will report directly into the Pan Staffordshire Health and Care Transformation Board of the STP and thus will be part of this system to address overspend.





## System Enabler 2: Digital

The main focus of the STP Digital Workstream is to provide access to information to people that need it – the right information, in the right place, at the right time. We are looking to achieve this by utilising the principle of ‘interoperability’ between systems. Interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged. It means the ability of information systems to work together within and across organisational boundaries in order to advance the effective delivery of care.

A core assumption is that existing systems within organisations are fit for purpose. It is not within the STP Digital Workstream’s scope to assess the capability and functionality of maternity systems currently in place. Having said that, interfacing with these systems will be necessary, and it is assumed at this stage that this will be possible.

The programme for the delivery of the shared care record is at an early stage. The business case is currently being worked up, which will include proposals for how the costs will be allocated across participating organisations. A supplier has not yet been chosen, so it is difficult to firm up costs and timescales at present. However, it is recognised by all parties that having access to relevant information across all care settings is essential to the

success of the transformation of care across the STP, so it is anticipated that obstacles to progress will be overcome quickly so that delivery can commence.

It is recognised that the legal basis to share information across organisations is a pre-requisite to the delivery of a shared care record. Therefore, a group has been set up within the STP to focus on getting Information Sharing Agreements written and approved. This comprises IG professionals and clinicians. We have taken similar agreements in place across other STPs as a starting point, in order to accelerate the process. We are working with the following high level principles. 1. All information will be shared across care settings. 2. Access to information will be controlled by the needs of the individual for what is relevant for their role. 3. There will be an explicit consent model in place, with information from other care settings only accessed once the patient / user has agreed. There will be a series of exclusions in place for information that cannot legally be shared. A communication campaign will take place across the county to advise people how and why this information will be shared. The details of this comms campaign have not yet been determined.

A core component of the shared care record is the ability of the patient to access their own record. This functionality will be delivered within the programme, with

its exact phasing and timing to be determined.

There are many benefits to implementing a shared care record. Some of the key benefits for Maternity are:

- It joins up teams of care professionals to streamline team care and provide the best possible care for patients.
- It replaces reliance on pagers, phone calls, texts, personal apps and emails.
- The shared care record means that patient information from hospitals; community, mental health, and social care are brought together onto a single screen.
- It means we can build care plans that cross care settings.
- It means we can provide consistent care wherever the patient is.
- Escalations and early warnings can be sent immediately to the relevant clinical teams.
- Encrypted mobile and web-based messaging between teams and individuals.
- Parties involved can make key alerts available from its clinical information systems
- A team-based approach to task management addresses the needs of all types of team, 24/7.
- Record Sharing will reduce the number of calls between agencies for information, reduce repeat tests and improve out of hours support.

## System Enabler 3: Communications

Effective communications will be a key enabler to the Staffordshire Maternity Transformation Programme if it is to realise its vision that “Women and their families have the knowledge and support they need to ensure they have a positive pregnancy and birth experience and a healthy baby.” The success of the programme will be dependent on a number of different partners working together, underpinned by clear and consistent messaging.

Women need to clearly understand the services available across the local maternity system, especially when new services are being developed or the use of other media such as digital technologies. They need to understand the options available to them based on their clinical requirements and feel empowered to make an informed decision about their care.

Partners from all parts of the local maternity system need to understand what knowledge and support women need in terms of accessing the services available and to do so engagement needs to be tailored to meet their needs. The programme is working with Healthwatch Staffordshire and Stoke-on-Trent to seek the views of women and their families as well as establishing a local Maternity Voices partnership and utilising targeted channels of communication. We also need to make it as

easy as possible for women and their families to feedback on their experiences so that we can continually review the services in place and the impact they are having. Women need to feel safe that their feedback would have no detrimental impact on any future care they receive and that their views are being taken on board.

In developing this plan, women who have used maternity services locally have already told us that there is inconsistency in the information currently provided by different parts of the system and we need to address this if women are to be truly supported to make informed decisions. Clear messages need to be shared consistently with staff across the local maternity system. This will ensure that information to women and their families is consistent regardless of which professional they see or where they live in the county. The information needs to be relayed to women in a way that is easy for them to understand and tailored to meet their personal needs taking into account any accessibility requirements. The implementation of a shared care record will support communications between different care professionals and ongoing communication to women and their families.

## System Enabler 4: Workforce

A workforce lead from the Pan Staffordshire STP has been assigned to the Pan Staffordshire Maternity Transformation Programme, and as a Programme Board are currently exploring options to ensure capacity to address workforce issues. There is, however, currently a resource requirement to do this work both financially and with regards to capacity and workload. The Programme has been provided with methodologies for undertaking this within current resource, however, the current members of the Board and sub-groups do not have the capacity or skill/knowledge to undertake.

It is recognised that the BirthRate+ tool is the nationally recommended methodology for maternity workforce planning, however, there is currently no funding available to commission this work across Pan Staffordshire.

Support has now been offered via the clinical network from Health Education England and options to use this support are currently being explored. The Programme Board is also working to strengthen links with the Local Workforce Action Board to ensure that there is alignment with other work across the regional area of the West Midlands.



# 7

## Delivering our Plan: Key Risks

Area of Plan	Key Risks	Mitigating Actions
<p><b>Objective 1:</b> Enhanced Quality and Safety of Women and Newborns</p>	<p>The current landscape remains dynamic with the potential for Burton Hospitals NHS Foundation Trust to merge service with Derbyshire Healthcare NHS Foundation Trust who are with the Pan Staffordshire Maternity Transformation Programme</p>	<p>No mitigation for risk, however, this may ultimately represent further opportunities for this innovation.</p>
<p><b>Objective 1:</b> Enhanced Quality and Safety of Women and Newborns</p>	<p>A peer review network is likely to require additional resource to ensure that it can establish and maintain momentum. Currently there is no incentive within job- plans for consultants to cross boundary and work together on a regular basis. This constitutes additional duties above those maintained for services within their own organisation.</p>	<p>A degree of central administration and data analytical support will be required to ensure that knowledge gained from peer review is accumulated and linked to lessons and practice.</p>
<p><b>Objective 2:</b> Authentic Engagement with Women and their Families</p>	<p>A suitable chair can be recruited with the appropriate skills and experience.</p>	<p>Seek a chair who has a particular interest in maternity services, however, we are unable to pay this person.</p>
<p><b>Objective 2:</b> Authentic Engagement with Women and their Families</p>	<p>Women will come forward to act as a maternity champion and they will be able to devote enough time to engaging with women (in person and through social media).</p>	<p>Recruit Maternity Champions as volunteers and pay them in line with the Volunteer Policy to provide an incentive.</p>
<p><b>Objective 3:</b> Reconfiguration of Maternity Services</p>	<p>Membership and output from the service configuration group is undertaken in addition to job roles without any additional support.</p>	<p>The group welcomes the news that funding has been identified to support a project lead and administration for each CCG specifically for Better Births</p>
<p><b>Objective 3:</b> Reconfiguration of Maternity Services</p>	<p>The increasing demand for payment for room hire within NHS properties is a concern for health providers of maternity and health visiting services. This will be a particular barrier to establishing multi-agency community hubs.</p>	<p>This has been escalated to Pan Staffordshire Maternity Transformation Programme Board and NHS England.</p>
<p><b>Objective 3:</b> Reconfiguration of Maternity Services</p>	<p>Meaningful engagement with women representing all of the population is a challenge.</p>	<p>The reconfiguration group has a service user as a key partner in directing the plan. A Facebook page has been set up (Improving Maternity experiences in Staffordshire). The bereavement midwives at both UHNM and BHFT have established peer support groups with women and families who have experienced stillbirth or neonatal death. Stoke and N Staffs have continued with MSLC and have undertaken engagement events to seek women's opinions.</p>

Area of Plan	Key Risks	Mitigating Actions
<b>Objective 3:</b> Reconfiguration of Maternity Services	Lack of engagement with obstetricians and neonatologists in particular is a concern.	The group is positive that the introduction of the Pan Staffordshire Maternity and Newborn Quality and Safety Network, to share incidents and good practice, led by an obstetrician, will improve engagement.
<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	Reduction achieved within current resources – No additional resource available this is also a time of considerable austerity and therefore services available are changing rapidly.	Escalate via the board if plans are undeliverable and seek to develop new ways of working with the existing resource.
<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	Data lags behind so evidencing change can take time.	Ensure that anecdotal evidence is collated and shared to demonstrate the impact seen.
<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	Access to data at a timely rate.	Data sharing arrangements between hospital and public health.
<b>Objective 4:</b> Improved Health and Wellbeing of Women and their Newborns	Different priorities identified in different areas and not seen as a priority in other areas.	Establish close working relationships and attempt to align as much as possible
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	NHS England Community development Fund Wave 2 not successful – unable to increase workforce provision to meet targets.	Work with West Midlands Perinatal Mental Health Clinical Network to ensure that application is robust.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	In 2019/20 an additional £73.5 million will be added to CCG baseline allocations and £98 million in 2020/21 but it will not be ring-fenced	CCG's agreement to committing this funding to perinatal mental health.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	Capacity within current resources to meet increased target activity in line with 5 Year Forward View for Mental Health.	Seek external funding for increased workforce.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	All partners not collaborating.	Work together from the earliest available opportunity through the Pan Staffordshire Perinatal Mental Health Network.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	Baseline data unclear in relation to opt out model and impact on partners.	Undertake process mapping exercises.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	Capacity within current resources to ensure partner engagement.	Work together from the earliest available opportunity through the Pan Staffordshire Perinatal Mental Health Network.
<b>Objective 5:</b> Increased Access to Perinatal Mental Health Services	Different priorities identified in different areas and not seen as a priority in other areas.	Establish close working relationships and attempt to align as much as possible.
<b>Overall Programme</b>	Maternity not specifically within the original STP Plan and therefore not high profile or given priority.	Present to the STP Health and Care Transformation Board and the Clinical Leaders Group to engage a wider audience.

# 8

## Next Steps

Following approval of the Operational Plan by the Pan Staffordshire Health and Care Transformation Board and the NHS England Regional Team, the Pan Staffordshire Maternity Transformation Programme will be moving into a delivery phase. This will be supported by a robust project management framework and oversight and monitoring by the Programme Board.

The partners within this Programme are passionate about the services offered to women, their babies and families across Pan Staffordshire and are eager to commence the transformation work that will improve outcomes for all women and babies.

Quality and safety is at the heart of the transformation programme, along with making the care we offer more personalised, but commissioners and providers cannot do this alone. The women and families who help us to shape and deliver plans will be the key to our success and by taking this transformation journey as equal partners we will see the success outlined in this plan come to fruition in 2020.



*Pictured: Emma Bradshaw with her baby Darcie, and Clare King with her baby Beatrice, who attended the Pan Staffordshire Maternity Transformation conference in February 2017.*



# TOGETHER WE'RE **BETTER**



## For more information:

 [togetherwe'rebetter@staffordshire.gov.uk](mailto:togetherwe'rebetter@staffordshire.gov.uk)

 [twbstaffsandstoke.org.uk](http://twbstaffsandstoke.org.uk)

Staffordshire Place One,  
Tipping Street  
Stafford, ST16 2DH