Appendix A

	Pandemic Recovery	Progress September 2022
1	**Reopen any services that have been suspended** as a result of COVID-19	Complete
2	**Ensure that women can take somebody with them** to all maternity appointments	Complete
3	**Supporting vaccination against COVID-19 in pregnancy**, including providing information in all contacts and across all settings antenatally, including where pregnant women can get a walk-in vaccination; and working with regional vaccination leads to facilitate access to vaccination	Ongoing
	22/23 Deliverables	
4	Focus on **safe staffing** by: a) Ensuring that each provider has completed an assessment of their midwifery staffing establishment requirement in line with NICE guideline NG4 and have recruited to that establishment. Each provider should review the midwifery staffing establishment at board level at least every 6 months as set out in the NICE guideline. b) Ensuring an adequate workforce plan is in place so that each provider is taking appropriate steps and making progress to achieve and maintain identified maternity staffing requirements. c) Ensuring that each provider completes an assessment of their obstetric staffing to ensuring it is sufficient to meet the Ockenden recommendations on two ward rounds a day and that sufficient time is allocated for leadership roles. A new workforce tool developed by RCOG and due for release in 2022 should be used for this purpose once available. d) Developing plans, approved by the LMS board by December 2022, to implement a training programme to upskill Maternity Support Workers (MSWs) in line with HEE's Competency, Education and Career Development Framework and ensure that those who meet the Framework are coded in ESR as MSWs.	a) Complete b) Complete c) On Track d) On Track

	e) Implementing the Core Competency Framework and ensure all maternity staff receive multi-disciplinary training in line with the Framework and are assured that funding allocated to each provider from 21/22 for MDT training is being used for that purpose.	On track
5	**Midwifery Continuity of Carer:** LMSs should ensure that all providers remain on track to offer Midwifery Continuity of Carer as the default model of care, and are prioritising rollout to those most likely to experience poorer outcomes by: a) Ensuring the building blocks for safe and sustainable transformation are in place as set out in Delivering Midwifery Continuity of Carer at full scale; b) By 15th June 2022, submitting a plan and quarterly trajectory for rollout of Midwifery. Continuity of Carer in line with the building blocks, so it is the default model for all women; and so that 75% of women of Black, Asian and Mixed ethnicity and from the most deprived neighbourhoods are placed on pathways by March 2024, or to timescales linked to the essential recruitment of midwives, as agreed with Regional Boards. c) Prioritising rollout of Midwifery Continuity of Carer teams to the most deprived neighbourhoods and those with higher numbers of Black, Asian and Mixed ethnicity women	Complete Plans submitted June 22 On track
6	LMS should work within their ICS to ensure that providers continue to deliver against agreed trajectories to ensure that new **NHS smokefree pregnancy pathways** are available to 46% of maternal smokers by **March 2023.** This will require production of robust delivery plans, which confirm activities to the end of March 2024 to achieve coverage for 100% of maternal smokers	Quitzy Programme Launched at JPUH August 22 QEH & NNUH have pathways in place but plans to roll out Quitzy
7	**Culture:**, LMSs should ensure that all providers should work with Patient Safety Networks as part of the MatNeoSIP to undertake a repeat culture survey and debriefing process and use the insights to inform local quality improvement plans by March 2023. **Leadership development:** LMSs should ensure that all providers engage and participate in part two of the NHS Leadership Academy leadership programme as a minimum during 2022/23. This is aimed at the quadrumvirate of Head or Director of Midwifery, Clinical Director or Obstetric Lead, Clinical Director or Neonatal Lead and Director or Head of Operations. Further information on how to engage will follow shortly.	Matneosip lead has fed back that the SCORE survey is delayed, potentially end this year. On Track

8	**Equity and Equality:** All providers should work with their Local Maternity System and ICS to implement the five priorities set out in the Equity & Equality Guidance for LMS. • All systems where information in their Equality and Equality analyses was missing and/or incomplete as advised by their Regional team, are to include the information required and re-submit their Equality and Equality analyses by **31 May 2022.** • All LMS should submit their Equity and Equality action plans to Regional teams by **30 Sept 2022**	Complete Maternity Equity and Equality - Norfolk and Waveney ICS (improvinglivesnw.org.uk)
9	All ICS areas should be planning how they will use funds from April 2022 to develop, maintain or expand their **Maternal Mental Health Services** (MMHS). Where these services are not already in place or in development, there should be a clear plan for delivery. This should be a joint venture between mental health, maternity and neonatal services.	Lotus Team launched and delivering services
10	**LMS Development:** LMSs should complete a Capacity and Capability framework self - assessment, incorporating Perinatal Quality Surveillance Principal 2 assurance by 15 **June 2022** and develop a clear action plan that supports improved function and performance and further embeds and strengthens the governance of LMS within ICS by **Oct 2022**.	Complete Action plan to be reviewed Oct 22, good progress on actions
	Existing expectations – ongoing priorities for embedding	
11	All providers should continue to embed and deliver the 7 IEAs identified in the interim **Ockenden** report and work to deliver and embed any future learning shared via the full Ockenden report and review of East Kent Maternity Services (when these are published). LMSs should continue to oversee local trust actions for implementation and should be accountable to ICBs for doing so.	Ongoing reporting and reviews of Trust delivery of Ockenden 7 IEAS – Full report to LMNS Board and summary report to ICB Public Board September 22
12	**Personalisation and Choice :** LMSs should work with providers to ensure that every woman is offered a personalised care and support plan in line with the guidance.	All trusts have PCSP in place. Audit to be completed October 22
13	**Saving Babies' Lives Care Bundle:** LMSs should ensure that all providers should be fully implementing the five elements of the Saving Babies' Lives care bundle v2 and be in a position to take forward future iterations of the bundle. In particular: a) Every provider should have a pre-term birth clinic. b) At least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so in a maternity unit with appropriate on-site NICU.	a) In place b) On Track

14	LMSs should continue to work with neonatal Operational Delivery Networks to implement local **neonatal improvement plans** with particular focus on: • Maternity and neonatal services working together to ensure that at least 85% of births at less than 27 weeks take place at a maternity unit with an onsite NICU, and together undertake a review of all births not in the right place. Data from these reviews should be collated at regional level to support thematic analysis and inform targeted actions. • Identifying routes to escalate requirements for capital investment in neonatal services through the relevant ICS routes.	Neonatal Critical Care Review and Action Plan completed and submitted July 22 Ongoing work on action plan
15	**Maternal Medicine Networks (MMN)** should be fully embedded with: a) All providers operating within a commissioned service; and b) Maternal Medicine Centres on track to meet or exceed staffing as set out in the national service specification.	MMN launched at NNUH – March 22 NNUH to become Obstetric Training Centre
16	LMSs should ensure all trusts continue to offer **continuous glucose monitoring** to all women with type 1 diabetes in 22/23, with a focus on ensuring equity of access .	Ongoing
17	Local maternity systems to support the expectation of Trusts that, by **October 2022**, they have an up to date digital strategy for its maternity services which aligns with the wider Trust Digital Strategy and reflects the 7 success measures within the *What Good Looks Like Framework*. The strategy must be signed off by the Integrated Care Board.	Complete

Appendix B: Assurance and Accountability for the use of Local Maternity System (LMS) funding.

For 22/23:

- LMS should develop a clear plan for how they will spend their full funding for 22/23 that has been approved by ICS leadership , and is clearly linked to the priorities set out above. LMS should share this with Regional Maternity Boards as soon as soon as possible, for early check and challenge.
- On a quarterly basis, LMS should report to ICS leadership and Regional Maternity Boards on spend against both baseline funding previously notified and additional funding as set out in lines A-C in **Table 1**, above. This report should cover expenditure against profile, accrual and commitments against each approved budget line, and include a reference to the relevant deliverable in the LMS plan.
- On-going funding is subject to assurance of spend. A regional review of spend and accruals against plan will be conducted in month 6 (September), to determine whether the LMS is on track to spend its full allocation against this funding. Allocations from month 7 could be held or adjusted subject to this review.

Roles and responsibilities will be in place in relation to the use of Local Maternity System Funding throughout the Long Term Plan, as set out in **Table 2**, below:

Table 2: Roles and responsibilities for the oversight and assurance of LMS spending

Who?	LMS SRO	Regional Maternity Boards	National Maternity Team
Role	• **Accountable** to ICS leadership for the lawful and effective use of LMS funding against an agreed spending plan. • **Responsible** for maintaining oversight of all funding allocated within the system for the improvement of maternity services and reporting this to ICS leadership with transparency. • **Responsible** for reporting to Regional Maternity Boards on agreed spending plans, and progress against these plans at agreed intervals, as the agreed representative of the ICS.	• **Responsible** for providing support and challenge for LMS spending plans. • **Responsible** for establishing the quarterly (where appropriate) review of LMS spending against plans, providing support and challenge, and retaining submissions for future audit or review.	• **Responsible** for establishing the national approach to oversight and assurance of LMS funding, and for ensuring a consistent approach to this across regions. • **Responsible** for producing templates and resources to achieve this, where it helps for these to be done once.