

Memorandum of understanding

For

Digital Maternity Fund

Unified Tech Funding

Between

NHSX

and

Norfolk and Waveney CCG

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1. Introduction

1.1. The aim of funding is to improve the quality of care for women and pregnant people and improve digital support for frontline healthcare providers. Funding is targeted to raise the digital maturity of a maternity service within an organisation.

1.2. The Digital Maternity Programme seeks to deliver the following objectives:

Distribute funding via the Unified Tech Fund (UTF) to support organisations, in three stages of readiness, to provide accessible records to women and pregnant people and to help organisations 'level up' their digital maturity on include:

- An interactive digital maternity health care record for women and pregnant people, authorised healthcare professionals and others granted permission by the pregnant person.
- Provide signposted, curated healthcare information
- An interoperable suite of supplier solutions capable of sharing a core dataset across all service providers

2. The MOU

2.1. This Memorandum of Understanding (MoU) sets out matters agreed between Norfolk and Waveney CCG and NHSX collectively known as "The Parties", in relation to the Funding of digital programmes in support of Digital Child Health and Maternity programme (DCHM) or any subsequent programme relating to the digital transformation of Maternity Services in England". It is not legally binding and does not give rise to rights or liabilities for any party.

2.2. The Recipient shall use the Award only for the delivery of the scheme(s) as per the application and subsequent approval of the schemes or where adjusted post application in agreement between The Parties funding through the Unified Tech Fund (UTF). The schemes to be delivered are as agreed within the successful application award letter and in accordance with the terms and conditions set out in this Agreement.

2.3. Within this MOU all capital awarded has been included, however if you are an NHS Acute Trust you will receive a separate MOU that will be issued through the DHSC. For Capital only the MOU issued by the DHSC will take precedence over this MOU. The numbers in section 7 are simply to show you how much capital you have been allocated. If you are NOT an NHS Trust then this MOU covers both Revenue and Capital, i.e. ICSs CCGs and LMNSs (that are not bidding via an NHS Trust) and will take precedence over any other communications with regards to your application.

3. **Aims and Objectives**

3.1. The overarching aim of this Scheme(s) is

Lot 1

- Connecting maternity services and GP surgeries with pregnancy notifications
- Resource Data Architect to connect Euroking maternity digital record to
- GP services via MESH
- Consultancy team to undertake discovery piece, scoping the LMNS digital
- landscape, in readiness for future strategy
- Technical Project manager
- Senior Digital Midwife

Lot 2

- The purchase of I pads to be used through the Norfolk and Waveney area via
- libraries in supporting Digital Exclusion

Lot 5

- To work with Wellbeing in user configuring, testing, and training while deploying
- Patient Portals for JPUH and NNUH
- 0.5wte Senior Digital Midwife
- 1wte Digital Administrator

4. **Monitoring and Reporting**

4.1. All parties commit to ongoing monitoring, with the aim of ensuring accountability and performance against agreed metrics.

The metrics, and proposed reporting process aim to:

- Detail how we are tracking the benefits
- Provide assurance that bidders are delivering what they committed to in the bids
- Provide detail on the funding spent, and what it has been spent on.

4.2. Reporting will be on a monthly basis or by exception as dictated by the schemes i.e. more than but not less than monthly..

4.3. Parties will work jointly to finalise a reporting and monitoring regime that delivers the reporting requirements of both the Scheme host and NHSX and its senior partners such as NHSD as detailed in Appendix A.

4.4. **Blue Printing**

A condition of funding provided through the Unified Tech Fund (UTF) is that successful bidders contribute their knowledge back to the system via the NHS Blueprinting mechanism.

Applicants agree to proactively engage with the Blueprinting workstream as set out by NHS England and Improvement and NHSX Blueprinting - Consulting, Creating and Cascading requirements.

This shared learning is required to increase the rate of success of digital projects in the future and to reduce the burden on local digital programme teams. The recipient will put in place a plan to deliver these requirements within two months of signing the MOU. Organisations should initiate this by emailing blueprinting@nhsx.nhx.uk.

5. **Impact evaluation**

- 5.1. It is expected that applicants will work collaboratively with the DCHM programme and other providers to share lessons and capture learning in a structured way. This would include (but not limited to) scheme development with suppliers, being open and transparent about risks and opportunities, supporting proactive communications and celebrating achievements. Information shared will be strictly controlled and only used for the betterment of DCHM programmes or other NHSX schemes or other appropriate NHS bodies that would benefit from such learning or where it could support working at scale.
- 5.2. Where further understanding is required from applicants either during the scheme or post delivery applicants will work with the DCHM teams and their agents to achieve this.

6. **Partnership governance and oversight**

- 6.1. The Authority will be reporting the progress and achieved outcomes of the awarded schemes on a monthly basis to NHSEI and DHSC governance boards as appropriate for the funding. As a condition of this MOU, applicants will inform the Authority of the relevant governance processes for the delivery of these schemes at both Trust and Regional levels, will name the relevant board executive who will be accountable for these scheme(s) and ensure that they are on track, and how they will ensure the Authority is kept informed of progress. Reports will be expected as per agreement between the Trust and the Regional Digital Director of Transformation

7. **Finance**

- 7.1. A condition of funding is:

The Applicant shall keep all invoices, receipts, and accounts and any other relevant documents relating to the expenditure of the Award for a period of at least six years following receipt of any Award monies to which they relate. The Authority shall have the right to review, at the Authority's reasonable request, the Recipient's accounts and records that relate to the expenditure of the Award and shall have the right to take copies of such accounts and records.

7.2. The Applicant shall comply with its statutory & regulatory requirements and internal financial governance and the Authority's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself and the Authority.

7.3. Financial breakdown

Funding and Resourcing		
Scheme Title:	Norfolk and Waveney CCG	
Estimated cost:	Funded	
	Capital	Revenue
Lot 1		£46,475.00
Lot 2		£8,000.00
Lot 3		
Lot 4		
Lot 5		£26,475.00
Lot 6		
Total Funding	£0.00	£ 80,950.00

7.4. Please note that whilst this table shows you the full breakdown of the funding allocated to you. This MOU is only for the Revenue except, if you are NOT an NHS Trust then it includes capital as well, e.g. ICSs CCGs and LMNSs (that are not bidding via an NHS Trust). For all NHS Trusts DHSC requires a separate MOU specifically around Capital spend.

Conditions of entitlement

The Recipient agrees to have a plan in place to reach the required standards as set out in the [Data Security and Protection Toolkit](#) (where their DSPT status is currently 'standards not met') and, where requested, engage on this issue with NHS Digital regional leads.

The Recipient agrees to have a plan in place to migrate off unsupported versions of Windows (including Windows 7 and unsupported Windows 10 versions where either are present on their estate) and, where requested, engage on this issue with NHS Digital's Trust System Support Model (TSSM) Team. This is because unsupported systems provide a relatively easy means by which cyber attackers can gain access to networks and services; as such this is a risk to an organisation's operations and reputation and poses a potential threat to patient safety. If specific devices cannot be migrated as part of an immediate migration schedule and plan, we expect these to be documented and a risk mitigation plan to be implemented in the interim.

8. Disclaimer

- 8.1. It should be noted that by signing this document the parties are not committing to legally binding obligations. It is intended that the parties remain independent of each other and that their commitment to deliver does not authorise the entry into a commitment for or on behalf of each other.

Signed on behalf of [insert Applicant name]

John Ingham, Chief Finance Officer, Norfolk & Waveney CCG 21/01/2022
 Date
 [NAME, POSITION]



Signed on behalf of [any other Parties to the applications such as an ICS]

[Delete if not required]

..... Date
 [NAME, POSITION]

Signed on behalf of NHSX

Gareth Thomas Deputy National CCIO NHSX Date

Glossary

The Applicant /Applicant:	The organisation that submitted a funding request and was subsequently awarded UTF
Actors,	those stakeholders that will actively participate in the delivery of the scheme(s)
Agents:	Either sub contracted organisations such as consultancies and CSUs or individual contractors engaged to support the DCHM programme
Blueprinting	A record of your experience with digital innovation, centred on your key work activities and including lessons learned along the way. Including supporting information and artefacts that provide project details, benefits, and tools. A set of information that is searchable and filterable by different users, based on need, that clearly describes the benefits and challenges faced. Digital Blueprinting
DCHM:	The Digital Child Health and maternity Programme
Memorandum of Understanding (MoU)	An agreement between two or more parties to deliver products or services for financial consideration.
NHSX:	Refers to a joint unit of NHS England and the Department of Health and Social Care. Therefore where it states NHSX within this document it can also be understood to mean NHS England and / or The Department of Health and Social Care.
The Parties:	The named Trust/ICS/LMS and NHSX
UTF:	Unified Tech Funding.
Data Security and Protection Toolkit (DSPT)	DSPT is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The website is at Data Security and Protection Toolkit
Scheme(s)	Scheme(s) refers to the overarching description of the Lot(s) that the applicant was successful in being awarded funds for.

Appendix A. Reporting

<p>General Reporting</p>	<p>All MOUs will include the below requirements on funding.</p> <p>Information to be shared prior to delivery:</p> <p>Baseline: Funding awarded per lot (split Capital v Revenue)</p> <p>Progress to be reported on during delivery:</p> <p>Funding spent to date Forecast spend by year end Any money at risk of not being spent.</p> <p>Information to be provided post delivery:</p> <p>Total funding spent by lot and split by capital v revenue against the total awarded funding.</p> <p>Customer experience measurements:</p> <p>If the Applicant organisation has any customer / patient / staff experience metrics these can be used to demonstrate overall service improvement in the end of delivery report. Organisations must, where possible, reference the survey scores at the date pre delivery and the survey scores at a date post delivery. It is noted that these will likely not be able to pinpoint the exact cause of an improvement and will instead just show that there has been one.</p>
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	<p>Any lot which includes recruitment as one of its deliverables will include the below measurements per role:</p> <p>Information to be shared prior to delivery:</p> <p>How many FTE are you recruiting, and into which roles. What are the key milestone dates for each role for: Recruitment process started Role offered New starter in place</p> <p>Progress to be reported on during delivery: Measurement: Progress updates (RAG status and forecast delivery dates) against the three baselined dates for each role.</p> <p>Information to be provided post delivery: A summary for any role recruited into detailing what value the role will bring to the services provided and what they will be working on going forward beyond 31 March 2022.</p>
Lot 1 (interop)	<p>Progress updates (RAG status and forecast delivery dates) against the above baselined dates.</p> <p>Information to be provided post delivery:</p> <p>A summary outlining what data is now being shared that couldn't be shared before. This will include confirmation of which aims were met, if the expected outcomes were achieved and what benefits are currently being seen or are expected to be realised from this.</p>
Lot 2 (infrastructure)	<p>Number of hardware items purchased to date (e.g 50/100 laptops)</p> <p>Information to be provided post delivery:</p> <p>Number of hardware items purchased in total. What is the increased capability that you now have as a result of purchasing this hardware, and what benefits are being realised as a result of this.</p>
Lot 3 (MIS Procurement)	<p>Progress updates (RAG status and forecast delivery dates) against the four baselined dates. Migration stats for the number of women and pregnant people's records moved on to the new system (current total moved / total to be moved)</p> <p>Information to be provided post delivery:</p> <p>Summary of what has been purchased, detail around how the implementation went and confirmation that the system is now being used. What is the increased capability that you now have as a result of purchasing this MIS, and what benefits are being realised as a result of this.</p>

<p>Lot 4 (data quality)</p>	<p>Measurement: Number of data training sessions delivered. Measurement: Number of people who have attended a training session CNST scorecard measurements Improvement to percentage of MSDS captured</p> <p>Information to be provided post delivery:</p> <p>A summary of the work done to improve data quality including references to the know data or process issues raised at the outset. Qualitative feedback from HCP's following delivery implementation on their current experiences must be included</p>
<p>Lot 5 (Innovation)</p>	<p>Measurement: Progress updates (RAG status and forecast delivery dates) against the three baselined dates.</p> <p>Information to be provided post delivery:</p> <p>Summary of what the implemented innovations are, detail around how the implementation went and confirmation that the innovations are now being used. What is the increased capability that you now have as a result of the innovation, and what benefits are being realised as a result of this. Case studies from HCPs or Patients were possible should be included.</p>
<p>Lot 6 (Digital Leadership)</p>	<p>Measurement: Number of data training sessions delivered. Measurement: Number of people who have attended a training session</p> <p>Information to be provided post delivery:</p> <p>Final number of HCPs who have completed any training against the target numbers, and over how many sessions. Qualitative feedback from HCP's on their experiences, what they have learnt and how they feel this will benefit their roles and the services provided.</p>