

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

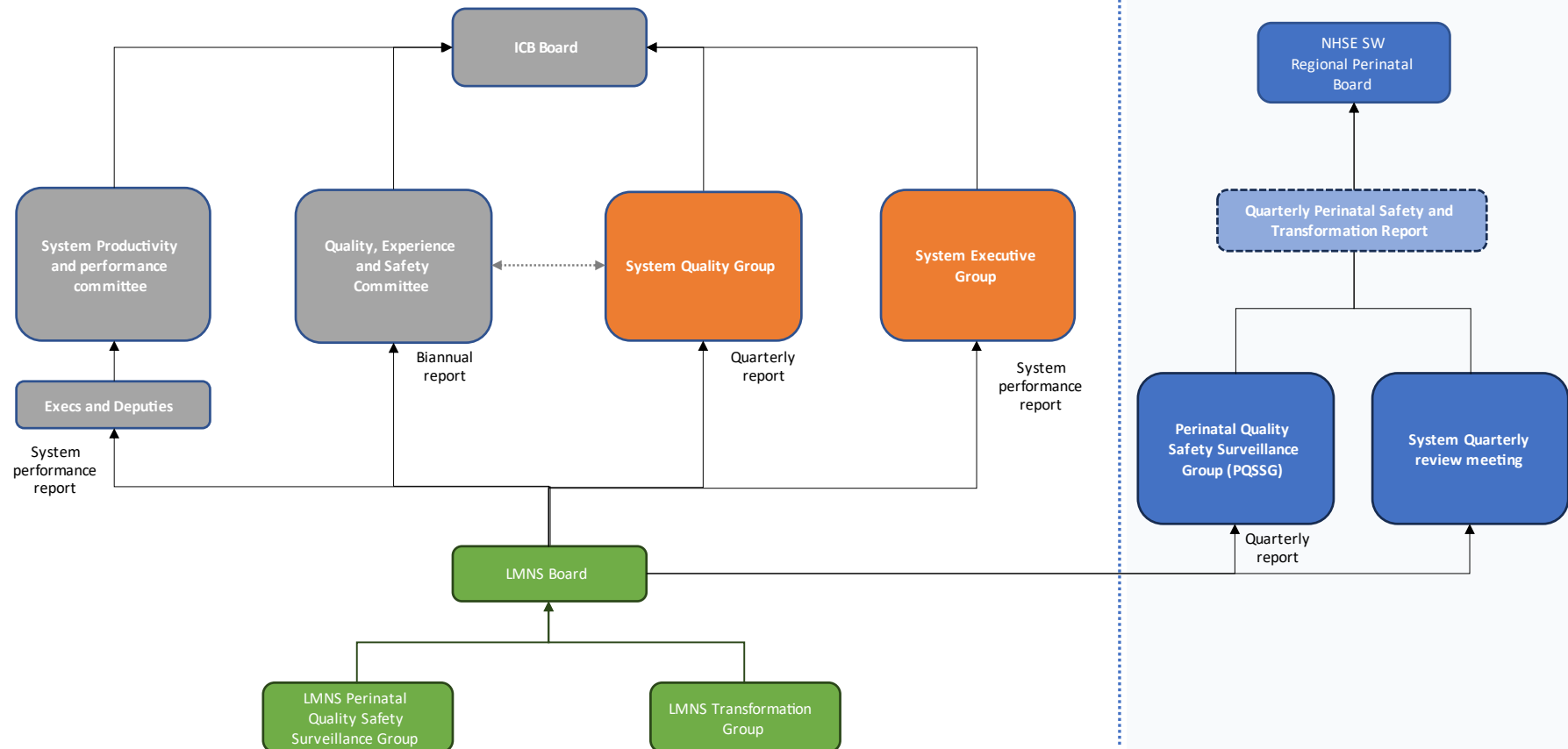
Service name	Maternity Services
Service specification number	QVV/308
Population and/or geography to be served	<p>Dorset maternity services serve a large geographical area with residents living in a mixture of large urban conurbations Bournemouth, Poole &amp; Weymouth. While others reside in sparsely distributed rural communities and areas, often with poor public transport links.</p> <p>Registered Dorset GP population of approximately 822,000 people. The Dorset area has a high transient population with university students during term time and an increase in visitors during holiday periods. Overall, the local population shows a steady increase with much of the growth happening among older people. Whilst the birth rate has decreased in Dorset the acuity and complexity of births has increased. Dorset is a rural, coastal county and therefore services need to across larger areas with low population density.</p> <p>Bournemouth, Christchurch and Poole have a growing population from diverse ethnic groups – more so than in the Dorset Council area. The Dorset council population is more than 90% white British. Fewer than 5% of residents are from ethnic diverse communities.</p> <p>Dorset maternity services sit within the Wessex Network (covering Hampshire and Isle of Wight and Dorset regions) which supports the maternity choice agenda and movement of care across services within the network. In addition, the most complex cases are reviewed and managed at Southampton hospital, which is the tertiary centre for the Wessex region, and hosts the Wessex Maternal Medicine service. Dorset maternity service also borders the Somerset and Wiltshire region where cross working arrangements are in place for Dorset women having care outside of Dorset.</p> <p>Neonatal care is commissioned via specialist services and sits with the Thames Valley and Wessex operational delivery network.</p>
Service aims and desired outcomes	<p><b>Aims and outcomes:</b></p> <p>The NHS national priorities for <a href="https://www.england.nhs.uk/priorities-and-operational-planning-guidance/">2025/26 priorities and operational planning guidance (england.nhs.uk)</a> highlights the need for the NHS to focus on key challenges whilst in addition working to transform the model of care through the 10 Year Health Plan. For 2025/26 systems and services must continue to implement the NHSE Three-year delivery plan for Maternity and neonatal services and make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury (2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025) and to reduce preterm births from 8% to 6%.</p> <p>The Local Maternity and Neonatal Service (LMNS) developed plans to implement the NHS E Maternity and Neonatal three-year plan (single delivery plan) following its publication in March 2023 <a href="https://www.england.nhs.uk/3-year-delivery-plan-for-maternity-and-neonatal-services/">NHS England » Three year delivery plan for maternity and neonatal services</a>. This consolidates the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent.</p> <p>The three-year delivery plan concentrates on the four high level themes:</p> <ol style="list-style-type: none"> <li>1. Listening to women and parents who access maternity and neonatal services</li> <li>2. Growing and supporting our workforce with the resources and teams they need to excel</li> <li>3. Supporting positive leadership and culture in our services at all levels</li> <li>4. Actions that underpin our aims for safer more personalised care, more equitable care</li> </ol> <p><b>Locally define outcomes</b></p>

	<p>The LMNS and Dorset trusts are responsible for delivering on the actions and achieving outcomes set out in the three-year delivery plan, and success measures and monitored via the national NHSE Three-year delivery plan for maternity and neonatal care technical guidance for outcomes and progress, see appendix 2. The associated additional transformation funding should be utilised for sustainable commissioning of services, and as allocated by NHSE and the LMNS.</p> <p>In addition, providers should reach 100% compliance with Saving Babies Lives Care Bundle <a href="#">NHS England » Saving babies' lives version three: a care bundle for reducing perinatal mortality</a> and compliance with the Safety Actions of the Maternity Incentive Scheme Year 7 when published.</p> <p><b>Outcome Reporting</b></p> <p>The provider must have systems and processes in place to be able to report digitally against any local, regional, or national outcomes and other measures, drawing on locally collected intelligence and monitored within a Local Maternity and Neonatal Dashboard.</p> <p>The reporting requirements will be via LMNS governance structure, set out in Appendix 1, and as per agreed LMNS annual approved Terms of Reference and workplan, additional reports may be requested in relation to identified areas of improvement. It is expected that trusts will take part in the annual Insight Visits led by the ICB.</p> <p>The outcomes and measures included on the dashboard will be reviewed regularly (as per schedule 4, local quality requirements) to ensure they reflect regional and national benchmarking. Lessons learnt from incidents reviewed under the Patient Safety Incident Response Framework (PSIRF) will be shared internally and externally with buddy LMNS (Somerset LMNS). Escalations to the ICB and NHSE Southwest will occur as outlined in the principles of the <a href="#">Perinatal Quality Surveillance Model</a></p>
<p>Service description and location(s) from which it will be delivered</p>	<p>The core function of the maternity and neonatal services is to provide safe, personalised and equitable maternity and neonatal care across the whole continuum from initial presentation through to discharge from service.</p> <p>Services must deliver care 24/7, 365 days of the year including telephone access. Women presenting with concerns in pregnancy should have 24/7 advice and access to care when clinically indicated.</p> <p>Neonatal services are delivered in line with the relevant service specifications under specialist commissioning and will be reviewed when commissioning is delegated to ICB's.</p> <p>The services required will cover the following pathway and be delivered in adherence of NICE guidance and considering best practice from RCOG, BAPM, RCOA and other relevant professional bodies:</p> <ul style="list-style-type: none"> <li>- Antenatal care (including prevention and screening, and immunisations)</li> <li>- Delivery /Intrapartum care</li> <li>- Postnatal care (for mother and baby, including any pre-conception advice for future pregnancy)</li> <li>-</li> </ul> <p><u>Antenatal Care</u></p> <p>The service will provide routine antenatal care for women and their babies which includes ensuring that pregnant women are offered regular check-ups, information, and signposting to relevant organisations for support such as maintaining healthy weight. Support should be provided for women to stop smoking in pregnancy and the postnatal period (see associated ICB contract). Education should also start to prepare women and families on transition to parenthood, covering topics of emotional attachment and baby feeding.</p> <p>Enhanced continuity of care models should be implemented to address health inequalities for women and families at the greatest need; identification of these women is locally determined on the population and should address the COREPLUS5 strategy.</p> <p>Unscheduled care will be delivered through a dedicated triage service which encompasses both telephone and face to face assessment in line with national best practice and guidance.</p> <p><u>Delivery/Intrapartum care</u></p>

	<p>The service will provide care to the women and their babies during labour and immediately after birth. The service should ensure that women are provided with appropriate information to make informed choices about where to have their baby and about their care in Labour. The service should ensure women have a choice of obstetric and midwifery led birth environments. Planned caesarean birth rates are rising, and the service should ensure a safe and effective model for supporting women's choice working towards a separate planned theatre list in line with national recommendations.</p> <p><u>Postnatal Care</u></p> <p>The service will provide routine postnatal care that women and babies should receive in the first 8 weeks after the birth and an enhanced pathway for families recognised with complex social needs. Services should ensure the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies with a focus on keeping mothers and babies together where possible during the postnatal admission. Services should help parents form strong emotional attachment/relationships with their babies and work towards achieving UNICEF Baby Friendly Initiative accreditation.</p> <p><u>Vaccinations</u></p> <p>Vaccines for flu, COVID-19, Pertussis (whooping cough) and respiratory syncytial virus (RSV) should be delivered as per contractual agreement with NHS England and in line with national guidance.</p> <p>Trusts are currently funded by ICBs, as part of maternity pathway commissioning, to deliver the BCG and Hepatitis B neonatal immunisation pathways in line with Section 7A service requirements.</p> <p><u>Specialised commissioned services.</u></p> <p>Refer, as appropriate, into agreed pathways for Fetal medicine, Maternal Medicine, Placenta Accreta, Neonatal care services.</p> <p><u>Referral into other appropriate services</u></p> <p>The provider should ensure there are pathways in place for referral to perinatal mental health services, pelvic health services, drug and alcohol services, domestic abuse support services and appropriate communication with GP's, social care services, prison services and antenatal and new-born screening services.</p> <p><u>Safeguarding</u></p> <p>Providers need to be compliant with the Safeguarding Schedule of the NHS Standard Contract arrangements and legislation. Providers should implement the Safeguarding Assurance and Assessment Framework (SAAF) that includes maternity <a href="#">NHS England » Safeguarding children, young people and adults at risk in the NHS</a></p> <p><b>NICE Guidance</b></p> <p>There are several relevant NICE guidance and quality standards that inform service delivery. In line with ongoing review providers are expected to update service provision in line with new standards as they are published, and where providers have deviated from NICE guidance this must be discussed through relevant clinical networks and shared for agreement through the LMNS governance structure.</p> <p><b>Location of services</b></p> <p>Service shall be provided from a variety of settings and locations appropriate to the type of care provided. These shall include acute settings, community health centres, family hubs, children's centres, GP surgeries and service user's home.</p>
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## Appendix 1: LMNS Governance Structure

### Local Maternity and Neonatal System (LMNS) Information Flows and Governance



**Appendix 2:** NHS E Three year delivery plan for maternity and neonatal care technical guidance summary of outcome and progress measures

	Measure ID and short name	Measure type	Data Source (MI = Management Information)
<b>Theme 1: Listening to and working with women and families with compassion</b>	T1a: Awareness of medical history during antenatal check-ups	Outcome	CQC national maternity survey
	T1b: Involvement in antenatal care decisions	Outcome	CQC national maternity survey
	T1c: Being listened to during antenatal check-ups	Outcome	CQC national maternity survey
	T1d: Response to concerns during labour and birth	Outcome	CQC national maternity survey
	T1e: Involvement in decisions during labour and birth	Outcome	CQC national maternity survey
	T1f: Kind and compassionate treatment during labour and birth	Outcome	CQC national maternity survey
	T1g: Adequacy of information or explanations during postnatal hospital care	Outcome	CQC national maternity survey
	T1h: Consideration of personal circumstances during postnatal care	Outcome	CQC national maternity survey
	T1i: Being listened to during postnatal care	Outcome	CQC national maternity survey
	T1j: Adequacy of time discussing physical and mental health at the 6-8 weeks GP check	Outcome	CQC national maternity survey
	T1k: Perinatal Pelvic Health Services	Progress	Regional return (MI)

<b>Theme 2: Growing, retaining and supporting our workforce</b>	T1l: Perinatal Mental Health Services	Progress	Regional return (MI)
	T1m: The number of women accessing specialist perinatal mental health services	Progress	NHS Mental Health Dashboard (Annual target is 714)
	<a href="#">Tn: The proportion of maternity and neonatal services with UNICEF BFI accreditation</a>	Progress	<a href="#">UNICEF BFI accreditation</a>
	T2a Satisfaction with recognition for good work i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants <a href="#">[1]</a>	Outcome	NHS Staff Survey <a href="#">[2]</a>
	T2a Satisfaction with recognition for good work i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants	Outcome	NHS Staff Survey
	T2b Satisfaction with work being valued by your organisation. i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants <a href="#">[3]</a>	Outcome	NHS Staff Survey <a href="#">[4]</a>
	T2c Opportunities to discuss and agree learning needs at the start of training i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants	Outcome	National Education and Training Survey
	T2d Permitted to attend learning opportunities i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants	Outcome	National Education and Training Survey
	T2e Overall educational experience i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants	Outcome	National Education and Training Survey
	T2f: Establishment, in-post and vacancy rates for obstetricians, midwives, maternity support workers, neonatologists, and neonatal nurses	Progress	Provider workforce Returns (MI) (in development)
	T2g: Baseline data for obstetric anaesthetists, sonographers, allied health professionals and psychologists.	Progress	Annual census of maternity and neonatal staffing groups

<b>Theme 3: Developing and sustaining a culture of safety, learning and support</b>	T2h: Staff turnover (Midwives)	Progress	NHS Workforce Statistics (ESR)
	T2i: Staff sickness absence rate (Midwives)	Progress	NHS Workforce Statistics (ESR)
	T3a Staff experience of learning culture: i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants <sup>1</sup>	Outcome	NHS Staff Survey
	T3b Staff confidence in organisations response to concerns about unsafe clinical practice: i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants <sup>1</sup>	Outcome	NHS Staff Survey
	T3c Recommendation of the service: i. Midwives ii. Obstetrics and Gynaecology Specialist Consultants <sup>1</sup>	Outcome	NHS Staff Survey
	T3d Recommendation of the training post: i. Trainee Midwives ii. Obstetrics and Gynaecology Specialist Trainees	Outcome	National Education and Training Survey
	T3e Comfortable raising concerns: i. Trainee Midwives ii. Obstetrics and Gynaecology Specialist Trainees	Outcome	National Education and Training Survey
	T3f. Supportive working environment for trainee doctors	Outcome	GMC National Training Survey
	T3g. Quality of clinical supervision out of hours for trainee doctors	Outcome	GMC National Training Survey
	T3h. Quality of shift handovers for trainee doctors	Outcome	GMC National Training Survey
<b>Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care</b>	T4a. Stillbirth rate: i. National level ii. Trust and System level	Outcome	i.ONS Child and Infant Mortality Statistics MBRRACE-UK Perinatal Mortality Statistics ii.see local quality requirements Schedule 4
	T4b. Neonatal Mortality Rate: i. National level ii. Trust and system level		i.ONS Child and Infant Mortality Statistics

		MBRRACE-UK Perinatal Mortality Statistics ii.see local quality requirements Schedule 4
T4c. Rate of serious brain injury occurring during or soon after birth	Outcome	<a href="#">National Neonatal Research Database/Neonatal Data Analysis Unit Reports</a>
T4d. Maternal Mortality Rate	Outcome	<a href="#">MBRRACE-UK</a>
T4e. Pre-term birth rate i. National level ii. Trust level	Outcome	i.ONS Child and Infant Mortality Statistics Maternity Services Data Set v2.0 ii. see local quality requirements Schedule 4
T4f. Local implementation of version 3 of the Saving Babies' Lives Care Bundle	Process	National Implementation Tool
T4g. Birth in a centre with a neonatal intensive care unit (NICU)	Process	Badgernet/NNAP via ODNs As per local quality requirements Schedule 4
T4h. Avoiding term admissions into neonatal units	Process	Badgernet via ODNs As per local quality requirements Schedule 4
T4i. A periodic digital maturity assessment of trusts, enabling maternity services to have an overview of progress in this area.	Process	Digital Maturity Assessments (Source details TBC)