

NHS England and NHS Improvement Board meetings held in common

Paper Title: Digital Maternity

Agenda item: 9.3 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government Statutory item
NHS Long Term Plan Governance
NHS People Plan

Executive summary:

NHSX are leading work to support the digital transformation of maternity services including delivery of the digital maternity record, supporting access and sharing of data and information between women, professionals and organisations. Ultimately driving safety, a better maternity experience for women and improving outcomes.

There are four strategic or external drivers that underpin this programme of work including; Better Births (2016); NHS Long Term Plan (2019), Donna Ockenden Report (2020) and the conception to early years Andrea Leadsom MP Report soon to be published (2021).

Action required:

The Boards are asked to consider the proposed steps to deliver Maternity Digital Care Records nationally by 2023/24 are:

- Set and publish National Standards to ensure compliant Maternity Information systems and adherence with the Maternity Care Data Set across all healthcare sectors.
 - Support business change and adherence at a local level.
 - Scale to 100% across England, leveraging large scale regional footprints.
 - Nurture a market of patient facing maternity products to connect and enable women to own, contribute to and share their digital maternity information.
 - support to identify a funding model that underpins the provider market of maternity patient facing products.
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Risk:

This paper links to care quality events risk on the Corporate Risk Register.

Background

1. The fundamental purpose of the Digital Maternity programme is to provide an enhanced experience for women and their families. Improving experience and outcomes for both them and their babies by facilitating access to relevant information, local healthcare services and their healthcare record. A woman is empowered to fully engage and take control of her maternity journey.
2. A maturity assessment conducted in 2018, provided the baseline for improvement across digital maternity services, with associated action plans developed for each local maternity service supporting maternity transformation. An active digital midwives' network initiated to support localities in their transformation efforts, helped the programme meet the first 2019/20 NHS LTP commitment; ***making maternity records available to 100,000 women in England.***
3. The 2019/20 NHS LTP commitment achieved digital Maternity record access through 20 small scale implementations across the county. Now there is an opportunity to use the 'Shared Care Record' to 'scale up' these initial isolated maternity record exemplars. Meaning the Maternity record, as part of the wider Shared Care Record would cover geographies of 2.5 - 5 million population, or 8 million for *OneLondon*.
4. What this means for the majority of women is the ability to receive coordinated maternity care at multiple locations (GP, Community and Hospital) within a large geography, with all their healthcare team able to see their data. In addition, NHSX continues to work with commissioners and the market to enable a woman's data to be accessed via an app of her choosing.
5. Acknowledging recommendations in Better Births, Ockenden and Leadsom, continuously improving maternal experience and clinical safety are at the core of our objectives. In partnership with the NHSE/I Maternity programme, our ambition is to enable clinical professionals (in all maternity settings) and women to have a shared digital view of the same core data and ensure the appropriate digital tools are available to support maternity care.

Considerations

6. The proposed areas of work fall into the following workstreams within the programme; Data Sharing, Service Transformation, Implementation/uptake and Strategy.
7. The Maternity Services Data Standard was published Sept '18 and compliance has been mandatory for Maternity Information systems since April '19. Standards are not static in nature however and require onward iteration to remain current. Locally the Maternity Care Systems Data Set (MSDS) makes birth safer, as the mothers maternity care is being delivered on a system that is

compliant and the right information is being shared appropriately. By March 2021, 100% of Trusts will have met the basic standard through the Maternity Incentive Scheme, progressing to full compliance by June/July 21. NHSX will continue to work with suppliers to aid onward improvements, supporting information for both direct care and for secondary uses.

8. Since meeting the 19/20 NHS LTP commitment, the number of women who now have their digital maternity record has increased to over 152,000 equating to a quarter of pregnant women in England. Contributing to this increase is the rollout and increasing maturity of interoperable Shared Care Records, acute care stand-alone electronic record applications (i.e Epic *MyChart*) and a number of suppliers in the market giving health information and access to GP records.
9. One of the building blocks to support safer care, is the provision of standardised clinically assured information. The maternity content on the NHS website sees between 45 and 50 thousand people visit each day with a recent 20% uplift in visits since transformation work carried out in Dec 20 to improve content. Further work is planned in the next financial year (FY), in collaboration with Royal Colleges and other professionals, to improve how maternity suppliers can extract and use this content in their applications both safely and flexibly. This also supports specific recommendations made in the Donna Ockenden Report published in December 2020.
10. We are addressing the Ockenden recommendation to support informed decision making and consent during a women's labour through a product called iDecide. This is currently in Alpha and we are expecting to be nationally live with a solution in the next 6-9 months (subject to capacity because of Covid). The NHS Website content work is a key component of this.
11. To ensure that the most value can be delivered via the regional Shared Care Record Architecture, all levers (political, financial and contractual) must be used to ensure that regions prioritise integration of Maternity records and facilitate the surfacing of that information, using standard protocols, to patient applications.

Risks and implications

12. There is a risk of competing priorities for digital maternity work. We are proposing to simplify the commissioning route from NHSE/I to NHSX and ensure a clear pipeline.

Funding stream/requirement

13. Through prioritisation NHSX has secured £12.8m **for both** the Digital Child Health and the Digital Maternity programmes in FY 21/22. This investment will deliver:
 - a) the technical architecture to underpin the digital maternity record nationally
 - b) the digital Maternity Shared Care Record exemplar sites

- c) full rollout of the consent tool outlined in the Ockenden report, complete with any training requirements needed
- d) the transformation of maternity content on the NHS website
- e) continued work on maternity dashboards to support clinical change and inform commissioning
- f) and commercial work needed to facilitate and assure the market.

Next steps

14. The NHSX Digital Maternity Programme will scale the Digital Maternity Record in a number of regional Shared Care Record exemplars to cover over a 30% population base in England. This will help finalise national architecture, enabling shared care plans and access to care records.
15. Publish the roadmap to show the proposed approach scaling across the country to 100% across England by 23/24 NHS LTP commitment date (funding and confirmation of 'implementation/business change' are critical dependencies).
16. Confirm or establish (but not fund) the commercial framework/s to support assurance of maternity supplier and provider market (for both clinical maternity information systems and patient applications) including strict delivery timelines for compliance with revised standards or safety notices.
17. Regular refresh of national standards to maintain currency and appended with a data usage specification that supports data sharing across regions.
18. Work with localities to define local approaches for sharing digital care plans and care information with women.