

# THE SERVICES

## A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Independent Advocacy Services – Maternity & Neonatal
<b>Contracting Authority</b>	North East & North Cumbria Integrated Care Board – Local Maternity and Neonatal Service.
<b>Period of Contract</b>	1 <sup>st</sup> April 2023 – 31 <sup>st</sup> March 2024
<b>Date of Review</b>	External independent evaluation to be commissioned by NHSE to cover the pilot phase.

### 1. Background

#### 1.1 Background

NHS England undertook to develop the Independent Senior Advocate (ISA) role, in response to one of the Immediate and Essential Actions within the Ockenden review:

*“Maternity services must ensure that women and their families are listened to with their voices heard”, and specifically that; “Trusts must create an independent senior advocate role which reports to both the Trust and the Local Maternity Systems (LMS) boards”.*

Expressions of interest to recruit an Independent Senior Advocate role for the pilot phase were invited by NHSE. North East and North Cumbria ICB via the Local Maternity & Neonatal System submitted an expressions of Interest and were successful in obtaining funding for two full time Independent Senior Advocate roles for 2023/24.

The NENC LMNS is committed to ensuring that maternity services across the North East and North Cumbria listen to women and their families so that their voices are heard. We have a strong partnership of working together within our LMNS and we can quickly build on this collaborative working to implement the role of the ISA.

We believe that taking part in the pilot will enable the LMNS to contribute to delivering the immediate and essential action in the Ockenden report that “women and their families are listened to with their voices heard”. The ISAs will support our women and families to navigate through complexity, help to resolve their concerns to seek change and improvements in their care. We will use the learning from this pilot stage to continuously improve the care we give across the North East and North Cumbria.

#### 1.2 Evidence Base

*List any policies etc applicable to this service.*

### 2. Outcomes of Service

#### 2.1 NHS Outcomes

<b>Domain 4.5</b>	<b>Women's experience of maternity services.</b>	
		✓
		✓
		✓
		✓

## 2.2 Local defined outcomes

## 3. Scope

### 3.1 Aims and objectives of service

Approximately 530,000 females of child bearing age reside within the NENC (aged 15-44) with 28,000 births per year. 8% of the maternity population are from a Black, Asian, Mixed and Other ethnicity and 16% live in the most deprived quintile.

The ISA role within the pilot period will cover the whole of the NENC LMNS covering the following areas:

North Cumbria, Northumbria, Newcastle, and Gateshead South Tyneside & Sunderland, County Durham and Darlington, North Tees and South Tees

Independent Senior Advocate's (ISA's) will be recruited by Integrated Care Boards (ICB) working through Local Maternity and Neonatal Systems (LMNS). This will allow for independence from direct Trust line management. Therefore, any organisations who apply for this quotation must be independent of the 8 maternity providers as follows:

- North Cumbria Integrated Care NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- South Tyneside and Sunderland NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- University Hospital of North Tees and Hartlepool NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

An external independent evaluation will be commissioned for the pilot phase, to inform the nature and extent of future roll out of the Independent Senior Advocate role. Pilot phase expressions of interest will need to assess how effectively the ISA function supports women and families feeling listened to and their concerns being acted on. It will help us to better understand the likely ISA workloads, based on take up of the role and information around referrals in the pilot locations. The evaluation will also need to review working relationships between ISAs and other patient safety or advocacy roles. The evaluation will offer a view over how the ISAs should be rolled out beyond the pilot phase, making a value for money judgement, and reflecting other workforce priorities. Roll out will also need to take into account the outcomes of future maternity reviews, for example from East Kent and Nottingham

"The independent senior advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.

## Job profile

### Position

<b>Job title</b>	<b>Independent Senior Advocate</b>	<b>Pay band</b>	<b>Indicative AfC Band 8b</b>
<b>Tenure</b>	Fixed Term Contract		

### About the role

The Independent Senior Advocate (ISA) helps parents-to-be, new parents and families to be listened to and heard by their maternity and neonatal care providers. ISAs can provide support to women and their families, navigating the healthcare system and providing advocacy when they have a concern about the care they are receiving. In particular, ISAs will be available to families attending follow up meetings with clinicians, where concerns about maternity or neonatal care are discussed, aiming to break down barriers to being listened to and heard. The ISA can support people navigate through formal complaints processes where an adverse outcome has occurred.

### Key job specifics and responsibilities

#### Referrals

- Provide leadership in ensuring the voice of the service user remains front and foremost in all referrals.
- With colleagues in the LMNS to establish mechanisms to receive and record referrals from women and families where concerns have been expressed about their maternity or neonatal care.
- Respond to referrals and be available to women and families, to join follow-up meetings with clinicians.
- Build an understanding of the concerns expressed by women and families and reflect that understanding back to women and families to help them feel listened to.
- Manage a number of complex cases simultaneously and taking decisions independently on substantial casework. To establish and maintain systems to record details of each case referred for support.
- To work collaboratively with ISAs working in neighbouring areas to maximize availability to woman and families.

### **Navigation**

- To act as a trusted intermediary between women and families and clinicians and the maternity & neonatal Trusts, aiming to break down barriers to being listened to and heard.
- Help women and families navigate complexity, signposting to appropriate sources of advice and support both within and external to the NHS where necessary.
- To work towards resolving concerns and brokering improvements early on in the pathway, set out for example in Personalised Care and Support Plans, so that care better meets a woman's needs and there is less likely to be ongoing poor experience.
- To ensure that women and families are aware of their rights and options and explain the options open to them. Where necessary to help women and families navigate through formal complaints processes where an adverse outcome has occurred, signposting to other resources.

### **Governance and reporting**

- Regularly report to LMNS and Trust level boards, providing robust feedback on both individual events and trends, providing recommendations to improve service user experience and patient safety.
- Ensure that there are strong links with two-way feedback, between the ISA findings and clinical governance within maternity. Establish regular reporting to local Quality and Safety Groups and other appropriate fora
- Where necessary, and with the Senior Responsible Officer for the LMNS, escalate unresolved cases of concern, to Trust Boards and through the national network of ISAs.
- Prepare and present information and reports to LMNS and Trust level boards.

### **Data and information**

- Contribute to the evaluation of the Independent Senior Advocates maintaining and making available information about referrals from women and families, outcomes of case and monitoring data.
- Gather information on trends in cases, to share learning from those trends through NHS England regions and to the national network of Independent senior Advocates.

### **Stakeholders**

- Build positive working relationships with senior clinical colleagues in the Trusts they will be working alongside including, Directors and Heads of Midwifery and senior obstetricians, to build trust and open communication.

- Develop active working relationships with the chair of the local Maternity Voices Partnership, to maximize the potential for collaborative working.
- Build and maintain effective working relationships with Trust Non-Exec Director Maternity Safety Champions and with Patient Advice and Liaison Services (PALS).

### **Communication**

- Communicates and presents highly complex information to a wide range of internal and external stakeholders. Where necessary, to have robust and challenging conversations with clinicians, advocating on women and families' behalf.
- Contribute to providing information about the ISA role amongst local organisations, to ensure that women and families who need to access their service know their options.
- Develop effective communication with relevant local organisations (e.g. Healthwatch, local advocacy groups), to ensure their role is well understood, and to ensure that women and families from groups who are least likely to express concerns about their care feel more able to do so.

### **Equality & diversity**

- Recognise, respect and address the needs of service users who face particular barriers when seeking access to services, including those from minority backgrounds and those with protected characteristics.

indicative experience, skills and qualifications			
Criteria		Essential	Desirable
Qualifications	Educated to masters level or equivalent level of experience of working at a senior level.	√	
	Advocacy qualification and counselling training, or equivalent level of experience.	√	
Knowledge and experience	Thorough knowledge and understanding of maternity and neonatal services.	√	
	Experience of addressing health inequalities	√	
	Extensive experience of advocacy.	√	
	Experience of working at a senior level and of influencing change	√	
	Extensive knowledge of specialist areas acquired through post graduate diploma or equivalent experience or training plus further specialist knowledge.	√	
	Evidence of post qualifying and continuing professional development.	√	
	Must have an understanding of the background to and aims of current healthcare policy.	√	
	Have an appreciation of the relationship between the NHS England, Integrated Care Systems and individual provider organisations.	√	
	Experience of building effective cross functional working relationships to drive organisational agenda.	√	
	Evidence of complex relationship building with senior stakeholders	√	
	Understanding of issues surrounding equality and diversity and of the differences between people.	√	
	Experience of supporting those with birth trauma and of working in bereavement care.		√
	Experience of leading or managing service improvement		√

<b>Skills and capabilities</b>	Extensive advocacy skills	√	
	Able to communicate effectively at all levels (inc listening & hearing) and with compassion.	√	
	Demonstrable experience of effective active listening.	√	
	Demonstrable influencing skills – including at Board level	√	
	Ability to work autonomously and to self-motivate	√	
	Ability to recognise and overcome barriers on behalf of women and their families.	√	
	Ability to prioritise conflicting and changing demands.	√	
	Highly developed communication skills with the capability to analyse, review and make sense of highly complex, sensitive or contentious information.	√	
	Demonstrable skills in presenting complex concepts and information which may include difficult and controversial issues.	√	
	Ability to identify risks, anticipate issues and create solutions and to resolve problems.	√	
	Ability to understand a broad range of complex information quickly and making decisions where opinions differ/no obvious solution.	√	
	Ability to work without supervision, working to tight and often changing timescales.	√	
	Evidence of planning and delivering programmes and projects and services on time.	√	
	Experience of managing difficult and challenging conversations	√	

<b>Values and behaviours</b>	Commitment to and focused on quality, promotes high standards in all they do. Able to make a connection between their work and the benefit to patients and the public.	√	
	Ability to operate in a value-driven style consistent with the values of the public services and specifically with the new organisational values	√	
	Works across boundaries, looks for collective success, listens, involves, respects and learns from the contribution of others	√	
	Values diversity and difference; operates with integrity and openness	√	
	Works well with others, is positive and helpful, listens, involves, respects and learns from the contribution of others.	√	
	Consistently looks to improve what they do, look for successful tried and tested ways of working, and also seeks out innovation.	√	
	Actively develops themselves and supports others to do the same.	√	
	Needs to have a thorough understanding of and commitment to equality of opportunity	√	
	Self-awareness in teams of emotional intelligence, biases and personal triggers with cultural sensitivity and awareness.	√	
	Values diversity and difference operates with integrity and openness.	√	
	Embrace change, viewing it as an opportunity to learn and develop.	√	
	Demonstrates honesty and integrity and promotes organisational values.	√	



### 3.2 Service description/care pathway

#### **Role & Scope**

The role involves both advocacy and navigation and contribute to ensuring “women and their families are listened to with their voices heard.”. Their focus must be on supporting women and families to navigate through complexity, to help to resolve their concerns and to seek change and improvements in their care.

ISAs must “be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed.” They are therefore likely to help bridge the gap aiming to break down barriers to families being listened to and heard. It's likely that ISAs will need to have robust and challenging conversations with clinicians.

With the support of the Local Maternity & Neonatal Service establish the ISA role such that they are trusted both by women and families and effective enough to work alongside clinicians and system partners, with the influence to contribute to making a change. The emphasis therefore is likely to seek to avoid being adversarial.

To contribute to women and families being listened to and feeling that their voices are heard, ISAs will need to work together with families and clinicians towards a resolution to the concerns expressed, as early in the pathway as possible so as to ensure care in later stages of the pathway meets women's needs. They themselves cannot be responsible for making a positive change but they will need to have the skills and capabilities that they can influence change. ISAs should not offer directive advice to women and families, but rather should be sufficiently knowledgeable that they are information-giving and able to support women and families to navigate the system, signposting to other resources where necessary.

The ISA can support people navigate through formal complaints processes where the woman is not happy with the care she has received. The ISA should not be responsible for answering complaints, which should continue to align with Trust processes. In summary, The Independent Senior Advocate (ISA) helps parents-to-be, new parents and families to be listened to and heard by their maternity and neonatal care providers.

ISAs can provide support to support women and their families navigating the healthcare system and providing advocacy when they have a concern about the care they are receiving.

#### **Referrals, Caseload, Availability**

Women and families must be able to make contact directly with the ISA seeking their support (self-referral). Equally there must be scope for referrals for advocacy support to be made by all partners, including from clinicians, PALS and other interested parties. A review of where referrals are coming from and seek to put measures in place to encourage women from seldom heard groups to access the Independent Senior Advocates needs to be factored into the role.

With the support of the LMNS, ISA's workload will be monitored and alongside the Maternity Voices Partnerships, a ceiling to the capacity of the ISA will be agreed.

The expectation in the pilot phase it may not be possible for ISAs to support every family. In addition during the pilot phase ISAs should only work alongside current service users and will not be expected to pick up a historical caseload of incidents or complaints.

Ideally, ISAs should be available to women and families at very short notice and at a time and location that suits them.

#### **Governance, reporting and escalation**

The ISA's will maintain independence from Trust line management and will work within the structures of the Local Maternity and Neonatal System and be employed by the Integrated Care Board. The role will be managed at a senior level within the ICB.

ISAs will report to both the Trust and the LMNS boards and will need to develop regular reporting to local Quality and Safety groups and other appropriate forums.

There will be a national network of ISAs that will:

- Enable the sharing of learning and foster consistency of approaches across England
- Provide for an escalation route for issues and inform policy change.

### **Recruitment**

The period of the pilot will be 12 months. The job profile attached describes the core role and the qualities that will be needed for the successful candidate to effectively deliver the role. Essential qualities include, advocacy and listening skills, experience of making change at a senior level across health and care, thorough knowledge of maternity services and the ability to support women and families navigate complex issues. A clinical background is not an essential quality.

NHS England is undertaking a training needs analysis and will commission an appropriate package of training for all ISAs. It is envisaged that ISAs will undoubtedly be working under challenging circumstances and will need to receive support for their own wellbeing, from senior colleagues.

### **Relationships in the system**

To meet the recommendation in the Ockenden reports, ISAs must report to both the Trust and LMNS boards. To build Trust and open communication, ISAs will also need to build positive working relationships with senior clinical colleagues in the Trusts, including Directors and Heads of Midwifery and senior obstetricians.

### **Maternity Voices Partnerships (MVPS)**

MVPs are independent formal multidisciplinary committees which come together to influence and share in the decision-making of the Local Maternity System and its constituent parts. They have terms of reference and an annual or multi-year programme, which does not normally include providing an advocacy service, so there should be no overlap with the role of the ISA. The ISA will be expected to work closely with MVPs and identify themes to inform the work of the local MVP, while maintaining the woman's confidentiality.

### **Maternity safety roles**

ISAs will need to quickly build effective working relationships with Trust-based roles, for example Non-Exec Director Maternity Safety Champions. Patient Advice and Liaison Services (PALS) – While PALS offers advice, support and information on any health-related matter, ISAs will be focused in ensuring women and families voices are heard through the maternity and neonatal journey, where they have expressed concern about their clinical care. ISAs should be working towards a resolution, will have independence from Trust management structures and sufficient seniority and influence to be able to broker changes.

### **Local organisations**

To ensure their role is well understood, and to ensure that women and families from groups who are least likely to express concerns about their care feel more able to, it will be important that ISAs take time to identify and develop effective communication with relevant local and national organisations (e.g. Healthwatch, local advocacy groups, SANDS).

### **Information**

Information made available locally about the ISAs and their role will be crucial to ensuring their success and to ensure that women and families who need to access their service know their options.

### **Independence**

This role requires independence from maternity providers within the NENC. Therefore NENC maternity providers will be unable to bid to deliver this service.

### 3.3 Staffing

The NENC LMNS covers a large geographical area working across eight providers. The ISA will cover the following areas:

North Cumbria, Northumbria, Newcastle, and Gateshead South Tyneside & Sunderland, County Durham and Darlington, North Tees and South Tees

### 3.4 Patient participation

By focusing on specific maternity and neonatal units within the ISA pilot phase, this will enable the LMNS to:

- Test the effectiveness of the role in supporting women and families to be listened to and their voices heard
- Aim to better understand the likely ISA workload, based on take-up of the role and with information about referrals
- Work with our Maternity Voices Partnerships to agree a ceiling to the capacity of the ISA
- Support the ISA to be available to women and families at very short notice and at a time and location that suits them

### 3.3 Population covered

The NENC LMNS is the largest LMNS in England. Population of 3.2 million population It covers a large geographical area and covers:

- Approximately 28,000 births per year
- 8 Foundation Trusts:
  - North Cumbria Integrated Care NHS Foundation Trust
  - Northumbria Healthcare NHS Foundation Trust
  - The Newcastle upon Tyne Hospitals NHS Foundation Trust
  - Gateshead Health NHS Foundation Trust
  - South Tyneside and Sunderland NHS Foundation Trust
  - County Durham and Darlington NHS Foundation Trust
  - University Hospital of North Tees and Hartlepool NHS Foundation Trust
  - South Tees Hospitals NHS Foundation Trust
- 10 Obstetric Units
- 10 Alongside / Co-located Midwifery Led Units
- 7 Free Standing/Stand Alone Midwifery led Units
- Mix of rural and urban locations
- Significant areas of deprivation
- At least one Level 3 Neonatal Intensive Care Unit and Level 1 Special Care Units
- 3 Level 3 Neonatal Intensive Care Units
- 7 Level 1 or Special Care Units
- 3 Ambulance Services
- 10 Maternity Voice Partnerships
- 1 Neonatal Parent Advisory Group
- 14 Council Areas (plus 4 District Councils)

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g. NICE)

### 4.2 Performance Indicators

### 4.3 Performance Monitoring

Information made available locally about the ISAs and their role will be crucial to ensuring their success and to ensure that women and families who need to access their service know their options.

NHS England will develop measures nationally to promote awareness of the ISAs and will draw together a package of information materials that can be used in ISA pilot locations.

LMNSs should consider what information and publicity is needed to make sure that the ISAs are well known, and they are signposted across all stages of the pregnancy, from antenatal to postnatal.

## **5. Applicable quality requirements and CQUIN goals**

### **5.1 Applicable Quality Requirements**

## **6. Location of Provider Premises**

### **6.1 The Provider's Premises are located at:**

### **6.2 Day/Hours of Operation**