****

**Market Engagement Event - Humber, Coast and Vale Local Maternity System – single Maternity IT System (MITS)**

Humber, Coast and Vale Local Maternity System are looking to procure a single Maternity IT System for their 3 local Trusts. It is anticipated that a new provider will be in place for 1 April 2022.

Humber, Coast and Vale LMS will be holding a series of market engagement events and is looking for any providers of maternity IT systems who believe they can meet our outline requirements. The events will consist of individual 1-hour slots per provider and adopt the following format:

1. **Presentation**: Provider to deliver a 20-minute presentation to demonstrate how their system aligns with our objectives
2. **Specific Question Session**:

* Please explain how your system will align with our local requirements and help achieve our objectives.
* What do you foresee are the main challenges associated with this project and how could these be mitigated against?
* How have recent safety reports such as the Ockenden Report impacted on your system solution and future developments?
* Are there any other factors we should consider when developing/finalising our specification?

1. **General Q & A Session:** remaining time permitting

The events will be held during w/c 24 May 2021 and specific slots will be allocated once all expressions of interest are received. The events will be held remotely via Microsoft “Teams”.

Please email [anna.bourne@nhs.net](mailto:anna.bourne@nhs.net) to register interest in this event and include names and email addresses of all attendees from your organisation. Expressions of interest must be received no later than noon on Wednesday 19 May 2021.

**Humber, Coast and Vale Local Maternity System Project Overview**

Humber, Coast and Vale Local Maternity System (LMS) is reviewing how clinical, activity and financial information is shared between their maternity provider units, with a view to being able to achieve the requirements of the 2016 Better Births report, 2019 NHS Long Term Plan and the 2020 Ockenden recommendations as efficiently as possible.

In October 2018 a report was completed from data compiled about the digital maturity of all the Local Maternity Systems in England. Each LMS was also issued with a local report that described their maturity in comparison to other systems. The national average was a score of 51/100; Humber, Coast and Vale LMS scored 40/100, putting us as an area of low digital maturity.

The three Trusts within the LMS and their current Maternity Information System provision are as follows:

(NB: birth episodes rounded/approximate, based on 19/20 HES birth statistics)

|  |  |  |
| --- | --- | --- |
| **Hull University Teaching Hospitals**  **(HUTH)** | 5,000 births per annum on one site (inc. maternity-led unit and labour ward) and home births. | Lorenzo Maternity, linked to Lorenzo EPR |
| **Northern Lincolnshire and Goole Foundation Trust (NLaG)** | 4,000 births per annum on two sites with labour wards, occasional births in a maternity-led unit and home births. | CMIS (HD Clinical) |
| **York and Scarborough Teaching Hospitals NHS Foundation Trust**  **(YTHFT)** | 4,500 births per annum on two sites with labour wards and home births. | CPD (bespoke in-house solution) |

These existing systems current sit within the different Trusts digital systems infrastructure with links to Patient Administration Systems. They are used to manage patient care and collect maternity data solely within the hospitals, with some community data added retrospectively. Some areas also have links to GP systems such as SystmOne. All supply data to the national Maternity Services DataSet (MSDS).

**Initial requirements for a single Maternity IT System**

At this stage, key requirements for a new supplier would include the ability to demonstrate the below.

* Paperless maternity system for antenatal, intrapartum and postnatal care stages
* App based approach to read/write access for women to their own maternity records
* Full commitment to open standards and interoperability
* Integration with the Yorkshire and Humber Care Record
* Able to provide or utilise an STP/ICS Electronic Patient Record (EPR) that supports enterprise working but that interfaces with the three provider EPRs
* Database design that is flexible and supports the three main organisations allowing them to maintain security and integrity of the data at Trust level
* Business intelligence solution/integration to support STP/ICS level reporting but also Trust level reporting; this must enable Trusts to meet their obligations to provide a maternity dataset (MSDS) submission to the most recent standards
* To support and enable commissioning partners at local, place and ICS levels
* Integration with local Trust diagnostic systems used in Maternity (eg. blood tests/scanning)
* Integration at Trust level with local systems including, but not limited to; a clinical portal, ePrescribing, order communications, activity and acuity monitoring of clinical indicators to a level required by each Trust
* Integration with national reporting systems such as NIPE screening and potentially COVID-19
* Intra-operability with GP systems is required.

**Quality and safety**

There are also aspects of quality and safety objectives outlined in our initial scoping work. These include:

* Improved choice and personalised care in Maternity Services
* Placement of quality and safety at the core of Maternity service delivery
* Improved access to and quality of Perinatal Mental Health services
* Supporting sharing of Information between professionals and organisations regarding safeguarding to improve transparency and reduce risks of patients moving areas to avoid processes put in place for protection
* Provision for women of a personal health record related to their pregnancy, delivery and postnatal care this ensures that the woman shares and can input the information that is important to her, potentially along with a pregnancy diary type function
* Engagement with local service users and Maternity Voices Partnerships to involve them in and co-produce all that we do
* Ensure delivery is supported by:
* nurturing a safe and sustainable, supported and future-proofed workforce
* improving prevention and reducing health inequalities
* using digital technologies to drive innovation across our services
* embedding collaborative and multi-professional working through strong governance practices throughout our system
* enable staff to move freely between sites without additional requirements for training on different systems, allowing movement across traditional organisational boundaries.

Examples of specific areas of change for discussion also include:

* Clear audit trail of all areas of clinical intervention including labour period and recording of events such as cardiotocography (CTG) monitoring
* Access to notes from all professionals at all times; allowing full understanding of clinical and social elements required for good quality care
* Implementation of electronic prompts during care phases
* Ease of use of LMS wide guidelines and protocols ensuring equity of care across geographies and demographic groups.

Outcome recording would include qualitative measures as well as those activity and performance measures contained within the current (2020) national Maternity Information Standards (<https://digital.nhs.uk/services/digital-maternity-programme/information-standards-notice-for-the-maternity-record-standard>). Information governance and data sharing policies will be required.

Further information about the Humber, Coast and Vale Local Maternity System can be found at: [Local Maternity System - Home (humbercoastandvalematernity.org.uk)](https://www.humbercoastandvalematernity.org.uk/)