

**Maria Caulfield**, Minister for Women's Health Strategy, Department of Health and Social Care  
**Phoebe Robinson**, Director for Maternity, Children and Young People, NHS England

Sent via email

30 June 2023

Dear Ms Caulfield and Ms Robinson,

**RE: Single Delivery Plan for maternity and neonatal services – funding priorities**

We write to you on behalf of our members and stakeholders to offer our support and provide our feedback on the recent publication of the [Three year delivery plan for maternity and neonatal services](#).

The British Association of Perinatal Medicine, Bliss and the Royal College of Paediatrics and Child Health support the aims of the plan to make maternity and neonatal services safer, more personalised and more equitable. Funding from the NHS Long Term Plan and Ockenden Review has already helped to support improvements in neonatal care over the last few years, however access to services remains inequitable across the country. This gap must be closed to achieve the national ambition to reduce neonatal morbidity and mortality.

We commend the ambitious nature of the delivery plan but we know it will not be realised without further investment and resource. We are keen to understand how the plan is intended to be funded to achieve its aims to improve family support and develop a sustainable workforce. Below we have highlighted the areas of highest priority where further financial support will be needed.

**Capital Funding needs:**

- Increased cot capacity to fully align with network needs in all areas of the country.
- Appropriate accommodation for parents including for bereaved families.

**Clinical Workforce needs:**

- Medical, nursing, allied health professionals, pharmacy and psychology workforce to achieve required national standards in each Trust, to improve safety, and to train, develop and retain our valued staff.
- Neonatal ODN pharmacists to match the existing AHP and Psychology network roles.

**Safety and Quality Workforce Needs:**

- Funded protected time, when staff do not have a clinical case-load, to perform the family integrated care role, support optimal breast milk expression and breastfeeding for all neonatal units.
- For neonatal services to embed a Family Integrated Care approach which enables parents to be partners in delivering their baby's care through achievement of the Unicef UK Neonatal BFI and the Bliss Baby Charter.
- Specific funded Supporting Professional Activity (SPA) time in consultant job plans and funded roles for other Health Care Professionals for governance activities including perinatal mortality reviews.

- Funding for trusts to employ skilled clinical and administrative support to ensure accurate, complete data for national benchmarking.
- Funding for neonatal networks to employ data analytics staff.
- Appointment of a national Neonatal Safety Champion to work alongside the champions for obstetrics and midwifery.

**Neonatal Digital Transformation**

There is a lack of focus on digital transformation within neonatology in this plan which is a significant omission which will also require additional resource.

A more detailed response is available on the [BAPM website](#).

We would be keen to meet with you to discuss our concerns in more detail and to hear your intentions to deliver the plan in full, to achieve the aims and improve outcomes for women, babies and their families.

Yours Sincerely,



**Dr. Eleri Adams**

President of the British Association of Perinatal Medicine



**Caroline Lee-Davey**

Chief Executive, Bliss



**Dr Camilla Kingdon**

President of the Royal College of Paediatrics and Child Health