South Tees NHS Foundation Trust - Maternity digital inclusion and equity project

Funding GDN(s)	Northern Gas Networks
For Collaborative VCMA Projects:	Role of GDN(s) N/A
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Total cost (£k)	*detailed separately
Total VCMA funding required (£k)	*detailed separately

1. Problem(s)

The maternity *Better Births Review* sets out a clear vision:
- for maternity services to become safer, more personalised, kinder, professional and more family friendly;
- where every woman has access to information to enable her to make decisions about her care;
- and where she and her baby can access support that is centred on their individual needs and circumstances.

The South Tees Hospitals NHS Foundation Trust, Maternity Transformation Programme was set up with nine work streams aiming to make wider ranging improvements to maternity services following the Better Births review, and it is an important part of the NHS Long Term plan which recommends, "by 2023/ 2024, all women will be able to access their maternity notes and information through their smart phones or other devices". Digital underpins better and faster coordination of care, which means service users receive the most appropriate individualised care. With this in mind, they aimed to implement a maternity electronic patient record whereby women can access their documentation on an app, this would replace the handheld notes.
When commencing this digital journey, it was important to identify barriers that they may face as a Trust to overcome them.

One of the most challenging barriers. was digital exclusion; "what about the women that don't have a smart phone or access to the internet?" There is a high percentage of deprivation in the catchment area of South Tees with extremely limited resources available to this group of women. The council/ government do not offer any support to enable women to access devices or data. It is not acceptable that women would be left with inadequate access to their health records simply because they did not have the resources to do so. Digital exclusion is inextricably linked to wider inequalities in society, meaning that those in the most deprived areas are much more likely to experience digital poverty.
Digital inclusion covers:
Connectivity: Access to the internet through broadband, wifi and mobile.
Digital skills: Being able to use digital devices, such as computers or smart phones and the internet
Accessibility: Access to the internet. However, services also need to be designed to meet all service users' needs, including those dependent on assistive technology to access digital services
Research for the UK digital strategy suggests that there are a number of important barriers, and more than one may affect individuals at any one time. These barriers include:
• access – not everyone has the ability to connect to the internet and go online
• skills – not everyone has the ability to use the internet and online services
• confidence – some people fear online crime, lack trust or don't know where to start online
• motivation – not everyone sees why using the internet could be relevant and helpful.

As access, skills and confidence improve, it is increasingly important to tackle other barriers, including:
• design – not all digital services and products are accessible and easy to use
• awareness – not everyone is aware of digital services and products available to them
• staff capability and capacity – not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service user.

Solution

South Tees Hospitals NHS Foundation Trust have an ever-growing digital equity and inclusion plan for their maternity services, whereby they are able provide women with a smart device free of charge, which meets the appropriate standards to access the maternity app and appropriate digital information. This is provided by a local charity, The Hope Foundation, that have set up a digital platform 'Furb IT'. The device is then the pregnant persons to keep. They also have partnered with Hartlepower, another local non-for-profit organisation, and they have provided them with free broadband routers. Furthermore, they have accessed a grant from the Good Things Foundation, which allows them to provide free SIM cards with data for up to 12 months, they use these SIM cards for smart phones and broadband routers.

They must ensure that they include both service users and staff in their mission to provide digital inclusion and equity. As highlighted above, not all staff have a high level of digital skills or confidence to embrace the technology that is seen to improve patient safety. They may be digitally excluded themselves in their home lives. They must provide them with the opportunities they need to develop their skills to develop a digitally ready workforce that will thrive as technological advances become available. Increasing staff capability, in turn, will improve outcomes for the women and babies, as staff will confidently be able to support families to use the technology and access information that is personalised to their health and social care needs. However, as a Trust they are bound by financial restrictions, which means that they are not always able to provide staff with the essential equipment that they require to access the digital systems they need in order to provide safe care remotely. In order to achieve successful digital transformation, they must ensure staff have the right technology, in the right place, at the right time. Community staff require the correct devices and access to the internet to view and document in records. They currently have some community staff that do not have access to a laptop. However, their main barrier is that they work in rural areas with poor phone signal in service users' home, and likewise poor connectivity in GP surgery's where they deliver care. This can lead to risk that they do not see vital documentation when creating management plans for patient care and inhibits them to complete contemporaneous records in the safest way

As digital capabilities increase, so will the amount of comprehensive data that can be captured. They will have access to rich data which will be used to track and trend health inequalities, in turn this will aid them to transform services to meet the needs of their population, ensuring that the women and families are in the centre of the services that are delivered.

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2. Scope and Objectives

Whilst they have taken great steps to reduce the digital divide within the maternity service, they still have a gap to achieve successful digital inclusion and equity. It is essential that they fund roles which would give the opportunity for digital skills development for staff and patients. They are currently experiencing a national midwifery staffing crisis, which has a significant effect on services. Midwives do not always feel confident using technology and specifically the maternity electronic systems, which impacts on their ability to support service users with their digital skills. For staff that are confident, they simply do not have capacity within their already extremely busy clinical roles to spend the appropriate amount of time supporting service users.

The project will fund two new roles, and upskill an existing role, which are as follows:

- Digital support officer – The digital support officer would be responsible for supporting Trust staff in the use of their Digital systems and software applications. The role will focus on ensuring effective digital skills development and application support suited to staffs individual needs, through a range of different delivery methods, such as site 'floor walking', MS Teams sessions and telephone support. This would involve providing user advice on using Badgernet maternity EPR, educating and supporting staff on frequent system updates, reporting on system errors that impact on patient safety and staff satisfaction. By implementing this role, they hope to empower a digitally ready workforce, whereby they feel confident in using the systems. This will ensure documentation is accurate and always readily available. They will ensure that they maintain accurate electronic information for women in relation to the priorities service register via Badgernet

- Digital skills development officer – The digital skills development.t officer would be responsible for supporting women and families to develop their digital skills. This would include essential digital skills, for example: how to set up a device, how to switch it on, assisting setting up accessibility tools on the device to make it easier to use, understanding the internet, creating an email address, connecting device to wifi/ using data and extending to extended digital skills that will support them to stay safe online, handling information and consent, communicating, problem solving and transacting. The delivery of this support would be individualised to the needs of the service user, but would involve floor walking, home visits, 1:1 sessions and group sessions. By implementing this role, they aim to empower women to embrace digital health technologies, so that they can access information that is relevant to theirs and their babies' needs, thus improving safety outcomes. They aim to encourage women to use online solutions to enhance their lives. Technology can be used in many ways, for example when looking for energy tariffs, the most affordable deals are usually online. They would receive information on the PSR, dangers of carbon monoxide and other useful tools for life as a push notification through their badgernotes app.

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- Maternity Digital Systems and Data Specialist – Current Data Analyst is already in post, however they propose to uplift this post, which would be hugely beneficial to enhanced responsibilities. This role would require a specific skillset that is not already outlined in the current post. The maternity digital systems and data specialist would be responsible for analysing and handling complex datasets, manipulating data and using a range of data formats and a multiplex of tools. They would be able to use more advanced data systems such as SQL and power BI to conduct complete datasets in relation to vulnerabilities, health inequalities, digital exclusion, housing conditions/ social deprivation etc. that is not readily available as a pre-built report in Badgernet. This role would ensure they were able to report data in relation to PSR- providing accurate reports on how many women they have shared electronic PSR information with, how many have accessed the information. They would also continue to be responsible for providing routine technical and system administrative support to the maternity EPR and other related IT systems to ensure they are working optimally.

Appointing these roles would add capacity within their project plan, they will be able to develop our maternity digital equity and inclusion plan, to ensure that all the women in our care have the same opportunities to use digital technology and access information that is personalised to their individual needs.
They will also order the appropriate hardware and SIM cards with multiple connectivity options for their community staff. To ensure they have the right technology, in the right place at the right time to deliver safe and effective care.

2.1 The objectives of this initiative are:

- To improve health and wellbeing
- To reduce fuel poverty
- To address Rural vulnerability
- To increase awareness and registrations of the PSR

2.2 Scope

The project will provide the following additional resources:

- 1 Digital support officer
- 1 Digital skills development officer
- Upskilling an existing post of Maternity Digital Systems and Data Specialist
- Appropriate hardware and SIM cards with multiple connectivity options for community staff.

Appointing these roles would add capacity to develop their maternity digital equity and inclusion plan, to ensure that all the women in their care have the same opportunities to

use digital technology and access information that is personalised to their individual needs. This will:

- Improve service provision
- Improve uptake of the use of badgernotes app whereby women receive digital information
- Improve digital skills and confidence of staff to empower a digitally ready workforce
- Appropriate connectivity for community staff (removing the lack of connectivity from our risk register)
- Improved health outcomes for vulnerable women and babies
- Improved engagement with other health and social care services, for example: e-consults for primary care
- Expand internet access
- Improved digital skills and literacy of service users which will provide long lasting improved outcomes as technology continues to advance
- Tackle/ address inequalities
- Improve mental wellbeing of staff and service users
- Improve safety
- Improve efficiency
- Providing an inclusive service
- Improved communication between staff and service users
- Staff satisfaction with service
- Patient satisfaction
- Make services more personalised, kinder, professional and more family friendly
- Ensure all women in their care have the same opportunities to access their maternity records and information that is relevant to their health and social care needs
- Increased understanding of how best to improve health of vulnerable people living in their area suited to their individual needs
- Provide datasets in relation to vulnerabilities, health inequalities, digital exclusion, housing conditions/ social deprivation etc.
- Provide all women in their care with digital information in relation to priority service register, energy efficiency, carbon monoxide monitoring via a push notification in the badgernotes app
- Report datasets in relation to PSR- providing accurate reports on how many women they have shared electronic PSR

3. Why the Project is being funded through the VCMA

This project qualifies under the criteria for VCMA funding, as it will support vulnerable customers across the Northumberland locality, addressing fuel poverty as well as raising awareness of CO and the PSR. As the project has mental wellbeing, cultural, temporary vulnerability and financial hardship themes, it aligns with NGN'S Vulnerability Strategy.

There will be no collaboration from other GDN's nor other funded sources.

3.1 Eligibility criteria

- This project has a positive SROI
- This project will support NGN's Vulnerability Strategy by aligning with the Financial hardship theme and the wider vulnerability categories of:
  - o Financial hardship
  - o Socio-demographic
  - o Cultural
  - o Rural Vulnerability
  - o Temporary vulnerability
  - o Mental Wellbeing themes
  - o Medically Dependent on Energy
- Has defined outcomes as required
- Goes beyond NGN's licence obligations and price control funded mechanisms

4. Evidence of stakeholder/customer support

Within the Northern Gas Networks region, we serve 2.7 million gas-using households. The socio-economic characteristics of our region mean that we operate in many communities that are amongst the most economically deprived in the whole country. This was a key factor in our prioritising engagement with vulnerable and hard-to-reach groups of customers, telling them about our services, about what we do and how we could improve.

Each year, we undertake analysis of all the insight we've heard in the previous year to prioritise those issues our stakeholders most want to engage on. Over the past 12-18 months, we've done this in a number of ways.

4.1 Customers in Vulnerable Situations (CIVS) Workshops

Asking our stakeholders what's important – using our wide range of engagement mechanisms from strategic workshops to customer perceptions, we asked stakeholders to prioritise what is most important to them. Since 2019 we've held regular workshops with our stakeholders, on the subject of Customers In Vulnerable Situations (CIVS). This ensures

that we are well informed to address the needs of customers across our network and through collaborative projects.

Stakeholder engagement throughout 2022, told us that fuel poverty and the choice between heating and eating is becoming more prevalent. The energy and cost of living crises have further compounded this issue. This project provides a solution to helping those customers who are financially struggling and need extra help to address energy affordability. The project fully aligns with the need to help vulnerable customers in fuel poverty.

Recent social indicator mapping research carried out in June 2022, indicated that Bradford, Hull, Scarborough, South Tyneside, and Sunderland were the top five places, to emerge as having the greatest concentration of vulnerabilities within NGN's network. This was based on a combination of the following vulnerability factors:
- Fuel poverty
- Benefit claims
- No qualifications
- Long term health problem / disability

Our most recent stakeholder engagement during 2023 has informed us that financial hardship is still a key area of focus, alongside the health impacts associated with, or exacerbated by, living in cold and damp homes. Stakeholders also told us that increasing capacity for support within services would be key to addressing the immediate and longer term impacts of fuel poverty and energy affordability. This project addresses this need and ensures additional capacity to support households who may be at risk, through a well-established and trusted advice service.

Each year we use our annual Customer Perceptions Research to understand the priorities of our customers. Amongst a set of general tracker questions i.e., same questions that are asked year on year, the evidence in the most recent research (March 2023), indicated that keeping bills as low as possible ranked more highly, than providing a safe and reliable supply of gas. This is a clear indication, as to how concerned customers are about the cost of energy and the subsequent impact this will have on other bills. Customers were also asked to prioritise the list of vulnerabilities listed below:
- Mental wellbeing
- Rurality
- Temporary vulnerability
- Physical challenges
- Financial Hardship

This was the order of priority from the customers surveyed:
- Financial Hardship
- Physical challenges
- Mental wellbeing

- Rurality
- Temporary vulnerability

Financial hardship continued to be the dimension of vulnerability that most customers prioritised, with more customers in the most recent survey selecting this as their top priority. Physical challenges were second, closely followed by Mental well-being third. Rurality and Temporary vulnerability were ranked fourth and fifth.

Very recent (Autumn 2023) Bespoke Vulnerability Stakeholder Mapping research identified categories of stakeholders that are hard to reach, this included:

- People living with a disability
- Senior citizens with long term conditions
- Pregnancy and maternity
- Mental health

Health conditions which are prevalent in the NGN region are:

- Cancer and chronic kidney disease
- Musculoskeletal conditions
- Respiratory
- Mental health

Through the research carried out, the findings show that the 5 original NGN vulnerability categories have now evolved to 10 categories. These are:

- Physical challenges, inclusive of communication issues, physical space
- Mental wellbeing
- Financial hardship
- Temporary vulnerability – including post hospital recovery and pregnancy / maternity
- Socio Demographic
- Household composition
- Rural Vulnerability
- Accessibility Including language
- Medical Dependant on Energy
- Cultural

4.2 Independent Stakeholder Group (ISG)

This group provides an independent oversight into the actions we take to support our customers in vulnerable situations (CIVS). Checking we've got it right – using a range of engagement mechanisms to assess and challenge our response to stakeholder feedback, ensuring we are responding in the right way. This has offered us robust challenges into how we deal with CIVS, which meets the needs of our stakeholders. The introduction of a dedicated role to support VCMA projects has been welcomed by the ISG.

4.3 Vulnerability Strategy AAA Framework

Within our vulnerability strategy we have developed, with the help of our stakeholders, the 'AAA' framework. This helps us support our customers in vulnerable situations. Awareness,

Accessibility and Action. By adapting this principles-based approach into our AAA framework, we will ensure that all customers are treated fairly and consistently. The themes of rural and financial vulnerability within the project, align to NGN's Vulnerability Strategy.

5. Outcomes, associated actions, and success criteria

5.1 Outcomes

The project will provide:

- A single point of contact for inbound enquiries from individuals, support workers and other collaborative partners.
- Advice to beneficiaries affected by or at risk of fuel poverty using the most appropriate channel for their individual needs to maximise engagement.
- Income maximisation via benefit checks by telephone, digital, face to face, and home visits, as appropriate.
- Financial capability support in terms of saving money on household bills, energy tariff checks, Warm Home Discount eligibility and budgeting leading to longer term financial stability.
- Budgeting advice, including drafting of standard financial statements/income and expenditure details to support grant applications to energy trusts and assisting those who struggle to afford to work to a variable income.
- Advice and assistance on debt solutions such as Debt Relief Orders, Bankruptcy and helping clients to set up affordable payment plans including direct negotiation with creditors, Fuel Direct, and energy suppliers and write off requests in the case of severe hardship.
- Energy grant fund applications to support debt write off, enable emergency fuel provision, and small and/or large-scale energy efficiency measures.
- Advocacy on behalf of clients, and resolution of Energy Supplier complaints and disputes, including supporting cases with the Energy Ombudsman.
- In depth, tailored home energy efficiency advice, including knowledge around correct use of specific and/or complex heating systems, and management of complicated tariffs, such as Economy 7 and 10.
- Signposting to and raising awareness of additional services, as well as supporting supplier obligations for vulnerable households including Priority Services Register and Mental Health Breathing Space.
- The Welfare Advice Caseworker role will extend the offer of community-based help with identification of client needs, Quick Benefit Checks through to helping with completion of complicated benefit application forms and supporting the client journey through to maximising income and benefit appeals processes.
- Provision of additional hardship funds for eligible households experiencing vulnerability.

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- Referral and signposting to appropriate internal and external services to address wider support needs.

5.2 Success criteria

- 90 x everywhere SIMS for 18 months
- 20 x iPads
- 20 x Laptops
- 40 x licences for VPN Forticlient and Anti-virus
- 5000 mothers with increased awareness of and assistance with sign up to, the PSR
- 5000 mothers with increased awareness of the dangers of CO
- 5000 mothers with increased awareness of energy efficiency

6. Project Partners and third parties involved

- The Hope Foundation
- Furb IT
- Hartlepower
- The Good Things Foundation
- Anywhere Sim
- Stone Computers
- Eset Antivirus
- Fortitoken

Potential for new learning

Any learning will be shared with stakeholders, including GDN's, DNO's and water companies.

Scale of VCMA Project and SROI calculations

This project has a positive SROI return

VCMA Project start and end date

March 2024 – 31st March 2026

Geographic area

The project will take place across the catchment area of South Tees NHS Foundation Trust.

Approved by

Eileen Brown
Customer Experience Director