



Improving birthing environments

*Department of Health capital fund programme
2012*

Information and criteria

Improving birthing environments

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Contact Details	Karen Todd Maternity Services and Starting Well Richmond House - 310 79 Whitehall, London SW1A 2NS 020 7210 5413
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Foreword

Dr Daniel Poulter

Parliamentary Under Secretary of State for Health

Improving Birthing Environments

Supporting women during pregnancy, childbirth and after giving birth, and ensuring that all children have the very best start in life, are top priorities for the Prime Minister, for me as a Health Minister and Government. This initiative is part of a range of actions our Government is taking forward in continuing to improve maternity care.

On 12th November, I announced £25m of capital funding in 2012-13 for the NHS to improve the birthing environment in the maternity units that need it most, so both mothers and fathers, and the staff who work in the units, can benefit from a more pleasant and appropriate environment.

The NHS environments that women give birth in can have a big impact on the overall experience for both mothers and fathers and should provide for the safe care of mothers and babies in a comfortable, relaxing place that facilitates what is a normal physiological process.

Women say that when it comes to the birth environment, be it in a hospital or in a stand-alone birthing centre, it's often small things make a big difference. Things like:

- Making the rooms feel homely
- Privacy
- En suite facilities
- Birthing pools and large baths
- Comfortable furniture for themselves and their partners
- Equipment and facilities that allow fathers to support their partner and be involved in the birth

Simple things that can help mothers and fathers feel more relaxed when they're in an unfamiliar place can affect the entire birthing experience. Making maternity care feel more personalised and less 'Institutional'.

Unfortunately, not all babies are born healthy. In these circumstances parents often require extra care and support, so I encourage services to also consider projects to support women and families when things go wrong, for example dedicated accommodation for bereaved families whose babies were stillborn or for families whose babies are in special care, high-dependency care or intensive care baby units.

I would like to emphasise how important it is that the views and experiences of women and their families locally inform the development and design of birthing

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environments. This will help to identify what is important to women and where these improvements can have the biggest impact.

At the end of the capital funding programme, maternity services will be able to point to tangible physical improvements in their birthing environments and show how these contribute to improved care provision for women, their partners and their babies.

Pregnancy and childbirth can be the most intimate and personal contact a mother and a family has with the NHS. We must make that experience as welcoming as possible so that women and their partners know that our health service is a welcoming and safe place that looks after people and gives babies and new families the very best start in life.

A handwritten signature in black ink, appearing to read 'Daniel Poulter', with a long horizontal stroke extending to the right.

Dr Daniel Poulter

Parliamentary Under-Secretary of State for Health

What is the programme?

The Department of Health has identified £25 million to fund improvements to the physical birthing environment of maternity units in England. Funding will be through the allocation of Public Dividend Capital (PDC).

At the end of the capital funding programme, maternity services should be able to point to tangible physical improvements in their birthing environments and show how these contribute to improved care provision for women, their partners and their babies.

Available funding

Total available funding is £25 million. The minimum fund will be £5,000. There is no upper limit but we do not expect to fund awards of more than £750,000 – only in exceptional cases will awards be in excess of this figure. As the aim is to benefit the greatest possible number of people, large awards are likely to be few in number.

Million pound applications are very unlikely to succeed.

In order to meet the selection criteria, schemes must:

- constitute a physical improvement in birthing environments;
- demonstrate that the views of women and their families locally have informed the development and design of the birthing environment;
- be in line with the applicant's strategic direction;
- meet the criteria set out in the *Space for Health Maternity care facilities: Planning and design manual, Version 0.8:England* (2011);
- demonstrate that due regard has been given to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010; advance equality of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not; and
- represent good value for money, be well-conceived and aspire to the highest design standard.

Eligibility criteria

All NHS and Foundation Trusts in England are eligible to apply for the new capital funding.

Capital

For the purpose of this programme capital is classified as work that generates a physical asset, with an expected life of more than one year. Department of Health capital resources may only be used to finance the delivery of what, under International Financial Reporting Standards (IFRS), are regarded as non-current assets (tangible, intangible or investments).

A key requirement of non-current assets is that there is a reasonable probability that they will deliver future economic benefit (i.e. valuable service) over more than one year (in most cases many years). A non-current asset can be bought or enhanced (e.g. by building an extension to a house) with capital funds. Expenditure to maintain an asset at its current state (e.g. repainting the walls in a house) is not normally regarded as capital expenditure and cannot be funded with Department of Health capital.

A threshold value of £5,000 per item inclusive of VAT must generally be reached before expenditure can be funded with capital. Exceptions may be allowed, where the assets form part of a group of assets that aggregates to more than £5,000. The most common example of this is in the initial equipping of a building. To qualify as a group, the assets must meet all of the following criteria:

- Functionally interdependent (e.g. an equipment network)
- Acquired at same date and likely to be disposed of at about the same date
- Under single managerial control
- Each component asset of the group must cost £250 or more

Only costs that are directly attributable to bringing a non-current asset into being and into appropriate condition for their intended use can be capitalised and funded with Department of Health capital. For example, professional fees associated with acquiring the asset, delivery costs, installation costs, site clearance and stamp duty are capital expenditure. In-house costs, e.g. staff time that is directly identifiable to bringing a fixed asset into being, may be capitalised but not general administration and wasted costs.

Eligible projects

The aim of the programme is to support coherent improvement 'schemes' - these may include a number of improvements that combine to form one overall project. Examples of the kind of schemes that could be supported by the programme are listed below. Please note these examples are for guidance only and we encourage applicants to be innovative in their approach.

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Eligible projects could include (but are not limited to):

- Refurbishment of wards to improve people's privacy, dignity, comfort and freedom of movement
- Creation or refurbishment of ensuite bathroom facilities
- Improvements to environments to enable partners to stay overnight
- Creation or improvement of birthing pool areas
- Creation or improvement of facilities for mothers and families of newborn children in special care, high-dependency care or intensive care baby units
- Creation or improvement of bereavement suites

Please note that discrete elements of large capital projects or new builds are eligible. However, Department of Health funded elements must be completed within the timeframe of the programme even though the overall project may take place over a longer period and, additionally, you should make clear how the funding for the rest of the project is being secured.

Evidence that statutory planning and building regulations applications are underway must be evidenced. All projects must demonstrate tangible physical improvements in their environments and show how these contribute to improved care provision.

What is not eligible

Proposals which are not eligible include:

- Refurbishment of staff rest rooms
- Staff training or any other revenue funded activity
- Information technology except where such technology can be demonstrated to provide an improvement to birthing environments.
- Routine building maintenance and statutory compliance upgrades which fall into planned maintenance schedules. Safety compliance or enforcement issues which should be part of the organisations budgeted costs for delivering care.
- The VAT on professional fees such as architects and externally appointed project managers, although the fee itself is an eligible budget cost. Other non-recoverable VAT on project costs can be included in the budget.
- Recently completed project for which additional funding is being sought, but no new works are being planned.

How to apply

This improving birthing environments programme was launched by the Parliamentary Under Secretary of State for Health on 12 November, 2012. Projects are expected to be completed by the end of the 2012-13 financial planning year.

We would only expect one application per NHS service provider. However, where one NHS organisation operates services through multiple sites the application must state this and identify the proposals for each site. Auditable evidence will be required to demonstrate the fund award has been expended on that site.

Applications can be made on the online form available on the Department of Health website.

Please address completed application forms and supporting documentation to the appropriate SHA office:

NHS North of England	NHS Midlands and East
<p>Northeast Sam Cramond Strategic Head for Children and Maternity NHS North of England Waterfront 4, Goldcrest Way, Newcastle upon Tyne, NE15 8NY Email: Sam.cramond@northeast.nhs.uk Tel: 0191 2106451</p> <p>Northwest Mary Bell Assistant Director Maternity & Early Years NHS North West, 3rd Floor, 3 Piccadilly Place, Manchester, M1 3BN Email: Mary.bell@northwest.nhs.uk Tel: 0161 6257268</p>	<p>Birte Harlev-Lam Strategic Lead for Maternity Services NHS Midlands and East Victoria House, Capital Park Fulbourn Cambridge CB21 5XB Email: birte.harlev-lam@nhs.net Tel: 01223 596875</p>

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<p>Yorkshire and Humber Jean Hawkins Associate Director Maternity, Children and Families</p> <p>NHS Yorkshire and the Humber Blenheim House, Duncombe Street, Leeds, LS1 4PL</p> <p>Email: Jean.Hawkins@yorksandhumber.nhs.uk</p> <p>Tel: 0113 2952805</p>	
<p>NHS South of England</p> <p>Liz Redfern Director of Nursing</p> <p>NHS South of England Rivergate House Newbury Business Park London Road Newbury RG14 2PZ</p> <p>Email: Liz.Redfern@southcentral.nhs.uk</p> <p>Tel: 01635 275500</p>	<p>NHS London</p> <p>Margaret Richardson Strategic Maternity Adviser</p> <p>NHS London Southside, 105 Victoria Street, London SW1E 6QT</p> <p>Email: Margaret.Richardson@london.nhs.uk</p> <p>Tel. 020 7932 3740</p>

Applications must be clearly marked: **Improving Birthing Environments Capital Fund**.

Applicants will be notified by email confirming receipt of application and supporting documentation.

Emailed applications must be confirmed by post in writing to the appropriate SHA contact listed in the above table with an application form signed by the Chief Executive or Finance Director of the applicant within five working days of their despatch.

When you are filling in your application form, please give concise answers as some questions have a limit on the number of words you can write. If you are successful we will ask you to report back periodically by referring to the answers you provide.

It will be necessary to submit a letter of endorsement from the local commissioning lead – at either PCT cluster or CCG. This is to assure the Department of Health that the proposed improvement project fits the wider strategic plan for maternity in the service's area. While we would encourage all applications to seek this endorsement it will only be a condition of the award for new builds.

Deadlines

The deadline for applications is 12:00, mid-day on 31 December 2012.

You should expect to hear a decision on your application in the week commencing 14 January 2013. If successful you should be ready to start your project from January 2013 and complete it by 31 March 2013.

Assessment process

The Department of Health will approve applicants based upon the recommendation of review panels convened for this purpose in the four SHA clusters. Each panel will include at least one midwife in its membership. Following receipt of applications, this group will select those organisations judged most appropriate for capital allocations.

It is expected that these organisations will be selected having regard to:

- The proposed project and the project aims
- Any specific cultural and diversity issues identified in the application
- Existing activity to improve maternity care.
- Existing activity to create improvements to birthing environments
- Longer term sustainability and plans for further roll out or sharing best practice
- Proven affordability of any and all current and future revenue consequences (note the Department cannot provide revenue funding for these projects)
- Demonstration that due regard has been given to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010

Governance and Approvals

By the SHA Cluster review panels

- Checking that the application meets the basic eligibility criteria
- If further information is required at this stage, a member of the SHA cluster team will be in contact to request it
- All applications will be considered by the SHA cluster review panel, who will provide a list of recommended applications to the Department of Health

Please note that if we receive more applications than the amount of funding available, the panel may choose to recommend part funding or supporting specific elements of the project.

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The application will therefore ask you to breakdown your project budget into discrete improvements, highlighting these in order of priority.

By the Department of Health

The Department of Health will consider the recommendations from the panels and will make the final decision on the awarding of the funding.

Please note that your application's success cannot be guaranteed and the Department of Health's decision is final.

Summary of Criteria Used to Assess the Applications

It is important that you address each criterion in your application. These are not listed in order of importance.

Applications will be assessed and ranked against the following general criteria in addition to the information provided on the capital application form:

- The direct benefits that will accrue to all service users
- Demonstration of service user support (e.g. via user survey results, a letter of support from the MSLC, etc.)
- The extent to which the project demonstrates tangible, physical improvements to the birthing environment for mothers, fathers and babies
- The extent to which the project will deliver measurable improvements against the Quality, Innovation, Productivity and Prevention (QIPP) framework
- The extent to which the need for the project is demonstrated
- The viability of the project, including the likelihood of it being completed by the end of March 2013, and evidence of a successful record in delivering outcomes
- The value for money of the planned work
- Evidence that due regard has been paid to the public sector Equality Duty in respect of people sharing protected characteristics. For information on the Equality Duty please refer to the Government Equalities Office link at: <http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/equality-duty?view=Binary>

In considering the overall strength of your application, the SHA cluster panels will particularly look at:

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- How your project will make a difference to the experience of care of all birthing women, their partners and their babies, e.g. the types of services or facilities you will offer and how closely your project meets the criteria
- Why you think it will succeed in doing this, e.g. the strengths of the project, assurance of further funding and plans to actively involve users and staff in all stages of the project

Core outcomes of the overall programme

There are five potential core outcomes of the overall Department of Health capital funding programme.

Applications should identify which outcomes are relevant to their project and indicate how each outcome will be measured:

- Improving a woman's experience of maternity care
- Promoting dignity
- Enabling improved privacy
- Enabling maternity services to be more responsive to the needs of all people using them
- Supporting cultural diversity

The Department of Health has made clear the importance of Quality as the key driver for health service delivery and the need to focus on Innovation, Productivity and Prevention (QIPP) to support this.

The QIPP approach is at the centre of NHS and social care activity and applications should therefore indicate how the proposed work will deliver measurable improvements against the QIPP framework, drawing on the eleven potential key outcomes set out above.

What happens if successful

Initially

If your application is successful, an award letter will be sent to the chief executive or equivalent of the applicant organisation, outlining the terms and conditions of the funding, together with an acceptance form.

The acceptance form must be signed by the chief executive or equivalent of the organisation, agreeing to the conditions of the funding. We also ask you to confirm which dates the project will start and when you expect to complete it and to send

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details of your bank account on headed paper to the Department of Health in order to make payments by BACS.

Claiming payments

In line with Department of Health finance best practice guidelines, payments will be made on receipt of evidence of expenditure. If your application is successful we will ask you for an indication when you would like payments to be made. Payments can be spread as and when required from January 2013, when projects should begin, to March 2013.

An initial advance payment can be made covering the first few weeks of anticipated expenditure, as well as covering professional fees incurred since the application closing date (31 December 2012) where this relates to necessary preparation to ensure effective delivery of the project. However, there must be evidence that this expenditure can be capitalised as part of the project. Proof of payment covering the initial advance must be submitted before further payments can be released. Successive payments will then be dependent on receipt of previous expenditure.

In order to release a payment, you would need to send to the Department of Health:

- a claim form detailing the evidence of expenditure enclosed and signed by the chief executive and/or director of finance; and
- evidence of expenditure, such as the original copies of receipted invoices, for the total amount of the requested payment as outlined in the payment schedule.

All funding awards must be claimed before the end of March 2013.

The Department of Health reserves the right to withdraw funding in the event that no evidence is shown of a service's commitment to delivering the project in line with the established timescales for the award, so it is important that you keep us up to date with the progress of your project.

Reporting on progress

We are keen to hear about progress of your project and are committed to sharing learning from the projects funded through this programme with the Department of Health and any other interested parties. Therefore if successful you will be required to participate and contribute to this.

Activities may include:

- A written evaluation of the project three months post-completion
- Hosting site visits by a member of the SHA cluster team to monitor progress and provide any support required

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- On-going communication with the SHA cluster team to ensure that your project goes as smoothly as possible and to help solve any issues as they arise

Accounting for your fund award

All successful applicants are expected to maintain records which clearly show how the fund was used. This should include:

- Collating high quality 'before and after' photos as a demonstrable way to evidence the benefit and change the funding has made, and sharing these with us;
- Identifying the fund award separately in the audited annual accounts; and
- Submitting a certified statement of income and expenditure, signed by the trust's auditors, director of finance or similar, confirming that the funding was used in accordance with the application and the terms and conditions of the fund award letter.

Once your project is complete

We will ask for a final report three months from the date your funding was awarded which will ask for further information about what you have achieved and what wider differences the work has made to your maternity services.

In addition, in order to increase and share the learning from the projects that are funded, we will undertake an overall programme evaluation. This could result in the production of a number of detailed case studies of some of the work funded.

Acknowledgments

The Department of Health exists to improve the health and wellbeing of people in England. It is committed to improving the quality and convenience of care provided by the NHS and social services. Its work includes setting national standards, shaping the direction of health and social care services and promoting healthier living.

Women should receive excellent maternity services that focus on the best outcomes for women and their babies and on women's experience of care.

Fund holders will be expected to acknowledge the Department of Health in any information that is circulated about the project. This could include advertisements, publications or other promotional materials.

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Further Information

Please see our website or contact your SHA cluster team with any questions or if you need further information, at the contact details below.

Email: childrenfamiliesandmaternity@dh.gsi.gov.uk

Website: www.dh.gov.uk

Telephone: 020 7210 5413

Mail to: Karen Todd, Department of Health, Richmond House – 310,
79 Whitehall, London, SW1A 2NS