

## Maternity Investments 2025/26

**Public Board**  
**25<sup>th</sup> September 2025**

<b>Presented for:</b>	Information
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<b>Previous Committees:</b>	None

<b>Our Annual Commitments for 2025/26 are:</b>	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment and digital assets	

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through providing a supportive culture, training, development and H&WB to our staff to retain the appropriate level to continue to meet the patient demand for our clinical services	Cautious	Moving Towards
Clinical Risk	✓	Capacity Planning Risk - We will ensure that capacity is planned to meet the demand for elective and non-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients.	Cautious	Moving Towards
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability	Minimal	Moving Away

		to achieve safe and effective care for our patients.		
Clinical Risk	✓	Patient Experience Risk - We will comply with or exceed minimum patient experience targets.	Minimal	Moving Away
Financial Risk	✓	Financial Management & WRP - We will deliver sound financial management and reporting for the Trust, aiming to at least break even, with no material variances to forecast.	Minimal	Moving Away
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Away

Key points	
<p>This report sets out:</p> <ol style="list-style-type: none"> <li>1. The investments in Maternity that were agreed through the planning process for 2025/26 and into the financial year.</li> <li>2. The financial impact of the loss of Maternity Investment Standard Rebates, as well as the scale of bids submitted to recover some of these rebates to support improvement in patient safety and quality of services in Maternity and Neonates.</li> </ol>	For Information

## 1. Summary

As in previous years., the Trust has invested in Maternity services in 2025/26, in part during planning, to address the increased midwifery need associated with BirthRate Plus requirements, and also within the financial year following publication of the CQC report into Maternity and Neonates. In total, this has resulted in an investment of £2.0m in the year.

Further, following the CQC reports into Maternity and Neonates, a new review has been undertaken of the submissions made by the Trust to NHS Resolution in relation to the Maternity Incentive Standards Rebate for Year 6 (25/26) and Year 5 (24/25). This has resulted in the Trust being formally notified that the Year 6 rebate of £2.2m is being recovered from the Trust, and the expectation of the same notification in relation to Year 5 (£2.8m), although this has not been formally received at the time of writing.

The Trust has been given the opportunity to bid for discretionary funding to support improvements which address areas of non-compliance within the MIS standard actions, and bids totalling £2.3m have been submitted, which we understand has been received favourably although formal responses have not been received.

This paper is for information for the Board, to ensure visibility of the investments made and the impact on the financial plan.

## 2. Background

Nationally, Maternity services operate under a number of guidelines relating to the required capacity. These include BirthRate Plus which is a workforce planning and real time staffing acuity tools use validated methodology to support the delivery of safer maternity care as required by the CNST Maternity Incentive Scheme.

Template Committee & Board papers – 1 April 2024 (revised with new annual commitments)

The Trust therefore considers this guidance and aims to invest to ensure compliance. It should be noted that this investment has not been provided by commissioners in recent years and the investment growth required is higher than the proportion of growth that is applied to the overall commissioner contracts that would relate to Maternity. Thus, the investments made by the Trust to achieve these standards requires disproportionate investment in Maternity.

In 2025/26, following the CQC reports into Maternity and Neonates, the Trust made additional investments above the investment made in planning to address some of the action the Trust was required to make.

The investment in clinical and non-clinical, specialist and management roles within the maternity services will support delivery of the national three-year delivery plan for maternity and neonatal services. The aim of the plan is to make maternity and neonatal services safer, more personalised and more equitable to women babies and families. It will optimise alignment with the national perinatal oversight model by ensuring that the right structure, systems and oversight are in place to support the Trust to discharge their duties and provide a mechanism for recognition and escalation of any emerging risks and trends.

The Trust has over a number of years made submissions to the NHS Resolution Maternity Incentive Standard (MIS) rebate scheme. This scheme returns 10% of the CNST premium paid by the Trust based on achievement of 10 standards, which are developed each year. An additional element is returned to the Trust based on achievement of these standards across the country, meaning that the value is variable based on country-wide achievement. The review of the NHS Resolution submissions in relation to the MIS Rebates has resulted in the loss of the Year 6 rebate, which is £2.2m and the expected loss of the Year 5 rebate, which is £2.8m. However, following reviews which find standards have not been met, Trusts are invited to apply to NHS Resolution for return of some of this rebate to support improvements which will address actions required to achieve these standards in future. LTHT has submitted two bids, one for Year 6 of £1.1m, and one for year 5 (on the expectation that this rebate will be lost) for £1.2m. We await formal feedback on these, although they have been received favourably.

The bids for discretionary funding must support the Trust towards achievement of non-compliant MIS standard actions. The bids have been submitted with a supporting action plan that demonstrates how the Trust will implement the requested funding. The bid includes non-recurrent workforce to support set up and delivery of the Maternity and Neonatal Improvement Plan; enhance the governance and safety functions within these services and increase bereavement support. The bid also includes provision and delivery of training and development to ensure staff are suitably skilled and qualified as well as backfill to ensure staff can be released to attend training. The bid also includes equipment and facility improvements identified through patient safety event investigations and patient feedback.

### 3. Proposal & Revenue Implications

The tables in this section set out the specific investments, together with the formally communicated loss of MIS Year 6 rebate.

Table 1 – Investments Made

Timing	Description	25.26 Value (£000s)
Financial Planning 25/26	Midwifery posts – Nursing Exec paper	592
Financial Planning 25/26	Specialist Midwives – Birthrate Plus	180
Financial Planning 25/26	Additional recruitment and FYE of Birth Rate Plus WTE	350
July 2025	Further investments in Maternity	834
<b>Total Investments in FY 2025/26</b>		<b>1,956</b>

Table 2 – MIS Rebates

Year 6 – MIS Rebate formally notified removal	(2,219)
Year 5 – MIS Rebate not yet formally notified	(2,785)
<b>Total potential loss of MIS rebate in FY 2025/26</b>	<b>(5,004)</b>

Table 3 – Applications for Discretionary Funding re MIS achievement (not yet agreed)

Year 6 Application	1,211
Year 5 Application (note only applicable if Year 5 MIS rebate is removed)	1,116
<b>Total potential Discretionary Funding</b>	<b>2,327</b>

Note that the funding in Table 3 is to enable improvements through additional expenditure, thus cannot be used as an offset to the loss of MIS Rebates from a financial perspective.

In summary, the total anticipated revenue investment in Maternity in 2025/26, assuming the discretionary funding applications are approved, is £4.3m. The loss of MIS Rebate is expected to have a negative £5m impact on the financial plan.

### 4. Capital Implications

The Trust has also identified capital expenditure which would support developments and improvements in Maternity and Neonates. The Board is reminded that the Trust's Operational Capital CDEL allocation represents just 60% of depreciation, and the Corporate Risk relating to lack of capital. Some of the requirements in Maternity and Neonates have been included in the capital programme for the Trust, however given other risks across the Trust, not all are at the level of risk which would outweigh other risks and have thus not been prioritised within the Trust's operational capital allocation.

The Trust has therefore made an informal application to the national capital team for additional capital support of £9m over three years and remains in discussion as to progress in relation to this.

### 5. Risk

The investments set out above are intended to address regulatory risks in Maternity, alongside highlighting the added risk to the financial plan as a result of the loss of the MIS

Rebate. The financial risk is being shared with the Board through the Financial Fundamental Review in September 2025.

The Quality Assurance Committee provides assurance oversight of the Trust's Patient Safety and Outcomes risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the Quality Assurance Committee meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories however it was noted that as a result of the CQC regulatory breaches related to Maternity and Neonatal Services, and in light of the NHSE support programme, the Trust was moving away from the Board's established risk appetite in the areas of Workforce, External, Regulatory, Finance and Clinical Risk, Patient Safety and Outcomes. A risk has been added to the Corporate Risk register and this is reviewed monthly by the Risk Management Committee.

## **6. Communication and Involvement**

The Maternity and Neonates teams have been involved in developing the requests for investments and are fully appraised of the content of this paper.

## **7. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000

## **8. Recommendation**

The Board is asked to note the investments in Maternity made by the Trust, the anticipated loss of MIS Rebates for Years 6 & 5, and the applications made for Discretionary Funding from NHS Resolution in relation to achievement of MIS for Year 7 (26/27).

Jenny Ehrhardt  
**Director of Finance**  
September 2025