Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Pwyllgor Cronfeydd Elusennol/ Charitable Funds Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Maternally Perinatal Mental Health and wellbeing App
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paula Good Service Director. Planned and Specialist Care Clinical Care Group; Liz Stevens Mental Health
SWYDDOG ADRODD: REPORTING OFFICER:	Dana Scott: Director of Midwifery/ Professional Governance Lead: Jane Whalley Perinatal Mental

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper returns the Maternally charitable funding application to the Committee following its consideration in June 2026. The Committee indicated in-principle support subject to further assurance regarding the clinical model and translation of platform outputs into clinical action; service capacity, particularly for mild-to-moderate need; digital integration, information governance and data management; and clinical and digital risk. The application and accompanying Executive Assurance Paper have been revised to address those questions. The Committee is asked to approve £30,000 charitable funding over two years (£20,000 Year 1 and £10,000 Year 2; £36,000 including VAT) to develop, implement and evaluate Maternally as a time-limited pilot within maternity and perinatal mental health services.

Post Year 2 the Mental Health Team and Maternity Service team will absorb the ongoing costs If the project produces positive support for woman and their families.

Cefndir / Background

Perinatal mental health is a significant patient safety, quality and public health issue. Around one in five women experience perinatal mental health difficulties. Current maternity pathways do not provide structured longitudinal digital wellbeing monitoring, trauma-informed psychological care planning, routine Patient Reported Outcome Measures (PROMs)/Patient Reported Experience Measures (PREMs), maternal-infant bonding interventions or integrated postnatal wellbeing support. Local experience indicates that anxiety, low mood and trauma-related distress may be identified late, including at crisis point.

Maternally has been jointly developed by maternity and mental health services as a preventative, trauma-informed pathway enabled through a digital platform. It complements rather than replaces maternity, health visiting, primary care and specialist perinatal mental health services. It supports validated wellbeing assessment, monitoring, self-management, psychological care planning, birth reflection, maternal-infant bonding, signposting and proportionate escalation through existing clinical pathways.

The proposal aligns with Health Board priorities for prevention, early intervention, patient experience, health equity, digital innovation and sustainable services, and responds to recognised national maternity and neonatal assurance themes concerning perinatal mental health and postnatal support.

Maternally is not an emergency or real-time monitoring service. If women are concerned about their mental or physical health needs or need urgent assistance, they are encouraged to contact their midwife, GP or Ambulance, advised by their midwife. With the introduction of Badgernet the Maternity electronic system women are made aware how and who to contact. The risk already exists for women to escalate with mental health whilst at home, women do deteriorate between clinical contacts, the pilot will tell us if the platform creates an additional risk of false assurance, or better self help and management support.

Asesiad / Assessment

The revised clinical model describes five stages: engagement and assessment; monitoring; risk stratification; escalation and clinical review; and recovery/ongoing support. Clinical responsibility remains with the woman's existing care team. The platform supports, but does not independently make, treatment decisions. Women will be explicitly informed that maternally is not continuously monitored, is not an emergency response service and does not replace urgent clinical advice or routine maternity care.

The model will complement the separately funded Enjoy your Bump and Enjoy Your Baby CBT-Informed modules, with maternity staff trained to support their use, strengthening the range of early intervention and self-management support available for women with mild-to-moderate needs.

The pilot is designed to operate within existing clinical capacity and improve targeting of existing resources rather than establish a new clinical service. Women with mild needs will primarily access evidence-based self-management resources and routine review. Only women meeting agreed escalation thresholds will require additional professional review through existing maternity, health visiting, GP or specialist perinatal mental health pathways. Referral patterns, escalation rates, workforce impact and capacity will be evaluated during the pilot.

Digital and information governance arrangements include UK-hosted data, GDPR requirements, a Data Protection Impact Assessment (DPIA), Data Security and Protection Toolkit (DSPT), Cyber Essentials Plus and Digital Technology Assessment Criteria (DTAC) compliance. Required Health Board governance approvals must be completed before implementation. The pilot will initially operate as a standalone clinically governed platform, with future interoperability with maternity digital infrastructure, including BadgerNet, considered subject to successful evaluation.

The pilot will recruit approximately 50-100 women in Year 1. Measures include engagement and reach, PROMs/PREMs, early identification and escalation, referral patterns, workforce impact, equity, staff experience and sustainability. Proposed Key Performance Indicators (KPIs) include >70% of enrolled women completing at least one weekly check-in, >60% sustained engagement and >80% reporting that they feel more supported and listened to. Key clinical, capacity, digital exclusion, workforce, information governance and sustainability risks have identified mitigations and will be monitored through established governance arrangements.

The proposal is also aligned with the Welsh Government Mental Health and Wellbeing Strategy and the emerging Open Access/One at a Time (OAAT) Stepped Care 2.0 model being

implemented across mental health services in Wales. Maternally supports a prevention and early intervention approach through the provision of timely access to evidence-based self-management resources, digital psychoeducation, wellbeing monitoring and proportionate escalation according to clinical need. The platform supports delivery of the OAAT principles by enabling women and families to access support at the earliest opportunity, reducing barriers to care and facilitating movement between levels of intervention based on presenting need and outcomes.

The model further supports the growing emphasis on lived experience, co-production and peer support within mental health services. Subject to local governance and service development arrangements, opportunities exist to incorporate lived experience resources, peer support content and recovery-focused stories within the platform to enhance engagement, normalise perinatal mental health difficulties and strengthen person-centred care.

For women experiencing mild to moderate emotional wellbeing and mental health difficulties, the platform complements existing evidence-based pathways, including guided self-help resources and digital therapeutic interventions such as SilverCloud. This strengthens the range of intervention options available, supports appropriate signposting and helps ensure women receive support at the least intensive and most effective level of care, consistent with stepped care principles.

Outcome monitoring will align with national mental health measurement approaches where appropriate. Consideration will be given to the inclusion of Recovering Quality of Life (ReQoL), alongside other relevant PROMs and PREMs, reflecting the increasing adoption of ReQoL across Wales and supporting the collection of meaningful outcome data regarding quality of life, recovery and wellbeing.

Argymhelliad / Recommendation

The Charitable Funds Committee is asked to:

- APPROVE the revised application for £30,000 charitable funding over two years to enable the development, implementation and evaluation of the Maternally digital perinatal mental health and wellbeing pilot, subject to completion of all required clinical, digital, information governance and procurement approvals.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	4.19 Provide scrutiny with a view to approving or rejecting all requests for expenditure over £50,000 and under £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.20 Consider and recommend for approval to the Board in its capacity as Corporate Trustee all requests for expenditure over £100,000 against named charitable funds, within the scheme of delegation for authorisation of charitable funds expenditure. 4.21 Provide scrutiny with a view to approving or rejecting all requests for expenditure, regardless of value, for the following expenditure types: • Research and development expenditure.

	• Pay expenditure. • Requests of any nature resulting in ongoing charitable funds commitment.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	No Datix risk Register
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.
Gwybodaeth Ychwanegol: Further Information:	

Ar sail tystiolaeth: Evidence Base:	MBRRACE-UK maternal mortality learning; national maternity and neonatal assurance findings; Welsh Government Mental Health and Wellbeing Strategy; Open Access/One at a Time (OAAT) Stepped Care 2.0 model; evidence supporting trauma-informed care, co-production, lived experience and peer support approaches; validated perinatal mental health assessment tools; digital mental health interventions including SilverCloud and CBT-informed self-management programmes; national PROMs and PREMs frameworks including ReQoL; local maternity and perinatal mental health service experience; and pilot evaluation data.
Rhestr Termau: Glossary of Terms:	DPIA - Data Protection Impact Assessment DSPT - Data Security and Protection Toolkit DTAC - Digital Technology Assessment Criteria PROMs - Patient Reported Outcome Measures PREMs - Patient Reported Experience Measures HCI - Health and Care Innovations GP - General Practitioner
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Maternity Services; Perinatal Mental Health Services; Health Visiting; Information Governance; Digital Services; Finance Business Partner; HCI/CONNECTPlus; women and families through planned co-design. Revised papers circulated to the Executive Director of Nursing and a Non-Executive Member for review in advance of resubmission.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	£30,000 net charitable funding requested over two years: £20,000 Year 1 and £10,000 Year 2 (£36,000 including VAT). Year 1 supports development/configuration, project management, content and Welsh translation; Year 2 supports ongoing CONNECTPlus hosting/licensing. Health Board implementation, staff support and evaluation use existing resources/in-kind contribution. Continuation beyond the pilot would require a separate sustainability/business case and Health Board planning decision.
Ansawdd / Gofal Claf: Quality / Patient Care:	Positive intended impact: earlier identification of emotional distress; trauma-informed support; improved continuity, maternal wellbeing, psychological recovery and maternal-infant bonding; improved patient experience; and proportionate escalation. The platform complements rather than replaces clinical care. Clinical responsibility remains with existing care teams and established urgent/emergency pathways remain in place. The platform supports a stepped care approach by facilitating access to early intervention, self-

	management and recovery-focused resources, whilst maintaining clear escalation pathways into existing maternity, primary care and specialist mental health services. It also provides opportunities to integrate lived experience and peer support resources to improve engagement, choice and patient experience.
Gweithlu: **Workforce:**	No additional workforce or backfill is requested for the pilot. Delivery will use existing maternity, community, health visiting and perinatal mental health staff. Capacity is an explicit pilot measure: escalation rates, referral patterns, workforce impact and staff experience will be monitored. The model aims to improve targeting of clinical resources and reduce avoidable crisis-driven activity.
Tegwch Iechyd: **Health Equity:**	Potential impacts on health equity considered: Yes. The model provides universal access with proportionate support for women experiencing greater vulnerability. Digital exclusion is mitigated through supported onboarding, continuation of face-to-face pathways and existing charitable provision for devices/SIM access where required. Welsh and English delivery and culturally sensitive co-design are planned. Equity-focused Health Impact Assessment: not evidenced as completed within the submitted papers - confirm locally if required.
Risg: **Risk:**	Key risks: inappropriate reliance on digital monitoring; failure to identify deterioration; increased demand; digital exclusion; data governance/cyber risk; workforce adoption; and sustainability. Mitigations include clear non-real-time messaging, validated tools and escalation thresholds, existing clinical oversight, phased pilot/evaluation, alternative access routes, DPIA/DSPT/DTAC/Cyber Essentials Plus requirements, co-design/training and a defined sustainability decision point.
Cyfreithiol: **Legal:**	The proposal states compliance with GDPR, Health Board information governance and procurement requirements, the Equality Act 2010 and the Well-being of Future Generations (Wales) Act 2015. No specific likelihood of legal challenge is identified in the submitted papers. Implementation is conditional on completion of required governance approvals.
Enw Da: **Reputational:**	Potential positive reputational impact through innovation, prevention and responding to recognised gaps in perinatal mental health support. Potential reputational risk if clinical/digital governance is inadequate or expectations are not appropriately managed; mitigated through phased implementation, explicit patient information, established clinical pathways and formal governance oversight.

Gyfrinachedd: **Privacy:**	Personal and health information will be processed through the platform. The application describes UK-hosted data, GDPR compliance, a completed/developing DPIA with the Health Board Information Governance team, and provider DSPT, Cyber Essentials Plus and DTAC compliance. No implementation will proceed until required information governance, digital and clinical safety approvals are complete.
Cydraddoldeb: **Equality:**	The proposal is intended to have a positive equality impact through universal access, bilingual Welsh/English delivery, culturally sensitive co-design and targeted support for vulnerable and neurodivergent women and families. Existing face-to-face pathways remain available for women unable or choosing not to engage digitally. EqIA screening/full EqIA status is not evidenced within the submitted papers - confirm locally and attach if required.

Elusennau Iechyd HYWEL DDA Health Charities

Helping you make a difference

Application for charitable funds expenditure over £10,000

Please complete this form for all charitable expenditure requests over the value of £10,000.

Please read the application guidelines available at Charities - Home (sharepoint.com) to help you with completing your funding request. Please direct any questions to: charitablefundsfinance.hdd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant	
Lead applicant	
Contact name:	Dana Scott
Job title:	Director of Midwifery
Department/Service:	Maternity
Directorate:	Planned and Specialist Care
Lead director	
Contact name:	Dana Scott
Job title:	Director of Midwifery
Section 2: Application summary	
2.1 Title of charitable funds application:	
A Trauma Informed Digital Perinatal Mental Health Platform	
2.2 Brief description of your application: In no more than 50 words please tell us what you are requesting charitable funds for.	
This application seeks charitable funding to pilot "Maternally", a trauma-informed digital perinatal mental health pathway embedded within maternity services. The programme supports early identification, psychologically safe care, and enhanced monitoring to improve outcomes and experiences for women, babies and families, while supporting staff to deliver proactive compassionate care. Within Hywel Dda University Health Board, with approximately 3,000 births per year, this equates to a significant number of women experiencing perinatal mental health difficulties. Local service experience indicates increasing presentations of anxiety, low mood, and trauma-related distress, often	

identified late and at the point of crisis. Demand on community midwifery, health visiting, and specialist perinatal mental health services continue to rise, and limited capacity for early intervention. This reinforces the need for a preventative, scalable approach to support women earlier in their care pathway.		
2.3 Total value of charitable funds requested:	£24,000 year one £12,000 year two	
2.4 Duration of project	Project start date:	1st October 2026
	Project end date:	31st October 2028

2.5 Strategic priorities
Please identify which of the charity's strategic priorities this application relates to (select all that apply).

Patient experience: Enhancing the patient experience throughout the whole care and treatment journey.	**Staff experience:** Supporting the wellbeing and professional development of University Health Board staff.	**Innovation:** Encouraging and supporting innovation and excellence in the delivery of healthcare.
Yes	Yes	Yes

2.6 Expenditure type
Please select the type of expenditure your application relates to (select all that apply).

Medical equipment *please also complete Appendix 1*	**Service development or improvement**	**Staff welfare and wellbeing**
No	Yes Develops a new trauma-informed perinatal mental health pathway. Improves early identification, continuity, and experience of care. Responds directly to national maternity and neonatal assurance findings.	Yes The application explicitly demonstrates that the platform; • Reduces crisis driven workload • Improves visibility of need • Supports psychological safe, proactive care • Reduces emotional burden on staff
Building/refurbishment Work *please also complete Appendix 2*	**Other** *If 'yes' selected, please state expenditure type in box opposite.*	*Expenditure type:*

No	No	*Service development and improvement: development and hosting of a trauma-informed digital perinatal mental health pathway to support early identification, continuity of care, and staff wellbeing within maternity services.*

Section 3: Case for support

3.1 Funding request:

Please tell us what you are requesting charitable funds for. Give us as much information as possible so that we can determine whether your request is eligible for support.

We are requesting £30,000Plus VAT (£36,000gross) of charitable funding over two years to support the development, configuration, implementation and hosting of a Maternally, a trauma-informed digital perinatal mental health pathway delivered through the CONNECTPLUS platform.

Year 1 (£20,000) will fund platform development and technical configuration, project management and governance, enhancement and development of clinical content, and Welsh Language translation.

Year 2. (£10,000) will fund ongoing platform hosting and support embedding of the pathway within routine maternity services.

The funding will enable a time-limited pilot to test the feasibility, acceptability, and impact of the pathway before any decision regarding longer-term adoption. Health Board clinical input, implementation support, staff training, co-design and evaluation will be provided through existing resources alongside significant in-kind contribution from HCI/CONNECTPLUS

3.2 Reason for request:

Please tell us why this expenditure is needed, how the need has been identified and who this has been discussed with.

Maternal mental health is a significant and growing challenge within maternity services. Around one in five women experience perinatal mental health difficulties, up to one in three describe their birth as traumatic, and 4–5% develop postnatal PTSD. Many women experience anxiety, low mood, or trauma-related symptoms that do not meet thresholds for specialist services but still significantly affect wellbeing, bonding, and functioning.

The current birth rate in HDUHB is 3000 per year, it is estimated up to 60% of women will identify with trauma, we have not current effect screening tool, which would allow for early identification and enhanced care provision. Often women attend services in a crisis. Our approach will reduce crisis presentations and promote self-care
with early warning scores. It is well evidenced that the long-term impact on child wellbeing when mothers have mental health issues. Evidence shows that disrupted maternal-infant bonding is associated with poor maternal mental health, increased anxiety and depression, and adverse long-term developmental, emotional and behavioral outcomes for children, Failure to support early attachment can contribute to intergenerational harm, increased demand for health, education and social care services, and reduce family resilience. Strengthening bonding antenatally and postnatally is therefore a critical protective intervention, not an optional enhancement.

Current systems rely heavily on self-disclosure and reactive escalation, meaning support is often provided only once distress has intensified. This contributes to crisis presentations, safeguarding concerns, and long-term morbidity for mothers and children. Maternally represents a positive shift towards early engagement and psychologically safe care. By embedding trauma-informed support and routine monitoring within maternity services, the platform enables earlier identification of need, timely intervention, and proportionate responses aligned to existing care pathways.

Delivered in partnership with HCI and using their CONNECTPlus patient facing app, the digital pathway will include:
• Antenatal trauma-informed psychological care planning and birth choice support
• Weekly (or more frequent) digital mood monitoring using validated tools (EPDS, PHQ-9, PDSS)
• Enhanced surveillance for women with mild to moderate mental health needs
• Evidence-based self-help and healthy lifestyle modules
• Guided maternal–infant bonding activities
• A digital birth reflection space to support recovery and learning

Automated alerts and traffic-light dashboards will support staff to respond early, reducing reliance on crisis escalation and supporting continuity of care.

National Gap in Perinatal Mental health. The recent maternity and neonatal assurance assessment for Wales confirms a persistent and systematic gap in accessible, integrated perinatal mental health support. The assessment highlights that mental health needs are frequently unmet, particularly in the postnatal period, and that provision remains fragmented, inconsistent, and inequitable across Wales.

These gaps disproportionately affect women in rural and deprived areas.

Post Natal care as a risk point.
The assessment identifies postnatal care as one of the most fragile and under-resourced points in the maternity pathway. Women report poor follow-up, limited emotional support, and a sense of being “dropped” once discharged from maternity services. These gaps

contribute to avoidable distress, escalation of mental health need, and potential harm to women and families.

For women and families, The Maternally Platform will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

For staff, the platform improves visibility of need, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

This project has been designed to promote equitable access and inclusion, recognising that digital solutions must not inadvertently increase health inequalities.
The maternity team have gone live 14/04/2026 with digital electronic maternity records, to ensure no women is excluded we have secure charitable funding to provide a device and sim plan for any woman affected by digital exclusion, for a 12-month period, no woman will be excluded.

Engagement with the platform will be supported by midwives as part of routine care, ensuring that women are introduced to the toll in a supported and personalised way. For women who are unable or chose not to engage digitally, care will continue through existing face to face pathways, with the platform acting to enhance, not replace, traditional models of care.

The use of digital tools will enable more efficient use of clinical time, allowing staff to focus additional time on women with higher levels of need, including those who may be less able to engage digitally. This supports a more equitable distribution of care and resources.

The platform will be available in both Welsh and English, with culturally sensitive content, and will be co-designed with women from diverse backgrounds, including those with lived experience of trauma. Engagement and uptake will be monitored throughout the pilot to identify and address any disparities in access or experience.

This approach ensures that the intervention supports inclusion and equity, while strengthening the ability of services to respond to the needs of all women and families.

3.3 Project delivery plan:
Please tell us how you will deliver this charitable-funded project. Provide a timeline for delivery with clear milestones or phases of activity to allow you to monitor progress effectively.

The project will be delivered over two years, enabling both the **development** and **launch** of the Perinatal Mental Health Digital Platform (Maternally) (Year 1) and **embedding for longevity and sustainability** across the full pregnancy and postnatal journey in Year 2. Delivery will be phased, with clear milestones, monitoring points, and evaluation to ensure safe implementation and effective use of charitable funds.

Year 1 Platform development. Pilot and Launch (£20,000)
Focus: Build, test and implement the platform within maternity and perinatal mental health services.

Phase 1: Co-design and Preparation 9 (May-July 2026) (month 1-3)
Activity:

- Establish project governance and reporting arrangements within maternity and perinatal health services.
- Co-design workshops with women (including those with lived experience of trauma) Midwives Health Visitors, and perinatal mental health colleagues.
- Finalise platform requirements, trauma-informed language, care pathways, and escalation thresholds.
- Confirm evaluation measures, (PROMS, PREMS, engagement metrics).

Milestones:

- Co-design workshops completed
- Agreed functional specification
- Evaluation frameworks sign off

Monitoring:

- Monthly project check-ins
- Workshop outputs documented and reviewed

Phase 2: Platform Build and Configuration (months 4-6)
Activity:

- Digital configuration of the Maternally Platform in partnership with HCI
- Development of antenatal care planning, postnatal monitoring, self-help and maternal-infant bonding modules.
- Welsh Language implementation
- Staff orientation
- Soft testing with a group of up to 10 women

Milestones:

- Platform build completed
- Welsh/English functionality live
- Clinical safety and governance checks completed

Monitoring:

- Build progress reviews
- User testing feedback loops

Phase 3: Pilot Launch and delivery (months 7-12)
Activity:

- Launch pilot within maternity services
- Recruit 50 to 100 women across pregnancy and postnatal stages to test concept
- Review and revise the platform based on feedback received
- Deliver routine digital monitoring, care planning, and support across the perinatal journey
- Ongoing staff engagement and troubleshooting

Milestones:

- Pilot goes live
- Target recruitment achieved

- Platform in routine use

Monitoring:

- Monthly engagement and usage reports
- Early outcome signals reviewed
- Issues logged and addressed in real time

Phase 4: Evaluation and Learning (Months 10-12)

Activity:

- Evaluate usability, engagement, acceptability, and early impact.
- Capture PROMS, PREMS, staff feedback and equity indicators

Milestones:

- Produce a learning and evaluation report

Monitoring:

- Evaluation milestones tracked
- Findings reviewed at governance meetings

Year 2: Longevity, embedding in full perinatal journey (£10,000)

Focus: Sustain and extend the platform across the Full **Pregnancy and Postnatal Pathway** embedding learning from Year 1.

Phase 5: Refinement and Enhancement (Months 13-18).

Activity:

- Refine platform based on evaluation findings.
- Enhance content to fully support antenatal through to extended postnatal care
- Strengthen maternal-infant bonding modules and self-management resources
- Expand inclusion and accessibility features
- Extend roll-out to full population (circa 1500 to 1800 women per annum)

Milestones:

- Platform refinements completed
- Enhanced perinatal pathway live
- Large scale adoption across the whole population

Monitoring:

- Usage and engagement trends
- Ongoing user feedback

Phase 6: Embedding and Sustainability (Months 19-24)

Activity:

- Embed platform into routine maternity pathways
- Support wider staff awareness and confidence
- Develop a sustainability and business case for longer-term adoption
- Share learning across the health board.

Milestones:

- Platform embedded within maternity services
- Sustainability plan completed
- Decision point for future adoption

Monitoring:

- Final evaluation and impact review
- Reporting to maternity governance structures.

Progress Monitoring and Assurance

Progress will be monitored through:

- Clear milestones at each point regular project oversight within maternity services
- Engagement, usage and outcomes metrics

- Continuous feedback from women and staff

This phased approach ensures safe delivery, measurable impact, and responsible use of charitable funds. While enabling meaningful improvement across the full pregnancy and postnatal journey.

Workforce Capability and Clinical Responsibility

The platform will be delivered using existing maternity, community, and perinatal mental health staff, with no requirement for additional workforce or backfill during the pilot phase. The intervention is designed to support staff by enabling earlier identification of need and reducing crisis-driven workload.

Community midwives and health visitors will support use of the platform, with outputs informing routine care. Clinical responsibility remains with the named midwife, GP of Health Visitor, in line with existing pathways.

The platform is not a real-time monitoring system. It provides additional information to support clinical decision-making, enabling earlier and more proactive intervention where required.

Alerts and screening outputs will be reviewed within routine care contacts or remote review processes, with escalation aligned to existing perinatal mental health pathways.
Clinical safety and oversight will be managed through established Health Board governance structures, including maternity governance and perinatal mental health forums

SMART Objectives

1. By Month 6, co-design, configure and launch a trauma-informed digital perinatal mental health platform within maternity services, informed by women lived experience and national learning.
2. By Month 12, support at least 50 women across pregnancy and the postnatal period to engage with the platform, with ≥70% completing routine digital wellbeing check-ins.
3. During the pilot period, achieved a measurable improvement in patient-reported wellbeing and experience, demonstrated through PROMs and PREMs collected via the platform.
4. By the end of Year 1, demonstrate evidence of earlier identification of emerging mental health needs, with timely escalation to appropriate support pathways where indicated.
5. By the end of Year 2, embed the platform to support the full pregnancy and postnatal journey, incorporating learning from Year 1 and producing a sustainability and business case to inform future funding through the IMTP.
6. Throughout the project, demonstrate a positive impact on staff experience, including improved visibility of need and reduced reliance on crisis-driven responses, evidenced through staff feedback.

3.4 Risks:
Please tell us what risks have been identified and how they will be mitigated.

Risk 1: Low engagement or Uptake by Women
Description:
Currently there is not a screening tool for trauma in the maternity system. Women experiencing psychological distress or trauma may find it difficult to engage if the platform feels unsafe, burdensome and impersonal.

Mitigation:
The platform and the screening tool will be co-designed with women with lived experience to ensure trauma-informed language, choice and flexibility of use.
Engagement will be optional and proportionate, with multiple entry points across pregnancy and postnatal care. Bilingual delivery (Welsh & English) and culturally sensitive design will support inclusion.

Risk 2: Digital Exclusion or Inequitable Access

Description:
Some women may experience barriers to digital access or confidence, potentially reinforcing inequality.

Mitigation:
The platform will be mobile-first, low data, and simple to use. Midwives and Community Teams will introduce the app as part of routine care and offer support where needed. Engagement patterns will be monitored to identify and address inequalities early.

Risk 3: Over reliance on Digital Tools

Description:
There is a risk that digital support could be perceived as replacing face to face care or clinical judgement.

Mitigation:
The platform is designed to complement, not replace, existing maternity and community services. It provides enhanced surveillance and early warning. All clinical decision-making remains with professionals. Clear escalation pathways aligned to existing services will be embedded.

Risk 4: Clinical Safety and Escalation

Description:
Failure to identify or respond appropriately to deteriorating mental health could pose a safety risk.

Mitigation:
Validated screening tools (EPDS, PHQ-9, PDSS) will be used alongside clearly defined traffic-light thresholds and escalation pathways. The platform will not be used as the sole safety mechanism and will operate alongside existing clinical oversight. Maternally is not a real-time or emergency response service and will not replace established routes for accessing urgent maternity, mental health or emergency care. Women will receive clear information at onboarding and throughout their use of the platform that information entered into maternally should not be relied upon to obtain urgent clinical assistance. Where responses indicate significant deterioration or high levels of concern, prominent safety messaging will direct women to access that appropriate established clinical or emergency pathway without waiting for their platform responses to be reviewed.

Risk 5: Workforce Capacity and Acceptance.

Description:
Staff may perceive the platform as adding workload or may lack confidence in digital approaches.

Mitigation:
Staff will be involved in co-design and testing to ensure the platform supports, rather than burdens, practice.
The focus on early identification and planned responses is intended to reduce crisis driven workload and supports staff wellbeing.

Risk 6: Sustainability Beyond the Pilot

Description:
There is a risk that the platform may not be sustained beyond the initial funding period.

Mitigation:

The project is time-limited with a clear evaluation plan. Learning from the pilot will inform decisions about embedding, scaling, or discontinuation. If continuation is not feasible. Learning will be integrated into existing maternity practice.

Risk 7: Impact of not funding the Project

Description:
There is a clear risk associated with not progressing this work. National assurance reviews, women's feedback, and local learning consistently highlight gaps in perinatal mental health support, early identification and continuity of care.
Without this intervention, maternity services will continue to rely on reactive responses once harm has escalated, rather than preventative, psychologically safe support.

Impact:
Failure to act risks continued avoidable distress for women, poorer maternal-infant bonding, escalation to crisis mental health presentations, safeguarding involvement, and long-term harm affecting mothers, babies, and families. It also risks undermining trust where women have been invited to share feedback but see limited tangible change.

Mitigation:
Charitable funding enables the Health Board to respond proactively and compassionately to nationally identified risks and women lived experience. It supports timely action where statutory funding is not yet available and demonstrates organisational commitment to learning, prevention and improvement.

Summary:
The risk-managed, phased approach ensures that charitable funds are used responsibly to reduce known risks, improve safety and experience, and prevent avoidable harm. The greatest unmanaged risk is inaction, particularly where evidence indicates that early support interventions can make meaningful difference

3.5 Additionality:
Please tell us how this expenditure is considered 'above and beyond' core NHS provision.

This expenditure is 'above and beyond' core NHS provision because it funds a preventative care model addressing a critical gap outside statutory funding. While core NHS services manage routine maternity care and severe mental illness, there remains an unfunded gap in Wales for integrated support for mild-to-moderate perinatal mental health needs.

This proposal exceeds core provision by:

- Addressing an Unfunded Gap: Despite recommendations from the All-Wales Perinatal Engagement Framework, no dedicated national funding exists for proactive early-intervention roles. There is no statutory obligation to provide this specific paid role, making charitable funding essential.
- Extending Care Continuity: Core services rely on traditional appointments and strict discharge timelines. Maternally maintains contact and provides continuity beyond routine discharge, stepping in where the system currently struggles to keep women engaged.
- Enabling Proactive Intervention: Recent national reviews highlight that Wales lags behind in postnatal perinatal mental health provision. Maternally introduces enhanced surveillance, enabling staff to identify deteriorating wellbeing early and intervene before distress becomes a clinical crisis.

Appropriate Use of Funds
While addressing vital safety themes from national reviews, we believe that this is an acceptable use of donated funds. because it complements rather than replaces existing statutory services, piloting a value-based, preventative approach currently unfunded by core budgets and this pilot aligns with strategic goals to improve patient experience, reduce inequalities, and support staff. Crucially, by supporting mothers to feel emotionally well, the project strengthens the entire family unit, delivering long-term benefits for babies, partners, and the wider community.

Section 4: Impact

4.1 Impact:
Please tell us about the positive changes or effects that will take place as a result of this expenditure (e.g. improved patient experience, improvements to patient health, efficiencies in the provision of care). You will be required to submit an evaluation report to summarise the impact at a later date.

Better Health Outcomes
For women and families, The Perinatal Mental Health Digital Platform, will improve confidence, emotional safety, recovery, and bonding. Early support reduces escalation of distress and the risk of long-term mental and physical health problems.

For staff, the platform improves visibility of need, supports proactive care, and reduces the emotional and operational burden associated with crisis management. This contributes to improved staff wellbeing and safer, more sustainable services.

Positive Impact on Women's Health and Wellbeing
This pilot will deliver meaningful improvements in women's psychological health and wellbeing by enabling earlier engagement, trauma-informed support, and continuity of care across pregnancy and the postnatal period. Women will have access to a psychologically safe digital space that supports emotional regulation, self-care, and recovery, reducing the escalation of mild to moderate distress into more severe mental health conditions. Early identification and enhanced surveillance will support timely intervention, reducing the risk of postnatal depression, anxiety, trauma-related symptoms, and longer-term morbidity.

Improved Experience of Care
The platform will significantly enhance women's experience of maternity care by addressing one of the most frequently reported concerns: feeling unheard, unsupported, or "dropped" following discharge. By extending support beyond traditional appointments, the pilot provides continuity at points where the system currently struggles to maintain contact. Women will feel more listened to, better informed, and more actively involved in their care, improving confidence, trust, and overall satisfaction with maternity services.

Strengthened Maternal–Infant Bonding
Guided maternal–infant bonding activities embedded within the platform will support early attachment and confidence in parenting. Stronger bonding is associated with improved maternal mental health, reduced anxiety, and positive long-term developmental outcomes for babies. Supporting bonding antenatally and postnatally contributes to healthier family relationships and resilience.

Positive Impact on Staff and Services
For staff, the pilot will support a shift from reactive crisis management to proactive, planned care. Improved visibility of women's needs through routine monitoring enables more proportionate responses, reducing emotional and operational pressure on maternity, community, and mental health teams. This supports staff well-being, professional confidence, and safer decision-making, while aligning with compassionate, trauma-informed practice.

Improved Equity and Access
The digital nature of the platform will improve equity of access for women who face barriers related to geography, rurality, deprivation, or service capacity. By reducing reliance on physical attendance and providing consistent support regardless of postcode, the pilot directly addresses inequalities highlighted in national reviews and supports inclusive, accessible care.

Measurable Improvements and Learning
The pilot will generate measurable improvements in:

- Women's reported wellbeing and confidence
- Satisfaction with maternity and postnatal care
- Engagement with support during the postnatal period
- Early identification and response to emerging mental health needs

It will also produce learning that informs future service design, supports sustainability, and demonstrates the value of preventative, compassionate interventions funded through charitable investment.

Overall Impact

In summary, this charitable expenditure will deliver tangible improvements in health, wellbeing, experience, satisfaction, and safety for women and families, while supporting staff and reducing avoidable escalation and harm. It represents a responsible, preventative use of charitable funds that translates national learning and women's feedback into real, practical change.

4.2 Patient benefit:

Please summarise how patients will benefit from this expenditure. If patients will not directly benefit (i.e. the main beneficiaries are staff), please tell us about the direct benefits to staff as well as the indirect patient benefits.

How Patients Will Benefit from the Expenditure

This charitable expenditure will enable women to access earlier, trauma-informed psychological support throughout pregnancy and the postnatal period. Women will benefit from improved continuity of care, enhanced emotional safety, and timely identification of emerging mental health needs. Access to guided self-care, routine wellbeing check-ins, and maternal–infant bonding support will reduce distress, improve confidence and recovery, and lower the risk of escalation to crisis or longer-term harm. The digital platform will also improve equity of access, particularly for women in rural or underserved communities, ensuring support is available regardless of location or service capacity.

How Staff Will Benefit from the Expenditure

Staff will benefit from improved visibility of women's needs and earlier identification of risk, enabling more proactive and proportionate responses. By supporting early engagement and planned intervention, the platform reduces reliance on crisis-driven escalation and the associated emotional and operational burden on maternity, community, and mental health teams. This supports staff wellbeing, professional confidence, and safer decision-making, while enabling staff to deliver compassionate, trauma-informed care within existing workforce constraints.

4.3 Beneficiaries:

Please tell us how many people are expected to benefit as a result of this expenditure and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

The primary beneficiaries of this project are women receiving care from maternity services who are experiencing, or at risk of, perinatal mental health difficulties. Through early engagement, trauma-informed support, and enhanced surveillance, women will benefit from improved emotional wellbeing, continuity of care, and timely access to support across pregnancy and the postnatal period.

Babies and children will benefit from improved maternal mental health, stronger maternal–infant bonding, and more stable early caregiving environments, which are known to support healthy emotional and developmental outcomes.

Fathers and partners will benefit from greater understanding, guidance, and confidence in supporting maternal wellbeing and early parenting, strengthening family relationships.

The family is the fundamental unit of society, and when mothers are supported to feel safe, heard, and emotionally well, the benefits extend beyond the individual. By caring for the mother, this project strengthens families, supports healthier early parenting, and contributes to improved outcomes for babies, families, and the wider community.

Maternity, community, and mental health staff are also key beneficiaries. Improved visibility of need and earlier identification of risk enable more proactive, planned care, reducing crisis-driven escalation and supporting staff wellbeing and professional confidence.

4.4 Evaluation methods:

Please tell us what methods you will use to measure the effectiveness of your expenditure and the difference it makes. Please also describe any baseline information that you have that demonstrates the current position.

Evaluation: What Will Be Measured and How

Current maternity pathways do not provide routine, structured digital monitoring of maternal mental health across pregnancy and the postnatal period. Identification of need is largely dependent on self-disclosure and point-in-time assessment, with limited ability to track changes over time. Local service experience indicates that many women present later in their care pathway, often at the point of escalation or crisis. This pilot will establish a baseline for earlier identification, engagement and continuity of support.

The pilot will include a proportionate but robust evaluation to assess effectiveness, experience, and feasibility, ensuring responsible use of charitable funds and clear learning.

1. Women's Health and Wellbeing Outcomes (What)

We will measure changes in women's emotional wellbeing, confidence, and recovery across pregnancy and the postnatal period.

How:

- Validated patient-reported outcome measures (PROMs), including mood and wellbeing scores collected through the platform
- Self-reported confidence, coping, and emotional safety indicators
- Monitoring of changes over time to identify improvement or deterioration

---

2. Experience and Satisfaction (What)

We will assess women's experience of care, feeling listened to, supported, and involved in decisions.

How:

- Patient-reported experience measures (PREMs) captured digitally
- Feedback on continuity of care, postnatal support, and overall satisfaction
- Qualitative feedback from women on usability and perceived value

---

3. Engagement and Reach (What)

We will evaluate whether women are engaging with the platform and whether it is accessible and inclusive.

How:

- Platform usage data (log-ins, completion of check-ins, use of self-help modules)
- Monitoring engagement across pregnancy and postnatal stages
- Review of uptake across different groups to identify any equity gaps

---

4. Early Identification and Escalation (What)

We will assess whether the platform supports earlier identification of need and timely responses.

How:

- Tracking alerts and escalation triggers generated through the platform
- Review of actions taken following identified concerns
- Comparison with baseline patterns of reactive escalation where available

---

5. Impact on Staff and Services (What)

We will evaluate the effect on staff experience and service delivery.

How:

- Staff feedback on workload, confidence, and usefulness of the platform
- Review of perceived reduction in crisis-driven interventions
- Qualitative insights from maternity and community teams

---

6. Overall Feasibility and Sustainability (What)

We will determine whether the platform is feasible to embed and sustain.

How:

- Assessment of acceptability to women and staff

- Identification of technical, operational, and governance requirements
- Development of a learning and evaluation report to inform future decisions

Use of Findings
Evaluation findings will be reviewed through maternity governance arrangements and used to:

- Inform decisions about continuation and scale-up
- Support future business cases or funding applications
- Embed learning into routine maternity practice

This approach ensures the project delivers measurable benefit, meaningful learning, and accountability for charitable investment.

Key Performance Indicators (KPI's)
The following KPI's will be used to assess impact.

- >70%of enrolled women complete at least one weekly check-in
- >60% sustained engagement across pregnancy/postnatal period
- Demonstratable improvement In PROMS (e.g. reduction in EDS / PHQ-9 score where appropriate)
- >80% of women report feeling more supported and listened to (PREMs)
- Evidence of earlier identification of need, including increased detection of mild - moderate distress prior to escalation
- Positive staff feedback indicating improved visibility of need and reduced reliance on crisis management

Data Analysis and Reporting
Data collected through the platform will be presented via a secure digit dashboard, enabling real time visibility of individual and aggregated responses. Analysis of outcomes, trends and impact will be undertaken by the Health Board maternity and evaluation teams, with findings reported through governance structures and shared with the charitable funds committee. This will include both qualitive data (PROMs, engagement metrics) and qualitative feedback from women and staff.

Section 5: Exit strategy (for revenue expenditure requests)

Please tell us how the benefits of this expenditure will be sustained beyond the end of this time-limited period of charitable funding. For project funding, please tell us if it will continue, and how it will be funded. If it will not continue, please tell us how it will be brought to a close.

Exit Strategy

This project is designed as a time-limited, charitable-funded pilot to enable early implementation, learning, and evaluation of a trauma-informed digital perinatal mental health pathway within maternity services.

The recent national maternity and neonatal assurance review highlights that Wales continues to lag behind England and Scotland in the provision of perinatal mental health services, reinforcing the need for timely, preventative interventions that improve early identification, continuity, and access to support. The pilot will generate local evidence to demonstrate impact, feasibility, and value, supporting informed decision-making about longer-term adoption.

Subject to positive evaluation outcomes, it is anticipated that Health Board funding would be considered to sustain the platform beyond the charitable funding period, recognising its contribution to patient experience, safety, equity, and workforce sustainability. Business development will follow established planning and governance routes, with the learning and outcomes from the pilot informing inclusion within the Integrated Medium-Term Plan (IMTP) and wider maternity and perinatal mental health strategies.

If ongoing funding is not secured, learning from the pilot will still deliver value by informing service improvement, trauma-informed practice, and future commissioning decisions. Any elements that cannot be sustained digitally will be embedded into existing maternity pathways where possible.

This approach ensures charitable funding is used responsibly as an enabler of innovation and improvement, while positioning the Health Board to respond proactively to national priorities and assurance findings.

Subject to positive evaluation outcomes, ongoing funding for platform licensing would be considered through Health Board commissioning and planning processes, including the integrated Medium Term Plam (IMTP). If ongoing funding is not secured, women will be safely transitioned off the platform at the end of their perinatal care period, with continuity maintained through existing services.

Section 6: Governance

6.1 Compliance:

Please tell us (if applicable), how your expenditure request meets any relevant legislative requirements or standards as well as any Hywel Dda policies and procedures (e.g. Data Protection, Clinical Governance, etc.).

Information Governance and Data Security
Hywel Dda University Health Board will act as the Data Controller, with CONNECTPlus operating as the Data Processor under a formal Data Processing Agreement. All Data will be securely hosted within the UK in compliance with NHS data security standards and GDPR requirements

The platform provider holds recognised certification including DSPT, Cyber Essentials Plus, and DTCA compliance with NHS data security standards and GDPR requirements.

A Data Protection Impact Assessment (DIPA) has been completed in collaboration with the Health Board's Information Governance team, with no significant risks identified to date.

Digital and Cyber Approval
A digital support request has been submitted to the health board's digital Services team to ensure full alignment with information governance, cyber security and technical requirements. Confirmation of approval will be provided as part of the final governance process.

Procurement and Value for Money
Procurement processes will be followed in line with Health Board requirements to ensure compliance with financial governance and value for money. The proposed partnership with CONNECTPlus reflets an established, NHS-tested platform with demonstrated capability, and includes significant in-kind contribution, representing a cost-effective and low risk approach to pilot delivery.

It supports Clinical Governance principles by embedding the service user voice into quality improvement and safety processes, in line with the Welsh Government's maternity strategy and NICE guidance on patient involvement. All engagement follows Hywel Dda's policies on safeguarding, equality, and inclusion, ensuring representation from seldom-heard groups and adherence to the Health and Care Standards for Wales.

The partnership also promotes transparency and accountability, meeting statutory duties under the Equality Act 2010 and the Well-being of Future Generations (Wales) Act 2015.

HCI has the following accreditations:
- DSPT (Ref: 8KF58)
- ICO (Ref: ZA281329)
- Cyber Essentials Plus (last certification 2023-06-08. Certificate provided on request)
- IASME (last certification 2023-06-30. Certificate provided on request)
- NHS England Technology Assessment Criteria (DTAC) Compliant
- Annual Penetration Test (Report available on request)

In addition HCI is already working with our Information Governance team to complete a Data Protection Impact Assessment (DPIA) to reflect the functionality that we will be using.

6.2 Strategic alignment:

Please tell us how this funding request aligns with the health board's strategic objectives.

This project aligns with local maternity improvement priorities with Hywel Dda, including strengthening postnatal care, improving perinatal mental health support, and responding to the themes identified through internal governance, incident reviews, and national internal governance, incident review, and national maternity and neonatal assurance findings. It supports the need for earlier identification of risk, improved continuity of care, and enhanced psychological support, which have been identified as key safety and quality priorities within maternity services.

Strategic Alignment with Health Board Objectives
This project aligns strongly with Hywel Dda University Health Board's strategic objectives to deliver safe, kind, equitable, and sustainable care, with a clear focus on prevention, early intervention, and improving patient and staff experience.
Improving Patient Experience and Outcomes
The platform directly supports the Health Board's commitment to improving patient experience by addressing nationally and locally recognised gaps in perinatal mental health and postnatal care. By enabling earlier engagement, trauma-informed psychological support, and continuity across pregnancy and the postnatal period, the project responds to women's feedback about feeling unheard or unsupported and translates learning into tangible service improvement.
Prevention and Early Intervention
The project aligns with the Health Board's prevention agenda by shifting care upstream—supporting early identification of need and timely, proportionate intervention before distress escalates into crisis, safeguarding involvement, or longer-term morbidity. This supports improved health outcomes for women, babies, and families while reducing avoidable demand on acute and specialist services.
Equity and Reducing Inequalities
The digital delivery model supports the Health Board's objective to reduce health inequalities, particularly in rural and underserved communities. By reducing reliance on physical attendance and improving access regardless of postcode, the project promotes equitable access to support and aligns with the principles of the Well-being of Future Generations (Wales) Act.
Supporting Staff Wellbeing and Workforce Sustainability
The platform supports workforce sustainability by improving visibility of women's needs, enabling proactive care, and reducing reliance on crisis-driven responses. This aligns with the Health Board's commitment to staff wellbeing, compassionate leadership, and enabling staff to work at the top of their professional role within existing capacity constraints.
Innovation and Learning
The project demonstrates the Health Board's commitment to innovation and continuous learning, responding proactively to national maternity and neonatal assurance findings that highlight gaps in perinatal mental health provision in Wales. Charitable funding enables responsible testing and evaluation of a new approach, de-risking future investment and supporting evidence-based decision-making.
Strategic Planning and Sustainability
Learning from the pilot will inform future business planning and commissioning decisions, with clear routes into the Integrated Medium-Term Plan (IMTP) and wider maternity and perinatal mental health strategies. This ensures alignment between charitable investment, Organisational priorities, and long-term sustainability.

Section 7: Other

Please provide any other relevant information in support of your funding request.

The platform is designed to support, not replace, clinical decision-making. It does not hold independent decision-making authority; responsibility for assessment, escalation and care planning remains with the named midwife, health visitor of GP or specialist team in line with existing clinical pathways. The role of the platform is to provide additional information and insight to support earlier, more informed and proportionate clinical decision-making.
Engagement with seldom-heard voices and diverse communities will be embedded throughout the project. Co-designed activity will include women with lived experience from a range of backgrounds, including those who may traditionally experience barriers to accessing services. Midwives and health visitors will support inclusive onboarding, and uptake and engagement will be monitored to identify any inequalities.
Where digital engagement is limited, existing face-to-face care pathways will continue to ensure no woman is excluded, with the platform supporting more efficient use of clinical time to enable targeted support for those with greatest need.

Additional Information

This proposal has been developed in direct response to women's feedback, national maternity and neonatal assurance findings, and the recognised gap in accessible, integrated perinatal mental health support across Wales. Recent national maternity reviews highlight that Wales continues to lag England and Scotland in this area, with fragility in postnatal care and the early identification of deteriorating wellbeing. This project provides a timely, practical, and compassionate solution to these challenges.
Maternally represents a ground-breaking step forward, shifting care from reactive, fragmented support to early, psychologically safe engagement. While digital tools are increasingly common in other healthcare sectors, maternity services in Wales currently lack an integrated, trauma-informed digital pathway.
Maternally bridges this gap by supporting early engagement and enhanced surveillance for women experiencing mild-to-moderate mental health needs across the full pregnancy and postnatal journey. It directly complements existing statutory services by:

- Extending continuity of support beyond routine clinical discharge.
- Improving visibility of need for maternity and mental health staff.
- Enabling earlier, proportionate intervention before emotional distress escalates into a clinical crisis.

By embedding this approach within routine maternity pathways, the project moves beyond incremental improvement and introduces a much-needed step-change in perinatal care. It empowers women to be seen and supported earlier, amplifies lived experience in real time, and equips staff to deliver compassionate care within existing workforce constraints.
Furthermore, this pilot aligns seamlessly with the Health Board's strategic objectives to improve patient experience, reduce health inequalities, support staff wellbeing, and deliver preventative, value-based care. A phased delivery plan, clear governance arrangements, and a proportionate evaluation framework provide complete assurance that charitable funds will be utilised responsibly for measurable impact.
Crucially, this project supports not only women but also babies, partners, and families. When mothers are supported to feel safe, heard, and emotionally well, the benefits extend far beyond the individual, strengthening the family unit, enriching communities, and improving long-term outcomes for children.
Charitable funding provides a unique, timely opportunity to enable this transformational approach at pace. It will allow the Health Board to lead nationally in trauma-informed maternity care, setting a new standard for delivering equitable, compassionate, and sustainable perinatal mental health support.

Contract Type

Time-limited hosting and service delivery agreement

A two-year charitable-funded agreement with CONNECTPlus to host, configure, and support the Maternally digital perinatal mental health platform for maternity services.
Year 1 will focus on platform development, configuration, launch, and pilot delivery.
Year 2 will provide continuity and longevity, supporting women across the full pregnancy and postnatal journey, refinement of the platform, and sustainability planning.
This project positions Hywel Dda University Health Board at the forefront of trauma-informed, preventative maternity care in Wales, demonstrating what is possible when innovation is driven by women's voices and national learning.

Section 8: Funding requirements

8.1 Cost breakdown:
Please provide a breakdown of all costs associated with this funding request. Alternatively, please attach as a separate document.

Item/Category	Cost (£)	Comments
Initial design and development cost Year 1	**£20,000 Year 1**	
HDUHB and HCI Teams scoping	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI Project Management, Governance, and Reporting	£6,000	
Co-design and Preparation	£0	Led by and uses existing HDUHB resources
HCI Platform Development and Technical Delivery	£2,000	
HCI Existing content enhancement and new content production	£4,000	
HCI translation in to Welsh (content and platform)	£8,000	
HDUHB HCI User Engagement & Piloting	£0	Uses existing HDUHB resources and contribution in kind from HCI
HCI Exec Leadership	£0	Contribution in kind from HCI
HCI CONNECTPlus Year 1 licence fee	£0	Contribution in kind from HCI (Standard cost £10,000 pa)
CONNECTPlus Ongoing hosting costs	**£10,000 Year 2**	
HDUHB implementation, staff training and support	£0	Uses existing HDUHB resources and contribution in kind from HCI
HDUHB support with evaluation - scoping and impact measurement	£0	Uses existing HDUHB resources
HCI CONNECTPlus Year 1 license fee	£10,000	

8.2 Total amount of funding requested:					
Net £ *Excluding VAT*	**£30,000**	**VAT £**	£6,000	**Gross £** *Including VAT*	**£36,000**

8.3 Designated charitable fund	
Name of charitable fund:	**Charitable fund code/number:**
Hywel Dda Charitable Fund – 'Making a Difference Fund'	T600 £12,000.00
Mental Health & Learning Disabilities Services	T603 £12,000.00
Carmarthenshire Maternity Services	T754 £12,000.00

8.4 Alternative funding sources:
Please tell us about alternative funding sources that have been sought before applying for charitable funds. It is important that all other sources of funding have been exhausted prior to submitting an application for charitable funds.

The option of supporting the role from the existing maternity and neonatal budget has been explored, however given the financial status of the Health Board it was not possible to release funds from the existing budget

Section 9: Authorisation

9.1 Application prepared by:

Contact name:	**Job title:**	**Date:**
Dana Scott	**Dana Scott**	**27/02/2026**

9.2 Application authorised by:
Please ensure that your fund manager (approver up to £10,000) has reviewed your application before submission.

Contact name:	**Job title:**	**Date authorised:**
Dana Scott	**Director of Midwifery Professional Governance Lead**	**27/02/2026**

9.3 Finance Business Partner review:
Please ensure that your Finance Business Partner has reviewed your application before submission.

Contact name:	**Job title:**	**Date reviewed:**
Alison Wride	**FBP**	**27/02/2026**

Please return completed form via email to:
charitablefundsfinance.hdd@wales.nhs.uk
or via internal mail to:
Charitable Funds Support Officer
Finance Department
Ty Gorwel, Building 14
St David's Park, Job's Well Road
Carmarthen SA31 3BB

Appendix 1
Assessment for medical equipment (as per Medical Devices Policy):
Not applicable for this application

Appendix 2
Assessment for building or refurbishment work (to be completed by Estates team):
Not applicable for this application

For Charitable Funds Finance Department

Application Reference Number:	CF03521	
Fund Title:	**Fund Code:**	**Current Fund Balance £:**
Making a Difference Fund Mental Health & LD Services Corporate Carmarthenshire Maternity Services	T600 T603 T754	£358,599.70 £43,088.17 £44,363.09

Finance review I confirm that I have reviewed this application and that it can be submitted to the Charitable Funds Sub-Committee / Charitable Funds Committee for consideration.		
Contact name:	**Job title:**	**Date reviewed:**
Jessica Elderfield-Scott	Accounts Assistant	25-08-2026

Outcome of meeting CFC/CFSC I confirm that this application has been considered and approved by the Charitable Funds Sub-Committee / Charitable Funds Committee.			
Meeting date:	**Outcome:**	**Contact name:**	**Job title:**