Name of meeting	
Date	2nd December 2022
Title	Maternity Briefing
Item is for:	Information ☒ Assurance ☐ Discussion ☐ Decision ☐
Issue for consideration/ decision	
Author of paper and contact details	Alison McGovern alison.mcgovern@nhs.net

Background

The Greater Manchester and Eastern Cheshire Local Maternity Neonatal System (LMNS) is a partnership of maternity and neonatal service providers, commissioners, Local Authorities and service users who are working together to transform maternity services. We cover 9 maternity units across GM and Macclesfield in Eastern Cheshire and in 2021 had 36,000 births. Our vision is for pregnant women, people, babies and their families to receive kinder, safer and more personalised maternity care.

The role of the LMNS was originally one of transformation, established following the publication of the Better Births strategy in 2017. Since then, the role has evolved and is now more one of assurance.

In 2022, following the changes within NHS England and the establishment of Integrated Care Boards (ICB), the LMNS now sits (as the maternity arm) within the Integrated Care Board (ICB), with Dr Manisha Kumar (GM Chief Medical Officer) as Executive Lead. There is an established Maternity Programme Board which sits within the ICS governance as a system board. The maternity programme is also connected to the 1001 days programme under the children's agenda which has a line of sight to the GM Children's Board within GMCA.

Publication of key reviews this year, Ockenden and East Kent, increased the spotlight further on maternity care, in particular safety and culture. This has resulted in investment nationally and within GM in maternity services directly to support the culture within teams.

The LMNS provides assurance and reporting to the ICB and to both the NW regional and national perinatal boards alongside service improvement via the Strategic Clinical Network (SCN) and Health Innovation Manchester (HiM). The LMNS has a clear vision for maternity services in Greater Manchester and Eastern Cheshire and have supported maternity providers to implement some key aspects of safe care and are developing further measures to monitor safety in the maternity system and improve care.

There have been positive changes to maternity care in Greater Manchester and Eastern Cheshire in recent years and the LMNS has driven some significant changes, however there is still important work to be undertaken.

The LMNS continues to monitor compliance against a number of national review recommendations and actions from the Kirkup, Ockenden and East Kent reports and is supporting the maternity providers to implement the actions. A more formal, national process of tracking progress against the recommendations and actions is expected and the LMNS is awaiting direction from a single delivery plan from NHS England.

Information in relation to the action areas identified

1. **Staffing pressures**

Staffing continues to be challenging for some maternity providers in GMEC, as reflected in the regional and national picture. A recent review identified that the current vacancies across the system are approximately 205 WTE (November 2022), with approximately 100WTE posts out to offer. Staff sickness and maternity leave continue to add to the overall picture of staffing pressures. Local recruitment is ongoing for most providers with the largest tranche of new staff started in September/October 2022 as newly qualified staff are registered and appointed.

The GMEC LMNS is committed to working with maternity providers and other key partners to strengthen our workforce, improve recruitment and retention and achieve high levels of confidence and competency within our staff. The LMNS works alongside Health Education England and our local Universities to address workforce pressures and to support the workforce pipeline. Several programmes of work are underway or planned in to achieve this:

1. **Midwifery:** LMNS has commissioned Birthrate Plus to undertake a review of the midwifery workforce across GM LMNS, building on the work carried out in 2020. This will identify gaps in workforce at all levels in all providers
2. **International Recruitment of Midwives:** 21 midwives have been recruited in wave 1 to work in GM maternity services, with additional recruitment underway for Wave 2
3. **Return to Practice Nursing & Midwifery Enhanced Offers:** Health Education England are working with providers to support Return to Practice in midwifery
4. **Leadership programmes underwa**y open to all maternity providers in GM:
    a. The Perinatal Culture and Leadership Development Programme: is a large programme aimed at developing multidisciplinary leadership within perinatal services. This is directed at the quadrumvirate of leadership including neonatal,

obstetric, midwifery and operational and has a strong focus on culture within the teams. All maternity teams in GM will be involved in the training and will undertake a culture survey within teams, with support to develop and implement an action plan.

   b. Bespoke GMEC Enhanced Development Programme for all existing Heads of Midwifery
   c. NW Aspiring Midwifery Leadership Programme

5. **Maternity Support Workers:** LMNS Task and finish group to identify training, and support in reducing the gaps and variation amongst providers. The LMNS is working with the Northwest regional maternity team to address inconsistencies with Maternity Support Worker posts.
6. **Retention of midwifery Workforce:** All but one of the GMEC Maternity providers have appointed a Retention Midwife to improve retention and provide pastoral support. The remaining provider plans to recruit to the post shortly. This work provides an opportunity to link with other approaches to closing the workforce gap in GMEC such as the intended review of the GM A-EQUIP model.
7. **Neonatal:** Units recruiting to revised budget where additional monies have been allocated as part of the Neonatal Critical Care Review & in collaboration with the North West Neonatal Operational Delivery Network (ODN); HEE Maternity Workforce Strategy is being refreshed with enhanced neonatal element; Development of "Quality Roles Tool" to support comprehensive description/quantification of quality nursing workforce; Work underway to improve the position against national standards for nursing, allied health professionals & medical staffing; All units working towards being consistently BAPM Compliant for medical staffing.

Work is also underway to identify workforce capacity within obstetrics and anaesthetics within maternity and neonatal services.

2. Choice of place of birth

Choice of place of birth was significantly impacted during the pandemic and has subsequently led to some birth centres temporarily closing due to a number of reasons/considerations related to ensure safe staffing requirements are met and a safe outcome for all concerned. During times of workforce pressures birth centre services have been temporarily suspended to ensure safe staffing levels in other service areas. Choice of place of birth remains a priority within GM and services are striving to reinstate all service offers. All providers have endeavoured to maintain home birth offer which in some providers is reviewed on a case by case basis. Greater Manchester operates as a system and all choices of birth are available for all of our women to access, regardless of their place of residence.

An increase in free birthing was a concern nationally during the pandemic and guidance within GM to support clinicians was developed. The GM maternity data dashboard enables the LMNS to monitor activity including 'born before arrival' at maternity services or prior to a midwife arriving at a home birth. This can include birth within an ambulance, on route to hospital or free birthing. Since October 2021 to October 2022 the rates of free birth have remained consistent with an average rate of 3.47 per 1,000 births per month (range 2.68-3.47). However, there were increased rates in January 2022 to 7.1 per 1,000 births and July of 6.9 per 1,000 births. The LMNS monitor

this with our providers weekly and have undertaken information sharing with our women and families, codeveloped with our Maternity Voices Partnership (MVP).

These decisions to temporarily close birthing centres are not taken lightly and are carefully risk assessed and procedures followed prior to any change in service offer including moving around the system. The LMNS website was developed to assist in the communication of the system wide offer across GMEC. (The website was developed further and utilised during the pandemic to provide specific antenatal education when all classes were stopped: https://www.mybirthmychoice.co.uk/).

The Ockenden review has also mandated that all women who choose birth outside a hospital setting are provided with accurate and up-to-date written information about the transfer times to the consultant obstetric unit. The LMNS and maternity services are working together and in agreement with the local ambulance trust to address this.

The LMNS is notified of all STIES reports and includes diverts from one unit to another as a result of limited capacity. The LMNS is only aware of one reported divert within maternity services within the last 2 months which was due to clinical requirement for specialist care to Liverpool rather than capacity limitations within GM providers.

An acuity tool has recently been developed, which provides an overview of the pressures within Greater Manchester and Eastern Cheshire maternity services. This new digital Maternity Acuity Tool gives a system wide picture of potential pressures and is aimed at assisting staff find an appropriate and safe place to care for women who require admission. This supports GM in working as a system to ensure women are cared for in a safe and timely way, through mutual support across all maternity providers in GM.

3. Midwifery Continuity of care

The delivery of continuity of carer within maternity is heavily dependent upon safe staffing levels. During the pandemic the maternity workforce has seen unprecedent challenges at a time when services are being asked to implement a range of recommendations through Ockenden and East Kent reports.

The national target was removed on 21st September in recognition of the continued workforce challenges that maternity services face. Safe staffing is regarded as a building block to deliver continuity of carer. There will no longer be a target date for services to deliver Midwifery Continuity of Carer (MCoC) and local services are instead supported to develop local plans that work for them. All providers and the LMNS have developed action plans to implement MCoC, the LMNS still continues to support providers in developing their workforce and providing enhanced care to vulnerable groups, to enable maternity services to reduce the gaps of inequalities for our families from ethnic minorities and those living in areas of high depravation. These plans are heavily influenced by a detailed piece of work with our service users, voluntary organisations and community and faith groups women, developing an action plan to reduce inequalities in outcomes within maternity in GM.

This model of care remains a priority with a focus on a targeted approach to more vulnerable populations in GM. The LMNS has invited providers to submit expressions of interest to bid for

further funding to progress action plans they have developed to deliver continuity of care, in the building blocks for sustainable models of MCoC. The funding is to provide a focus on those groups of women that are most likely to have poorer outcomes; that is, Black, Asian and Mixed ethnicity, or those living in areas of deprivation. Three providers have also been offered additional national funding from NHS England.

The GMEC LMNS supported by the maternity clinical network has a large work programme with multiple groups and stakeholders. Coproduction is a core part of this work – working very closely with Maternity Voice Partnership, LMNS Leads and commissioning locality MVP work as required. We are mindful of the over medicalisation of birth but also of the Ockenden recommendations related to poor outcomes and experiences which were reported alongside significantly lower caesarean section/intervention rates. The LMNS acknowledges that women using our services arrive with more social, economic and medical complexities and the service that we provide must adapt and reflect this. Safety is of paramount importance.

4. Additional Information regarding Maternity Pressures

The pressures within maternity services are multi-faceted. The LMNS supports the system through various forums including fortnightly Heads of Midwifery meetings; Special Interest Groups for Safety, Maternity dashboard, Clinical steering group, Perinatal loss. These groups feed directly into the ICB governance via the GM Maternity Programme Board. The Safety Lead Midwife within the LMNS brings all of the maternity providers governance midwives together on a monthly basis to discuss incidents, share good practice and discuss lessons learnt across GMEC. The Safety workstream collates serious incidents and diverts audit information, identifies any themes and areas for service improvement, working closely with providers and the safety governance within the ICB.

5. LMNS response to Ockenden and East Kent Reports

Following the publication of the second paper by Donna Ockenden into safety in maternity care (2022) several actions have been noted as essential to make maternity services in England the best and safest they can be. GMEC Local Maternity & Neonatal System (LMNS) is working with maternity providers to implement and embed these changes, with the aim of ensuring the highest standards of quality and safety and to continually improve. Nationally investment has flowed directly to services to support the implementation of the Ockenden recommendations.

The Northwest Regional Midwifery Team undertook ‘insight’ visits to each of the individual maternity units in GMEC, from June to August 2022, Following the visits, recommendations were made by the team to the providers and a summary of the findings were presented at the GMEC LMNS Group in September 2022. During the insight visits the team observed a significant amount of innovation and good practice across GMEC. However, the visits also demonstrated variance in what was self-reported by the providers and several areas that required further work.

Ongoing monitoring of progress includes monthly updates between provider Heads of Midwifery and the LMNS Safety Lead Midwife. Good progress is taking place, however some recommendations involving estates issues may take longer to implement.

The final Ockenden report published in March 2022 proposed a further 15 areas for national action, with a total of 90 separate actions, the focus being on learning from incidents, culture, staffing levels and training. These have been taken on board by the maternity providers and added to the initial 7 IEAs and Kirkup actions.

The LMNS response to the East Kent report aims to address the 4 key areas in a multifaceted approach. The LMNS will review the Strategic Clinical Network (SCN) dashboard metrics and identify areas that will strengthen safety signals. It will explore different mechanisms of listening and obtaining feedback from staff, including obstetric trainees and families. This also includes reviewing and understanding the provider whistleblowing systems. The LMNS will explore the barriers within maternity systems that may hinder multidisciplinary working and learning. Much work relating to safety and Governance systems has been established within the LMNS in the last 3 years. The LMNS will now build upon this work to strengthen those systems so that they enable the LMNS to provide safety assurance to the ICB, with clear escalation routes when concerns are raised. Lastly, the LMNS will scope and support Maternity presence on Providers Boards, ensuring that maternity services have an established position, which has good 'ward to board' systems.