Impact Report

2024-25

GREATER MANCHESTER
LOCAL MATERNITY AND
NEONATAL SYSTEM

Part of Greater Manchester
Integrated Care Partnership

Contents

Introduction

The Greater Manchester Local Maternity and Neonatal System (LMNS) has made significant strides over the past year in enhancing the safety, quality, and equity of maternity and neonatal services. It is important for me to say how proud I am of everyone who has played a role in improvements over the past 12 months.

From telephone triage to perinatal pelvic health, immunisation and maternal medicine, the improvements we are implementing aim to change a wide spectrum of services across the birthing and neonatal landscape. Putting the women, birthing people and their families at the centre of our improvement journey has helped us build services that are fit for purpose.

A notable improvement has been the incidence of neonatal brain injury which fell to its lowest in the past decade and well below the national average. There is a notable reduction in intrapartum stillbirth rates in 2025 when compared to 2024.

We have also established a Greater Manchester Maternal Mortality working group, involving all the stakeholders, including the Maternity and Neonatal Voices Partnership, primary care, mental health and safeguarding teams, to work in partnership, to improve the multiagency working in the care of women and families with complex needs.

We are improving safety and the experience people have by making changes to maternity units based on the comments of parents who have been on our 15 Steps walkaround tours of units, or have first-hand experience of having given birth on the units.

Recognising the importance of a well-trained and sufficient workforce, the LMNS has made efforts to retain experienced midwives and attract new staff to maternity services and ensure that the teams providing care have the right skill mix to provide specialised care to mothers and babies.

As we move into 2025-26, our focus on making positive changes remains steadfast.

There are challenges ahead, but we are confident the work of the LMNS over the past 12 months puts us in a strong position to continue to make childbirth and neonatal care in Greater Manchester a safer and a more positive experience for everyone.

Dr Akila Anbazhagan
Clinical lead

Greater Manchester Local Maternity and Neonatal System

A message from our senior responsible officer

It has been a privilege to lead the LMNS over the past five years as the senior responsible officer (SRO), and see the huge steps forward made in 2024-25.

It has been rewarding to see the LMNS system group developing and supporting quality improvement initiatives for our maternity services, bringing our neonatal colleagues and the voice of women, birthing people and families to form the heart of our work, through multiagency partnerships, especially the strong links with our Maternity and Neonatal Voices Partnerships.
Over recent years we have subsequently moved to an assurance function, working with all our providers of maternity services to ensure the quality and safety of care is upmost and, where that requires attention, we have adopted a supportive approach with our providers to improve through sound system working and processes, and most of all through collaborative relationships.

You will read the positive results of our collaboration in this report.

Julie Cheetham
LMNS SRO

Director, Greater Manchester and Eastern Cheshire Strategic Clinical Networks

A message from our chair

I'm deeply committed to driving improvements in care for women, babies, and families and my leadership is rooted in a passion for ensuring that every mother and child receives the highest quality support and outcomes.

It is important to me personally, and for the LMNS, that we champion collaboration across services, focusing on reducing inequalities and enhancing experiences throughout pregnancy, birth, and beyond.

As chair, I want to reflect a clear vision: to create a safer, more personalised, and compassionate maternity and neonatal system for all.

Fiona Noden
LMNS Chair

Chief Executive, Bolton NHS Foundation Trust

About us

The Greater Manchester Local Maternity and Neonatal System (LMNS) is a partnership of people working together to make services safer, more personal and fit for purpose.

Since 2017, when the network was established, women, birthing people and their families in the 10 localities of Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan have benefited from better services.

Members of the LMNS are people involved in the commissioning, delivery or receipt of maternity and neonatal services, including:

- Midwives
- Obstetricians
- Mothers, birthing people and families
- Maternity Voices Partnership
- Neonatal staff
- Managers
- Commissioners
- Public health

- Educators
- Perinatal mental health providers
- General practitioners (GPs)
- Voluntary, community and social enterprise organisations
- Extended medical teams and stakeholders

When the LMNS was established, its work covered Eastern Cheshire because some women and birthing people from the area received their care in Greater Manchester.

Since April 1, 2025, the LMNS has focused solely on Greater Manchester, so it aligns to the Greater Manchester Integrated Care Partnership footprint.

2024-25 impacts

113
fewer still births over past 9 years

Intrapartum brain injury figures down
60%
from 2022-2024 and below national average

1,500
refugee birthing people supported during pregnancy

1,150
maternity health professionals and managers reached with 10 events

Equity and Equality Action Plan
86%
of actions either completed or in progress

21 midwifery ultrasound practitioners trained to meet new third semester demand

5/6 maternity providers achieved compliance of all 10 national safety actions

Almost
7% more women being seen at triage within 15 minutes

Smoking at time of delivery down by
40%

Safety

Saving Babies' Lives

The Greater Manchester Maternity Strategic Clinical Network (SCN) monitors safety, working towards meeting the national maternity ambition to halve rates of perinatal mortality and morbidity from 2010-2025, which remains challenging nationally, as well as regionally.

The SCN, as stakeholders in the LMNS, led on the improvement of safety outcomes through the full implementation of a care bundle for reducing perinatal mortality, known as Saving Babies' Lives (SBL).

The bundle consists of six elements that provide a framework for best practice in maternity care.

A networked approach standardises care, reduces variation and provides leadership and peer support to specialist roles who work autonomously within maternity providers.

Despite good progress at first, there was a rise in stillbirths in 2021-2023 during and immediately following the Covid-19 pandemic.

In more recent years, there has been a further reduction and it is hoped there will be a return to the pre-pandemic level by the end of 2025, with work continuing towards the national 50% target.

Work which has taken place includes:

- Monthly meetings with SBL Champions, Smokefree Pregnancy midwives and SBL clinical leads to help drive implementation forward
- Sharing learning and driving implementation forward
- Developing a local Futures Platform for the sharing of resources between providers
- Supporting training and development of 21 midwifery ultrasound practitioners to help meet the demand on the increased numbers requiring third trimester scanning
- Developing a standardised core SBL training day across all maternity providers, delivered as part of mandatory training for all clinical staff
- Quarterly specialist interest forums for fetal growth restriction, fetal monitoring and preterm birth; each forum is attended by obstetric leads and lead midwives from every maternity provider
- Collaboration with the North West regional maternity team on the development of guidelines for fetal monitoring, preterm birth and reduced fetal movement
- A quarterly assurance process to ensure all providers meet required standards, with all providers sharing work on how they are targeting health inequalities in relation to their own population and demographics. All six providers are assured
- Development of patient information leaflets for aspirin, cholestasis and uterine artery scans, which are translated and printed into key languages
- Annual preterm birth and perinatal loss study days to cascade learning and showcase best practice.

The results of the work so far have seen 113 fewer stillbirths over the last 9 years than if the rate had stayed the same as it was in 2015.

Intrapartum brain injury figures are 0.54 per 1,000 live births, meaning Greater Manchester and Eastern Cheshire is significantly lower than the national average.

The numbers reduced by 60% from 2022 to 2024, meaning babies born with brain injuries has fallen from 40 to 16.

Greater Manchester providers are also working to adopt and implement the Maternal Medicine Network guidance on the care and management of women and people with existing diabetes in pregnancy.

Maternity units have also achieved one of the biggest improvements nationally in 2024 for neonatal optimisation measures, which improve the environment for newborns to thrive in.

Maternity triage programme

The LMNS agreed to implement the SCNs' Maternity Triage Key Principles in 2024, which aimed to raise the standard of triage at all maternity units.

The overall objective was for all departments to implement 100% of the Royal College of Gynaecologist (RCOG) Good Practice recommendations of improving outcomes and reducing incidents by July 2025.

This follows the Care Quality Commission's concerns in 84% of national visits over the past two years.

Triage departments, which are 24 hour emergency departments for maternity clinical care, have become increasingly important in recent years, with the average number of attendances double or treble the number of births in an individual maternity unit.

They ensure women are referred accordingly to clinical need/urgency, reviewed by the most appropriate professional, to the appropriate service and in a timely manner.

Good consultations can lead to appropriate admissions, reduced healthcare costs, satisfaction from service users, increased job satisfaction for midwives and lowered risks for birthing people.

- The SCNs' triage programme provided key principles, including key metrics for telephone triage, to raise standards and standardise care across the 10 localities
- Aim to reduce incidents, improve birthing people and families' experiences and outcomes with ease of access to a midwife and equitable services for non-English speaking women
- Key metric for all birthing people to have an initial assessment within 15 minutes by a midwife
- LMNS assurance visits in autumn 2024 used the metrics to benchmark services
- Huge amounts of work had taken place and were planned at many organisations
- Great progress at many trusts.
  Women being seen at triage within the recommended 15 minutes of arrival moved from 74.6% in October 2024 to 81.5% in spring 2025
- Providers working on solutions to tackle challenges, including medical, staffing, estates and need for improved IT EPR (electronic patient record system)
- Next steps will see 100% implementation of the RCOG good practice recommendations and Greater Manchester key principles, achieving 85% of all women being seen within 15 minutes, linking triage clinical leaders across Greater Manchester for peer support and showcasing good practice across the LMNS.

Sharing learning and improving services

The LMNS established and managed a monthly safety specialist interest group (SIG) across the Greater Manchester system, to share learning and improve services.

Maternity professionals from across the six maternity providers attend to discuss the previous month's safety events, recommendations from Maternity and Newborn Safety Investigations (MNSI), which carries out independent inquiries into patient safety incidents, complaints and coroner inquests.

- Working together, the group provided a network of support and an opportunity to share learning from serious incidents, discuss ideas and good practice, work collaboratively and be proactive
- Between 15-20 members attend each month. Meetings are led by the LMNS safety lead and people attending range from governance midwives, Saving Babies' Lives and safety champions, representatives from obstetric and neonatal team, as well as safeguarding, Maternal Medicine Network and the North West Neonatal Operational Delivery Network (NWNODN) and Greater Manchester Integrated Care Board's (ICB) quality team. This offers a multi-disciplinary team approach
- The group ensures actions from the Ockenden Report and recommendations of the three year delivery plan for maternity and neonatal services are carried out
- A Safer by Sharing document is issued after each meeting to capture themes and highlight areas for improvement, this is cascaded and shared with wider maternity teams
- Safety and outcomes in maternity services are regularly monitored, with analysis also including the relationship between deprivation and minority ethnic groups and is fed into the Greater Manchester Maternity and Neonatal System Group
- Several online and in-person events have been held to support the aims of the group. Feedback from events is positive, with quotes including "it was inspiring to see so much passion and quality improvement work going on around the region" and "lots of diverse, interesting sessions, lots of positive learning obtained from presentations and understanding of processes within other trusts"
- Examples of good practice from providers are shared on the Futures shared learning compendium for future reference.

Supporting safer maternity and perinatal care

The Department of Health and Social Care instructed the establishment of the NHS Maternity Incentive Scheme (MIS) to encourage trusts to actively adopt best practices and implement essential safety measures.

- MIS financially rewards trusts that can demonstrate they have implemented core safety actions, if they are members of the Clinical Negligence Scheme for Trusts
- In 2024-25, the LMNS continued to review all Greater Manchester maternity providers' annual submissions for CNST MIS and, where appropriate, provided onwards assurance to the ICB of compliance with 10 safety actions
- This included reducing the number of stillbirths, neonatal and maternal deaths and brain injuries, or other harm that can lead to negligence claims, from the 2010 rate by 50% before the end of the year
- All Greater Manchester maternity provider trusts applied for the scheme and five of the six achieved compliance to all 10 safety actions in 2024-2025, benefitting financially from the improvements. Nationally, trusts have received payouts ranging from £140,000 to £3.86 million
- LMNS support will continue into 2025-26.

Optimisation of the preterm infant

All providers adopted the national optimisation bundle of nine evidence-based interventions to achieve the best possible safety in the births of pre-term babies in 2023-24.

The focus in 2024-25 was on consistently achieving regional ambitions to ensure high reliability in the pathway approach by standardising, reducing unwarranted variation and increasing learning across all care settings.

Delivery of the workstream has included:

- Facilitating an optimisation community of practice within Greater Manchester and a North West regional optimisation study day
- Supporting establishment of preterm optimisation groups (POGs) to identify themes and develop actions to improve prediction, prevention and optimisation of the preterm infant, with multi-disciplinary approach from all members of the perinatal team, as well as providing ongoing quality improvement support
- Collaboration with the NWNODN to provide a data dashboard that enables providers and leaders to understand variation in performance against seven of the nine interventions – see 2024-25 outcomes below
- Across the nine interventions, providers are meeting at least their minimum ambitions and making excellent progress towards its stretch ambitions, ensuring the safety of preterm infants and their mothers or birthing people.

Interventions table

Indicator	Average GM performance by March 25	Regional Minimum Ambition 24-25	Regional Stretch Ambition 24-25
Caffeine started within 24 hours (eligible babies)	**97%**	70%	85%
Received maternal breastmilk (eligible babies)	**53%**	30%	60%
Normal temperature measured within 1 hour of birth (eligible babies)	**81%**	75%	80%
Received antenatal magnesium sulphate (eligible women or birthing people)	**89%**	85%	90%
Received antenatal steroids (eligible women or birthing people)	**57%**	50%	60%
Received intrapartum antibiotics (eligible women or birthing people)	**40%**	40%	60%
Umbilical cord clamped at or after 1 minute of birth (eligible babies)	**77%**	60%	75%

(% apply to eligible women/birthing people or babies)

Early warning tools

Prior to this national programme there was unwarranted variation around the routine application of early warning tools to detect the risk of deterioration for women and babies within maternity providers.

All maternity and neonatal care settings in England are expected to adopt early warning tools, called Neonatal Early Warning Track and Trigger tool (NEWTT2) and Maternity Early Warning Score (MEWS).

- At the beginning of 2024-25, only two provider sites had so far adopted one or more tools. By March 2025 three providers had implemented MEWS and four had implemented NEWTT2
- For 2024-25, the programme aimed to continue to support trusts to implement MEWS and NEWTT2 (paper-based initially) as well as supporting the roll out of digital versions
- Health Innovation Manchester took a regional approach, collaborating with LMNS partners at Health Innovation North West Coast to achieve economies of scale. A 'breakthrough series' supported providers to develop local task and finish groups to support the development of local implementation plans
- Next steps for 2025-26 include further support for adoption of the national early warning tools across all provider sites and achieving digital readiness to support adoption of digital deterioration tools.

Greater Manchester Maternity and Neonatal Voices Partnership

The Greater Manchester Maternity and Neonatal Voices Partnership (MNVP) is a group of women, birthing people and their families, midwives, doctors and commissioners working together to review and develop care.

MNVPs drive tangible improvements in safety, quality and experience by putting families' voices at the heart of maternity and neonatal care.

Their work during 2024-25 has included:

- Employment and training of eight MNVP leads across all maternity and neonatal units and five engagement officers. More than 30 per cent of the team represents some of the ethnic, religious and cultural diversity contained within Greater Manchester's birthing population, with languages spoken within the team including Urdu and Punjabi
- More than 200 hours of training and induction introduced for the new team, including safeguarding, taking a quality improvement approach to projects and understanding bereavement projects
- Creation of the network, bringing under one umbrella different projects and workstreams, including 15 Steps for Maternity observational visits and Walk the Patch activities, along with targeted co-production activity across the service area, and production of a pre-term signs and symptoms leaflet
- During January to March 2025, 563 service users were engaged, eight Walk the Patches took place and four surveys were undertaken including 'Have your say', 'Induction of Labour, 'Experiences of caesarean birth in Wigan' and 'Feedback on plans for the new maternity unit in Bolton'
- An assistant director of midwifery said of one lead: "She is a welcome addition to our team. She is super enthusiastic, efficient and engaged. I know she will bring so much to improving our services for women."
- Partnership and strategic working has been grown with the charity Spoons, which offers peer support on neonatal units and in the community to families who have been through a neonatal experience. Spoons has attended all 15 Steps for Maternity observational visits, adding a valuable neonatal perspective.

Work across Greater Manchester

Bolton

- Supported matrons with 15 Steps observational visits after relocation of the postnatal and antenatal wards and gynaecology/early pregnancy units
- Created a survey on the renovation project via online and in-person focus groups. Advice given to maternity leadership and build and design contractors on strong demand for private rooms, the location of the birth centre and reception area and the need to make people feel welcome in the space.

Saint Mary's North Manchester

- A video virtual tour of the birth centre was created, following feedback from service users who wanted to learn more about birthplace options
- Since the launch of the video – alongside an increase of in-person tours – the number of births at the Bluebell Birth Centre has been gradually rising. The video is now routinely shared during antenatal clinics, parent education sessions and on social platforms, helping more families feel informed when considering their place of birth.

Oldham and Rochdale

- Undertaken feedback events with baby groups at Oldham library, Homestart Infant feeding team and the town's family hubs workshops. Also ran workshops with the Women's Chai Project and a group of women from the local Roma community
- Changes to how pain management and breastfeeding support are delivered on the postnatal ward. The team was able to source and present feedback from multiple families to demonstrate the need to prioritise changes in these areas.

Tameside

- Undertook focussed work exploring the experiences of women from South Asian and Farsi backgrounds when accessing triage services and identifying barriers to accessing care. This was done in collaboration with various voluntary, community, faith and social enterprise (VCFSE) organisations and schools across Tameside
- Findings shared with the trust and LMNS. Service users became more aware of the Maternity and Neonatal Voices Partnership in Tameside, creating a platform for ongoing feedback and collaboration.

Saint Mary's Oxford Road

- 15 Steps for Maternity and Neonatal observational visit in January 2024 was the first event which included the voices and insight from a neonatal perspective. Observing the environment and feeding back on what things were working well and what would benefit from improvements
- Some of the quick changes implemented included using more inclusive posters and ensuring that they are visually easy to see for all, also creating more of a welcoming space using lighting and comfortable chairs.

Stockport

- The local MNVP lead has been a key member of the task and finish group on reviewing the trust's antenatal education offer. She has played a vital part in contributing to workshop content, organising a focus group to understand service user needs, planning what a tour would look like and reviewing communications sent out to welcome parents to the service.

Saint Mary's Wythenshawe

- Following concerns over visiting hours, a trial of new hours was conducted across three Manchester Foundation Trust sites in 2024. For a period of three months, all restrictions were lifted, allowing birthing partners to be present at any point during their partners' time in hospital. The MNVP lead collected feedback through various channels, including Walk the Patch observational visits, as well as wider surveys conducted before, during and after the trial
- As a direct result, the trust is now trialling a new visiting hours policy that only restricts visitors between 12am and 6am, allowing greater flexibility for birthing partners, offering enhanced safety and safeguarding measures while still considering the needs of service users.

Wigan

- Working in partnership with trust leads, a survey was launched in January 2025 to help local clinical leads better understand the rise in elective caesarean rates and how service users experienced the process
- While work is ongoing, an immediate outcome has been the revision of booking procedures to minimise last-minute schedule changes due to emergencies. The team has also developed bedside information booklets, covering topics frequently raised in feedback to the MNVP, ensuring families have access to essential information.

15 Steps for Maternity and Neonatal

This MNVP programme aims to make small but important changes to maternity units based on feedback from families.

They are organised by each MNVP lead in their local trust.

- The initiative sees service users and voluntary, community and social enterprise representatives visit different areas of hospital sites, including, for example, antenatal clinics, labour wards, triage, birth centres and postnatal wards
- Purpose of the visits is to look at maternity services through the lens of a service user, with families asked how the environment makes them feel
- Feedback is provided under the themes of welcoming and informative, safe and clean, friendly and personable, and organised and calm
- First year that 15 Steps has been run in partnership with Spoons, a charity which aims to ease stress and reduce isolation for families who experience neonatal care in Greater Manchester
- Examples of actions which have been taken as a result of 15 Steps visits include the development of visual information supporting active birth on the labour ward at North Manchester and a handbook for users of maternity at Wigan, which includes key information, including maps, and how to get food, especially during the night.

Signs and symptoms of pre-term birth leaflet

This co-developed project aimed to develop new resources addressing a specific need within South Asian service users in Greater Manchester in recognising the signs and symptoms of pre-term birth.

Previous resources for this demographic were known to be harder to access, or too medical or academic. The length of the text and use of technical, medical terms meant a large percentage of parents were excluded from adequately understanding the signs, symptoms and complications of pre-term birth.

This knowledge gap potentially posed a risk to those women – and their babies – if they were unable to recognise the signs of pre-term birth in a timely manner and to then feel confident in getting in touch with maternity services.

- LMNS worked in partnership with a well-established charity which supports women from South Asian heritage. Called Chai Project, it has groups in Oldham and Trafford which are attended by more than 70 women from minority ethnic groups, as well as asylum seekers and refugees
- Leaflet was produced and plans are in place to distribute 20,000 copies. It will be translated into the five most-spoken languages in Greater Manchester
- Feedback included: "Overall, the women thought the leaflet looked brilliant. Thank you so much. The women really felt like their voices were heard."

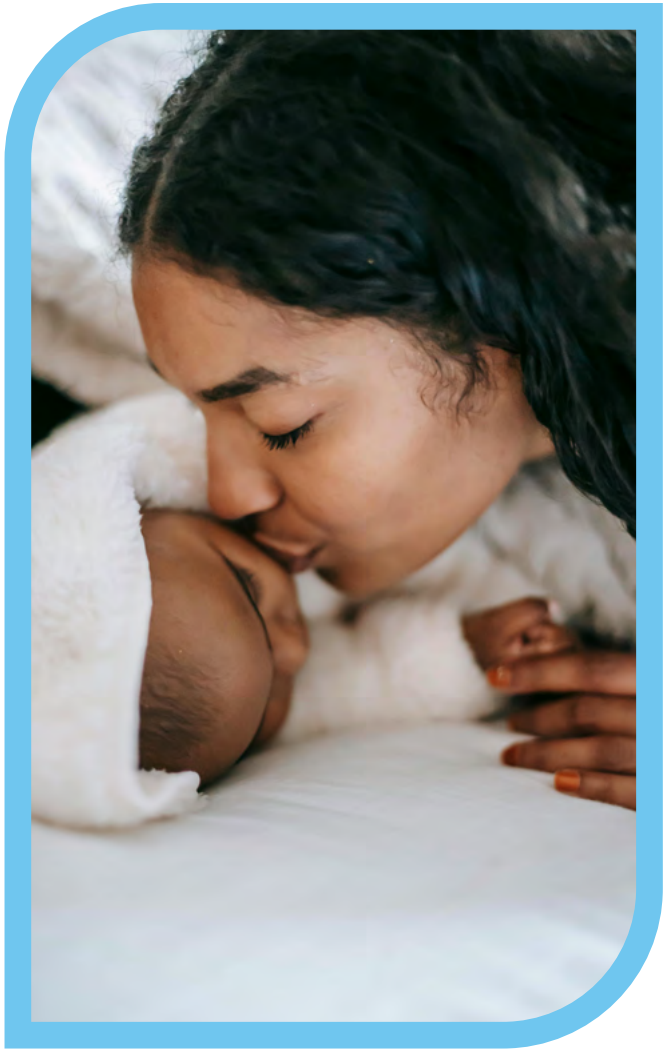
Najma Khalid, director, Women's Chai Project:

"This looks like a fantastic piece of work – I really like the format with the illustrations."

Perinatal pelvic health service

During 2024/25 the LMNS has led on the commissioning and establishment of perinatal pelvic health services (PPHS) in providers.

- In January 2025, a PPHS standardised care pathway was developed and adopted into a commissioned service by NHS Greater Manchester
- A networked approach has been taken across localities with monthly network meetings playing a key role in supporting the new and existing specialist perinatal pelvic health midwives and physiotherapists
- Each monthly meeting has included presentations on clinical education and implementing new ways of working, which creates a community of clinical practice, developing skills and sharing of good practice, future-proofing the PPHS in Greater Manchester
- All six provider trusts have recruited to uplift existing pelvic health services, including new roles of specialist pelvic health midwives, physios and assistants
- Two courses of bespoke specialist training led by the Pelvic Health Academy, which specialises in coaching in this area, were well attended by the new and existing midwives and physiotherapists. An additional online training package for multidisciplinary pelvic health champions is due for pilot in autumn 2025
- Self-referral into pelvic health services has been set up in three of the six trusts with further self-referral pathway progress expected with the arrival of new staffing
- With capacity building well underway, delivery will shift to implementation of the pathway, incorporating pelvic health information for all women antenatally, use of the national Perinatal Pelvic Health self-assessment questionnaire to help identify women at risk of pelvic floor dysfunction and enabling early access into pelvic health services.



Equity and Equality Plan

In 2021, national guidance was produced directing all local maternity systems to start a programme of work to improve equity and equality and consider wider determinants of health that impact on a pregnancy long before it begins.

The LMNS developed an Equity and Equality action plan, describing steps which need to take place to improve outcomes.

Work has included the relaunch of an information website and the roll out of an immunisation programme.

Highlights include:

- Over 2024-25, the team worked through 167 actions and completed 67 of them, with 70 in progress, all improving services for birthing people and families
- The 86% complete or in progress rate followed a significant increase in work streams and provider benchmarking
- The team worked hard to increase the representation of communities and different groups within the Equity and Equality implementation group and secure regular maternity provider attendance

- Key leaflets were produced on topics such as aspirin and cholestasis in pregnancy, and translated into key languages
- A project with Maternity Action has seen 1,500 refugee women supported during pregnancy
- Another partnership with Maternity Action, the Greater Manchester Maternity Rights at Work Project, was launched to support reproductive wellbeing in the workplace

Greater Manchester Maternity Immunisation Service

The Government accepted the Joint Committee on Vaccination and Immunisation's advice that a respiratory syncytial virus (RSV) immunisation programme should be introduced, and providers were requested to plan for delivery of a new vaccination programme from 1 September 2024, offered to pregnant women to protect infants.

- Trust providers across Greater Manchester have been commissioned to deliver RSV, pertussis and flu and COVID vaccinations to pregnant women across all communities. This is being delivered either through the implementation of a new maternity immunisation service or expansion of the existing maternity immunisation offer
- All trust providers are now delivering immunisations and services are being embedded as work continues. Providers are working to increase uptake and improve access by expanding their offer, for example through delivering at community hub sites and working with under-served populations
- Four out of six providers have vaccinated in line with, or above, the national average of 54.7%, with Stockport and Tameside above 60%
- General practice continues to offer vaccination in pregnancy on an opportunistic or request basis
- It is hoped the programme will reduce RSV-linked pressure on the health system, including GP appointments, visits to A&E, intensive care admissions, as well as reduce serious illness and deaths.

Relaunch of 'As soon as you are pregnant' website

First launched in 2022, the **As soon as you are pregnant** (ASAP) website originally focused on providing information for pregnant women about sickle cell and thalassaemia screening, as well as encouraging women to book their pregnancy before 10 weeks to ensure they could take up the offer of screening.

The new and improved website provides straightforward advice for everything from booking your first midwife appointment to understanding the different tests available – with the aim of providing women with all the information they need to make informed choices.

The website contains key information in bite size chunks on:

- Early pregnancy: including stopping smoking, what not to eat, vitamins and drinking alcohol
- Screening: key information on sickle cell and thalassaemia as well as information about screening
- Vaccinations in pregnancy: flu, RSV and whooping cough
- Booking an appointment with a midwife: how and where to do that depending on where in Greater Manchester you live
- The ASAP campaign supports pregnant women in an accessible way, considering literacy and language barriers
- Initiative also supports maternity staff by encouraging women to book their pregnancies in a timely way, so that screening can be offered in the required timeframes
- The re-launch took place in March 2025, with promotion to continue into 2025-26.

Perinatal culture and leadership

The Three Year Delivery Plan for Maternity and Neonatal Services and actions in response to independent reports on maternity services in East Kent and Shrewsbury and Telford has highlighted the need to develop a culture of safety, learning and support.

- The Perinatal Culture Leadership Programme (PCLP) has been designed to support perinatal teams to create the conditions for a positive culture of safety and continuous improvement, which will have a positive impact on the experiences for women and birthing people, families and babies and a more collaborative, supportive workplace
- All provider organisations participated in the national PCLP and therefore required additional support from the team for quality improvement. Two organisations (Oldham and MFT) had completed the programme and therefore were prioritised for immediate support. Another five organisations were due to complete it later in the year and were offered general support as well
- Health Innovation Manchester has supported the rollout of the innovative MOMENTS training.

A total of 48 people attended over three sessions.

Quotes form attendees included:

"excellent session. Very relevant and applicable to role in triage"

"inspired to encourage change and empower staff on the 'shop floor' to be able to influence and facilitate change".

Maternal Medicine Network

The North West Maternal Medicine Network (NW MMN) aims to ensure women and birthing people with medical conditions have timely access to the best specialist advice and care at all stages of their pregnancy.

Under the leadership of the SCNs, it covers Greater Manchester and Eastern Cheshire, Cheshire and Merseyside, and Lancashire and South Cumbria.

During 2024-25 it carried out two important projects.

Firstly, it continued work on its five-year retrospective review of maternal deaths reported across North West NHS Trusts from April 2019 to October 2023. A total of 20 maternal deaths were included in the analysis.

In response to the findings, the NW MMN proposes structured improvements including:

- biannual mortality reviews
- strengthened multi-disciplinary team pathways
- development of acute symptom guidelines
- improved information sharing across agencies.

The work includes developing comprehensive regional guidelines to enhance the care of pregnant women with complex medical conditions. The document aims to standardise care across the region, ensuring equitable and high-quality services for all women, regardless of their location.

Key guidelines developed and in progress include cardiac disease in pregnancy and pre-existing diabetes in pregnancy.

The second main programme was a postgraduate module through the University of Greater Manchester in 2025.

This innovative course is designed to build capability across the workforce in managing complex medical conditions in pregnancy, strengthening their clinical insight and leadership capacity. By promoting consistent clinical standards across the region, this module fosters a safer, more resilient maternity workforce.

Digital transformation

Greater Manchester's maternity services are working towards reducing fragmentation and reliance on multiple, disconnected maternity information systems (MISs) across the six providers.

Since 2021, Greater Manchester has outlined a strategy and vision to transform the region's maternity services through digital innovation. This will reduce the time midwives spend on administrative duplication, using the current system.

The vision is structured around four themes:

- Improving clinical outcomes
- Empowering pregnant people and their support networks
- Reducing administrative burden on staff
- Enhancing clinical safety
- The key measures being looked at include:
  - The possibility of bringing maternity systems together into a single supplier
  - Integration with hospital systems utilising the Greater Manchester Care Record to display data for pregnant women, to be viewed by clinicians across all providers. This data set could be viewed by primary, secondary and social care.

The next steps include a proposal for funding and dedicated workforce resources to implement the vision.

Assurance

Providing Maternity Assurance

The LMNS provided oversight for maternity services, with the objective of enhancing care standards throughout local areas.

It carried out this important function in the following ways:

- Annual assurance visits completed on behalf of the Greater Manchester ICB. Included gathering insights on a provider beforehand and outlining key lines of enquiry for the visit
- Support from senior clinical leads provided monthly reviews of all provider data, with extra checks put in place through escalation to safety assurance panel if indicated
- The LMNS maternity triage workstream supported improvements in line with Royal College of Obstetricians and Gynaecologists' best practice guidance across all maternity triage facilities
- Implementation of a maternity quality and escalation framework in line with the wider ICB escalation framework. This is designed to provide additional support to any maternity providers where the need for improvement was identified following Care Quality Commission inspections, clinical negligence scheme for trusts year 6 non-compliance, or concerns raised during annual assurance visits
- In addition to providing additional support, the LMNS is responsible for escalations to the ICB. To achieve this, the LMNS attends ICB-led provider oversight sub-committee meetings and reports directly to the ICB through the chief nurse monthly report to NHS Greater Manchester quality and performance committee, to share data escalations and intelligence concerns on individual provider's performance
- Maternity perinatal performance and oversight panel (MPPOP) reviewed evidence of providers' ongoing compliance with the specific performance metrics outlined in the National Maternity and Neonatal 3-Year Delivery Plan
- Priorities set out in NHS operational planning guidance were monitored, including reducing stillbirth, neonatal mortality and serious intrapartum brain injury
- Ongoing compliance with the Ockenden recommendations continued to be monitored

Maternity Perinatal Performance and Oversight Panel

The Maternity Perinatal Performance and Oversight Panel (MPPOP) was introduced for a number of reasons, including the following:

- Have oversight and monitor the progress of provider specific quality, safety and performance metrics and key deliverables contained within the national maternity and neonatal three-year delivery plan
- Ensure local maternity providers are held accountable for the quality and safety of perinatal services within their maternity services
- Monitor progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Monitor the increase in fill rates against funded establishment for maternity staff
- Monitor local maternity providers' compliance with Ockenden recommendations, as well as progress towards LMNS recommendations following scheduled assurance visits
- Result is that Greater Manchester local maternity services can advise ICB on assurance of provider implementation of 3 year plan deliverables
- Next steps include continuing to monitor progress through the MPPOP panel and escalate where providers are at risk of not achieving full implementation by completion due on March 31, 2026
- Maternity and neonatal services are progressing well and are currently reporting as on track to achieve all 59 deliverables within the three year plan.

Quality and Escalation Framework

The introduction of the LMNS quality and escalation framework provides service users with reassurance that the organisation has oversight of the quality and safety performance of all our maternity providers.

This close oversight enables the ICB and providers to be aware of safety signals and to act upon them in a timely way, for example:

- Where services fall below the recognised standards, the LMNS has the requisite level of oversight and provision of support to aid the providers make the necessary improvements
- Where providers fail or are unable to make the required improvements, the LMNS through the framework will escalate this to the ICB for follow up
- In 2024-25, three providers have been supported through 'enhanced surveillance' and have initiated maternity oversight groups (MOG) with the LMNS on behalf of the ICB as a key stakeholder
- The remaining maternity providers also receive oversight and support from the LMNS through 'routine surveillance'.

Next steps

The Greater Manchester LMNS has developed and become stronger over a quickly changing landscape since it was established in 2017.

The Network's ability to adapt to shifting circumstances will be tested once again as the NHS is reformed over the coming years.

The LMNS believes it can play a unique and important role in the new-look Greater Manchester health and care system as a strategic commissioner for maternity and neonatal services.

We have a strong track record of expertise in maternity coupled with excellent working relationships with our maternity providers and service users.

This unique position will be able to help NHS Greater Manchester to deliver improved maternity outcomes for our women and service users, working with the ICB as a strategic commissioner to deliver the national 10 year plan.

We have achieved a great deal in a short space of time for women and birthing partners in Greater Manchester and look forward to continuing to raise the quality and experience of services to among the best in the country.

Contact us and keep updated:

england.gmec-scn@nhs.net
https://gmintegratedcare.org.uk/lmns/

LinkedIn
www.linkedin.com/company/greater-manchester-and-eastern-cheshire-strategic-clinical-networks