

NHS England and NHS Improvement Board meetings held in common

Paper Title: Maternity and Neonatal Services Update

Agenda item: 6 (Public session)

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Paper type: For noting

Organisation Objective:

NHS Mandate from Government	<input type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input checked="" type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Action required:

The Boards are asked to note the continued progress and the next steps for improvement of maternity and neonatal services across England.

Executive summary:

This paper provides an update on work across maternity and neonatal services and progress made since the Public Board discussion in March 2021. While Covid-19 related service pressures remain, progress is being made and multiple streams of work are in train to ensure maximum benefits are realised from the £95.6m funding identified to support implementation of the Immediate and Essential Actions (IEAs) from the Ockenden review and the £52m to accelerate the Digital Maternity Programme.

Background

1. Independent reviews of maternity services at the Shrewsbury and Telford Hospital NHS Trust and East Kent Hospitals University NHS Foundation Trust are ongoing - with the second Ockenden report still to be published and the East Kent review due in 2022. An independent thematic review of maternity services at Nottingham NHS Trust (NUH) has also been commissioned by Nottingham and Nottinghamshire CCG and NHS England and NHS Improvement (NHSEI) in the Midlands.
2. Although the pandemic has delayed implementation of elements of the Maternity Transformation Programme (MTP), it continues to deliver real changes that benefit both patients and staff. For example, the NHS Long Term Plan (LTP) commitment to develop and implement specialist perinatal outreach clinics in every area of the country by 2023/24 is well underway, with 33 sites across England selected and 10 early implementers now operational. Good progress is also being made against the LTP Commitment to improve access to postnatal physiotherapy, with 14 Systems currently setting up Perinatal Pelvic Health Services as Early Implementers, and 14 additional systems due to begin as Fast Followers in April.

Considerations

Progress since the Public Board, March 2021

3. Ensuring sufficient workforce capacity can play a key role in creating the right culture in maternity services. In March, it was announced that an additional £95.6m would be made available to improve maternity services and following a rigorous allocations process, 1,200 new midwifery roles and equivalent to 100wte obstetricians were funded across England and for midwives, newly qualified are joining the workforce now. MDT training was also identified in the Ockenden review (IEA3) as key to improving culture and dedicated funds have been allocated to facilitate this.
4. A programme for the international recruitment (IR) of midwives has been established. A £4.5M funding offer for 2021/22 was made in August 2021, and allocations have been confirmed.
5. Identification of workforce requirements will be enhanced by the development of a workforce tool for obstetricians by the Royal College of Obstetrics and Gynaecology (RCOG) funded by the Department of Health and Social Care. Comprehensive obstetric workforce plans are being developed collaboratively, as they were for midwifery.
6. Funding is being provided directly to trusts to accelerate the recruitment, retention and development of the maternity support workforce. We are also maximising the appropriate use of nursing roles in maternity services to release midwifery time. For example theatre nurses in obstetric theatres rather than midwives scrubbing-in and post natal ward nursing roles staffed by nurses rather than midwives, enabling the midwifery workforce to focus on their specialist areas.
7. There has been further investment in Professional Midwifery Advocates, who provide educational and psychological support for midwives, boosting the number to 800. To support retention, NHSEI has funded a pastoral care midwife role in every maternity unit during 2021/22.
8. Every trust has self-assessed its position against the seven IEAs and submitted evidence to demonstrate compliance which has been independently quality assured. Following the requirements set out in the letter of [14 December 2020](#), and the standard contract requirements, we intend to ask Boards to review their organisations' progress one year on, in their public Board meetings in Q4 2021/22.
9. To ensure consistency across England, the model of implementation and role of the Independent Senior Advocate is being developed at a national level by co-production and the outputs tested with a stakeholder group. The phased roll-out, including evaluation and iteration is expected to start in Q4.
10. The importance of strong leadership of maternity services was discussed in the March Board paper and was the focus of a Board deep dive discussion in July.

Strengthening leadership across the maternity service triumvirate (clinical director, head or director of midwifery and operational lead) is being prioritised.

11. Regional leadership has also been strengthened, with the majority of regional obstetricians and deputy regional chief midwives' roles now recruited to.

The Maternity Safety Support Programme (MSSP)

12. The MSSP was established in 2017 to provide targeted support for maternity units that had been rated inadequate by the Care Quality Commission. It is a five-phase improvement programme led in each organisation by a nationally appointed Maternity Improvement Advisor. Work is in train to align the MSSP more closely with the System Oversight Framework (SOF) to ensure enhanced support for these organisations. Annex A lists the trusts currently within the MSSP and details the current and proposed entry and exit criteria.
13. All trusts in the MSSP received the full amount of funding requested for additional midwives and obstetricians through this year's workforce funding allocation process.

The Digital Maternity Programme

14. The ambition of this programme is to empower women by providing them with their own digital maternity care plan and record, discussed and agreed between them and their midwife. The additional benefits of this are:
 - From a clinician's point of view: reduce/eliminate duplication and access the complete clinical record
 - From a national perspective: improved data capture and data flows.Investment of an additional £52M to accelerate this programme was announced on 14 June 2021.
15. Since the last Board discussion, digital maturity assessment (DMA) returns have been received from all organisations with maternity services and a market engagement process with suppliers has taken place.
16. The MTP Board in October agreed the principles for the allocation of funding. The Unified Tech Fund launched the process in October with a closing date for bids of 15 November.

The Neonatal Programme

17. The Neonatal Critical Care Review ([NCCR](#)) noted that survival of babies born before 27 weeks is improved when the birth takes place in a maternity service with an onsite neonatal intensive care unit. Increasing the number of cots in some areas would reduce the number of transfers out of a baby's normal pathway of care and improve care for babies born before 27 weeks.
18. The LTP committed to supporting delivery of the NCCR and this programme of work is overseen by the Neonatal Improvement Board, reporting into the MTP Board. Neonatal capacity, and support for the neonatal nursing establishment,

are the priority developments required. Additional capital funding will be required to provide additional cots and reconfiguration of services; we are working with finance to build this into future plans.

19. Additional areas of focus include:
- **Enhancing the experience of families** – including investment in care coordinators to embed family integrated care as routine practice.
 - **Further developing the expert neonatal workforce** – targeted investment to support recruitment to neonatal nurse vacancies and increase the neonatal nursing establishment over the next 3 years, and support for Health Education England (HEE) and the Royal College of Paediatrics and Child Health as they develop plans to transform the medical workforce.

Improving equity and equality in maternity and neonatal care

20. NHSEI published [two co-produced documents](#) on 9 September 2021, *Four key pledges to women, babies and staff* and *Equity and equality guidance for Local Maternity Systems (LMS)*, to help create a shared understanding of why work on equity and equality is needed. These build on the interventions in the LTP to address health inequalities and respond to the MBRRACE-UK reports on maternal and perinatal mortality, showing worse outcomes for mothers and babies from black, Asian and mixed ethnic groups and those living in the most deprived areas. Metrics are in place to monitor progress at national level.

Continuity of carer

21. Continuity of carer (CoC) is central to improving outcomes for women, babies and families. Although many services have successfully implemented the model, implementation has been challenging for some, particularly given the pressures currently felt across maternity services.
22. Engaging widely with stakeholders, we have developed new CoC [guidance](#) outlining the building blocks needed to successfully and sustainably implement this model of care. The guidance states that the implementation of the continuity of carer model should only proceed when workforce is adequate to do so safely and an online [midwifery workforce tool](#) has been provided.

Risks and implications

23. There is a risk that Covid-19-related pressures - the acuity of women presenting with Covid-19 and the impact of Covid-19 on the maternity workforce - will slow the rate at which organisations are achieving compliance with the Ockenden IEAs and slow the overall pace of the MTP. This paper demonstrates that while progress is being made against a backdrop of ongoing service pressures,, it will take time for the impact of the new funding to be felt in all local maternity services, Acontinued focus on and investment in maternity transformation priorities at every level of the system will be essential to ensuring the requisite improvements in quality, safety and culture are made and sustained.

24. The targets for workforce expansion are stretching. There is a risk that the newly established midwifery and obstetric roles will not be filled at the pace required, and the impact of the pandemic is increased attrition. We continue close joint working with HEE and the Royal Colleges and target interventions to address regional variation in vacancy and workforce supply levels.
25. The deployment of the digital maternity programme will play an important role in enabling transformation and improving efficiency. The DMA for maternity services revealed variation across England and overall a wider gap than anticipated. A three phased implementation approach has been developed to take this into account, working initially with the most digitally mature providers.

Next steps

26. We would ask the NHSEI Board to support our request of trust Chairs and Chief Executives to review their progress against the Ockenden IEAs one year on, in their public Board meetings in Q4 2021/22.
27. Over the next month, the alignment of the MSSP to the SOF will be recommended to the System Oversight Committee for agreement, as well as reviewing and updating the criteria for the MSSP. The next step is to work with trusts currently on the MSSP that have made significant improvements to agree a managed and sustainable exit from the programme.
28. As we move into Q4, the focus will be on using the expertise of the NHS Leadership Academy to develop leadership programmes tailored to meet the needs identified and discussed at the NHSEI Board deep dive. Workforce development will continue to be of the highest priority. The outputs of the programmes of support to grow both the obstetric and midwifery workforce, through direct investment as well as interventions including retention and the IR programme, are expected to start to deliver during the final quarter of the year. The reporting mechanisms to monitor progress are in place so that trusts will be supported to deliver their workforce trajectories.
29. We have heard from services about the ongoing impact of Covid-19 and have made changes where necessary, such as the updated guidance for CoC. We will continue to deliver the MTP programme ambitions and LTP commitments, maintaining a flexibility of approach given the ongoing pressures on maternity services.
30. During 2021/22, we have maintained our strong system-working with partners and have in place new governance structures to enable early action on indicators of challenges within maternity services. We will continue to work collaboratively through the structures now in place to ensure effective oversight of delivery of any actions required by future reports.
31. As we plan for 2022/23, we will continue to work with finance colleagues to identify ongoing investment requirements in maternity and neonatal services, ensuring improvement is ongoing, sustainable and delivers improvements for women, babies, families and our maternity colleagues.