

NHS England and NHS Improvement Board meetings held in common

Paper Title: Maternity and Neonatal Services Update

Agenda item: 5 (Public session)

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Paper type: For discussion

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"/>		

Executive summary:

This paper provides an overview of the NHS response to the Ockenden report into Shrewsbury and Telford Hospital NHS Trust. Whilst the safety and experience of services in England has improved, there is significant work to realise our ambitions for maternity and neonatal care.

Action required:

The Boards are asked to note the continued improvement of services in England, that a working group will guide implementation of recommendations, and to confirm the approach to a refreshed delivery plan for maternity and neonatal care.

Background

1. The vision for maternity and neonatal services is to deliver safer and more personalised care across England. This includes the ambition to halve the rate of stillbirths, neonatal deaths, maternal deaths, and serious intrapartum brain injuries from a 2010 baseline by 2025, with a 20% reduction by 2020. Recent data confirms the achievement of the 2020 ambitions to reduce still-birth (down from 5.1 to 3.8 per 1000) and neonatal mortality (down from 2.0 to 1.3).¹ This means around 1000 more babies survive each year compared to ten years ago. The pandemic has had a direct and indirect impact on maternity outcomes which will make continued progress on these measures even more challenging.
2. England is one of the safest countries in the world to give birth. England has low rates of neonatal mortality compared to some developed countries such as the United States and Canada but is relatively high compared to other OECD countries such as Japan.
3. There is significant work to do to address variation within England and realise the vision of safer and more personalised care. Trusts have made progress implementing actions and learning from the [interim report](#) on Shrewsbury and Telford in 2020 (see Annex). For some Trusts, full compliance against these actions will take time as they have required additional workforce and service

¹ ONS Child and infant mortality in England and Wales 2020 – published [here](#).

reconfiguration at the same time as managing the pandemic. 37 out of 123 Trusts with maternity services (30%) reported that they are fully compliant with all twelve clinical priorities. 75% of Trusts were fully compliant with at least ten of the twelve clinical priorities. The two areas with the lowest levels of compliance related to priorities on risk assessment (56% fully compliant, 44% partially compliant) and communicating pathways of care, including on the trust website (59% vs 41%). For some Trusts, regional teams reported that relevant risk assessments are taking place, but Trusts did not yet have audit evidence to support full compliance. Some Trusts not yet fully compliant reported that they have patient information available via electronic patient record systems rather than on the Trust website.

4. The final [report](#) proposed 64 actions for the Trust and 15 areas for national action. The NHS Chief Executive [wrote](#) to Trusts asking their Boards to review the report and act, paying particular attention to the report's four pillars: safe staffing levels, a well-trained workforce, learning from incidents, and listening to families. Independent investigations into maternity services at East Kent Hospitals University NHS Foundation Trust and Nottingham University Hospitals NHS Trust (NUH) will generate further learning. Following concerns over review methodology and pace, NHSE&I are establishing new leadership for the independent NUH review and will provide enhanced national oversight.

Recommendation

5. To confirm that we should develop a refreshed delivery plan for maternity and neonatal care by the end of 2022, informed by engagement with service users, clinicians, sector leaders and other partners, and drawing on the learnings from these independent investigations.

Ensuring best practice across the system

6. Where Trusts provide excellent maternity and neonatal care, this is supported by investment in workforce and an open culture that promotes collaboration, listening to women, and learning. Every Local Maternity System has a Maternity Voice Partnership to support collaboration with services users to improve care. The Saving Babies Lives Care Bundle defines a package of good practice interventions being implemented by all Trusts including, for example, reducing smoking in pregnancy which has now fallen to the lowest rate on record.²
7. We are addressing variation in care and supporting services to improve where they are falling short of these standards. The maternity safety support programme has historically worked with maternity units rated inadequate. There are 25 organisations on the programme, with five currently preparing to exit. It provides intensive support; senior clinical leaders provide bespoke advice to effect sustainable change. We have strengthened our approach to get upstream, not waiting for services to be rated inadequate, and aligned it with the Recovery Support Programme. NHS Regional teams are providing proactive support where early insight identifies it is needed.

² The proportion of women in England known to be smokers at the point of delivery fell from 10.4% in 19-20 to 9.6% in 20-21.

8. Work with Trusts on the support programme has identified three top issues. We are taking action to support all Trusts on these issues of:
 - a. Board oversight and assurance on maternity services;
 - b. Impact of leadership on the culture of the organisation; and
 - c. Time and resource.

Oversight and assurance

9. NHSE&I have introduced a maternity board assurance tool for Trusts, strengthened regional oversight with regional chief midwives, deputy chief midwives and lead obstetricians in place, and strengthened national governance to include perinatal surveillance, early intervention, and improvement support. The Chief Midwifery Officer has, so far, met with 67 Trust Boards to share learning and discuss how they improve sustainable, safe, and personal care. Integrated Care Systems will play an increasingly important role with their Local Maternity System to assure the quality and safety of maternity and neonatal services.

Leadership and culture

10. Leadership and culture are key themes throughout the Ockenden report. Boards need to nurture the culture of their organisations and the executive and non-executive maternity and neonatal safety champions play an important role.
11. To support Boards in setting optimal cultures in their maternity and neonatal services, NHSE&I are funding an evidence-based programme to support a culture of safety. Good leadership is a major component, with a focus on appointing the right people, demonstrating the right behaviours, making leadership attractive and enabling succession planning. A new 18-month development programme for frontline leaders will be rolled out from this autumn. To support this, focused work to understand the principles and effective interventions that support optimal cultures has been undertaken. These insights will be used alongside a diagnostic phase to complement the leadership development programmes to facilitate changes which are sensitive to local teams' needs.

Investment and workforce

12. DHSC, NHSE&I, and Health Education England continue to work together, alongside local systems and employers, to determine workforce priorities and implement change. A national investment of £95m to increase establishment in midwifery by 1200 FTE and obstetric roles by 100 FTE has been built on by Trusts to further increase establishments to +1692 FTE for midwifery and +181 FTE for obstetric roles. At the same time, the establishment of support workers in maternity services has increased by 226 FTE. International recruitment of midwives is underway with 450 appointed since 1 October 2021 and joining the profession over the next six months.

13. The NHS Long-Term Plan committed investment to support the neonatal nursing establishment. In 2021/22, £5.1m was invested, with new Education and Workforce Lead Nurses introduced. In 2022/23 a further £24m has been allocated to recruit over 500 new neonatal nurses.
14. Turnover of the midwifery workforce remains a concern. Our action includes investing c£8m to enable additional supernumerary capacity across 157 units with a focus on support to newly qualified, student and late career midwives.
15. The staffing tool being developed by RCOG will help calculate safe medical staffing levels – the number and grade of obstetricians required.
16. For 2022/23, a further investment of £127m was [announced](#) in March and work is underway on the prioritisation and allocation of this funding. This includes:
 - a. £45m to increase neonatal capacity – NHSE&I communicated allocations to the system last week;
 - b. £34m per year to strengthen Local Maternity Systems, leadership, and culture, and implement Independent Senior Advocates; and
 - c. £51m investment for maternity and neonatal workforce over two years to continue to right size establishments and reduce vacancies.

Transforming women's experience

17. The NHS is taking action to improve and transform women's experience of maternity care. Through the Maternity Transformation Programme, we have committed to establishing Midwifery Continuity of Carer as the default model of care in maternity services alongside meeting safe minimum staffing levels. Having the same midwife through antenatal, intrapartum, and postnatal care is proven to improve experiences and outcomes of maternity care, particularly for vulnerable and deprived women. As highlighted by the Ockenden Review, rollout of this model of care must go hand in hand with required staffing levels.
18. We are committed to the Long-Term Plan objective of enabling women to access their maternity digital records to support personal and safe decision making throughout their maternity journey. NHSE&I teams are working to update plans and timescales for delivering this in the context of the revised strategy to deliver broader implementation of electronic patient records across care settings. In 21/22, we invested £40.8m across 128 units and Trusts, which will help to address the varying levels of digital maturity within trusts across England and put in place elements of the digital foundations services require.
19. We have commissioned 15 Maternal Medicine Networks, which will ensure specialist management and care for women with chronic and acute medical problems around pregnancy across England, tackling the biggest contributor to maternal mortality. We are working to ensure Obstetric Physicians are in place across all 17 specialist Maternal Medicine Centres in these networks.
20. Good progress is being made against Long-Term Plan commitments to improve perinatal mental health services and access to postnatal physiotherapy. In

addition to the expansion of specialist community perinatal mental health services, 33 maternal mental health services are being established for women who experience moderate to severe or complex mental health issues directly related to a trauma or loss. Our ambition is to have one in each ICS by 2024. 14 Local Maternity Systems have been implementing Perinatal Pelvic Health Services in 21/22 to improve prevention, identification, and treatment of pelvic floor issues; at least 9 further systems are due to begin as Fast Followers in 22/23.

21. There are persistent health inequalities for women and babies. For example, the stillbirth rate in England and Wales for Black babies had reduced from 9.2 in 2007 to 7.1 per 1,000 in 2019, but remained higher than a rate of 3.9 for all babies.³ Following [NHSE&I guidance](#) published in September, local maternity systems are updating their analyses on equity and equality by 31 May and will develop plans to further tackle inequalities by 30 September.

Next steps

22. NHSE&I will lead development of a refreshed delivery plan for maternity and neonatal services by the end of 2022. The purpose of this plan will be to (a) set clear priorities to continue to deliver our maternity and neonatal safety ambitions and provide more personalised care, and (b) to bring together actions required following the final Ockenden report, the report into East Kent and NHS Long-Term Plan and Maternity Transformation Programme deliverables.
23. This plan will be informed by a new working group, led by the Royal Colleges, to guide implementation of national recommendations from the independent reviews of maternity services.
24. As the Long-Term Plan is updated, NHSE&I will work collaboratively with service users, clinicians, sector leaders and partners to develop the refreshed plan for maternity. This will include a series of events to engage and listen to all those with an interest in maternity and neonatal care.

³ ONS Births and infant mortality by ethnicity in England and Wales: 2007 to 2019 published [here](#).