

## NHS England Board meeting

**Paper Title:** Three-year delivery plan for maternity and neonatal services

**Agenda item:** 6 (Public session)

**Report by:** Ruth May, Chief Nursing Officer

**Paper type:** For decision

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### 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"/>		

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### Executive summary:

This paper provides an overview of the three-year delivery plan for maternity and neonatal services. The plan brings together actions from recent reports into maternity and neonatal services, the long-term plan and the maternity programme.

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### Action required:

The Board is asked to approve the publication of a maternity and neonatal delivery plan to continue to support maternity and neonatal services to achieve their ambition of safer, more personalised and more equitable care.

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## Background

1. Our aim is for safer, more personalised, and more equitable maternity and neonatal care, improving outcomes and experience for women, babies, and families. This includes our ambition to halve the rates of stillbirth, neonatal death, maternal death and brain injury between 2010 and 2025 with an interim target of a 20% reduction by 2020.
2. We have made progress towards this ambition with the stillbirth and neonatal mortality rate in 2021 being 19% and 30% lower respectively, when compared with 2010. However, this progress has been directly and indirectly affected by the pandemic. We have also seen rates of serious brain injury occurring during or soon after birth fall and a reduction in the inequities in outcomes for women and babies from Black and Asian backgrounds. However, it is clear that inequalities persist and there is more that we need to do to improve outcomes for those from ethnic minority backgrounds.
3. The NHS long-term plan also set out objectives for maternity and neonatal services and good progress has been made with these including:
  - a. The establishment of 14 maternal medicine networks to provide specialist management for women with pre-existing medical conditions.
  - b. Rollout of maternal mental health services.

- c. Perinatal pelvic health services which are on track for full roll-out by March 2024.
  - d. Capital investment in neonatal services over three years which is enabling an increase and realignment of cot capacity to meet local needs.
4. The findings of the CQC survey tell us that most women have a positive experience of their care during pregnancy, birth and postnatally. For example, 80% of women say they are 'always' listened to during antenatal check-ups and 76% say they are always listened to during postnatal care at home, and there is a steady rise in the proportion of women reporting that their midwife asked about their mental health during check-ups. However, we also know that factors such as the direct and indirect impact of the COVID-19 pandemic and ongoing workforce shortages have had a negative effect on women's experiences and the results of the survey have yet to return to pre-pandemic levels of satisfaction.
5. Additionally, independent reports have been published which highlight failures in care in maternity and neonatal services. One year ago today, the final Ockenden report into maternity services in Shrewsbury and Telford was published which found that many families had not received acceptable care from the trust, leading in many cases to trauma or loss. Dr Bill Kirkup's report into maternity and neonatal services in East Kent University Hospitals Trust was published in October 2022, again highlighting poor care, a lack of oversight and leadership and a failure to 'read the signals', and it is 8 years since his report setting out the unacceptable care in Morecambe Bay. We are committed to learning from these reports and continuing to improve maternity and neonatal services.
6. As well as the human cost, there is a significant financial cost of poor maternity and neonatal care. In 2021/22, NHS Resolution paid out £900m in relation to past obstetric negligence cases, compared to current NHS spend of around £3bn on maternity services.
7. NHS England has reviewed what further action is necessary to support implementation of the recommendations from the final Ockenden report on Shrewsbury and Telford and the Kirkup report on East Kent. We have worked with clinicians, service users and policy makers to understand next steps and engaged an Independent Working Group. The Independent Working Group, led by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, was established on Donna Ockenden's recommendation to guide the implementation of the reports on Shrewsbury and Telford and East Kent. They have helped to triage and review the necessary actions following these reports.
8. To continue to improve care it is essential we have safe staffing with a skilled multi-disciplinary maternity team. The £3bn spent per year on maternity and neonatal services is primarily invested in our most important resource: staff. In England, we currently have c26,400 midwifery posts, c1,680 consultant obstetricians, c7,170 maternity support workers, c6,500 neonatal nurses, and c600WTE anaesthetic consultants across 122 Trusts with maternity services, 325 maternity units and 156 neonatal units.

9. We are taking action to invest in establishment, recruitment, and retention and to provide additional support to the maternity workforce. Since March 2021, we have invested an additional £165m recurrently in maternity and neonatal services. Our additional investment has enabled a substantial increase in workforce establishment for midwives (over 2,000 WTE), obstetricians (over 400 WTE), maternity support workers (340 WTE) and neonatal nurses (550 WTE). For some staff groups, this increased establishment is not yet filled with permanent staff and staffing gaps remain over and above this.
10. There are several initiatives in place to increase the midwifery workforce, including an increase in undergraduate training places of 3,650 over four years from 2018/19, shortened midwifery courses for Registered Adult Nurses, international recruitment, return to practice, midwifery apprenticeships, and interventions to support retention.
11. While we have already made substantial investment in the workforce, we estimate that addressing the most critical staffing gaps – including around 1500 midwives and 1500 doctors across obstetrics, neonatal and anaesthetics – will take five years.
12. The delivery plan brings together learning from the recent independent reports, actions from the NHS long-term plan, and pre-existing work of the NHS England maternity and neonatal programme into one document which trusts, ICBs and regional teams can use to help plan and prioritise their actions over the next three years.

## The Delivery Plan

13. When developing the delivery plan, we undertook a series of engagement activities including over 50 discussion events and an online survey. Through these, we engaged with over 3,000 service users, staff, leaders and stakeholders. This enabled us to identify four key themes. These are:
  - Listening to and working with women and families with compassion
  - Growing, retaining and supporting our workforce
  - Developing a culture of safety, learning and support
  - Standards and structures that underpin safer, more personalised and more equitable care.
14. Within these themes, we have identified 12 objectives and have set out our ambition for maternity and neonatal services, along with the responsibilities of trusts, ICBs and NHS England.

### **Listening to and working with women and families with compassion**

The objectives in this theme are:

15. *Care that is personalised:* We know that care is safer when it is personalised. This means that women experience care which is kind, compassionate and tailored to their needs. This is articulated through personalised care and support plans and includes an ongoing, holistic assessment of risk and access to

specialist services such as perinatal pelvic health services when required. Family integrated care on neonatal units supports parents to be partners in their baby's care.

16. *Improve equity for mothers and babies:* There are inequities in outcomes for mothers and babies, especially those from minority ethnic groups and those living in the most deprived areas. ICBs are addressing these through their Local Maternity and Neonatal Systems equity and equality action plans informed by national guidance. These incorporate the Core20PLUS5 approach.
17. *Work with service users to improve care:* Acting on the insights of service users enables maternity and neonatal services to improve. Maternity and Neonatal Voices Partnerships (MNVPs) facilitate this. Trusts and ICBs are expected to ensure that MNVPs are embedded in decision-making and co-production of services. This is also reflected at national and regional level with service user voice representatives and a clear commitment to co-production.

### **Growing, retaining and supporting our workforce**

18. We have sought to align our objectives within this theme with the forthcoming NHS Long Term Workforce Plan. There is some overlap in the two plans.

The objectives in this theme are:

19. *Grow our workforce:* Recent investment has enabled a substantial increase in establishment, but we know that trusts are not always able to fill vacancies and retain colleagues which puts pressure on existing staff. Workforce planning, using evidence-based tools endorsed by NICE or the National Quality Board where available, will enable ICBs to agree safe staffing levels across professional groups. Midwifery and obstetric training places have been increased and midwifery workforce supply is being further boosted by return to practice programmes, postgraduate conversion courses and international recruitment.
20. *Value and retain our workforce:* NHS staff survey results indicate poor morale, especially for midwives, and significant numbers are leaving the NHS before retirement age. Trusts will support their staff through retention improvement action plans; support to specific staff groups such as preceptees; and implementation of equity and equality plans to reduce workforce inequalities.
21. *Invest in skills:* Multidisciplinary training is essential in maternity and neonatal services and the Ockenden report highlighted the importance of ensuring staff have the time to attend training sessions. Trusts are required to implement the Core Competency Framework and utilise training needs analyses to ensure staff receive appropriate training for their role. Additionally, opportunities for staff to develop are highlighted in the plan, with particular reference to national work on maternity support workers, obstetric physicians and specialist bereavement midwives.

### **Developing a culture of safety, learning and support**

The objectives in this theme are:

22. *Develop a positive safety culture*: Culture was a key theme in the report into maternity and neonatal services in East Kent with the investigation finding that the poor culture affected the safety and quality of care provided. Therefore, this section sets out the key aspects of a positive safety culture. We highlight that culture is everyone's responsibility, but that compassionate and inclusive leadership is essential to enable cultural change. The Perinatal Culture and Leadership programme will be offered to the leadership team of all maternity and neonatal services by April 2024.
23. *Learn and improve*: NHS England recently launched the Patient Safety Incident Response Framework. Maternity and neonatal providers will use this to respond to incidents effectively and openly, ensuring that families are responded to with kindness and compassion. We know from the independent reports into maternity and neonatal services that this is not always the case. We also highlight the importance of understanding 'what good looks like' and learning from when things go well.
24. *Support and oversight*: the Perinatal Quality Surveillance Model enables robust oversight of maternity and neonatal services at every level. It allows issues to be identified early so they can be addressed and escalated as appropriate. The Maternity Safety Support Programme provides intensive support for trusts who require it. This objective also describes leadership for change.

### **Standards and structures that underpin safer, more personalised and more equitable care.**

The objectives in this theme are:

25. *Standards to ensure best practice*: whilst recognising that women's care should be personalised to their specific needs, this care should be based on best clinical practice. We recognise that this was not always the case at Shrewsbury and Telford Hospital NHS Trust, and we restate our expectation that trusts will base their local guidelines and policies on national, evidence-based guidance. The Saving Babies' Lives Care Bundle and MEWS and NEWTT-2 tools to improve the care of unwell women and babies are specific aspects of best practice that maternity and neonatal providers should implement.
26. *Data to inform learning*: the maternity and neonatal programme are progressing the recommendation from the East Kent report to convene a group to consider how we can use data more effectively to highlight safety issues promptly. We will continue to collect data through the maternity services data set and to commission surveillance and audit reports to allow monitoring of progress towards our ambitions and identify areas for improvement. Trusts and ICBs are also encouraged to make effective use of both qualitative and quantitative data to understand how they can improve their services.
27. *Make better use of digital technology in maternity services*: One of the key visions from Better Births was that women should have a digital care record that they have access to. There is significant variation in digital maturity in trusts but the plan is clear that maternity and neonatal services need to have a digital maternity strategy and digital roadmap. Nationally, NHS England will continue to support

and strengthen the digital maternity leaders community and will set out an EPR specification, including the requirements for maternity by March 2024.

### **Determining Success**

28. We are keen to track the progress towards and achievement of the objectives within the plan without placing an unnecessary assurance burden on to trusts and ICBs. We have therefore identified key outcome and progress measures that will be used to assess performance, as far as possible, these are from existing sources. Additionally, we are progressing the recommendation from the East Kent report on using data to detect issues and provide support to services at an early stage. We also identify data and intelligence that ICBs may use to have oversight of the performance of maternity and neonatal services within their footprint.

### **Next Steps**

29. The delivery plan will be published today, 30 March. National work and governance are being refocused to deliver against the themes and objectives in the plan.