



Health and Care Overview and Scrutiny Committee Monday 27th November 2023

Maternity and Neonatal Services Update

Recommendation(s)

I recommend that:

1. Overview and Scrutiny Committee (OSC) receives and takes note of the content of the report – recognising progress towards improving maternity and neonatal services whilst also acknowledging the challenges maternity services are currently facing.
2. OSC receives a further update in March 2024 on the:
 - a. Home Birth service,
 - b. The service change programme being undertaken on the future of the birthing services at the Freestanding Maternity Birthing Units (FMBUs),
 - c. The recommendations that will arise from the review of Maternity services currently being undertaken in Nottingham and any further reviews or recommendations that are made during that period.

Report of the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) – Lynn Tolley, Acting Chief Nursing and Therapies Officer, Staffordshire and Stoke-on-Trent ICB.

Summary

3. This paper provides a briefing to Staffordshire OSC on specific areas as requested:
 - The strategy of maternity service delivery
 - Recruitment of maternity staff
 - Post Ockenden update
 - Freestanding Midwifery Birthing Units at County Hospital, Stafford and Samuel Johnson Community hospital, Lichfield
4. This paper is also an opportunity to provide an update on maternity and neonatal service provision to the residents of Staffordshire and Stoke-on-Trent (SSOT) and includes areas of particular focus, responses to regulatory reports (CQC) and also areas to be commended as well as areas that need further support.
5. In order to ensure the Local Maternity and Neonatal System (LMNS) is still fit for purpose, a review of the governance processes has been undertaken. This was to ensure appropriate Quality Assurance of Maternity and Neonatal services and acknowledgement of system support for Quality Improvements are consistent with recent Maternity guidance.
6. All those working in maternity and neonatal services continue to address the challenges of workforce gaps whilst also remaining responsive to recommendations that arise from inquiries where delivery has fallen well below what should have been expected.

Report

Background

7. Maternity services in Staffordshire and Stoke-on-Trent in recent years have been provided from a number of locations:
 - a. Royal Stoke University Hospital and Queens Hospital, Burton, offering Consultant and midwife led services.
 - b. Freestanding Midwifery Birthing Units (FMBUs) at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield, and
 - c. Home Birth services provided by both University Hospitals of North Midlands (UHNM) and University Hospitals of Derby and Burton (UHDB)
8. Women are also able to access maternity services from neighbouring providers organisations outside of Staffordshire and Stoke-on-Trent, e.g., Royal Wolverhampton NHS Trust (RWT), Good Hope Hospital, Walsall Manor.
9. Post Ockenden update - In October 2022, a paper was presented on Staffordshire and Stoke-on-Trent's response to the Ockenden Report.
10. Further updates have been requested and include a second Ockenden Insight visit to UHNM Maternity services on the 7th of September 2023 with representation from the ICB and NHS England. The Insight Visit Team sought opportunities to witness first-hand how actions taken to meet the Ockenden recommendations had been embedded into everyday practice. Activities included touring the unit, with a particular interest in the 'soon to be opened' (at that time) Maternity Assessment Unit (MAU) Triage area and really informative, useful discussions with various members of the Maternity and Neonatal team.
11. The visit was very positive, with those who had visited previously in April 2022, commenting on the significant improvements that were seen. A further visit is planned with ICB Maternity personnel and the NHS England Regional Chief Nurse on the 9th November, where it will be possible to see the MAU Triage area in action and talk to staff about the differences to mothers and families since it opened on the 18th September.
12. The visit culminated in the Deputy Regional Chief Midwife for the Midlands. Presenting the Chief Midwifery Officer Silver Award to a Midwifery Support Worker (MSW) for her remarkable contribution to recruitment and retention of the MSW workforce.
13. The Chief Nursing Officer (CNO) and Chief Midwifery Officer (CMidO) Awards have been developed to reward the significant and outstanding contribution made by nurses and midwives in England, and their exceptional contribution to nursing and midwifery practice. The awards have also been extended as part of Dame Ruth May's commitment to recognising the contributions of healthcare support workers (HCSWs) and maternity support workers (MSWs) who consistently demonstrate the NHS values in their everyday roles.
14. We are in the process of strengthening the established governance arrangements with neighbouring Integrated Care Systems (ICS's) for regular progress against the Ockenden report.
15. Staffordshire and Stoke-on-Trent was successful in being included in a pilot to appoint a Maternity and Neonatal Independent Senior Advocate (MNISA) to the area, a

recommendation in the Ockenden Report, to support women and families who have experienced a traumatic episode. The ICB were hugely successful in appointing a very experienced neonatal nurse and trainer, who started in post on 17th August. Other areas are still to appoint or have appointed to different banded posts. These individuals are from various backgrounds as the job specification did not state maternity and neonatal, or even clinical experience, as requirements; the key was ensuring independence from the local LMNS. The MNISA appointed for Staffordshire and Stoke-on-Trent worked in East Kent previously and brings a wealth of knowledge and experience.

16. At the present time, the programme is paused and a restriction on what information can be shared or promoted locally. This has allowed time for the MNISA to complete all the necessary training but also take up the offer to join the NHSE national steering group and influence the programme and associated policies and documentation. A monthly MNISA update is provided to the LMNS Partnership Board. Funding was for 12 months initially, however. talks are progressing regarding additional funding, but yet to be agreed.

Maternity Strategy - Aligning ICB governance processes to NHSE Guidance

17. In March 23, NHS England published the Three Year Maternity and Neonatal Delivery Plan which focuses on 4 key themes:
 - i. Listening to and working with women and families with compassion
 - ii. Growing, retaining and supporting our workforce
 - iii. Developing and sustaining a culture of safety, learning and support
 - iv. Standards and structures that underpin safer, more personalised, and more equitable care
18. A full version of the Delivery Plan can be found at <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1915-three-year-delivery-plan-for-maternity-and-neonatal-services-march-2023.pdf>
19. All system partners are required to rate themselves against the different elements of the delivery plan. This is being done at the monthly Quality Safety and Oversight Forum (QSOF) which reports to the Staffordshire and Stoke-on-Trent Local Maternity and Neonatal System Board. Membership of QSOF includes UHNM, UHDB and RWT and used as an overarching framework for providers to demonstrate compliance against a variety of maternity action plans.

Monitoring and regulation

20. Following a CQC visit to UHNM Maternity services in March 2023, a s29a notice was issued with further actions included in the final report published in June 2023. The Trust's response to these is being overseen by the ICB and NHS England via a monthly System Maternity Oversight and Assurance Group (SMOAG). The meetings commenced in August for a period of 6 months. A slide deck with responses to the CQC actions following a s29a letter, is presented at the SMOAG, together with other specific areas of note. Three of the six SMOAG meetings have now happened, with the third including attendance from CQC representatives and an invite to Healthwatch colleagues as well as a MNVP (Maternity & Neonatal Voices Partnership) representative. There is still a lot of work to do but UHNM have been congratulated on the successes they have shared, particularly regarding recruitment and retention of the midwifery workforce.
21. UHDB are also receiving support from NHS England but through the Maternity System Support Programme (MSSP). This consists of 2 day a week on site support and

improvements addressed through 8 identified work streams. A CQC visit was undertaken to both Royal Derby and Queens Hospital Burton sites in August. The draft report is awaited.

Recruitment of maternity staff

22. Operational pressures continue within all maternity and neonatal services providing care in Staffordshire. UHNM and UHDB as RWT report positive recruitment programmes and are taking proactive action to attract midwives into their services. Primarily this will be newly qualified midwives in the Autumn but also includes experienced midwives and international midwives in the run up to Christmas. They all continue to work towards their Birthrate Plus® establishment (see paragraph 33 for further detail).
23. There remain significant challenges with appointing to consultant posts, specifically Neonatal Consultants. At the start of September, UHNM stated that there was the possibility the Tier 3 pathway for babies under 27 weeks gestation from Shropshire Telford and Wrekin, may need to cease because of the long-term sickness of 4 Neonatal Consultants. NHS England established daily meetings with the ICB and neighbouring Trusts who may have been able to offer mutual aid. The Trust were able to establish a weekend rota through approaches to staff and locums known to the Unit and who were familiar with the Unit. These meetings reduced to twice weekly and are now held weekly. UHNM have since recruited to 2 of the Consultant vacancies; one able to step straight into the post and the other who will be supported to develop into the role and 3 of the 4 Consultants on long term sick are now back after a phased return. In recognition of the challenge nationally, the government has identified funding for the obstetric and neonatal workforce for 2023/24 and 2024/25.

Inductions of Labour (IOL)

24. The latest recommendation, published this year, states that mothers should be offered an IOL at 7 days past their due date, i.e. 40+7. Women may be booked for an IOL, but inevitably if another woman presents in labour then they will take priority. Because of the unpredictable nature of labour and the workforce challenges, there will be times when IOLs have to be delayed, resulting in a breach. In recent times, there have been a number of breaches and an area for discussion at the System Maternity Oversight and Assurance Group (SMOAG). IOLs are reported into the ICB via a daily sitrep report. NHSE have recently identified additional metrics to be added to the report from 23rd October, including the status of Neonatal Units, where applicable. The new amended template is awaited. Sitrep data is analysed by the regional team, helping to identify areas of improvement and the production of a report to be shared with ICBs.
25. On call managers have access to SHREWD (Single Health Resilience Early Warning Data Base), a digital platform which provides a visual real time display of activity across our providers. Discussions have commenced between the Digital Midwives in UHNM and those responsible for SHREWD in the ICB, with a view to including IOL figures provided on the daily sitrep, but with more regular updates. Staffordshire and Stoke-on-Trent would be forerunners if this is successful. The benefits of utilising SHREWD have been recognised by NHS England and other providers with an expectation that this will be extended across the region.

Neonatal Mortality.

26. Recently published MBRRACE data highlighted that seven of the ten ICBs with crude neonatal mortality rates significantly higher than the 2021 UK average of 1.56 per 1000 live births, are in the Midlands. Staffordshire and Stoke-on-Trent ICB had the second highest rate at 2.6, with Stoke-on-Trent at 4.74 (the highest in England), and Staffordshire at 1.83. UHNM had a rate of 2.94.
27. To better understand the figures and identify areas of learning, the UHNM Neonatal Improvement Group (NIG) is being re-established with the UHNM Lead Consultant Neonatologist agreeing to chair the meeting. Membership will include the UHNM Director of Midwifery, Clinical Director and medical staffing representative, as well as the Neonatal Unit Matron and Neonatal Network ODN (Operational Delivery Network) Manager. The agenda will include neonatal mortality, progress against Saving Babies Lives, the Neonatal Critical Care Review Action Plan and neonatal and neonatology staffing.
28. Alongside this work, the Children and Young People (CYP) Programme Board had commissioned an Infant Mortality review which showed that the majority of deaths occurred in the first 28 days, i.e. within the neonatal period. A Steering Group has been established as a consequence and met on the 3rd October with ICB Midwives in attendance. Members from the NIG will also attend this meeting to ensure an overlap. A senior midwife from RWT has also expressed an interest in joining both meetings, in order to share the learning wider.
29. An investigation into the deaths of babies under 27 weeks of age within Neonatal Intensive Care Units in the West Midlands in 2021, was undertaken in January 2023. A total of 70 deaths were identified, ten of which were from multiple births: 3 triplets and 7 twins. No obvious trends were identified.

Points for concern

30. Initially the influx of new recruits; Consultants and, particularly newly qualified midwives, will require support and present additional pressure, in the short term.
31. Inductions of Labour at UHNM continues to remain a challenge, consistent with many Trusts across the Midlands
32. Uncertainty until the decision regarding the FMBUs is concluded.

Points for celebration

33. Successful recruitment campaigns in both UHNM and UHDB have significantly reduced the vacancy rate.
34. UHNM has achieved or is on a trajectory to achieve actions identified from the CQC visit in March 2023, including the opening of a new MAU/Triage unit in September 23.
35. The ICS has successfully introduced and is working to achieve the aims of the Three Year Maternity and Neonatal Delivery Plan.

Freestanding Midwife-led birthing Units (FMBUs) and Home Birth service

36. FMBUs are midwifery-led units, separate from a hospital, where some pregnant people (considered low-risk) can choose to give birth. They do not have immediate obstetric,

neonatal, or anaesthetic care, so people may need to be transferred to an acute hospital if there are complications during or after birth. The FMBU services (births only) at County Hospital and Samuel Johnson Community Hospital were suspended at the beginning of the pandemic in line with national guidance to ensure safe staffing within the consultant units at Royal Stoke Hospital and Queens Hospital, Burton, UHNM and UHDB, respectively, and remain so.

37. Home birthing services were also suspended and have subsequently been restored and are currently paused. The Trusts are anticipating the reintroduction of the birthing services within Q4 2023/24. The ICB receives regular updates in relation to this.
38. Whilst the initial closures were directly related to Covid-19, significant staffing challenges in the maternity workforce have prevented both Trusts from being able to safely reopen these units. Both Trusts continue to provide antenatal and post-natal care at their FMBUs and offer the choice of a consultant led or midwifery led birth at Royal Stoke University Hospital and Queens Hospital Burton.
39. Staffing shortages in midwifery remain a challenge across the NHS with a shortage of just under 2,500 midwives across England (Royal College of Midwives, 5 April 2023). Birthrate Plus® assessments have been completed for UHNM and UHDB but do not factor in births at the FMBUs for UHNM. A minimum of 11.0wte is required 24/7 at each unit, to ensure the presence of 2 midwives at every birth. Both Boards funded an increase in midwives to achieve Birthrate Plus® through a combination of Ockenden funding and Trust investment. Recruitment campaigns have been undertaken at both Trusts and progress with recruitment has been made. Both Trusts have a recruitment trajectory to meet safe staffing requirements in line with Birthrate Plus®, by April 2024 and includes newly qualified and international midwives and midwives acquired through the recruitment campaign and events. Both Trusts however, remain short of the budgeted establishment. UHNM has midwifery vacancies at 57.53wte and UHDB has vacancies at 41wte (as of 1st October).
40. An increase in complexity has seen more women presenting with comorbidities and requiring consultant-led care since 2021, thereby substantially reducing the number of women suitable for low-risk care in the FMBUs. The Birthrate Plus® assessments support this with 60-70% of women in delivery suites assessed as being in the highest levels of complexity categories and therefore requiring obstetric care on a main Trust site.
41. Prior to temporary closure of the units and despite repeated campaigns to promote the FMBUs, women choosing to give birth there remained low; in 2019/20, 94 women (an average of 8 per month) gave birth at County Hospital and 220 women (an average of 18 per month) gave birth at Samuel Johnson Community Hospital. These numbers represent a significant gap from the 350 births per unit per year recommended in 2018 for the FMBUs to be clinically and financially viable.
42. Approximately 10% of women opting to use the FMBUs require transfer to an obstetric unit during labour or immediately after birth. With national pressures on ambulance services, there is a high risk of delays in transfer for women that develop complications, an important safety consideration. The Birthplace in England Research Programme (2022), coordinated from the National Perinatal Epidemiology unit, University of Oxford, identified that, “whilst midwifery-led birth units appear to be safe and offer benefits to the mother, especially for low risk mothers having a second or subsequent baby, for women having a first baby there is a high probability (36% chance) of needing to be transferred to an obstetric unit during labour or immediately after birth”. It has also become apparent very recently that the

FMBUs are not an attractive place to work for midwives wishing to develop their competency and experience.

43. In recent years, the ICB has completed various involvement activities to understand people's experiences of using maternity services. During 2019 and 2020, a range of activities were undertaken to listen to people and understand what worked well and what could be improved in health and care services as well as seeking views on emerging models of care and criteria for evaluating proposals. In 2021, post pandemic feedback was sought, together with views on the Home Birth services and new models of care proposed at that time.
44. More recently, the ICB have been working with colleagues from UHNM, UHDB and Derby and Derbyshire ICB to outline the current position in relation to the FMBUs and the Home Birth services. Currently, each Trust is using the workforce in a different way to deliver safe services. On the 17th July 2023, a case for change was presented to NHS England as part of a strategic sense check meeting in relation to the temporary closures of the two FMBU units. A letter was received from NHSE in response, supporting the proposal to continue with the options appraisal process and public engagement regarding the birthing services at County Hospital and Samuel Johnson. The process is being led by Staffordshire and Stoke-on-Trent ICB who have the statutory duty for this project and ensuring public involvement. Since then, the Maternity Service Change Project Group with membership from all appropriate system partners, has reviewed proposals further and are looking to share these with stakeholders at a public facing deliberative event.
45. A draft Communications and Engagement plan setting out the Public Engagement activities over the next few months, has been shared with the Staffordshire and Stoke-on-Trent People and Communities Assembly and ICB Quality & Safety Committee. Feedback from that event will be incorporated into the business case which will then progress through NHSE Assurance and ICB governance processes. We can confirm at this stage no decision has been made.

Link to Strategic Plan

46. The Staffordshire and Stoke-on-Trent ICS has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

Our purpose

47. If you live in Staffordshire and Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
48. Through local services we will help you to live independently and stay well or longer.
49. When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.
50. This report supports the ICS priority 'Delivering improvements in Children and Young Peoples services and Maternity care'.

List of Background Documents/Appendices:

51. See links within body of report.
52. Appendices must be in separate documents, and named Appendix 1 – Document Title, Appendix 2 – Document Title and so on.

Contact Details

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