

# Maternity & Neonatal Services Update

Joint Health Overview & Scrutiny Committee  
26<sup>th</sup> June 2023

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# Maternity Update

- Reviews the recent national focus on maternity services
- Presents an overview of the picture with maternity services in North Central London
  - Our units and demographics
  - Progress in relation to Ockenden and East Kent reports
  - An update on CQC visits
  - The role of the Local Maternity and Neonatal Service
  - Our key plans: Equity and Equality; Maternity Transformation Programme

# Population demographics: pregnant women and birthing people in North Central London



The population of women of childbearing age in NCL is expected to remain stable up to 2041



The majority of deprived areas are found in east Haringey, east Enfield, and Islington



60% of women of childbearing age in NCL identify as White, while approximately 16% identify as Asian and 12% as Black



7.8% of mothers in the 40% most deprived areas are smokers at the time of delivery compared to 3% of mothers in who live in the 40% least deprived areas



The number of live births in NCL has been declining across all boroughs. In 2020, there were 17,000 live births, compared to 18,800 in 2018



The teenage pregnancy rate in NCL is comparatively low compared to the England average and 7% of those who give birth are aged over 40

Over a quarter of the NCL population is currently women of childbearing age, defined as those aged 14-49 (403,000).

Pregnant women and people in NCL come from diverse backgrounds and there are differences in the social determinants of health.

Although the number of births to NCL residents is declining, the same decline is not mirrored in the number of births at NCL hospitals, this points to significant inflows of service users from non-NCL residents. This varies between hospital sites with UCLH and Barnet having over 35% of their deliveries from non-NCL residents.

# Our population – what matters to women and pregnant people in North Central London?

## Maternity care

- Good communication between all parties involved
- Partners being present at birth and after a baby is born
- Consistency – seeing the same team throughout pregnancy and birth
- Ensuring any problems with a baby are picked up soon after birth
- Having maternity and neonatal services co-located
- Being able to easily get appointments when needed
- Friendly and helpful staff

## Neonatal care

- Neonatal services being co-located with maternity services
- Having all the technology needed for neonatal care, and staff with the right expertise
- When it is known that a baby will need neonatal care having continuity of care throughout pregnancy and birth to enable planning for the baby's needs
- Parents being able to stay with their baby so that they could learn how to care for them, and to help with bonding
- Having support for parents and other family members, including siblings
- Having facilities such as showers, tea and coffee machines available



Patients with a learning disability highlighted appropriate communication, access to an advocate, additional support to care for newborn babies and non-judgmental care as being important



Engagement with those who had experience of neonatal care highlighted the need to recognise that it could be a traumatic experience, the impact of travelling to hospitals that could be some distance from home and the need for ongoing support, post-discharge

# NCL Maternity Services – Background & Strategic Context



**Barnet Hospital**

- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

**Edgware Community Hospital**

- Freestanding midwifery led unit

**Royal Free Hospital**

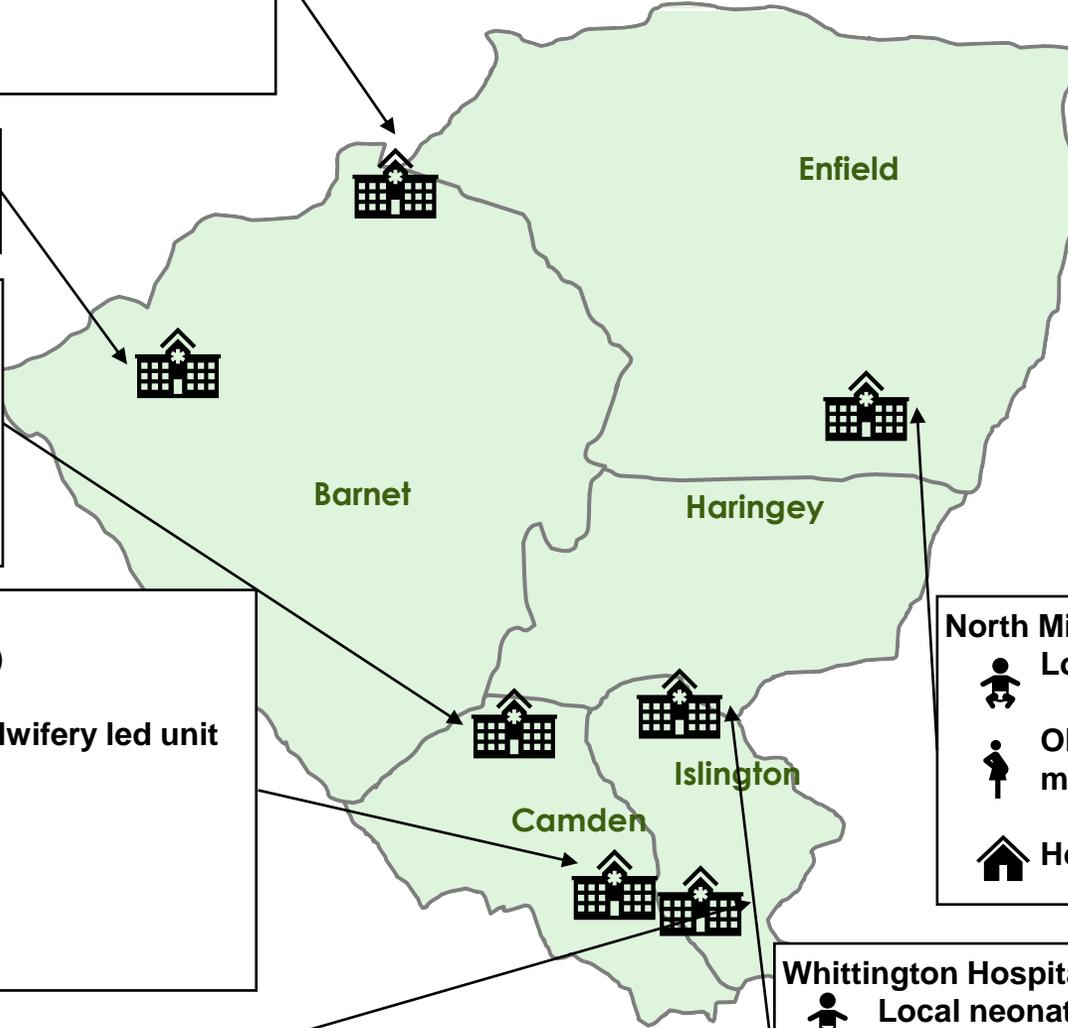
- Special care neonatal unit (level 1)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

**University College London Hospital**

- Neonatal Intensive Care Unit (level 3)
- Obstetric led unit and co-located midwifery led unit
- Maternal medicine specialist centre
- Home birthing service
- Foetal medicine centre

**Great Ormond Street Hospital**

- Neonatal surgical intensive care (level 3)



**Key**

- Hospital location
- Neonatal unit care provision
- Birth setting provision
- Maternal medicine specialist centre
- Offer home birthing
- Fetal medicine centre

**North Middlesex University Hospital**

- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

**Whittington Hospital**

- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

# Inequality impacts on maternity and neonatal outcomes and experience in NCL

60% of women of child-bearing age in NCL identify as White, while approximately 16% identify as Asian and 12% as Black



Deprivation is linked to stillbirth rates

- The stillbirth rate in NCL is 55% higher in the most deprived 20% of areas compared to the least deprived 20%
- National data shows that between 2018 and 2020 Haringey had the highest stillbirth rate in England and was significantly higher than the London and England average

Ethnicity and deprivation are impacting on neonatal admissions

- Babies born to black women and people at NCL sites have twice the rate of admission to a neonatal unit than babies born of White ethnicity
- 60% of neonatal admissions at NCL sites are for babies in the 40% most deprived quintiles of the population

Different challenges between sites

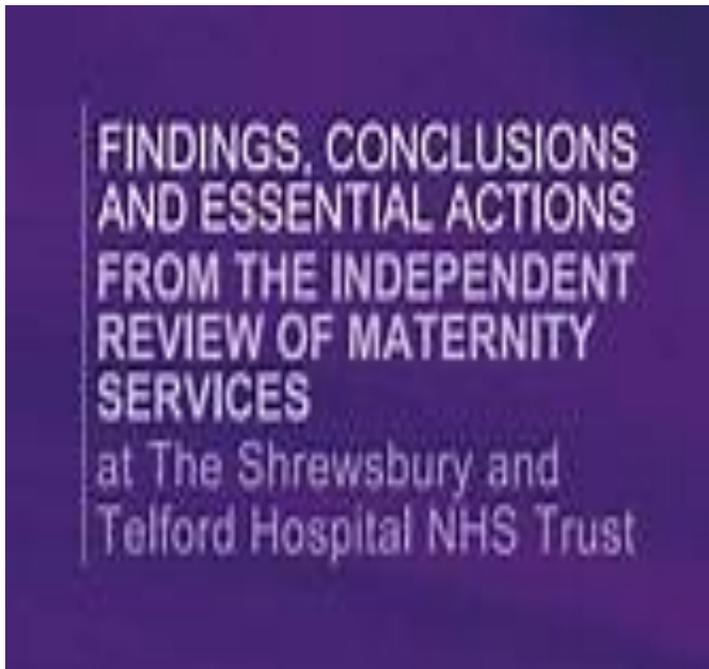
- In 2019/20, 72% of women and people who delivered at North Middlesex Hospital lived in the 40% most deprived areas, compared to only 26% of deliveries at Barnet Hospital
- For some sites, use of midwifery-led units is 30% or under, whilst obstetric led units experience significant capacity pressures, closing during pressure

# Significant national focus on maternity services



# Key findings from Ockenden

<https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>



## Key findings:

- Poor governance across a range of areas, especially board oversight and learning from incidents.
- Lack of compassion and kindness by staff.
- Poor assessment of risk and management of complex women.
- Failure to escalate.
- Poor fetal monitoring practice and management of labour.
- Suggestion of reluctance to perform LSCS - women's choices not respected.
- Poor bereavement care.
- Obstetric anaesthetic provision.
- Neonatal care documentation and care in the right place.

# Ockenden – NCL themes

## Areas of good practice

- Trust Boards were knowledgeable and invested in all aspects of its maternity service with a clear understanding of the issues affecting the maternity workforce
- The Maternity Voices Partnership (MVP) chairs are respected, listened to, and embedded within the structure of the Trust. Information for pregnant people and their families is available in a range of languages, in leaflet format and on our Trust websites
- Risk teams were very engaged and committed to their work, with many innovative ways of communicating with staff to share learning and ideas demonstrated. The LMNS host 'Learning Events' throughout the year where learning from Serious Incidents is shared across the system and where appropriate changes to pathways are made on an NCL footprint.
- Equality, diversity and inclusion is a priority within maternity services. For example, the visiting team met with a group of passionate, driven and dedicated midwives striving to improve inclusivity in one provider, where the Trust BAME network co-chairs, are midwives. It is too early to understand the impact of the Trust BAME networks on staff working within maternity services.
- Multi-disciplinary working was described as a key strength, with respectful relationships being apparent, which extended to the student and trainee population who described a positive, supportive working environment.
- Our maternity providers recognised the impact of the pandemic on staff, have been responsive to creating a number of opportunities to support staff health and wellbeing, with one Trust piloting the "project Wingman" which has been recognised nationally.
- Further work is required within one provider to develop the MVP team, the LMNS are supporting the Trust in question.

## Areas for further development

- Workforce, recruitment and retention remains a key challenge across our maternity services.
- The work undertaken by our Trusts to make information more readily available was commended, however, the reviewers found some Trust websites difficult to navigate. One Trust is currently reviewing their website, with plans in place to refresh the content and make it easier for the public to navigate.
- A number of pregnant people and those who had recently given birth were interviewed by the team, feedback was generally positive. A small number of people identified the need for better communication as an area that could be improved.

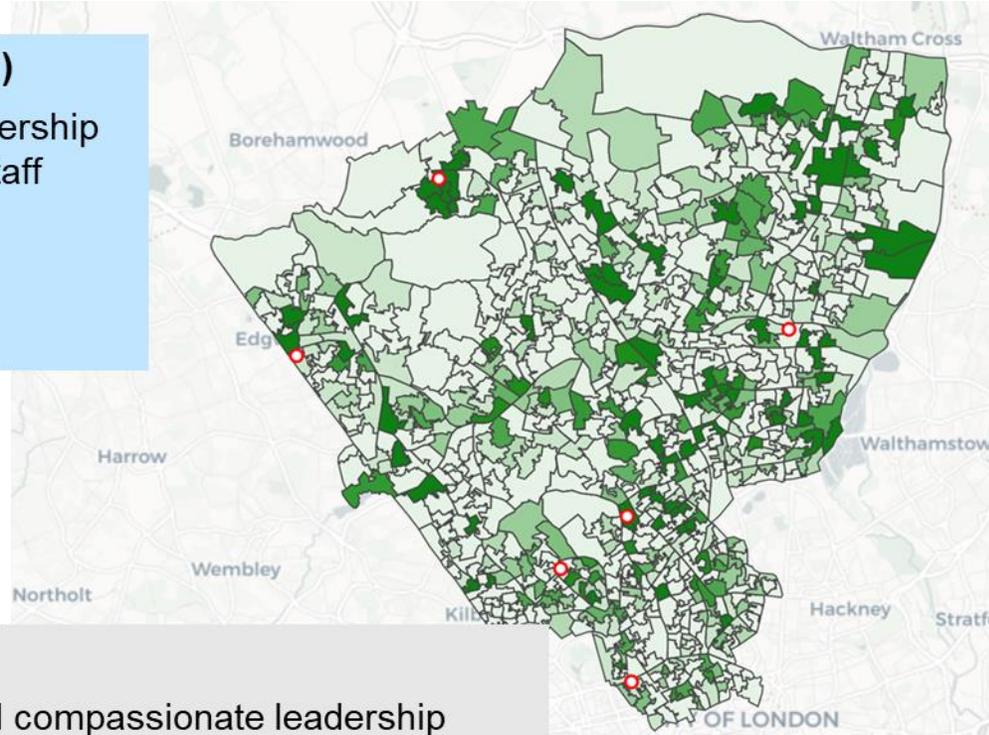
# Ockenden – learning from assurance visits for North Central London

## Royal Free London (emerging)

Strong and compassionate leadership team, good MDT working and staff support.

### Areas needing support

Need better links with MVPs



## North Middlesex Hospital

Pride in unit, good board support, strong multi-disciplinary working

### Areas needing support:

workforce, digital capability, MVP

Trust needs to invest in new maternity info system, some signs teams are very stretched

## UCLH

Strong and compassionate leadership team, good MVP links, strong safety culture, compliance from early stages

### Areas needing support:

Postnatal care needs more focus

## Whittington Health

Trust board knowledgeable and involved, good MVP links

### Areas needing support

MDT working in labour ward, relatively high turnover of senior midwifery leadership. Information provided to women and pregnant people. Sharing from Serious Incidents could be stronger

## Reading the signals

Maternity and neonatal services  
in East Kent – the Report of the  
Independent Investigation

October 2022

The panel examined maternity services at 2 hospitals: The Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate and the William Harvey Hospital (WHH) in Ashford between 2009 and 2020. These services were part of East Kent University Hospital FT.

Problems with the service were known to managers throughout the period 2009-2020.

Multiple opportunities were missed to tackle problems

The report has assessed that if the problems in the units had been addressed 25 of the 65 baby deaths could have been avoided and 97 or the 202 cases of injury/harm. The panel considers these numbers to be a minimum estimate.

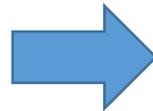
The panel also found a repeated lack of kindness and compassion both when care was given and afterwards following injuries or death.

The panel found that there was a failure to recognise the scale and nature of the problems because the vast majority of births in the Trusts did not result in damage to either mother or baby.

# East Kent: Key Findings and Actions

Key findings were sub-optimal clinical care that led to significant harm:

- Failures of teamworking
- Failures of professionalism
- Failures of compassion
- Failures to listen
- Failures after safety incidents
- Failure in the Trust's response – including at Board level



Multiple regulators were involved with the trust (the report lists 10 including CQC, NHSE, CCG, GMC etc) but the system as a whole failed to identify shortcomings and ensure improvement.

Key areas for action:

- Monitoring safe performance – finding signs among noise
- Standards of clinical behaviour – technical care is not enough
- Teamworking – dysfunctional teamworking between professional groups caused risk to mothers and babies
- Organisational behaviour – looking good while doing badly

# CQC follow up visits

CQC has been re-visiting all acute Trusts that had not had a visit since 2021. Whittington Health visit took place in April and results published. [CQC rates maternity services at the Whittington Hospital, London as requires improvement - Care Quality Commission](#) NMUH and UCLH recent so no published results. Royal Free visit not yet announced. Inspections have focused on effectiveness of processes and the end-to-end pathway for women and pregnant people.

The aim of these visits has been to provide pointers to Trusts about areas for focus and improvement.

Trusts have also been responding to the findings of the Women's CQC Survey. This is carried out by the NHS Patient Survey Programme in February 2022 and posed survey questions relating to ante-natal care, labour and birth and postnatal care.

	Overall	Safe	Effective	Caring	Responsive	Well-led
Whittington April 2023	Good	Requires Improvement	Good	Good	Good	Good
NMUH Sept 2018	Good	Requires Improvement	Good	Good	Good	Good
Royal Free June 2021	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Barnet Aug 2016	Good	Good	Good	Good	Good	Good
UCLH Dec 2018	Good	Requires Improvement	Good	Good	Good	Good



## Progress since Ockenden

- Funding allocated to all Trusts to support recruitment and retention (£4m for 23/24)
- All Trusts progressing recruitment of midwives, obstetricians and posts to enable MDT working
- Trusts have or are recruiting additional bereavement midwives to ensure 7 days/wk cover
- Work being led within the LMNS to support development of maternity support workers
- Quality and Safety forum in place across LMNS to share learning, review Serious Incidents, improve data quality
- All Trusts now have an allocated maternal medicine midwife to particularly support women or pregnant people with complex medical conditions
- The LMNS is working to explant neonatal representation and to incorporate neonatal experience within Maternity Voice Partnerships

# NHS 3 Year Perinatal Delivery Plan

In response to these reports and recommendations the 'NHS 3 Year Perinatal Delivery Plan' was introduced.

The 4 themes of the plan are:

- Theme 1: Listening to and working with women and families with compassion
- Theme 2: Growing, retaining and supporting our workforce
- Theme 3: Developing and sustaining a culture of safety, learning and support
- Theme 4: Standards and structures that underpin safer, more personalised and more equitable care

The Three-Year Delivery Plan for Maternity and Neonatal care includes success measures that will be used to monitor outcomes and progress in achieving key objectives on the plan. Delivery of the 3 year plan will be the key focus for the Local Maternity and Neonatal service.

# Organisation of Local Maternity and Neonatal Services

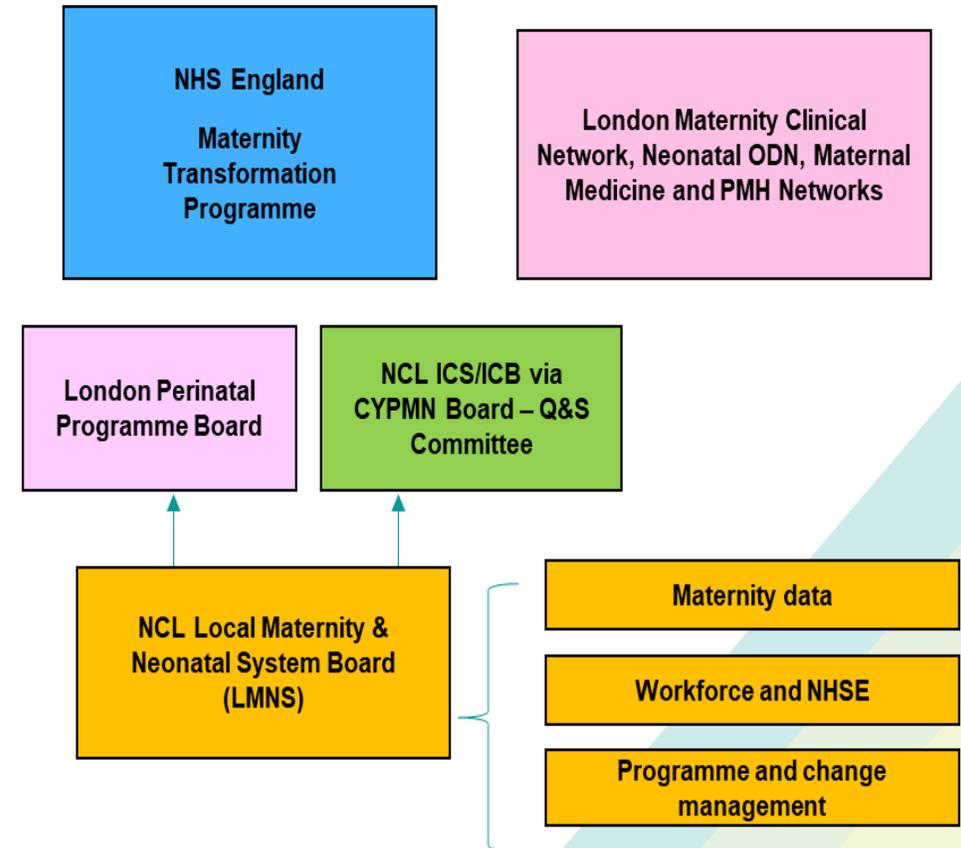
## Local Maternity and Neonatal Service (LMNS)

The LMNS brings together the people who are involved in providing and organising maternity care such as midwives, obstetricians, service users, neonatal staff, managers and commissioners. Its job is to oversee and support improvements in the quality of service provision for North Central London.

We have a board, chaired by a midwifery and obstetric co-chair with input from ICB Directors and oversight from Chief Nursing Officer.

Within the LMNS is a Quality and Safety forum, with an obstetric clinical lead and lead midwife. The Q&S Clinical Lead role is responsible for escalating concerns – ensuring LMNS has strong response to national reviews. We regularly review data and risks and share learning from Serious Incidents / near misses.

The Head of Maternity is closely involved in all our Trusts; meeting regularly with Heads and Directors of Maternity in all units; supporting any improvement areas and attending Trust Quality meetings along with the Director of Quality.



# Key areas of work for the LMNS



- ❖ **Midwifery Continuity of Carer (MCoC)**
- ❖ **Digital and Data**
- ❖ **Workforce**
- ❖ **Pelvic health service development**
- ❖ **Three Year Delivery plan**
- ❖ **Personalisation & Choice**
- ❖ **Training**

# Example: Actions to support our workforce

## Key themes from workforce analysis:

- Substantive midwifery numbers are in line with Birthrate plus, however all sites are relying on bank and agency to fill vacancies
- Overall, satisfaction with Obs and Gynae and Neonatal medical training is good in NCL
- Equity review work showed higher representation of clinical (non-medical) staff from Black, Asian and Minority Ethnic (BAME) backgrounds in the support grades than in middle or senior management grades
- Across all organisations, staff from BAME backgrounds report a lower perception of equal opportunities for career progression or promotion than white staff (83.3% of white staff report equal opportunities compared with 66.6% of BAME staff).

## LMNS actions and innovation to support our workforce:

- The creation of a **joint recruitment model** with the **temporary staffing provider**, to offer **collaborative approach** to the provision of **bank midwifery opportunities**. This will include an agreed recruitment and selection process and harmonised payment rates. **Successful midwives can work at any of the Trusts in NCL**, rather than applying to multiple staff banks
- **International recruitment**, the NMUH hosts the OSCE preparation centre for London for midwifery
- **NCL Maternity Support Workers (MSWs) development programme** and apprenticeships for MSWs for those wishing to move into nursing or midwifery and appointing a **lead MSW** for the LMNS
- Developing **Deputy Matron roles** – pilot at UCLH and rollout to other Trusts to develop succession planning
- **Training and workforce development programmes** to develop core skills including central funding for external courses including CTG Masterclass and Advanced CTG Masterclass
- **Inclusion of all staff in the NCL wide learning** and sharing events to learn from Serious Incidents and Never Events. Human Factors training– rollout pilot to all maternity staff within a programme to be developed
- **Standardisation of mandatory and other training and assessment** through the NCL Workforce and Education working group led by the NCL Workforce Lead

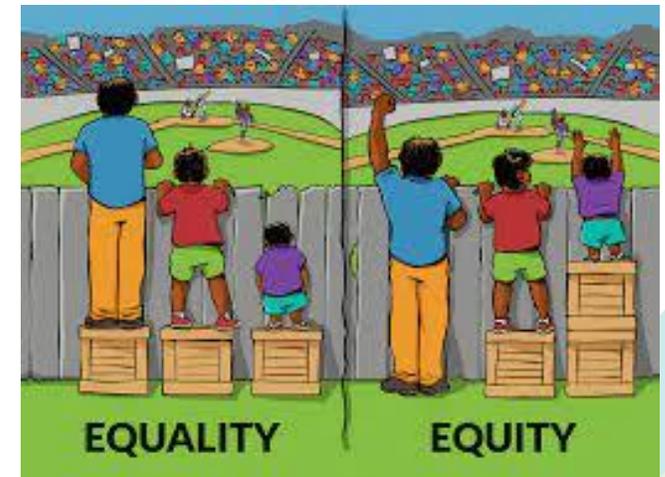
# Other key priorities and areas of work for the LMNS

<b>Listening to women and families and informed consent</b>	<p>Personalised Care and Support Plan which is described above is a key tool to be used to support choice around maternity care. It outlines for each point in a pregnancy pathway key decisions and choices that are available to pregnant women and people. This aim is for this to be used to support decision making and choice during pregnancy. We have recently launched the Mum and Baby App which contains a range of great info.</p>
<b>Managing complex pregnancies</b>	<p>There is an existing NCL maternal medicine network that reports into the LMNS. As it develops it will work to further define pathways for those with complex medical conditions to receive this expertise but also wherever possible continue to manage their condition at their hospital of choice Recruitment is underway for additional maternal medicine physician time to provide further outreach clinics at sites across NCL which will enable more pregnant women and people to access medical expertise for complex conditions during their pregnancy All Trusts are recruiting to named maternal medicine senior midwives posts jointly with the NCL maternal medicine network. These senior midwives will support coordination of care of pregnant women and people with a particular focus on those with complex medical conditions.</p>
<b>Risk assessment through pregnancy</b>	<p>All the NCL maternity units undertake risk assessments for all pregnant women and people who access care to be able to advise pregnant women and people on the most appropriate birth setting for their clinical need. This is done in a consistent way across NCL and in line with the recommendations of the initial Ockenden Report</p>
<b>Mutual aid across our system</b>	<p>The LMNS is working on the implementation of an Operational Pressures Escalation Levels Framework for maternity services. This will track staffing numbers, bed availability and Neonatal unit status to support better planning and use of mutual aid between maternity units. It will give the ICS greater oversight of the safety of each of the maternity units and ensure that they are better able to support each other maintain safe staffing and occupancy levels. This will be embedded within the existing Trust and ICS infrastructure to ensure there is risk is appropriately managed and there is improved transparency for maternity services</p>

# Equity and Equality

NCL's Equity and Equality Plan was produced in March 2023, in response to the Women's Health Strategy for England (2022).

- E&E Steering Group was launched in April
- Workforce: Cultural Awareness Training & Implementation of Anti-Racism Framework
- An audit of still-births for Haringey is underway
- Improved Public Health Outcomes
- Recruit NCL Inequalities Lead
- Improvement on Personalisation & Choice
- Reduce Communication Barriers
- Continued Implementation of Maternity Continuity of Carer
- Maternal Medicine



# Review of Stillbirths in Haringey

The London Borough of Haringey is ranked as the fourth most deprived borough in London and one of the relatively more deprived authorities in the country (49 out of 317).

There are high levels of severe mental illness, people living in temporary accommodation and children living in relative poverty. Perinatal mortality reports highlight that stillbirth rates in Haringey are higher than other NCL boroughs.

The LMNS is funding a research midwife to undertake a review of stillbirths (a baby delivered with no signs of life known to have died after 24 completed weeks of pregnancy) in Haringey between January and July 2023.

The work includes an audit of the data for stillbirths that occurred between 2018 and 2022 and a review of case records held by the two hospitals providing most care to women and birthing people living in Haringey. Importantly, the views and experiences of women and birthing people living in Haringey, as well as maternity Health Care Professionals working in the borough, are being sought to add context to the data.

Findings will be reported to the Quality and Safety Forum and the LMNS Board as well as the Local Authority and ICB



- Start Well case for change
- NCL maternal deaths research
- Continued implementation of the NHS 3 Year Perinatal Delivery Plan
- Implementation of updated Saving Babies Lives Care Bundle