	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**28th March 2023**
TITLE:	**LOCAL MATERNITY AND NEONATAL SYSTEM (LMNS)**
Organisation	**NHS Birmingham & Solihull ICS**
Presenting Officer	**Lisa Stalley-Green, Deputy CEO and Chief Nurse**

Report Type:	**Information / Discussion**

1. Purpose:
1.1. To provide an update on the Local Maternity and Neonatal System (LMNS).

2. Implications (tick all that apply):		
Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	x
	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

3. Recommendation
3.1. To note the contents of the report.

4. Report Body

Maternity Services

The Local Maternity and Neonatal System (LMNS) is the transformational and assurance arm of the Integrated Care Board (ICB).

Following the investigations by Donna Ockenden into Telford and Shrewsbury and East Kent Report by Bill Kirkup's into maternity services, recommendations and immediate essential actions were advised for all hospital Trusts particularly in relation to culture and multi-disciplinary working. The emphasis is on achieving the best outcomes for mothers, babies, and their families. Making sure also that the voices of service users were heard.

In response to this, provider Trusts completed self-assessments to evidence their compliance to the Ockenden 7 immediate essential actions (IEAs). As the LMNS for Birmingham Women's and Children's and University Hospitals Birmingham there is a responsibility to seek yearly assurance.

The report below summarises the current position from both providers. University Hospital Birmingham (UHB) are yet to submit their current self-assessment due April 2023.

Birmingham and Solihull LMNS seek to provide equality and equity to all mothers and their families and reduce infant mortality in line with better births 2016. Provision of continuity of carer has been pivotal to this, and particularly for those whose first language is not English, or to those who are vulnerable and not able to access maternity services. A maternity strategy is in development to address this.

Community engagement is also being utilised to expand on the voices of the community to help co produce and codesign services that are both beneficial and accessible to service users.

Ockenden

The ICB/ LMNS Oversight Meeting and Programme Board has assurance oversight and is pivotal in promoting collaborative system working. The Ockenden Reports (2020; 2022) and most recently the findings and recommendations of the East Kent report (Kirkup, 2022) have continued to shine a spotlight on the safety and quality of maternity services. There is a requirement for Trusts to demonstrate achievement of Immediate Essential Actions (IEA's) and the four overarching East Kent (2022) actions (the compliance template has yet to be devised). There is a system in place for close monitoring of compliance of the Ockenden recommendations (2020; 2022) at the LMNS meetings and how these will dovetail with the Kirkup (2022) recommendations. Both trusts have presented their review of Kirkup to their Trust boards in November 2022. Recently guidance has been issued regarding the methodology and monitoring for Ockenden's 7 IEA;s and this outlines ICB and Regional role.

Current BSol response to the 7 IEAs from the first Ockenden report (2020) and the 15 IEAs from the Final Ockenden Report (2022)

7 IEA's Self-assessment Update (Table1)

		RAG rating		
IEA no.	**Immediate and Essential Action**	**BWH (February**	**UHB (February)**	**City Hospital Based on September insight visit**
1	Enhanced Safety			
2	Listening to Women and Families			
3	Staff Training and Working Together			
4	Managing Complex Care			
5	Risk Assessment throughout Pregnancy			
6	Monitoring Fetal Wellbeing			
7	Informed Consent			

Analysis

BWH: There has been a notable change of status of the actions to green (IEA 3 and red

(IEA 2), has now been identified as green due to strengthening their patient experience involvement and they now have a dedicated Maternity Voice Partnership (MVP).

UHB:

1. IEA: PMRT external opinion is now imbedded within the process and SOP developed and awaits progress through trust-controlled documents.

2. IEA MVP chair working closely with UHB. Website phases 1 and 2 in place and further 6 phases with web team for uploading. This includes a multitude of information which supports patients making informed choice.

3. IEA Mandatory training at 90% target met and being monitored.

4. IEA Review clinic capacity to ensure complex pregnancy patients are seen by name consultant in timely manner – audit to ensure compliance in progress.

5. IEA Mandate correct data recording to evidence risk assessment at each contact.

6. IEA Fetal medicine leads are leading reviews of poor outcomes. 90% of staff completed obstetric emergency training.

7. IEA Website updated as IEA 2 Consultant Midwife in post since December 22. Audit programme being reviewed, and plan shared.

Appointment of senior leadership roles at UHB

Director of Midwives, Head of Midwifery at HH has now been appointed and commenced in post in January 2023. and out to advert for GHH, Non-Executive

appointed and established monthly clinical walkabout by the senior leadership team including the Chief Nurse.

City Hospital:

- Need to formalise link between NED and MVP and ensure regular interactions
- Recruitment of Patient Experience Midwife (currently underway)
- IEA 3 and 5 require audit to demonstrate compliance.

15 IEAs Self-Assessment Update

The national reporting tool is awaited, however actions to deliver against the 15 Immediate and Essential Actions are progressing. Table 2 below reflects the position at end of November 2022. BWCH have adopted a project-style approach to delivering each of the IEA's through workstreams with leads reporting-in and evidence submission to provide self-assessment. Rigour is assured through the employment of a compliance assurance officer; although progress is evident, the RAG rating is not changed until all evidence has been submitted, accepted, and filed within the database.

Of note, where indicated, investment will be required to achieve full compliance however this cannot be fully assessed until the national Maternity and Neonatal delivery plan has been developed:

Table 2: 15 IEAs Self-Assessment

IEA no	Immediate and Essential Action	RAG rating BWH (August 2022)	UHB (January 2023)	City Hospital (August 2022)
1	Workforce Planning and Sustainability	3R, 7A, 10G National Investment indicated	2R 7A 1G National Investment indicated	
2	Safe Staffing	0R, 5Y, 5G Investment indicated	3R 1A 6G Investment indicated	
3	Escalation and Accountability	1R, 1A, 3G Investment indicated	1R 2A 2G Investment indicated	
4	Clinical Governance and Leadership	0R, 3A, 4G Investment indicated	1R 6A 0G Investment indicated	
5	Clinical Governance	0R, 3A, 4G	2R 3A 2G	
6	Learning from Maternal Deaths	0R, 1A, 1G, 1 National	0R, 1A, 0G, 2 National	
7	Multidisciplinary Training	1R, 1A, 5G I national	2R, 3A, 2G	
8	Complex Antenatal Care	0R, 2A, 4G	0R, 1A, 4G	
9	Preterm Birth	Monitor	1R 0A 3G	

10	Labour and Birth	2R, OA, 4G	3R, 2A, 1G	
11	Obstetric Anaesthesia	0R, 4A, 0G	Monitor	Monitor
12	Postnatal Care	1R, 0A, 3G Investment indicated	3R 1 A Investment indicated	
13	Bereavement Care	0R, 3A, 1G Investment indicated	0R, 1A, 3G	
14	Neonatal Care	0R, 2A, 2G, 2 National Investment indicated	0R, 3A, 4G, 2 National Investment indicated	
15	Supporting Families	1R, 2A, 0G Investment indicated	Monitor	Monitor

Ockenden developments

BWH: There has been positive movement since the last report with improved compliance with IEA's 1,4,7 and 8 and increased evidence provided against the other IEAs to demonstrate progress from Red/Amber to Green.

Also, the first multi-professional quarterly governance day was convened in December 2022. Topics covered included:

- Divisional response to the Kirkup report
- Multi-professional progress with ATAIN
- Trust feedback from HSIB
- Maternity QI update focusing on IOL QI
- Neonatal QI update
- Learning from incidents

UHB There has been progression with work for the majority of recommendations, outside of those requiring a national direction or position.

City: have declared compliancy with IEA 6 and 15 and are just in the process of reviewing and updating their position on specific requirements.

Ockenden Governance

Reviewed monthly and update provided on maternity dashboard and to Trust board and CQRM.

Ockenden Neonatal Care: Self-assessment

IEA 14: NEONATAL CARE	RAG STATUS

Essential action There must be clear pathways of care for provision of neonatal care. This review endorses the recommendations from the Neonatal Critical Care Review (December 2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce, and enhance the experience of families. This work must now progress at pace.	**BWH** December **2022)**	**UHB (December 2022)**	**City Hospital (June 2022)**
Neonatal and maternity care providers, commissioners and networks must agree on pathways of care including the designation of each unit and on the level of neonatal care that is provided.			
Care that is outside this agreed pathway must be monitored by exception reporting (at least quarterly) and reviewed by providers and the network. The activity and results of the reviews must be reported to commissioners and the Local Maternity Neonatal Systems (LMS/LMNS) quarterly.	N/A	Still not embedded in practice as the process needs to be smoother- discussion underway	
Maternity and neonatal services must continue to work towards a position of at least 85% of births at less than 27 weeks gestation taking place at a maternity unit with an onsite Neonatal intensive Care Unit (NICU).			
Neonatal Operational Delivery Networks must ensure that staff within provider units have opportunity to share best practice and education to ensure units do not operate in isolation from their local clinical support network. For example, senior medical, Advanced Neonatal Nurse Practitioner (ANNP) and nursing staff must have the opportunity for secondment to attend other appropriate network units on an occasional basis to maintain clinical expertise and avoid working in isolation.		BHH neonatologists and nurses work cross site however GHH clinicians don't come over to BHH. Sim sessions and joint governance and management meetings are held to ensure uniformity of practice cross site.	
Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Awaiting RAG	Awaiting RAG	

Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during neonatal resuscitations. When it is anticipated that the consultant is not immediately available (for example out of hours), there must be a mechanism that allows a real-time dialogue to take place directly between the consultant and the resuscitating team if required.			
Neonatal practitioners must ensure that once an airway is established and other reversible causes have been excluded, appropriate early consideration is given to increasing inflation pressures to achieve adequate chest rise. Pressures above 30cmH2O in term babies, or above 25cmH2O in preterm babies may be required. The Resuscitation Council UK Newborn Life Support (NLS) Course must consider highlighting this treatment point more clearly in the NLS algorithm.			
Neonatal providers must ensure sufficient numbers of appropriately trained consultants, tier 2 staff (middle grade doctors or ANNPs and nurses are available in every type of neonatal unit to deliver safe care 24/7 in line with national service specifications.		BHH still not meeting national standards for nurse baby ratios however with national funding last year and this year- there is a work force plan drawn and nurse recruitment is underway. National funding given this month to recruit another consultant at BHH to meet BAPM compliance- recruitment process under way.	

Analysis

BWH are working towards the staffing in relation to tier 2 – but currently report as amber, needing 2 tier 2 on a night shift according to British Association of Perinatal Medicine (BAPM). They have a workforce plan that will address this. There has been no change in the RAG rating for UHB. Those which state awaiting RAG are for the network – not for the units or LMNS to report.

Following the Insight visit each trust is required to:

1. Report to Trust Board the findings of the Insight visit and updated compliance level.

2. Produce an action plan with trajectories for full compliance with the initial 7 IEA Ockenden actions.
   Update:
   Both Providers are providing this update in their quality reports.

Following the Insight visit each LMNS is required to:

1. Support their Trusts to achieve full compliance with the initial 7 IEAs and gain assurance of the progress with full reporting to the local LMNS Board. This supports the expectation within national Perinatal Quality Surveillance Model (PNQS) that LMNS's have both an assurance role and supportive role to each Trust.

2. Onward exception reporting via the system up to the region through the monthly Regional Quality Meetings, forming the regional layer of governance.

Update

ICB/ LMNS to undertake an assessment on the current position with 7 IEAs in April with submission 9/5/2022. A comprehensive schedule / timeline and methodology has been devised to meet the regional expectations.

Quality touch point meetings

- These have now been arranged quarterly with BWH 3/3/2023 and UHB 14/6/2023.

Annual Ockenden Insight Visit

- These have been planned for 12 months following their last assessment with BWH 11th May and UHB 13th and 14th September (a day at each site). To ensure transparency our buddy LMNS have agreed to be part of the team, therefore providing additional challenge and level of assurance.

Following the recent Ockenden Assurance Insight visit to assess the progress on the 7 IEAs at the Birmingham women's Hospital with the regional team in September 2022, it has now become the responsibility of the LMNS to provide assurance to the ICB and the region that the assurance remains on track and there are plans in place to support any areas of concern.
At the initial regional insight visits the progress for the **Birmingham Women's hospital** was predominantly green.

Areas to be addressed:

- **MVP**, as there was no clear mechanism for feedback, this was highlighted in **safety action 1** (enhanced safety) and **safety action 7** (informed consent)

- This has since been amended as there has been a restructure with MVP across the LMNS. Both areas now have full assurance and regraded as green. However, the LMNS would like to see that this is fully embedded, and will review at the next touch point meeting

Submission of the assurances will be sent to the regional teams on 15th May 2023. Forward plans are for three monthly touchpoints with the providers to ensure that:

- Safety actions remain green
- Guidelines are in date
- Mitigations are in place when working outside national guidance (SOPs)
- LMNS are informed of any deviations

UHB has a touchpoint meeting scheduled for 14th June 2023, where evidence against the Ockenden 7 IEAs will be reviewed in conjunction with the LMNS and senior leadership team.

There were a number of amber ratings within the UHB assessment which were highlighted by the regional team. Subsequent national diagnostic, GMC and CQC reviews have also highlighted areas of concern. Maternity Improvement Advisors will be working with both the Midwifery and Obstetric teams to develop improvement action plans going forward. Senior leadership has been an ongoing area of concern, this has been strengthened by the appointment of the new Director of Midwifery who will be in post in June 2023.

Maternity Strategy

A maternity Strategy is being developed with the LMNS and Trust providers which will encompass the recommendations of Ockenden and East Kent Reviews, in conjunction with the new single delivery plan (Launched March 2023).

The strategy aims to ensure collaborative working with a clear purpose and ensure personalised care for all women and their families.

The strategy is in its embryonic stage but aims for completion by Autumn 2023, the core of the strategy focuses on reducing inequalities, incorporating digital, health inequalities, work force plans staff and wellbeing

Community engagement

Ongoing work with community engagement officers to hear the voices of women which will be fed back to the LMNS board and quality improvement work to ensure services are coproduced and codesigned to suit women. Community engagement officers work with schools to educate students around midwifery care helping to create a link and create community research teams which is then fed back to senior leadership teams.

Listening events will be held on a regular basis, in an area of easy access, which will also be fed back to the LMNS to discuss shared experience and learning.

Specialist training provided by community interest companies (Bethel Doula and Approachable Parenting) will also commence in the coming months, trained service users will have enhanced listening skills and doula training which can be

utilised in either a paid or non paid position, helping form a connection between the community and the LMNS and provides a feedback mechanism.

Independent Senior Advocate positions are also in the introductory stages providing a confidential service for women to navigate their way around maternity services and provide support for those women who have had an adverse outcome in pregnancy. This is a pilot scheme and will be running until March 2024.

Community engagement is also being addressed through the maternity link support workers, who are now becoming embedded in the LMNS understanding the needs and culture of women from different backgrounds and reaching out to women who have difficulty in access/navigation of the system. Antenatal and postnatal sessions are being developed to address some of these areas.

BLACHIR

Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) Was set up as a result of 2 cities with similar demographics, to look at adverse outcomes and health inequalities observed by African and Caribbean people. Following the review, a series of recommendations were made to look at how needs of these groups were met.
Maternity, parenthood, and child health fell into 1 of the 7 domains. BLACHIR aims to work with the community as well as public health and hospital providers to coproduce and codesign services from the recommendations.
Within the maternity recommendations there is a need to address the core 20 plus 5, which many of this group fall into.
The LMNS as part of the national ask, created an equity plan and equity dashboard for maternity service users which is able to highlight areas of high need with reference to social deprivation and health needs.
An area noted to have very positive results for black women, (who are 4 times more likely to have adverse outcomes in pregnancy and delivery), was around Midwifery continuity of carer. (MCoC)

- As an LMNS effort has been made to ensure that women from African and Caribbean backgrounds are put onto a continuity of carer pathway, despite the timelines being removed by NHSE.

The table below depict the number of global majority and vulnerable women who are on a CoC pathway over 29 weeks **(not specific to Black African/Caribbean)**

Reporting Month	Total Number of Global Majority Vulnerable Women on a CoC Pathway who have a midwife and a team, > 29 weeks	Total Global Majority Vulnerable Women > 29 weeks in month	% global Majority Vulnerable Women > 29 weeks & on a CoC Pathway
Feb-22	39	308	12.7%
Mar-22	38	278	13.7%
Apr-22	40	267	15.0%
May-22	33	277	11.9%
Jun-22	23	275	8.4%
Jul-22	30	312	9.6%

Aug-22	29	287	10.1%
Sep-22	39	287	13.6%
Oct-22	23	273	8.4%
Nov-22	33	238	13.9%
Dec-22	25	227	11.0%
Jan-23	15	223	6.7%
Feb-23	11	192	5.7%

Although numbers have been lower in the last 2 months due to staffing challenges and the need to pause MCoC teams.

- Ongoing work with the Maternity Link Support Workers continues to address the cultural needs of women whose first language is not English, however there is now a conscious effort to observe the needs of black women and recognise cultural differences. 1 link support worker has been specifically aligned to work with black women and their families.

- Contacts have been made with Allies Network to understand the needs of Somalian and other African women.

- Work is also underway to develop cultural competency, a task and finish group with various community and voluntary sectors are involved to scope this work. This will be fed back to the LMNS and providers, to ensure that staff have a basic level of cultural intelligence when caring for women and their families.

Outstanding areas of work

- Insight visits for UHB (planned)

- Progression with the maternity strategy

- Addressing gaps in maternity training in areas such as learning from lived experience, awareness of trauma caused by racism and discrimination

- Improve data collection and ensuring a sensitive approach when doing this

- Support for migrant families and those who have no recourse to public funds. Providing appropriate care during and after childbirth.

5.	**Compliance Issues**
5.1.	**HWBB Forum Responsibility and Board Update**
5.2.	**Management Responsibility**
	Local Maternity and Neonatal System

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Appendices
None

The following people have been involved in the preparation of this board paper:

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