



**East Cheshire**  
**NHS Trust**

**Post Implementation Review of  
East Cheshire Inpatient  
Maternity Services  
12<sup>th</sup> December 2024**

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Midwifery, Women's and  
Children's Services

## MATERNITY SERVICES CHANGES AT MACCLESFIELD HOSPITAL - MARCH 2020

Please note that in order to meet pressures relating to Covid-19, births are being temporarily relocated from Macclesfield Hospital to neighbouring maternity units as a safety measure.

The measure is necessary because East Cheshire NHS Trust, which runs the hospital, has a small number of anaesthetists who would be unable to provide cover both for maternity-related procedures such as emergency caesarian sections and an expected rise in patients being treated for Covid-19.

Any women due to give birth at the hospital from Wednesday, March 25<sup>th</sup> 2020 onwards will instead deliver at one of our partner trusts close to their home.

Women should have been contacted by their midwife but if anyone has not or has any urgent queries or concerns, including relating to the onset of labour please contact one of the following:

- For Stepping Hill Hospital Labour Ward: 0161 419 5551 / 3
- For Royal Stoke Hospital Labour Ward: 01782 672300
- For Leighton Hospital Labour Ward: 01270 612144 / 01270 273116
- For Wythenshawe Hospital Labour Ward: 0161 291 294

[Read more - Pregnancy and Coronavirus](#)

OFFICIAL

# Service Provision During Suspension

- Most inpatient intrapartum activity was provided by 'host' Trusts at Stepping Hill, Wythenshawe and Leighton hospitals.
- Women were given the option to choose which host site they want to attend by the time they were 20 weeks pregnant.

Delivery Provider	20/21	21/22	22/23
Mid Cheshire FT	330	261	290
Stockport FT	474	337	370
MFT (Wythenshawe)	407	563	443
Royal Stoke	107	41	13
Home births	14	41	17
Others	41	37	23
Total ECT registered births	1373	1320	1156

## DASHBOARD

UPDATED 21/06/2023 - FOR BOARD APPROVAL

Maternity Return Criteria Review		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23
Local Criteria									
	1. National modelling on C19 surge								
	2. Robust arrangements with a supporting partner								
3. Safe staffing levels									
	Obstetrics								
	Midwifery								
	Anaesthetic Consultants								
	Anaesthetic SAS Doctors								
	Theatres								
	Neonates								
	4. Bed Capacity								
	5. Emergency Theatres								
System Criteria									
	6. Host resilience								
	7. Regulator and commissioner support								
Blue		Green		Amber		Red			
Criteria Met		Solution identified – on track		Solution not yet confirmed		Solution not identified			

Progress reviewed and reported monthly via

- Maternity Project Group,
- Maternity Implementation Group,
- Maternity Oversight Group,
- and Trust Board.

Progress reported to NHSE, LMNS and Council Overview Committee.

# Pathway to 'Go Live'

## • Staff training

- Plans for all necessary staff to be re-trained to be competent and confident to deliver a safe service

- Midwives and support workers

- HCA

- Obstetrics

- Neonatal

- Anaesthetics

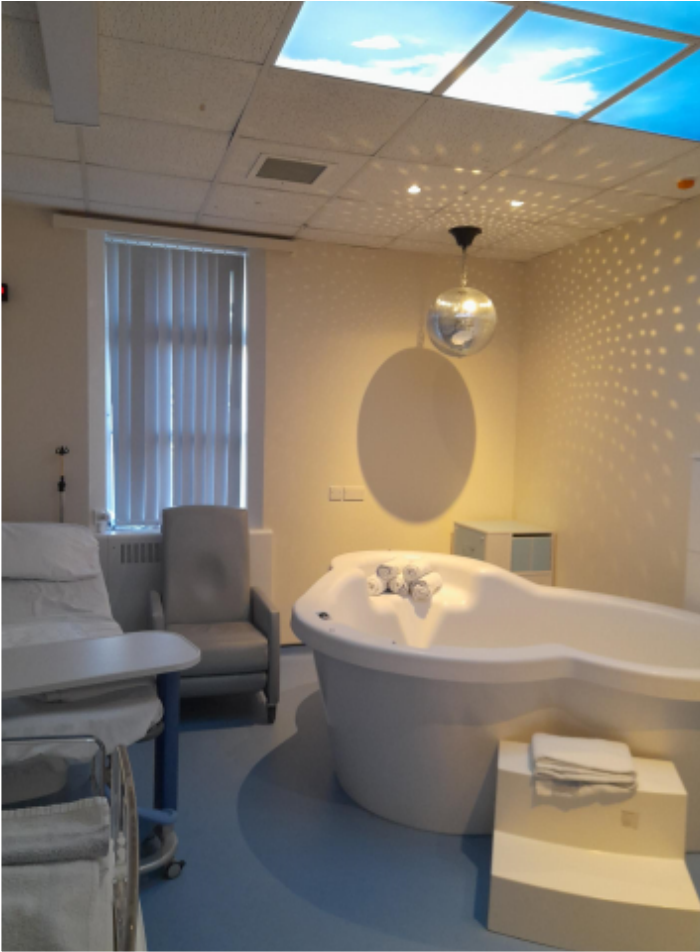
- Paediatrics

- Theatres

SFT	DS - 4th April	DS - 11th April	DS - 17th April	DS - 27th April	DS - 4th May	DS - 9th May	DS - 16th May	DS - 23rd May		DS - 7th June
SFT	DS - 6th April		DS - 20th April	DS - 24th April	DS - 5th May			DS - 25th, 26th May		
MCHFT						DS - 11th May	DS - 19th May	DS - 22nd May		
SFT	DS - 3rd April	DS - 13th April	DS - 20th April	DS - 25th April	DS - 2nd May			DS - 24th May		
MCHFT	DS - 3rd April	DS - 14th April	DS - 17th April	DS - 24th April	DS - 3rd May			DS - 23rd May		
SFT							DS - 18th May	DS - 22nd May	DS - 30th May	DS - 5th + 6th June

- Ongoing training is required, for which arrangements are in place.









# Macclesfield maternity unit shut in pandemic ready for births again

26 June



EAST CHESHIRE NHS TRUST

The trust said the team at the unit were delighted that "Macc is back"





# Lessons for future projects

- Each project needs to establish **appropriate governance arrangements** that are proportionate to the scale and complexity of the task. Involving external partners in this governance should be considered for all projects.
- It is important for any major project to understand any **external decision-making factors**. To take time to understand any critical dependencies required to secure the service change and that all relevant decision makers are appropriately and effectively engaged.
- Project may need to appoint a **Senior Responsible Officer and Clinical Lead** to help lead any given project, these leaders need appropriate levels of authority and decision making to help drive the project.
- **Snagging** issues and unintended consequences should be expected and where possible anticipated.
- The importance **of ongoing engagement**:
  - With staff, including face to face, to listen to and understand their perspectives,
  - With clinical leadership, ensuring they play a role in feeding in to and out of a project,
  - With patients, ensuring patient voice is central to the service change, and wherever possible patients, or patients' groups are involved in co-producing service change.
- To take time to map out all the wider **stakeholders** affected by the changes, their drivers and motivations, and ensuring that they are fully engaged in the development and implementation of plans.

# Activity since June 2024

	Jun 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	July	Aug	Sept	Oct	Total
Total births	18	88	80	86	125	97	102	102	93	119	97	114	110	117	87	121	110	1885

BIRTHRATE PLUS 2021 (Pre suspension data)

Macclesfield Hospital	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
DS % Casemix	8.2%	14.8%	18.5%	27.2%	31.3%
	41.5%			58.5%	

BIRTHRATE PLUS 2024

Macclesfield Hospital	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
DS % Casemix	2.3%	10.7%	24.5%	30.9%	32.6%
	37.7%			62.5%	

# Ethnicity and Language

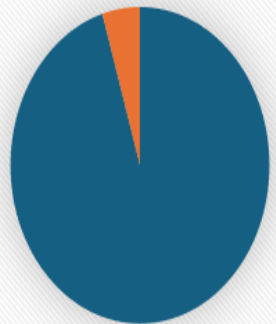
Ethnicity at Booking 2023/2024



■ White British ■ Non White British

Total WB = 83.8% (previously 87.8%)  
Total non-WB = 16.2% (previously 12.3%)

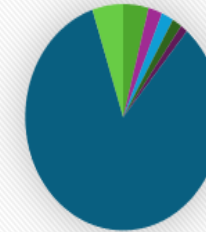
1st Language 2023/2024



■ English ■ Other

Any Other White Background = 4.2%  
Asian or Asian British - Indian = 2.3%  
Black or Black British – African = 2%  
Any Other Ethnic Group = 1.6%  
Any Other Mixed Background = 1.2%

Ethnicity breakdown 2023/2024



■ Any Other White Background ■ Asian or Asian British - Indian  
■ Black or Black British – African ■ Any Other Ethnic Group  
■ Any Other Mixed Background ■ White British  
■ Other

English = 91.4%  
Other = 8.6%  
Polish = 14  
Arabic = 9  
Hindi = 9  
Spanish = 9  
Malayalam = 7

# Reducing Health Inequalities

- ECT demographics have changed.
- We have:
  - 3.6% of women in the most deprived decile
  - 3.6% of women with complex social factors
  - 40% of women reported as having a mental health concern at booking
- The Trust has set out an anti-racism statement as a key step in the trusts journey towards becoming an intentionally anti-racist organisation
- Working with GMEC LMNS on the E & E action plan
- Birthchoice clinic and vulnerable families support women with information and choices individualised care plans(IPC)
- We have included ethnicity and social factors in the PSIRF paperwork to ensure they are considered on reviewing incidents

2023 staff survey reported that:

- 32% experienced harassment, bullying or abuse from patients, relatives, or the public (25% White staff).
- 26% experienced harassment, bullying or abuse from staff (20% White staff).
- 19% experienced discrimination at work from a manager, team leader, colleague (4% White staff).
- 44% believe the organisation provides equal opportunities for career progression (58% White staff).



**FEAR ..... LEARNING ..... GROWTH**



# CQC Inspection December 2023

East Cheshire  
NHS Trust

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Good	Requires Improvement	Good	Good	Good	Good

## Inspection findings:

- Staff felt respected and supported. They were focused on the needs of women and birthing people receiving care. The service generally had an open culture where women and birthing people, their families, and staff could raise concerns without fear.
- Leaders and staff engaged with women and birthing people, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women and birthing people.
- Leaders had the skills and abilities to run the service. They were visible and approachable in the service for staff.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe. Staff were trained to use them.
- The service generally had enough medical staff with the right qualifications, skills, training, and experience to keep
- Women and birthing people and babies safe from avoidable harm, and to provide the right care and treatment.
- Staffing levels did not always match the recommended numbers, potentially putting the safety of women and birthing people and babies at risk.
- Records were not always clear and easily available to all staff providing care.
- Governance and data collection processes were in their infancy due to the short time the service was operational, and
- needed to be embedded.
- **Actions – 6 Must Do's and 8 Should Do's**

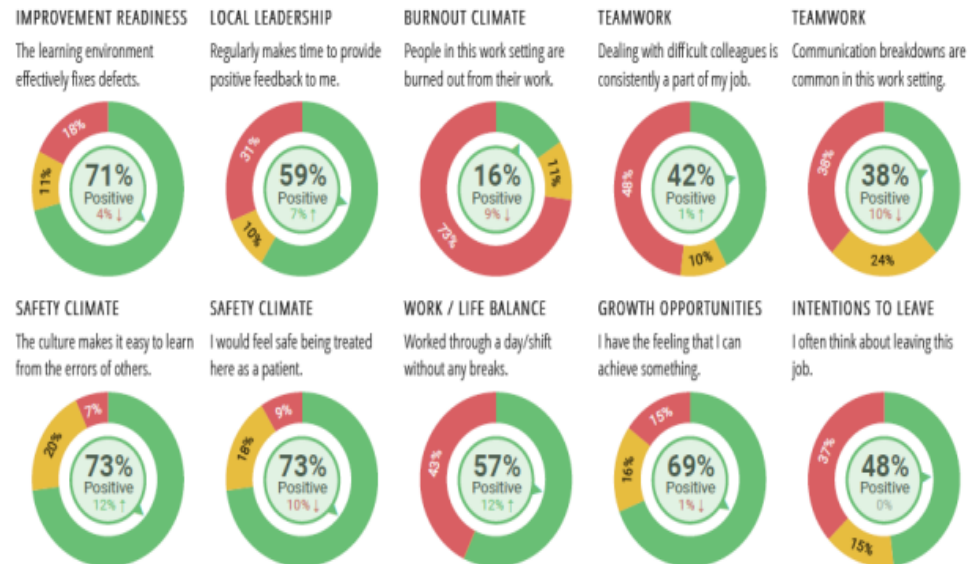
# Workforce

- Birthrate Plus ® Midwifery Workforce Calculation undertaken for ECT. Report identified a deficit in the current funded establishment of 8.3wte
- Minimal vacancies and no issues recruiting to roles
- All locums have CVs checked for training compliance. Any long-term locums will be included in ECT training and have robust induction
- Work ongoing with the senior workforce information analysts to address the PWR data issue
- Maternity anaesthetic provision is stable and a priority staffing
- Pressures of a small team sharing lead roles to work against National Standards

# Team Working

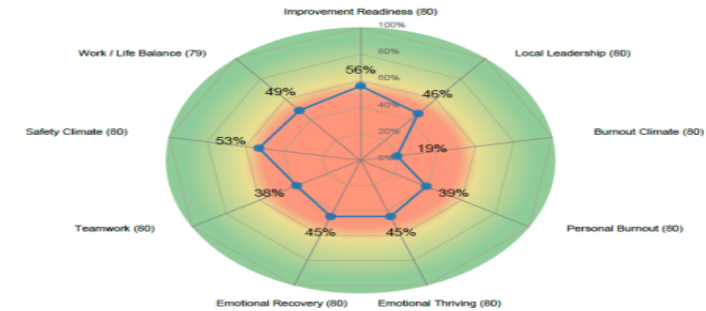
- The new Quad formed in October 2023 and commenced on the PCLP
- SCORE SURVEY undertaken in April 2024 – 61% response rate
- Meet Bi-monthly QUAD meetings
- Bi-monthly safety champion meetings
- Various involvement and attendance to monthly safety meetings, ATAIN, Maternity & Neonatal Clinical Governance, Performance meetings, Directorate & Trust SQS, bi - monthly Public board, Monthly Clinical Leadership board

## Key Drivers of Culture & Engagement (Green is good)



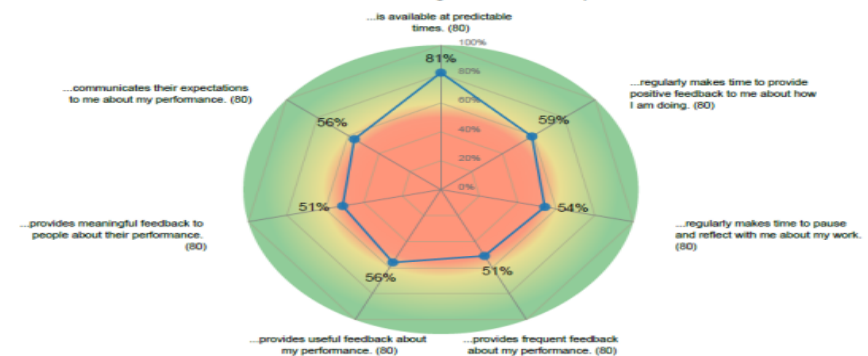
Source Data: Apr 2024  
Institution: East Cheshire NHS Trust  
Work Setting(s): All Work Settings  
Position(s): All Positions

## East Cheshire NHS Trust All Culture Domains



## East Cheshire NHS Trust Local Leadership Domain

In this work setting, local leadership...



Source Data: Apr 2024  
Institution: East Cheshire NHS Trust  
Work Setting(s): All Work Settings  
Position(s): All Positions

Percentage who Agreed slightly or Agreed strongly with each question or Disagreed slightly or Disagreed strongly if reversed.



# Celebrations and Achievements

- SBL compliant
- Shortlisted for Parliamentary award
- Euroking issues – MSDS compliant and NPSA deadline met
- BFI stage 1 accreditation expected by March 2025
- SCORE survey good response rate and mostly positive results
- 100% PMRT reviews have external bodies involved
- Dedicated maternity emergency theatre and separate theatre for elective activity
- All ward rounds are face to face
- Minimal vacancies
- Social media engagement
- Learning from incidents – no blame culture



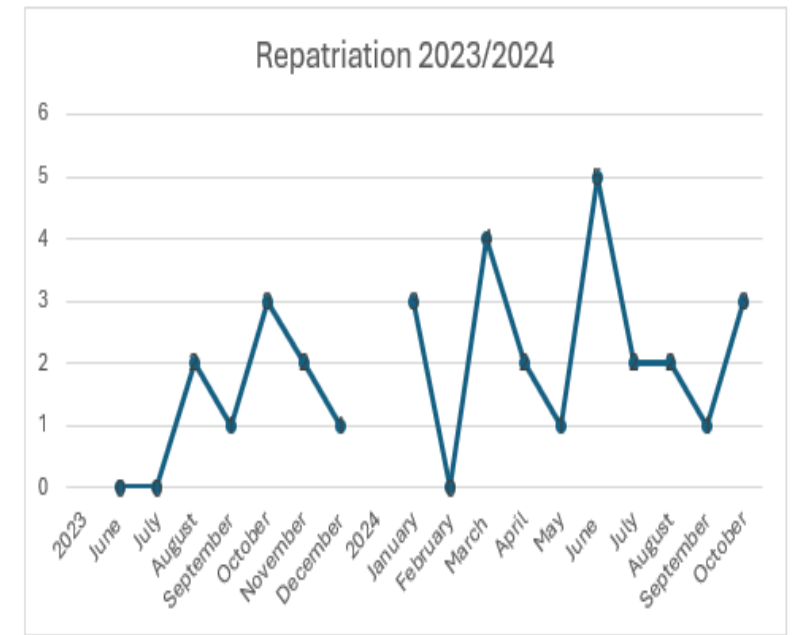
# MNVP Engagement

## Work Plan – key areas

- Adding in Neonatal – focus on setting up listening events alongside Neonatal staff and other agencies.
- Equity and Equality – want to use some of the additional funding to pay for VCSE stakeholder involvement (Pearls of Cheshire) – this will enable us to hear more voices.
- Bereavement – working on reviewing the documents is in progress.
- What information do you need/ did you need in pregnancy? Looking at reviewing website and other digital information. Also looking at Parent Education offering and what needs are of SUs and partners.
- Awaiting formal confirmation on formal funding – proposal was to increase to 72 hours per month (was 32 hours per month). Payment Via place to ECT and MNVP account but not an employed position unlike GM trusts.
- Active engagement from MNVP chair including:
  - Participation in the LMNS PSCP QI project
  - 15 steps assessment undertaken in June 2024
  - Digital review ongoing
  - Maternity Vision and Strategy
  - CQC action plan
- To be included in reviewing the complaints process and Safety Champion meetings in November 2024

# Neonatal Care

- NWNODN undertook annual site visit on 31<sup>st</sup> July 2024 – report now received and working on recommendations
- Emergency Simulations run by ECT consultants to maintain skills
- Stabilisation training from NWNODN
- Had discussion with NWNODN re HD care for babies staying longer than 6 hours – improved the transfer time
- ATAIN – reducing term admissions for hypoglycaemia and RDS/TTN
- TC reviewed criteria has been amended and to be implemented once training provision resolved
- FiCare and the requirement to provide allied health services
- In SCBU in progress
- Repatriation rates improving



# Focus & Priorities

- Aim for compliance against the 3-year single delivery plan
- CQC action plan & CQC survey action plan
- Cultural improvement work from PCLP – Themes:
  - Personal Burnout (but good emotional recovery)
  - Teamwork
  - Safety Culture
- Review SCBU activity and bed base including TC
- New digital strategy and system – improve efficiency, accurate data extraction, EPC
- MNVP role evolving – Requires adequate funding to enable this
- Staffing levels – Workforce paper to include BR+ findings, PAs, review impact of training requirements, retention and vacancy
- Increase birth numbers
- Aim to provide Maternity Continuity of Care including intrapartum care

# Any questions?

