

Update on the return of inpatient intrapartum services

The purpose of this paper is to update the Cheshire East Scrutiny Committee on plans to safely return full intra-partum care to Macclesfield District General Hospital (DGH).

1 INTRODUCTION:

- 1.1 Intrapartum maternity services at Macclesfield DGH were suspended in March 2020 in preparation for a surge in critical care demand linked to the COVID-19 pandemic.
- 1.2 East Cheshire NHS Trust has remained committed to returning services when safe to do so and has worked tirelessly, including significant work with partners across the NHS as well as Cheshire East Council, to be able to resume services from 26th June 2023.
- 1.3 This report for the Cheshire East Health Overview and Scrutiny Committee provides details of the background to the suspension, a high-level overview of the arrangements for intrapartum services since 2020, details of the work undertaken to return services and sets out our plans for a safe and sustainable service moving forwards.

2 BACKGROUND:

2.1 Service Provision at East Cheshire Trust up to 2019/20

Prior to the COVID-19 pandemic, ECT's maternity and gynaecology services were delivered from the Macclesfield site in a purpose-built antenatal unit with:

- Ultrasound scanning facilities,
- Inpatient maternity unit with:
 - Delivery suite comprising of three standard and two water-birth ensuite rooms,
 - Triage assessment bay with 6 beds,
 - 22 antenatal/postnatal beds,
- Dedicated obstetrics theatre.

In addition, community midwifery antenatal and postnatal clinics were held in locations across eastern Cheshire with home births offered to all women.

ECT had six substantive consultants who shared obstetrics and gynaecology commitments, and all contributed to the on-call rota. Complex foetal-maternal medicine was jointly managed through relationships with neighbouring specialist units at St Mary's in Manchester and Liverpool Women's Hospital.

The maternity service supported the births of around 1,500 babies a year (4 per day), aided by a Level 1 neonatal unit. In 2019, ECT's maternity service was rated 'Good' by the CQC in all five areas.

2.2 **Decision making leading up to closure of the maternity unit at Macclesfield MDGH**

In March 2020, at the start of the COVID-19 pandemic, NHS England instructed trusts to prepare for and respond to large numbers of inpatients requiring respiratory support, particularly mechanical ventilation. Almost immediately, ECT had concerns about our ability to respond.

- In 2020 the critical care unit at MDGH was extremely small by modern standards with capacity for just 6 Level III patients (normally hosts a mixture of Level II and Level III patients).
- Medical staffing to the unit was provided by a small anaesthetics department which consisted of just 8 consultants and 12 juniors (mixture of SAS, and trainees). 6 of the 8 consultants provided dedicated daytime weekday cover to the ICU; all other times were covered by the on-call consultant anaesthetist. Junior anaesthetic cover was provided by a 24/7 resident SAS anaesthetist who also simultaneously provided anaesthetic cover to the labour ward.

It rapidly became apparent that the major limiting factor in the trust's ability to increase critical care capacity was the anaesthetic workforce and that it would not be possible to increase critical care capacity if 24/7 anaesthetic cover to the labour ward and emergency caesarean section cover was also required.

ECT liaised with partners across the NHS – including neighbouring maternity units and the NHSE Regional Team. All fully understood and appreciated the rationale for ceasing births and gave the proposal their unanimous support. The ECT Board took the decision to close the unit from 25th March 2020.

ECT invited the Royal College of Anaesthetists (RCoA) to conduct a review of the anaesthesia service in relation to provision of maternity care, to provide independent and expert advice with regard to reinstating maternity services at the hospital. The RCoA report has helped to provide a framework for managing and implementing change linked to the full return of consultant delivered maternity care.

The RCoA review recommended a that two tiers of middle-grade anaesthetists would be required on the on-call rota to ensure sustainability. The review was accepted by the ECT Board and has been supported by the Cheshire and Merseyside ICB. The service has subsequently recruited an additional four consultant anaesthetists and eight specialty doctors, these specialty doctors are solely dedicated to maternity.

2.3 **Service provision during suspension (April 2020- June 2023)**

Inpatient intrapartum maternity services have been suspended at Macclesfield DGH since March 2020, with most registered women delivering at neighbouring 'host' hospitals in Leighton Stockport and Wythenshawe.

Whilst the service has been suspended, all inpatient intrapartum activity has been provided by host Trusts - Stockport NHS Foundation Trust (SFT) at Stepping Hill Hospital, Manchester University NHS Foundation Trust (MFT) at Wythenshawe Hospital and Mid Cheshire NHS Foundation Trust (MCFT) at Leighton Hospital. Women

have been given the option to choose which host site they want to attend by the time they are 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

Most antenatal and postnatal care, including scans, tests and support for home births, has continued to be provided throughout the suspension by ECT on site at MDGH and in the community across eastern Cheshire. Some women may have had their care transferred if considered high risk or complex.

2.4 Governance and Decision Making

The initial suspension of inpatient services was for a period of up to six months arising from the limited anaesthetic capacity in the Trust to deal with the COVID pandemic. The suspension has been extended on three occasions following assessment against Board approved recovery criteria.

At its March 2022 Board meeting, the Board agreed that intra-partum services should be returned to the Macclesfield site when safe to do so with an initial goal of doing so by April 2023. Key to ensuring safety was the response to a Royal College of Anaesthetists invited review of obstetric anaesthesia provision and the final report of the Ockenden maternity review into another NHS Trust.

3 PREPARATION FOR THE RETURN OF SERVICE

- 3.1 In September 2022, a detailed paper was considered by the ECT Board which set out options for how the service could be re-instated safely. These had been developed through significant work over the spring / summer, involving staff, partners, stakeholders, and patients. The agreed model for return was a full consultant led obstetric unit with an Alongside Midwife Led Unit and Special Care Baby Unit (SCBU), the Board also agreed that a supportive partnership model should be established with a neighbouring trust.

Two reports were critical to the Board's considerations:

- The Findings, Conclusions and Essential Actions from the Independent Review of Maternity services at the Shrewsbury and Telford Hospital NHS Trust ('The Ockenden Report, March 2022).
- The Royal College of Anaesthetists invited review of the anaesthesia service in relation to provision of maternity care at East Cheshire NHS Trust (February 2022) (attached).

3.2 The Trust established a regular cycle of meetings of the Maternity Oversight Group (chaired by ECT CEO, attended by representatives of Cheshire and Merseyside ICB; Cheshire East ICB Place Team; Cheshire East Council; and Greater Manchester and East Cheshire Local Maternity and Neonatal Network) and Maternity Implementation Group (chaired by the ECT Medical Director, attended by ECT representatives plus the Maternity Voices Partnership).

Key risks to the safe re-instatement of the service were agreed as:

- a) The need to develop robust arrangements to deliver high quality, safe and sustainable intrapartum services with a supporting partner,
- b) The need to secure support from NHS England the Cheshire & Merseyside ICB for the proposals,
- c) ECT's ability to recruit, retain and train sufficient staff to sustainably deliver the service,
- d) The need to reduce the requirement for escalation beds, allowing Ward 6 to return to being used for maternity patients.

3.3 Criteria to confirm the decision to return the service were reviewed and amended and agreed by ECT Trust Board in November 2022:

Local Level

1. *National modelling indicates that further C19 surge is unlikely and local capacity to meet clinical need would be manageable within enhanced workforce and environment.*
2. *Robust arrangements are in place to deliver high quality, safe intrapartum services with a supporting partner; this includes support for the ongoing training and development of staff.*
3. *Workforce recruitment, attendance and resilience is at a level sufficient to maintain safe staffing levels in obstetrics, midwifery, neonatal, anaesthetic and theatre services:*
 1. *Obstetrics – full establishment required.*
 2. *Midwifery – 90% establishment seen as safe*
 3. *Neo-natal – 87% establishment seen as safe*
 4. *Anaesthetics – please see note below*
 5. *Theatres – service can accommodate 1.27 ODP vacancy*
4. *Capacity for patients (including any COVID 19 positive patients, any linked to seasonal pressures and any with no criteria to reside) can be accommodated to core wards without the requirement to utilise additional estate and facilities in maternity.*
5. *The Trust has robust plans in place to guarantee access to emergency theatres when necessary.*

System Level

6. *Local Maternity Systems in Cheshire & Mersey and Greater Manchester are safely resilient to the impact of the ECT recovery plan.*
7. *Support is received from commissioners and regulators for proposals to return intrapartum services.*

3.4 Assessment of readiness against these criteria have been considered by the ECT Board each month. In March 2023, the ECT Trust Board assessed that they were confident that all criteria would be met by June 2023 and that it would therefore be safe to reinstate the service. The Trust continue to monitor readiness against the criteria which is illustrated on the dashboard below.

DASHBOARD		UPDATED 18/05/2023 - FOR BOARD APPROVAL						
Maternity Return Criteria Review		Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 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			

4 PATHWAY TO 'GO LIVE'

4.1 A detailed project plan to 'go live' was developed and proactively managed, which captured over 400 tasks required to be completed before the service could return. This plan has been overseen by both the Maternity Implementation Group (chaired by the Medical Director) and Maternity Oversight Group (chaired by ECT CEO). Five key strands of this plan have included:

- i. **Staffing training and re-orientation**
Plans for all necessary staff to be re-trained to be competent and confident to deliver a safe service from early summer. Ongoing training may be required, for which arrangements are in place.
- ii. **Estates & facilities**
Work has taken place to convert Ward 6 back into the Maternity ward, including aesthetic improvements to improve patient experience, upgrading IT equipment and installation of a new baby tagging system.
- iii. **Equipment**
New equipment has been purchased, including major items such as Labour Ward Beds and Phototherapy Units and other equipment serviced.
- iv. **Communications & patient engagement**
A robust Communications Plan has been created, including planned open days for pregnant women and families as well as work with Maternity Voices

Partnership (MVP). MVP and service users have been invited to take part in a 15 Step Assessment to review the new unit from a patient perspective.

v. Transfer of care

Robust plans are in place to care for women booked with ECT to deliver from early summer. Women have been advised of the date of reinstatement and be expected to attend ECT from that date this should minimise the requirement of the host sites providing care without ECT staff. Beyond the re-start date, host sites should only be required to care for women who are in active labour or recently given birth. A small amount of the babies requiring neonatal care may require care by the neonatal unit at the host site, and an individual assessment will be undertaken for any baby that does to see if they can be transferred to ECT.

5 ASSURANCE FOLLOWING THE RETURN OF THE SERVICE

5.1 Internal

The trust has well established internal assurance processes through committees of the Board up to the trust board. For maternity, this includes a Directorate Maternity Governance Group, which will report to the Safety, Quality and Standards Committee of the Board.

5.2 External

ECT Executives and Operational teams are working closely with a range of external partners on issues of assurance:

- ECT Executives meet regularly with senior colleagues from Cheshire & Merseyside ICB, Cheshire East Place, NHS England North West and Greater Manchester & East Cheshire Local Maternity and Neonatal System (LMNS) to appraise them of progress and deal with any issues and concerns.
- The Maternity Service is in close contact with the Regional Chief Midwife and Regional Chief Obstetrician to provide ongoing assurance and have responded to a number of clinical and operational queries and will continue to do so.
- The service is working closely with the ECT Planning team to ensure plans for 2023/24 are in line with Operational Planning Guidance.
- A new GMEC LMNS safety progress and performance meeting has been created to monitor all trusts against the national standards (Ockenden and Kirkup) at which the trust will present and update on a quarterly basis.
- Further future external assurance arrangements will be agreed with commissioners and regulators (ICB, NHSE and CQC) in due course.

5.3 Post Implementation Review

ECT are committed to learning from the experience of the suspension and return of intrapartum maternity services and has committed to completing a post implementation review. Work on the review will commence following a three-month period of service delivery.

We believe that the return of services to Macclesfield is a really good example of partnership working across the whole health and care system. Staff, partners,

stakeholders, and patients will all be invited to take part in this process as we seek to learn lessons.

6 RECOMMENDATIONS:

The Committee are asked to note the contents of the report.

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