



Health Scrutiny Committee

Date: Wednesday, 22 June 2022

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

Everyone is welcome to attend this committee meeting.

There will be a private meeting for Members only at 2:30 pm on Monday 20 June 2022 via MS Teams. A separate invite will be sent to Committee Members.

Access to the Antechamber

Public access to the Council Antechamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension.

There is no public access from any other entrance.

Filming and broadcast of the meeting

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

Membership of the Health Scrutiny Committee

Councillors - Nasrin Ali, Appleby, Curley, Green (Chair), Johnson, Karney, McHale, Newman, Reeves, Riasat, Richards, Russell and Wheeler

Agenda

1. Urgent Business

To consider any items which the Chair has agreed to have submitted as urgent.

2. Appeals

To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.

3. Interests

To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.

4. [10.00-10.05] Minutes

5 - 8

To approve as a correct record the minutes of the meeting held on 25 May 2022.

5. [10.05-10.25] Covid 19, Health Protection and Vaccination Programme Update

9 - 10

Report of the Assistant Director of Public Health, Manchester City Council Population Health/SRO Manchester Vaccination Programme

At the May 2022 meeting of the Committee, a progress report on the development of the revised Health Protection System for Manchester was presented along with an update on the Vaccination Programme and latest available COVID data. This month the members will receive a presentation on both the COVID and vaccination updates. In addition, the Health Protection slides will provide the latest information on the national, regional and local response to the monkeypox situation.

6. [10.25-10.50] The Ockenden Report - Manchester Foundation Trust's Response

11 - 90

Report of St Marys Hospital, Manchester University NHS Foundation Trust

Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was

published in December 2020. Manchester Foundation Trust produced and completed an action plan in relation to its recommendations.

The second and final report into Dame Donna Ockenden's review of maternity services at Shrewsbury and Telford NHS Trust was published on 30 March 2022. It describes 15 Immediate and Essential Actions, which must be taken forward by all local maternity service providers. Manchester Foundation Trust describe their response to the final Ockenden Report.

7. [10.50-11.20] Extra Care Growth and Developments in Manchester 91 - 116

Report of the Executive Director of Adult Social Services

This slide presentation will inform Elected Members of the developments across Extra Care Housing during the past 7 years, culminating in significant growth in provision by working in partnership with Manchester Housing Providers.

Extra Care is purpose-built accommodation with care for people over 55 years of age and is a key enabler for adult social care in increasing suitable housing options for older people to remain in their chosen community, which, through this provision, avoids the need for people with care and support needs to rely on institutionalised care settings such as residential and nursing care.

8. [11.20-11.50] Manchester Equipment & Adaptations Partnership 117 - 122

Report of the Executive Director of Adult Social Services

The Manchester Equipment & Adaptation Partnership is a citywide service within Adult Social Care in the Manchester Local Care Organisation. This report provides an outline of the service encompassing service overview and current opportunities, challenges and activity.

9. [11.50-12.00] Overview Report 123 - 138

Report of the Governance and Scrutiny Support Unit

The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.

Information about the Committee

Scrutiny Committees represent the interests of local people about important issues that affect them. They look at how the decisions, policies and services of the Council and other key public agencies impact on the city and its residents. Scrutiny Committees do not take decisions but can make recommendations to decision-makers about how they are delivering the Manchester Strategy, an agreed vision for a better Manchester that is shared by public agencies across the city.

The Health Scrutiny Committee has responsibility for reviewing how the Council and its partners in the NHS deliver health and social care services to improve the health and wellbeing of Manchester residents.

The Council wants to consult people as fully as possible before making decisions that affect them. Members of the public do not have a right to speak at meetings but may do so if invited by the Chair. If you have a special interest in an item on the agenda and want to speak, tell the Committee Officer, who will pass on your request to the Chair. Groups of people will usually be asked to nominate a spokesperson. The Council wants its meetings to be as open as possible but occasionally there will be some confidential business. Brief reasons for confidentiality will be shown on the agenda sheet.

The Council welcomes the filming, recording, public broadcast and use of social media to report on the Committee's meetings by members of the public.

Agenda, reports and minutes of all Council Committees can be found on the Council's website www.manchester.gov.uk.

Smoking is not allowed in Council buildings.

Joanne Roney OBE
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Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This agenda was issued on **Tuesday, 14 June 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension, Manchester M60 2LA

Health Scrutiny Committee

Minutes of the meeting held on 25 May 2022

Present:

Councillor Green – in the Chair

Councillors N. Ali, Appleby, Curley, Johnson, Karney, Newman, Riasat, Richards and Russell

Apologies: Councillors McHale and Reeves

Also present:

Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care

Councillor Collins, Deputy Executive Member for Healthy Manchester and Adult Social Care

HSC/22/19 Urgent Business – IT Failure at the Northern Care Alliance NHS Foundation Trust (NCA)

The Chair welcomed Councillor T. Robinson, Executive Member for Healthy Manchester and Adult Social Care and asked him to address the Committee on the recent IT Failure at the Northern Care Alliance NHS Foundation Trust (NCA).

The Executive Member for Healthy Manchester and Adult Social Care stated that he had met with senior officers to discuss the emerging IT issue that was impacting upon North Manchester General Hospital. He advised that business contingency plans were being enacted and that a comprehensive briefing note would be circulated to all Members by the close of business.

The Deputy Director of Adult Social Services reassured the Committee that teams were working to ensure the continued safe treatment and discharge of patients.

Decision

To note the oral update.

HSC/22/18 Minutes

Decision

To approve the minutes of the meeting held on 9 March 2022 as a correct record.

HSC/22/19 Covid-19 and Vaccination Programme Update

The Committee considered the joint presentation of the Director of Public Health and the Medical Director, Manchester Health and Care Commissioning, that had been circulated to all Members in advance of the meeting that provided an update on COVID-19 activity.

Key points and themes in the presentation included:

- An update on the current Covid data;
- An overview of the Manchester Health Protection System; and
- Information relating to the Manchester Spring Vaccination Plan.

Some of the key points that arose from the Committee's discussions were: -

- The need to learn the lessons from history and HIV/Aids and how stigma and misconceptions can arise in relation to health issues;
- Consideration needed to be given nationally as to the naming of monkeypox, noting that this could arise to public misconceptions;
- Further information was sought as to the Covid winter booster vaccination programme and if the public would be charged, in a similar way as the flu vaccination was administered;
- Noting that COVID had not gone away and was still prevalent and people needed to be reminded of this;
- Recognising the important role of community vaccination hubs and pop-up events to support the vaccination programme;
- Noting the relationship of the reported cases of COVID and the removal of free Lateral Flow Testing;
- The vaccination levels in Manchester were still relatively low compared to the national average and further information was sought as to the characteristics of those not vaccinated;
- Information on the future of Sounding Boards was requested.

The Director of Public Health addressed the issue of monkeypox by advising that at the time of reporting there were no reported cases in the North West. He advised that nationally there were 71 confirmed cases and that the risk to public health was very low, however the local situation would continue to be closely monitored and he was confident that local systems were in place to effectively respond in the event of an outbreak. In response to the discussion regarding misconceptions and stigma he stated that the team were also working closely with the Communications Team and the local Voluntary Community and Social Enterprise (VCSE) partners to ensure the messaging was appropriate and accurate. He further acknowledged the comments regarding the naming of the disease and he would raise this nationally following the meeting. He advised the Committee that he would keep them updated in regard to monkeypox.

The Strategic Lead Population Health Programmes advised that in terms of the vaccination cohorts the guidance of The Joint Committee on Vaccination and Immunisation (JCVI) was followed. She stated that it was recognised nationally that the wider vaccination system, such as flu and childhood immunisations needed to be streamlined. In regard to future vaccination charging, she said that the approach to this was yet to be decided at a national level. She described that unlike in other areas of the country Manchester continued to deliver a consistent vaccination offer, including the outreach services and pop-up events and that teams of core volunteers still operated and supported such community settings. She said that discussions were ongoing with NHSE regarding the future funding of the estate costs associated

with community services. In regard to the details requested regarding the non-vaccinated she said this information would be shared following the meeting.

The Director of Public Health commented that Sounding Boards had been established under the remit of the work of COVID-19 Health Equity Manchester (CHEM). He stated that these would continue to function this year and that their role and scope was to be reviewed to help identify gaps and support the wider work of health protection. He added that the work of Sounding Boards complimented the wider Marmot work underway across the city to address health inequality.

In response to a question regarding staffing and the reconfiguration of services the Assistant Director of Public Health advised that all the posts were permanent posts and had utilised the capacity within existing teams under existing funding arrangements.

A Member paid tribute to all staff and partners who had worked to protect the residents of Manchester during the pandemic. He said this was contrary to the actions of the government as highlighted in recent press reports and photographs. He called upon the Prime Minister to apologise to the residents of Manchester who had adhered to the Covid rules. He further called upon the Prime Minister to resign. The Committee supported this statement.

The Executive Member for Healthy Manchester and Adult Social Care endorsed all the comments from the Committee and welcomed their deliberations and questioning. He further thanked the officers for the quality and breadth of the presentation. He concluded by paying tribute to his predecessor, Councillor Midgley.

The Chair and the Committee expressed their gratitude to all staff, partners and volunteers involved with tackling COVID-19 over the previous 24 months. The Chair expressed her ongoing confidence in all the established systems and staff and praised their ongoing commitment. The Chair further wished Dr Kumar her best wishes and congratulations on her new post and thanked her for her regular attendance at Health Scrutiny and in doing so welcomed Jenny Osborne, Strategic Lead Population Health Programmes to her new role.

Decision

To note the report.

HSC/22/20 Overview Report

The report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

The Committee noted that it would be discussing the work programme for the forthcoming municipal year in further detail in a private session following the meeting, and that an updated work programme reflecting this discussion would be circulated as normal in the papers for the next meeting.

Decision

The Committee notes the report and agrees the work programme, noting the above comment.

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 22 June 2022

Subject: Covid 19, Health Protection and Vaccination Programme Update

Report of: Assistant Director of Public Health, Manchester City Council
Population Health/SRO Manchester Vaccination Programme

Summary

At the May 2022 meeting of the Committee, a progress report on the development of the revised Health Protection System for Manchester was presented along with an update on the Vaccination Programme and latest available COVID data. This month the members will receive a presentation on both the COVID and vaccination updates. In addition, the Health Protection slides will provide the latest information on the national, regional and local response to the monkeypox situation.

Recommendations

The Committee are asked to Note the report and presentation.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	As we move into the recovery phase of the Pandemic there is a recognition that Covid-19 has had a disproportionate impact on certain communities in our city. As part of Building Back Fairer we will address the health inequalities that have been exacerbated by the Pandemic and the Living Safely and Fairly with Covid-19 Plan, approved by the Council Executive in March 20 sets out how we will build a local health protection system that reflects the OMS outcomes.
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	
A liveable and low carbon city: a destination of choice to live, visit, work	

A connected city: world class infrastructure and connectivity to drive growth	
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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 22 June 2022

Subject: The Ockenden Report - Manchester Foundation Trust's Response

Report of: St Marys Hospital, Manchester University NHS Foundation Trust

Summary

Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust. A report highlighting the initial findings was published in December 2020¹. Manchester Foundation Trust produced and completed an action plan in relation to its recommendations.

The second and final report into Dame Donna Ockenden's review of maternity services at Shrewsbury and Telford NHS Trust was published on 30 March 2022². It describes 15 Immediate and Essential Actions, which must be taken forward by all local maternity service providers. Manchester Foundation Trust describe their response to the final Ockenden Report.

Recommendations

The Committee is recommended to consider, question and comment upon the information in the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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It is recognized within the Ockenden report that women from black and ethnic minority backgrounds, and women living in areas with higher rates of social deprivation, are at increased risk of maternal and neonatal morbidity and mortality. Implementation of the recommendations of the Ockenden report, as described in this paper, will improve access to services for these women and reduce variations in care and improve outcomes for women.

¹ <https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	N/A
A highly skilled city: world class and home grown talent sustaining the city's economic success	N/A
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	N/A
A liveable and low carbon city: a destination of choice to live, visit, work	N/A
A connected city: world class infrastructure and connectivity to drive growth	N/A

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

N/A

Financial Consequences – Capital

N/A

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1 Emerging Findings and Recommendations from the Independent Review of MATERNITY SERVICES at the Shrewsbury and Telford Hospital NHS Trust. December 2020

2 Independent Maternity Review. (2022). Ockenden report – Final: Findings, conclusions, and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (HC 1219). Crown. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

1.0 Introduction

- 1.1 In the summer of 2017, following a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at The Shrewsbury and Telford Hospital NHS Trust, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to newborn, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust. Donna Ockenden, senior midwifery advisor, was asked to lead this independent review.
- 1.2 The 'Ockenden report' is based on the themes identified within the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust.
- 1.3 Donna Ockenden's first report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published on 11th December 2020. This report identified 7 immediate and essential actions (IEAs) which maternity providers across England were mandated to take forward.
- 1.4 The second and final report was published on 30 March 2022 and identified a further 15 IEA's.
- 1.5 Saint Mary's Managed Clinical Service (SM MCS), as part of Manchester University NHS Foundation Trust (MFT), manages the maternity services on the North Manchester General Hospital, Wythenshawe and Oxford Road Campus sites). In this paper, SM MCS provides an update on compliance with the first report and describes their response to the final Ockenden Report. This is to inform the Committee of areas where maternity care is already compliant with the recommendations; highlight areas where actions are being taken and outline the process by which the action plan will be monitored.

2.0 Manchester Foundation Trust response to emerging findings from the first Ockenden report

- 2.1 Following the publication of Donna Ockenden's first report NHS England and Improvement (NHSE & I) wrote to all Chief Executives of all Trusts providing maternity services, setting out the immediate response required.
- 2.2 It was mandated that each Trust should proceed to implement the full set of Ockenden IEAs, and to confirm that the 12 urgent clinical priorities from the IEAs had been implemented by 5pm on 21st December 2020.
- 2.3 Confirmation of compliance with these immediate actions was signed off by the MFT Chief Executive along with the Regional Chief Midwife by 21st December 2020.
- 2.4 Saint Mary's Managed Clinical Service (SM MCS), who provide maternity and neonatal services within MFT, reported no major non - compliance on the 21st

December 2020 with any of the IEA's and informed the MFT BoD in January that in responding to the immediate and essential actions maternity services did not identify any high-level patient safety concerns.

- 2.5 SM MCS, as requested, completed the National Assurance Assessment Tool which was reported through the Greater Manchester and East Cheshire Local Maternity Service (GMEC LMS) to the NW Regional Office on the 15th February 2021. This provided a greater level of detail as to the level of compliance with all 7 IEAs of the first Ockenden Report.
- 2.6 SM MCS developed a comprehensive action plan to deliver full compliance against each of the workstreams. Whilst there was full compliance with several Immediate and Essential Actions, aspects of the service which could be strengthened were identified and included in the Action Plan.
- 2.7 SM MCS First Ockenden response plan included 83 actions against the 7 Immediate and Essential Actions (IEAS) and full compliance was confirmed for all by 31st December 2021.
- 2.8 In June 2021, an extensive submission of evidence related to areas of compliance was submitted via the Future NHS Collaborative Platform for review by the Clinical Support Unit (CSU), Regional Maternity Transformation Programme. GMEC LMS subsequently received evidence of SM MCS compliance against all IEA's.
- 2.9 In addition, all Trusts were asked to submit funding bids to NHS England for monies to support compliance with specific actions relating to workforce gaps which had been identified following the completion of Birth Rate Plus in March 2021.
- 2.10 Birth Rate Plus is a nationally recognised midwifery staffing toolkit, which was funded by GMEC LNMS, and had identified that SM MCS required 17 WTE midwives to ensure safe staffing levels.
- 2.11 SM MCS was successful in receiving funding from NHS England which supported an increase in midwifery establishment to Birth Rate Plus recommended safe staffing levels.
- 2.12 By September 2021, SM MCS had made recruitment offers to fill the new 17 WTE vacancies arising from the increase in establishment.
- 2.13 The first Ockenden action plan was monitored monthly via SM MCS Maternity Division Quality and Safety committee, reported quarterly to Trust Board of Directors throughout 2021.
- 2.14 By 31st December 2021, SM MCS had completed all actions with the action plan and completed all provider level Ockenden actions required from the initial report published in December 2020. There remain 3 outstanding actions which sit with GMEC LMNS relating to a process on how the system is to

receive maternity training data. It is expected that this will be completed by the end of June 2022.

- 2.15 A summary of the action plan is shared in Appendix 1.
- 2.16 Formal Assurance Visits by the NHS England Regional Midwifery Team to review progress against the first Ockenden IEAs are scheduled to take place across SM MCS on the 24th 25th and 26th of August 2022, with evidence of compliance against specific metrics within the 7 IEAs provided to the regional team 1 week prior.

3.0 Manchester Foundation Trust response to emerging findings from the final Ockenden report

- 3.1 In March 2022, SM MCS reported to Trust Board of Directors the expected publication of the final Ockenden report.
- 3.2 On 30th March 2022, the final Ockenden Report³ was released, which identified a further 15 Immediate and Essential Actions.
- 3.3 Key Findings of the report specifically relating to maternity services related to:
- 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.
- 3.4 The Ockenden report focuses on maternity services however the 4 overarching themes identified provide wider learning for the wider healthcare system. These are:
- Safe staffing levels
 - A well-trained workforce
 - Learning from incidents
 - Listening to families
- 3.5 In April 2022, SM MCS completed an initial review of the 15 IEA's against current service provision which was submitted to Trust Board of Directors in May 2022 (Appendix 2).

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

- 3.6 The 15 IEA's (split into 27 sections) include 97 separate elements which Trusts must achieve to be compliant. This expectation was communicated to the MFT Board of Directors in March 2022.
- 3.7 By May 2022 SM MCS were able to report to Trust Board of Directors that they were already compliant with 57 of the 97 elements. Work is required by SM MCS to achieve compliance with 26 elements and an action plan has been generated (Appendix 3). The other 14 elements require work to be undertaken by external bodies such as NHSE, or Royal Colleges, or for SM MCS to work in conjunction with these bodies.
- 3.8 SM MCS are already fully compliant with the IEAs relating to Clinical Governance Leadership, Complex Antenatal Care and Bereavement Care.
- 3.9 For ease SM MCS have developed the following table (Table 1) for clarity of reporting against all the 15 IEAs (incorporating 27 sections) and SM MCS compliance in May 2022.

Table 1 Current compliance of Saint Mary's MCS with the 15 IEAs

IEAs	Section	Comment
Immediate and Essential Action 1 -Workforce planning and sustainability	Financing a safe maternity workforce	Work ongoing
	Training	Work ongoing
Immediate and Essential Action 2 - Safe staffing	All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals	Work ongoing
Immediate and Essential Action 3 - Escalation and Accountability	Staff must be able to escalate concerns if necessary	Work ongoing
	There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times. If not resident there must be clear guidelines for when a consultant obstetrician should attend	Work ongoing
Immediate and Essential Action 4 - Clinical Governance Leadership	Trust boards must have oversight of the quality and performance of their maternity services.	Compliant
	In all maternity services the Director of Midwifery and Clinical Director for	Compliant

IEAs	Section	Comment
	obstetrics must be jointly operationally responsible and accountable for the maternity governance systems.	
Immediate and Essential Action 5 - Clinical Governance Incident Investigation and complaints	Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner	Work ongoing
Immediate and Essential Action 6 - Learning from Maternal Deaths	Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies.	Work required by external bodies (RCOG)
	In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings	Work required by external (RCOG)
Immediate and Essential Action 7 - MDT Training	Staff who work together must train together	Compliant
	Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend.	Work ongoing
	Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training	Work ongoing
Immediate and Essential Action 8 - Complex Antenatal Care	Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care.	Compliant
	Trusts must provide services for women with multiple pregnancy in line with national guidance	Compliant
	Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy	Compliant
Immediate and Essential Action	The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the	Work ongoing

IEAs	Section	Comment
9 - Preterm Birth	management of women at high risk of preterm birth.	
Immediate and Essential Action 10 Labour and Birth	Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary.	Work ongoing
	Centralised CTG monitoring systems should be mandatory in obstetric units	Compliant
Immediate and Essential Action 11 Obstetric anaesthesia	In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm.	Work ongoing
	Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events.	Work required by external bodies
	Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe obstetric anaesthesia services throughout England must be developed.	Work ongoing
Immediate and Essential Action 12 Postnatal Care	Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review.	Work ongoing
	Postnatal wards must be adequately staffed at all times	Compliant
Immediate and Essential Action 13 Bereavement Care	Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services	Compliant
Immediate and Essential Action 14 Neonatal Care	There must be clear pathways of care for provision of neonatal care.	Work ongoing

IEAs	Section	Comment
Immediate and Essential Action 15 Supporting Families	Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision.	Work ongoing

Progress against the action plan is monitored through the extended governance framework which has been developed. Progress is reported at Divisional level within the maternity unit; to the Saint Mary's Quality and Safety Committee; to the MFT Group Quality and Safety Committee and to the Board of Directors. The Board Safety Champions (including a Non-Executive Director) meet regularly with the Medical Director and Director of Midwifery and Nursing, as does the CCG Deputy Director of Quality and Patient Safety Specialist. Assurance is also provided to the Local Maternity System, to the Regional Maternity Team and returns are submitted nationally.

4.0 Recommendations

- 4.1 The Committee is recommended to consider, question and comment upon the information in this report.

Appendix 1: Detailed Initial Ockenden Action Plan – updated 4th January 2022

Recommendation	Action	Lead	Due date	Update
Immediate and Essential Action 1: Enhanced Safety Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity Neonatal System (LMNS) oversight. • Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g., through maternity dashboards. This must be a formal item on LMNS agendas at least every 3 months. • External clinical specialist opinion from outside the Trust (but from within the region), must be	Improve compliance with the SMH Maternity Services Data Set submissions relating to outcomes of care	MFT Informatics Data Quality Manager	Closed	Completed
	Review the internal review processes once the external HSIB review processes are embedded and decide on whether to continue with the dual review process of babies with poor outcomes	Governance Leads	Closed	Completed
	Develop a process for sharing learning identified through the LMNS Safety SIG and developing actions to improve care	Governance Leads	Closed	Completed
	Strengthen the reporting process to ensure details re maternity SI's are reported to the Group Board and included in Group Board minutes	Group Associate Director for Clinical Governance and Governance Leads	Closed	Completed
	Implement a process whereby the small group of cases of term babies with neonatal brain injury (declined by HSIB) are referred to the LMNS for external opinion.	Governance Leads and LMNS Safety Lead	Closed	Completed

Recommendation	Action	Lead	Due date	Update
<p>mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.</p> <p>• All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMNS for scrutiny, oversight, and transparency. This must be done at least every 3 months</p>	Develop a process with the LMNS to ensure an external review of eligible Perinatal Mortality Review Tool (PMRT) cases	PMRT Leads	Closed	Completed
	Review the MBRRACE-UK (Dec 2020) Saving Lives, Improving Mothers' Care Report and develop an action plan to ensure compliance	Clinical Head of Division	Closed	Completed
	Ensure full compliance with Information Standard Notice MSDS v2.0 ECB1513 and 10/218	MFT Head of Data Services	Closed	Completed
	NMGH Action: Create Perinatal Mortality Review report to be submitted and discussed at LMNS Safety Special interest Group and at directorate update.	Governance Leads and LMNS Safety Lead	Closed	Completed
	NMGH Action: Define process following transaction regarding how data is submitted and reviewed within Saint Mary's MCS	HOM/ Digital Midwife	Closed	Completed
	NMGH Action: Put process in place to ensure learning from any review is shared with whole maternity team	Governance Lead	Closed	Completed
Immediate and essential action 2: Listening to Women and Families Maternity services must ensure that	Appoint an Independent Senior Advocate and agree the pathway once the role expectations have	NHS England	TBC	There has been no progress from

Recommendation	Action	Lead	Due date	Update
<p>women and their families are listened to with their voices heard.</p> <ul style="list-style-type: none"> Trusts must create an independent senior advocate role which reports to both the Trust and the LMNS Boards. The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome. Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions. 	been confirmed by NHSE/I			NHS England to date regarding this role. (6.6.22)
	Strengthen the relationship with the Non-Executive Director and agree reporting processes	SMH MCS Safety Champions	Closed	Completed
	Encourage greater involvement, integration, and oversight of safety activities by the NED	SMH MCS Safety Champions	Closed	Completed
	Explore further social media opportunities for wider engagement	Consultant Midwife	Closed	Completed
	Meet with MVPs to support role development and expectations including objectives and actions in partnership with the CCG as hosts	Heads of Midwifery	Closed	Completed
	Ensure that there is MVP involvement in transformation workstreams and service development.	Heads of Midwifery	Closed	Completed and ongoing

Recommendation	Action	Lead	Due date	Update
	Support the MVP to work closely with the Senior Independent Advocate to improve services and safety	NHS England	TBC	There has been no progress from NHS England to date regarding this role. (6.6.22)
	Continue to work with the local communities e.g., Caribbean and African Health Network (CAHN), Jewish community.	Consultant Midwife	Closed	Completed ongoing
	Expand the community engagement with other minority groups.	Refugee and Asylum seeker Midwife/MVP	Closed	Completed
	Consider the role of the independent advocate in the complaints process to support families.	MFT Head of Nursing Patient Experience	TBC	
	Consider increasing meetings of the scrutiny panel for maternity complaints	MFT Head of Nursing Patient Experience	Closed	Completed
	Develop a more robust process for the dissemination of learning from debriefs with women and families	Consultant Midwife/SMH Patient Experience Lead	Closed	Completed
	Consider sharing improvements made with MVP at regular events	SMH Patient Experience Lead	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	NMGH Action: To support the implementation of the MFT Ward Accreditation process as part of the PTIP	Matrons	Closed	Completed
Immediate and essential action 3: Staff Training and Working Together Staff who work together must train together <ul style="list-style-type: none"> Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMNS, 3 times a year. Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward. Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced, and used for this purpose only. 	Work in partnership with the GMEC LMNS to support their process for validation of education and training 3 times per year and implement a local process to ensure compliance	Education Leads/ LMNS	Closed	Completed
	Undertake a spot check audit of the consultant led ward rounds	Matrons	Closed	Completed
	Share the findings of the spot check audits of the consultant led ward rounds via site Maternity Services Quality and Safety meetings (SOQS).	Governance Lead and Audit Lead	Closed	Completed
	Include the audit of consultant led ward rounds within the obstetric audit plan and share the audit reports via the Site Maternity Services Quality and Safety Committee meetings.	Audit Lead	Closed	Completed
	Work with GMEC SCN to develop an agreed system definition for consultant led wards ward round and minimum standards to use across all maternity units	Site Lead Consultant Obstetrician	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	Embed the ward round process for SMH at Wythenshawe team following the change in consultant presence in 2021.	Site Obstetric Lead	Closed	Completed
	NMGH Action: To review the Training Needs analysis following the Transaction as part of the Post Transaction Implementation Plan	Education Leads	Closed	Completed
	NMGH Action: align to SMH MCS development and evaluation of education programme.	Education Leads	Closed	Completed
	INMGH Action: Implement regular audit programme of Consultant Ward Rounds and include the audit of consultant led ward rounds within the QPCEC/ SMH QSC report.	Quality and Safety Lead/ Governance Lead	Closed	Completed
	NMGH Action: Share the findings of the spot check audits of the consultant led ward rounds via monthly divisional governance meeting	Quality and Safety Lead/ Governance Lead	Closed	Completed
	NMGH Action: Align existing Education and Training processes with SMH MCS	Quality and Safety Lead/ Governance Lead	Closed	Completed

Recommendation	Action	Lead	Due date	Update
Immediate and essential action 4: Managing Complex Pregnancy There must be robust pathways in place for managing women with complex pregnancies Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre. <ul style="list-style-type: none"> • Women with complex pregnancies must have a named consultant lead • Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team 	Undertake a baseline spot-check audit of documentation of the named consultant	Matrons	Closed	Completed
	Share the findings of the spot-check audit of documentation of the named consultant via SOQS	Governance Lead	Closed	Completed
	Include the audit of documentation of the named consultant within the obstetric audit plan and share the audit reports via the Site Obstetric Quality and Safety Committee meetings.	Audit lead	Closed	Completed
	Develop a consistent approach to the accurate documentation of the named consultant on hospital case notes and handheld notes, for women with complex pregnancies across the MCS. Baseline audit completed December 2020, quarterly audits to be completed, awaiting standardised audit template from LMNS	Matrons	Closed	Completed
	NMGGH Action: Improve documentation of the named lead consultant on all maternity records, including when this changes during pregnancy	Lead Midwives/ Administration Manager	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	NMGH Action: Improve communication with women regarding who their Consultant is by documenting this consistently on the handheld notes.	Lead Midwives	Closed	Completed
	NMGH Action: Establish ongoing audit programme which aligns with SMH MCS	Governance Lead for audit	Closed	Completed
Immediate and essential action 5: Risk Assessment Throughout Pregnancy Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway. <ul style="list-style-type: none"> • All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional • Risk assessment must include ongoing review of the intended 	Undertake a spot check audit of the documentation of ongoing risk assessments completed in December 2020.	Matrons	Closed	Completed
	Undertake a full review of the current Antenatal Handheld notes to ensure that this supports the process for undertaking and documenting a risk assessment at every contact and consider developing a local handheld record	Matrons	Closed	Completed

Recommendation	Action	Lead	Due date	Update
place of birth, based on the developing clinical picture.	develop a process for recording the outcome of antenatal pathway changes following completion of antenatal risk assessment on the maternity data system	Directorate Manager/Digital Midwife	Closed	Completed
	Await standardised risk assessment to be released and make a commitment to implement this for each antenatal appointment within handheld records	Heads of Midwifery	Closed	Completed
	Audit the use of Personalised Care and Support Plan for documenting preferences and choices throughout pregnancy	Matrons	Closed	Completed
	Incorporate documentation of the intended place of birth and preferred mode of birth into the AN booking proforma.	Matrons	Closed	Completed
	Provide information to women in a suitable format, including digital and in a range of languages other than English	Matrons	Closed	Completed
	Develop handwritten and electronic localised information to provide the risks and benefits of all available birthing locations and methods of birth to support informed choice.	Consultant Midwife	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	Identify substantive resources and secure funding to support the provision of SBL training and midwifery ultrasound scans across the MCS	SMH Director of Finance/Divisional Director	Closed	Completed
	Restart carbon monoxide screening when appropriate following the pause during the COVID pandemic for SBL V2 Element 1; Reducing Smoking in Pregnancy -	antenatal services Matron	Closed	Completed
	Identify substantive funding to sustain the long-term services related to SBL V2 Element 1, Reducing Smoking in Pregnancy -	SMH Director of Finance/Divisional Director	Closed	Completed
Immediate and essential action 6: Monitoring Fetal Wellbeing All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring. The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: - <ul style="list-style-type: none"> Improving the practice of 	Continue to support the process for learning from clinical incidents	Fetal monitoring Champions	Closed	Completed
	Develop standardised teaching package and competency-based assessment tool for intermittent auscultation across the SCN	Consultant Midwife	Closed	Completed
	Share Avoiding Term Admission to Neonatal Unit (ATAIN) audit findings monthly via Site Obstetric Safety and Quality Committee	CTG Champions	Closed	Completed

Recommendation	Action	Lead	Due date	Update
<p>monitoring fetal wellbeing –</p> <ul style="list-style-type: none"> • Consolidating existing knowledge of monitoring fetal wellbeing – • Keeping abreast of developments in the field – • Raising the profile of fetal wellbeing monitoring – • Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported – • Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. • The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training. • They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. • • The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies Lives Care Bundle 2 and subsequent national guidelines. 	Share ATAIN audit findings with clinical leadership on the delivery units	CTG Champions	Closed	Completed
	Develop a statement of case to secure a substantive expert team to support the ongoing and expanding requirements for CTG training and audit.	Directorate Manager/Deputy Head of Midwifery	Closed	Completed
	Develop a statement of case to secure a substantive expert team to support the ongoing and timely practice review	Directorate Manager/Clinical Head of Division	Closed	Completed
	NMGH Action: Ensure appropriate time within job plan for Named consultant lead for fetal monitoring	CHOD	Closed	Completed
	NMGH Action: Implement CTG 'touch points' during 12 months between annual CTG training and competency assessment	Midwife and Consultant Leads	Closed	Completed
	NMGH Action: Increased visibility in clinical areas from CTG champion	Midwife and Consultant Leads	Closed	Completed
	NMGH Action: Strengthen process of cascading learning from ATAIN reviews ensuring it is shared with those working clinically.	ATAIN Lead and Lead Midwife	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	NMGH Action: Audit to monitor progress of ATAIN actions	ATAIN Lead and Lead Midwife	Closed	Completed
	NMGH Action: Ensure midwives, Consultant Obstetricians, Anaesthetists and Neonatologists can undertake all practice review sessions within the 72-hour timeframe	Governance Midwife/Governance Lead	Closed	Completed
Immediate and essential action 7: Informed Consent All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery. All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum, and postnatal periods of care	Review the information leaflets shared with women	Directorate Manager	Closed	Completed
	Redesign the website to ensure accurate and appropriate information is easily accessible and, in a format, to meet the needs of our diverse population and in partnership with MVP	Obstetric Transformation Team, Divisional Director. Maternity Voices Partnership	Closed	Completed
	Develop information in languages other than English, which may be delivered as videos or audio	MFT Coms/SMH Patient Experience Lead/Matrons	Closed	Completed
	Develop a formal process for supporting choice by providing information and discussion with a senior midwife and Consultant Obstetrician through Birth Choice Clinic	Clinical Lead Consultants and Matrons	Closed	Completed

Recommendation	Action	Lead	Due date	Update
<p>Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care</p> <p>Women's choices following a shared and informed decision-making process must be respected</p>	Develop proformas to support shared- decision making process and consistent information to women in specified clinical situations e.g. maternal choice LSCS, IOL and care during IOL following 3 doses of Prostin	Clinical Leads	Closed	Completed
	Develop risk assessment tool to be used for all admissions for IOL	Clinical Leads	Closed	Completed
	Develop further information and consent checklists for other conditions such as induction, prelabour SROM, place of birth	Clinical Leads	Closed	Completed
	NMGH Action: Develop a process in place to support maternal requests for Caesarean section	Consultant Midwife	Closed	Completed
Maternity Workforce Standards	Submit the BR Plus report to the SMH Board	Heads of Midwifery	Closed	Completed
	Continue to review the risk related to staffing and capacity each month	Clinical Head of Division, Divisional Director and Heads of Midwifery	Closed	Completed
	Identify substantive funding to sustain the long-term services related to SBL V2	SMH Director of Finance/Divisional Director	Closed	Completed

Recommendation	Action	Lead	Due date	Update
	Review staffing requirements once the Birth Rate Plus assessment re Continuity of Carer has been received within the Division	Heads of Midwifery	Closed	Completed
	Continue to work with LMNS and HEI's to attract midwives to SMH.	Heads of Midwifery/Lead Midwife for Education/HR Business Partner	Closed	Completed
	NMGH Action: Recruit to substantive obstetrician posts.	Clinical Head of Division	Closed	Completed
	NMGH Action: Recruit to substantive Midwifery posts	Head of Midwifery	Closed	Completed
NICE Guidance related to Maternity	Include the risk assessments and review of the risk register for risks related to guidelines within the monthly guideline report	Consultant Guideline Lead	Closed	Completed
	Establish pathway from April 21 and alignment of guidelines with MFT.	Clinical Head of Division	Closed	Completed

SAINT MARY'S MANAGED CLINICAL SERVICE
[Saint Mary's Quality and Safety Committee]

Report of:	Professor Edward Johnstone, Clinical Head of Maternity Services Division Mrs Beverly O'Connor, Head of Midwifery Mrs Faith Shiels, Head of Midwifery Miss Esme Booth, Head of Midwifery Mr Medwyn Jones, Interim Division Director	
Paper prepared by:	Jen Sager Associate Head of Midwifery, Saint Mary's Maternity Services Division	
Date of paper:	1 st May 2022	
Subject:	Ockenden Final Report and review of compliance	
Purpose of Report:	Indicate which by ✓ (tick as applicable-please do not remove text)	
	Information to note	✓
	Support	✓
	Resolution	
	Approval	✓
	Ratify	
Consideration against the Trust's Vision & Values and Key Strategic Aims:	Excels in quality, safety, patient experience, research, innovation, and teaching To improve patient safety, clinical quality, and outcomes To improve the experience of patients, carers, and their families	
Recommendations:	The SM QSC are asked to: note the information provided within the report in respect of Saint Mary's Managed Clinical Services Maternity Services Division,	



	including approval of the action plan for compliance against the Immediate and Essential Actions in the final Ockenden Report
Contact:	Jen Sager Jen.sager@mft.nhs.uk

BACKGROUND

- 1.1. As reported to SM MCS Quality and Safety Committee in January 2022, SM MCS completed all provider led requirements for the 7 Immediate and Essential Actions (IEAS) identified in Donna Ockenden's first report (the Ockenden Report): Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust¹ and completed were awaiting the final report.
- 1.2. On 30th March 2022, the final Ockenden report² was published with 15 new Immediate and Essential Actions (IEA's) which are in addition to the previous 7 IEA's from the first report.
- 1.3. In the final report there are 15 IEA's with a focus on 4 key themes which are pertinent across the NHS:
 - Safe staffing levels
 - A well-trained workforce
 - Learning from incidents
 - Listening to families
- 1.4. This paper provides a full review of SM MCS position and action plans to address areas of non-compliance.

OCKENDEN FINAL REPORT

- 2.1. In the initial Ockenden report providers were asked to collate evidence to demonstrate compliance against all IEA's. This has not been asked of providers in the final review, however SM MCS have begun collating evidence where available in anticipation.
- 2.2. There are 15 IEAs, with 27 sections comprising of 97 separate elements which trusts must achieve to be compliant. These actions also include specific areas of focus for Newborn Service and Anaesthetic services.
- 2.3. A table demonstrating overall compliance is provided in Appendix 1.
- 2.4. On review of the 27 sections for SM MCS:
 - 10 sections are compliant
 - 4 sections require 1 identified piece of work completing to be compliant
 - 4 sections require work to be completed by regional or national groups
 - 8 sections require 2 or more pieces of completing to be compliant
 - 1 section is considered non-compliant

¹ <https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf>

² https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2022/03/FINAL_INDEPENDENT_MATERNITY_REVIEW_OF_MATERNITY_SERVICES_REPORT.pdf

2.5. Within these sections, of the 97 elements for SM MCS:

- 57 elements are compliant
- 25 elements are in progress
- 14 elements require work to be completed by regional or national groups
- 1 element is non-compliant

ELEMENTS WITH WORK IN PROGRESS

3.1. There are currently 25 elements which require additional work to be compliant. Progress can be found within Table 1 action plan.

3.2. These issues have been allocated to named leads and further updates will be provided via the maternity assurance report .

3.3. Table 1

Section Number	Detail	Action required	Lead	Expected date of compliance
Safety Action 1 -workforce planning and sustainability				
1.6	All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.	Review current preceptors and amend rotation to remain within hospital setting in 1 st 12 months	Rotation Leads SM MCS	May 2022
		Amend preceptorship package for community	Community Matron, Wythenshawe	July 2022
1.10	All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive	Strategy and SOP to be developed for Obs and Midwifery.	Deputy Head of Midwifery, supported by Head of Midwifery	Sept 2022
		Gap analysis required for Obs and midwifery	Clinical Head of Division	Sept 2022

	organisational processes and relevant practical work experience.			
Safety Action 2 - Safe staffing				
2.4	All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain.	MCoC teams are currently being reviewed and meetings with Community matrons arranged to discuss next steps	Associate HoM and Consultant Midwife	May 2022
2.5	The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction	As above	As Above	As Above
2.6	The required additional time for maternity training for consultants and locally employed doctors must be provided in job plans. The protected time required will be in addition to that required for generic trust mandatory training and reviewed as training requirements change	Full obstetric TNA review required	Clinical Head of Division	July 2022
2.8	Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles	SOP to be developed regarding use of matron, ward manager and LW Coordinator handbook	Deputy Heads of Midwifery	July 2022
Safety Action 3 - Escalation and Accountability				
3.1	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals	Amend bleep holder policy to clearly reflect role and ongoing escalation process	Inpatient Matron/Labour Ward Matron	Aug 2022

Safety Action 5 - Clinical Governance Incident Investigation and complaints				
5.4	Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred.	SOP to be created	Divisional Governance Lead Obstetrician and Lead Midwife for Governance	Aug 2022
5.6	All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.	To be discussed during 15 steps walkarounds May/June	Associate HoM	June 2022
Safety Action 7 - MDT Training				
7.7	Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory	Review triage and LW workforce Support training compliance	IP Matrons / Lead Obs Education team/CTG champions	End of May 2022 End of June 2022
Safety Action 9 - Preterm Birth				
9.2	Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	Review options to capture evidence of compliance	Consultant Lead for Preterm Labour	June 2022
9.3	Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	As above		
Safety Action 10 - Labour and Birth				

10.4	It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust.	Update padlet information with transfer times	Consultant Midwife	July 2022
Safety Action 11 - Obstetric anaesthesia				
11.1	Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	TBC
11.2	Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences.	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	
11.3	All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	
11.5	Obstetric anaesthesia staffing guidance to include: The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	TBC

11.6	The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	
11.7	The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments.	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	
11.8	Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report	Awaiting full review to demonstrate compliance and actions to address any gaps identified	Clinical and Scientific Services	
Safety Action 12 - Postnatal Care				
12.1	All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a non-maternity ward.	Review consultant capacity amend Post natal guideline	Clinical Head of Division Lead Obstetrician for inpatients	June 2022 July 2022
12.2	Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.	Review consultant capacity amend Post natal guideline	Clinical Head of Division Lead Obstetrician for inpatients	June 2022 July 2022
12.3	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.	Review consultant capacity amend Post natal guideline	Clinical Head of Division Lead Obstetrician for inpatients	June 2022 July 2022
Safety Action 15 - Supporting Families				

15.1	There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	Birth Talk Clinic to be implemented at North	HoM at North Manchester and Consultant Midwife	Dec 2022
15.2	Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	Review capacity of current specialist maternity counsellor and link with SLA	Esme Booth, HoM at North Manchester	Oct 2022

ELEMENTS REQUIRING WORK FROM EXTERNAL GROUPS

- 4.1. There are currently 14 elements which require work to be completed by external groups.
- 4.2. With the exception of actions within Neonatal Services, it is not possible to provide further details until information has been provided by NHS E/I.
- 4.3. A request has been made via regional Chief Midwife with NHS E/I to confirm current status and identify leads and expected completion dates.

4.4. Table 2

Section Number	Detail	Current Status	Lead	Expected date of compliance
Safety Action 1 -workforce planning and sustainability				
1.1	The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented	Awaiting update from NHS England	TBC	TBC
1.2	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	Awaiting update from NHS England	TBC	TBC

1.3	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	Awaiting update from NHS England	TBC	TBC
1.5	The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH.	Awaiting update from NHS England	TBC	TBC
1.8	All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.	Awaiting update from NHS England	TBC	TBC
1.13	The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.	Awaiting update from NHS England	TBC	TBC
Safety Action 6 - Learning from Maternal Deaths				

6.1	NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that a joint review panel is provided in any case of a maternal death.	Awaiting update from NHS England	TBC	TBC
6.2	This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required.	Awaiting update from NHS England	TBC	TBC
Safety Action 7 - MDT Training				
7.3	All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS.	Current training includes human factors. Training plan submitted to GMEC LMS for approval in May 2022.	Lead Midwife for Education GMEC LMS	TBC
Safety Action 10 - Labour and Birth				
10.2	Midwifery-led units must complete yearly operational risk assessments.	Awaiting update from NHS England	TBC	TBC
Safety Action 11 - Obstetric anaesthesia				
11.4	Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance	Awaiting update from NHS England	TBC	TBC
Safety Action 14 - Neonatal Care				

14.4	Neonatal Operational Delivery Networks must ensure that staff within provider units have the 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, 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.	Work ongoing	North West ODN	May 2022
14.5	Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	Work ongoing	North West ODN	May 2022
14.9	Implement recommendation from Neonatal Critical Care Review (2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families	Work ongoing	North West ODN	May 2022

ELEMENT WHERE SM MCS ARE NON-COMPLIANT

- 5.1. There is currently 1 element which SM MCS do not meet the requirement and would therefore be considered non-compliant.
- 5.2. It is a requirement that 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 (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.
- 5.3. At present this is being met on the Neonatal units at North Manchester and Oxford Road. This standard is not currently met on the Neonatal unit at Wythenshawe.
- 5.4. Progress on actions can be found within Table 3 action plan.
- 5.5. Table 3

Section Number	Detail	Current Status	Lead	Expected date of compliance
Safety Action 14 - Neonatal Care				
14.8	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 (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	<p>Wythenshawe will be compliant for junior Doctors from September following recruitment.</p> <p>The service is not compliant with respect to consultants at Wythenshawe as there isn't sufficient consultant capacity to provide consistent review of all new admissions to neonatal care within 14 hours of admission which is the national standard for patient reviews</p>	<p>Clinical Head of Division</p> <p>Clinical Head of Division</p>	<p>September 2022</p> <p>TBC</p>

NEXT STEPS

- 6.1. SM MCS Maternity Division will monitor the progress on all 3 action plans via Divisional Quality and Safety Committee and hospital Quality and Safety Committee.
- 6.2. In line with SM MCS perinatal surveillance model, an update on progress will be provided within the Maternity Assurance Paper, presented to SM MCS Quality and Safety Committee and MFT Group Board of Directors bi-monthly.

Key for Overall Section

Complete – All Evidence obtained
Outstanding External Evidence
Outstanding MFT Evidence for 1 Element
Outstanding MFT Evidence for 2 or more Elements
Non-Compliant

Key for RAG rating

Complaint
Work ongoing MFT
Work ongoing externally
Non-Compliant

IEA	Section		Element Evidence Requirement	RAG
Safety Action 1 - workforce planning and sustainability	Essential action – financing a safe maternity workforce	1.1	The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented	
		1.2	The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe maternity and neonatal care across England.	
		1.3	Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements.	
		1.4	Minimum staffing levels must include a locally calculated uplift, representative of the three previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave.	
		1.5	The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH.	



	Essential action – training	1.6	All trusts must implement a robust preceptorship programme for newly qualified midwives (NQM), which supports supernumerary status during their orientation period and protected learning time for professional development as per the RCM (2017) position statement for this	
		1.7	All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.	
		1.8	All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.	
		1.9	All trusts to ensure newly appointed labour ward coordinators receive an orientation package which reflects their individual needs. This must encompass opportunities to be released from clinical practice to focus on their personal and professional development.	
		1.10	All trusts must develop a core team of senior midwives who are trained in the provision of high dependency maternity care. The core team should be large enough to ensure there is at least one HDU trained midwife on each shift, 24/7.	

		1.11	All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience.	
		1.12	We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented.	
		1.13	The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.	
Safety Action 2 - Safe staffing	All trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals	2.1	When agreed staffing levels across maternity services are not achieved on a day-to-day basis this should be escalated to the services' senior management team, obstetric leads, the chief nurse, medical director, and patient safety champion and LMS.	
		2.2	In trusts with no separate consultant rotas for obstetrics and gynaecology there must be a risk assessment and escalation protocol for periods of competing workload. This must be agreed at board level.	
		2.3	All trusts must ensure the labour ward coordinator role is recognised as a specialist job role with an accompanying job description and person specification.	
		2.4	All trusts must review and suspend if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain.	

		2.5	The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction	
		2.6	The required additional time for maternity training for consultants and locally employed doctors must be provided in job plans. The protected time required will be in addition to that required for generic trust mandatory training and reviewed as training requirements change	
		2.7	All trusts must ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings	
		2.8	Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles	
		2.9	All trusts must develop strategies to maintain bi-directional robust pathways between midwifery staff in the community setting and those based in the hospital setting, to ensure high quality care and communication	
		2.10	All trusts should follow the latest RCOG guidance on managements of locums. The RCOG encourages the use of internal locums and has developed practical guidance with NHS England on the management of locums. This includes support for locums and ensuring they comply with recommended processes such as pre-employment checks and appropriate induction	
Safety Action 3 - Escalation and Accountability	Staff must be able to escalate concerns if necessary	3.1	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals	

	<p>There must be clear processes for ensuring that obstetric units are staffed by appropriately trained staff at all times. If not resident there must be clear guidelines for when a consultant obstetrician should attend.</p>	3.2	When a middle grade or trainee obstetrician (non-consultant) is managing the maternity service without direct consultant presence trusts must have an assurance mechanism to ensure the middle grade or trainee is competent for this role	
		3.3	Trusts should aim to increase resident consultant obstetrician presence where this is achievable	
		3.4	There must be clear local guidelines for when consultant obstetricians' attendance is mandatory within the unit	
		3.5	There must be clear local guidelines detailing when the consultant obstetrician and the midwifery manager on-call should be informed of activity within the unit	

Safety Action 4 - Clinical Governance Leadership	Trust boards must have oversight of the quality and performance of their maternity services.	4.1	Trust boards must work together with maternity departments to develop regular progress and exception reports, assurance reviews and regularly review the progress of any maternity improvement and transformation plans	
	In all maternity services the Director of Midwifery and Clinical Director for obstetrics must be jointly operationally responsible and accountable for the maternity governance systems.	4.2	All maternity service senior leadership teams must use appreciative inquiry to complete the National Maternity Self-Assessment Tool if not previously done. A comprehensive report of their self-assessment including governance structures and any remedial plans must be shared with their trust board	
		4.3	Every trust must ensure they have a patient safety specialist, specifically dedicated to maternity services	
		4.4	All clinicians with responsibility for maternity governance must be given sufficient time in their job plans to be able to engage effectively with their management responsibilities	
		4.5	All trusts must ensure that those individuals leading maternity governance teams are trained in human factors, causal analysis and family engagement	
		4.6	All maternity services must ensure there are midwifery and obstetric co-leads for developing guidelines. The midwife co-lead must be of a senior level, such as a consultant midwife, who can drive the guideline agenda and have links with audit and research	

		4.7	All maternity services must ensure they have midwifery and obstetric co-leads for audits	
Safety Action 5 - Clinical Governance Incident Investigation and complaints	Incident investigations must be meaningful for families and staff and lessons must be learned and implemented in practice in a timely manner	5.1	All maternity governance teams must ensure the language used in investigation reports is easy to understand for families, for example ensuring any medical terms are explained in lay terms	
		5.2	Lessons from clinical incidents must inform delivery of the local multidisciplinary training plan.	
		5.3	Actions arising from a serious incident investigation which involve a change in practice must be audited to ensure a change in practice has occurred	
		5.4	Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred.	
		5.5	All trusts must ensure that complaints which meet SI threshold must be investigated as such.	
		5.6	All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent.	
		5.7	Complaints themes and trends must be monitored by the maternity governance team.	

Safety Action 6 - Learning from Maternal Deaths	Nationally all maternal post-mortem examinations must be conducted by a pathologist who is an expert in maternal physiology and pregnancy related pathologies.	6.1	NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that this is provided in any case of a maternal death.	
	In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings	6.2	This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required.	
		6.3	Learning from this review must be introduced into clinical practice within 6 months of the completion of the panel. The learning must also be shared across the LMS.	
Safety Action 7 - MDT Training	Staff who work together must train together	7.1	All members of the multidisciplinary team working within maternity should attend regular joint training, governance and audit events. Staff should have allocated time in job plans to ensure attendance, which must be monitored.	
		7.2	Multidisciplinary training must integrate the local handover tools (such as SBAR) into the teaching programme at all trusts.	
	Staff should attend regular mandatory training and rotas. Job planning needs to ensure all staff can attend.	7.3	All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS.	

		7.4	There must be regular multidisciplinary skills drills and on-site training for the management of common obstetric emergencies including haemorrhage, hypertension and cardiac arrest and the deteriorating patient.	
		7.5	There must be mechanisms in place to support the emotional and psychological needs of staff, at both an individual and team level, recognising that well supported staff teams are better able to consistently deliver kind and compassionate care.	
	Clinicians must not work on labour ward without appropriate regular CTG training and emergency skills training	7.6	Systems must be in place in all trusts to ensure that all staff are trained and up to date in CTG and emergency skills.	
		7.7	Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory	

Safety Action 8 - Complex Antenatal Care	Local Maternity Systems, Maternal Medicine Networks and trusts must ensure that women have access to pre-conception care.	8.1	Women with pre-existing medical disorders, including cardiac disease, epilepsy, diabetes and chronic hypertension, must have access to preconception care with a specialist familiar in managing that disorder and who understands the impact that pregnancy may have.	
	Trusts must provide services for women with multiple pregnancy in line with national guidance	8.2	Trusts must have in place specialist antenatal clinics dedicated to accommodate women with multifetal pregnancies. They must have a dedicated consultant and have dedicated specialist midwifery staffing. These recommendations are supported by the NICE Guideline Twin and Triplet Pregnancies 2019.	
	Trusts must follow national guidance for managing women with diabetes and hypertension in pregnancy	8.3	NICE Diabetes and Pregnancy Guidance 2020 should be followed when managing all pregnant women with pre-existing diabetes and gestational diabetes.	

Safety Action 9 - Preterm Birth	The LMNS, commissioners and trusts must work collaboratively to ensure systems are in place for the management of women at high risk of preterm birth.	8.4	When considering and planning delivery for women with diabetes, clinicians should present women with evidence-based advice as well as relevant national recommendations. Documentation of these joint discussions must be made in the woman's maternity records.	
		8.5	Trusts must develop antenatal services for the care of women with chronic hypertension. Women who are identified with chronic hypertension must be seen in a specialist consultant clinic to evaluate and discuss risks and benefits to treatment. Women must be commenced on Aspirin 75-150mg daily, from 12 weeks gestation in accordance with the NICE Hypertension and Pregnancy Guideline (2019).	
		9.1	Senior clinicians must be involved in counselling women at high risk of very preterm birth, especially when pregnancies are at the thresholds of viability.	
		9.2	Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered.	
		9.3	Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal survival and are aware of the risks of possible associated disability.	
		9.4	There must be a continuous audit process to review all in utero transfers and cases where a decision is made not to transfer to a Level 3 neonatal unit and when delivery subsequently occurs in the local unit.	
		9.5	Trusts must implement NHS Saving Babies Lives Version 2 (2019)	

Safety Action 10 - Labour and Birth	Women who choose birth outside a hospital setting must receive accurate advice with regards to transfer times to an obstetric unit should this be necessary.	10.1	All women must undergo a full clinical assessment when presenting in early or established labour. This must include a review of any risk factors and consideration of whether any complicating factors have arisen which might change recommendations about place of birth. These must be shared with women to enable an informed decision re place of birth to be made	
		10.2	Midwifery-led units must complete yearly operational risk assessments.	
		10.3	Midwifery-led units must undertake regular multidisciplinary team skill drills to correspond with the training needs analysis plan.	
		10.4	It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust.	
		10.5	Maternity units must have pathways for induction of labour, (IOL). Trusts need a mechanism to clearly describe safe pathways for IOL if delays occur due to high activity or short staffing.	
	Centralised CTG monitoring systems should be mandatory in obstetric units	10.6	Centralised CTG monitoring systems must be made mandatory in obstetric units across England to ensure regular multi-professional review of CTGs.	

Safety Action 11 - Obstetric anaesthesia	In addition to routine inpatient obstetric anaesthesia follow-up, a pathway for outpatient postnatal anaesthetic follow-up must be available in every trust to address incidences of physical and psychological harm.	11.1	Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia.	
		11.2	Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences.	
	Documentation of patient assessments and interactions by obstetric anaesthetists must improve. The determination of core datasets that must be recorded during every obstetric anaesthetic intervention would result in record-keeping that more accurately reflects events.	11.3	All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC	
		11.4	Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to maximise national engagement and compliance	
	Staffing shortages in obstetric anaesthesia must be highlighted and updated guidance for the planning and provision of safe	11.5	Obstetric anaesthesia staffing guidance to include: The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave.	

	obstetric anaesthesia services throughout England must be developed.	11.6	The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity.	
		11.7	The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments.	
		11.8	Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report	
Safety Action 12 - Postnatal Care	Trusts must ensure that women readmitted to a postnatal ward and all unwell postnatal women have timely consultant review.	12.1	All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a non-maternity ward.	
		12.2	Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum.	
		12.3	Postnatal readmissions must be seen within 14 hours of readmission or urgently if necessary.	
	Postnatal wards must be adequately staffed at all times	12.4	Staffing levels must be appropriate for both the activity and acuity of care required on the postnatal ward both day and night, for both mothers and babies	
Safety Action 13 - Bereavement Care	Trusts must ensure that women who have suffered pregnancy loss have appropriate bereavement care services	13.1	Trusts must provide bereavement care services for women and families who suffer pregnancy loss. This must be available daily, not just Monday to Friday.	
		13.2	All trusts must ensure adequate numbers of staff are trained to take post-mortem consent, so that families can be counselled about post-mortem within 48 hours of birth. They should have been trained in dealing with bereavement and in the purpose and procedures of post-mortem examinations.	
		13.3	All trusts must develop a system to ensure that all families are offered follow-up appointments after perinatal loss or poor serious neonatal outcome.	

		13.4	Compassionate, individualised, high quality bereavement care must be delivered for all families who have experienced a perinatal loss, with reference to guidance such as the National Bereavement Care Pathway	
Safety Action 14 - Neonatal Care	There must be clear pathways of care for provision of neonatal care.	14.1	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.	
		14.2	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.	
		14.3	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 NICU.	
		14.4	Neonatal Operational Delivery Networks must ensure that staff within provider units have the 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, 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.	
		14.5	Each network must report to commissioners annually what measures are in place to prevent units from working in isolation.	
		14.6	Neonatal providers must ensure that processes are defined which enable telephone advice and instructions to be given, where appropriate, during the course of 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.	
		14.7	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 30cmH ₂ O in term babies, or above 25cmH ₂ O 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.	

		14.8	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 (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications.	
		14.9	Implement recommendation from Neonatal Critical Care Review (2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families	
Safety Action 15 - Supporting Families	Care and consideration of the mental health and wellbeing of mothers, their partners and the family as a whole must be integral to all aspects of maternity service provision.	15.1	There must be robust mechanisms for the identification of psychological distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.	
		15.2	Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.	
		15.3	Psychological support for the most complex levels of need should be delivered by psychological practitioners who have specialist expertise and experience in the area of maternity care	
		15.4	Maternity care providers must actively engage with the local community and those with lived experience, to deliver services that are informed by what women and their families say they need from their care	

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Appendix 3: Detailed Final Ockenden Action Plan – Created May 2022

Key -

With regional or national team to address	Work ongoing	Completed
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Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> Immediate and Essential Action 1: WORKFORCE PLANNING AND SUSTAINABILITY The recommendations from the Health and Social Care Committee Report: The safety of maternity services in England must be implemented The investment announced following our first report was welcomed. However to fund maternity and neonatal services appropriately requires a multi-year settlement to ensure the workforce is enabled to deliver consistently safe 	Request made to Regional Chief Midwifery Officer as require actions to be completed by regional and national groups	Director of Nursing and Midwifery,	April 2022	Request made in April 2022, no update received as of 6.6.22

Recommendation	Action	Lead	Due date	Update
<p>maternity and neonatal care across England.</p> <ul style="list-style-type: none"> • Minimum staffing levels should be those agreed nationally, or where there are no agreed national levels, staffing levels should be locally agreed with the LMNS. This must encompass the increased acuity and complexity of women, vulnerable families, and additional mandatory training to ensure trusts are able to safely meet organisational CNST and CQC requirements. • The feasibility and accuracy of the BirthRate Plus tool and associated methodology must be reviewed nationally by all bodies. These bodies must include as a minimum NHSE, RCOG, RCM, RCPCH. 				

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> • All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce. • The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term. 				

Recommendation	Action	Lead	Due date	Update
Immediate and Essential Action 1: WORKFORCE PLANNING AND SUSTAINABILITY Training <ul style="list-style-type: none"> All trusts must implement a robust preceptorship programme for newly qualified midwives (NQM), which supports supernumerary status during their orientation period and protected learning time for professional development as per the RCM (2017) position statement for this All NQMs must remain within the hospital setting for a minimum period of one year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies on which to advance their clinical 	Review current NQM workforce to understand how many staff are due to rotate to community within 12 months of qualification and amend accordingly.	Rotation Leads across MCS	Completed	Closed
	Amend preceptorship package to ensure that NQM do not receive a rotation into community	Education Team	Completed	Closed
	Gap Analysis of all leadership and management roles - Midwifery	DHoM ORC, supported by HoM	August 2022	Ongoing
	Gap Analysis of all leadership and management roles – Obstetrics	CHoD	August 2022	Ongoing
	Develop succession planning Strategy and SOP for midwifery	DHoM ORC, supported by HoM	September 2022	Ongoing
	Develop succession planning Strategy for Obstetrics	CHoD	September 2022	Ongoing

Recommendation	Action	Lead	Due date	Update
<p>practice, enhance professional confidence and resilience and provide a structured period of transition from student to accountable midwife.</p> <ul style="list-style-type: none"> All trusts must develop a strategy to support a succession-planning programme for the maternity workforce to develop potential future leaders and senior managers. This must include a gap analysis of all leadership and management roles to include those held by specialist midwives and obstetric consultants. This must include supportive organisational processes and relevant practical work experience. 				
Immediate and essential action 2: Safe Staffing.	Review and risk assess current MCoC teams	Consultant Midwife and Associate Head of Midwifery	Completed	Closed

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> All trusts must review and suspend if necessary, the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts. This will preserve the safety of all pregnant women and families, which is currently compromised by the unprecedented pressures that MCoC models place on maternity services already under significant strain. The reinstatement of MCoC should be withheld until robust evidence is available to support its reintroduction The required additional time for maternity training for consultants and locally employed doctors must be provided in job plans. The protected time required will be in addition to that required 	Update MCoC Action plan in line with amends from risk assessment	Consultant Midwife and Associate Head of Midwifery	June 2022	Amendments required due to new guidance released 6th May 2022. Paper submitted to SM QSC for 9th June and onward reporting to Trust Board of Directors
	Submit review and updated Action plan to SM QSC, Trust Board and GMEC LMS	Consultant Midwife and Associate Head of Midwifery	June 2022	
	Full review of obstetric training needs analysis which includes maternity specific training to be captured within job plan	CHoD	July 2022	ongoing
	SOP to be developed regarding use of matron, ward manager and LW Coordinator handbook	Deputy Heads of Midwifery	July 2022	ongoing

Recommendation	Action	Lead	Due date	Update
<p>for generic trust mandatory training and reviewed as training requirements change</p> <ul style="list-style-type: none"> Newly appointed Band 7/8 midwives must be allocated a named and experienced mentor to support their transition into leadership and management roles 				
<p>Immediate and essential action 3: Escalation and Accountability</p> <ul style="list-style-type: none"> All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals 	Amend bleep holder policy to clearly reflect role and ongoing escalation process	Inpatient/labour Ward site Matron	Aug 2022	Bleep holder guideline in final stages before ratification.
	Create SOP for Bleep holder regarding process of activating a deflect across SM MCS maternity sites	Head of Midwifery North Manchester	June 2022	Ongoing
<p>Immediate and essential action 5: Clinical Governance Incident Investigation and complaints</p>	SOP to be created	Divisional Governance Lead Obstetrician and Lead Midwife for Governance	Aug 2022	Ongoing

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> Change in practice arising from an SI investigation must be seen within 6 months after the incident occurred. All maternity services must involve service users (ideally via their MVP) in developing complaints response processes that are caring and transparent. 	Discuss with SM MCS complaint Chair regarding how this can be incorporated in line with MFT complaints process	Associate Head of Midwifery	June 2022	ongoing
Immediate and essential action 6: Learning from Maternal Deaths <ul style="list-style-type: none"> NHS England and Improvement must work together with the Royal Colleges and the Chief Coroner for England and Wales to ensure that a joint review panel is provided in any case of a maternal death. This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek 	Request made to Regional Chief Midwifery Officer as require actions to be completed by regional and national groups	Director of Nursing and Midwifery,	April 2022	Request made in April 2022, no update received as of 6.6.22

Recommendation	Action	Lead	Due date	Update
external clinical expert opinion where required.				
Immediate and essential action 7: MDT Training <ul style="list-style-type: none"> All trusts must mandate annual human factor training for all staff working in a maternity setting; this should include the principles of psychological safety and upholding civility in the workplace, ensuring staff are enabled to escalate clinical concerns. The content of human factor training must be agreed with the LMS. Clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. This must be mandatory 	Review current human factor training and submit to LMS for approval	Lead Midwife for Education GMEC LMS	July 2022	Training plan submitted to GMEC LMS. Awaiting LMS response regarding approval of human factors training
	Review maternity workforce to identify current gap	Matrons	Completed	Closed
	Review Obstetric workforce to identify current gap	Lead Obs	Completed	Closed
	Allocate all outstanding on nearest available training	Education team/CTG champions	Completed	Closed

Recommendation	Action	Lead	Due date	Update
	Undertake gap analysis review on those requiring training over next 3 months ensuring all allocated to prevent any non-compliance	Education team/CTG champions	June 2022	Ongoing. Staff identified and training sessions now booked to support continued training compliance.
	Communicate with all staff the importance of remaining compliance with CTG and emergency skills training.	CHoD and HoM	Completed	Closed
Immediate and essential action 9: Preterm Birth <ul style="list-style-type: none"> Women and their partners must receive expert advice about the most appropriate fetal monitoring that should be undertaken dependent on the gestation of their pregnancies and what mode of delivery should be considered Discussions must involve the local and tertiary neonatal teams so parents understand the chances of neonatal 	Capture compliance of discussion and documentation in maternity record within PreCEpT audit	Precept champions	July 2022	

Recommendation	Action	Lead	Due date	Update
survival and are aware of the risks of possible associated disability.				
Immediate and essential action 10: Labour and Birth It is mandatory that all women who choose birth outside a hospital setting are provided accurate and up to date written information about the transfer times to the consultant obstetric unit. Maternity services must prepare this information working together and in agreement with the local ambulance trust.	Await risk assessment to be created by national team			Request made for update of progress in April 2022, no update received as of 19.5.22
	Review current information provided by Community Midwives	Consultant Midwife	July 2022	ongoing
	Link with NWS to confirm current transfer times for birth outside of hospital	Consultant Midwife	July 2022	ongoing
Immediate and essential action 11: Obstetric anaesthesia <ul style="list-style-type: none"> Resources must be made available for anaesthetic professional bodies to determine a consensus regarding contents of core datasets and what constitutes a satisfactory anaesthetic record in order to 	Await resources to be created and made available nationally			Request made for update of progress in April 2022, no update received as of 19.5.22
	Request CSS response for compliance across all 3 maternity sites.	Associate Head of Midwifery	June 2022	Update expected by 10.6.22

Recommendation	Action	Lead	Due date	Update
<p>maximise national engagement and compliance</p> <ul style="list-style-type: none"> • Conditions that merit further follow-up include, but are not limited to, postdural puncture headache, accidental awareness during general anaesthesia, intraoperative pain and the need for conversion to general anaesthesia during obstetric interventions, neurological injury relating to anaesthetic interventions, and significant failure of labour analgesia • Anaesthetists must be proactive in recognising situations where an explanation of events and an opportunity for questions may improve a woman's overall experience and reduce the risk of long-term psychological consequences. 				

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> • All anaesthetic departments must review the adequacy of their documentation in maternity patient records and take steps to improve this where necessary as recommended in Good Medical Practice by the GMC • Obstetric anaesthesia staffing guidance to include: • The role of consultants, SAS doctors and doctors-in-training in service provision, as well as the need for prospective cover, to ensure maintenance of safe services whilst allowing for staff leave. • The full range of obstetric anaesthesia workload including, elective caesarean lists, clinic work, labour ward cover, as well as teaching, attendance at multidisciplinary training, and governance activity. 				

Recommendation	Action	Lead	Due date	Update
<ul style="list-style-type: none"> The competency required for consultant staff who cover obstetric services out-of-hours, but who have no regular obstetric commitments. Participation by anaesthetists in the maternity multidisciplinary ward rounds as recommended in the first report 				
Safety Action 12 - Postnatal Care <ul style="list-style-type: none"> All trusts must develop a system to ensure consultant review of all postnatal readmissions, and unwell postnatal women, including those requiring care on a non-maternity ward. Unwell postnatal women must have timely consultant involvement in their care and be seen daily as a minimum. Postnatal readmissions must be seen within 14 hours of 	Review consultant capacity to support postnatal activity on all 3 sites	Clinical Head of Division	July 2022	ongoing
	Amend postnatal guideline to support change in practice for readmissions	Lead Obstetrician for inpatients	Sept 2022	ongoing

Recommendation	Action	Lead	Due date	Update
readmission or urgently if necessary.				
Safety Action 12 - Neonatal Care <ul style="list-style-type: none"> Neonatal Operational Delivery Networks must ensure that staff within provider units have the 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, 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. Each network must report to commissioners annually what measures are in place to 	NW ODN confirmed compliance with this action	North West ODN	Completed	Closed. Update from NW ODN 8.6.22 has confirmed compliance with the all metrics within this action.

Recommendation	Action	Lead	Due date	Update
<p>prevent units from working in isolation.</p> <ul style="list-style-type: none"> Implement recommendation from Neonatal Critical Care Review (2019) to expand neonatal critical care, increase neonatal cot numbers, develop the workforce and enhance the experience of families 				
<ul style="list-style-type: none"> 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 (NICU, LNU and SCBU) to deliver safe care 24/7 in line with national service specifications. 	<p>Recruit to junior medical vacancy on Wythenshawe site</p> <p>Consider additional work required to increase in consultant workforce to be compliant</p>	Newborn Services CHoD and DD	Sept 2022	ongoing
<p>Safety Action 15 – Supporting families</p> <ul style="list-style-type: none"> There must be robust mechanisms for the identification of psychological 	Work with Mental Health team to ensure robust monitoring and referral pathways	Consultant Midwife and Mental Health Team	Dec 2022	ongoing
	Review capacity of current specialist maternity counsellor and link with SLA	Head of Midwifery, North Manchester	October 2022	ongoing

Recommendation	Action	Lead	Due date	Update
<p>distress, and clear pathways for women and their families to access emotional support and specialist psychological support as appropriate.</p> <ul style="list-style-type: none">• Access to timely emotional and psychological support should be without the need for formal mental health diagnosis, as psychological distress can be a normal reaction to adverse experiences.				

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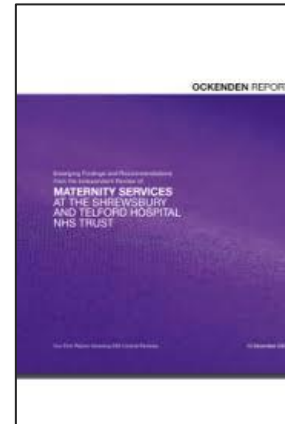
Response to the Ockenden Report

Saint Mary's Managed Clinical Service



The Ockenden Report

- Independent review of maternity services at Shrewsbury and Telford NHS Trust
- ‘Emerging findings’ published Dec 2020 with 7 Immediate and Essential Actions to improve maternity safety
- All maternity units required to respond
- Saint Mary’s (part of MFT) produced and completed an Action plan
- All Saint Mary’s actions completed by Dec 31st 2021
- Final report published March 2022 with 15 Immediate and Essential Actions



Four overarching themes

- Safe staffing levels
- A well-trained workforce
- Learning from incidents
- Listening to families

Applicable to all healthcare services, not just maternity



Key Findings specifically relating to maternity services

- 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
- Poor bereavement care
- Obstetric anaesthetic provision
- Suggestion of reluctance to perform LSCS - women's choices not respected
- Neonatal care documentation and care in the right place



SM MCS position to the Key Findings raised

- SM MCS is compliant with IEA 4 relating to Clinical Governance and Leadership
- The most recent CQC report rated Saint Mary's OUTSTANDING for caring
- SM MCS is compliant with IEA 8 relating to Complex Antenatal Care
- Visible on site 24/7 maternity bleep holder to support escalation
- There are dedicated visible Fetal Surveillance leads
- SM MCS is compliant with IEA 13 for Bereavement Care
- There is dedicated Obstetric anaesthetic provision
- SM MCS offer choice of mode of birth both antenatally and during intrapartum care
- SM MCS provides level 2 and level 3 neonatal care, and works closely with NW ODN to support appropriate in-utero transfer to ensure birth occurs in the right place



SM MCS Current Progress

- A detailed gap analysis has been completed
 - 15 Immediate and Essential Actions consisting of 97 elements
 - Fully compliant with 57 elements
 - Working towards 26 elements
 - 14 elements require work by or with external bodies e.g. NHSE, RCOG or RCM
- Full compliance with those relating to Clinical Governance Leadership, Complex Antenatal Care and Bereavement Care
- Action plan developed (Appendix 1) with monitoring of compliance in accordance with SM MCS governance processes



Monitoring - extended governance framework

- Progress reported within Saint Mary's MCS
- Progress reported to MFT Executive Team and Board of Directors
- Regular meetings of Non-Executive Director and Saint Mary's Safety Champions
- Regular meetings with CCG leads and Saint Mary's Safety Champions
- Assurance to the Local Maternity System (LMS), Regional Maternity Team and national reporting



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Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 22 June 2022

Subject: Extra Care Growth and Developments in Manchester

Report of: Executive Director of Adult Social Services

Summary

This slide presentation will inform Elected Members of the developments across Extra Care Housing during the past 7 years, culminating in significant growth in provision by working in partnership with Manchester Housing Providers.

Extra Care is purpose-built accommodation with care for people over 55 years of age and is a key enabler for adult social care in increasing suitable housing options for older people to remain in their chosen community, which, through this provision, avoids the need for people with care and support needs to rely on institutionalised care settings such as residential and nursing care.

Recommendations

The Committee is recommended to note the report and the presentation on Extra Care Housing Growth.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

New build extra care housing is required to be built to high environmental standards and actively contribute to the zero-carbon target for the city.
--

Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
--

The significant increase in growth of Extra Care Housing, together with the introduction of Neighbourhood Apartments and the Housing Options for Older People roles significantly improve the health and wellbeing of older people in the city.

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Extra Care Housing creates new jobs for local people in the housing and care sectors. The care specification for homecare/extra care providers specifically mandates high level social value benefits which are actively monitored by care commissioners
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The growth of Extra Care Housing is a positive enabler of freeing up family-sized housing, particularly for homeless families. Older people moving into Extra Care report increased wellbeing and independence
A liveable and low carbon city: a destination of choice to live, visit, work	All recent newbuild Extra Care schemes are built to a low carbon specification, not only helping support the City Council's zero carbon targets but also benefiting older residents who feel the impact by lower energy costs.
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Consequences – Revenue

The revenue costs for meeting the onsite care contracts within Extra Care scheme are fully funded from Adult Social Care budgets. The growth in provision and less reliance on institutionalised care settings has allowed new provision to grow, informed by a previous Cost-Benefit Analysis.

Financial Consequences – Capital

There are no current capital consequences. Current and recent growth has been enabled by Housing and Residential Growth, through their capital and land programmes.

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Background documents (available for public inspection): None

1.0 Introduction

- 1.1 The Executive Director of Adult Social Services seeks to report to Scrutiny on the successful growth of Extra Care Housing in the city, enabled through positive partnership working with Strategic Housing and Manchester Housing Providers.
- 1.2 A presentation will be made available to Scrutiny Members to demonstrate developments in growth and key enablers.
- 1.3 At the end of the presentation, a short video tour of Dahlia Gardens Extra Care scheme will be shown, courtesy of Southway Housing so that Members can see the quality of accommodation and range of facilities for residents.

2.0 Background

- 2.1 Extra Care is a positive housing with care solution for many older people. The Housing for an Age-Friendly Manchester Strategy 2014-2020 set out the vision to increase extra care housing by trebling provision.
- 2.2 The strategy included the aspiration to develop a 'Housing MOT' for older people and this has been achieved through the introduction of 4 Housing Options for Older People (HOOP) roles, funded in the main by the Registered Housing Providers in the city. In a world of choice, it is accepted that Extra Care Housing is not for all older people so the HOOP roles provide independent advice on whether 'staying put' options would be more suitable.
- 2.3 When the Strategy was produced, there was little understanding of 'right-sizing' benefits; this is where an older person makes an active choice to leave a larger-family home and move to a smaller accommodation. The new provision of high quality, warm, safe and stimulating environment of Extra Care acts as a key conduit of encouraging more older people to right-size in later life. As a result, rightsizing initiatives now, enabled by the HOOP officer roles, release vital family-sized accommodation which benefits another in need group, homeless families.
- 2.4 This growth exemplifies strong partnership working between Adult Social Care Commissioners, Strategic Housing and the Registered Housing Providers in the city with the aim of improving housing with care options for older people in the city.

3.0 Benefits and Outcomes of Extra Care Housing – key facts and figures

- 3.1 Within the presentation, slides 16 and 17 set out a range of useful data to evidence that Extra Care provision (and recent growth) is delivering tangible outcomes for Manchester's older people who choose to live in Extra Care Housing:

- Of the 251 people who have experienced a short stay in a Neighbourhood Apartment, approximately one-third of citizens choose to move permanently into Extra Care
- With regard to rightsizing initiatives and support through the HOOP Officer role, 82 older people have been supported to move into Extra Care Housing, resulting in a £375k reduction in spend on temporary homelessness accommodation
- The quality of care delivered in Extra Care (mirroring Our Manchester Homecare delivery) is safe, effective, caring, responsive and well-led, as rated by the Care Quality Commission

3.2 In addition, the benefits and impact on older people who move/live in Extra Care has a profound effect on the health and wellbeing on citizens with a wealth of documented research evidencing the benefits – with one research report illustrated below:

Personal Health

- 75% increase in level of exercise
- Increase in walking speeds
- Reduction in risk of falls for the first two years
- Delay frailty for 3 years

Psychological Wellbeing

- Low levels of depression
- Improvements in Memory and Cognitive skills

Social Wellbeing

- 86% of residents 'never' or 'hardly-ever' lonely

Healthcare Costs

- More effective use of GPs
- 3 days less in Hospital per year
- Savings to the NHS around £1,994 per person, on average, for 5 years

Source:

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/ECCT-integrated-homes-full-report-2019.pdf>

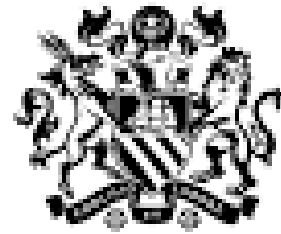
4.0 Recommendations

4.1 Members are requested to make note of the presentation on Extra Care Housing Growth.

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Extra Care Housing Growth

A picture of progress from
Adult Social Care and
Strategic Housing



MANCHESTER
CITY COUNCIL

Background – laying the foundations to growth (2014-2020)

Our **Housing for an Age-Friendly Manchester** Strategy in 2014 set out the Strategic Ambition to undertake:

- A **Housing Needs Analysis** – which told us we needed to treble provision of extra care
- Mapping of the **future demographic trends** for older people living in the city
- The development of a **‘Housing MOT’** for older people to consider their housing and care options for the future
- This resulted in the **identification of key MCC landsites** in areas where there were high numbers of older people. These sites were protected (Council’s Executive, 2015) and used to work with Manchester Housing Providers to develop new schemes



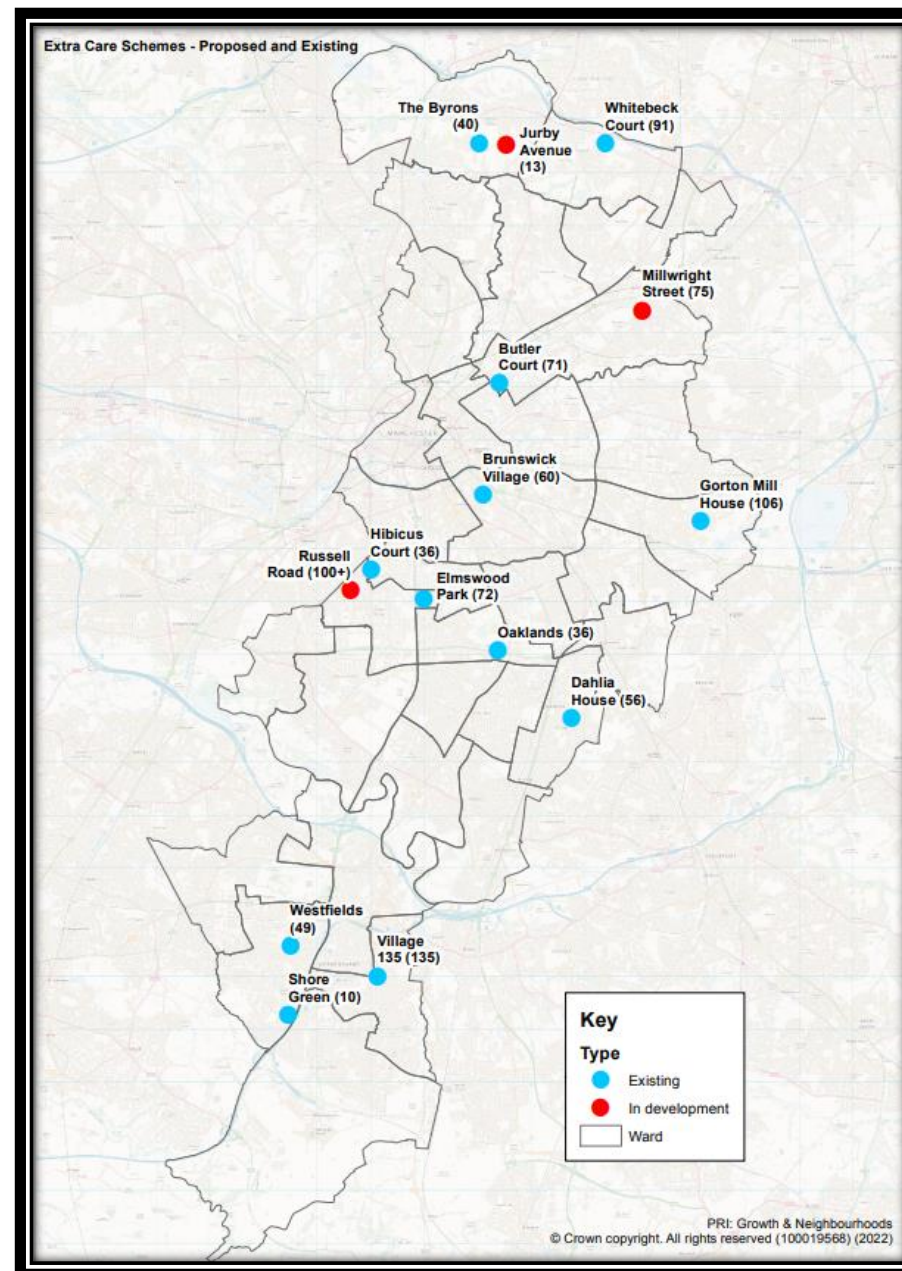
Our Shared Vision

- Manchester's ambitious extra care housing development programme will deliver almost **1,000 affordable apartments** in 15 schemes across the city, including **three specialist dementia** developments, by 2025.
- People in extra care housing report high levels of satisfaction and an improved feeling of wellbeing from knowing help is at hand 24/7.

Extra care housing offers:

- Affordable, high quality independent living where people still have their own front door
- On site, flexible care and support if needed
- Shared facilities offering opportunities for activities and socialising
- Energy efficient, secure and easy to manage modern apartments
- Improved housing choice for Manchester residents over 55

Map of existing and new schemes





Growth underpinned by Registered Housing Providers' local knowledge and delivery

- The Manchester Housing Providers Partnership (MHPP) work very closely with Commissioners in Housing and Residential Growth and Social Care Commissioners.
- Manchester Housing Providers are well placed to deliver place-based, neighbourhood-focused strategies that not only provide housing, but support the wider communities they serve. This local knowledge is pivotal to understanding the needs of older people, through either 'staying put' options or rehousing into Extra Care housing.

Views from two MHPP Chief Executives on Extra Care Housing

“Working with Commissioners (both housing and social care) is crucial to the development of supported housing. The focus on housing, health and care is important to collectively deliver improved outcomes for the people we support – with an emphasis on prevention. It’s so important that everyone has a safe, decent and affordable home and place to live, to flourish and to age well”

Charlie Norman, Chief Executive, Mosscafe St. Vincents Housing

"Providing good quality affordable homes for older people to 'right size' from family homes into, that support independence in later life and provide excellent facilities, in places where people want to live, can be challenging. Moreover, there is an ever-increasing need. Strong partnership work with Manchester City Council has enabled schemes to be built with the council providing the land at Gorton Mill House and providing financial support at Dahlia House. The result is wonderful communities and environments tailored for older people to live well in that local people can also use"

Karen Mitchell, Chief Executive, Southway Housing

Opportunities for 'rightsizing' in the city

Extra Care Housing is a positive enabler of freeing up family sized social housing in the city, where older tenants are living in family-sized accommodation. There is a dedicated HOOP Officer focused on rightsizing opportunities who works closely with Homelessness to enable homeless families to access timely, appropriate accommodation options in the city. This specialist HOOP Officer also attends Allocations Panel meetings and advocates on behalf of older people interested in rightsizing



What some residents in Extra Care say...

“In my old flat I was like a prisoner, confined to my bedroom. Moving to extra care has opened up my world again”

“It is lovely living here. I like being out in the garden”

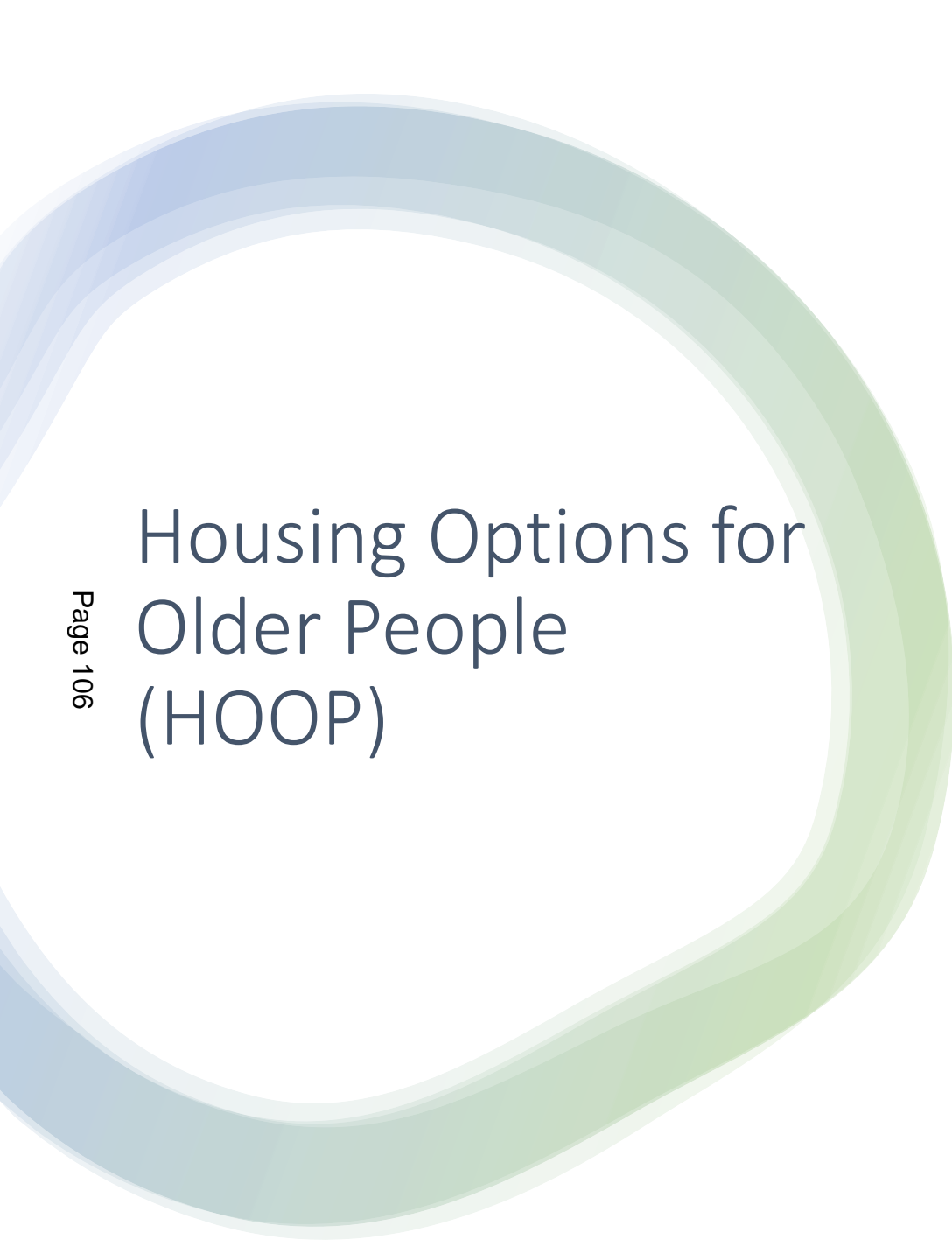
“I feel like my life has completely changed; I've got my life back moving to extra care. I'm living my best life now and I love it”

A complementary strategy: Neighbourhood Apartments

Offering short term (6-8 weeks) free accommodation for older people mostly leaving hospital, Neighbourhood Apartments are a lifeline for people with care and support needs who need that extra little help with their housing and care choices. There are currently 25 apartments across the city (soon to be 30 July 22) spread across Extra Care and Sheltered Housing. A short stay here often results in older people choosing to live in their scheme permanently.

“The flat enabled me to become more independent and recover in good surroundings”

“I found it very spacious, warm and homely. I’ve started baking and cooking again”



Housing Options for Older People (HOOP)

HOOP officers are employed by:

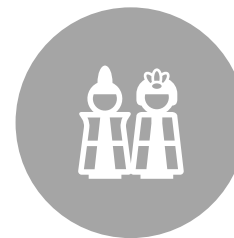
- Northwards Housing
- Mosscares St. Vincents
- Southway Housing

They play a significant part in helping older people make decisions about their housing, rehousing and care/support needs. Referrals are mostly from Adult Social Care professionals. They link in closely with the Neighbourhood Apartment Service and attend Extra Care Allocations Panels.

Recent newbuild growth of Extra Care



ELMSWOOD PARK,
WHALLEY RANGE
(MSV)



BRUNSWICK VILLAGE,
ARDWICK
(S4B/ONWARD)



GORTON MILL HOUSE,
GORTON (SOUTHWAY
HOUSING)



DAHLIA HOUSE,
BURNAGE (SOUTHWAY
HOUSING)



OAKLANDS HOUSE,
FALLOWFIELD
(ONWARDS)

Care Commissioning in Extra Care Housing

Adult Social Care is responsible for the onsite care commissioning within all Extra Care schemes

Providers are drawn from the homecare arrangements, with the identified neighbourhood provider also responsible for the Extra Care schemes within their 'patch'

All care providers are expected to be CQC rated 'Good' as a minimum

There are a minimum of 2 professional carers on site at any time 24/7

The aim is to create a balanced community within each scheme, a mix of high care needs, medium needs and residents with no care needs

Professional carers support residents with care needs to access social activities taking part in the scheme with an emphasis on wellbeing

Specialist Extra Care Housing

Whilst extra care is for all older people, there is often a need to tailor provision for different groups. Adult Social Care has commissioned 3 Extra Care schemes to focus exclusively on ‘**cognitive impairment and Dementia**’ in recognition of the increased needs of citizens. Of these, the central and south schemes are operational, and the north scheme is in the pipeline. This helps older people with Dementia remain as part of their community as much as possible.

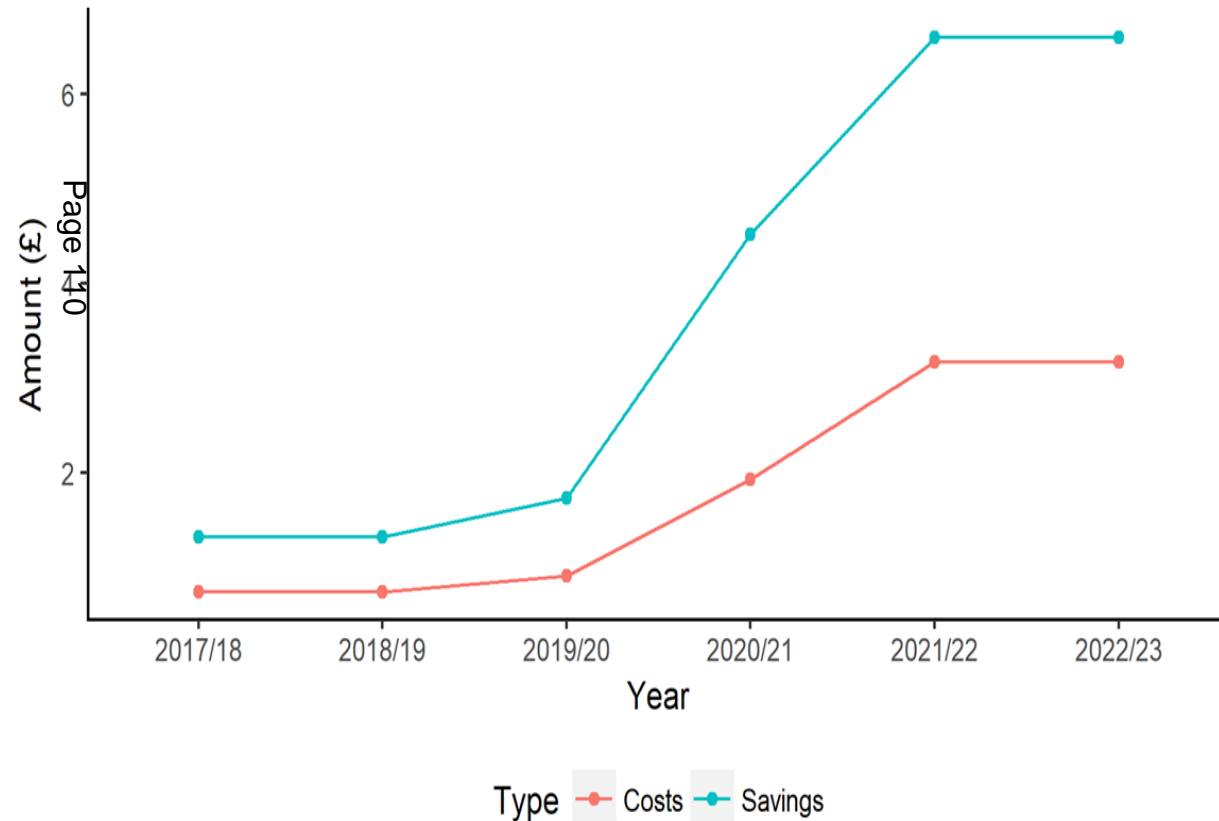
In addition, a new **LGBT+ Extra Care scheme** has been agreed in Whalley Range. This will be a co-produced approach with the LGBT Foundation as equal partners, working with the City Council and the housing provider on delivery – expected 2024/25



LGBT
foundation

Better Outcomes, Better Lives...and Savings!

Extra Care - Costs and Savings by Year



Model Assumptions:

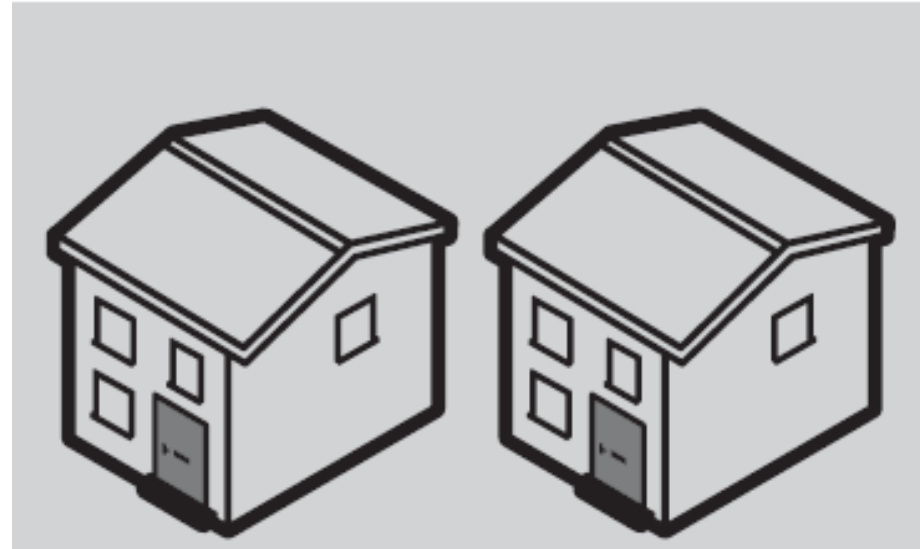
- Schemes will be built on time and planned no. of units available
- Social Care staff make referrals
- Residential care usage is delayed or avoided
- Cost of extra care is cheaper than residential care and outcomes better
- Savings can be replicated to continue funding Care Contracts

How to access Extra Care Housing

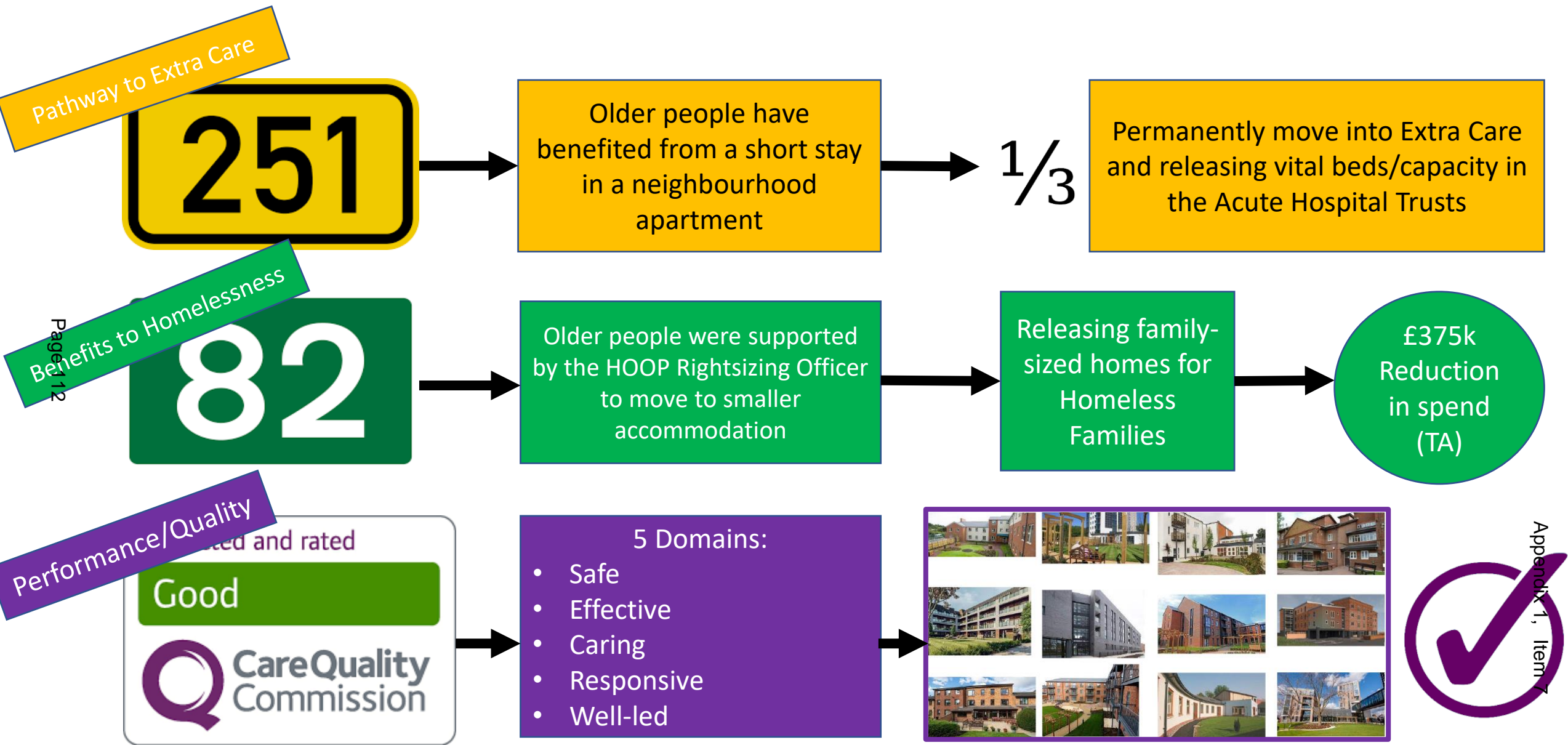
https://www.manchester.gov.uk/info/200091/older_people/8107/extra_care_housing




Extra Care Housing in Manchester Application




Performance and Impact – at a glance





Citizen outcomes following a move to Extra Care Housing



Page 113

Personal Health

- 75% increase in level of exercise
- Increase in walking speeds
- Reduction in risk of falls for the first two years
- Delay frailty for 3 years

Psychological Wellbeing

- Low levels of depression
- Improvements in Memory and Cognitive skills

Social Wellbeing

- 86% of residents 'never' or 'hardly-ever' lonely

Healthcare Costs

- More effective use of GPs
- 3 days less in Hospital per year
- Savings to the NHS around £1,994 per person, on average, for 5 years

Source: https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/ECCT-integrated-homes-full-report-2019.pdf





Partner Logos



Video Tour – Dahlia House, Burnage

<https://www.youtube.com/watch?v=800wdUQaTZA>

Courtesy of



Manchester City Council Report for Information

Report to: Health Scrutiny Committee – 22 June 2022

Subject: Manchester Equipment & Adaptations Partnership (MEAP)

Report of: Executive Director of Adult Social Services

Summary

The Manchester Equipment & Adaptation Partnership is a citywide service within Adult Social Care in the Manchester Local Care Organisation. This report provides an outline of the service encompassing:

- Service overview
- Current opportunities, challenges and activity

Recommendations

The Committee is asked to consider and make comment on the content provided within this report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

None

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The key aim of the service offer is to provide adaptations, equipment and technology enabled care to maintain people's independence within their homes
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

Not applicable

1.0 Introduction

- 1.1 MEAP is a city-wide service, based at the community equipment store in Ancoats. It provides a co-ordinated and comprehensive service to maximise independence, choice, safety and quality of life of adults and children. The service aims to achieve this by preventing or reducing reliance on care services, slowing down admissions to nursing or residential care and reducing hospital admissions.

2.0 Background

- 2.1 The key functions of the service include complex assessments for the provision of equipment, minor and major adaptations to enable people to live as independently as possible within their own homes, in the community, and to enable carers to look after them and assessments for Blue Badges for citizens applying under the 'subject to further assessment' criteria.
- 2.2 Referrals are made via the Contact Centre or from the Equipment Only Team following a low-level assessment. MEAP also accept referrals directly from Children's Services, Manchester Learning Disability Partnership, the Mental Health Trust and from the Registered Providers in relation to assessments for Decent Homes works.
- 2.3 A review in November 2015 was undertaken with key stakeholders on the most effective use of the Disabled Facilities Grant and the revenue budgets that fund adaptations. The outcome of the review was the creation of a new delivery model in April 2016 whereby Registered Providers and Northwards Housing Trust/PFIs would deliver and fund minor adaptations, costing up to £1,000, to their own properties and deliver their own major adaptations.
- 2.4 This decision was based on the understanding that Registered Providers & Northwards could deliver the works more cost effectively and quicker than the previous delivery model. While MEAP would continue to provide a full installation service on behalf of owner occupiers and private landlords, and all electrical major adaptations.
- 2.5 The assessment processes for minor and major adaptations undertaken by MEAP, The Equipment Only Team, Social care Assessors, Community Assessment Support Service and colleagues in Health and Housing are outlined below:

Minor Adaptations: are ordered online via the Council's Equipment Loan Management System (ELMS) which the Registered Providers & Northwards have purchased licences too, enabling them to progress assessment details and arrange installations.

Major Adaptations: the technical feasibility work is undertaken by 4 lead organisations on behalf of other Registered Providers as follows:

- Wythenshawe area: Wythenshawe Community Housing Group

- South Manchester: Southway Housing Trust
- Central & North: One Manchester
- Retained Council Stock: Northwards

Once an assessment of need has been agreed for a major adaptation, details are sent directly to Registered Provider or Northwards to be installed.

3.0 Main Issues

- 3.1 Before providing an overview of the issues that the service is experiencing it is important to note that supporting people to achieve their best outcomes and remain as independent as possible is always at the forefront of every intervention the service delivers. This is directly aligned to achieving the aims of the Better Outcomes, Better Lives transformation programme and the Our Manchester Strategy to develop a strong preventative offer to ensure that all people feel safe, can aspire, succeed and live well.
- 3.2 The waiting time for an assessment from a non-qualified 'competent' Assessment Officer (AO) and a qualified Occupational Therapist (OT) has increased over the last 3 years. This has been significantly affected by the pandemic, an increase in demand and workforce challenges, such as long-term sickness and staff vacancies.
- 3.3 To reduce the waiting lists the service recently outsourced 400 cases from the AO waiting list to the OT Practice to be completed by the end of August 2022 with an aspiration for the waiting time to see an AO to be under 4 weeks by the end of September 2022. All 400 of the cases were allocated to the OT Practice by the end of March 2022 with fortnightly contract managements meetings to provide oversight on progress. They have currently completed almost half of the cases and are contractually obliged to complete them all by the 1st September 2022.
- 3.4 With the 400 cases outsourced the current waiting list for an AO assessment is less than 200 cases, which the service's AOs are currently working through. The service has 10.5FTE AOs working on these assessments with one FTE allocated 8 new cases per week. Even taking into account holiday and the potential for sickness over the coming months the service is confident it will achieve the target of all AO assessments being arranged within 4 weeks of referral by the end of September 2022.
- 3.5 An additional approach that the service has undertaken to reduce the waiting lists is to work with colleagues in HROD and Allied Health Professional leads in the MLCO around a recruitment strategy to tackle the issues with OT recruitment. An example of this was the recent appointment of an OT Apprentice and ongoing work with Huddersfield University and HROD to explore the possibility of for additional posts in next year's intake to 'grow' our own OTs.
- 3.6 There was recent successful recruitment of OTs to work with the Contact Centre as an element of the new front door operating model being prototyped

within the Early Help workstream of Better Outcomes, Better Lives. The aim of the prototype is to promote independence by ensuring that people are supported to resolve issues at first point of contact where possible by signposting to appropriate services, prescribing equipment or triaged appropriately.

- 3.7 The Adaptations Board recently agreed there should be a review of the delivery model for both minor and major adaptations. The review is in response to a number of factors including:
 - 3.7.1 Increasing numbers of referrals and subsequent Assessments of Need (AON) during 2021-22 due to the pandemic and restrictions on the ability to deliver assessments for a time and an ageing population.
 - 3.7.2 The outcome of the High Court Islington ruling of April 2020 meaning that many cases that would previously have been refused at Panel in favour of rehousing to more appropriate property are now being agreed.
 - 3.7.3 A citizen's journey can take different routes dependent upon a series of factors, such as housing tenure and the scale of adaptation which can result in a citizen waiting in excess of a year from the identification of an assessment of need to the commencement of work.
- 3.8 The review will identify what is working well and challenges to inform what the future delivery model needs to look like, so it is fit for purpose and equitable for all whatever their tenure and the adaptations required. The areas of the model to be reviewed include, price, quality, waiting times and customer satisfaction.
- 3.9 The Interim Director of Housing and Residential Growth will chair the Task Group leading the review supported by MCC's Internal Audit Team and colleagues in Adult Social Care. The Task Group will ensure that the review is closely aligned to other programmes of work including Adult Social Care's Better Outcomes, Better Lives transformation programme.
- 3.10 MEAP and the Community Alarms & TEC (CATEC) Team, have a key role in ensuring the delivery of Adult Social Care's TEC ambitions. These ambitions are highlighted within the Better Outcomes, Better Lives programme. Ensuring we have the right technology for what people need and supporting and enabling the workforce to take a "TEC first" approach are key aims of the programme.
- 3.11 This approach means that TEC should always be considered when practitioners are making assessments about what support needs to be put in place for a person. We have made a lot of improvements to how we communicate about TEC, to help practitioners think of it in the first instance. We are also improving the process for making requests for TEC to ensure there are no barriers to accessing it for residents.

- 3.12 We aim to embed the TEC First approach by increasing the awareness and knowledge of our staff and developing a TEC offer that is sustainable and adaptable to respond to a citizen's needs to maximise their independence. Examples of the prototypes underway within BOBL to achieve these aims are:
- 3.12.1 The development of the TEC Champions programme across the ASC workforce to train and support staff to promote the use of TEC solutions and adopt a TEC First approach.
 - 3.12.2 The creation, revision and production of materials, such as the 2022-23 TEC Vision on a Page, external TEC internet page hosted on the MLCO website and new TEC brochure to raise awareness and promote accessibility.
 - 3.12.3 A prototype of the Anywhere Care device which combines four devices, such as a falls sensor and GPS monitoring into one with the South Discharge to Assess Team to understand whether it can enable people to be more independent at home post hospital discharge.
 - 3.12.4 The ARMED, early fall detection, prototype with cohorts from services across ASC to understand whether the system enables the ability to predict and reduce the occasions of falls.
 - 3.12.5 Just Checking prototype in the North locality to understand whether the installation of the sensors upon a person's discharge from hospital can support improved assessment of ongoing care needs.
- 3.13 Across all the prototypes we have worked with our colleagues in Performance, Research & Intelligence to establish baseline metrics to evidence performance and impact. As CATEC install all TEC devices and provide a monitoring and response service to many of them they have a significant involvement in the delivery of the prototypes and the TEC First approach.
- 3.14 As outlined in this report the Manchester Equipment & Adaptation Partnership deliver a vital element of Adult Social Care's preventative offer through the provision of adaptations, equipment and technology enabled care to maintain people's independence in their homes. It is recognised that the service has a number of challenges and opportunities which are being progressed through programmes of work with appropriate governance structures.

4.0 Recommendations

- 4.1 The Committee is asked to consider and make comment on the content provided within this report.

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 22 June 2022

Subject: Overview Report

Report of: Governance and Scrutiny Support Unit

Summary

This report provides the following information:

- Recommendations Monitor
- Key Decisions
- Items for Information - reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met
- Work Programme

Recommendation

The Committee is invited to discuss the information provided and agree any changes to the work programme that are necessary.

Wards Affected: All

Contact Officers:

Name: Lee Walker
Position: Governance and Scrutiny Support Officer
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E-mail: lee.walker@manchester.gov.uk

Background document (available for public inspection): None

1. Monitoring Previous Recommendations

This section of the report contains recommendations made by the Committee and responses to them indicating whether the recommendation will be implemented, and if it will be, how this will be done.

Date	Item	Recommendation	Response	Contact Officer
8 December 2021	HSC/21/52 Suicide Prevention Local Plan	The Committee recommend that consideration is given to Manchester contributing to the Greater Manchester pilot for the collection of key 'real time' data co-ordinated by the Greater Manchester Suicide Prevention lead.	This recommendation has been forwarded for consideration. Any reply will be reported to the Committee via the Overview Report.	David Regan
8 December 2021	HSC/21/53 Our Manchester Carers Strategy Update	The Committee recommend that the Deputy Leader consider the options to maintain the Carers Emergency Fund.	This recommendation has been forwarded for consideration. Any reply will be reported to the Committee via the Overview Report.	Councillor Midgley, Deputy Leader

2. Key Decisions

The Council is required to publish details of key decisions that will be taken at least 28 days before the decision is due to be taken. Details of key decisions that are due to be taken are published on a monthly basis in the Register of Key Decisions.

A key decision, as defined in the Council's Constitution is an executive decision, which is likely:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates, or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards in the area of the city.

The Council Constitution defines 'significant' as being expenditure or savings (including the loss of income or capital receipts) in excess of £500k, providing that is not more than 10% of the gross operating expenditure for any budget heading in the in the Council's Revenue Budget Book, and subject to other defined exceptions.

An extract of the most recent Register of Key Decisions, published on **13 June 2022**, containing details of the decisions under the Committee's remit is included below. This is to keep members informed of what decisions are being taken and, where appropriate, include in the work programme of the Committee.

Decisions that were taken before the publication of this report are marked *

There are no Key Decisions currently listed within the remit of this Committee.

3. Items for Information

Care Quality Commission (CQC) Reports

Please find below reports provided by the CQC listing those organisations that have been inspected within Manchester since the Health Scrutiny Committee last met:

Provider	Address	Link to CQC report	Report Published	Type of Service	Rating
Premier Care Ltd	Westfields 212 Hall Lane, Manchester, Lancashire, M23 1LP	https://www.cqc.org.uk/location/1-9001264701	17 May 2022	Home Care Services	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Wellington Healthcare Ltd	Lighthouse 44 Farrant Road Manchester M12 4PF	https://www.cqc.org.uk/location/1-2042041405			Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Requires Improvement Well-led: Good
Making Space	Monet Lodge 67 Cavendish Road Manchester M20 1JG	https://www.cqc.org.uk/location/1-2008736163	30 May 2022	Independent Mental Health Service	Overall: Inadequate Safe: Inadequate Effective: Inadequate Caring: Inadequate Responsive: Inadequate Well-led: Inadequate

Standwalk Ltd	92 Carlton Road Whalley Range Manchester M16 8BE	https://www.cqc.org.uk/location/1-5267235380	2 June 2022	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good
Hasigyn Ltd	The Peele 15a Walney Road Benchill Wythenshawe Manchester M22 9TP	http://www.cqc.org.uk/location/1-9409604175	31 May 2022	Care Home	Overall: Good Safe: Good Effective: Good Caring: Good Responsive: Good Well-led: Good

**Health Scrutiny Committee
Work Programme – June 2022**

Wednesday 22 June 2022, 10am (Report deadline Monday 13 June 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Covid-19 and Vaccination Programme Update	To receive a presentation on progress, along with the latest available data on Covid-19 vaccination uptake.	Councillor T. Robinson	David Regan Sarah Doran Jenny Osborne	
Extra Care	To receive a report that provides an update on our Extra Care developments in Manchester, highlighting the growth of this important enabler of independence. This report will be accompanied by a short presentation and video.	Councillor T. Robinson	Bernadette Enright Zoe Robertson	
The Adaptations Service and Technology Enabled Care	To receive a report that provides information on the Adaptations Service and Technology Enabled Care. Where available this report shall include data on the outcomes of this service.	Councillor T. Robinson	Bernadette Enright	
The Ockenden Report	Manchester Foundation Trust will present their response to the Ockenden Report. Dame Donna Ockenden was appointed to conduct an independent review of maternity services at Shrewsbury and Telford NHS Trust and the actions arising from this report, published on 30 March 2022, must now be taken forward by all local maternity service providers including MFT (St Mary's	Councillor T. Robinson	Chris Gaffey Kate Provan	

	Hospital).			
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 20 July 2022, 10am (Report deadline Monday 11 July 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Climate Change – Food and Health	Representatives from the Manchester Food Board will attend the Committee to talk about their plans for the coming year and how this activity is linked to the Manchester Climate Change Framework.	Councillor Rawlins	David Regan Barry Gillespie	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Adult Weight Management Services / Physical Activity (Mcr Active)	To receive a report on Adult Weight Management Services / Physical Activity (Mcr Active). Staff and users of the service will highlight the opportunities and challenges facing residents in accessing services and plans to widen the offer in 2022/23.	Councillor T. Robinson	David Regan Peter Cooper	
Manchester University Hospital NHS Foundation Trust (MFT)	To receive an update report from MFT that provides an overview of the planned service changes for the year as part of the ongoing implementation of the Single Hospital Service programme and plans.	Councillor T. Robinson	Chris Gaffey Lee Hay	
GM Integrated Care Board	The ICB will go live on 1 July now that the Health and Social Care Bill has received royal assent representatives of the GM	Councillor T.	David Regan	Invitations to be sent to Sir Richard Leese,

(ICB) and Manchester Partnership Board (MPB)	ICB and the MPB will set out how the new arrangements will be implemented in Manchester. An updated version of the Manchester Locality Plan and Delivery Plan will also be presented to the Committee	Robinson	Chris Gaffey James Binks	Chair and Mark Fisher CBE, Chief executive designate of NHS Greater Manchester Integrated Care
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 7 September 2022, 10am (Report deadline Friday 26 August 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Better Outcomes, Better Lives	Following previous presentations to Health Scrutiny, the latest update on progress on our ASC Transformation Programme as requested by the Committee with insights from people using services. The report will also contain information previously requested by the Committee on the Equalities Impact Assessment of the Better Outcomes, Better Lives programme.	Councillor T. Robinson	Bernadette Enright Sarah Broad	
Enabling Independence Accommodation Strategy	To receive a report and presentation of this new strategy which supports the Housing Strategy in enabling the right supply of supported accommodation and other housing options for vulnerable people in the city, supporting people to be as independent as possible in their communities.	Councillor T. Robinson	Bernadette Enright	

Adverse Childhood Experiences (ACEs) & Trauma Informed Practice	To revive an update report to that considered at the meeting of 21 July 2021 on the Adverse Childhood Experiences (ACEs) & Trauma Informed Practice. The report will update Members on the range of activities to deliver the stated ambition of Manchester being a trauma informed and trauma responsive City.	Councillor T. Robinson	David Regan Gareth Nixon	
Greater Manchester Mental Health Update	To receive an update report that describes the activity of the Greater Manchester Mental Health NHS Foundation Trust (GMMH). This report will include, but is not restricted to: Urgent Care/Crisis response; Early Intervention; Community Mental Health Teams; Delayed Transfer of Care and Out of Area Placements.	Councillor T. Robinson	Chris Gaffey Greater Manchester Mental Health NHS Foundation Trust	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 12 October 2022, 10am (Report deadline Monday 3 October 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Marmot Themed meeting	It will be exactly one year since the Committee heard from Sir Michael Marmot and the Committee will receive an update on the work of the Manchester Marmot Task Group. This will include updates on social prescribing, public mental health and Population Health Management at a neighbourhood level. People using services will be invited to the meeting to talk about their lived experience	Councillor T. Robinson	David Regan Cordelle Ofori	Professor Marmot will be virtually attending this meeting.
Climate	To consider a report that discusses the issue of air quality and	Councillor	David	Invitation to Cllr

Change – Air Quality	health.	T. Robinson	Regan	Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 9 November 2022, 10am (Report deadline Monday 31 October 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Fair Cost of Care and Market Sustainability	To receive a report and presentation on the outcome of the mandated Dept of Health and Social Care fair cost of care exercise in Manchester, alongside our Market Sustainability statement and strategy to support care providers in Manchester to be sustainable in the long-term, ensuring the right capacity is in place which is delivering high quality services to the people of Manchester.	Councillor T. Robinson	Bernadette Enright	
Funding and Charging Reforms - including the implementation of the Care Cap	To receive a report on the Implications of the funding and charging reforms in Manchester including local analysis on the financial and operational impact and planning to deliver the reforms across Adult Social Care and in our financial assessment teams.	Councillor T. Robinson	Bernadette Enright	
Learning	To receive a report the describes the services and support to	Councillor	Bernadette	

Disability	people with a learning disability in Manchester including the development of the Planning with People Board, work on Transforming Care, our commissioning strategy and health priorities, transition and provider review.	T. Robinson	Enright	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 7 December 2022, 10am (Report deadline Monday 28 November 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Access to NHS Primary Care – GP, Dentistry and Pharmacy	To receive a suite of reports that provides an update on the provision and access to primary care services across the city. These reports will include how primary care services are addressing the Closing the Gap NHS agenda.	Councillor T. Robinson	Chris Gaffey	
Budget Related Reports	TBC	Councillor T. Robinson	Bernadette Enright David Regan	TBC
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 11 January 2023, 10am (Report deadline Friday 30 December 2022)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Budget Related Reports	TBC	Councillor T. Robinson	Bernadette Enright David Regan	TBC
Care Quality Commission regulation and inspection of Adult Social Care	To receive a report that provides an overview of the planned introduction of Care Quality Commission regulation and inspection of local authority statutory responsibilities including social work, and the planned approach in Manchester.	Councillor T. Robinson	Bernadette Enright	
Liberty Protection Safeguards	To receive a report on the introduction and plans to implement the Liberty Protection Safeguards in Manchester including work across the partnership.	Councillor T. Robinson	Bernadette Enright	
Health Infrastructure	This report will provide and update on development at the North Manchester General Hospital. There will be an in depth focus on developments at Wythenshawe Hospital. In addition, the Committee will hear more about primary care and community health developments (e.g., Gorton Hub)	Councillor T. Robinson	Chris Gaffey	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have		Lee Walker	

	been inspected by the Care Quality Commission.			
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Wednesday 8 February 2023, 10am (Report deadline Monday 30 January 2023)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Drugs, Alcohol and Tobacco Control	Following the report to the Committee in January 2022, one year on the Committee will receive an update on addiction services with additional information on services addressing gambling related harm. Service users will attend the meeting.	Councillor T. Robinson	David Regan Marie Earle	
Climate Change and Health	Theme and scope of this report to be determined.	Councillor T. Robinson	David Regan	Invitation to Cllr Shilton Godwin, Chair of the Environment and Climate Change Scrutiny Committee
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Wednesday 8 March 2023, 10am (Report deadline Monday 27 February 2023)

Item	Purpose	Lead Executive Member	Strategic Director/ Lead Officer	Comments
Our Manchester Carers Strategy	Further to previous reports and presentations to the Committee, an update and overview of our work to support carers of all ages in Manchester including our work with the	Councillor T. Robinson	Bernadette Enright Zoe	

Update	VCSE will be provided.		Robertson	
Plans and services relating to Dementia in Manchester	To receive a report that describes plans and services relating to Dementia in Manchester.	Councillor T. Robinson	Bernadette Enright Zoe Robertson	
Overview Report	The monthly report includes the recommendations monitor, relevant key decisions, the Committee's work programme and items for information. The report also contains additional information including details of those organisations that have been inspected by the Care Quality Commission.		Lee Walker	

Items to be Scheduled

Item	Purpose	Executive Member	Strategic Director/ Lead Officer	Comments
Preventative Screening Services	To receive a report that provides information on the local arrangements and activities to deliver health prevention screening services.	Councillor T. Robinson	David Regan Sarah Doran	
Health Inequalities and Older People	To receive a report that considers the experiences of older people and health inequalities and the initiatives to address these. The report will also include information on the work of Age Friendly Manchester.	Councillor T. Robinson	Bernadette Enright	
Update on Sounding Boards	Building upon the positive contribution during the pandemic the Committee will receive a report that describes the evolution of Sounding Boards and how these will be used to connect with	Councillor T. Robinson	David Regan Cordelle	

	<p>residents and improve health outcomes.</p> <p>The main functions of the Sounding Boards are to:</p> <ul style="list-style-type: none"> • Bring together a group of people that can act as a voice for their communities. • Give the communities they represent a voice in the development and delivery of CHEM's programme of work. • Identify and share what the priority issues and concerns are for the communities they represent. • Share their views on how statutory sector initiatives and activities might inadvertently impact adversely on different communities and provide potential solutions. 		Ofori	
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