

Bury Health Scrutiny Committee **Wednesday 28th January 2026**

Bury Maternity Service Update

Dr Cathy Fines - GP
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National, GM and Local Priorities

Bury Maternity Services Update

National, GM and Locality Priorities



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National Priorities

Make progress towards the national safety ambition to reduce still birth, neonatal mortality, maternal mortality and serious intrapartum brain injury

- Increase fill rates against funded establishment for maternity staff

GM Priorities

- Lead, via the Greater Manchester Local Maternity and Neonatal System, locality progress towards achievement of National Priorities
- Engagement with National Reviews
- Quality and Safety
- Provider Performance

Locality Priorities

- Choice of Provider
- Continuity of Care
- Early appointment booking
- Pursuing Bury patient level data by provider
- System partner communications
- Link to Maternity Voice Partnership Bury Leads
- Support GM Maternity Network
- Support Midwifery Services Delivered at locations in Bury

Bury Level Maternity Statistics

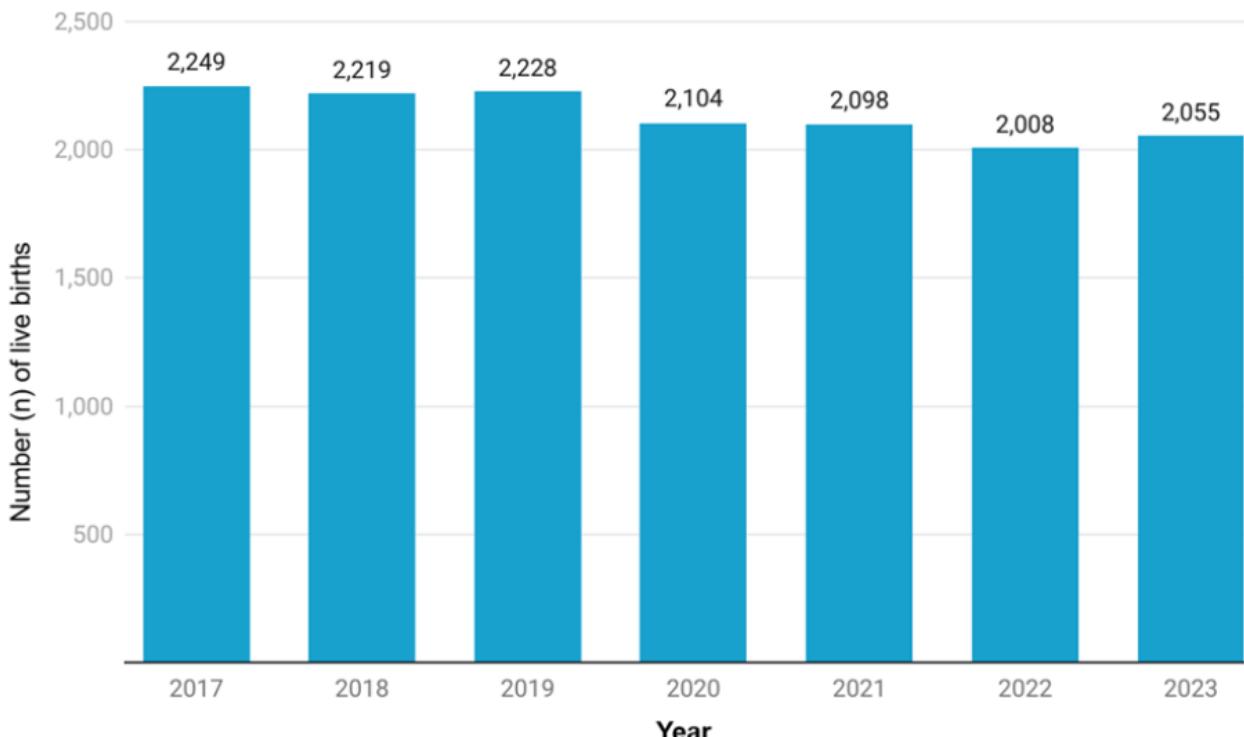
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Bury Level Maternity Statistics: Number of live births Bury 2017 - 2023



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Figure 1: Number of live births by area of usual residence, Bury 2017-2023.



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- Between the years 2017 and 2023, Bury saw a reduction in the number of live births from 2,249 (2017) to 2,055 (2023).
- Year on year figures reduced from 2019 – 2022.
- There was a slight increase of 47 live births in 2023 compared to 2022.

Bury Maternity Services Update

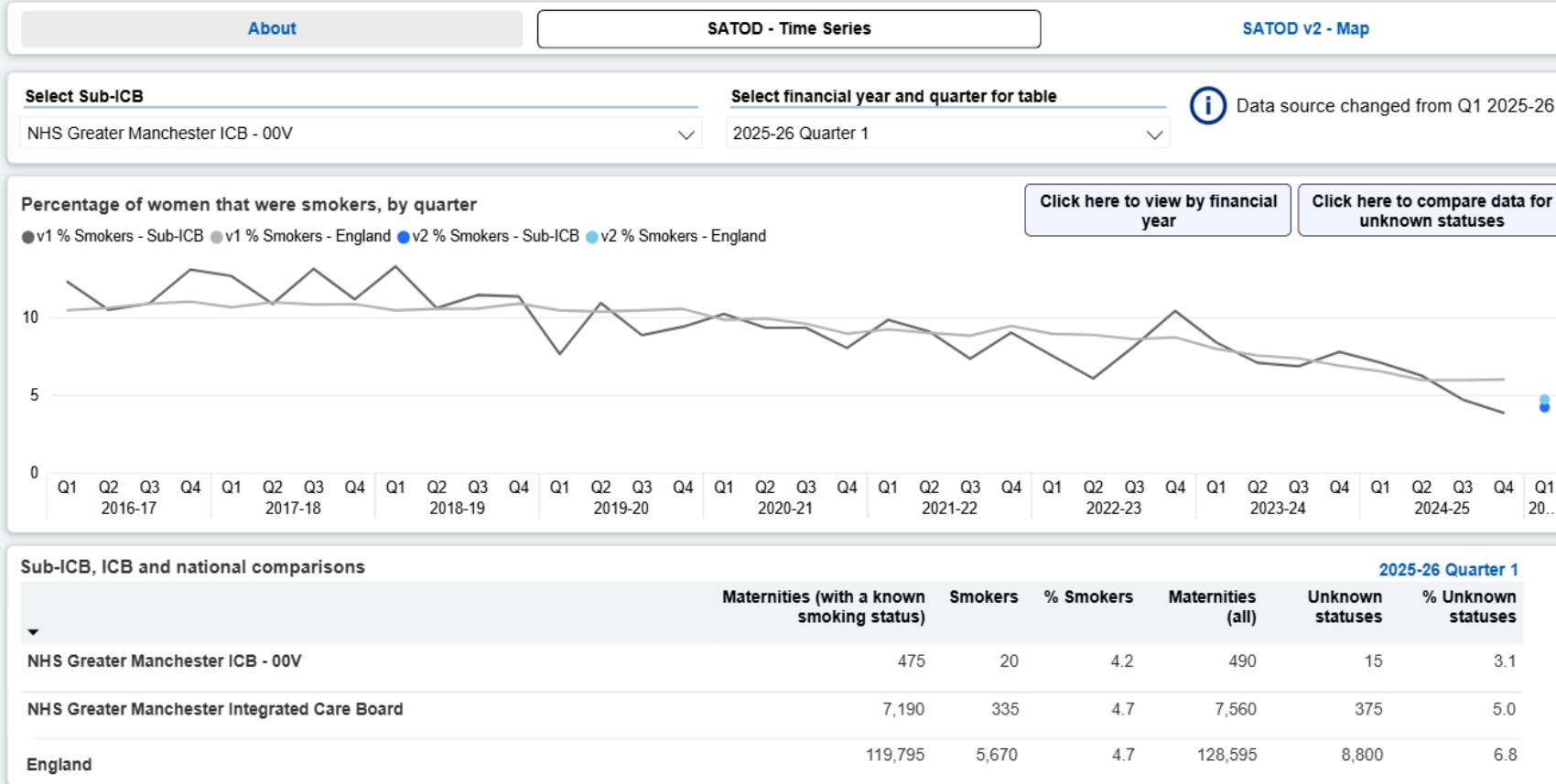
Bury Level Maternity Statistics: Smoking At Time Of Pregnancy 2016-2025



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Statistics on women's smoking status at time of delivery, England, 2025-26

NHS
England



Bury Maternity Statistics

(Source NHSE: [Microsoft Power BI](#))

- The National Target was 6% or less by 2022
- From Q1 2025-26 all SATOD statistics are taken from the National Maternity Data Set.
- In Q1 2018-19 Bury was recording 13.3% SATOD which was 2.9% behind the national average
- Steady improvement both locally and nationally over the years
- Q1 2025-26 sees Bury at 4.2% ahead of the GM and national performance of 4.7%
- Q1 2025-26 see Bury as the joint 3rd best performing locality in GM.

Source: Clinical Outcomes and Indicators, NHS England.

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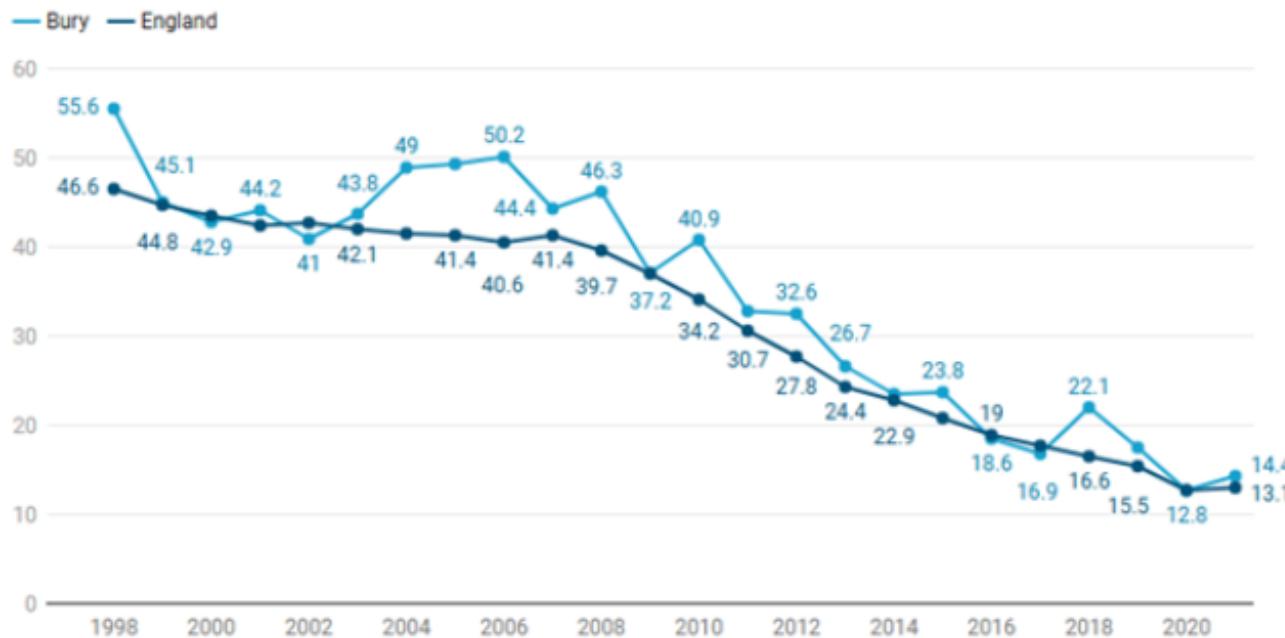
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Bury Level Maternity Statistics: Under 18 Conception Rate 1998 - 2021



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Figure 4: Conceptions in women aged under 18 per 1,000 females aged 15-17 years for the years 1998 to 2021 for Bury and England (Children and Maternal Health, 2021). ↗



Bury Maternity Statistics

Source (Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- The infant mortality rate is 60% higher than that of babies born to older women
- Younger women are at higher risk of adverse pregnancy outcomes.
- The percentages of pregnancy under 18's has been declining both nationally and in Bury.
- Most recent figures for the period 2022-23, show 0.5% of pregnancies in Bury were teenage pregnancies (under 18), lower than the national average of 0.6%.

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Bury Level Maternity Statistics: Termination of Pregnancy Statistics

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Central Booking Service Report for: **BURY (ICB QOP)**
Period: **December 2025**
Total number of bookings: **30**



1. Days to appointment		
Up to 7	28	93%
8 to 14	1	3%
15 to 21	1	3%
Over 21		
Average	2.2	
Median	1	

3. Who called to make the booking		
Client	29	97%
Referrer		
Professional rep		
Personal rep	1	3%
Not recorded		

6. Age at time of call		
Under 16	1	3%
16 to 17	1	3%
18 to 19	3	10%
20 to 24	7	23%
25 to 29	4	13%
30 to 34	10	33%
35 and over	4	13%
Not recorded		

2. Referrer		
Brook		
FP/CASH		
GP referral		
GUM		
NHS hospital		
Self referral	30	100%
Other		

4. Type of consultation		
Counselling		
Consultation	1	3%
Sameday	4	13%
Telephone	25	83%

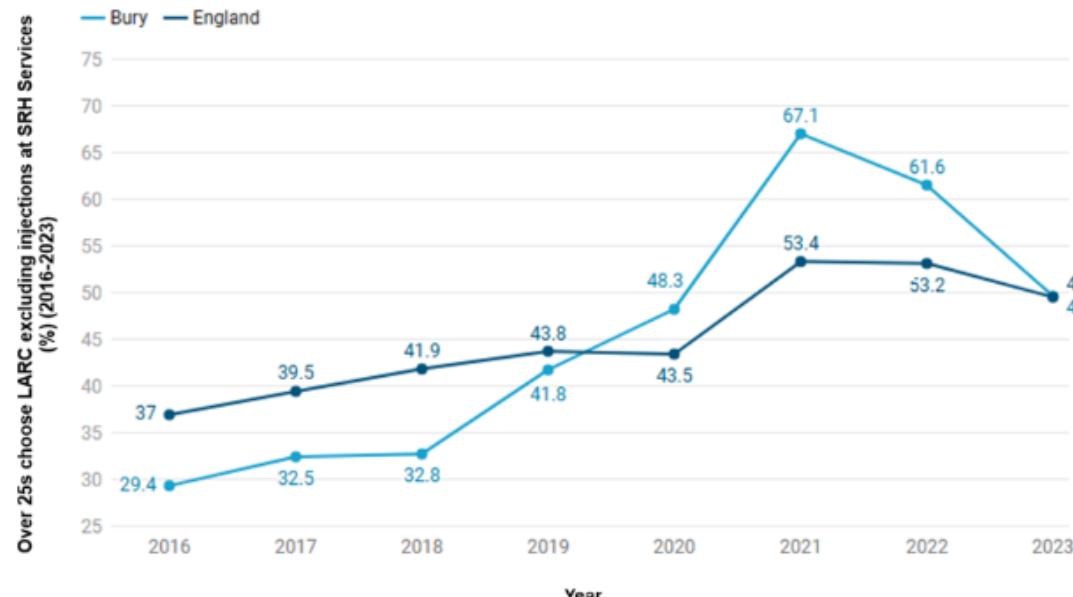
7. Gestation at time of call		
0 to 9 weeks	30	100%
10 to 12 weeks		
13 to 19 weeks		
20 to 23 weeks		
Not recorded		

5. GP registered	
Yes	30
No	

Provider	Location	No. of bookings	% of total	Days to appointment				
				7 or less	8 to 14	15 to 21	Over 21	Average
BPAS	BPAS Telemed Hub (Birmingham)	1	3%	1				0
BPAS	BPAS Telemed Hub (Bournemouth)	1	3%			1		16
BPAS	BPAS Telemed Hub (Doncaster)	1	3%	1				0
MSI	MSI Rochdale EMU	1	3%	1				6
MSI	MSI Telephone Consultations	10	33%	9	1			2.2
NUPAS	NUPAS Bolton	2	7%	2				3.5
NUPAS	NUPAS Manchester	2	7%	2				1.5
NUPAS	NUPAS Telephone Consultations	12	40%	12				1.1

Bury Level Maternity Statistics: Over 25s Choosing LARC

Figure 3: Percentage (%) of over 25s choosing LARC excluding injections at SRH Services for the years 2016 to 2023 for Bury and England ([Sexual & Reproductive Health Profiles, 2023](#))



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- Long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.
- A strategic priority is to ensure access to the full range of contraception is available to all. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.
- In the year 2023, 49.7% of 'over 25s' chose LARC excluding injections at SRH Services, statistically similar to the figure for England of 49.6%.

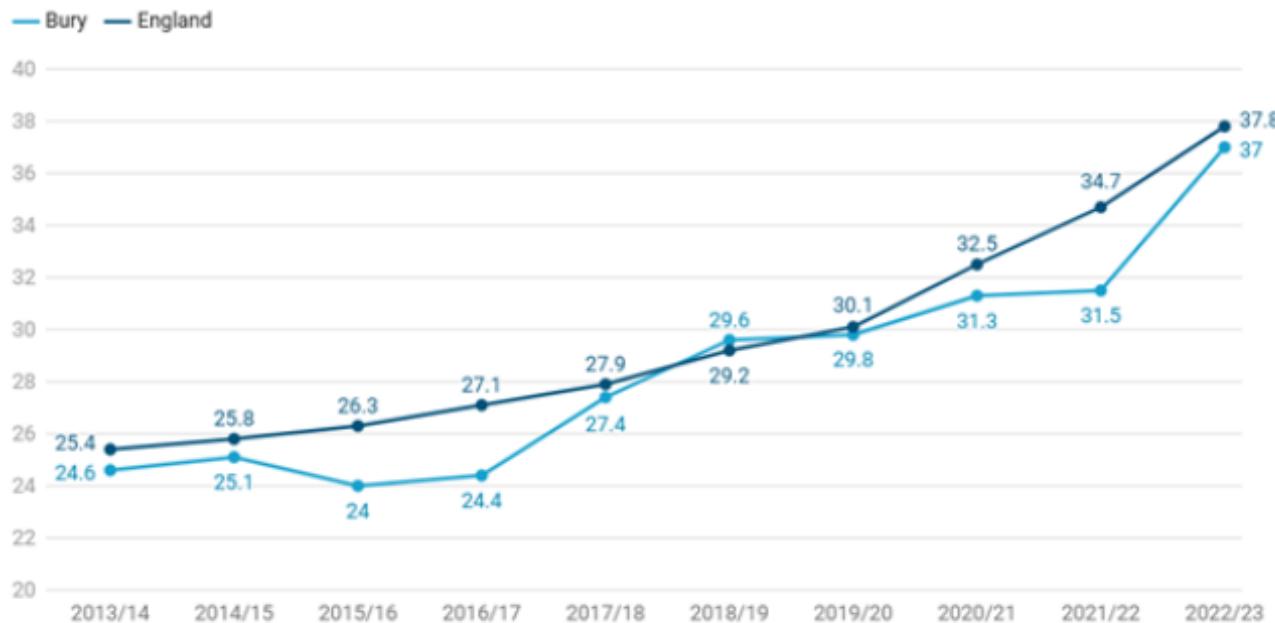
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Bury Level Maternity Statistics: Percentage of C- Sections



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Figure 8: Percentage of c-sections during the period 2013/14 to 2022/23 for Bury and England (Children and Maternal Health, 2023). ↗



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- Caesarean sections (commonly referred to as c-sections) are often required for several maternal and infant reasons. By their nature (i.e. they are used when there are complications) they are likely to be associated with an increased risk of problems.
- The percentage of caesarean sections in Bury was 37% in 2022/23 and statistically similar to England average of 37.8%.

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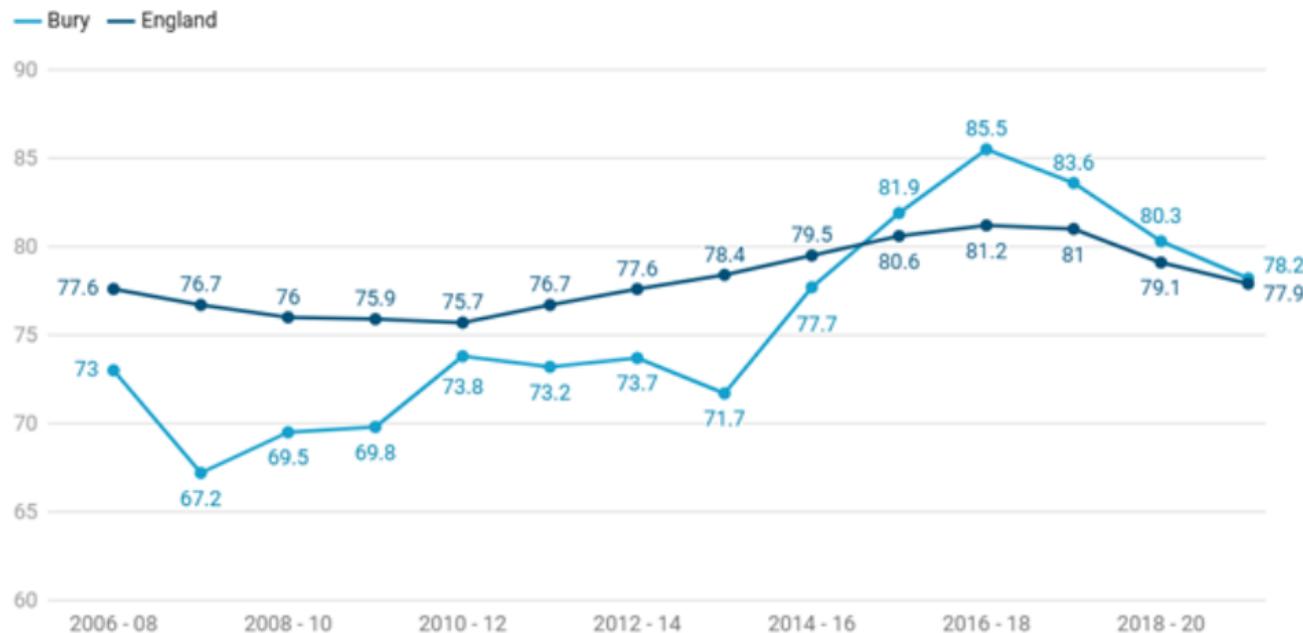
Bury Level Maternity Statistics: Premature Births



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Figure 9: Crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths during the period 2006-08 to 2019-21 for Bury and England

[\(Children and Maternal Health, 2021\).](#) ↗



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- Premature births are measured in [Fingertips](#) as crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths
- From 2015-17 to 2019-21, the rates in Bury were higher than England average but were not statistically significant.
- Premature birth rate in Bury has shown a more rapid increase in recent years than in England, but the most recent data for both areas show a decrease in premature birth rate (Figure 9).

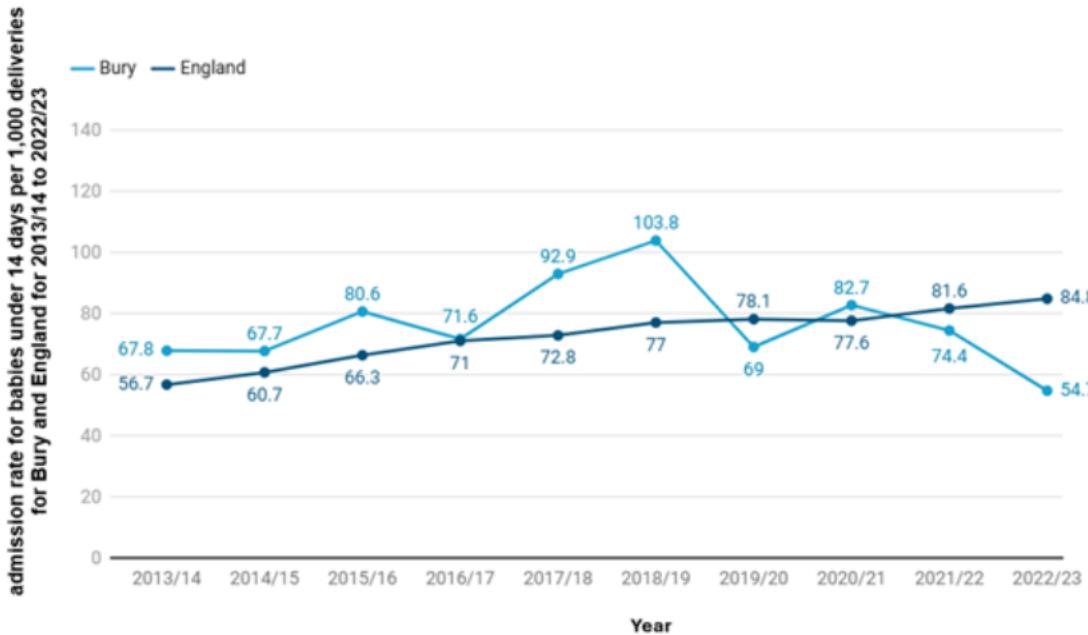
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Bury Level Maternity Statistics: Admission Rates



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Figure 15: Crude admission rate for babies under 14 days per 1,000 deliveries for Bury and England for 2013/14 to 2022/23
[\(Children and Maternal Health, 2023\)](#).



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- High admission rates of mothers or infants shortly after birth may indicate problems with the timing or quality of health assessments before the initial transfer or with the postnatal care provided once the mother returns home. Dehydration and jaundice are two common reasons for re-admission of infants and are frequently associated with feeding difficulties.
- Admission rate for babies under 14 days in Bury for the period 2022/23 was 54.7 per 1,000 deliveries.
- The rate in England then increased to its highest rate for the observed time period to 84.8 per 1,000 for 2022/23

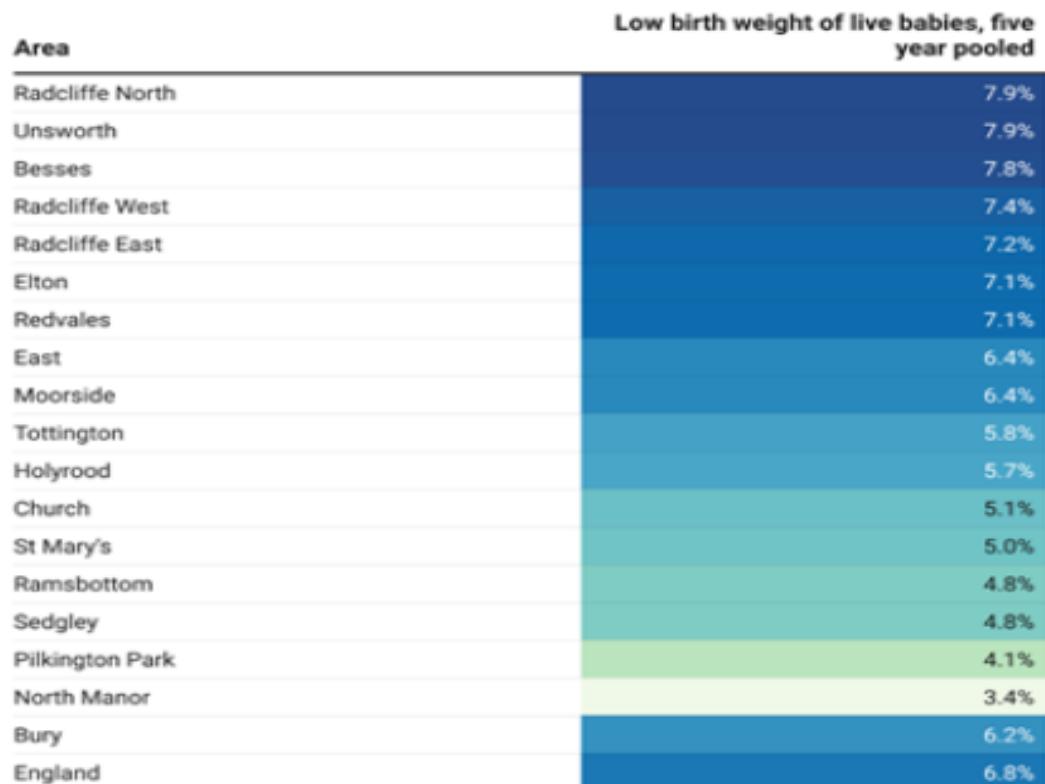
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Bury Level Maternity Statistics: Low Birth Weight by Bury Ward



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Table 1: Percentage of low birth weight of live babies in Bury wards, Bury and England (five years pooled data from 2016 to 2020) (Local Health, 2020) ↗



Bury Maternity Statistics

(Source Bury JSNA: [Pregnancy and Birth | Bury Directory](#))

- This indicator is defined as percentage of all live births with a recorded birth weight under 2500g as a percentage of all live births with stated birth weight, pooled over five years.
- The percentage of low birth weight of live babies in Bury for the five year pooled data from 2016-20 is 6.2%, slightly lower than England average of 6.8%.
- Examining data by ward, the highest percentages of low birth weight of live babies are in Radcliffe North and Unsworth at 7.9% and Besses at 7.8% in the period 2016-20.
- The lowest percentage during the same time period is in North Manor (3.4%) and Pilkington Park (4.1%) (Table 1)

Greater Manchester Maternity and Neonatal System

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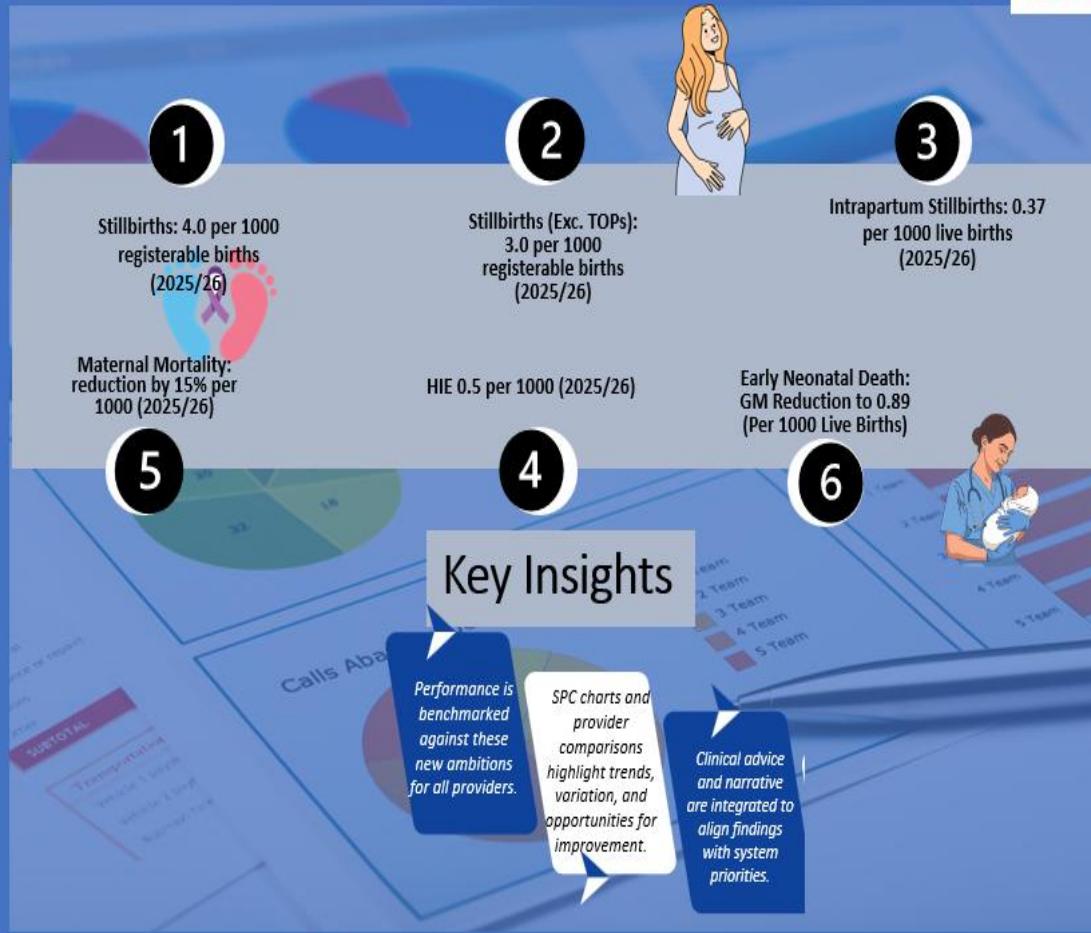
National Planning Objectives 25/26



1
Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury

2
Increase fill rates against funded establishment for maternity staff

GM New targets aim to drive system-wide improvement in:



Greater Manchester Local Maternity and Neonatal System 2025/26 Priority Projects

- Improved Safety Outcomes
- High Quality Bereavement Services
- Improved Triage
 - achieve the local standard of 80% of women seen within 15 mins of attendance
 - 95% within 30 mins
- Shared Learning
- Assurance – increase CNST compliance
- Workforce recruitment and improved staff survey results
- Perinatal mental health
- Personalised Care Plan
- Infant Feeding
- Pelvic Health Services
- Continuity of Care
- Community Services
- Gestational diabetes melitus follow up postpartum
- Digital maternity services
- Maternal Medicine information sharing
- Improved data quality
- Early access to antenatal care

Bury Maternity Services Update



Summary



Key Escalations to note:

- GM performance against 2025/2026 key performance metrics

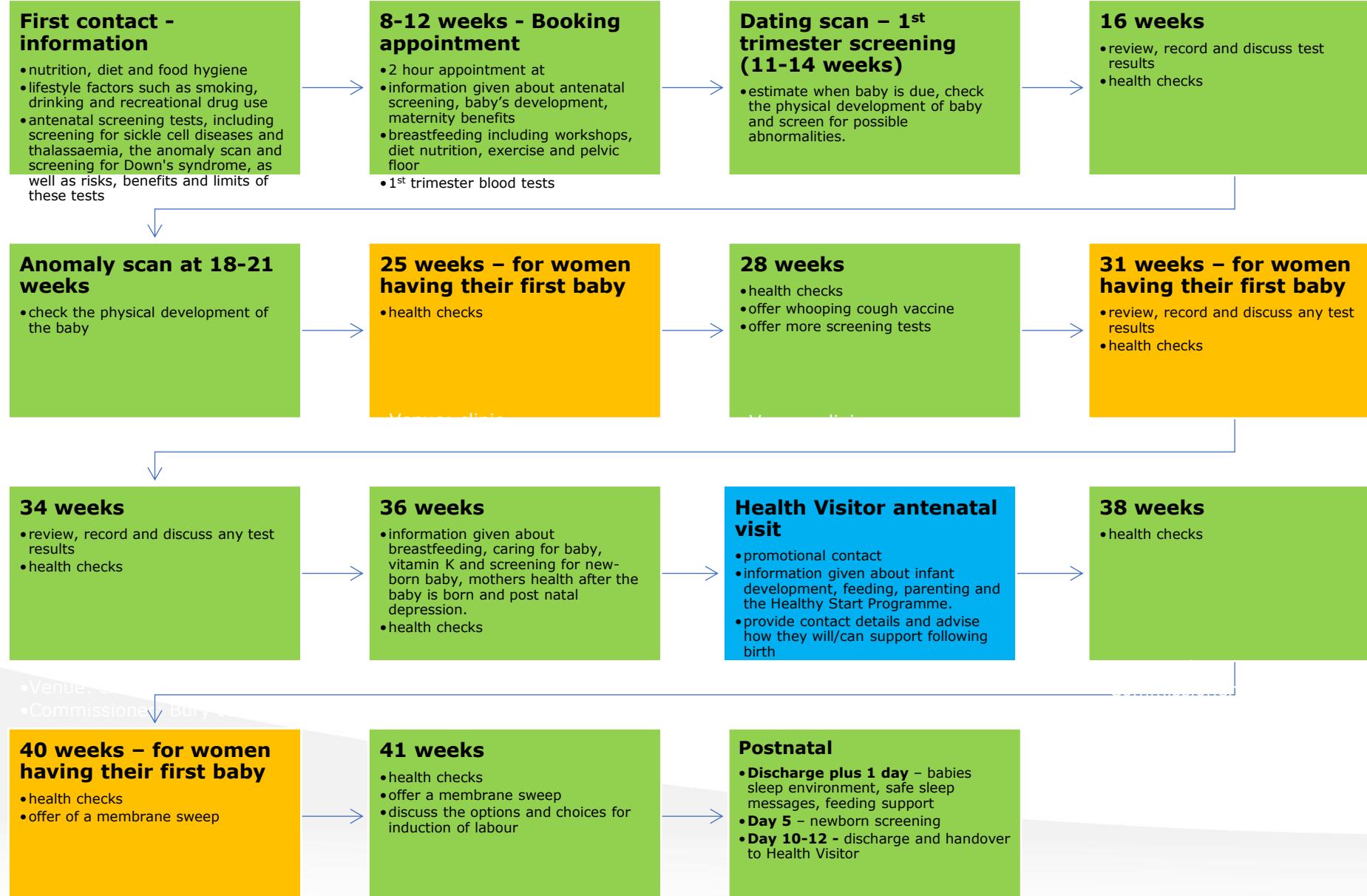
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Metric	2024	2025/26	Year to August	Year to October
	Performance	Ambition (per 1,000)		
Stillbirths inc TOP	4.35	4	4.39	4.3
Stillbirths exc TOP	3.35	3	3.44	3.29
Intrapartum Stillbirths	0.4	0.37	0.27	0.18
HIE	0.52	0.5	1.03	1.1
Maternal Deaths (up to 42 days)	0.06	0.5	0.14	0.11
ENND	1.87	0.89	2.6	2.61

- Below is the provider breakdown driving this data.

Provider	BOLTON		NORTH MANCHESTER		ORC		WYTHENSHAWE	
Metric	Ambition (per 1,000)							
	Current (Jan–Oct)	Current (Jan–Oct)						
Stillbirths inc TOP	4.54	3.42	3.9	3.7	6.35	5.12	1.9	2.76
Stillbirths exc TOP	3.8	3.42	3.17	3.08	5.04	3.04	1.55	2.26
Intrapartum Stillbirths	0.53	0.24	0	0	0	0	0	0.25
HIE	1.44	2.12	0.65	1.45	0.3	1.27	0.65	1.08
Maternal Deaths (up to 42 days)	1.28	0.25	1.22	0	0.27	0.16	0.26	0.25

Maternity Pathways

Bury Maternity Services Update



•Venue: Bury

•Commissioner: Bury

Main Provider Level Maternity Infrastructure

Manchester FT (NMGH)

Bolton FT

Main Provider Level Maternity Infrastructure

Manchester FT (NMGH)

Bury Maternity Services Update

MFT Midwifery Services – Community Based Maternity Service



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- **Locations operational:**
 - Salford, Moston & Blackley, City & New East Manchester, Cheetham, Bury.
- **Bury Team areas:**
 - include BL9, Whitefield and Prestwich.
- **Team Composition:**
 - Band 7 Team Leader with Band 6 community midwives and Maternity Support Workers
- **Services offered face to face:**
 - All community midwifery care is face to face
- **Services offered virtually:**
 - Nil
- **Current service development:**
 - Harmonisation of AN care pathways with AN services across Managed Clinical Services. Introduction of vaccination clinic at Prestwich hub to include flu and pertussis
- **Current Service issues:**
 - 3 x Community clinics currently being held at Fairfield General Hospital due to IT availability in Bury venues.
- **Service Improvements:**
 - Digital platform HIVE now progressing well and teams are more confident when connectivity available. Redvale Hub connectivity remains poor despite refurbishment-have requested room change. Face to Face Antenatal parent education for MFT patients to commence.

Contact details: Bury Fairfield Base 0161 778 3706/ Main NMG base 0161 720 2133

- Rachel Wadkins : Bury Team Leader Rachel.Wadkins@mft.nhs.uk
- Mel Coleman: Community Ward Manager 07977644545 Mel.Coleman@mft.nhs.uk
- Farhana Faruque: Community & Birth Centre Matron (North Manchester site) 07973695232 Farhana.Faruque@mft.nhs.uk

Main Provider Level Maternity Infrastructure Bolton FT

Bury Maternity Services Update

Provider Updates: Bolton Foundation Trust Maternity Services – Community



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- **Locations operational:**

- Radcliffe Hub, Bury West & North Hub, Farnworth Start Well Centre (for women living in BL4 and M26 1). The team cover the M26, BL2, BL8 and BL0 postcodes of the Bury locality.

- **Team Composition:**

- 1 WTE Band 7 Team Leader
- 9.17 WTE Band 6 Registered Midwives.
- 0.61 WTE Maternity Support Worker (MSW)

- **Services offered face to face:**

Radcliffe Hub- Clinics Monday- Friday (antenatal bookings, antenatal appointments, post-natal appointments)

Bury West & North Hub- Clinics Monday- Friday (antenatal bookings, antenatal appointments, post-natal appointments)

Home post-natal visits (Day 1 and if clinically required)

All clinics have a Named midwife to provide continuity of care.

- **Services offered virtually:**

- Nil.

- **Current service development:**

Community review in progress to review services, staffing, processes to highlight any improvements required. Staff under going training for Pregnancy circles to implement across the service as an alternation method of providing care and continuity. Community Team developing Early Pregnancy Information Clinics to provide women with early heath and well-being information, screening information and screening tests. Re-introduction of antenatal face to face sessions. Digital transformation project ongoing at Bolton Maternity services to develop a end to end an maternity system, no completion date at present.

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Provider Updates: Bolton Foundation Trust Maternity Services (cont...)

- **Current service or pathway issues:**

- Ongoing IT issues within the Bury centres that are causing issues with care. Despite lots of work to improve the IT for 3-5 years we are still having connectivity issues and maintaining connectivity. This is a quality and safety issue and is on our risk register.
- Fragmented care- Women are choosing to birth with alternative providers and having antenatal care and post natal care provided by Bolton community midwives due to geographical boundaries. Evidence based information highlights this to be a contributor factor in poor outcomes for women and babies with issues of different IT and documentation systems, guidelines, and processes, communication, information sharing, services available, effects on staff.
- **Contact details for the team (mobile numbers are work phones and only responded to when the staff member is on duty)**

Community Midwives Office at Bolton Hospital (clerical staff only) – 01204 390 023
Nicola Doherty (Team Leader) – 07920182610
Email- nicola.doherty@boltonft.nhs.uk
Non urgent information sharing email address (checked daily) –
BFTmidwiferydischarges@boltonft.nhs.uk
Farnworth Start Well Centre (Team base) – 01204 334 955

Bury West & North Children's Centre Midwife Line – 0161 253 7734 (BL8 and BL0)
Lindsay Wyatt (deputy) – 07919 598 609, Lindsay.Wyatt@boltonft.nhs.uk
Geraldine Wilkes – 07471 522 936, Geraldine.Wilkes@boltonft.nhs.uk

Enhanced Midwifery Team (safeguarding) –
01204 390390 Ext 4170, email- boh-tr.emt@nhs.net
Nicola Ainsworth (team leader) – 07824897295
Email- nicola.ainsworth@boltonft.nhs.uk

Radcliffe Hub Children's Centre Midwife Line – 0161 253 7467
Jessica Robb- 07920182608, Jessica.robb@boltonft.nhs.uk
Eloise Davenport- 07824561184, eloise.davenport@boltonft.nhs.uk

Main Provider Level Maternity Statistics

Manchester FT (NMGH)

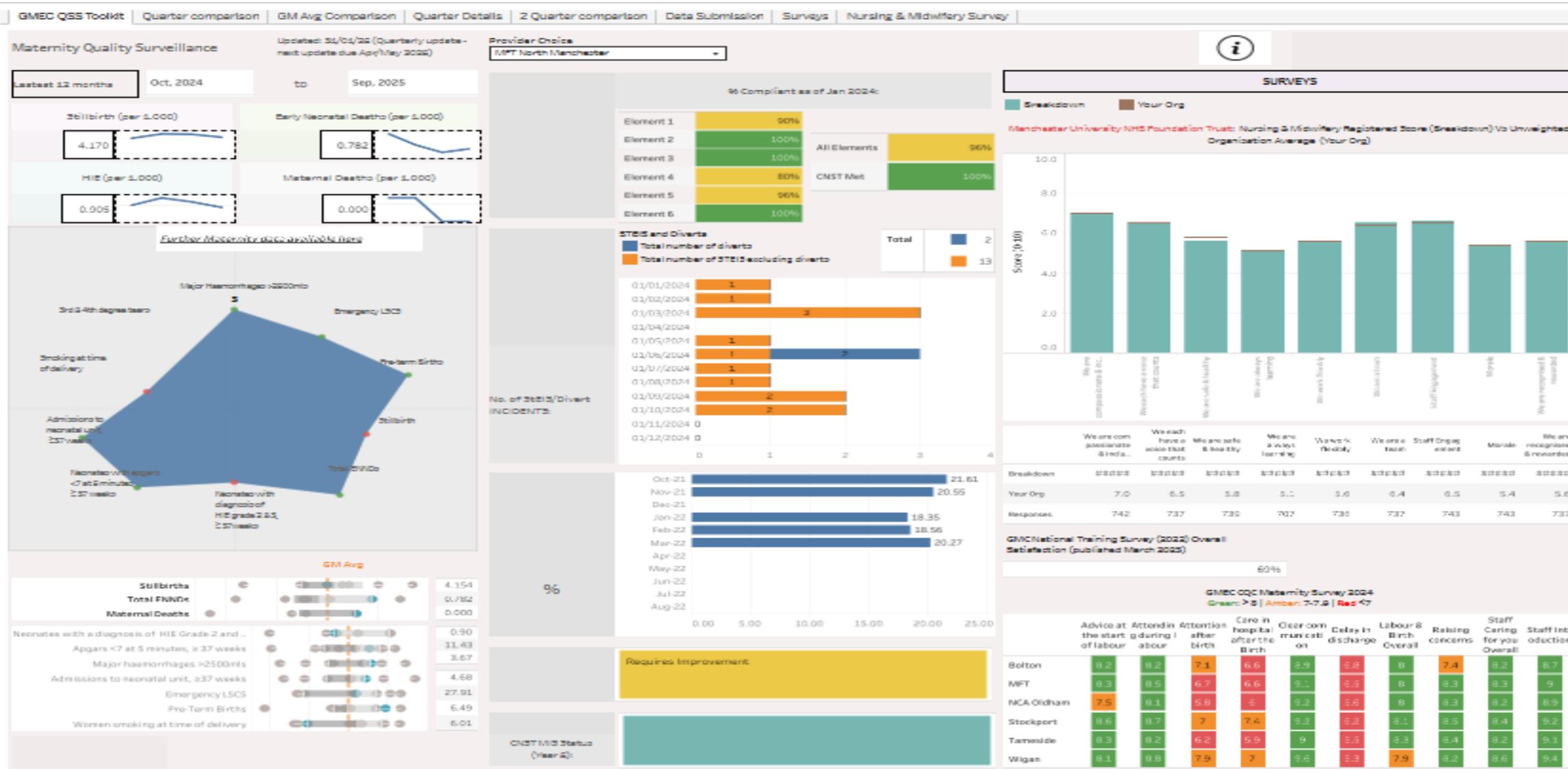
Bolton FT

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GM LMNS Provider Reports – MFT North Manchester

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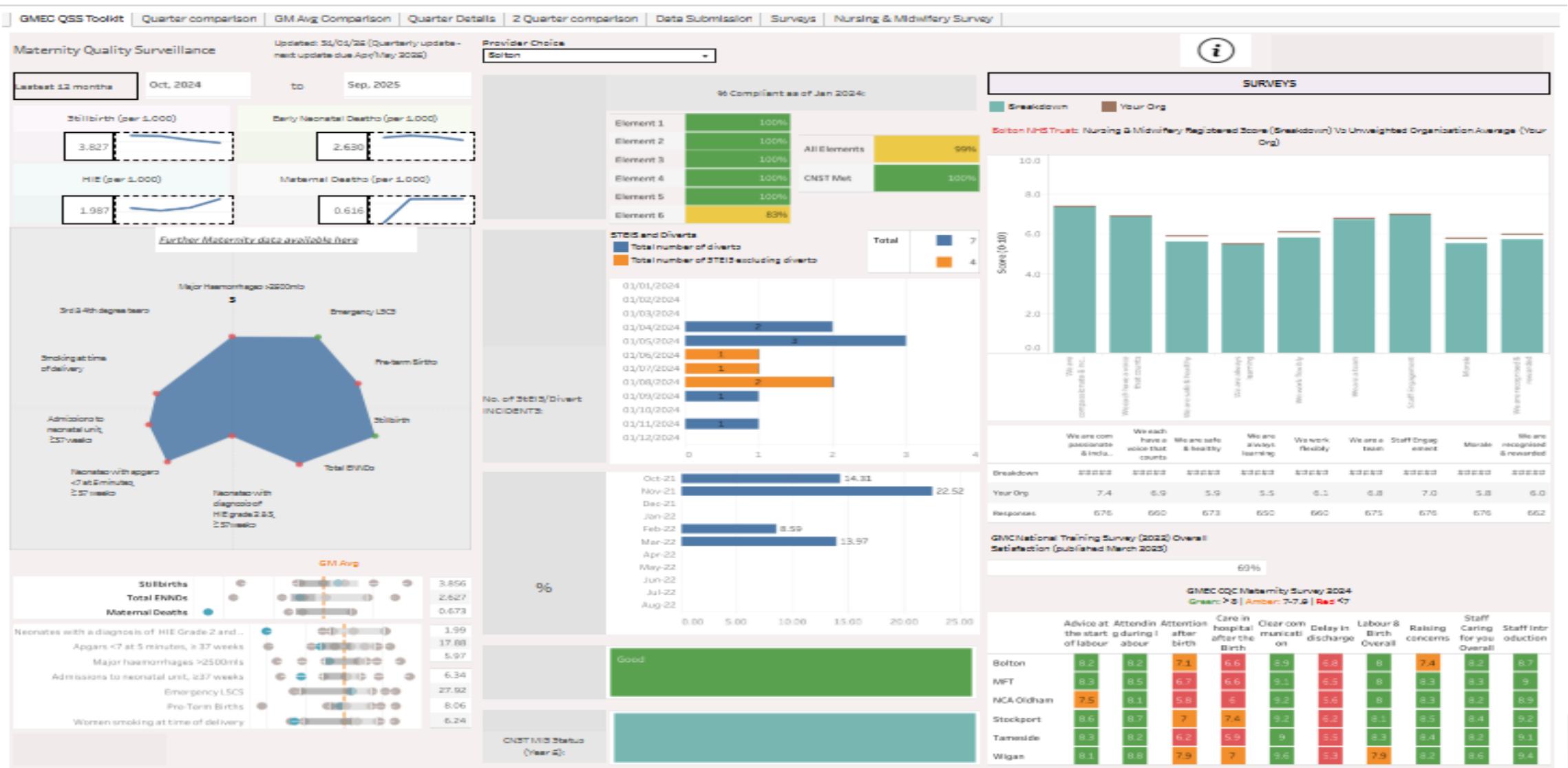


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GMEC LMNS Provider Reports - Bolton FT

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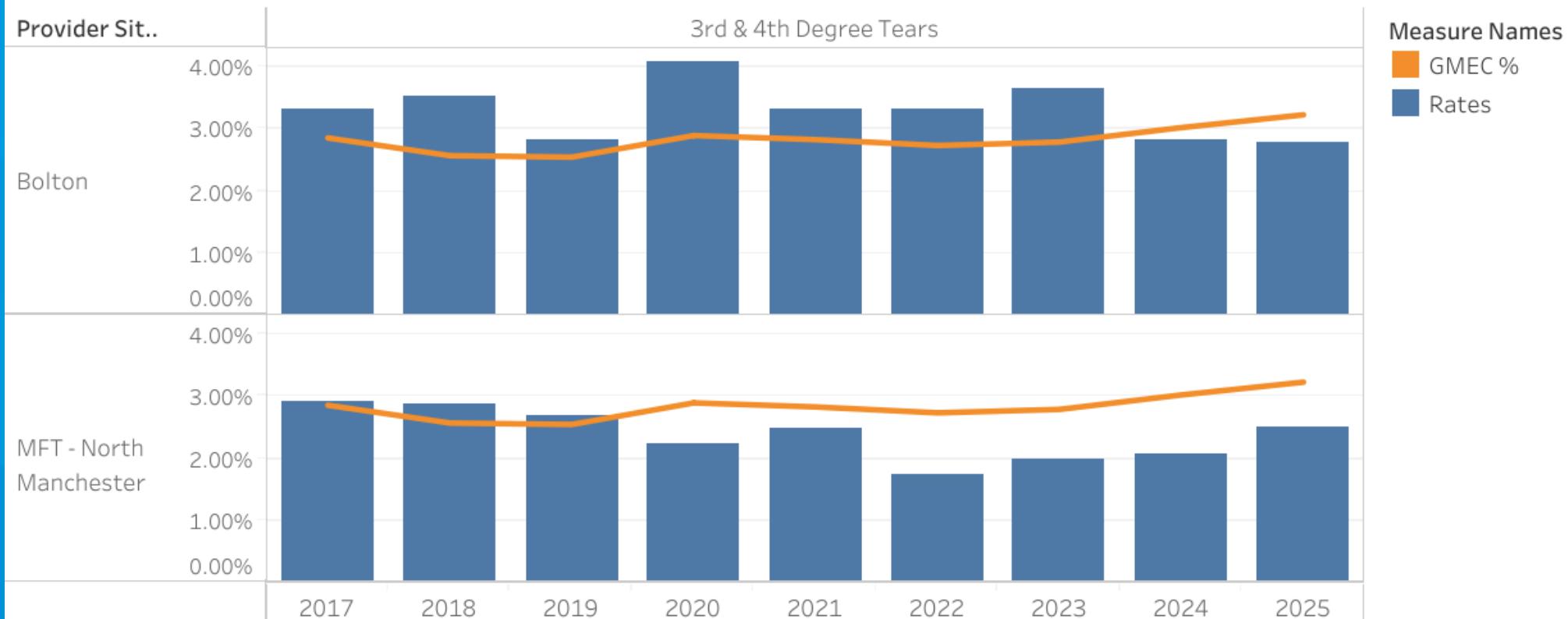
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Provider Performance

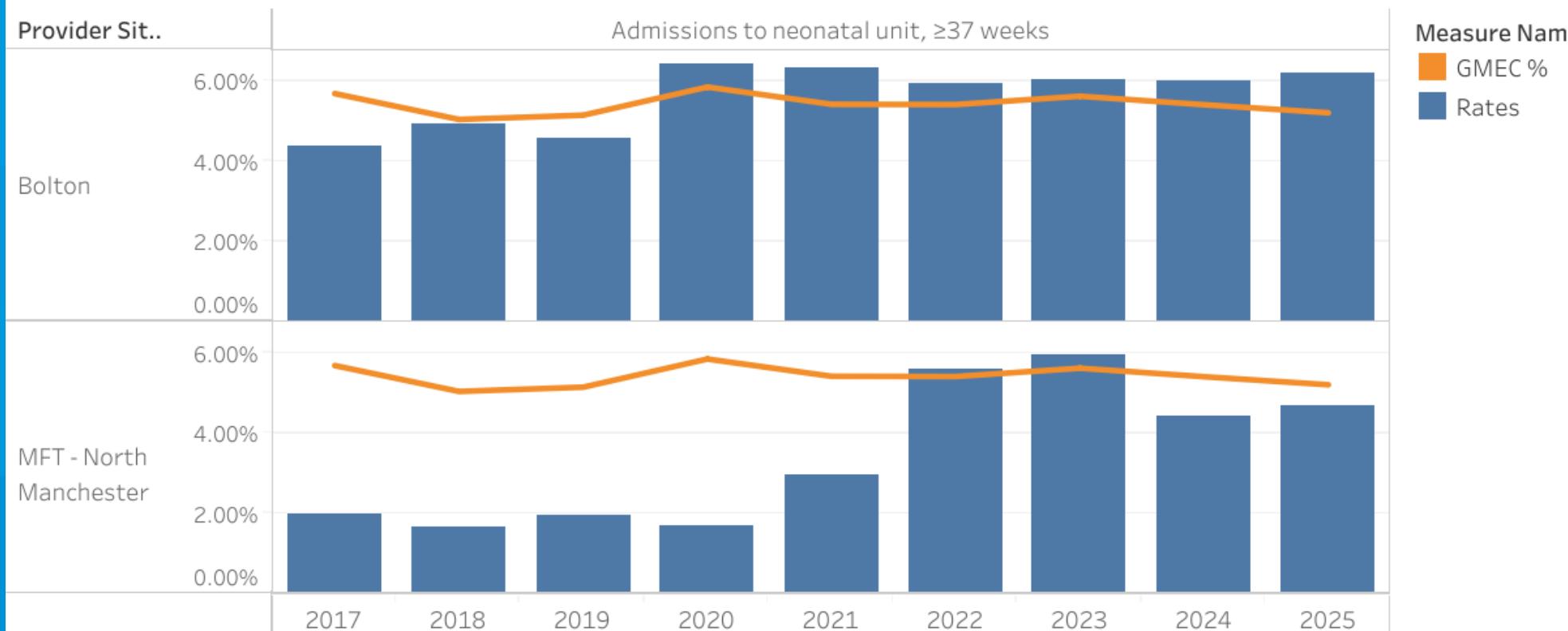
Data for all Measures Table format

Provider Sit..	Metric Desc	2017		2018		2019		2020		2021		2022		2023		2024		2025	
		GMEC %	Rates																
Bolton	3rd & 4th Degree Tears	2.9%	3.3%	2.6%	3.5%	2.6%	2.8%	2.9%	4.1%	2.8%	3.3%	2.7%	3.3%	2.8%	3.7%	3.0%	2.8%	3.2%	2.8%
	Admissions to neonatal u..	5.7%	4.4%	5.1%	4.9%	5.2%	4.6%	5.9%	6.5%	5.4%	6.4%	5.4%	6.0%	5.6%	6.1%	5.4%	6.0%	5.2%	6.2%
	Emergency LSCS	17.0%	18.1%	17.3%	17.9%	17.2%	17.9%	18.3%	19.5%	19.5%	21.0%	21.9%	23.0%	25.9%	24.7%	27.8%	28.3%	28.4%	27.6%
	Inductions	35.2%	36.4%	37.5%	40.1%	37.8%	40.4%	37.4%	39.1%	34.6%	36.8%	35.1%	36.5%	34.9%	36.0%	36.8%	33.4%	37.0%	35.6%
	Major haemorrhages >25..	0.5%	0.3%	0.4%	0.2%	0.4%	0.5%	0.4%	0.2%	0.4%	0.4%	0.5%	0.5%	0.5%	0.4%	0.5%	0.5%	0.6%	0.7%
	Neonates with a diagnosi..	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.2%
	Neonates with apgars <7 ..	0.9%	1.3%	0.9%	0.9%	1.0%	1.3%	1.0%	1.1%	1.1%	1.6%	1.2%	0.9%	1.3%	1.2%	1.2%	1.4%	1.4%	1.8%
	Pre-Term Births	11.1%	9.2%	9.2%	8.8%	8.9%	9.2%	8.6%	7.9%	8.9%	8.6%	10.1%	8.7%	9.6%	9.5%	8.8%	3.3%		
	Stillbirths	0.4%	0.5%	0.4%	0.3%	0.4%	0.4%	0.5%	0.5%	0.5%	0.4%	0.4%	0.3%	0.5%	0.4%	0.4%	0.5%	0.4%	0.3%
	Total ENNDs	0.2%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.1%	
	Women initiating breastf..	65.7%	33.2%	66.0%	32.1%	66.0%	32.6%	68.3%	30.9%	66.1%	32.3%	50.9%	34.3%	53.7%	30.8%	64.5%	30.5%	65.4%	28.9%
	Women smoking at time o..	12.9%	14.8%	11.9%	13.8%	11.0%	13.1%	10.1%	12.3%	8.8%	10.4%	8.1%	10.0%	6.7%	9.6%	5.8%	7.3%	5.0%	6.1%
MFT - North	3rd & 4th Degree Tears	2.9%	2.9%	2.6%	2.9%	2.6%	2.7%	2.9%	2.2%	2.8%	2.5%	2.7%	1.7%	2.8%	2.0%	3.0%	2.1%	3.2%	2.5%
	Admissions to neonatal u..	5.7%	2.0%	5.1%	1.7%	5.2%	2.0%	5.9%	1.7%	5.4%	3.0%	5.4%	5.6%	5.6%	6.0%	5.4%	4.5%	5.2%	4.7%
	Emergency LSCS	17.0%	19.4%	17.3%	18.6%	17.2%	18.4%	18.3%	18.7%	19.5%	20.2%	21.9%	20.9%	25.9%	25.6%	27.8%	25.6%	28.4%	28.3%
	Inductions	35.2%	39.1%	37.5%	42.0%	37.8%	42.6%	37.4%	40.9%	34.6%	38.0%	35.1%	37.7%	34.9%	39.5%	36.8%	43.1%	37.0%	42.8%
	Major haemorrhages >25..	0.5%	0.4%	0.4%	0.2%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.4%	0.5%	0.7%	0.5%	0.4%	0.6%	0.5%
	Neonates with a diagnosi..	0.1%	0.1%	0.1%	0.0%	0.1%	0.1%	0.2%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
	Neonates with apgars <7 ..	0.9%	0.7%	0.9%	1.1%	1.0%	0.8%	1.0%	1.0%	1.1%	0.9%	1.2%	1.0%	1.3%	1.4%	1.2%	0.9%	1.4%	1.1%
	Pre-Term Births	11.1%	7.8%	9.2%	8.0%	8.9%	8.0%	8.6%	8.0%	8.9%	7.3%	10.1%	9.9%	9.6%	8.1%	8.8%	6.2%		
	Stillbirths	0.4%	0.2%	0.4%	0.4%	0.4%	0.3%	0.5%	0.3%	0.5%	0.6%	0.4%	0.6%	0.5%	0.4%	0.4%	0.4%	0.4%	
	Total ENNDs	0.2%	0.3%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	
	Women initiating breastf..	65.7%	33.9%	66.0%	33.8%	66.0%	33.5%	68.3%	30.9%	66.1%	34.5%	50.9%	63.3%	53.7%	57.4%	64.5%	47.4%	65.4%	44.5%
	Women smoking at time o..	12.9%	15.9%	11.9%	15.5%	11.0%	14.8%	10.1%	13.7%	8.8%	13.5%	8.1%	8.3%	6.7%	7.9%	5.8%	7.9%	5.0%	5.7%

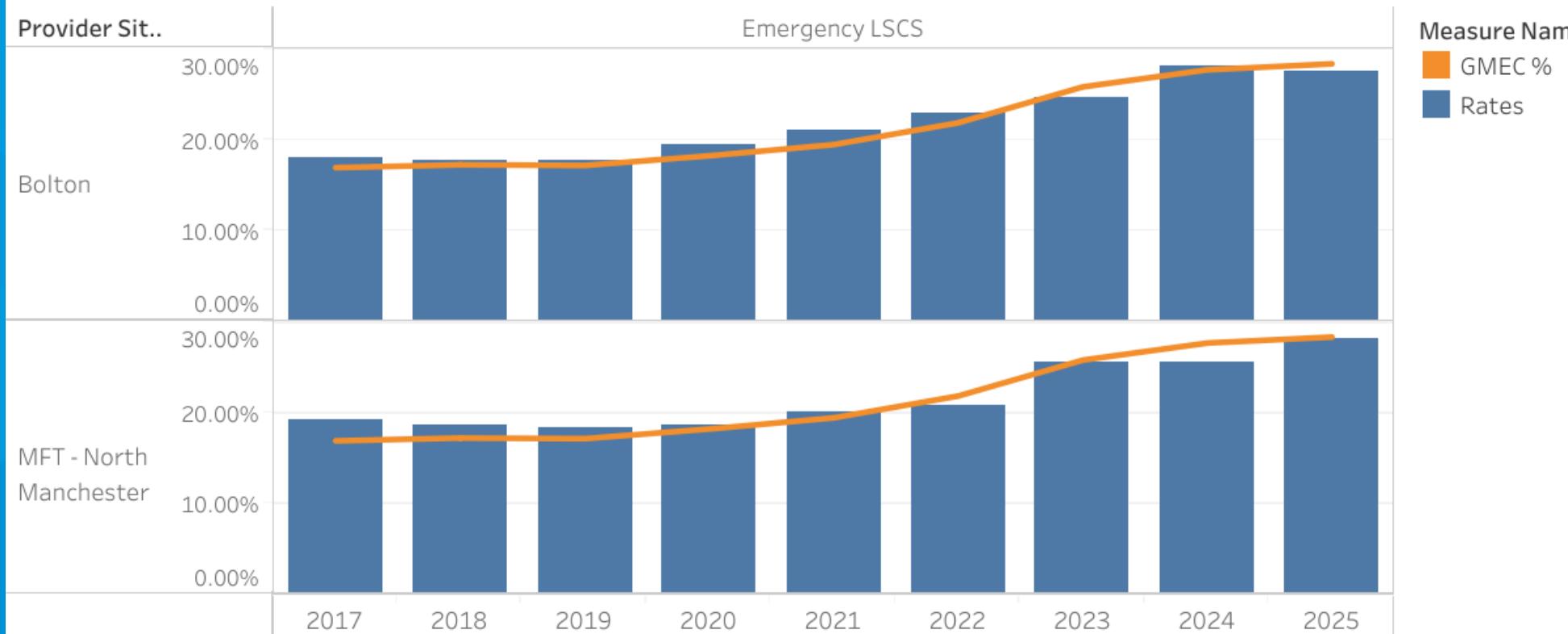
3rd & 4th Degree Tears



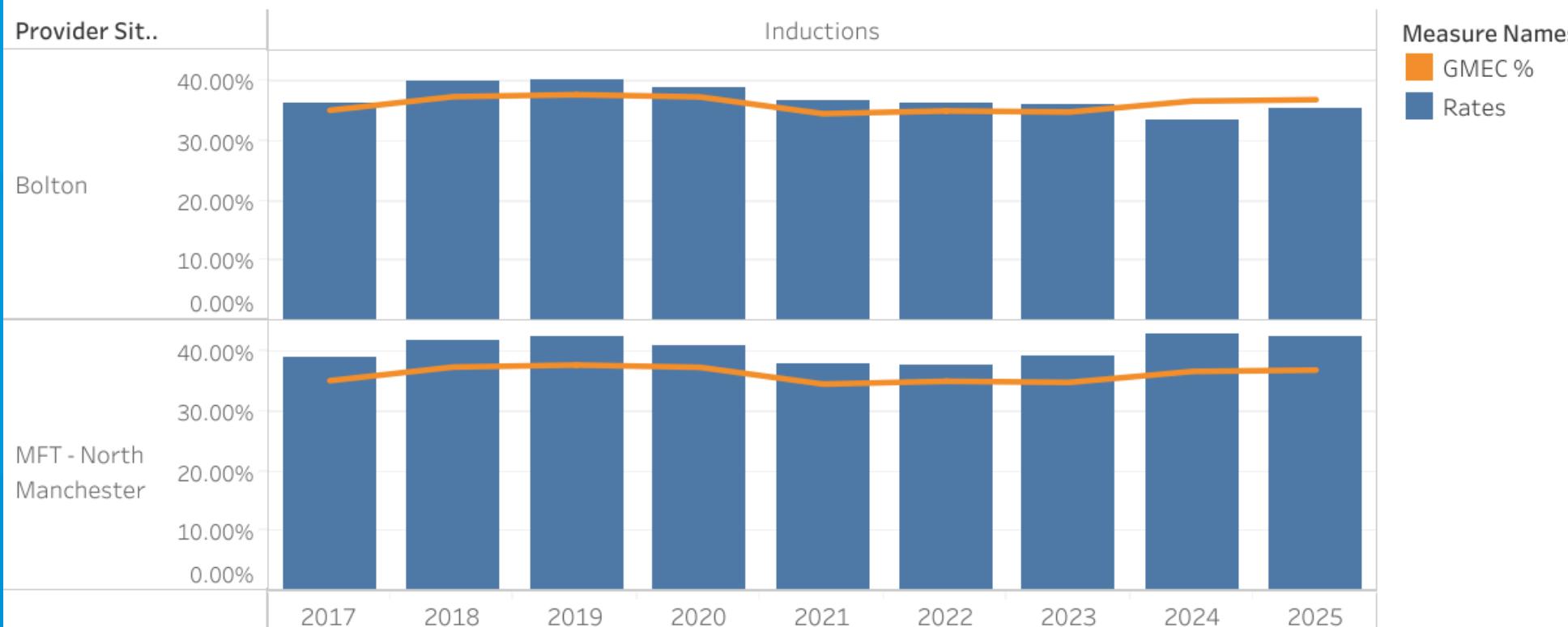
Admissions to neonatal unit



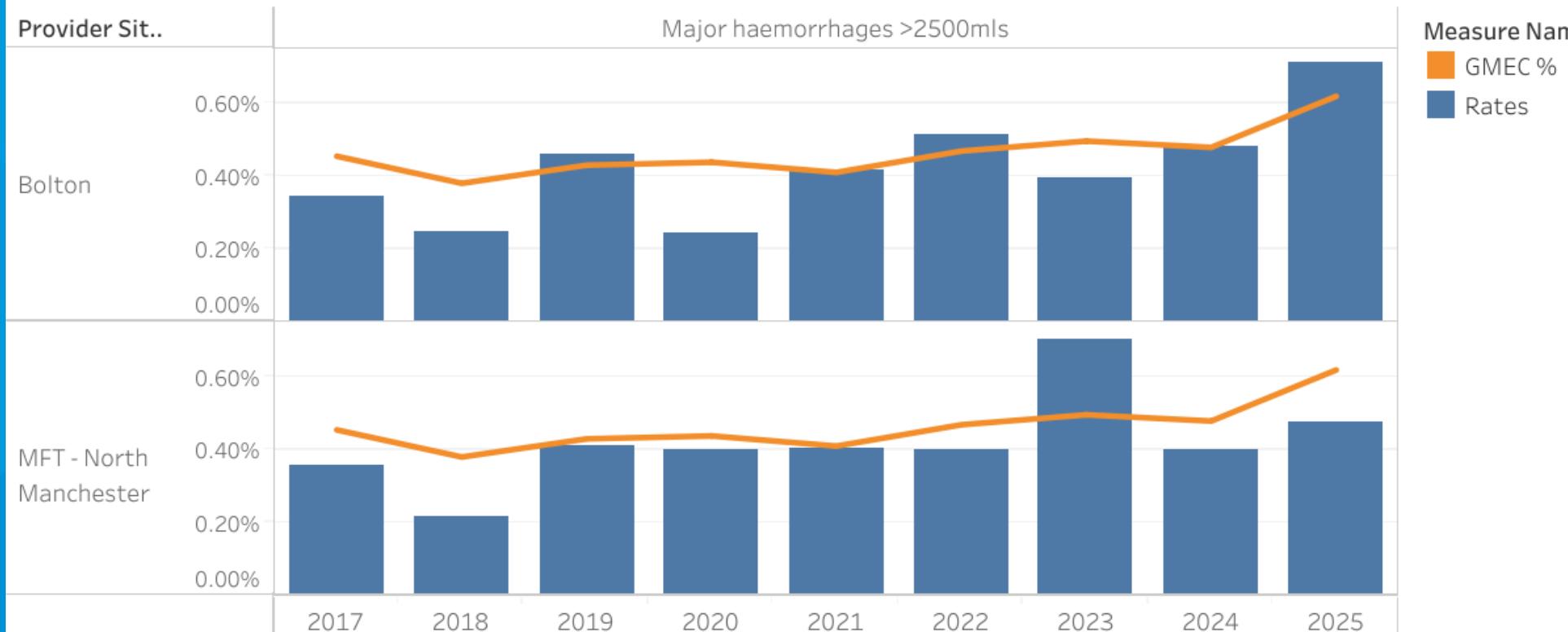
Emergency LSCS



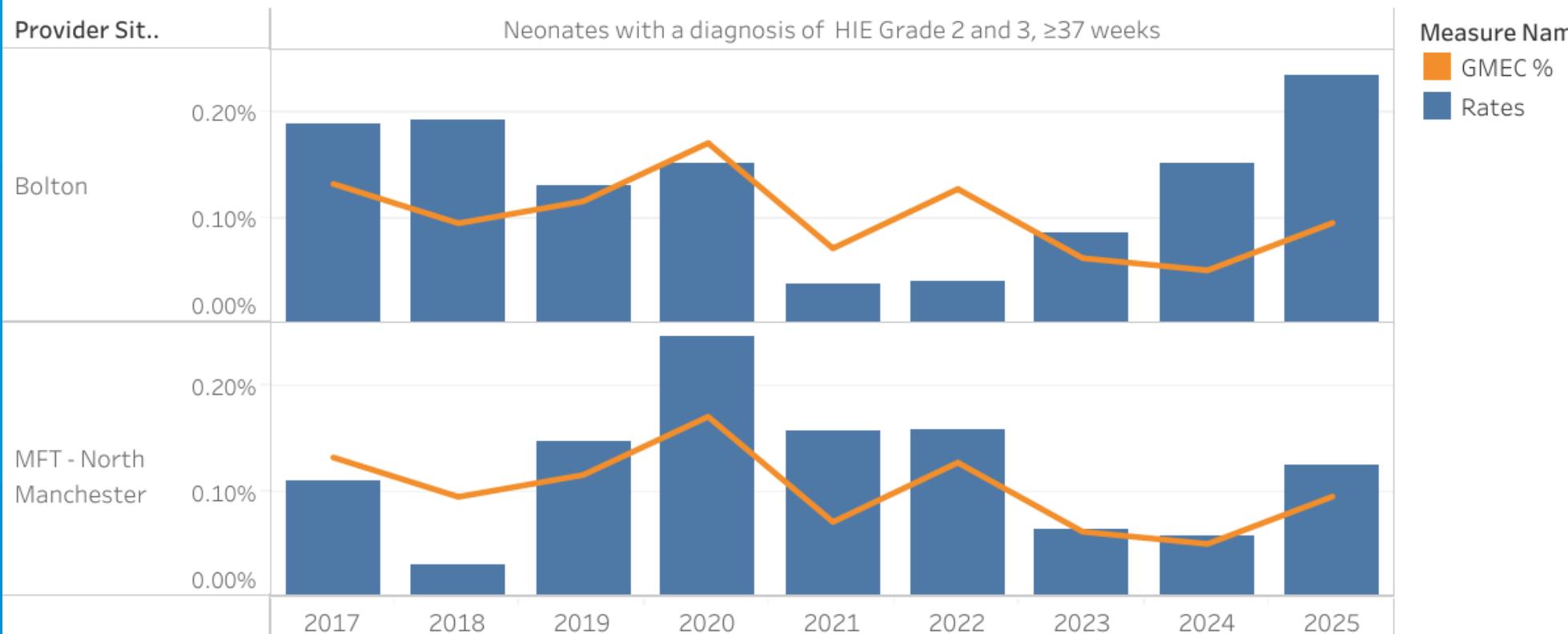
Inductions



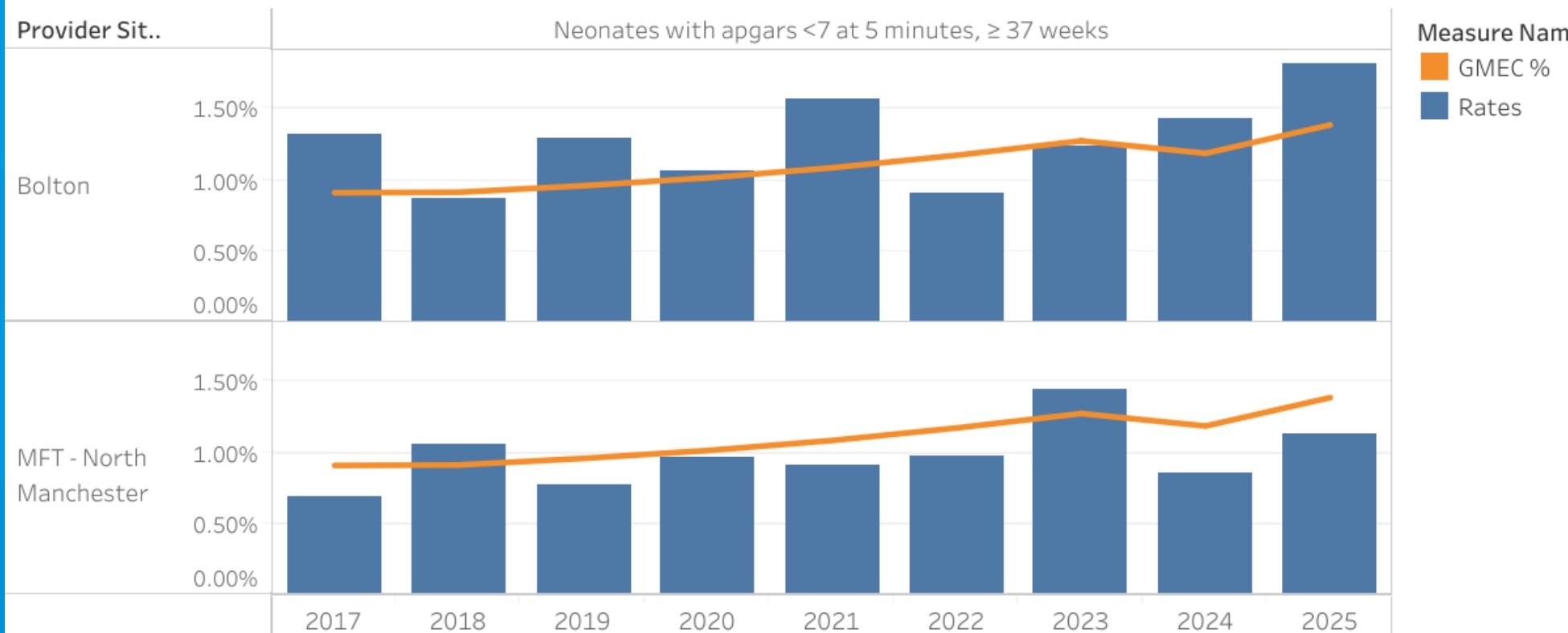
Major Hemorrhages



Neonates with a diag of HE Grade 2 &3



Neonates with apgars



Quality and Safety Assurance

Bury Maternity Services Update



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The LMNS currently oversees all maternity providers; including review of LFPSE and any StEIS, SPEN, MBRRACE.

They are all reviewed by Sarah Owen, Associate Director of Quality and Karen Clough, Safety Lead Midwife, GM SCN and colleagues. All serious events are brought to the LMNS MDT Safety Assurance Panel (chaired by Sarah) and all relevant learning from **any** event is presented monthly at the GM Safety Special Interest Group (chaired by Karen).

The LMNS will be reporting at our System Group meeting in February that we anticipate:

- Both providers will achieve compliance with the Maternity & Neonatal 3-Year Delivery Plan, due for completion March 2026.
- MFT & Bolton are both on track to achieve 10/10, full compliance with CNST, Maternity Incentive Scheme Year 7

A series of Quality Assurance visits across GM took place recently, a summary of findings are described on slide 39. All reports available on request.

Overall - taken together, the thematic findings indicate a system that is improving, learning and increasingly aligned, with strong foundations in safety, equity and leadership. The consistent quality lens applied across providers enables comparability and shared learning, supporting ongoing assurance and continuous improvement at system level.

Quality Improvement; During Q3 2025 NHS GM and the LMNS undertook a series of provider-level quality assurance visits across ICB footprint.



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Safety and learning culture - Providers consistently demonstrate strong awareness of safety risks and outcomes, supported by effective use of data, audit and learning from incidents. There is increasing confidence in escalation processes, safety huddles and structured learning responses, reflecting a shift towards a more open, learning-focused approach. While approaches vary, the overall direction of travel is towards greater transparency, shared learning and system-based improvement.

Clinical effectiveness and improvement - Care across providers is clearly evidence-based, with sustained Quality Improvement activity visible in priority areas such as foetal surveillance, perinatal optimisation, maternity triage and neonatal outcomes. Strong maternity–neonatal integration is a recurring strength, supporting more coordinated decision-making and safer pathways. The use of data, including Statistical Process Control, is increasingly embedded to monitor performance and demonstrate improvement over time.

Experience and personalised care - Women's and families' experiences are generally positive, with consistent reports of compassionate, respectful and family-centred care. Personalised Care Support Planning and continuity-focused models are increasingly embedded, supported by active engagement with Maternity and Neonatal Voices Partnerships. Providers demonstrate growing confidence in using feedback to inform service improvement, with further opportunity to strengthen consistency of experience across pathways and settings.

Equity and population health - Providers demonstrate a strong understanding of their local populations and are using demographic intelligence, targeted continuity models and community partnerships to address health inequalities. There is evidence of equity considerations being embedded within governance, incident review and service redesign, with a system-wide commitment to reducing unwarranted variation in outcomes.

Leadership and culture - Leadership across services is increasingly visible, reflective and improvement-focused. Culture is widely recognised as a key enabler of quality, with growing emphasis on psychological safety, multidisciplinary team working and openness to challenge. While cultural maturity varies, providers demonstrate insight into their own cultural strengths and areas for development and are actively engaging in improvement.

Students, trainees and future workforce - Learning environments are generally supportive, particularly for midwifery students, with positive educational cultures evident across providers. Trainee feedback is increasingly used to inform improvements in supervision, leadership visibility and feedback mechanisms, supporting workforce sustainability and retention.

Sustainability and resilience - Providers show responsible stewardship of resources, with workforce growth, specialist role development, estates improvements and digital transformation supporting resilience. Capacity pressures remain, but there is strong evidence of proactive planning and system collaboration to support long-term sustainability.

Provider Safety Profile – Manchester University Foundation Trust



Provider Safety Profile - Bolton

Maternity Voices Partnership

Bury Maternity Services Update



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National Maternity and Neonatal Voices Partnership

- National Maternity Voices is the association of Maternity & Neonatal Voices Partnership leaders that aims to network, support and represent Maternity & Neonatal Voices Partnerships (MVPs) in England.
- Purpose and values are to champion the voices of women, birthing people and their families in the development of maternity services in England. Read about National Maternity Voices guiding principles, how we work and our vision.

Greater Manchester and Eastern Cheshire Maternity Voices Partnership

- MVP network co-chairs are Cathy Brewster & Natalie Qureshi. They sit on the Greater Manchester & Eastern Cheshire Maternity Transformation Board to represent the views of service users.
 - Bolton MVP – Chaired by Amy Rohwell
 - North Manchester MVP – Chaired by Ashleigh Reed
- Our MVPs are linked together via the Greater Manchester & Eastern Cheshire Maternity Voices Partnership network. Every month the chairs of all the MVPs meet via Zoom with our network co-chairs to discuss local feedback, share our challenges and successes and work together on Local Maternity System-wide projects
- An MNVP listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care.
- MNVPs ensure that service users' voices are at the heart of decision-making in maternity and neonatal services by being embedded within the leadership of provider trusts and feeding into the LMNS (which in turn feeds into ICB decision-making).
- This influences improvements in the safety, quality, and experience of maternity and neonatal care.