The Royal Wolverhampton NHS Trust

Midwifery Report
5 August 2019

Agenda Item No: 7.3

Safe & Effective | Kind & Caring | Exceeding Expectation

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	August 2019
Title:	Midwifery Report
Executive Summary:	**1. Midwifery staffing and birth ratio / annual Birth rates** The report provides an overview of Midwifery staffing to birth ratio at RWT. The report also provides an update on the annual birth rates for 2018. **2. Better births – Improving outcomes of Maternity Services in England.** The report provides an update on the Black Country Local Maternity System (BCLMS) progress regarding delivery of The national Maternity Review 92016) Better Births – Improving outcomes of maternity Services in England. The BCLMS are working collaboratively to make maternity services safer and more personal for women. **3. Saving Babies Lives Care Bundle – version 2.** The report gives an update on the Local Maternity Systems (LMS) gap analysis following receipt of the above report. Collaborative work is underway within the LMS to achieve compliance with the new recommendations set out within the report. **4. Midwifery services review – NHSI (March 2019)** The report gives a brief update on the feedback from NHSI following the midwifery services review that took place in March 2019.
Action Requested:	To receive and note the report
Report of:	Tracy Palmer, Head of Nursing and Midwifery Women's and neonatal services
For the attention of the Board.	To provide the Board with assurance surrounding midwifery workforce birth to Midwife ratios. To provide assurance to the Board on progress update for RWT on the key programmes of work for Maternity services in line with the national ambition and safety strategy plans outlined within the

• **Alert** • **Assure** • **Advise**	National Maternity review: Better Births – Improving outcomes of Maternity services in England (2016).
Author: **Contact Details:**	Tracy Palmer Head of Midwifery Women's and neonatal services. Tel: 01902 695267 Email: tracypalmer@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality. 2. Proactively seek opportunities to develop our services
Resource Implications:	Workforce.
Public or Private: **(with reasons if private)**	Public
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led**: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture
Appendices/ **References/**	LMS Gap analysis: Saving Babies Lives care Bundle. Version 2. https://www.england.nhs.uk/wp-content/uploads/2019/07/saving-babies-lives-care-bundle-version-two-v5.pdf Maternity review (2016) Better Births - *Improving outcomes of Maternity services in England. NHS England* Saving Babies Lives Care Bundle. Version 2 (2019) NHSE The NHS Long Term Plan (2019)

Background Reading	
NHS Constitution **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Background Details:

1.0 Midwifery staffing and birth ratio

1.1 Birth to Midwife ratio continues to demonstrate a positive position for RWT Maternity Services. Following on from the Birth rate + work force review in April 2018 a deficit of 6.04 WTE Midwives and 2.77 WTE maternity support workers was identified.

1.2 A successful recruitment has taken place throughout the year and all existing vacancies together with vacancies identified from the BR+ workforce review have been appointed into.

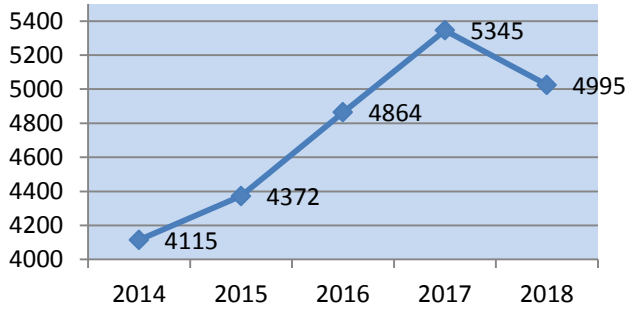
1.3 Presently Birth to Midwife ratio's for RWT are 1:27/28, this is a sustained picture over the last quarter.

1.4 The Midwifery delivery suite coordinator has supernumerary status which is defined as having no caseload of their own during the shift; this is to enable oversight of all birth activity in the service and in line with best practice standards.

1.5 The percentage of women receiving one to one care in labour is monitored on the maternity dashboard each month. Data for 2019 below.

1:1 care in labour	April	May	June
Births	402	421	407
%	98%	99%	97%

2.0 Annual birth rates



2.5 Booking and birth rate data continues to being monitored closely within the Directorate. A formal review of projected birth rates took place in May 2019 with the Chief Operating Officer. Booking data is being monitored and the Maternity Service can demonstrate that the restrictions on bookings have impacted positively and that the Maternity service predicted birth activity to end of financial year was 4995. This indicated that the 'capping' arrangements have been successful in maintaining birth rates within manageable levels and in line with agreed commissioned birth activity.

2.6 The service model between Wolverhampton and Walsall Healthcare Trust which was agreed in March 2016 has now been reviewed. Walsall Healthcare Trust have removed their 'cap' from the 6 Willenhall GP surgeries and are now offering a choice for place of birth from these surgeries between Walsall and RWT.

2.7 Data indicates that women from the 6 Willenhall GP surgeries are now starting to book with Walsall Healthcare Trust. A review of data based on expected dates of delivery (EDD) has revealed that bookings from the 6 surgeries have reduced by 30% based on comparative data from May to October 2018. Based on predicted birth activity – annual birth rates for RWT may fall to approximately 4850 if this trend continues.

2.8 RWT has seen an increase in women requesting to book with our services from Telford borders, particularly the Shifnal and Albrighton areas. Therefore there is an opportunity to reconsider booking restrictions from these areas to maintain birth rates for RWT at 5000. Ongoing discussions are taking place to determine booking numbers from these areas in order to offer women an option of place of birth. In the meantime until the decision has been made regarding the 'capping' arrangement plan, RWT are accepting out of area bookings on a case by case basis in order to maintain birth rates at 5000.

2.9 Ongoing discussions are taking place between the 4 Trusts and within the Black Country and West Birmingham Local Maternity System (BCWBLMS) with regard to activity and capacity demand planning.

3.0 Better births – Improving outcomes of Maternity Services in England Key recommendations.

3.1 RWT continues to work collaboratively with Maternity Units and Commissioners within the Black County and West Birmingham Local Maternity System (LMS's) to continue to develop and implement the local vision for improved services and outcomes based on the principals outlined in Better Births.

3.2 The BCWBLMS is to provide place-based planning and leadership to enable local maternal and neonatal services to become safer, more personalised, kinder, more professional and family friendly.

3.3 The key priorities within the transformation plan has been identified to tackle perinatal and infant mortality – in line with the DoH ambition to halve stillbirth rates, neonatal and maternal deaths and brain injuries by 2025.

3.4 This work aligns itself with the project work within the Maternal and Neonatal Health Safety Collaborative (MNHSC) of which RWT are involved in the first wave 2017/18. This work continues into 2019/20, with the support of The Executive Sponsor of MNHSC and board level maternity safety champion;

The Chief Nursing Officer (CNO).

3.6 The executive sponsor and safety champion (CNO) has implemented a monthly feedback session for maternity and neonatal Matrons to feedback any concerns surrounding their services. Regular 'walkabouts' with the CNO have been introduced in order to engage with staff on the frontline.

3.7 Safety and quality concerns raised by staff particularly regarding staffing are being addressed. This has been with the support from the CNO in order to ensure Nursing and midwifery staffing establishments are agreed and meet best practice standards for Birth rate + and BAPM recommendations.

3.8 Continuity of Care: Improving continuity of care across the whole maternity pathway. This requires providing a pregnant woman with a primary or named midwife who will give the majority of her antenatal intrapartum and post-natal care.

- Implementing Continuity of carer (DoH 2017). RWT have agreed their service model in order to deliver on the continuity of care pathway. The service model focus primarily on the higher risk and more vulnerable cohorts of pregnant women. These cohorts meet the recommendations set out in the NHS Long Tern Plan (2019).
- The BCWBLMS is working towards meeting the ambition set out *in Better Births* (2016) *of* 20% of women from the agreed continuity models being booked onto the continuity of care pathways (COfC) by March 2019, 35% by March 2020 and 50% by March 2021.
- RWT – achieved 12.3% of women on the COfC pathway in March 2019. Collectively across the LMS Maternity providers achieved 16.3%. Therefore the trajectory of 20% by March 2019 was not met.
- The challenge for Maternity services is to meet the ambition for provision of continuity of care for the intrapartum element of the woman's pregnancy. This requires extra resource and funding. Cost pressures for delivery of this model have been shared across the LMS and the subject is being debated in terms of how providers will meet the recommendations for continuity of care across all three elements of the maternity pathway.
- There is on-going work that is required to determine workforce needs and workforce baselines to support understanding of future work force requirements to deliver on future plans to increase continuity of care by 2021.

4.0 Saving Babies Lives Care Bundle – Version 2. NHSE (2019)

4.1 Saving Babies Lives Care Bundle – version 2 (SBLCB NHSE 2019) is designed to tackle perinatal mortality with focus on surveillance. There is now a fifth element to implement within the care bundle.

4.2 RWT are working towards compliance with each element of the SBLCB

1. Reduce Smoking – this element provides a practical approach to reducing smoking in pregnancy by following NICE guidance.

2. Risk assessment and surveillance for fetal growth restriction – this element has made a measurable difference to antenatal detection of small for gestational age (SGA) babies.

3. Raising awareness of reduced fetal movements (RFM) – encourages awareness amongst pregnant women of the importance of detecting and reporting RFM.

4. Effective fetal monitoring during labour – Trust to demonstrate that all qualified staff who care for women in labour are competent to interpret cardiotocographs (CTG).

5. Reducing Pre-term Birth - This is an additional element to the care bundle and developed in response to the DoH's '*Safer Maternity Care'* (2017). The ambition is to reduce pre-term birth from 8% to 6%.

4.4 RWT continues to report quarterly progress to NHSE against the five elements of the care bundle.

4.5 RWT are also took part in NHSE 'deep dive audit' for SBLCB, timescales for submission of data were March 2019. A launch of the new Care bundle took place in May 2019 and the gap analysis for each trust was presented within the LMS and NHSE. (Appendix 1).

4.6 Overall RWT can demonstrate that the SBLCB is being considered in a way that supports delivery and implementation of each element. Compliance continues to be monitored by NHSE.

4.7 Following the gap analysis for RWT it identified some areas for focus (AfF), and further guideline development in line with the new element of the care bundle.

5.0 Midwifery Services Review

5.1 In March 2019 the Chef Nursing Officer (CNO) commissioned an invited review of Midwifery services from NHS Improvement. The peer review took place over a 3 day period. (Appendix 2)

5.2 The reviewers from NHSI spent time with Midwifery leaders, frontline staff and patients. The reviewers also took time to review some of the innovations and quality improvement work undertaken over the last year and in line with national programmes of work to improve outcomes for mothers and babies.

5.3 Feedback to the midwifery service, directorate and executive teams took

	place on the third day. The review was extremely positive with NHSI commending Midwifery leaders on their successful recruitment strategy; this has put RWT in a strong position nationally in terms of reaching and maintaining birth rate + ratio's. 5.4 The midwifery service was also commended on their quality improvement work, workforce model for reducing midwifery attrition rates and Professional Midwifery Advocate role (PMA) with NHSI stating that; '*this work is ground breaking and not ever been seen anywhere before, work that you are producing that appears ordinary day to day practice to you; we would say is exceptional, outstanding work and would urge you to share your work on a national platform*'. 5.5 The midwifery service is now sharing their work with National Maternal and Neonatal health Safety Collaborative, the Nursing and Midwifery Council (NMC) and, Midwifery leaders have been asked to speak and present their PMA framework at a national conference.

NHS West Midlands Clinical Networks

Saving Babies' Lives Care Bundle Version 2
Gap Analysis Template

Please use:

✓	if they already meet this requirement
Area for focus (AfF)	If the Trust / LMS partially meets this requirement but there needs to be further improvement focus
X	If they don't meet this requirement
No – new	Do not meet but new requirement
▲	New guideline in development

Element 1: Reducing smoking in pregnancy

Interventions	RWH
Is CO testing offered to all pregnant women at the antenatal booking appointment, with the outcome recorded?	✓
Is additional CO testing offered to pregnant women as appropriate throughout pregnancy, with the outcome recorded?	✓
Is CO testing offered to all pregnant women at the 36 week antenatal appointment, with the outcome recorded?	✓
Is referral offered at 4ppm or above for support?	✓
Is support from a trained stop smoking specialist?	✓
Is referral system based on an opt-out basis?	✓
Does smoking support 'service' provide feedback and follow up processes?	X
Do all relevant maternity staff should receive training on the use of the CO monitor?	✓
Do all relevant maternity staff should receive training re: having a brief and meaningful conversation with women about smoking (Very Brief Advice - VBA).	AfF

Element 2: Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)

Interventions	RWH
Are women assessed at booking to determine if a prescription of aspirin is appropriate using the NEW algorithm given in Appendix C or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?	✓
Is smoking status assessed?	✓
Is the NEW risk assessment pathway (for example, Appendix D) used or an alternative agreed with local commissioners (CCGs) based on new	No – new

guidance?	
Is a risk assessment and management of growth disorders in multiple pregnancy used that complies with NICE guidance or a variant that has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?	✓
Where growth assessment is undertaken by antenatal symphysis fundal height (SFH) charts are all clinicians trained in their use (measuring, plotting, interpreting appropriately and referring?	Video
Have the NEW recommendations around <3rd centile and <10th centile being adopted?	Being developed
For pregnancies when SGA is detected, does the frequency of ultrasound review of estimated fetal weight (EFW) should follow the guidance in Appendix D or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?	▲
Is there an agreed pathway for management of women with FGR identified prior to 34+0 weeks?	✓
Does the pathway include network fetal medicine input (for example, through referral or case discussion by phone)?	Not required
For women with fetuses <3rd centile and with no other concerning features, does initiation of labour and/or delivery should occur at 37+0 weeks and no later than 37+6 weeks gestation?	✓
Is there a pathway for fetuses between 3rd – 10th centile including delivery or the initiation of induction of labour being offered at 39+0 weeks?	Being developed

Element 3: Raising awareness of reduced fetal movement (RFM)

Interventions	**RWH**
Is information from practitioners, accompanied by an advice leaflet provided to all pregnant women by 28+0 weeks of pregnancy and RFM discussed at every subsequent contact?	✓
Is the NEW checklist (on page 33) to manage care of pregnant women who report RFM used?	No-new
Has there been an adoption of computerised electronic CTGs	✓

Element 4: Effective fetal monitoring during labour

Interventions	RWH
Are all staff who care for women in labour required to undertake annual training and competency assessment on cardiotocograph (CTG) interpretation?	✓
Are all staff who care for women in labour required to undertake annual training and competency assessment on and use of auscultation?	AfF
Is training multidisciplinary and does it include training in situational awareness and human factors?	✓
Has the training and competency assessment been agreed with local commissioners based on the advice of the MCN?	No-New
Is there a system ensuring that no member of staff is able to care for women in a birth setting without evidence of training and competence within the last year?	?
Is there agreement with commissioners of a system to assess risk at the onset of labour which complies with NICE guidance47, irrespective of PoB?	✓
Is there regular review of fetal wellbeing?	✓eyes
Is this at least hourly?	✓
Is there a clear guideline for escalation?	✓”
Are all staff trained in the review system and escalation protocol?	✓
Has a Fetal Monitoring Lead for a minimum of 0.4 WTE per consultant led unit been identified?	No-New

Element 5: Reducing preterm births

Interventions	RWH
Are all women assessed at booking for the risk of preterm birth and stratify to low, intermediate and high risk pathways using the criteria in Appendix F or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider’s Clinical Network?	AfF
Are all women assessed at booking to determine if a prescription of aspirin is appropriate using the algorithm given in Appendix C or an alternative which has been agreed with local commissioners (CCGs) following advice from the provider’s Clinical Network?	✓
Is smoking status assessed?	✓
Is a risk assessment and management of growth disorders in multiple pregnancy used that complies with NICE guidance or a variant that has been	✓

agreed with local commissioners (CCGs) following advice from the provider's Clinical Network?	
Are women with a history of preterm birth assessed to determine whether this was associated with placental disease and discuss prescribing aspirin with the woman based upon her personalised risk assessment?	✓
Are all women offered screening for asymptomatic bacteriuria at booking?	✓
For women who have a positive test, is a repeat screening offered to confirm clearance?	AfF
Does the Trust have access to transvaginal cervix scanning (TVCS)?	✓
Are there agreed referral pathways to tertiary prevention clinics for the management of women with complex obstetric and medical histories?	AfF
Are there agreed pathways for women at imminent risk of preterm birth to transfer to a unit with appropriate and available neonatal cot facilities?	✓
Are antenatal corticosteroids offered to women between 24+0 and 33+6 weeks, optimally at 48 hours before a planned birth?	89.0% *
Is magnesium sulphate offered to women between 24+0 and 29+6 weeks of pregnancy, and considered for women between 30+0 and 33+6 weeks of pregnancy, who are in established labour or are having a planned preterm birth within 24 hours?	62.8% *
Are the neonatal team are involved when a preterm birth is anticipated, so that they have time to discuss options with parents prior to birth and to be present at the delivery?	✓
For women between 23 and 24 weeks of gestation, is there a process/pathway agreed to facilitate a multidisciplinary discussion (neonatologist, obstetrician and the parents) about the decision to resuscitate the baby?	✓
Does the PMRT process link with and inform the Care Bundle ?	No-New

* NNAP 2017 data