

# Midwifery Services Report

## 4 February 2020

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Agenda Item No: 4.2

## Trust Board Report

<b>Meeting Date:</b>	4 February 2020
<b>Title:</b>	Midwifery Services Report
<b>Action Requested:</b>	Accept, receive and note
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>Midwifery workforce position</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>The Royal Wolverhampton NHS Trust (RWT) Current position regarding Continuity of Carer trajectories in line with the NHSE national ambition for achieving 35% by March 2020.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>RWT Current position regarding Continuity of Carer trajectories in line with the NHSE national ambition for achieving 51% by March 2021.</li> </ul>
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<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> </ol>
<b>Resource Implications:</b>	None
<b>CQC Domains</b>	Safe: Effective: Caring: Responsive: Well-led:
<b>Equality and Diversity Impact</b>	None
<b>Public or Private:</b>	Public
<b>Other formal bodies involved:</b>	Trust Management Committee: January 2020.
<b>References</b>	<p>Maternity review (2016) Better Births - <i>Improving outcomes of Maternity services in England</i>. NHS England</p> <p>Saving Babies Lives Care Bundle. Version 2 (2019) NHSE</p> <p>The NHS Long Term Plan (2019)</p> <p>Measuring Continuity of Career using MSDSv2: Technical guidance for Local Maternity Systems (LMS)</p> <p>Maternity Systems (LMS).</p>
<b>Appendix</b>	<p><a href="#">year three of the maternity incentive scheme</a></p> <p>.</p>
<b>NHS Constitution:</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>Equality of treatment and access to services</li> <li>High standards of excellence and professionalism</li> <li>Service user preferences</li> <li>Cross community working</li> <li>Best Value</li> <li>Accountability through local influence and scrutiny</li> </ul>

### Brief/Executive Report Details

<b>Brief/Executive Summary Title:</b>	Midwifery Services Report.
<b>Item 1.0</b>	<p><b>Midwifery staffing and birth ratio / annual Birth rates</b></p> <p>The report provides Trust Board an overview of Midwifery staffing to birth ratio at for maternity services at RWT. The report also provides an update on</p>

<p><b>Item 2.0</b></p>	<p>the annual birth rates for 2019 and projected birth rates for 2020.</p> <p><b>Better births – Improving outcomes of Maternity Services in England.</b></p> <p>The report provides Trust Board with an update on the Black Country Local Maternity System (BCLMS) progress regarding delivery of The national Maternity Review (2016) Better Births ambition – Improving outcomes of maternity Services in England. BCLMS are working collaboratively to make maternity services safer and more personal for women. An update with Saving Babies Lives Care Bundle Version 2 (SBLCBv2) progress with compliance is provided.</p>
<p><b>Item 3.0</b></p>	<p><b>Continuity of Carer</b></p> <p>The report also gives Trust Board an update in terms of the current position regarding Continuity of Carer trajectories (COfC) in line with NHSE national ambition for 2020 and 2021.</p>
<p><b>Item 4.0</b></p>	<p><b>Maternity Incentive Scheme – Year 3. NHS Resolution Clinical Negligence Scheme (CNST)</b></p> <p>The report gives an update on NHS resolution CNST Year 2 compliance (2019) and a brief update on the Maternity incentive scheme year 3 (2020) conditions.</p>

Reference Pack – Report Details Midwifery Services Report 04/02/20

**Item 1.0**

**Midwifery Staffing and Birth ratio.**

1.1 Presently Birth to Midwife ratios are 1:27/28, this is a positive and sustained picture over the last quarter for RWT and meets the recommendations of the Birth rate + midwifery workforce / acuity review for the Trust in 2017. A further BR + review will take place in 2020.

1.2 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 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.

1.4 **Annual Birth rates**

1.5 A formal review of projected birth rates took place in September 2019 with the Chief Operating Officer. Capping arrangements have been successful in maintaining birth rates within manageable levels over the last year with birth rates just under agreed commissioned activity. Therefore it was agreed that capping restrictions would be lifted as from the 1<sup>st</sup> October 2019.

1.6 Annual Birth rates over the last 5 years.



1.7 Booking activity since capping restrictions have been lifted in October 2019.

Activity	Tolerance			Sept 19	Oct 19	Nov 19	Dec 19
	Green	Amber	Red				
Number of Bookings	<450	450-470	>471	420	480	496	440
Number of Mothers Delivered	<416	417-419	>420	432	418	368	372

2.0	<p><b>Better Births: National Maternity Review – Improving outcomes of Maternity Services in England. Saving Babies Lives Care Bundle v 2</b></p>
2.1	<p>The key priorities set out within Better Births (2016) and The NHS long Term plan (2019) has been identified to tackle perinatal and infant mortality to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.</p>
2.2	<p>The key priorities from the Long term Plan to achieve this ambition are to ensure that The Saving Babies Lives Care Bundle (SBLCB) is rolled out across every maternity unit in 2019. The care bundle supports the ambitions set out in <i>Better Births</i> (2016) and an independent evaluation of the care bundle has shown that a 20% reduction in still birth rates have been achieved in maternity units where the care bundle has been implemented.</p>
2.3	<p>RWT Maternity Service is working towards compliance with each element of the SBLCB. The 5 elements are as follows:</p> <ol style="list-style-type: none"> <li>1. Reduce Smoking – this element provides a practical approach to reducing smoking in pregnancy by following NICE guidance.</li> <li>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.</li> <li>3. Raising awareness of reduced fetal movements (RFM) – encourages awareness amongst pregnant women of the importance of detecting and reporting RFM.</li> <li>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).</li> <li>5. Reducing Pre-term Birth from 8% - 6% - This is an additional element to the care bundle.</li> </ol>
2.4	<p>RWT continues to report quarterly progress to NHSE against the five elements of the care bundle. RWT can demonstrate that the SBLCB is being considered in a way that supports delivery and implementation of each element. Quarterly surveys to assess against compliance for each element of the care bundle are submitted to NHSE.</p>
2.5	<p>Recommendations from the National Maternity Review: Better Births are being implemented through the Local Maternity Systems (LMS). These systems bring together local authorities, Clinical commissioning groups (CCG's), maternity providers and user groups; RWT continue to work together within the BCLMS with the aim of ensuring women and their families receive seamless care across the maternity pathway, including women and families that move between maternity and neonatal service Providers</p>
3.0	<p><b>Continuity of Carer</b> In order to improve experiences and outcomes for women and families, improving continuity of carer across the whole maternity pathway is a further</p>

	<p>key recommendation from Better Births (2016) and The Long Term Plan (2019)</p> <p>3.1 This requires providing a pregnant woman with consistency in the midwife and clinical team that cares for her and her baby throughout pregnancy, labour and the postnatal period. The woman will have a named midwife who takes responsibility for coordinating her care and with whom she can develop an ongoing relationship of trust. The woman will have Midwife she knows at her birth.</p> <p>3.2 RWT have agreed the workforce models required to deliver the nationally expected trajectories for continuity of carer pathways.</p> <p>3.3 Local Maternity Systems have been asked to ensure that most women (&gt;51%) receive continuity of the person caring for them during pregnancy, birth and postnatally by March 2021, with 35% of women placed onto a continuity of carer pathway in March 2020.</p> <p>3.4 The BCLMS have been working together to achieve the ambition of 35% trajectory by March 2020. In March 2020 data will be extracted from the Maternity Service Data Set version 2 (MSDSv2) to measure the number of women who are <b>placed</b> onto a continuity of carer pathway at booking appointment and the number of women who in March 2020 are placed onto a continuity of carer pathway after the antenatal booking appointment and up to 29 weeks gestational age. This trajectory will be achievable for RWT.</p> <p>3.5 Workforce models for achieving 51% of women <b>receiving</b> continuity of carer by March 2021 are presently being developed and piloted at RWT and across the LMS. The most challenging aspect of care for delivery of COfC across the whole maternity pathway is the intrapartum element; where the guidance states a woman has a midwife <b>known to her at her birth</b>.</p> <p>3.6 This risk has been highlighted as a concern nationally and exists because of the acuity / dependency status of women in the Black Country and other regions with high socio-economic risk and deprivation who may not meet the criteria for a COC pathway post booking due to the increased number of appointments required and therefore the decreasing likelihood of maintaining a consistent team to support them. . Other influencing factors are high sickness and maternity leave in current midwifery establishments across the LMS.</p> <p>3.7 There is also an ongoing discussion with national teams surrounding import and export data (women who have either their ante-postnatal / intrapartum care at other maternity providers) and how this data is included / measured.</p> <p>3.8 Heads of Midwifery and local teams are working collaboratively within the LMS to ensure a safe workforce model to support COfC with a focus to endeavour to achieve the 51% trajectory by March 2021</p> <p>3.9 There is a lack of appetite for “case loading” models within the midwifery workforce as this requires significant changes to work life balance due to the requirement to be available for on calls and flexible working to meet the COfC service needs.</p> <p>Team Midwifery is the model of choice as this is less disruptive to work life balance, current workforce models, has minimum cost to implement and is less likely to require HR processes for management of change.</p>
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3.9.1	<p>The team Midwifery model has a named midwife who works in a wider team to deliver a total care package across the 3 elements of the maternity pathway. These teams work in a more structured format of shift patterns and operate flexibly within existing working arrangements to deliver care to women in their team. As midwives are working in shift patterns they do not have the demands and needs of flexibility for on-calls that a case loading team of midwives would have.</p>
3.9.2	<p>RWT presently have COfC teams in place that are delivering on all 3 elements of the maternity pathway. Outcome data from the COfC models have proven to be positive thus far, specifically surrounding the national ambition of reducing term admissions to Neonatal Unit, improving skin to skin rates in theatre, breast feeding initiation rates, immediate postnatal management and enhanced recovery for women on an elective Caesarean section care pathway.</p>
3.9.3	<p>In order to work towards meeting the national trajectories further work is required to increase continuity teams. Presently RWT is introducing team midwifery across the community midwifery service and Midwifery Led Unit. This is achievable without the requirement to increase midwifery establishments, however may require some 'double running' costs as midwifery teams enhance their midwifery skills within the community and intrapartum settings.</p>
3.9.4	<p>This newly implemented midwifery staffing model is presently being piloted and a further update with regards to progress will be given to Trust board in the Summer of 2020.</p>
3.9.5	<p>It has also been acknowledged by the national team at NHSE that as an LMS total midwifery establishments are not meeting BR+ recommendations in order to deliver on the proposed staffing models. Therefore this risk has been accepted onto LMS and local risk registers.</p>
4.0	<p><b>NHS Resolution; Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.</b></p>
4.1	<p>NHS resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme to continue to support delivery of safer maternity care.</p>
4.2	<p>The maternity incentive scheme applies to all acute trusts that deliver maternity services and are members of CNST. As in year 2 members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity inactive fund.</p>
4.3	<p>The scheme incentivises 10 maternity safety actions. If Trusts can demonstrate that they have achieved all 10 of the safety actions will recover the element of their contribution relating to CNST incentive fund and will also receive a share of any unallocated funds.</p>
4.4	<p>Trusts that do not meet the 10/10 threshold will not recover their contribution but may be eligible for a small discretionary payment to help support actions that they may not have achieved.</p> <p>RWT demonstrated that in 2019 they fully achieved all of the 10 safety</p>

4.5	<p>actions recommended within the Maternity incentive scheme. This means that RWT were fully compliant with each safety action and that NHS resolution were satisfied with the Trust Board sign off of the evidence provided to achieve their contribution. RWT were therefore recovered the full element of their contribution related to the CNST incentive fund but also an additional share of unallocated funds.</p>
4.6	<p>RWT maternity services have commenced working towards year 3 safety actions. Further updates regarding compliance with each safety action will be given to Trust Board in due course.</p>